Government Capacity Building and Support Program

(Contract no. AID-674-CO13-00004)

Annual Report **October 2016 – September 2017**

social development
Department:
Social Development
REPUBLIC OF SOUTH AFRICA

USAID
FROM THE AMERICAN PEOPLE

PEPFAR

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Abbreviations and Acronyms

ACM	Alternate Care Management
AIDS	acquired immunodeficiency syndrome
ARP	annual reporting period
ASASWEI	Association of South African Social Work Education Institutions
CANE	child abuse, neglect, and exploitation
CBIMS	Community-Based Information Management Systems
CCG	community caregiver
CD	Chief Directorate
CIP	Compulsory Induction Program
COJ	City of Johannesburg
COR	USAID Contract Officer's Representative
CPD	Continued Professional Development
CPS	Child Protection System
CPSR	Child Protection System Review
DDG	Deputy Director General
DIC	Drop-in-Centre
DOBE	Department of Basic Education
DOH	Department of Health
DPME	Department of Performance, Planning, Monitoring and Evaluation
DQA	data quality assurance
DSD	Department of Social Development
DSM	Demand and Supply Model
DSO	Data Support Officer
DSP	district support partner
FPD	Foundation for Professional Development
FY	fiscal year
GBV	gender-based violence
GCBS	Government Capacity Building and Support program
GRI	Girl Risk Index
HIV	human immunodeficiency virus
HOD	Head of Department
HRCF	Human Resource Collaborative Forum
HRD	Human Resource Development
HRP	Human Resources Plan
HSRC	Human Science Research Council
HTS	HIV testing services
IDP	individual development plan
IMST	Information Management System Technology
M&E	monitoring and evaluation
MANCO	DSD Management Committee
MERL	monitoring, evaluation, reporting, and learning
MINMEC	Minister and Member of Executive Committee
MOA	memorandum of agreement
MTSF	medium-term strategic framework
MVC	most vulnerable children

NACCA	National Action Committee for Children Affected by HIV and AIDS
NACCW	National Association Child Care Workers
NDP	National Development Plan
NDSD	National Department of Social Development
NGO	non-governmental organization
NISIS	National Integrated Social Information System
NISPIS	National Integrated Social Protection Information System
NPO	non-profit organization
NSP	National Strategic Plan for HIV and AIDS, TB, and STIs
NYDS	National Youth Development Strategy
OCA	Organizational Capacity Assessment
ONA	Organizational Network Assessment
OVCY	orphans and vulnerable children and youth
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PMDS	Performance Management and Development System
PSC	Program Steering Committee
PSS	psychosocial care and support
RACAP	Register of Adopted Child and Adoptive Parents
SACSSP	South African Council for Social Service Professionals
SA	South Africa
SAG	South African Government
SANAC	South African National AIDS Commission
SAPS	South African Police Service
SARP	semi-annual reporting period
SASSA	South African Social Service Agency
SAW	Social Auxiliary Worker
SBCC	social and behaviour change communication
SDIIS	Social Development Integrated Information System
SDNA	Skills Development Needs Assessment
SFP	Sector Financing Policy
SIMS	Site Improvement Monitoring System
SLF	Supervision Learning Forum
SO	strategic objective
SOP	standard operating procedure
SOW	scope of work
SRI	Supportive Referral Initiative
SSP	Social Services Practitioner
STI	sexually transmitted infection
SW	Social Worker
SWC	Social Work Coordinator
SWS	Social Work Supervisor
TA	technical assistance
TB	tuberculosis
TFCBT	trauma-focused cognitive behaviour therapy
TOC	theory of change
USAID	United States Agency for International Development
YOLO	You Only Live Once

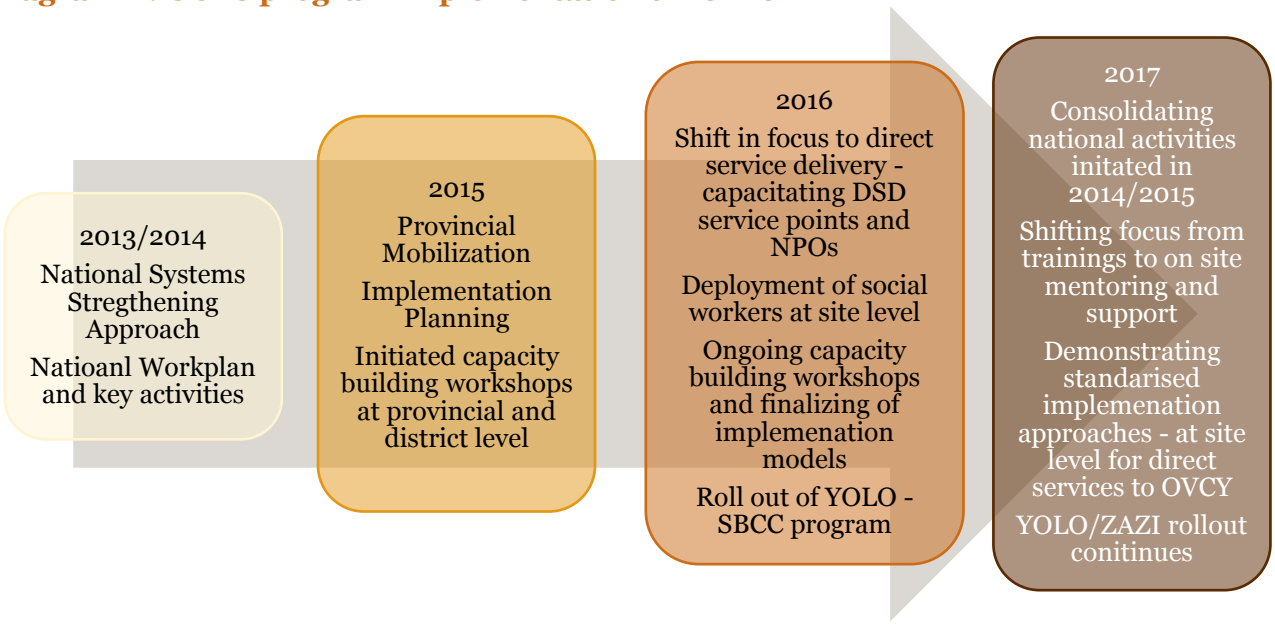
Provinces

EC	Eastern Cape
FS	Free State
GT	Gauteng
KZN	KwaZulu Natal
LP	Limpopo
MP	Mpumalanga
NW	North West
WC	Western Cape

Executive Summary

Since its inception, the five-year USAID and PEPFAR-funded Government Capacity Building and Support (GCBS) program has shifted from a national systems-strengthening intervention for the Department of Social Development (DSD) to a direct implementation intervention. This shift is reflected in Diagram A.

Diagram A: GCBS program implementation timeline



This annual report covers the programmatic period October 2016 to September 2017, with data analyses presented based on the numbers submitted to DATIM for the end of the financial year FY17. By the end of the reporting period in DATIM, GCBS reached **220 4191 orphans and vulnerable children and youth (OVCY)** (80% of FY17 target) with a core package of social services across eight provinces and 17 districts in South Africa. Of the beneficiaries reached, 66% were under the age of 18 years; of those, 41% were within the priority target age of 10–17 years. Under GCBS, services provided to OVCY were strengthened through six core program components, including the direct support of 86 GCBS Social Workers (SWs) and 14 Social Work Coordinators (SWCs) seconded to DSD in government service points and NPOs, providing service delivery support in 262 DSD sites and 486 technical assistance (TA) sites.

In FY17, GCBS and DSD component working groups jointly drafted a **Sustainability Plan** to help guide continuity of DSD and USAID investment beyond the life of the GCBS program. It identifies the key actions and measures needed to transition and institutionalise a the major practices, tools, guidelines, systems, and products developed by GCBS and implemented through DSD and partners at site, district, provincial, and national levels, namely the core package of OVCY services, the HTS guidelines for social services practitioners (SSPs), targeted social and behaviour change communication (SBCC) programs, and workforce Skills Development Needs Analysis (SDNA) and demand and supply modelling. The aim is to prioritize the transition of these GCBS-supported initiatives, including the immediate and long-term actions and measures needed by DSD and stakeholders, to ensure they are institutionalised and are enhancing service delivery.

[1] A total of 220,419 beneficiaries were recorded in DATIM at the reporting period of Q4 for FY17. At the real-time Semi-Annual reporting period for FY17 (at Q2), a total of 3510 and 2782 beneficiaries for DSD and TA respectively had graduated, transferred, or otherwise exited and is reflected in the Fy17 semi-annual submission.

Program and Year 4 Overview

The five-year Government Capacity Building and Support (GCBS) program strengthens the capacity of South Africa's Department of Social Development (DSD) to improve service outcomes and reduce incidence of HIV and AIDS for orphans and vulnerable children and youth (OVCY). Work on the program commenced in October 2013 with funds from the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). Pact's South Africa office is the prime implementer and partners with the DSD, Mott MacDonald, and Isibani Development Partners.

Program Goals

The GCBS strengthens DSD systems at the national, provincial, and district levels, with a specific goal of *improved direct service delivery to children and reduced incidence of HIV and AIDS*. GCBS has three strategic objectives (SOs), jointly identified by USAID and DSD at the start of the program. To achieve these SOs, six interrelated program components were developed to strengthen DSD's capacity and systems to support the delivery of effective and efficient services to children aimed at prevention, care, treatment, and support that contributes to reducing HIV infection and controlling the epidemic. Diagram 1 shows the relationships between the three SOs and six components.

Diagram 1: GCBS strategic objectives and program components

Strategic Objective 1: Strengthen coordination, management and oversight of community care service structures that protect and care for the most vulnerable children and families

Component 2: Support improved management and evaluation of programs for the most vulnerable children

Component 3: Strengthen social and individual behaviour change to prevent HIV infection in children and youth

Component 5: Support and strengthen the child protection framework

Component 6: Strengthen the management of the South African (SA) social service workforce serving children

Strategic Objective 2: Strengthen inter-sector integration and coordination between DSD and other South African Government (SAG) departments such as Health and Education and build a supportive multi-sectoral environment for vulnerable children led by DSD through systems strengthening at national and provincial level

Component 1: Support and strengthen the health and social development system coordination and integration for improved service delivery for OVCY services

Strategic Objective 3: Improve timely availability of reliable data on program performance, monitoring and evaluation (M&E) and information on the social effects of HIV and AIDS and other vulnerabilities faced by children

Component 4: Strengthen DSD's monitoring and evaluation system and enhance the knowledge base for cost effective outcomes for vulnerable children

Services Provided under GCBS

GCBS reaches beneficiaries by:

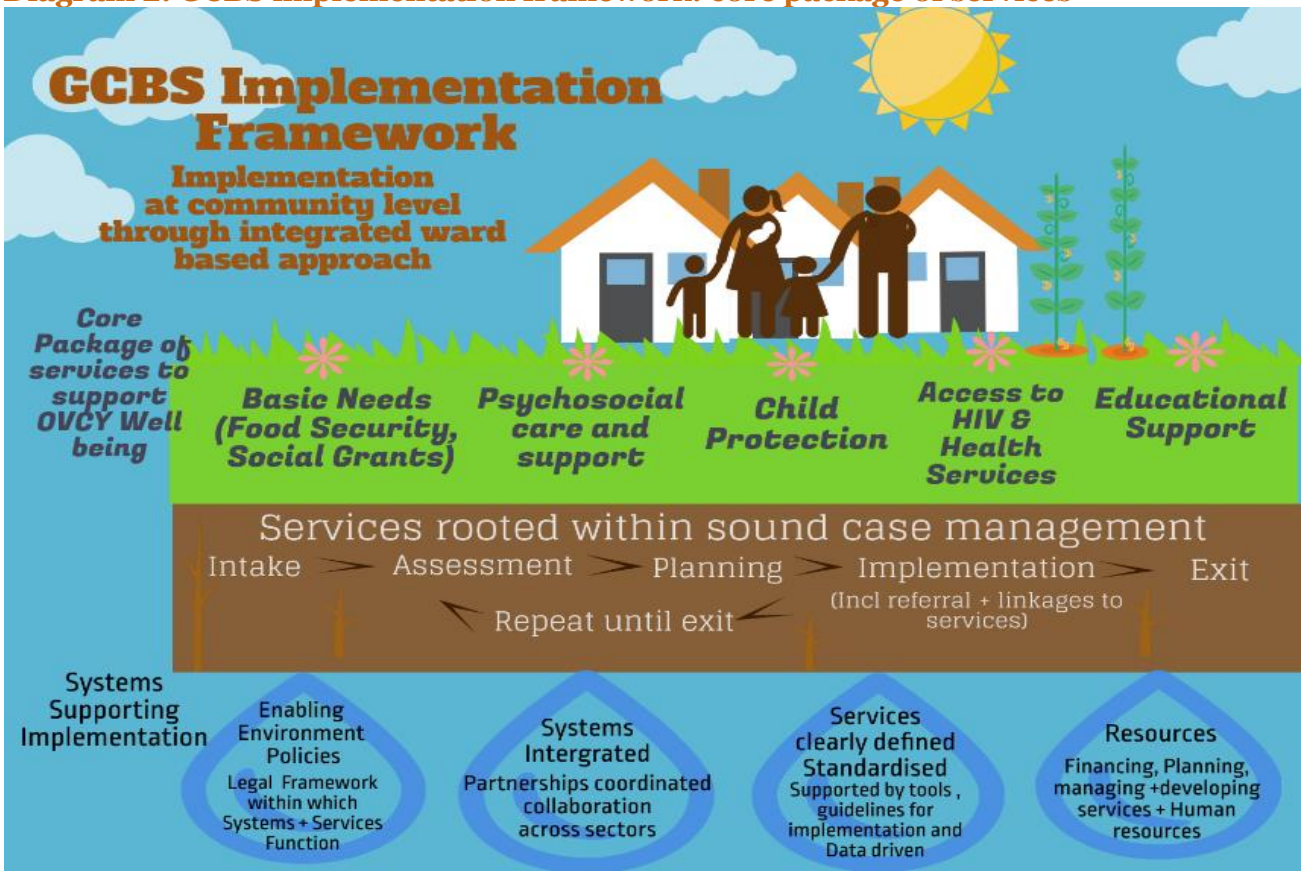
- Rolling out a core package of services for OVCY
- Strengthening the workforce responsible for its implementation
- Improving coordination and collaboration to support comprehensive implementation of the service package
- Formalizing the use of data, evidence, and best practices to improve decision-making, planning, implementation, and outcomes of OVCY services

The program is tailored toward strengthening the overall social welfare system, providing prevention, care (including access to HIV counselling, testing, and treatment), and support services to OVCY at all levels, with a specific emphasis on demonstrating the results and outcomes of site-level support in priority districts. The core GCBS/DSD service package, as demonstrated in Diagram 2, addresses:

- Access to health and HIV testing services (HTS)
- Psychosocial care and support (PSS)
- Basic needs (social grants)
- Access to education
- Child protection services (statutory services)
- Social asset building interventions, including roll out of the You Only Live Once (YOLO) and ZAZI social and behaviour change communication (SBCC) programs targeting youth in the priority 15–17 year-old age band for sexual and reproductive health and HIV prevention education

The service package further included actions to support service providers to develop partnerships for HIV testing, treatment, and adherence support at the community level. Children undergo an HIV risk screening process to determine those at highest risk and to facilitate access to HTS.

Diagram 2: GCBS implementation framework: core package of services

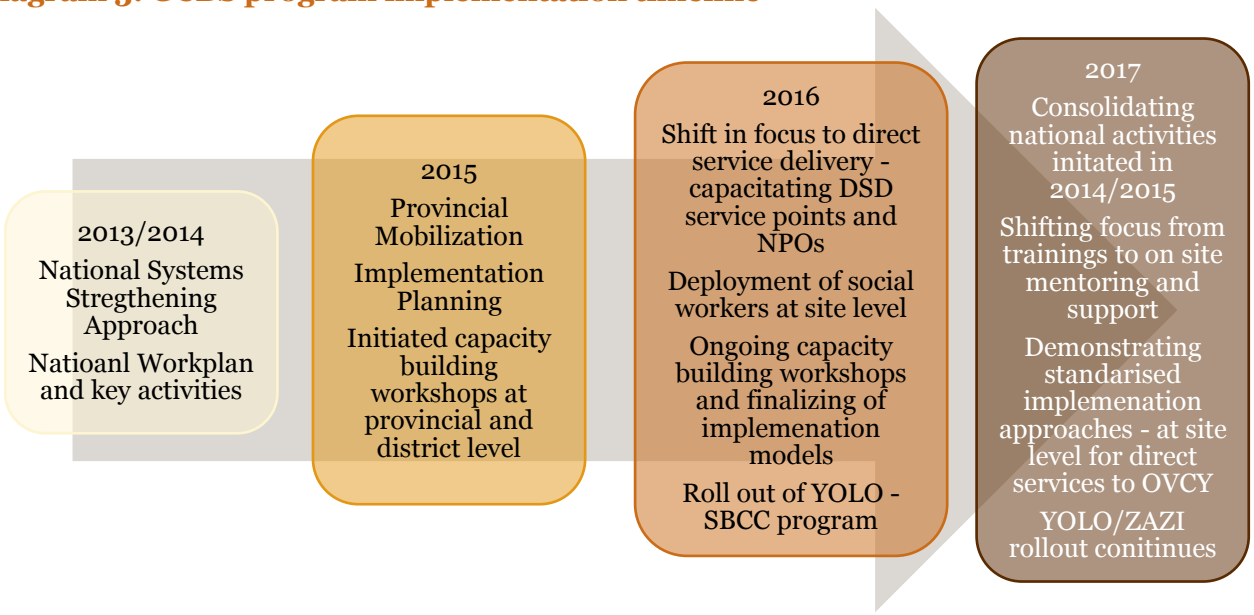


In fiscal year (FY) 2017/project year (Y) 4, GCBS focused on providing on-site mentoring and support to DSD service points and non-profit organization (NPO) partners. This reflected a change in approach from Y3, moving from large-scale capacity building trainings to individual mentoring and setting up improved case management and monitoring and evaluation (M&E) systems at the site level. These interventions were more easily supported within the NPOs, while GCBS Social Work Coordinators (SWCs) continued to focus efforts on strengthening relationships with and advocating for HIV interventions among DSD district level personnel including District Managers and service point personnel.

As the program nears its final year, GCBS will focus on refining the above services and improving the provision of site-level mentoring and support focused on the DSD Social Worker cadre and DSD funded NPOs. Mentoring will focus on both supervisors and supervisees to improve overall practices across service points and NPOs by both strengthening individual capacities and supporting

supervisors to put in place systems that support service delivery. This evolution in program strategy is exemplified in Diagram 3.

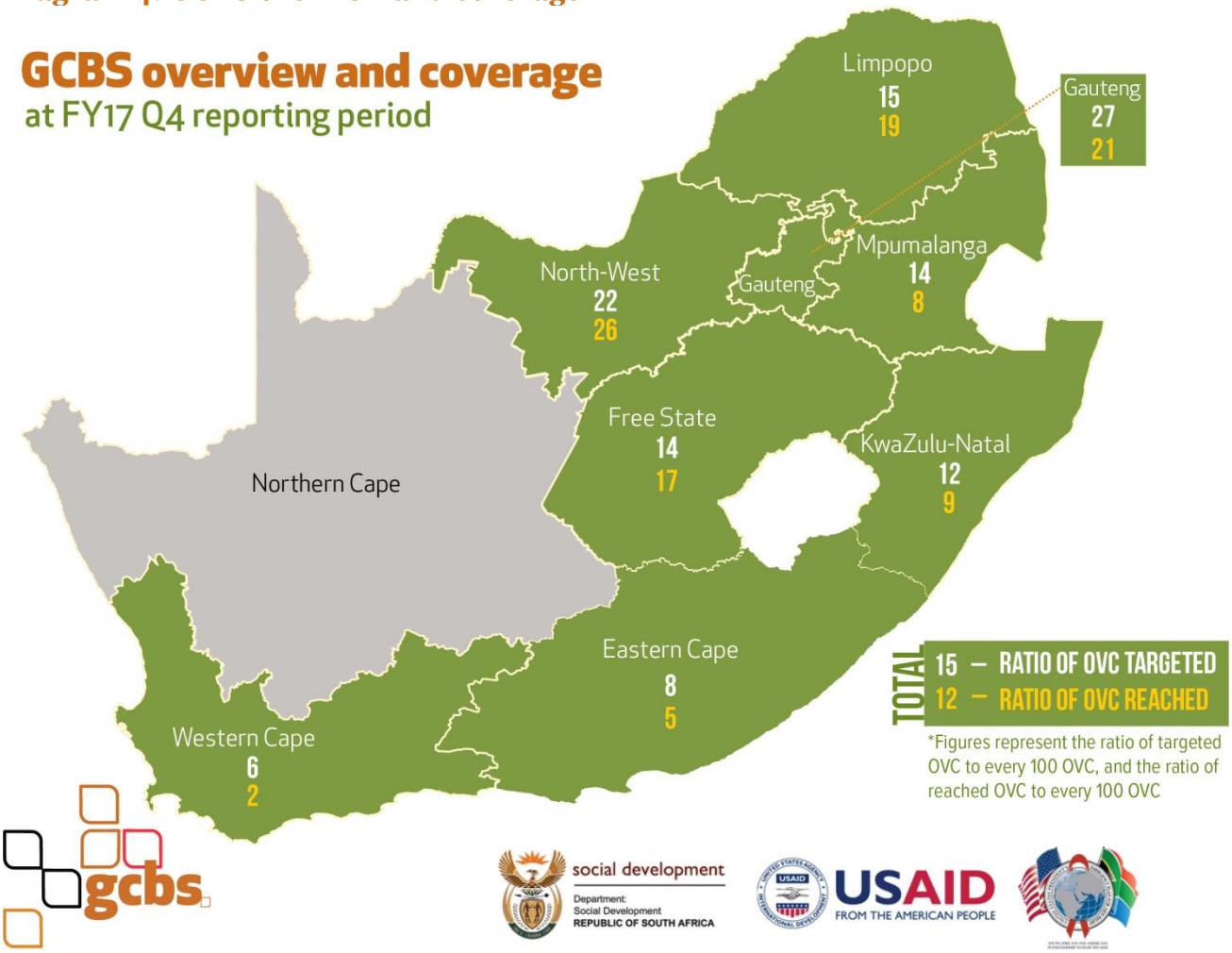
Diagram 3: GCBS program implementation timeline



Geographic Coverage and Progress toward GCBS Targets

During this DATIM reporting period, GCBS provided direct support to 262 sites (69% of directly supported cases came from DSD service points) and technical assistance (TA) to 486 sites (96% from NPOs) across 17 districts in eight provinces. Across these districts, the program's overall FY 17 target was 277 000 vulnerable children, adolescents, and their caregivers. The program had served **220,419 beneficiaries** during the DATIM reporting period, which is 80% of the annual target. Direct service delivery reached **110 947 beneficiaries (OVC_SERV_DSD)** predominantly through DSD service points and **109 472 beneficiaries (OVC_SERV_TA)** mainly through NPOs to whom TA was provided to improve service delivery to OVCY. The program continued to provide ongoing mentoring and capacity development of GCBS-employed Social Workers (SWs), DSD SWs, and Social Service Practitioners (SSPs) within DSD-funded NPOs through the program's national and provincial team consisting of Program Managers, M&E Provincial Advisors, 14 SWCs, 86 SWs, and 18 Data Support Officers who oversaw or supported implementation of all program activities.

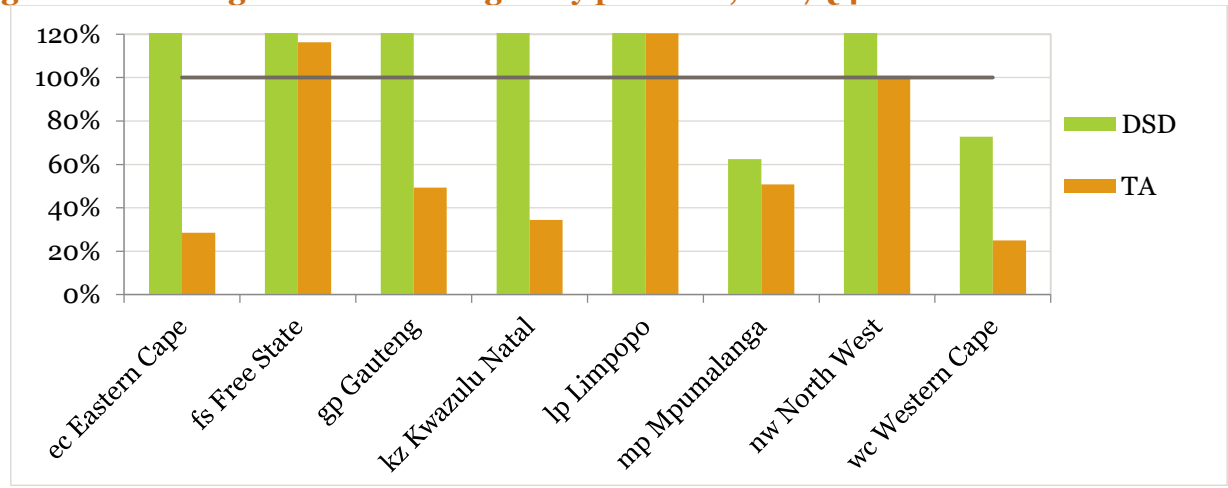
Diagram 4: GCBS overview and coverage



Progress by Province

Figure 1 provides a clear picture of performance per province during the last reporting period.

Figure 1: Reach against annual targets by province, FY17Q4 DATIM submission



Eastern Cape, **Free State**, and **North West** exceeded the annual target in both DSD and TA because of the DSD's full buy-in and support in rolling out interventions, adequate SW to OVCY reached ratio and a fully resourced GCBS team working at site level. **Limpopo** saw a marked improvement in program reach. Though the province underperformed in the semi-annual reporting period (SARP), in annual reporting period (ARP) data, the DSD target increased from 25% to 144%. **Western Cape** underperformed. **Mpumalanga** remains the lowest performing province, though growth in reach was noted since the SAPR (Table 1).

Table 1: Mpumalanga SAPR (Q2) vs. APR (Q4) reporting periods

	SARP % Target Reach		ARP % of Target Reach	
District	DSD	TA	DSD	TA
Gert Sibande	< 10%	73%	20%	65%
Nkangala	< 10%	63%	30%	34%
Ehlanzeni	< 10%	55%	40%	56%

Gauteng and **KwaZulu Natal** exceeded the DSD target, but under performed in TA. Under performance in Gauteng (TA) is due to low reach in City of Johannesburg (COJ) and Ekurhuleni. Ekurhuleni data is unique in that the NPOs served are allocated to the DSD target, not TA. COJ is discussed below. In KwaZulu Natal, the DSD did not give GCBS permission to collect data using the GCBS data collection tool until October 2017, meaning it was not possible to collect all data for DSD or TA from all sites in the province. As such, this data is not a comprehensive reflection of the program's reach. Further, DSD targets were affected because GCBS SWs resigned and could not be replaced under the advisement of USAID, and the TA target increased as an additional 35 NPO partners were identified, participated in Organizational Capacity Assessments (OCAs), and were supported to implement improved case management services.

Progress by District

Table 2 and Figures 2 and 3 detail GCBS performance during the reporting period (Q4 DATIM) against annual targets by district. During the reporting period, the program served an average of 423 beneficiaries per direct service delivery site and 225 children per TA site. Looking at the type of site, the project served an average of 534 beneficiaries per DSD service point and 234 children per NPO.

Of the beneficiaries served with direct service delivery during this reporting period:

- 66% are currently active: COJ 6 767; Ekurhuleni 18 336; eThekwini 3 814; Zululand 336
- 0.2% have graduated: COJ 0; Ekurhuleni 79; eThekwini 0; Zululand 0
- 0.03% have transferred: COJ 0; Ekurhuleni 2; eThekwini 0; Zululand 0
- 34% have exited the program: COJ 2 287; Ekurhuleni 1 643; eThekwini 4 917; Zululand 9 772

While for the beneficiaries served with TA during this reporting period:

- 80% are currently active: COJ 14 802; Ekurhuleni 4 816; eThekwini 4 646; Zululand 2 766
- 0.1% have graduated: COJ 0; Ekurhuleni 0; eThekwini 3; Zululand 0
- 0.04% have transferred: COJ 0; Ekurhuleni 0; eThekwini 1; Zululand 5
- 19.5% have exited the program: COJ 0; Ekurhuleni 0; eThekwini 3 061; Zululand 360

Table 2: Reach for FY17 Q4 DATIM reporting period by district and service providers

Target District	TARGET OVC_SERV_DSD	FY17 DSD Reach	# DSD SSPs	% DSD target met	TARGET OVC_SERV_TA	FY17 TA Reach	# TA SSPs	% TA target met	% total target met
ec Buffalo City	2 400	6 203	8	258%	6 000	2 877	20	48%	**108%**
ec Oliver Tambo	4 000	3 075	12	77%	10 000	1 690	14	17%	**34%**
fs Lejweleputswa	2 400	2 989	4	125%	6 000	6 407	33	107%	**112%**
fs Thabo Mofutsanyane	2 400	3 252	7	136%	6 000	7 551	17	126%	**129%**
gp City of Johannesburg	13 600	9 054	22	67%	34 000	14 802	31	44%	**50%**
gp City of Tshwane	8 800	14 753	22	168%	22 000	15 844	45	72%	**99%**
gp Ekurhuleni	6 400	20 060	55	313%	16 000	4 816	10	30%	**111%**
kz eThekwini	7 400	8 731	21	118%	26 000	7 711	48	30%	**49%**
kz Ugu	2 400	7 045	11	294%	6 000	1 345	8	22%	**100%**
kz Uthukela	2 400	3 611	10	150%	6 000	2 928	22	49%	**78%**

Target District	TARGET OVC_SERV_DSD	FY17 DSD Reach	# DSD SSPs	% DSD target met	TARGET OVC_SERV_TA	FY17 TA Reach	# TA SSPs	% TA target met	% total target met
kz Zululand	2 400	10 108	15	421%	6 000	3 131	25	52%	**158%**
lp Capricorn	4 000	5 763	32	144%	10 000	12 042	70	120%	**127%**
mp Ehlanzeni	4 800	2 635	13	55%	12 000	6 663	44	56%	**55%**
mp Gert Sibande	3 200	2 344	11	73%	8 000	5 207	37	65%	**67%**
mp Nkangala	4 000	2 514	10	63%	10 000	3 356	37	34%	**42%**
nw Bojanala	4 800	7 646	7	159%	12 000	12 102	24	101%	**118%**
wc City of Cape Town	1 600	1 164	2	73%	4 000	1 000	1	25%	**39%**
Total	**77 000**	**110 947**	**262**	**144%**	**200 000**	**109 472**	**486**	**55%**	**80%**

Figure 2: Reach against annual target by district, OVC_SERV_DSD, FY17 Q4 DATIM reporting period

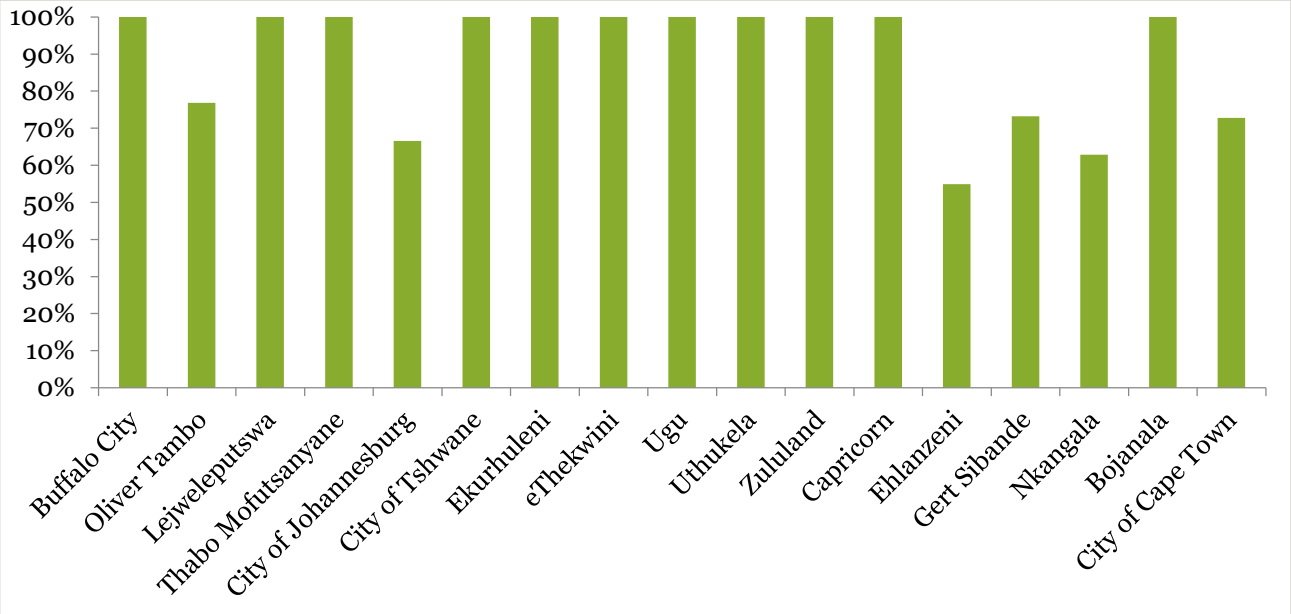
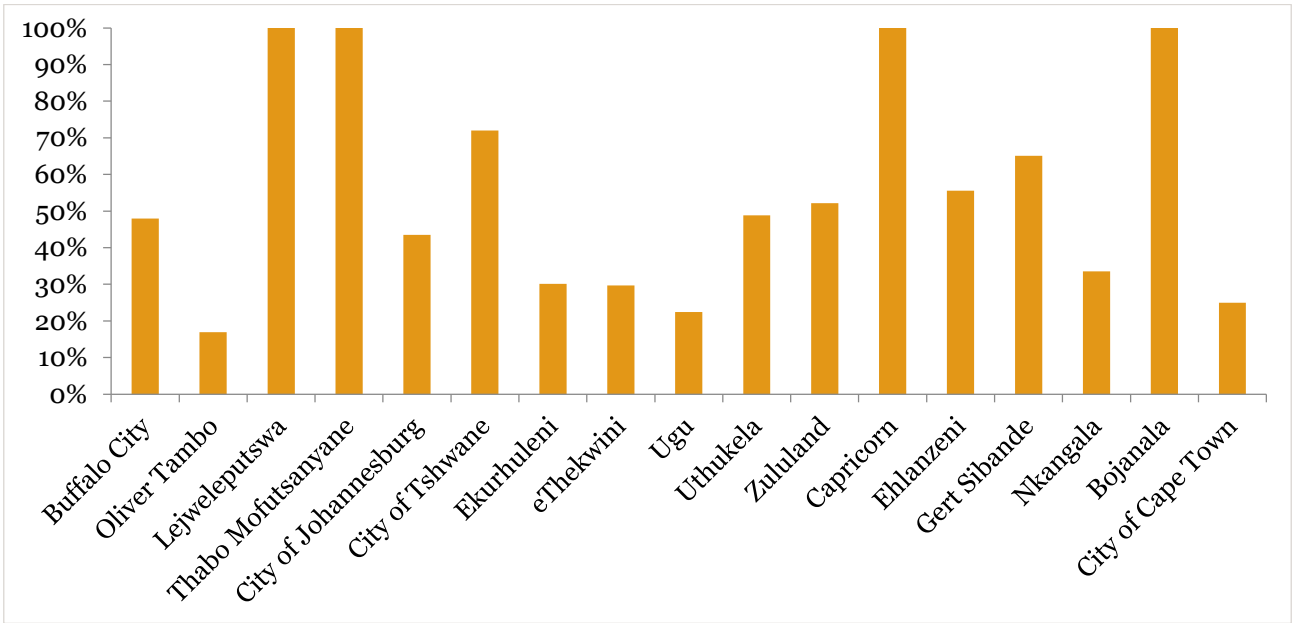


Figure 3: Reach against annual target by district, OVC_SERV_TA, FY17 Q4 DATIM reporting period



In **COJ**, 67% of the DSD target and 44% of the TA target were reached. Though these figures are lower than expected, the district experienced a marked improvement since SAPR, when only 25% of the DSD target and 15% of the TA target had been reached.

In **Cape Town**, GCBS did not have access to South African Government (SAG) service points and SWs because they did not buy into the program, stating no additional support was needed. The program approach was to work directly with NPOs at site level, and two NPO partners were secured for direct reach. Due to limited government funding of their services, one partner did not identify additional OVCY and only provide services for the exact number it was subsidized for, significantly reducing its reach. The contract with this NPO is under review, and an additional NPO has since been contracted to address this gap.

OR Tambo, **Ehlanzeni**, **Gert Sibande**, **Nkangala**, and **City of Cape Town** did not reach their targets. Here, the greatest challenge is case management, especially in record-keeping, in tracking ongoing interventions for children on caseloads. Specifically, cases of children in kinship foster care, where legislation does not require SWs to provide follow-up support regularly, were inactive. In FY18, GCBS will help Service Points conduct risk assessments on all inactive cases, develop care plans, and initiate interventions for children at high risk. Also, in OR Tambo, performance was affected by changes in DSD funding to NPOs, where several previously assisted subsidies were not renewed due and others had their subsidies cut, affecting the number of children served.

Age and Gender Variation

Overall, 57% of beneficiaries were females. Among those under 18, 53% were girls with variation between 49% and 57% over the districts. Figures 4 and 5 detail the ages of OVCY beneficiaries reached at NPOs and DSD Service Points in Y4 and include the YOLO and ZAZI rollout at NPOs, demonstrating a targeted effort to focus on youth.

OVCY at NPOs are more likely to be over the age of 10 and slightly more likely to be female than male at almost every age. There is also a clear spike in the 15 and 16 year olds girls being reached at NPOs. Looking at DSD Service Points, OVCY are also more likely to be over the age of 10 and slightly more likely to be female than male at almost every age. There is a clear spike in girls' age 14 being reached at Service Points. Traditionally the social welfare service in South Africa has been structured so that the SAG DSD provides services to children over the age of 12 years, while NPOs focus on younger children. Because NPOs continue to take a family-based approach by primarily working through home visitation, 14% of the beneficiaries are over the age of 25 (target 7.5%).

Figure 4: Age and sex disaggregation of OVCY at NPOs, Q4 DATIM reporting period

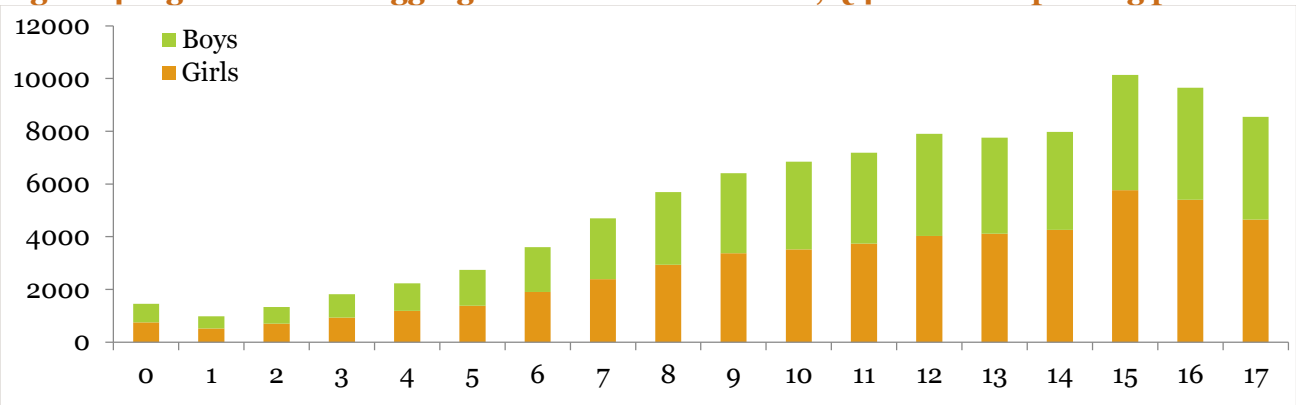
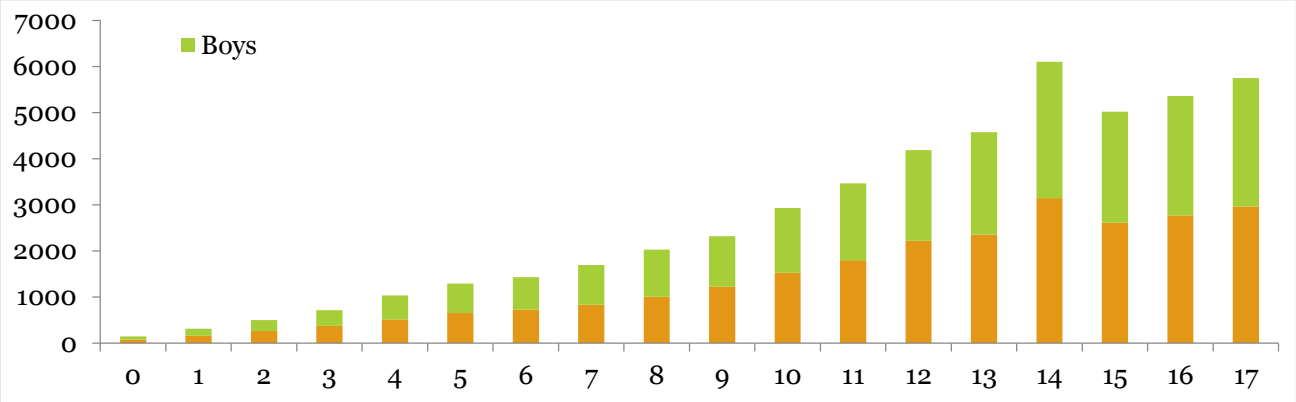


Figure 5: Age and sex disaggregation of OVCY at DSD Service Points, Q4 DATIM reporting period



Progress toward Identifying HIV Status among OVCY

Overall Progress in Assessment and Referrals

GCBS has worked extensively to engage DSD officials in the HIV response through advocacy, policy revision, department planning workshops, capacity trainings, and mentoring in order to increase the uptake of HIV risk assessments among DSD clients and DSD-funded NPOs, improve linkages to testing, improve the documentation of HIV status, and capacitate DSD and NPO staff to follow up with specific care for HIV-positive OVCY. Although the reported OVC_HIVSTAT numbers (numbers of OVCY where HIV status has been disclosed to service provider) currently may not reflect high levels of known HIV status in client records, Tables 3–7 explain the progress made with DSD and NPOs toward increasing provider knowledge of HIV status so that the provider can be a facilitator of treatment initiation and adherence. The tables are separated by DSD service points and NPOs to examine these rates in these distinct settings, rather than examining by direct service delivery (DSD) and TA.

Overall, 57 882 assessments were conducted on those who received services during the reporting period, with 48 890 of those being OVCY under the age of 18. In the tables below, indicators represent those children <18 reached within DSD service points across districts, as reported into DATIM for the reporting period. Analysing by service points provides an indication of the progress that GCBS has made in capacitating DSD SWs (or DSD-seconded SWs) who provide services directly to clients in service points. As seen in Table 3, districts with the highest assessment coverage were in Free State (51% in Lejweleputswa, 45% in Thabo Mofutsanyane), followed by OR Tambo (30%) in the Eastern Cape, and Nkangala (29%) and Ehlanzeni (24%), both in Mpumalanga. Service points in Bojanala and Capricorn also initiated assessments among clients, although the assessment coverage was lower. Many districts did not report any assessments, likely due to a combination of lower levels of DSD district-level managers engaging in the response and reporting issues related to GCBS obtaining permission to review case files during the reporting period. No service points have been engaged through the program in Cape Town.

The districts in which more than 100 assessments took place are accounted for in the last row of Table 3. In these seven districts (As listed in Table 4: Lejweleputswa, T. Mofutsanyane, Oliver Tambo, Nkangala, Ehlanzeni, Bojanala, Capricorn), 81% of those assessed were high risk, likely due to a higher volume of child protection cases, indicating that targeting service points is a good strategy for finding higher-risk OVCY. The proportion of high-risk clients who were referred in these seven districts varied from 2 to 100%. The percentage that did not consent to testing was notably high only in Lejweleputswa (74%), which warrants further investigation. That some districts, such as Nkangala, Oliver Tambo, Bojanala, and Ehlanzeni, have under 1% who did not consent may point to capacitated SWs who to effectively communicate the importance of HIV testing. Generally, among those who were high risk and did not refuse, 79% were referred, and three of these seven districts

obtained eligible referral rates[2] over 90%. This indicates good follow-up with OVCY in the service points in these districts.

Table 3: Indicators identifying progress in assessment, referral and disclosure among clients at Service Points at Q4 reporting period, in order of assessment coverage

District	Total #	Assess-ed	Assess-ment cov-erage	% assessed that were high risk	Did not con-sent	Re-ferred	% of high risk that were referred	% referred of eligible	Progress toward known status	% status known
Lejweleputswa	2 549	1 290	51%	78%	74%	16	2%	31%	12%	2%
T Mofutsanyane	1 862	761	45%	64%	25%	290	59%	98%	40%	11%
Oliver Tambo	1 971	589	30%	71%	1%	398	95%	96%	31%	8%
Nkangala	1 524	441	29%	100%	0%	441	100%	100%	29%	1%
Ehlanzeni	1 886	433	24%	96%	2%	321	77%	79%	23%	6%
Bojanala	4 496	458	11%	97%	0%	241	54%	54%	11%	5%
Capricorn	2 562	135	5%	89%	11%	22	18%	18%	1%	0%
Gert Sibande	924	4	0%	100%	25%	3	75%	100%	6%	5%
City of Tshwane	4 130	8	0%	100%	25%	6	75%	100%	11%	11%
Johannesburg	2 519	1	0%	100%	100%	0	0%		8%	8%
eThekwini	5 461	1	0%	100%	0%	1	100%	100%	0%	0%
Uthukela	2 506	0	0%	n/a		0	n/a		0%	0%
Zululand	4 544	0	0%	n/a		0	n/a		0%	0%
Buffalo City	3 914	0	0%	n/a		0	n/a		0%	0%
Ugu	5 826	0	0%	n/a		0	n/a		0%	0%
Ekurhuleni	2 426	0	0%	n/a		0	n/a		0%	0%
Grand Total	**49 100**	**4 121**	**9%**	**81%**	**29%**	**1 739**	**52%**	**80%**	**8%**	**3%**
Top 7 districts	**16 850**	**4 107**	**25%**	**81%**	**29%**	**1 729**	**52%**	**79%**	**18%**	**5%**

Although the rate of HIV status being known and documented in the case files is only 5% in the seven districts, progress made toward this goal was achieved in 18% of all reported cases in service points in these seven districts. Table 4 describes the impact of assessment on HIV status outcomes.

Most of the cases whose case files document an HIV status following an assessment came from Oliver Tambo. GCBS is exploring success is this district for replication across other project sites.

Table 4: Status disclosed following assessment among clients <18 within Service Points in 7 districts and all 17 districts (total), at Q4 reporting period

District	Status disclosed following assessment	% whose status is known who had assessment	# identified HIV-positive after referral	% identified HIV-positive of all referred
Oliver Tambo	150	90%	5	1%
Ehlanzeni	59	51%	3	1%
Lejweleputswa	41	98%	0	0%
Thabo Mofutsanyane	22	11%	1	0%
Nkangala	11	92%	0	0%
Bojanala	0	0%	0	n/a
Capricorn	0	0%	0	n/a
Total (all 17 districts)	**284**	**19%**	**9**	**1%**

[2] Eligible referral rates = *# of cases referred/(# of high risk cases – # that did not consent).*

In Table 5, indicators represent clients under 18 served by NPOs across districts as reported into DATIM for the reporting period. Compared to the assessments done at DSD service points, NPOs were much more willing to initiate the assessment and referral processes. The overall assessment coverage of 51% was much higher than at service points, with six districts obtaining over 50% assessment coverage. The proportion who were classified as high risk was often over 90%, indicating good targeting of high-risk clients at NPOs. The proportion that received follow-up with referrals was lower, at 24% among all assessed as high risk and 29% among the high risk who also did not refuse. Only Thabo Mofutsanyane experienced an extremely high rate of testing refusal at 55%, seen across a number of NPOs in the district. These numbers include totals reached by NPOs for all ages and the outreach for YOLO and ZAZI.

Table 5: Progress toward disclosing status among all clients <18 at NPOs (including YOLO and ZAZI), in order of progress level, at Q4 reporting period

District	Total #	Assessed	Assess-ment cove-rage	% assessed that were high risk	Did not con-sent	Re-ferred	% of high risk that were re-ferred	% referred of eligible	Prog-ress toward known status	% status known
T Mofutsanyane	7 091	6 499	95%	61%	55%	106	3%	27%	40%	3%
Lejweleputswa	11 271	9 023	86%	98%	1%	4 187	47%	48%	44%	9%
Ekurhuleni	4 296	3 151	74%	42%	30%	261	20%	74%	51%	2%
Buffalo City	5 844	3 816	67%	97%	0%	1 901	51%	51%	38%	7%
Ehlanzeni	10 168	5 710	60%	94%	0%	524	10%	10%	16%	7%
Tshwane	1 911	975	51%	69%	0%	2	0%	0%	31%	26%
Cape Town	11 792	4 032	47%	91%	11%	902	25%	28%	39%	28%
Bojanala	11 390	4 599	44%	99%	25%	742	16%	22%	17%	10%
Nkangala	9 488	3 284	35%	75%	0%	71	3%	3%	10%	1%
Zululand	1 103	305	28%	96%	0%	71	24%	24%	9%	2%
Johannesburg	2 911	666	27%	99%	1%	71	11%	11%	18%	18%
eThekwini	2 282	380	26%	89%	0%	36	11%	11%	40%	37%
Capricorn	3 300	637	20%	92%	0%	347	59%	59%	17%	5%
OR Tambo	1 831	349	19%	100%	0%	0	0%	0%	0%	0%
Gert Sibande	6 233	763	14%	95%	4%	12	2%	2%	14%	14%
Ugu	4 740	523	11%	100%	0%	0	0%	0%	0%	0%
Uthukela	1 322	57	4%	100%	0%	0	0%	0%	0%	0%
Grand Total	**96 973**	**44 769**	**51%**	**85%**	**14%**	**9 233**	**24%**	**29%**	**26%**	**10%**

Toward the end of FY, a large effort was made to conduct risk assessments on all YOLO and ZAZI participants, resulting in 20 658 assessments among YOLO and ZAZI youth; assessment results and follow-up for YOLO youth is planned for early FY18. As a result, the referral percentages are biased toward lower because the YOLO and ZAZI assessment results and referrals are still in process. To get a better understanding of the true referral processes among the NPOs throughout the year, Table 6 looks at the only the OVCY (under 18) who were regular clients at the NPOs (some of whom received YOLO/ZAZO) but excluding the outreach only for YOLO/ZAZI participation. This paints a more accurate picture of the impact of GCBS on the NPOs' progress toward documenting HIV status in files.

Table 6: Progress toward disclosing status among OVCY under 18 who were regular clients at NPOs, in order of assessment coverage, at Q4 reporting period

District	Total #	Assessed	Assess-ment cove-rage	% assessed that were high risk	Did not con-sent	Re-ferred	% of high risk that were referred	% referred of eligible	Progress toward known status	% status known
Ehlanzeni	4 162	3 816	96%	97%	0%	1 901	51%	51%	53%	9%
T Mofutsanyane	6 797	6 210	94%	60%	58%	106	3%	98%	42%	4%
Ekurhuleni	9 724	7 522	84%	98%	1%	4 187	57%	57%	51%	10%

District	Total #	Assessed	Assess-ment cove-rage	% assessed that were high risk	Did not con-sent	Re-ferred	% of high risk that were referred	% referred of eligible	Progress toward known status	% status known
Lejweleputswa	4 182	3 053	74%	40%	31%	261	22%	103%	52%	2%
Bojanala	9 941	5 489	59%	94%	0%	524	10%	10%	16%	7%
Capricorn	5 925	3 159	54%	74%	0%	71	3%	3%	16%	1%
City of Cape Town	1 624	696	43%	57%	0%	2	1%	1%	36%	30%
City of Tshwane	8 911	2 153	37%	83%	20%	902	51%	67%	51%	37%
Johannesburg	9 392	2 639	31%	99%	44%	742	28%	51%	21%	13%
Nkangala	3 088	428	15%	89%	0%	347	92%	92%	18%	5%
Oliver Tambo	880	87	10%	86%	0%	71	95%	95%	12%	2%
Buffalo City	1 949	97	9%	58%	0%	36	64%	64%	47%	44%
eThekwini	5 677	257	5%	86%	11%	12	5%	6%	16%	15%
Zululand	2 306	93	5%	95%	6%	71	81%	87%	23%	22%
Gert Sibande	3 130	29	1%	100%	0%	0	0%	0%	0%	0%
Uthukela	1 475	7	0%	100%	0%	0	0%	0%	0%	0%
Ugu	1 264	1	0%	100%	0%	0	0%	0%	0%	0%
Grand Total	**80 427**	**35 736**	**50%**	**81%**	**17%**	**9 233**	**32%**	**40%**	**31%**	**12%**

All in all, 12% of all clients at NPOs had an HIV status recorded in their files. This is three-fold higher than among records at service points. Except those in Cape Town, some NPOs had already recorded HIV status in one form or another prior to the risk assessment and referral process. Yet because of the same process, an additional 1 529 beneficiaries receiving services during the reporting period disclosed their status, which is now recorded in case files at NPOs. A total of 10 of these beneficiaries disclosed their HIV-positive test result following the assessment and referral process.

Table 7: Status disclosed following assessment among clients <18 who were regular clients at NPOs, at Q4 reporting period

District	Status known following assessment	% whose status is known who had assessment	# identified HIV-positive after referral	% identified HIV-positive of all referred
City of Cape Town	474	97%	2	100%
Johannesburg	312	26%	0	0%
Ekurhuleni	223	23%	0	0%
Ehlanzeni	214	55%	2	0%
City of Tshwane	162	5%	3	0%
Zululand	61	12%	0	0%
T Mofutsanyane	25	10%	0	0%
Bojanala	22	3%	2	0%
Lejweleputswa	18	22%	1	0%
eThekwini	14	2%	0	0%
Oliver Tambo	3	14%	0	0%
Capricorn	1	1%	0	0%
Buffalo City	0	0%	0	0%
Gert Sibande	0	0%	0	0%
Ugu	0	0%	0	0%
Uthukela	0	0%	0	0%
Nkangala	0	0%	0	0%
Total	**1529**	**15%**	**10**	**0%**

Progress in Assessment and Referral by Age Categories

GCBS targeted assessments and referrals among those under 18, with a focus on girls ages 15–17. Tables 8–10 analyse progress by age group, type of service provider, and various program aspects.

Table 8 represents the assessment and referral indicators for various age and gender groups at DSD service points in the seven districts that initiated and documented assessment and referral processes (Bojanala, Capricorn, Ehlanzeni, Lejweleputswa, Nkangala, Oliver Tambo, and Thabo Mofutsanyane). Here, assessment coverage was generally consistent across age groups, covering 23–27% of 10–17 year olds. There was a spike in refusal to consent (more than double the rate) among 10–14 year olds, both girls and boys, which represents the parents/caregivers refusal. Excluding those who did not consent, follow-up was good across the ages, with slightly higher rates in girls than in boys.

Table 8: Assessments, referrals, and follow-up by Gender and Age Group, at DSD service points in the seven districts with over 100 assessments, Q4 reporting period

Age group	Total #	Assessed	Assess-ment cove-rage	% assessed that were high risk	Did not con-sent	Re-ferred	% of high risk that were referred	% referred of eligible	Progress toward known status	% status known
All < 18	**16 850**	**4 107**	**25%**	**81%**	**29%**	**1 729**	**52%**	**79%**	**18%**	**5%**
Girls <18	8 797	2 199	26%	81%	27%	975	55%	82%	19%	5%
Boys<18	8 053	1 908	24%	81%	30%	754	49%	77%	17%	4%
Girls 0-9	1 523	337	23%	81%	19%	170	63%	81%	20%	5%
Girls 10-14	4 487	1 183	27%	79%	36%	399	43%	79%	17%	4%
Girls 15-17	2 787	679	25%	85%	16%	406	70%	85%	22%	5%
Girls 18-24	3 682	658	18%	83%	23%	324	60%	82%	14%	3%
Girls 25+	708	101	16%	90%	1%	96	105%	107%	25%	11%
Boys 0-9	1 401	276	20%	78%	13%	130	61%	73%	17%	5%
Boys 10-14	4 138	1 073	27%	81%	41%	322	37%	75%	15%	4%
Boys 15-17	2 514	559	23%	85%	17%	302	64%	79%	18%	4%
Boys 18-24	3 786	715	19%	86%	19%	413	67%	86%	16%	3%
Boys 25+	430	42	11%	95%	7%	38	95%	103%	19%	10%

Tables 9 and 10 represent the assessment and referral indicators for various age and gender groups at NPOs, separated by those who received only YOLO or ZAZI as a service and those who received other services provided under the DSD-funded NPOs (including any who also were under YOLO and ZAZI), referred to as 'regular clientele'. In addition to targeting their own NPO beneficiaries, some NPOs reached out to schools and other locations to source high risk youth for participation in YOLO. As mentioned previously, a large effort was made to conduct risk assessments among YOLO and ZAZI participants in the final quarter of FY17, but the results of these assessments are not yet available. Because the lack of results distorts the figures, these two groups were separated out for analysing progress in assessment and referral indicators.

Among NPOs' regular clientele, assessment and referral processes were supported by GCBS SWs. Assessment coverage was about half among boys and girls under 18 in DSD-funded NPOs reflects the programmatic effort to target youth under 18. Consent at NPOs was slightly lower compared to the DSD service points; GCBS has identified high decline rates for HIV testing among youth reached by NPOs (current range of 16–21% refusal rates among youth under 18) and has targeted this issue for programmatic planning in FY18. Among NPOs, the progress made toward identifying and documenting status was almost double that in the DSD service points. Across all age groups, about 10–13% of cases have HIV status documented in case files in the NPOs, double to triple the rate seen in service points.

Table 9: Assessments, referrals, and follow-up by Gender and Age Group among regular clientele at NPOs, Q4 reporting period

Age group	Total #	Assessed	Assessment coverage	% assessed that were high risk	Did not consent	Referred	% of high risk that were referred	% referred of eligible	Progress toward known status	% status known
All ages	**113 488**	**41 191**	**41%**	**81%**	**17%**	**10 754**	**32%**	**41%**	**27%**	**12%**
All < 18	80 427	35 736	50%	81%	17%	9 233	32%	40%	31%	12%
Girls <18	41 584	17 938	48%	82%	17%	4 650	32%	40%	30%	13%
Boys < 18	38 843	17 798	51%	81%	17%	4 583	32%	41%	31%	12%
Girls 0–9	12 112	5 231	49%	80%	21%	1 107	26%	36%	30%	13%
Girls 10–14	21 034	9 339	50%	82%	16%	2 548	33%	41%	31%	13%
Girls 15–17	8 437	3 368	45%	84%	16%	995	35%	44%	29%	11%
Girls 18–24	6 577	1 994	34%	76%	22%	554	37%	51%	25%	10%
Girls 25+	16 599	1 081	7%	96%	7%	341	33%	35%	14%	12%
Boys 0–9	11 320	5 030	50%	79%	21%	1 014	25%	35%	30%	13%
Boys 10–14	19 673	9 297	52%	81%	16%	2 531	34%	42%	33%	12%
Boys 15–17	7 851	3 471	49%	82%	16%	1 038	37%	46%	31%	11%
Boys 18–24	5 662	1 987	39%	73%	21%	529	37%	52%	28%	10%
Boys 25+	4 223	393	11%	97%	10%	97	25%	28%	16%	13%

Table 10 shows the totals and assessment coverage for the YOLO/ZAZI programs funded by GCBS and the South African National AIDS Council (SANAC) for all youth that were not NPO clientele. Assessments were carried out by program SWs. Assessment coverage among GCBS participants was complete for youth ages 10–17. Assessments and follow-up for referrals results will be available in early FY18.

Table 10: Assessment coverage for YOLO/ZAZI programs outside of NPO clientele[3]

	YOLO/ZAZI funded by GCBS			DSD YOLO funded by SANAC		
Age/Sex	Total #	Assessed	Assessment coverage	Total #	Assessed	Assessment coverage
All	16 734	11 054	66%	9 604	0	n/a
All < 18	9 357	9 033	97%	7 189	0	n/a
Girls <18	6 039	5 864	97%	3 877	0	n/a
Boys < 18	3 318	3 169	96%	3 312	0	n/a
Girls 10–14	495	495	100%	1 492	0	n/a
Girls 15–17	5 367	5 365	100%	2 006	0	n/a
Girls 18–24	4 367	1 211	28%	1 108	0	n/a
Boys 10–14	228	228	100%	1 169	0	n/a
Boys 15–17	2 937	2 937	100%	1 743	0	n/a
Boys 18–24	2 758	810	29%	1 274	0	n/a

Progress toward Achieving Project Results

See Annexure A for more on work plan progress.

[3] Numbers differ than the table describing YOLO reach because some YOLO participants were also NPO clientele, which were reflected in the table for NPO clientele.

SO 1: Strengthen coordination, management, and oversight of community care service structures that protect and care for the most vulnerable children and their families

In FY17, GCBS focused on the roll-out, implementation, and evaluation of outputs toward directly improving service quality, reach, and outcomes for OVCY in GCBS-supported districts, sites, and service points. SO1 activities were implemented through the following five strategies:

1. Improve the provision of child protection and HIV and AIDS-related interventions for OVCY through the development and roll-out of a core package of services, including services focused on improved access to health services
2. Enable DSD to mainstream, scale-up, and implement a comprehensive social and behaviour change package of services
3. Strengthen DSD oversight and management of service delivery interventions by funded NPOs
4. Strengthen the social service workforce through the efficient planning, management, capacity development, utilization, and resourcing of the workforce
5. Enable effective DSD management and oversight through planning, implementation, and monitoring of direct service delivery

Strategy 1: Improve the provision of child protection and HIV and AIDS related interventions for OVCY through the development and roll-out of a core package of services, including services focused on improved access to health services

Strategy 1 is achieved through activities predominantly under Component 5, whose goal is to support and strengthen the child protection response framework by improving the provision of child protection and HIV and AIDS-related interventions for OVCY. Drawing on the Child Protection System Review (CPSR) completed in Y3, GCBS enacts a bottom-up approach that builds from the site level and responds to DSDs' and PEPFAR's focus of addressing specific social, psychological, health, economic, and educational challenges experienced by OVCY within priority districts and sites. Based on CPSR recommendations, GCBS emphasizes key interventions related to prevention and support of child victims of violence, including improved case management processes and tools and alternative care services.

Summary of Key FY17 Outcomes

- Consolidation of CSPR recommendations from the various workshop reports into a single document for easy adaptation into a national action plan
- Final draft of DSD core package of services for OVCY
- Compilation of the therapeutic program for children and families affected by sexual abuse and presentation thereof at the South Africa AIDS Conference
- Compilation of the draft practice guidelines on case management for victims affected by child abuse, neglect, exploitation, and violence
- Revision of the Girl Risk Index (GRI) tool to include the key domains of gender-based violence (GBV), health, education, child protection, and educational outcomes for girls at risk in foster care
- Roll-out of HTS services through capacity building of SSPs and partnerships for access to HTS and follow-up support
- National roll-out of SBCC programming to mitigate HIV and AIDS and address GBV

1.1. Finalize the national review of the Child Protection System (CPS)

GCBS completed a final report and a multi-sectoral CPS Implementation Plan and presented them to the National Child Care and Protection Forum on 7 June 2017 to 60 attendees, including DSD Chief Directors, Child Protection NPOs, and multi-sector governmental departments. As a result of the CPSR, GCBS is assisting DSD in developing plans to address barriers to service delivery within provinces, particularly improving poor infrastructure and skills deficits, standardizing facilities for optimal service delivery, and harmonizing tools of the trade, including a well-defined core package of services for OVCY, which will continue into FY18. The outcomes of the engagement of the CPSR engagement outcomes also will be included in the National Child Protection Policy, to be completed

in FY18, ensuring a strong multi-sectoral collaboration by all service providers and greater local ownership of services.

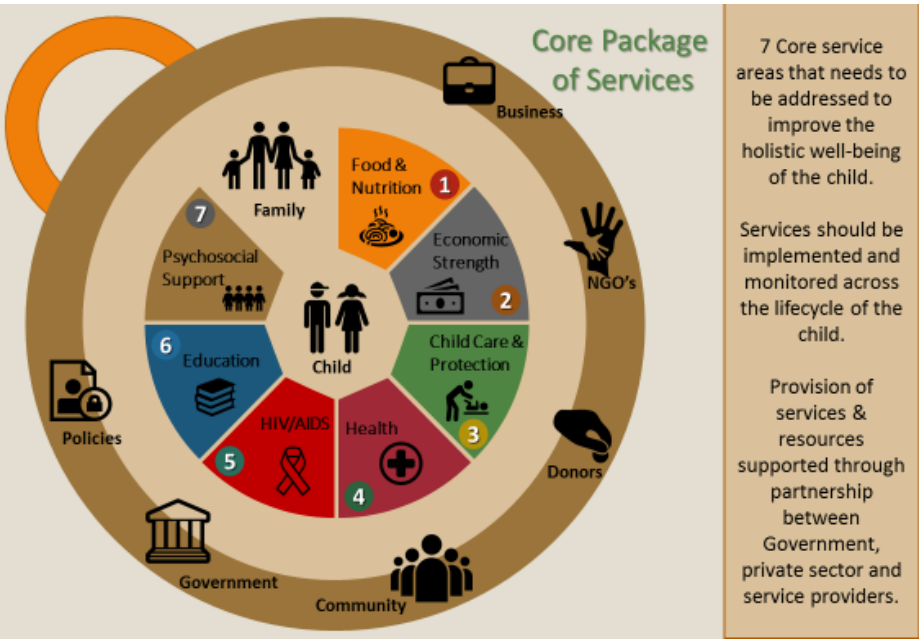
1.2. Implement a core package of services for OVCY

1.2.1. Refine the core package of services for OVCY

The CPSR identified an urgent need to strengthen the CPS in general and provide a core package of child protection services specifically. To that end, in Y4/FY17, GCBS established a technical think tank consisting of representatives from across DSD chief directorates, Social Africa Social Security Agency (SASSA), Human Science Research Council (HSRC), Department of Basic Education (DOBE), academia, and local and international NPOs and convened three meetings for feedback on activities around the core package. GCBS also established technical working groups to develop and effectively plan for the core package of services, including groups to:

- Develop a theory of change (TOC) for child resilience, which has been used to guide DSD in developing the core package
- Define the core service delivery domains and related interventions within the core package
- Nationally map the most vulnerable children (MVC) for improved targeting
- Capacitate Drop-in-Centres (DICs) as a service delivery entry point for MVC
- Initiate costing of the core package of services to support treasury bids for funding of services; USAID allocated additional funding to support the costing exercise
- Present a draft core package, identify additional services, identify existing good practices, and refine all the above

Diagram 5: The core package of services



As a result, GCBS and DSD drafted a core package of services for OVCY (see Diagram 5); with service delivery domains clearly outlined that support the development of an implementation manual to be used to capacitate service delivery at site level. The core package will be confirmed in a national workshop scheduled on 25–27 October 2017, after which it will be nationally rolled out via GCBS in support of NPOs. GCBS also created national and provincial maps to demonstrate geographic distribution of MVC to support targeted roll-out of the core package. While significant progress was made in the developing the core package, internal DSD communication and prioritization resulted in the Deputy Director General (DDG) putting the intervention on hold till FY18.

GCBS completed a service delivery assessment tool to develop the capacity of DICs and a companion roll-out plan. Assessments began in FY17 for DICs in Limpopo and Gauteng, with results expected by end October 2017. The outcomes of the assessment will give a clear indication for DSD on DIC capacity needs and indicate their ability to effectively implement the core package of services.

GCBS captured these activities in a consolidated report that will inform and influence DSD's response to vulnerable children within the broader scope of the National Child Protection Policy, strengthen strategic planning and costing of services beyond the current Isibindi investment, and contribute to sustainable service delivery to priority groups of vulnerable children.

1.2.2. *Consolidate present DSD implementation guideline, tools, and processes to support DSD in delivering and monitoring the core OVCY package of services*

Review of DSD generic intervention processes and tools (case management)

For several years, DSD service points have implemented standardized case management forms that are problematic for several reasons, including because SWs often do not accurately fill out these forms. To address these challenges, GCBS:

- Trained site-level SWs on generic case management and related administrative and data forms
- Established a task team that includes representatives from National DSD and Mpumalanga province to revise the forms and develop clear guidelines for their use
- Created a new administrative tool to streamline data collection and reporting from service points, districts, and provinces and align the process with the key domains of the core package of services
- Created a new intake form that addresses gender and age disaggregates and includes referral and tracking logs to improve successful linking of children to key services

The revised case management tools will be piloted in Mpumalanga and North West provinces in FY18. The most valuable outcome of this activity is improved tracking of services provided to OVCY on a quarterly basis and improved reporting within DSD. This will support interventions focusing on expanding frequency of service delivery to children supported through DSD service points.

Guidelines and tools to support core OVCY package of service

In Y4, GCBS drafted guidelines for service delivery that include the above case management tools and administrative forms. These tools and processes will be incorporated into the core package of services manual to support sustainability of these processes within NPOs. GCBS revised and shorted the GRI tool and will include it in ZAZI roll-out to ensure that the most vulnerable girls access the program. NPOs in Free State, Gauteng, and North West have been implementing the tools for the last three months of FY17 and had challenges, especially with the tool's length and complexity.

GCBS also supported DSD to strengthen the following existing child protection assessment tools and practices for SWs, including review them, and aligning them with the Children's Act and DSD theoretical framework, and drafting guidelines for their application:

- Safety and Risk Assessment (child abuse, neglect, and exploitation)
- Family Preservation Assessment
- Diversion Program Assessment
- Generic Social Work Risk Assessment

The assessment tools have been consolidated into one document and handed over to DSD, which will further refine the package for roll-out to provinces.

Case management reviews and capacity building on child abuse, neglect, and exploitation (CANE) and violence

GCBS analysed DSD service points' and designated child protection organizations' existing CANE case management processes and developed guidelines and mentoring efforts to strengthen these interventions. Under Component 5, GCBS assessed social work case files at selected sites, which included key informant interviews with stakeholders working within the child protection system. The reviews were conducted in six sites in Eastern Cape (17–18 March and 10–14 April) and Western Cape (14–15 June) provinces, with an additional two visits to NGOs offering supportive services to child victims. Identified key challenges included:

- Lack of implementation of case management processes that reflect effective planning and timely roll-out of interventions for children
- Lack of multi-sectoral planning of interventions for children affected by CANE
- Relationships between SWs and other stakeholders were positive, but not formalised and lacked clear roles and responsibilities
- Lack of joint planning for holistic service delivery to children exposed to CANE

- Poor record keeping and updating of case files (absence of regular process notes on interventions provided)
- Non-compliance with the DSD SW case management process
- Need for a more structured and improved filing system
- High supervisor to supervisee ratio, which prohibits regular, thorough supervision and support
- Gaps in SW skills in effective case management and therapeutic interventions with children
- Lack of resources, such a vehicles, computers, office space, and therapeutic space
- Lack of support to effectively plan and optimise use of limited resources, e.g., clustering children per school so SWs can intervene at one venue

To address these CANE case management challenges and ensure that children access holistic care once they are identified as vulnerable, GCBS:

- Developed CANE case management guidelines, to be packaged in an infographic for broader distribution to DSD service points and designated child protection organizations
- Provided ongoing site-level support to identified SWs and service points in Eastern Cape and Western Cape to demonstrate best practice interventions
- Hosted feedback and mentoring sessions with 37 SWs to support improved case management
- Developed site-level child protection protocols to support multi-sectoral implementation of services for children exposed to CANE
- Mentored DSD supervisors through supervision development forums to highlight challenges in case management and increase effective use of SW case management forms and processes

Diagram 6: SWs' feedback on the benefits of service point skills-building

PSS as key to the core package of services

In Y4, GCBS continued Y3 efforts in supporting the DSD to roll out capacity building training on the PSS Guidelines, specifically to SBCC facilitators in North West, Eastern Cape, and Limpopo. Additional training for provinces has been included in the DSD Annual Performance Plan and budget for 2017/2018.

In addition, GCBS supported the national level PSS reference team to:

- Clearly define the PSS domain for the core package of services, attendant services under each domain, levels at which these services are delivered, and interventions delivered under each service
  Refine the DSD's PSS assessment and reporting tools to ensure clarity about which PSS services are delivered and how clients are being assessed
- Ensure alignment and integration of PSS and SBCC in the core package of services
- Develop the outcome and output indicators and their definitions for each PSS service

1.2.3. Capacitate SSPs working at DSD service points and NPOs to implement the core package of services

Coupled with site-level capacity building through mentoring provided by provincial personnel, in FY17, GCSB provided the following capacity building trainings to the SSPs providing services to OVCY.

Child Protection Induction Manual

The manual was developed under the PEPFAR-funded program Thogomelo and provides Social Work Supervisors (SWSs), SWs, and Social Auxiliary Workers (SAWs) with the necessary skills and knowledge to effectively implement child protection services. GCBS training on the manual commenced in Free State and Limpopo provinces, targeting 65 SWSs as master trainers. Moving forward DSD will resume the training at provincial level with GCBS's support.

Capacity development for services to children in alternate care (foster care)

In Y2 and Y3, GCBS trained SSPs on the case management and business process of children in foster care and child and youth care centres, therapeutic intervention, and access to HTS. In Y4, GCBS completed trainings on this topic in Eastern Cape and Mpumalanga among 142 SWs and SWSs. The content was structured to provide a framework that creates linkages between the provisions of the Children's Act 38 of 2005 in respect to alternative care, the case management business process, and social work intervention methods.

Based on the above trainings, GCBS shifted focus toward ensuring that the skills learned could be implemented at site level among girls aged 14–17 years. As such, the GCBS Component 5 team and the DSD Mpumalanga Provincial team worked in three selected pilot sites—Msukaligwa service point (Gert Sibande district), Oakley service office (Ehlanzeni District), and Mbibane service office (Nkangala District)—to model best practices in foster care support services. Site selection was based on service points with highest number of girls aged 14–17 years who were placed in foster care. As part of the site-level skills building, the program:

- Reviewed case files with participating SWs and identified cases with highest risk using the GRI
- Reviewed and revised individual development plans (IDPs) for identified girls
- Provided onsite training, mentoring, and support to ensure effective implementation of the care plans, focusing on case formulation, identifying girls in need and at risking using the GRI, and mapping community resources for supportive referrals, emphasising HIV testing, treatment, and support services

GCBS also introduced the child well-being assessment tool to help review case files. Community mapping for improved referrals and linkages to services was conducted at all sites and facilitated linkages to health services.

Lastly, GCBS identified 28 girls in foster care and 10 SWs and SWSs to participate in demonstrations. Through these demonstrations, the program learned that:

- Access to and promotion of health services is the greatest gap in service delivery
- Only 20% of the cases sampled had IDPs, but they were not updated regularly
- Previous use of assessment tools to support the development of IDPs was limited
- SWs' ability to refer and link girls to services within DSD and externally was limited, as indicated by only seven of the girls at the Msukaligwa office having accessed the YOLO program presently being rolled out by DSD

1.2.4. Intervention for the social welfare sector: Supporting access and referral to HIV services for children and adolescents

Throughout FY17, GCBS took a multi-pronged approach to improve OVCY access to HIV-related services as part of targeted 90-90-90 interventions. The approach and intensity of interventions targeted the highest priority provinces and districts, with a focus on Gauteng and Mpumalanga. Provinces were supported to develop and implement clear strategies to increase HTS services for children, which included hosting community meetings to stimulate demand for HTS; consultation and capacity building with SSPs; development of national-, provincial-, and site-level partnerships; conducting HIV risk screening and escorted referrals for testing; and direct support to children and families to ensure access to and adherence to treatment.

HIV risk screening, referral, and linkages to HTS services

In Y4, GCBS refined the HIV risk screening tool, particularly the screening questions pertaining to HIV health indicators, circumstantial indicators (e.g., orphaned, parent HIV-positive, abandoned),

and behavioural indicators (e.g., sexually active, possible substance abuse), and rolled it out across program NPOs.

The tool has since been incorporated into the DSD's *Guidelines for Social Service Sector: Supporting access and referrals to HIV services for children and adolescents*. The GCBS team has been working with DSD at the national level to develop and gain provincial inputs into the guidelines. Once they are approved, the ability to track and adapt national-level performance on HIV STAT and provincial-level HIV service uptake will be significantly improved because they will form the mandate for SAG to initiate HTS. As part of the guidelines, GCBS developed a standard operating procedure (SOP; see Annexure B) for effective roll-out of HTS, which includes a partnership model and which will be implemented at site level through the provincial GCBS team.

Dialogues and consultation with SSPs to promote HTS

GCBS provincial personnel worked closely with DSD, GCBS-identified NPOs, and local partners to promote access to HTS for children and adolescents across the 17 priority districts. This required face-to-face meetings and small group consultations with key persons within DSD and the communities. On a larger scale, GCBS provincial teams participated in provincial planning and strategy development for OVCY. These engagements provided opportunities to prioritize HIV testing, treatment, and support of OVCY.

This approach was well demonstrated in the DSD Eastern Cape OVC Summit, during which the GCBS team lead several sessions focusing on HTS and SBCC. The strategy session brought together DSD and the Eastern Cape AIDS Council and was attended by 70 participants, including national, provincial, and district DSD personnel; representatives from the Department of Health (DOH), DOBE, and Departments of Home Affairs, Human Settlement, Justice, Police, and Local Municipality; NGOs; and development partners. During the summit, the province agreed that the program should capacitate both DSD SWs and NPOs to conduct HIV risk screenings and develop site-level plans to promote HIV testing and treatment.

As of the end of Y4, DSD service point SWs in OR Tambo district have been trained and are conducting risk screening on all children in alternate care placements; 81% of OVCY targeted for risk assessment were already receiving child protection services. Because of the effort, these OVCY had the highest volume of child protection cases with reported HIV status following risk assessment and referral across the service points in districts. This resulted in a six-fold increase in the numbers of child protection cases with documented HIV status. Five of the documented cases were identified as HIV-positive, all of which were child protection cases.

A further community dialogue was hosted in Pongola, Zululand (KZN) with the provincial DSD. The dialogue took place over several days, with focus group discussions held with community caregivers (CCGs) and out-of-school youth, culminating in a larger community dialogue. GCBS focused these discussions on the social and structure drivers of CANE and HIV to broaden the community's' understanding of which services are to be provided and to promote sound child protection practices and HTS. Key program-related outcomes are identified in Diagram 7.

Diagram 7: Pongola community engagement key outcomes

Pongola Community Engagement (KZN, Zululand)

GCBS facilitated dialogues with Community Caregivers, out of school youth (18–24 years) and in school youth, focusing on key community challenges

Working together with the community, DSD, DOH, DOBE and GCBS supported NPOS NPOs (Inkanyezi Care Organization, Impakama Support Group and Sinethemba Hope Organization) a strategy to address these challenges was developed.

Across all dialogues common themes emerged, namely:

HIV/AIDS and sexual behaviour among the youth
Substance abuse
Safety and security
Basic services
Undocumented minors
Youth entrepreneurship

Key within the strategy for addressing incidence of HIV and Aids is the roll out of YOLO and ZAZI in 5 local schools in FY5, Q2, coupled with the participation of DOH through mobile clinic to support HTS and the role of local NPOs in providing follow-up support

Capacity building of SSPs on health referrals and linkages

In Y2 and 3, GCBS conducted health care referral trainings in all program districts for both DSD personnel and NPOs, reaching more than 2 200 SSPs. These trainings laid the foundation for ongoing HTS skills development in Y4. This year, GCPS conducted additional health care referral trainings in the four KwaZulu Natal program districts, reaching 80 SSPs. The program also trained 41 SSPs from both GCBS program and northwest Bojanala DSD service points to understand the key role of SSPs in HTS and HIV-related counselling, mentoring, and referral support.

Additional sets of health care referral training in Eastern Cape and Limpopo reached 35 SWSs and SWs in OR Tambo District, 32 in Buffalo City (BCM), and 32 in Capricorn District. These trainings emphasised the importance for SSPs to know their own HIV status, as well as that of their clients. The training also presented how the DOH HTS Policy aligns with the Children's Act in terms of consent, confidentiality, counselling, and disclosure. Composites of pre-and post-test results taken at these trainings indicated that understanding and knowledge of the 90-90-90 cascade, legislation pertaining to HTS for children, and the health care referral process increased from 70% to 88%.

The program conducted similar additional trainings in Gauteng, in partnership with the Foundation for Professional Development (FPD), that reached 35 SSPs. Pre-and post-test results demonstrated an improvement in HIV-related knowledge with regards to the spread of the virus, prevention, testing, treatment, and adherence support from 67.2% to 87.2%. Unfortunately, in spite of these improvements in knowledge, uptake of routine testing of children on SWs' caseloads was still low.

The above results led GCBS to revise its approach at the end of FY17, going into FY18. The program started holding site-level sensitization sessions with DSD SWs and SWS to discuss concerns and challenges and to address personal stereotypes and beliefs regarding HIV testing, treatment, and support. This approach was applied in all provinces and shifted beliefs and practices around HTS, resulting in uptake of risk assessment within service points in seven districts and over 95% referral rates among those eligible for referral within Nkangala, OR Tambo, and Thabo Mofutsanyane.

The GCBS team rolled out this new approach in Free State districts of Lejweleputswa and Thabo Mofutsanyane among 365 CCGs and 126 DSD SWs. The SWs trained made up 49% of those employed by DSD across the two districts. Following the training, the Provincial Program Manager,

SWC, and SW followed up with participating organizations and service points to support knowledge transfer.

This approach proved successful. For example, in QwaQwa service point in Thabo Mofutsanyane District, through the leadership of the GCBS SW, HTS was broadly incorporated into case management across all SSPs. Data reflects that of the children who received HIV risk assessment: 99% who required referral for testing accessed this testing. Of these tested, 56% confirmed their HIV status with their SW. This figure was four times higher than in the other service points in the district which were not reached with the intervention (Ladybrand, Senekal, and Bethlehem); at those sites, only 22% of children who accessed testing know their status.

National-, provincial-, and site-level partnerships for HIV testing, initiation of treatment and adherence support

In Y4, GCBS focused on developing partnerships with key testing and treatment organizations at the national, provincial, and site levels. Memoranda of Agreement (MOAs) were negotiated with BroadReach, FPD, and Humana to support for community-level testing, initiation of treatment, and ongoing adherence support. The practical application of agreements was demonstrated in the roll-out of HTS activities at site level, including partners meetings, mapping exercises, established pathways, training opportunities, and testing roll-out.

The Bojanala GCBS team also conducted strategic partnership meetings with a number of organizations and the district DOH. Among NPOs in Bojanala, two-thirds of OVCY were assessed for risk or already had their status known. Notably, 37 (31%) of the 118 cases whose status was documented following risk assessment were identified as HIV-infected. The high percentage likely reflects a combination of targeting risk assessment, improved disclosure conversations, and/or improved documentation of status within NPOs. In addition, GCPS supported DSD and district program teams to set up meetings with the DOH and other district support partners (DSPs) or local testing partners. DSD was further supported to participate in local Aids Council meetings to promote partnerships.

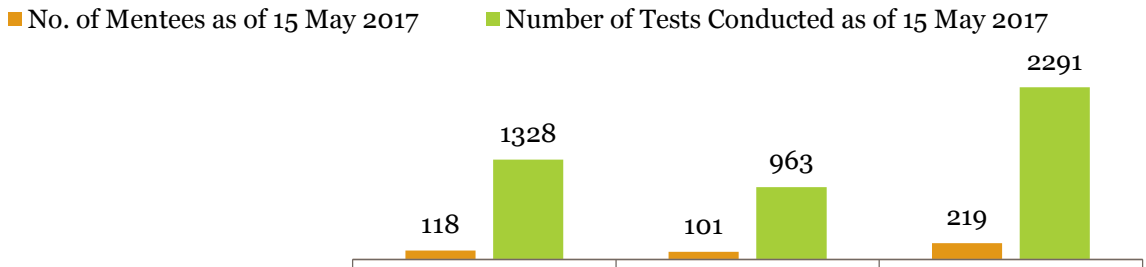
Because of this support, HIV risk assessment is effectively rolled out in the provinces. As such, GCBS will shift focus in Y5 to effective referrals and linkages to HIV testing for those who have been assessed as high risk.

The Supportive Referral Initiative (SRI)

Initiated in Y3, SRI successfully demonstrated how the above interventions combine toward successfully rolling out HTS by providing a foundation for increased referral to testing, treatment, and adherence support. SRI is funded by USAID/PEPFAR through FHI360, in partnership with Pact, FPD, and Humana. In the first year of implementation, 545 CCGs were trained on HTS; however, this approach did not result in increased uptake of HIV testing. However, in Y4, Pact South Africa noted an increase in HTS referral and testing uptake amongst GCBS clients as a result of trainings to the SW cadre, particularly in Gauteng. SRI held implementation workshops for 70 NGOs in Tshwane, Ekurhuleni district, and COJ, where NGOs developed action plans for scaling up HTS services to their clients, resulting in 2 427 people being tested for HIV, of which 72 (3%) tested positive. Prior to SRI, these NPOs had not been facilitating access to HTS for children.

To sustain these interventions, FPD transferred mentorship skills to 301 GCBS SWCs, GCBS SWs, and DSD Social Work Managers in Bojanala, Tshwane, and Ekurhuleni districts, enabling the SSPs to apply the SRI mentorship approach and tool and to mentor the NPOs after Pact's role in SRI ended on 15 May 2017. The mentoring supported first time roll out of DSD lead access HIV testing in Tshwane and Ekurhuleni districts (see Figure 6). Further, the established good relationships between FPD and the trained SWs and SWCs linked them up with the NPOs.

Figure 6: SRI FPD mentoring and testing comparison in two districts



	7 NPOs Tshwane District	7 NPOs Ekurhuleni District	14 NPOS Total
No. of Mentees as of 15 May 2017	118	101	219
Number of Tests Conducted as of 15 May 2017	1328	963	2291

Challenges and mitigating actions to rolling out HTS in Free State province

Because GCBS provided training and onsite support, Free State is a good province to demonstrate both challenges and successes in HTS. Table 11 outlines these challenges and actions taken to mitigate them.

Table 11: Challenges and mitigating actions around HTS in Free State province

Challenges	Mitigation
• DOH initially prevented NPOs from accessing HTS from DSPs and would not give permission for DSPs to test children referred by NPOs. • Lack of partnership with DOH and understanding of DSD role in HTS.	• GCBS facilitated discussions between DSD and DOH. An SLA is being drafted detailing the scope of provincial level partnership. • Personnel from both DSD and DOH assigned to facilitate the development of site-level roll-out plans for HTS. • Site-level engagements include mapping of referrals process between DOH, DSP, and DSD service points and funded NPOs. • Improved oversight by DSD of HTS services demonstrated at Welkom Service Point, Lejweleputswa district, where Service Point Manager has added the following to her portfolio: – Responsible to coordinate NPOs and community-based organization links to HIV testing partners – Developed and implementing a plan to link HIV testing partners, increase and improve referrals processes, i.e. all referrals will be processed via the Social Workers instead of CCGs to comprehensively address referral to testing; adherence care and support and address lost to follow up
• Processes for effective case management including structured referral systems vary across the province and are not implemented in a standardised or consistent manner	• Onsite support and training on case manager, referral processes including standardised forms and tools to support effective implementation. Supported by GCBS SWs. • Draft HTS guidelines presently being implemented by DSD Free State which systematically link HIV services to case management processes
• Lack of understanding and support for HTS for children	• Individual and small group focus group discussion to broaden understanding of HTS, positive implications for children and to address personnel bias. All GCBS SWs and SWCs have been trained to address these issues.
• CCGs trained lack the skill and experience to effectively roll out linkages to HTS especially regarding support to caregivers and children in understanding importance of known HIV status and testing	• Ongoing site level mentoring and support. • Develop HTS campions across DSD SSP • HTS focus of district supervision forums

1.2.5. *Capacitate SSPs working with DSD and NPOs to strengthen services that respond to violence*

GCBS, with the support of DSD, developed a therapeutic program for children and their families affected by sexual abuse, responding to a high incidence of sexual violence against children and a need to improve social work interventions in addressing the traumatic impact of such abuse on child victims and their families. Research provides clear evidence of related health effects of sexual abuse is the contraction of HIV, chronic diseases, re-victimization, and sexual risk-taking, such as substance abuse and inconsistent condom use[4].

In Y4, GCBS developed a training curriculum consisting of three modules, trained SWs, and initiated the pilot phase of the program. The curriculum was based on the components of the evidence-based trauma-focused cognitive behaviour therapy (TFCBT) approach and consisted of core treatment components designed to be provided in a flexible and developmentally appropriate manner, addressing the unique needs of each child and family who have been affected by child sexual abuse. An experiential learning approach was used to train SWs, including practical tools and case studies, role-plays, a pre- and post-evaluation test, videos, group discussions, enactment of the activities in the 10-session curriculum, self-awareness, assessment tasks, and group quizzes.

The therapeutic program was presented at the South Africa AIDS Conference as an evidence-informed prevention program.

In addition, the curriculum was subjected to a review process by 6 NPOs in Gauteng and DSD after the pilot phase. Key recommendations that emerged were integrated to finalise the curriculum.

The NPOs that were trained in the curriculum were mentored at their various sites, in the City of Johannesburg, City of Tshwane and Ekurhuleni in Gauteng, supporting implementation of curriculum at site level.

Four additional training workshops were conducted by GCBS in the KZN districts viz., eThekwini (37 participants), Zululand (23 participants), UThukela (26 participants), and Ugu (24 participants) during the months of July to September 2017. DSD KZN has developed a strategy to improve the provision of therapeutic services by developing a database of trained SWs to lead in service delivery to victims of sexual abuse.

A pre- post knowledge based test focusing understanding of the therapeutic approach, expert witnessing, child centred interventions, sexual development of children as well as monitoring and evaluation of therapeutic impact was administered by the GCBS team. The pre-tests indicated little to no knowledge across these dimensions, with the post-test indicating a significant improvement. This was supported by qualitative evaluations in which participants viewed the program as well-structured, empowering and implementable within their present work context. There is an ongoing need to develop the capacity of SWs to effectively engage child victims of abuse and address trauma as a means of preventing risk taking behaviours associated with abuse.

Planning for Year 5

In Y5, GCBS will prioritize the following activities:

- Finalization of DSD provincial-specific child protection systems improvement plans
- Finalization of National Child Protection Policy
- Implementation and documentation of short-term impact of:
  - CANE case management guidelines for improved service delivery to child victims of abuse
  - Targeted risk assessment, care planning, and provision of services for young girls aged 15–17 years in foster care
  - Roll-out and mentoring support for effective implementation of the therapeutic program for child victims of sexual abuse

[4] Artz, L.; Burton, P.; Ward, C. L.; Leoschut, L.; Phyfer, J., … and Le Mottee, C. (2016). *Optimus Study South Africa: Technical Report*. Zurich: UBS Optimus Foundation; Cohen, J. A., Mannarino, A. P., and Deblinger, E. (2012). *Trauma-focused CBT for children and adolescents: Treatment applications*. New York: Guilford Press.

- National roll-out of SOPs for HTS to ensure that all children under the GCBS program receive HIV risk assessment and that these assessments translate into access to testing, known HIV status resulting in treatment, and adherence support

Strategy 2: Enable DSD to mainstream, scale-up, and implement a comprehensive social and behaviour change package of services

Interventions focusing on the development and roll out of SBCC programs were implemented under GCBS Component 3. This strategy focuses on improving DSD prevention programming with special emphasis on the mitigation of HIV and AIDS by:

1. Supporting the development and implementation of a compendium of SBCC and HIV prevention programs (OVCY, GBV, and families)
2. Capacity building of DSD, PDSD, and implementing partners to design, implement, manage, and evaluate sustainable high-impact HIV prevention programs among OVCY, especially girls and young women (enabling environment, organizational and individual competencies)
3. Promotion of OVCY psychosocial well-being to further their resilience to risk factors

Summary of Key FY17 Outcomes

- Mobilized and trained 644 facilitators across 74 NPOs in 17 districts in the implementation of HIV and GBV-focused social and behaviour change programs (YOLO and ZAZI), reaching 21 267 youth
- Conducted master training and technical support to DSD in the roll-out of YOLO nationally, reaching 10 546 youth in GCBS priority districts
- Revised the YOLO and ZAZI curriculum to incorporate PSS aspects, gender, stigma, and discrimination

2.1. Implement as part of the core package of services a comprehensive social and behaviour change package

2.1.1. Capacitate DSD key personnel at all levels to broaden understanding of SBCC and the development, implementation, and monitoring of programs

As part of the GCBS program strategy to institutionalize SBCC methods into DSD core package of services a request for proposals that aims at to develop a comprehensive SBCC guide/curriculum and facilitator manual outlining all DSD SBCC program was developed and signed off by DSD HIV: Directorate. GCBS will capacitate 75 master trainers from DSD District offices to roll out training on the Comprehensive SBCC Guide in their respective provinces at district level. This guide will capacitate DSD to develop, implement and oversee SBCC programs, this is essential to sustainability of GCBS activities, ensuring that as the program ends, DSD can take interventions forward.

2.1.2. Write up formally DSDs Comprehensive Package of SBCC Program

DSD has identified the following evidence based programs to be included in their package, tested and roll-out:

- YOLO program for OVCY aged 15–24 years
- Family Matters Program
- Community Capacity Enhancement

These programs have been summarized and written into a standard operating procedure. In addition to these programs, Let's Talk and ZAZI have also been summarized to be included. Internal processes need to be followed for senior management to confirm these programs before final inclusion in the package. Three additional programs have been identified namely; Traditional Leaders Program, Men as Champions of Change and Psychosocial services program, however these are in the conceptual and development stage and do not have standardised manuals/guides to support implementation.

During this process, additional changes were made by an SBCC content expert to review and revise the YOLO facilitator material to incorporate new and updated HIV and AIDS information, GBV and information derived from the 90-90-90 principles and the Guidelines for the Social Welfare Sector: Supporting access and referral to HIV services for children and adolescents.

A similar process was initiated to ensure that psychosocial support needs were adequately addressed in the YOLO and ZAZI facilitator training. The DSD PSS Reference Group reviewed the training content for both YOLO and ZAZI. This resulted in an endorsement against the PSS Guidelines focusing specifically on guidance relating to the - Specialized Support of the Psychosocial Intervention Pyramid. Following the review, the reference team reached the conclusion that the curriculum for both programs adequately covered PSS and hence there was no need to run a parallel PSS training for SBCC participants.

In the reporting period, the review of the ZAZI program was completed, enhancing HIV prevention, treatment and support elements. Discussions with DSD leadership are underway to include this program in DSD's compendium of SBCC programs.

A desktop review was conducted into parenting programs presently being implemented through DSD and other NPO partners at national and provincial levels. Four key programs were identified:

- Let's Talk
- Family Matters
- Parental/Primary Caregiver Capacity Building Training Package
- Sinovuyo Caring Families Program for Parents and Teens

A briefing session was held with DSD on the Let's Talk program. There was consensus on the validity of this parenting program to enhance the package. This program was developed by Tulane University and funded by USAID as evidence based program for parents and their adolescents' ages 13–19 years. The Family Matters program needs to be presented to DSD Senior Management for confirmation that it be adopted into DSDs program. TA is being provided to DSD to develop and cost a roll-out strategy to be included in the 2018 budget and annual performance plan.

The development of Young YOLO program, as referred by DSD, aims to focus on HIV/AIDS risk avoidance for early adolescence aged 9–14 years with the intention to prolong the age of sexual debut. This program is yet to be named however it is referred to as YOUNG YOLO, as it is a pre-curser to the current YOLO program for adolescents and young people aged 15–24 years.

The program outline for Young YOLO, which focuses on children aged 9–14 years, was reviewed, and the process flow mapping on the development of this critical program and intervention documented. The Young YOLO program background, outline, and conceptual information framework are cross referenced with the Department of Basic Education CAPS life orientation programs, Project AIM (Adult Identify Mentoring), and Vhutshilo 1.

2.1.3. Upscale the rollout SBCC Program (focusing on sexual reproductive health) across 17 GCBS program districts- Incorporate HTS as a stand-alone activity in preparation for testing

The YOLO and ZAZI program is being rolled out in two streams: first through DSD using additional funding provided by Treasury for roll out, and second through the GCBS program.

Facilitator training

In support of roll-out GCBS Component 3, the team together with DSD CD: HIV and AIDS, trained 644 facilitators including DSD and NPO personnel as well as SSP from child and youth care centres on YOLO and ZAZI SBCC programs. The YOLO training manual and facilitator guide was rigorously reviewed in consultation with the DSD officials, expanding the sections of HIV prevention, testing and treatment. Facilitator training was also strengthened with additional topics of HTS and PSS being included.

In addition to the training of facilitators, 14 SBCC master trainers completed pre-service. These add to the existing 10 master trainers presently supporting roll out. The expansion of master trainers to the team has contributed to accelerating roll out of the programs. To support the roll out at district level, these master trainers will lead in mentoring facilitators trained and help strengthen the referral process on the ground.

SBCC program roll-out

During the reporting period, YOLO and ZAZI were implemented by 74 trained NPOs nationally with a target of 16 150 to be reached by end of September 2017. The program exceeded the target reaching 22 070 youth, with YOLO reaching 16 925 youth and ZAZI reaching 4 495 girls. Of the participants who completed YOLO (16 892), 49% were aged 15–17 years and 54% were girls. In addition, YOLO was rolled out through leveraged DSD funding received from SANAC reaching a further 10 366 youth. Of those who completed YOLO (7 268), 43% were aged 15–17 years, 53% were girls. Figures 7 and 8 show performance by districts and provinces as well as the completion rate.

Figure 7: YOLO disaggregated by age and sex[5]

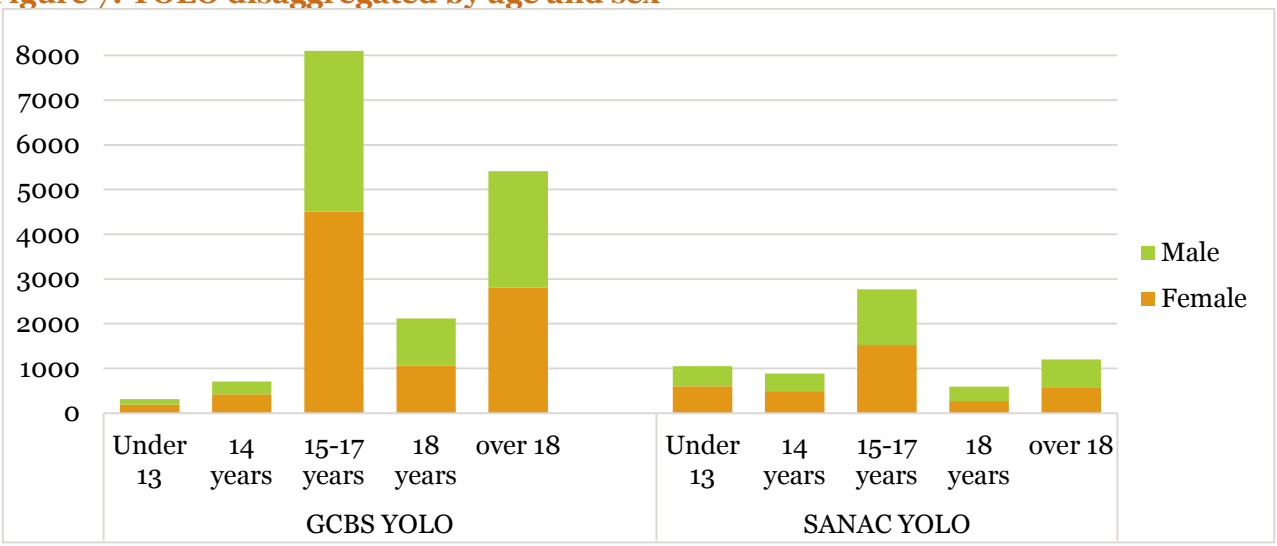
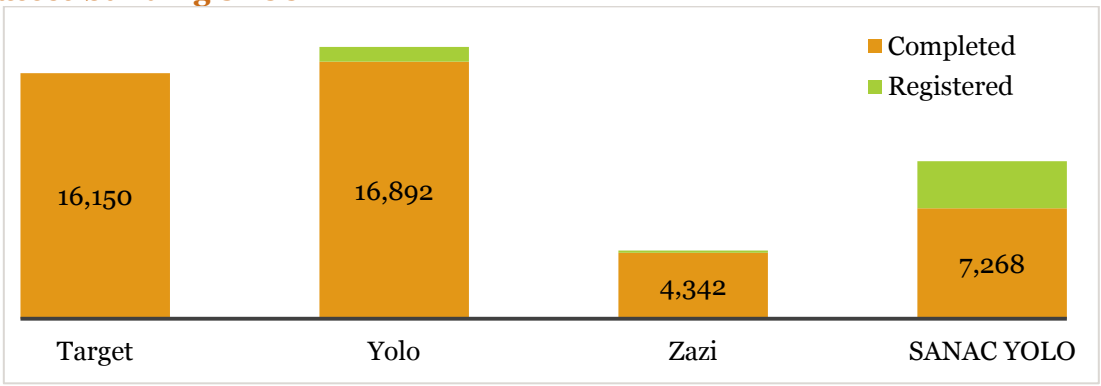


Figure 8: Target vs reach (YOLO and ZAZI) among GCBS-funded and SANAC-funded social asset-building SBCC[6]



As shown in Table 12, there are no significant differences on average completion rates for both YOLO and ZAZI (97.7% and 97.5% respectively). It is encouraging to note that both programs achieved very high completion rates for community-based interventions. This suggests that the OVCY who participated found the programs appropriate and suitable to their needs.

Table 12: Enrolment and completion rates for YOLO and ZAZI by district (n=22 245 enrolments)[7]

District	# Enrolled YOLO	# Completed YOLO	Completion rate (%)	# Enrolled ZAZI	# Completed ZAZI	Completion rate (%)
EC	1 533	1 425	93%	332	321	97%
Buffalo City	659	628	95%	198	196	99%

[5] With a good mix of both males and females, both projects saw a large number of 15-17 year olds and GCBS also saw a significantly large number of over 18 year olds.
[6] Numbers represent youth who completed the courses.
[7] Source: Mott MacDonald SBCC Masterfile - analysed, October 2017

District	# Enrolled YOLO	# Completed YOLO	Completion rate (%)	# Enrolled ZAZI	# Completed ZAZI	Completion rate (%)
OR Tambo	874	797	91%	134	125	93%
GP	9 025	8 822	98%	2 154	2 090	97%
Johannesburg	2 891	2 824	98%	710	688	97%
Tshwane	3 440	3 390	99%	850	821	97%
Ekurhuleni	2 694	2 608	97%	594	581	98%
KZN	2 299	2 227	97%	1 232	1 192	97%
EThekwini	673	621	92%	335	326	97%
Ugu	241	241	100%	93	93	100%
uThukela	504	500	99%	354	325	92%
Zululand	881	865	98%	450	448	100%
MP	2 032	2 020	99%	49	49	100%
Nkangala	470	466	99%	49	49	100%
Gert Sibande	1 562	1 554	99%	0	0	N/A
NW	1 268	1 002	79%	95	95	100%
Bojanala	1 268	1 002	79%	95	95	100%
Free State	871	838	96%	0	0	N/A
Thabo Mofutsanyane	471	454	96%	0	0	N/A
Lejweleputswa	400	384	96%	0	0	N/A
LP	659	435	66%	197	174	88%
Capricorn	659	435	66%	197	174	88%
WC	127	123	97%	0	0	N/A
Cape Town	127	123	97%	0	0	N/A
Total	**17 866**	**16 892**	**95%**	**4 494**	**4 342**	**97%**

Qualitative feedback received from participants on the impact of YOLO has been captured through evaluation forms as well as focus group discussion held with participants at Ditshego Place of Laughter, Mooiplaas, and Tshwane. Highlights are captured in Diagram 8.

Diagram 8: Highlighted participant feedback on YOLO

Implementing YOLO oversight framework, M&E tools for implementing NPO and DSD service point personnel

In January 2017, GCBS and DSD national held a consultative workshop to develop the TOC for YOLO and ZAZI. Since then, the TOC has been used as a key resource for the briefing sessions of NPOs as well as the trainings for facilitators – to highlight how the SBCC interventions will result in reduced incidence of HIV among the vulnerable populations of South Africa. A follow up workshop was arranged through GCBS in February 2017, to develop a corresponding M&E plan for YOLO and ZAZI, informed and guided by the TOC. Despite the national strike of the social services practitioners, 19 participants drawn from national DSD, GCBS, provincial DSD (from both the HIV and M&E directorates) and NPOs from Gauteng, KZN, and Eastern Cape provinces attended this two-day workshop.

This workshop led to agreement on the indicators for each TOC result, indicator definitions, data sources and frequency of reporting. In May 2017, a further meeting was held and the TOC finalized.

Based on the TOC the GCBS team together with DSD strengthened M&E tools for both the YOLO and ZAZI program, to include pre-and post-test for participants to track impact. These tools were added to the standardize data flow process established for DSD to track NPOs funded by them for roll out. Further, the team developed a data management plan was developed, approved, and agreed upon with DSD for data flow and circulated to all provinces and implementing partners.

A preliminary analysis of the implementation of social and behaviour change programs in Gauteng was presented during the 8th South African AIDS Conference held in Durban from the 13–15 June 2017 as a poster presentation titled, 'Using Social Behavioural Change Communication for HIV Prevention among Vulnerable South African Youth'.

Planning for Year 5

- Follow-up with past YOLO and ZAZI participants ensure they are receiving ongoing support services via GCBS supported NPOs and have access to HTS.
- Continue to roll out of the YOLO and ZAZI program through GCBS in Gauteng, KZN, and Western Cape reaching 6 000 youth.
- Provide TA and master training for DSD to roll out YOLO and ZAZI reaching 6 000 youth.
- Finalize and pilot YOLO HIV risk reduction program for children ages 10–14 years reaching 900 children in Mpumalanga.
- Finalize the DSD compendium of SBCC programs and provide capacity support for roll out.

Strategy 3: Strengthen DSD oversight and management of service delivery interventions by funded NPO's

The GCBS program expanded the management and oversight provided by DSD to NPOs, to track funding and to oversee the delivery of quality services. This includes strengthening the policy framework from which DSD can appropriately fund civil society organizations. In addition, DSD funded NPOs are supported to improve accountability for funding received and to improve overall service delivery for which they are subsidized.

Summary of Key FY17 Outcomes

- Finalized the fourth draft of the Sector Funding Policy
- Capacitated DSD district officials to conducted Organizational Capacity Assessments (OCAs) and to develop improvement plans for DSD-funded NPOs
- Working alongside DSD in completing OCAs across 105 NPOs
- Provided follow-up support visits with DSD and supported by GCBS SWs to oversee implementation of improvement plans

3.1. Provide direct support to DSD to strengthen policy and mechanism for managing funded NPOs

GCBS continued to support DSD to strengthen policy and mechanisms for managing funded NPOs through the review of the sector funding policy (SFP)[8]. Currently, DSD's Directorate of NPO Funding Coordination is conducting workshops for validation and sensitising NPOs who were consulted on the changes needed in the review process. The policy is closely aligned with National Treasury *Guideline for the Management of Transfers*[9]. These guidelines differentiate transfers to NPOs based on their level, and lessens accountability to new and emerging NPOs.

DSD will take responsibility for the completion of the policy document, implementation plan, guidelines to both DSD and NPOs and the transformation plan with technical support from GCBS

[8] This policy is formerly known as policy on financial awards to service providers and abbreviated as PFA. The costing model will be built on the costing model developed for Free State province in response to the litigation against the DSD on funding allocation while the guidelines to DSD and NPOs seek to address the challenge of unpredictable funding cycle and disbursements.

[9] Draft dated Dec 2016. Contact person Yusuf Mayet Senior Budget Analyst: Social Development Public Finance Division

team. Once the current process of NPO sensitisation and validation is completed, the documents will be presented to the technical committee led by DDG Community Development Branch. This committee will prepare the documents for further approval and ratification by MANCO and MINMEC. GCBS will support the implementation of the revised policy and guidelines in three selected provinces in the next SAG FY. The M&E framework support was also suspended to ensure a more inclusive process with the provinces in line with DPME guidelines led by the M&E Chief Directorate at national DSD.

3.2. Provide direct support to DSD to ensure structured oversight of funded NPOs for improved service delivery

Working together with DSD, GCBS provincial based personnel provided mentoring and support to 597 funded NPOs for improved service delivery to vulnerable children targeted in the eight provinces. The NPO capacity building team participated actively in the task team developing core package of services (basket of services) provided by DSD service points and NPOs and preparation of NPOs for USAID's Site Improvement Monitoring System (SIMS) visits. The team then used the agreed upon core package and combined it with the SIMS tool areas of focus (risk management, supervision and oversight, referral and linkages) to update the NPO assessment tool.

Table 13: Distribution of GCBS-supported NPOs per district

Province	District	# NPOs
Eastern Cape	Buffalo City	22
	Oliver Tambo	17
Free State	Lejweleputswa	35
	Thabo Mofutsanyane	20
Gauteng	City of Johannesburg	41
	City of Tshwane	57
	Ekurhuleni	56
KwaZulu Natal	eThekwini	58
	Ugu	10
	Uthukela	25
	Zululand	32
Limpopo	Capricorn	72
Mpumalanga	Ehlanzeni	44
	Gert Sibande	39
	Nkangala	40
North West	Bojanala	26
Western Cape	City of Cape Town	3

Most of these NPOs provide home based community care services or offer DIC services, including PSS activities, educational support, access to health care services and nutritional support.

With support from GCBS, NPOs improved files, developed and reviewed individual care plans (or individual development plans for adolescents) at regular intervals, and recorded all interventions through detailed process notes. GCBS provincial based SWCs and SWs distributed HIV risk assessment, educational tracker, referral forms and referral log were distributed across provinces.

The GCBS team scaled up assessments and rapid capacity building support in Gauteng, Mpumalanga, Eastern Cape, Free State and Limpopo. The activity focused on strengthening the capability of DSD officials in providing evidence based capacity building support to funded NPOs and included:

- Training of 188 DSD district level officials whose role and function is to support the selected NPOs/DICs at district levels and their supervisors at provincial and national levels.
- DSD trained officials were supported by the GCBS team to conduct OCAs with 105 NPOs/DICs. The assessments were conducted in group/cluster format or on individual basis. In both group and individual assessments, the participants self-reported on their performance based on the statements of excellence in the assessment tool and then provided evidence for their score[10]. In cases of group assessments, DSD and GCBS officials at service points followed-up with the organization to verify the evidence. The verification process was doubled up with on-site capacity building support to put in place the tools/system needed.
- Individual organization improvement plans were developed to address gaps identified in the assessment and form the basis for support by DSD officials to the NPO/DIC moving forward.

[10] Score is on rating scale of 1-4: 1 needs urgent attention, 2: needs improvement to meet standard 3: adequate meets norms & standards 4: exceeds expectations /is consistent and other NPOs/DICs can learn from it.

The emphasis of these plans is the quality of service delivery to OVCY in relation to the core package of services.

Findings

The findings from assessments conducted with 76 of organizations, in Gauteng (2 districts) and Mpumalanga (3 districts) have been analysed by the GCBS team. This analysis provided a detailed picture of the capacity building needs and quality of services being provided. Most of organizations assessed were small and developing, they were embedded in the community, working within specific wards, largely only funded by DSD to provide a specific service.

Figure 9 represents the average score across 57 DICs. The findings show that all the 57 DICs self-reported the need for assistance (capacity building support) in all the areas assessed. The only two areas which scored slightly above 2 are nutritional support and provision of laundry. These services are indicated in the Children's Act as service that 'must' be provided by registered DICs. Service delivery areas that require greatest improvement are *child protection services, health related services, behavioural support and working with children with disability*. Similar findings were reflected with the 19 NPOs who were assessed as shown in Figure 10. The urgent need for support in M&E is reflected across Figure 11. Most organizations reported to DSD monthly. However, the organizations could not demonstrate the data flow and responsibilities of various role players in data collection and reporting as well as use of data to inform program quality. Based on these findings, the GCBS provincial program and M&E team have been providing direct support to address these gaps, including the implementation of Excel based data base to address M&E challenges. In addition to onsite mentoring, NPOs attended workshops in which the core package of service was discussed, case management process shared, HTS risk assessment presented and referral processes highlighted.

Figure 9: Average score for program quality among DICs

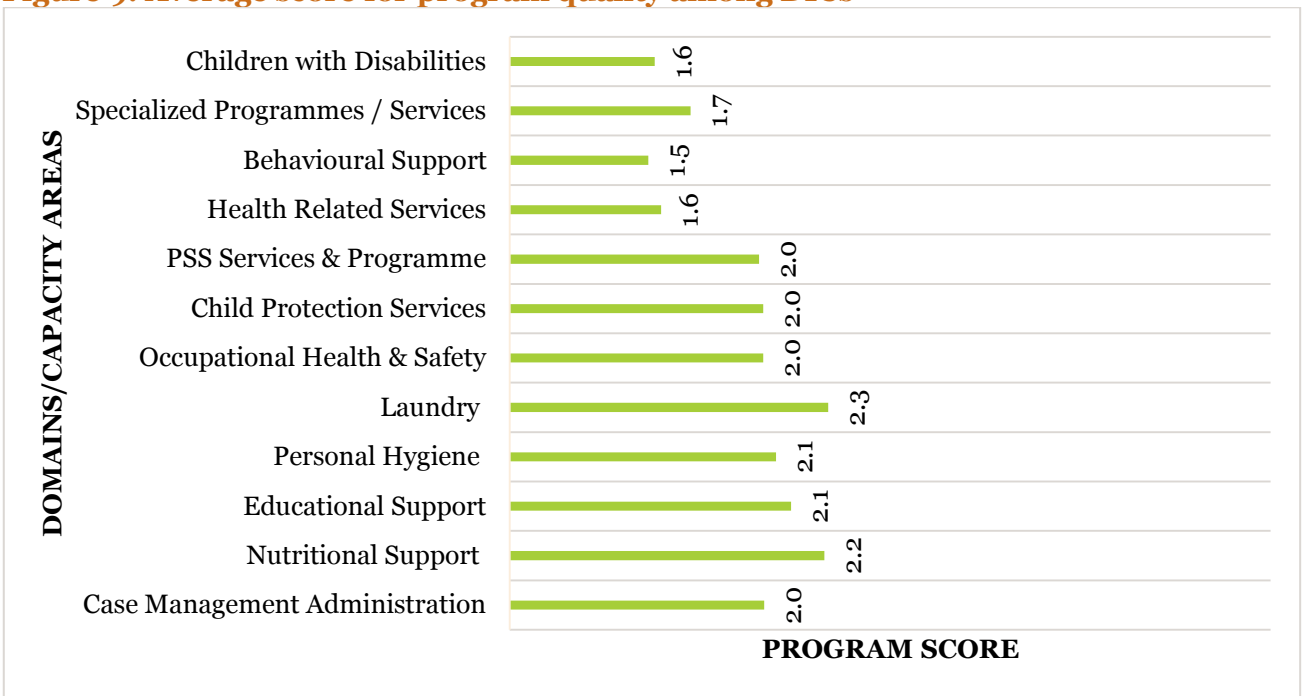


Figure 10: Average score for program quality among community-based NPOs

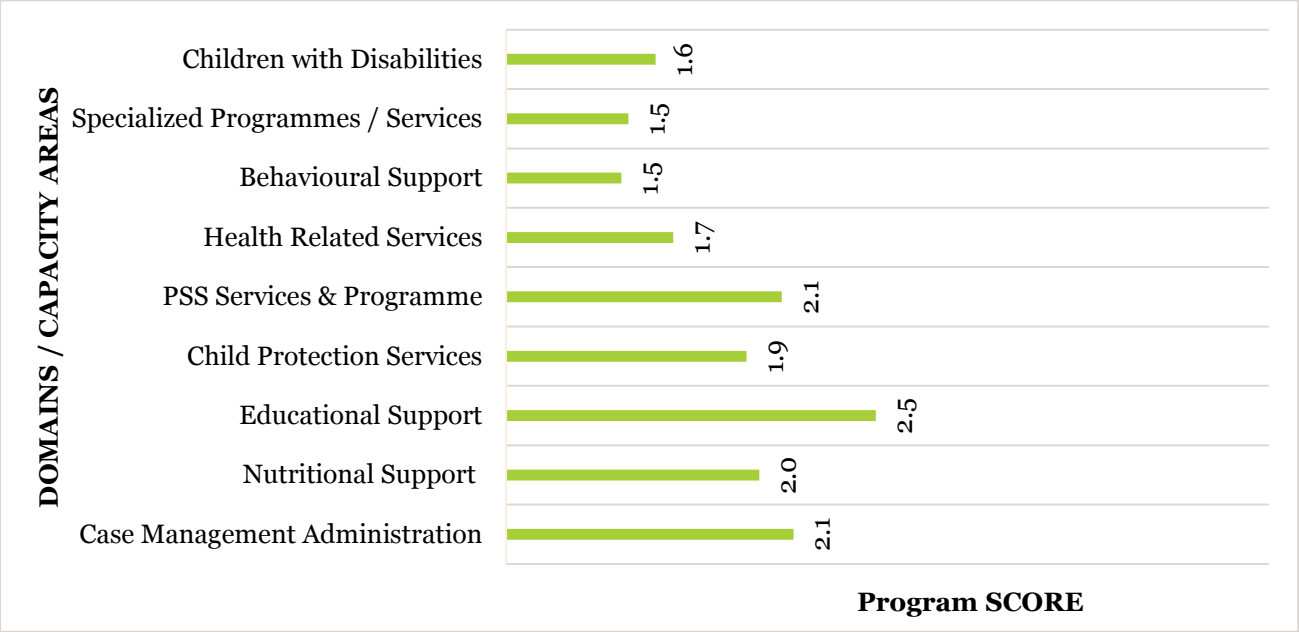
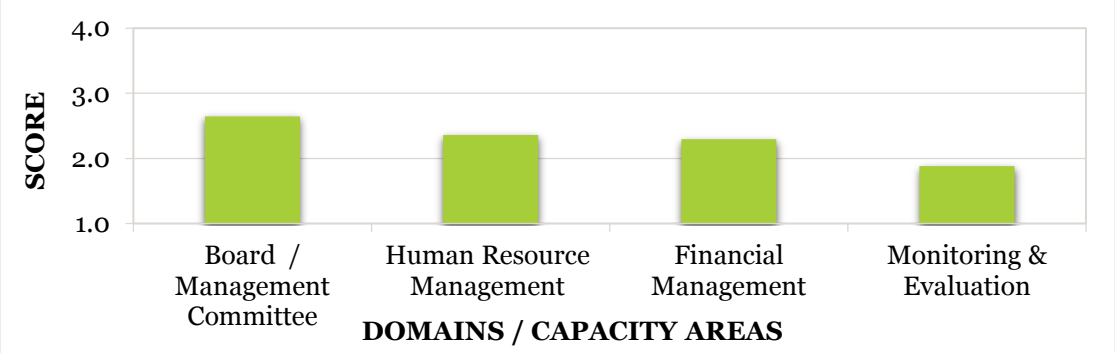


Figure 11: Average score for organizational development and M&E



An additional layer of analysis was conducted by the GCBS team looking at the workforce against OVC reach. Figures 11 and 12 show that the predominant workforce in the NPOs provide community-based home visitation, and among DICs are CCGs. This is largely determined through funding by DSD. Cost structure is determined at provincial level. There are very few SWs and mainly in designated child protection organizations. CCGs have not been trained in a standard curriculum to provide services in line with the current understanding of what is needed to move children from vulnerability to resilience. There is also no clear career path and CCGs do not stay long with the organization, often leaving for better job prospects. The comparatively low number of qualified workforce could explain great need for capacity building (current state of quality of services to children). GCBS will conduct an additional analysis to compare organizations with a SW on staff against several organizations without a SW to give better nuances to the quality of service and recommendation to the basic structure that is needed.

Figure 12: Staff complement of organizations assessed

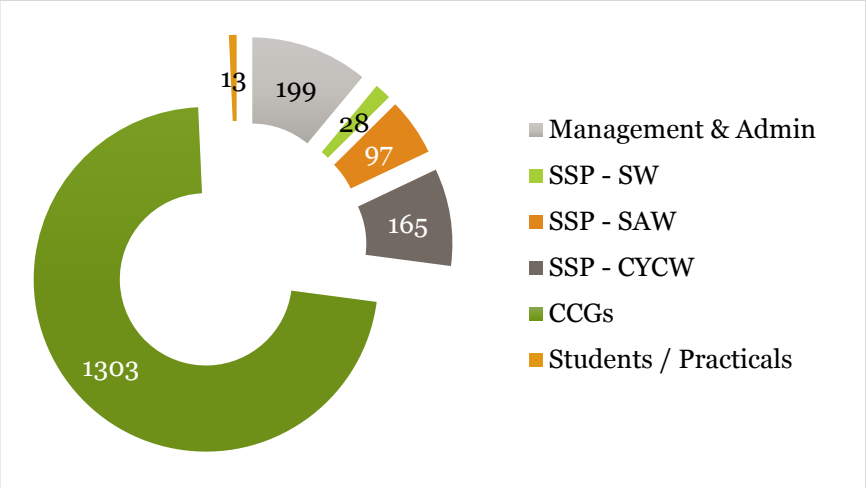
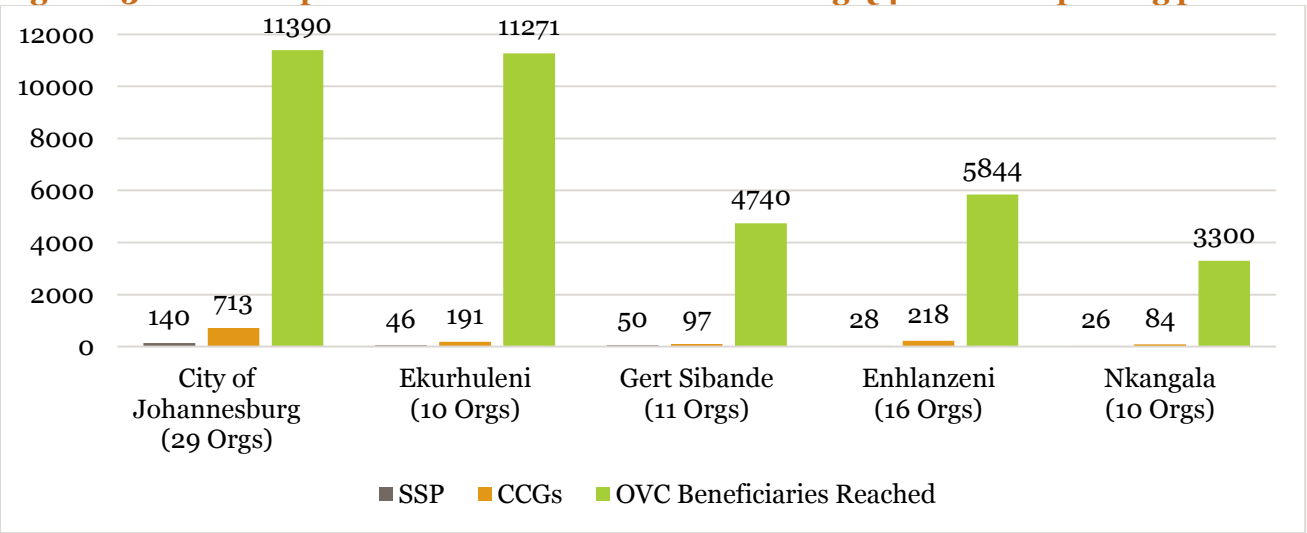


Figure 13: Staff complement vs. OVC <18 reached during Q4 DATIM reporting period



Data collection with additional 29 organizations in Eastern Cape (BCM and OR Tambo) and Limpopo (Capricorn) was completed. GCBS will analyse the data in October. Training of DSD officials and assessment with NPOs/DICs will continue in KZN (four districts) and Gauteng's City of Tshwane and Johannesburg. Overall, GCBS will collect and analyse findings, and share a report with DSD's technical working group for the core package of services as well as the team costing the core package of services implemented through DICs and NPOs providing community based home visitation. In addition, capacity building and mentoring of these organizations will continue through the support of GCBS provincial based personnel and trained DSD officials.

Planning for Year 5

- Provide technical support to DSD to finalize the Sector Funding Policy and guidelines for implementation
- Continue to roll out NPO capacity assessments with DSD, focusing on those provinces which were not reached in the past reporting period, namely; KZN, Free State and North West
- With the support of the GCBS SWCs and SWs, oversee implementation of NPO improvement plans, including hosting quarterly check-in meetings with DSD trained officials to ensure skills transfer

Strategy 4: Strengthen the social service workforce through the efficient planning, management, capacity development, utilization, and resourcing of the workforce

Components 2 and 6 activities focus on the development of social service workforce, with Component 2 focusing on overall DSD Human Resource (HR) Planning, while Component 6 addresses capacity needs and systems for social service practitioners working at site level.

The development of the social service workforce is the principal focus of Components 2 and 6. Over the implementation period, GCBS shifted attention away from the development of various workforce tools, guidelines and planning approaches, towards the more targeted implementation and uptake of these to help support and influence measurable improvements in service delivery. The shift was informed by the PEPFAR pivot that required program focus on interventions resulting in direct reach to OVCY and less emphasis on national and provincial system strengthening interventions.

Summary of Key FY17 Outcomes

- Developed a sector-wide SSPs Workforce Demand and Supply Model (DSM) to enable the sector to produce a range of different workforce projection scenarios for costing over a 15-year timeframe
- Initiated functional provincial and district supervisors learning forums (SLFs) in five GCBS-supported provinces, contributing to building a critical mass of supervision capacity to enable improved quality of services to OVCY
- Facilitated the development, drafting, and completion of the sector HR Plan, Skills Development Needs Assessments, SSP Competency Frameworks, Induction Policy and Program, Social Services Practitioners Policy, and the sector Recruitment & Retention Strategy and Implementation Plan, all of which will be taken through internal DSD approval and implementation processes
- Developed a transition plan for absorption of the 86 remaining PEPFAR-supported GCBS SWs currently deployed through GCBS; DSD has already absorbed 15

4.1. Implement a Supervision Program to support delivery of the core OVCY package of services at site level

GCBS enabled DSD to establish functional SLF at provincial (3) and district levels (5). While some provinces (Mpumalanga) have embraced this initiative, others such as KZN have sought additional assistance to refine the terms of reference for the forum in consultation with district and service Point personnel before commencing with roll-out. Over the past year, three provinces held their provincial SLF sessions with increased frequency, which included Mpumalanga in December 2016 and May 2017, Limpopo in February and June 2017, and North West in June and September 2017. This approach increased the frequency of sessions and uptake by other provinces such as Free State. Thabo Mofutsanyane and Lejweleputswa and Eastern Cape, OR Tambo priority district hosting their sessions in June and July 2017, respectively, whilst Mpumalanga followed suit with district sessions in Nkangala and Gert Sibande in July 2017. GCBS support development of SLF's terms of reference, guidance on a standing agenda, and discussions on supervision and best practices.

The SLFs serve as a learning platform for SSPs and supervisors, and contribute towards improving the quality of supervision and consequently, the quality of service to OVCYs. Through the SLF, shared supervision experiences are enhancing the field knowledge and practice of SSPs within districts and service points. For example, the Mpumalanga SLF has adopted data collection, records management, and retention of files as one of its standing agenda items. Participants are learning to critically review the data collected by supervisors. The GCBS team trained 32 supervisors across all provinces in the Child Protection Induction program, which not only improves SW knowledge of child protection legislation but also strengthens skills and techniques for enhanced intervention. In addition to SLF support, a service provider was contracted to expand the current DSD Supervision Framework (SF) for social work profession, to be inclusive of all SSPs.

4.2. Finalize and roll out the DSD Induction Program through provincial supervision forums and on-line platforms

The DSD Compulsory Induction Program (CIP) helps prepare SSPs to perform their core functions, clarifies role expectations and requirements and continuously develops and improves SSP hands-on knowledge and capacity on OVC and HIV-related practices. GCBS supported DSD to pilot the induction program in KZN and North-West provinces during the reporting period, with key lessons from the pilot incorporated into a final draft of the Program. Two feedback sessions were held with 80 SSPs and their supervisors in KZN in December 2016 and February 2017. In February and March 2017, feedback sessions were held in North West province with 120 SSPs and their supervisors. A National Consultative Workshop was held in May 2017, with 63 champions trained on how to implement the CIP in their respective provinces. Through GCBS support the CIP was approved by the DSD, alongside an implementation plan for provincial roll-out. The program will be applied by DSD for the induction of 566 newly-recruited SWs that are earmarked for absorption by various provinces under the conditional grant for new graduate SWs. The CIP was also introduced as a standing agenda item for the SLFs through GCBS. GCBS team will continue to provide technical support to support to DSD in selected priority districts to apply the CIP for all newly recruited SSPs, as well as to incorporate induction within established Supervision Learning Forums.

4.3. Support South African Council for Social Service Practitioners (SACSSP) and DSD in the development and roll-out of OVCY continuing professional development (CPD) programs for SSPs

Within the first quarter of the reporting period, GCBS's scope of work was reduced to exclude the development of the eLearning platform because of cost containment and reprioritization. Since the activity does not align with PEPFAR and priorities, GCBS has discontinued working on it.

4.4. Apply DSD Workload Management Guidelines, norms, and standards for SSP, linked to the Performance Management and Development System (PMDS)

DSD is rolling out workload management guidelines to track where and how SSPs are spending their time in relation to core tasks and responsibilities. These guidelines will inform the sector in the management and determination of SSP workload ratios; processes and time standards for key SSP practice areas such as case management and work flows within service points; and determining and measuring the performance areas and targets for SSPs. DSD will also link the guidelines to the Performance Management & Development System model in GCBS-supported districts and sites. GCBS contracted a service provider (EOH) to pilot the implementation of the guidelines in four provinces of KZN, Mpumalanga, Gauteng and Western Cape, covering eight service points, two in each province. The provider developed Score-Cards and Rubrics for the Community Development Practitioner classification workload and PMDS measures. A national workshop trained 60 champions who will implement the pilot process at a service point level. GCBS will finalize the piloting of the Workload Management Guidelines Model and PMDS System training and roll out by quarter 2 of FY18 and handover to the DSD.

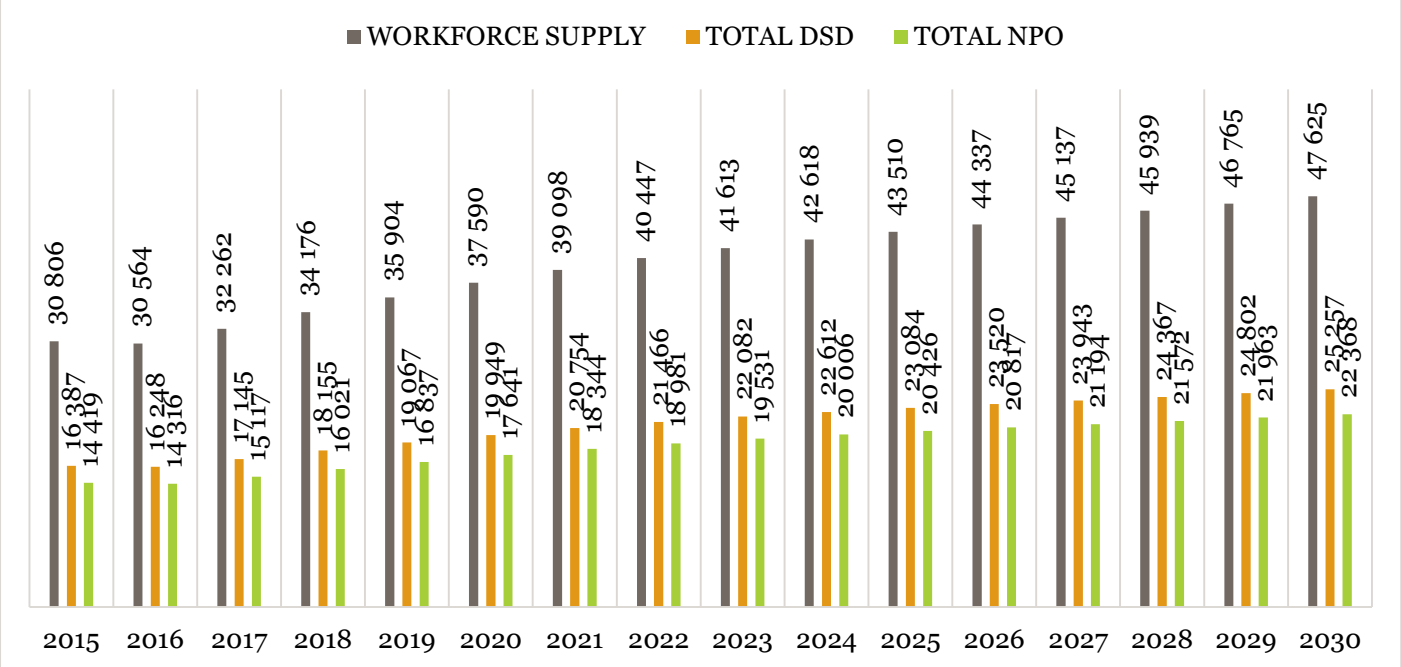
4.5. Develop a sector-wide DSM for evidence-based and demand-led workforce projections

The DSM provides realistic evidence-based medium- to long-term workforce planning and projections on the required number, mix, ratio, and distribution of SSP and service providers; measuring these against the priorities of the sector, the population and demographic profile, the extent and burden of social issues, and the anticipated demand for services over a 15-year timeframe. Over the reporting period, the development of the model was taken beyond the conceptual framework phase. Delays in developing the model within the anticipated contract timeframe were caused by incompleteness of essential data collected from provinces, which led to initial gaps in the model.

To address this, the DSD-led DSM Task Team held a data collection workshop with more than 50 district managers, coordinators and provincial directors from GCBS-supported locations to obtain information missed in the initial consultation process. This enabled the service provider, KPMG, to complete the model. A National Consultative Workshop on the DSM was held in May 2017, with more than 100 participants from provinces and districts, including 36 district managers. The background desk review, model methodology, demand and supply manuals, and the excel based spreadsheet model were finalised and demonstrated to DSD; including comprehensive detailed demand and supply estimation measures and variables that were compiled from existing data sources (e.g., StatsSA, Higher Education MIS, Regional eXplorer). Modifications to the model were made by KPMG and a follow-up DSD-funded workshop and model demonstration with ASASWEI, SACSSP, and NACCW took place in September 2017. The outcomes of this workshop include a proposal to establish a multi-partner/sector Working Group to ensure the ongoing modification and application of the model between DSD, higher education (ASASWEI), SACSSP, and other stakeholders. As part of the learning agenda, an abstract titled 'A Purposeful Fit: Demand and Supply Modelling for South Africa's Social Services Workforce' was written by the GCBS team, submitted, and accepted for oral presentation at the World Health Organization's Fourth Global Forum on Human Resources for Health Conference, to be held in Dublin, Ireland in November 2017.

Figure 14 presents the combined DSD and NPO baseline workforce supply and projections from the model. The 2015 baseline of 30 836 SSPs (16 387 in DSD and 14 419 in NPOs) is taken from the White Paper Review 2017 data and is projected year-on-year for the 15-year period to 2030. It is anticipated that, based on recent trends and workforce supply increases and if these trends and increases remain constant, the sector workforce supply will expand to 47 625 SSPs by 2030 (25 257 in DSD and 22 368 in NPOs). The finalization of the corresponding demand projections will reveal the workforce gap and need over a 15-year period, based on demand-side data and projections.

Figure 14: Consolidated Workforce Supply Projections: DSD and NPO: 2015–2030



4.6. Support roll-out of the Recruitment and Retention Strategy for SSPs

GCBS support to the process will contribute towards ensuring the effective recruitment, deployment and retention of competent and well-motivated SSPs to deliver quality services in GCBS-supported locations. Seventy-eight representatives from across social service practitioners working at district, provincial and national DSD attended a national consultative workshop in December 2016. Since then, DSD has produced a final draft strategy, which is in the process of internal approval. GCBS will continue to provide DSD with technical support to conclude the detailed costing of the implementation plan for the Recruitment and Retention Strategy.

4.7. Provide technical support to DSD legal team to translate the SSP policy into SSP Bill

The revised Social Services Practitioners Policy and related Bill sets out the broad regulatory framework for all SSP and articulates the roles of and requirements for all classifications of practitioners. It extends the social services workforce profile, to enable equitable access to quality care and protection services for those most vulnerable. GCBS provided TA to the DSD to finalize and validate the SSP Policy, as well as for the costing of an implementation plan. A draft policy brief outline was developed by GCBS and will be finalized in the next quarter. DSD is currently in the process of translating the SSP policy into a Bill, through its own internal processes and funding. GCBS will provide technical support to DSD to conclude the detailed costing of the implementation plan for the policy, and will finalize and disseminate the SSP Policy Brief.

4.8. Finalize and implement the sector Human Resources Plan (HRP)

The HRP provides the sector with a consolidated framework for all DSD-led workforce interventions. It provides the basis for assuring the quality, quantity, distribution and utilization of SSPs at service points and site level, and enhances partnership on NPOs. During the reporting period, GCBS supported the DSD Task Team to unpack the sector HRP Framework into a detailed draft document.

Over the first six months of the year, the emphasis was on concluding the stakeholder mapping, data collection and analysis components of the planning process. This included one-to-one stakeholder engagement sessions with national and provincial departments, and a workshop with academic institutions ASASWEI, SACSSP, and NACCW and DSD senior leadership representatives to incorporate their inputs to the HRP.

By the end of March 2016, the GCBS team completed the following sections of the HRP, as assigned by the DSD Task Team: demographic and economic context; background and key challenges; policy context; workforce profile & analysis; demand & supply modelling; HR Information Systems, and an overall strategy and activity matrix that prioritises immediate and medium-term actions.

The DSD Task Team continued to work on the consolidated draft HRP, presenting this to the HR Collaborative Forum and other DSD stakeholders for input and validation. DSD will incorporate its service delivery model, the process of alignment of national and provincial structures, and the new sector strategy into the final sector HRP document.

4.9. Enable HR and District Managers and Administrators to strategically plan, manage, deploy, and support the workforce

As part of a facilitated process to develop consistency between DSD Corporate Services Branch at national and provincial levels, GCBS supported DSD HR Managers and Administrators to identify and develop options for realigning the existing DSD structures. Provincial and district HR Managers and Administrators engaged in the development of the HRP and HR functional realignment and repositioning processes.

In the final year of the project, GCBS will enable and institutionalize effective SSP supervision (Ref 4.1) at site level. GCBS and DSD developed a snapshot of DSD-GCBS distribution trends across all 17 focus districts to help provide analysis of the deployment of SWs against those districts where demand and OVC yield is greatest—COJ (GP) and eThekwini (KZN)—enabling GCBS to ensure that its SWs are appropriately deployed/re-deployed to priority locations where they are most needed.

Table 14: SSP distribution trends (GCBS and DSD) in GCBS focus districts

Pro-vince	District	GCBS SW	SW	SAW	CYCW	CDP	TOTAL	OVC Burden	SSP/ OVC Ratio	Population	SSP/ Pop Ratio
EC	Buffalo City	1	140	23	62	52	**278**	**37 922**	**136**	**834 336**	**3 001**
	OR Tambo	5	86	14	1	28	**134**	**252 601**	**1 885**	**1 457 384**	**10 876**

Pro-vince	District	GCBS SW	SW	SAW	CYCW	CDP	TOTAL	OVC Burden	SSP/ OVC Ratio	Population	SSP/ Pop Ratio
FS	Lejweleputswa	3	57	14	0	14	**88**	**49 893**	**567**	**646 920**	**7 351**
	Thabo Mofutsanyane	9	93	30	11	20	**163**	**69 372**	**426**	**779 330**	**4 781**
GP	COJ	3	396	156	120	34	**709**	**154 382**	**218**	**4 949 347**	**6 981**
	City of Tshwane	4	327	87	201	20	**639**	**90 469**	**142**	**3 275 152**	**5 125**
	Ekurhuleni	3	294	117	114	20	**548**	**133 873**	**244**	**3 379 104**	**6 166**
KZN	eThekwini	11	325	55	126	36	**553**	**221 572**	**401**	**3 702 231**	**6 695**
	uThukela	7	87	23	1	18	**136**	**75 420**	**555**	**706 588**	**5 196**
	Zululand	9	194	22	0	21	**246**	**104 278**	**424**	**892 310**	**3 627**
	Ugu	8	153	20	2	18	**201**	**78 122**	**389**	**753 336**	**3 748**
LP	Capricorn	1	278	27	63	81	**450**	**95 223**	**212**	**1 330 436**	**2 957**
MPU	Ehlanzeni	4	225	162	25	83	**499**	**135 560**	**272**	**1 754 931**	**3 517**
	Nkangala	4	119	120	21	54	**318**	**71 577**	**225**	**1 445 624**	**4 546**
	Gert Sibande	4	153	121	48	56	**382**	**88 571**	**232**	**1 135 409**	**2 972**
NW	Bojanala	4	191	92	17	71	**375**	**77 076**	**206**	**1 657 148**	**4 419**
WC	Cape Town Metro	7	269	76	153	20	**525**	**96 687**	**184**	**4 005 016**	**7 629**
TOTAL		**87**[11]	**3 387**	**1 159**	**965**	**646**	**6 244**[12]	**1 832 598**[13]	**293**	**32 704 602**[14]	**5 238**

4.10. Facilitate SSP skills development for HIV knowledge, referral and counselling

GCBS implemented the skills development needs analysis (SDNA) activity, by developing competency frameworks for each SSP category and applying these to identify and target critical skills gaps, including for OVCY and HIV-specific competencies. GCBS supported the DSD SDNA team (the DSD '45'[15]) on the detailed analysis of SDNA findings from the 6,745 SSPs assessed across all the GCBS-supported districts, provincial offices and national offices where the SDNA was applied. This included the presentation of detailed reports for each. The summary SDNA findings and skills gaps across all three occupational categories are in Table 16.

Table 15: SDNA findings and skills gap across occupation categories

Category	# of SSP assessed	Male (%)	Female (%)	Top Functional Competency Gaps (%)
Social Work	4 907	17	83	1. Family Therapy (25%) 2. Trauma Counselling (25%)
Child & Youth Care	1 066	40	60	1. Children's Act for CYC (27%) 2. PSS/Life Space Counselling (27%)
Community Development Practitioner	772	39	61	1. Stakeholder management (32%) 2. Community Conflict (27%)

[11] GCBS staffing figures: Social Worker deployment – July 2017
[12] DSD PERSAL staffing returns, March 2017
[13] PEPFAR COP 17 OVC Estimates
[14] StatsSA population estimates, 2016
[15] A combined team of 45 HR & IT specialists from each of the supported districts and provinces, as well as national DSD, was established, trained and enabled to implement the SDNA process. Hands-on skills transfer to this cohort group (also known as the DSD 45) has ensured that DSD can provide sustainability and continuity of the SDNA process beyond the timeframe of the GCBS support.

Over the reporting period, GCBS analysed and translated the SDNA findings into provincial SDNA reports, consolidated provincial Skills Development Plans and Implementation Plans, with an overall consolidated national report prepared that highlights national trends and skills development needs. In provincial feedback meetings, DSD and GCBS presented the key findings and skills gaps from the SDNA and for DSD to obtain commitment to take these forward into specific Skills Development Plans. In May 2017 the consolidated provincial and national SDNA findings, trends and report were presented at a special session of the DSD HR Consultative Forum, where the HRCF provincial membership took ownership for the planning and roll out of the SDNA in non GCBS-supported districts. GCBS also provided technical inputs that informed a DSD-led feasibility study for developing an expanded HRMIS. Finally, the GCBS team further analysed the SDNA findings and identified the following OVCY/HIV specific competency and skills needs, which are reflective of the 'know-do' gap that often inhibits the translation of SSP knowledge of OVC/HIV into direct hands-on practice:

Table 16: SDNA findings focusing on HIV specific competencies

Competencies	Description	%
Social Work		
Assessment Methods and Skills	Applies assessment tools and case management techniques to determine safety, risk factors, and needs	28
Trauma Counselling	Eliminates dysfunction and risk, restores healing and promotes disclosure	24
Behaviour Modification Techniques	Reinforces psychosocial challenges in children experiencing trauma and neglect	24
Play Therapy	Resolves psychosocial challenges in children experiencing trauma and neglect	24
HIV Case Management Referrals	Assesses and links clients with HIV testing, care, treatment and adherence support	22
Therapeutic Counselling	Promotes home-based community-based care, coping strategies, confidentiality and disclosure	19
Child and Youth Care		
Life Space Counselling	Provides PSS	27
Adolescents HIV support knowledge	Applies knowledge on topics of importance to adolescents including referral and support clubs	22
Home Community-based Care and Support Model (HCBC)	Links families and children infected and affected by HIV/AIDS to quality health and PSS	16
Community Development		
Community & Household Profiling	Profiles and refers individuals to social services: HIV, child protection	20

Planning for Year 5

- Support DSD planners and managers to integrate, utilize and periodically update the Demand & Supply Model and generate SSP workforce projections and resourcing scenarios for the sector.
- Strengthen SSP supervision capacity through quarterly district supervision learning forums in North West, Limpopo, Mpumalanga and Gauteng, and the roll-out of the DSD Supervision Framework.
- Support the planning, costing and financial management of the core package of OVCY services.
- Ensure the DSD-led continuity of workforce strengthening interventions through the GCBS Sustainability Plan and the documentation and dissemination of technical briefs, project achievements and best practices.

Strategy 5: Enable effective DSD management and oversight through planning, implementation and monitoring of direct service delivery

GCBS support continued to provide grounding upon which DSD provincial, district and site personnel are effectively managed and are provided with direct mentoring and support for the roll out of direct services. Management and oversight support was targeted towards the delivery of the defined core package of services at both DSD service points and through funded NPOs. GCBS placed focus on skills transfer in order to lay a foundation for long term sustainability of capacity building actions undertaken through the program.

Summary of Key FY17 Outcomes

- Deployed 86 GCBS SWs, 14 SWCs, and 9 Provincial Program Managers to provide oversight and support to DSD service points and NPOs focusing on improved case management, SBCC, and HTS
- Facilitated quarterly planning and review meetings with DSD district- and site-level personnel in support of program roll-out

5.1. Mentor and support DSD and NPOs to ensure effective implementation of the core package of services and related capacity building initiatives

GCBS provincial program personnel (Provincial Program Manager, M&E Provincial Advisor, SWCs, SWs and Data Support Officers) provided onsite support to DSD service points and NPOs. At provincial and district level, GCBS facilitated district forums attended by DSD district and site level personnel to oversee program implementation, identified needs and challenges, and set in place strategies to address these. GCBS SWs and DSD supervisors also held quarterly meetings to discuss key services such as HTS, PSS and Foster care.

GCBS provincial team provided oversight to NPOs through on-site support of SWs. Using the SIMS tool; NPOs were supported to set-up systems to address quality and management of services. This included the development of individual case files for all children reached through the program. Provincial personnel were trained by GCBS National team on the NPO support package and a manual to guide implementation developed and rolled out to all provinces.

5.2. Refine the mentoring approach and scale up implementation across provinces

In consultation with provinces, GCBS is refining the mentoring approach focused on the supporting integrated service delivery at community level, with DSD service points as the access of services to children. GCBS developed a site visit check list and record to track site-level mentoring and support. Additional activities include development of DSD capacity to oversee service delivery, which was reported in detail under Strategies 3 and 4.

Planning for Year 5

- Continue to deploy site level GCBS to provide direct support to DSD service points and NPOs, shifting focus from large training workshops to small group capacity building sessions focusing on case management and HTS.
- SWCs will conduct in-service training at DSD service points to strengthen service delivery with an emphasis on routine case monitor and interventions for OVCY.

Strategic Objective 2: Increase inter-sector integration, collaboration and coordination between DSD and other SAG departments such as Health and Education to strengthen the multi-sector response and systems for vulnerable children at all levels

GCBS supports DSD efforts to collaborate and engage with other government departments, civil society, academia and the research community to ensure the foundations are in place to deliver on NDP goals for social protection, from national priorities to provincial, district and site level service delivery.

Strategy 1: Strengthen DSD leadership and coordination of the sector through improved networking and collaboration between key sectors and partners

In response to DSD's leadership obligation of Outcome 13 within the National Development Plan (NDP), the current Medium Term Strategic Framework (MTSF) identifies a need to improve on the role of DSD in the provision of welfare services, through effective partnerships with other government departments, NPOs, community-based groups and the private sector. The MTSF emphasizes that to improve the delivery of social welfare services to children, women, people with

disabilities and to combat gender based violence and substance abuse, joint efforts between sectors, departments and stakeholders are needed to help strengthen the planning, resourcing, implementation, monitoring and evaluation of services. GCBS interventions continue to focus on improving collaboration at all levels.

Summary of Key FY17 Outcomes

- Provided DSD with technical support in drafting key submission for the development of the National Strategic Plan for HIV and AIDS, STIs and TB 2017–2022 (NSP), including the chapter of social and structure drivers of HIV and AIDS and DSD enablers for implementation
- Facilitated DSD national and provincial workshop in support of the development of NSP provincial implementation plans

1.1. Support DSD in leveraging opportunities for inter-government department collaboration

This activity supported the aim of DSD to engage in partnerships to provide holistic HIV and child protection service and interventions to children and OVCY at a national, provincial and district level. During the reporting period focus was placed on DSD and DOH partnerships at district level, with a specific focus on the roll out of SRI, focusing on improving OVCY access to HIV testing, treatment, and adherence support.

Support was also provided to strengthen DSD involvement in the development of the NSP. The NSP was adopted and approved by SANAC on 24 March 2017. The GCBS team played a significant role in supporting DSD to develop inputs into the NSP. GCBS facilitated two consultative workshops with DSD national and provincial personnel to refine their inputs into the NSP. In the reporting period, GCBS provided additional support to DSD to provide inputs into the section on social and structural drivers of HIV. In so doing, GCBS chaired a meeting on 19 December 2016, for the NSP social a structural drivers task team that aimed to:

- Finalize the content of the social and structural drivers chapter of the NSP
- Identify objectives, sub-objectives and programs that should go into the NSP
- Agree on mechanisms for improving co-ordination between DSD, DOBE, and DOH

Following on from the above the GCBS team assisted National DSD and SANAC to develop and finalize Provincial Implementation Plans for the NSP. DSD hosted a two-day workshop in Tshwane, which brought together senior management from both DSD national and provincial offices. The workshop was premised on the understanding that it is crucial that DSD integrates its efforts towards achieving the overall goal under the NSP and ultimately contribute to the outcomes of the National Development Plan.

Provinces were assisted to develop plans focusing on the execution of Goal 4 of the NSP by including social and behaviour change programs in them, addressing key drivers of the epidemics and build social cohesion. Key programs, namely YOLO, ZAZI and Ke Mojo (substance abuse-focused intervention), were identified. NDSD also emphasised the scaling-up access to critical services such as Thuthuzela Care Centres for all survivors of GBV in the 27 priority districts.

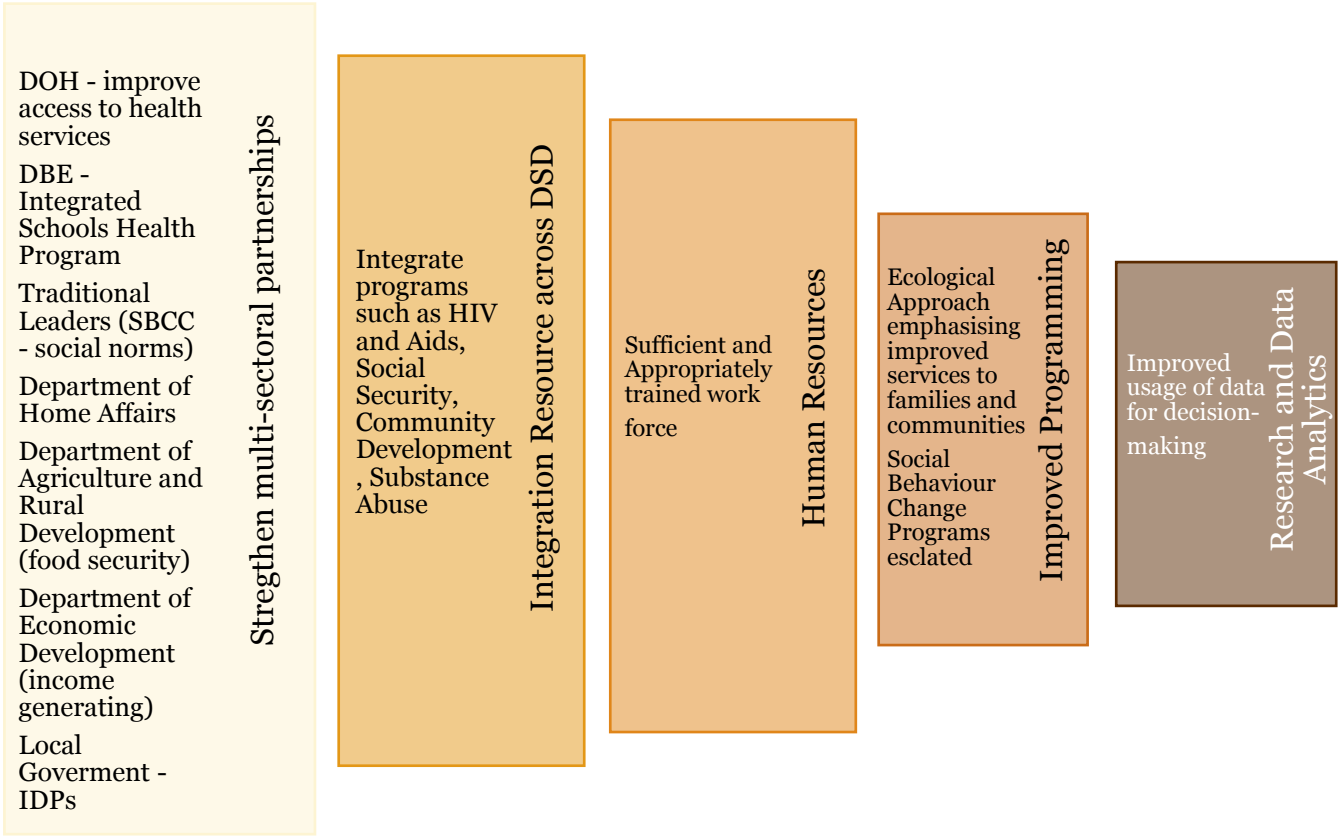
The outcome of the workshop was the identification of 10 key priority interventions derived from various programs within the department, namely: social protection; addressing GBV; GBV prevention; harm reduction approaches to substances; community mobilisation/empowerment; address psychosocial health of all communities (especially PLHIV); strengthening social and behavioural prevention; services to OVCY; greater emphasis on family strengthening; and people with disabilities. It was identified that a combination of these interventions will constitute a comprehensive approach needed to effectively respond to the social and structural drivers of HIV and TB infection and STIs.

The workshop highlighted a need for DSD to develop a research agenda to support Goal 4 of the NSP and form partnerships with academia to support research.

The workshop concluded that the factors listed in Diagram 9 are necessary to support long-term goals of DSD in the NSP if they are to play a significant role in reducing incidence of HIV and AIDS.

These factors will need to address at both national and provincial levels through Annual Performance Planning process and not as standalone NSP provincial plans.

Diagram 9: Key DSD priorities for implementation of the NSP



Planning for Year 5

- Continue to provide technical support to CD: HIV and AIDS as they led in the roll out of the NSP. This will include the development of a technical oversight team to support the development of provincial and district level implementation plans.

Strategy 2: Ensure child protection and HIV related services are programmed and implemented within an integrated approach

As the core package of OVCY services is rolled out GCBS plans to ensure that the service package is referred and linked through government programs (e.g. clinic, schools, home affairs), and through community based organizations and NPOs (e.g. economic support programs, nutritional support, adherence groups). GCBS continues to work directly with DSD service points to map out community based services and to strengthen the linkages and working relationships between them.

Summary of Key FY17 Outcomes

- Developed the ward-based model framework and implementation strategy for North West province, with a focus on strengthening integrated service delivery for OVCY
- Developed a roles and responsibilities framework to support the ward-based model and guide engagements with ward committee
- Initiated the piloting of the ward based model in two sub-districts in Bojanala, North West
- Finalize the first draft of DSD's *'Guidelines for the Social Welfare Sector'*

2.1. Refine DSD integrated service delivery approach to strengthen implementation of core package of services

In year 3 of the GCBS, the project assisted DSD Gauteng to write up and finalize their integrated service delivery approach for welfare services at ward level.

A similar process was conducted with DSD North West during the reporting period. Based on the ONA feedback session that was conducted in the province in August 2016, the findings and recommendations were presented to DSD Management Executive Committee to support improvements to the department services in a coordinated and integrated manner. These findings also presented NW DSD with an opportunity to review its current management structure to promote effective and efficient service delivery in the districts and at sites by trimming down the top-heavy head office in favour of more personnel focused at district and site level. The process was approved by Departmental Executive Committee, the Departmental Management Committee and the Extended Department Management Committee. These recommendations were taken forward and supported the province in developing the Ward-Based Model framework.

Once again, the GCBS team provided key input and assisted DSD to review and refine guiding documents to support the implementation of the ward based service delivery model for North West Province. The model has since been ratified by DSD NW and is now in the implementation stage.

The following are the expected outcomes of the Ward-Based Model:

- Ensure provision of integrated, quality and comprehensive services at all levels of the Department
- Improve planning information, performance targets will be informed by actual (expressed and felt) needs in wards (bottom-up planning)
- Improve accessibility of services
- Monitor, evaluate, provide feedback and track service delivery
- Provide clear role clarification and allocation of responsibilities to SSPs in wards
- Reduce duplication of services and wastage of resources
- Improve inter-sectoral and multi-sectoral collaboration with government departments and civil society organizations

The GCBS team created a road map for the roll out of the approach, including steps taken to test implementation in North West province with a focus on strengthening coordination of services for OVCY in Bojanala District. For integrated approaches to take place, GCBS team assisted the NW DSD team to develop a check list for the Ward Based Model which was adapted from the Road Map. The GCBS team has also made recommendations to the NW Provincial DSD team to strengthen the role of the M&E teams and build the capacity of the SW in the implementation of the Ward Based Model. The defined role of the SW in the Ward Based Model is an important key to the success of the integrated service delivery model.

The North West Provincial DSD decided in April 2017 to pilot the Ward Based Model in two wards in the Bojanala District, namely Lethabong and Kgetleng. The GCBS team introduced the Ward Base Model to both these wards in June 2017 and a program of action for each ward was developed. The program of action was based on individual ward needs using data collated by DSD reflecting individual ward profiles (demographics, stakeholders, staff resources, current community strengthens and challenges). In response to the community profile the GCBS team demonstrated how the core package of services should be delivered in an integrated approach for the ward based teams to address community level needs of OVCY. DSD ward teams mapped roles and responsibilities of DSD, local NPOs and other government departments in meeting community needs. This formed a founding document that DSD utilized to negotiate service delivery with local ward counsellors. Presently, DSD is participating in ward committees at site level, supporting improved integrated service delivery at site level.

A gap in the provision of integrated services was particularly noted during consultations with service points in Bojanala with regards to access to health care services for OVCY. DSD could plan and link children for psychosocial care and support, nutritional support, educational support and child protection but their role in referring and linking OVCY to HTS was not strong. In response, the Bojanala District GCBS Team in Kgetleng Ward conducted HTS Training on 25 August 2017

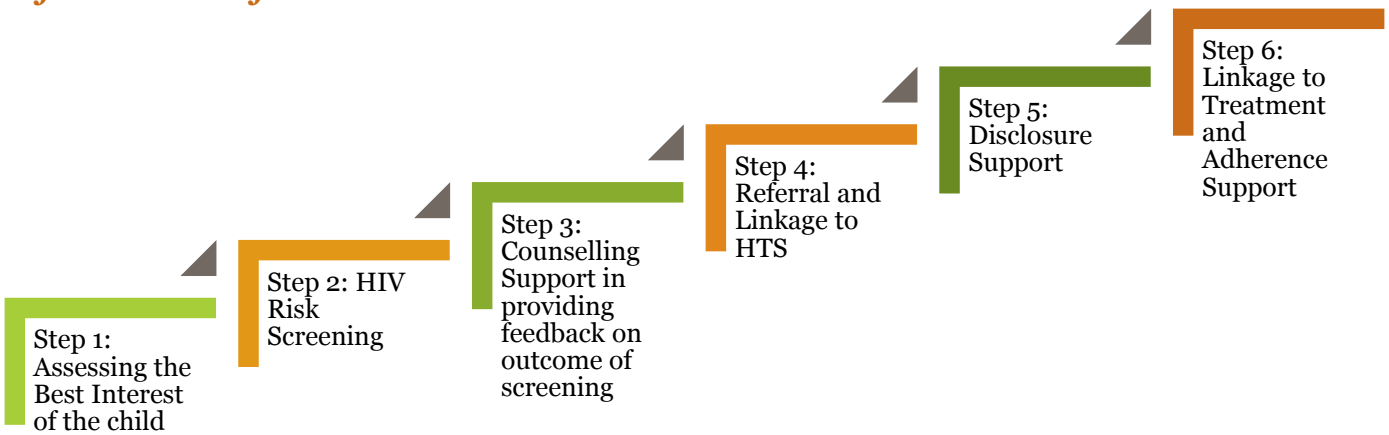
whereby 25 SSPs were trained on the following: Referrals to support comprehensive package of services, the role of DSD in the 90-90-90 cascade, HIV Continuum of Care to improve treatment adherence and retention within the HIV Testing Services (HTS); Legislative mandates that address the key issues around access to health care, including promoting the best interest of the child. This training was also scaled up in other sub-districts of Bojanala (Madikwe; Moses Kotane; Moretele; Madibeng; Rustenburg) in August and September 2017 whereby a further 173 SSPs, including SWs, SAWs; CCGs and Community Development Practitioners were trained. The Bojanala GCBS team also conducted strategic partnership meetings to strengthen linkages between NPOs and testing partners to enhance referrals and testing of children and families at ward level.

2.2. Establish national protocols to support the integrated service delivery program to support child protection and HIV-related services

After engagements with DSD it was proposed that focus should shift and be placed on the development of guidelines to support the role of social service practitioners in improving access to HIV testing, treatment, and adherence support. The protocol would be embedded within these guidelines.

Representatives from the GCBS team together with its DSD counterparts from national and provincial levels and selected external partners had a workshop on the 8–9 March 2017. The purpose of this workshop was to develop the *Guidelines for the Social Welfare Sector*, which will ensure that vulnerable children access testing, treatment and adherence support. The workshop also provided input and clarity on DSD roles and responsibilities regarding HIV testing, treatment and adherence care and support to vulnerable children. DSD specific processes regarding HIV testing, treatment and adherence care and support to vulnerable children were identified which fed into the development of the first draft guidelines by the GCBS team in consultation with DSD task team. The guidelines have been designed to be practical and easily implementable for all cadres within the social welfare sector and follows a 'stepwise' approach to access to HTS (see Diagram 10). The guidelines have further been aligned by the GCBS team to key DOH policies and guidelines namely: National HIV Testing Services: Policy 2016, Disclosure Guidelines for Children and Adolescents in the context of HIV, TB and non-communicable diseases: July 2016 and Adherence Guidelines for HIV, TB and NCDS.

Diagram 10: Representation of 'stepwise' approach to HTS, as used in the *Guidelines for Social Welfare Sector*



The draft *Guidelines for the Social Welfare Sector* was also informed by work done in the previous reporting period, whereby the development of the Draft HIV Referral Protocol for OVCY for vulnerable children was initiated by the GCBS team. Most of the findings and learnings of the HIV Referral Protocol for OVCY have been integrated into the Guidelines. The draft HIV Referral Protocol places emphasis on the Child Protection in the context of HTS and the role of DSD.

Planning for Year 5

- Finalise the *Guidelines for the Social Welfare Sector*

- GCBS to roll out training on the guidelines in KZN, Gauteng, and Mpumalanga.
- Provide onsite support and capacity development by GCBS SWs in the 17 GCBS priority districts to broaden understanding of and support utilization of the guidelines

SO3: Improve timely availability and use of reliable data on program performance M&E and information on the social effects of HIV and AIDS and other vulnerabilities faced by children

Strategic objective 3 is aimed at improving the availability and use of information for decision-making at national, provincial and district levels, which will ultimately contribute to strengthening evidence based policies, programs and the efficient delivery of services. Working towards making relevant process and outcome data available and useful is a key focus for the GCBS program.

Strategy 1: Build systems and capacity for the collection, analysis and utilization of information to improve decision making, implementation and measurement of services for vulnerable children and youth

An in-depth review of DSD systems, including the mainly paper-based aggregated administrative forms for tracking SW activities (SW forms) as well as Community Based Information Management Systems (CBIMS) for tracking NPO activities was conducted during this period. It was identified that DSD systems do not have specificity on an individual beneficiary level and are not structured to capture data related to HIV services. Internally, GCBS has modified its data collection to be able to do site level reporting (see M&E section of this report). The new system allows for increased data use for verifying DSD systems, querying information, and advocating for changes in implementation and changes in DSD reporting systems and forms (e.g., HIV testing related data). Data reconciliation and data quality checks between GCBS and DSD will be conducted on a quarterly basis at site and provincial levels as the revised M&E system is rolled out.

Summary of Key FY17 Outcomes

- Introduced GCBS (beneficiary level) data collection tool to DSD (provincial) for adoption
- Developing the scope of work for the Information Management Systems Technology (IMST) strategy development (phase II) to be commissioned in FY18
- Absorbed GCBS staff supporting Social Development Integrated Information System (SDIIS) into DSD
- Increased the capacity of DSD and its funded NPOs to develop and improve their MERL systems

1.1. Support DSD to develop and implement plans to enable the establishment of the NISPIS

The Minister of Social Development is designated as the lead for Outcome 13, which is based on the NDP. An enabler for Outcome 13 has been identified as the establishment of a National Integrated Social Protection Information System (NISPIS. GCBS previously supported the planning of the NISPIS with an IMST assessment. Phase 2 of that work is the development of the IMST Strategy based on the assessment and the needs across the social sector. During this reporting period, GCBS with DSD Chief Directorate: M&E developed a scope of work for the IMST strategy. The GCBS MERL team worked with the service provider to focus the scope of work more on the inclusion of critical HIV and vulnerability aspects and engaging a wider network of DSD and HIV-related stakeholders. The GCBS MERL team worked with the service provider on the cost proposal, although the time to respond to the queries on the budget resulted in delays to finalizing a rationalized budget. The SOW and budget were approved by USAID and the contract will begin in the first quarter of FY18. The Ministry is eager to move forward with this work.

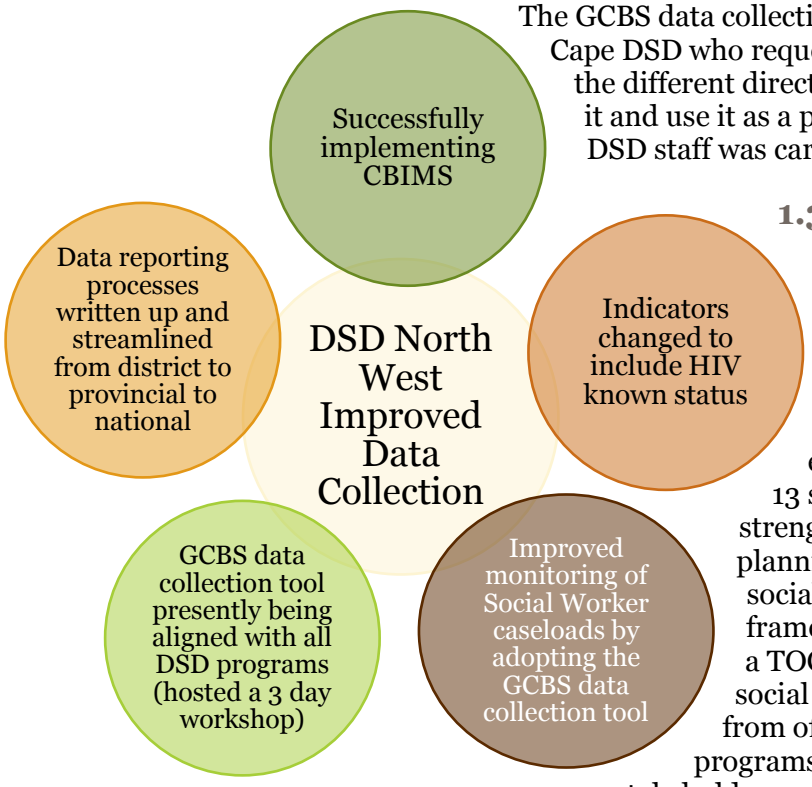
1.2. Strengthen access to service delivery data through supporting the rollout and utilization of DSD electronic data management systems by service delivery points and funded NPOs

During the first half of this reporting period, GCBS Program staff seconded to the IT unit at national DSD continued to focus support on the SDIIS. The work included the review and implementation of changes on prototypes, development and testing of National integrated social information systems (NISIS), Intake, Alternative care management (ACM), and Child Protection Register (CPR). These are the priority systems for testing on SDIIS and are a precursor to designing and developing NISPIS. Analysts are responsible for testing all the systems on SDIIS (both application and database). Once the testing is done changes will be implemented and user acceptance testing (UAT). The plan is to take the rest of the modules through the same process.

The focus of the second half of the reporting cycle included integrating all transactional fields into SDIIS (for non-common fields), Register of adoptable child and adoptive parents (RACAP), Adoption, NISIS, CPR, ACM, PCM, PIMS, Victim Empowerment Program (VEP), and Child and Youth Care administration (CYCA), integrating CBIMS with NISIS (profiling functionality), developing mapping, business analysis and prototypes for NISPIS and supporting the development of the sector-wide strategy on IMST, and provision of technical support to HIV and AIDS Directorate during workshops on CBIMS in the provinces and districts. The draft was presented to the task team which includes the GCBS Program, DSD, and UNICEF. The plan was to test and finalise in the first quarter of FY18. GCBS HR support to this initiative has been absorbed by DSD contributing to the sustainability of the investment.

DSD North West stands out in their proactive approach towards improved data collection and full participation in the GCBS program. Diagram 11 demonstrates key highlights within the province.

Diagram 11: Key M&E highlighted from North West province



The GCBS data collection tool was shared with the Eastern Cape DSD who requested that the tool is presented to all the different directorates so that they could customize it and use it as a province. Training on the tool for DSD staff was carried out in September 2017.

1.3. Support DSD to strengthen results-based management using the TOC methodology

The GCBS M&E team provided TA to finalize the monitoring and evaluation framework for Outcome 13 sub-outcome 5 which is aimed at strengthening coordination, integration, planning, monitoring and evaluation of social protection services. The draft M&E framework included the development of a TOC and the M&E plan for the entire social sector. This was done with input from officials representing key priority programs, provincial DSD officials, and key stakeholders representing a wide range of Departments such as Labour, Home Affairs, Health, Transport, Basic Education that are essential in the attainment of department's goals during the MTSF period 2015–2019. During the first half of this reporting period, the GCBS Program engaged in a capacity-building exercise with the National Youth Directorate to define and focus their desired impact of having 'Youth that is capable of driving their own social and economic development'. This process applied information from the review of the 2007–2011 National Youth Development Strategy (NYDS), together with their National Youth

Draft Policy 2020 and a newly developed TOC. GCBS in collaboration with DSD developed an M&E framework for foster care, which has been presented to the Provincial Foster Care Managers. The next step is to pilot its applicability in selected provinces and districts and to develop critical tools to assist with monitoring this vulnerable group.

Coupling M&E strengthening and capacity building within DSD for these methodologies, a TOC workshop was conducted in Gauteng with 74 key DSD managers from different programs to enhance their understanding of the TOC methodology and apply it to their respective programs. This greatly contributed to DSD results of the Management Performance Assessment Tool being championed by the Department of Performance Planning, Monitoring and Evaluation (DPME). In 2015, the Department had received a rating of 1 (non-compliant) out of 4 in this key performance around strategic management; in 2016, with the GCBS Program support the Department received a rating of 4 which implies that the DSD is fully compliant and doing things smartly.

1.4. Strengthen DSD and funded NPOs capacity to develop and implement sound MERL systems

During the reporting period, the GCBS program team together with DSD have been developing a Core Package of Services for OVCY. A collaborative partnership between GCBS and UNICEF has been established to align indicators between the core package of services and an electronic database. To accomplish this Pact and UNICEF has been mapping and negotiation the domains and M&E processes so that both can work seamlessly together.

The national MERL team was also involved in piloting the Foster Care M&E plan and finalizing the data collection tools and data flow in two districts to strengthen the Foster Care Data Management System and finalize the Foster Care M&E Framework. The Foster Care M&E framework is almost complete, with GCBS Program currently testing the indicators on whether they are suitable, the availability of data collection tools and the data flow, which is scheduled to be completed in the first quarter of FY18.

All Free State DSD service points were capacitated on the GCBS Program data collection tool and advocated for the use of the tool as a case management and a data collection tool for accurate data collation. Feedback on performance was provided per service point and data quality plans were developed.

With the support of the GCBS Program Gauteng Provincial MERL Advisor, the DSD Gauteng Province M&E Directorate has improved its data collection efforts by using the Electronic Counting Sheets for 50% of its regions. Furthermore, a training manual on M&E was developed and approved by the DSD. A diagnostic assessment conducted by the Gauteng Province GCBS Program and DSD MERL team has revealed that DSD personnel need more understanding of M&E in different levels. The manual is seeking to close this gap as it was developed by the DSD M&E Business Unit through the GCBS Program support.

The GCBS Program in Limpopo Province supported the roll-out of the CBIMS paper-based system to 42 NPOs and supported 30 NPOs to capture data on CBIMS, totalling 4250 beneficiaries in Capricorn District during FY17. The MERL team also supported DSD Limpopo with the alignment of monthly DSD data collection tools. The GCBS Program MERL staff reviewed the Limpopo DSD Monitoring and Evaluation policy

The North-West Province GCBS Program MERL Advisor developed M&E capacity through training and in-service training for both DSD and DSD funded NPOs. In March 2017, basic MERL training was conducted for service point managers from all North-West districts. Additionally, the North West GCBS Program MERL team worked with both national and provincial DSD teams to align data collection tools. The GCBS Program team contributed to the development of the HTS guideline.

During this reporting period, the GCBS Program maintained the partial secondment of Provincial MERL Advisors to the Provincial DSD M&E Directorates in the Free State, Gauteng, and Limpopo, North West and later in 2017 Mpumalanga Province. Additionally, the GCBS Program through its 18 district-based Data Support Officers provided ongoing mentorship and capacity development at

DSD Service Points and funded NPOs whilst collecting data for the GCBS Program utilising the revised GCBS Program data collection tool.

1.5. Support DSD to implement data quality improvement plans:

At the Provincial level, TA was provided to DSD officials by conducting routine data quality assessments, quarterly reviews and validations of performance reports at DSD service points. The purpose of the activity is to review and interrogate performance reports for each of the service points; identify data quality gaps and support service points to develop and implement data quality improvement plans. This is monitored quarterly during the review and validation visits.

The national the GCBS Program MERL team supported DSD to develop and implement the data quality management manual for funded NPO sites and district offices. The DSD HIV/AIDS team and other stakeholders have met to look at the first draft. Finalization will occur in the first quarter of FY18 once stakeholder feedback has been consolidated.

One example of success was seen in Limpopo. The GCBS Program MERL team in Limpopo assisted DSD in strengthening performance data verification and validation as well as supported their indicator alignment to their Annual Performance Plan. In addition to mentoring DSD officials to implement and improve sound data quality management systems, the Limpopo team revised the M&E Policy/Plan for the DSD Limpopo to provide data flow process and information management process. The GCBS Program Provincial MERL team conducted data management training with specific focus on data analysis and data quality training for DSD officials in Limpopo, whilst mentoring and supporting data capturers at NPOs and CCGs on CBIMS.

1.6. Strengthen DSD's capacity in managing evaluation implementation and use of findings to inform decision making through working at different levels including the management and support of the GCBS District Baseline evaluation:

The focus of the GCBS Program baseline evaluation substantially changed during this reporting period. A protocol and questionnaires had been submitted early in the reporting period focused on the initial scope of work, which looked at comparing various outcomes in selected districts. Yet concerns were raised internally as well as externally that the protocol would not provide information in a timely way that would contribute to understanding whether the GCBS Program was affecting a difference. Because of this, it was decided that the evaluators should focus on specific programs under the GCBS Program, thereby providing a useful targeted evaluation to which conclusions could be directly drawn. Thus, a scope of work was developed to focus the targeted evaluation on YOLO and ZAZI and would be implemented around the on-going SBCC implementation work. The SOW is currently being costed and will then be submitted USAID and Tulane University for TA in refining the study design. Implementation is expected to move forward in the next reporting period.

Planning for Year 5

- At the request of DSD National M&E Directorate, GCBS will roll out evaluation capacity development at provincial level based on the Department of Planning, Monitoring and Evaluation (DPME) National Evaluation Policy.
- The Free State province has requested the modification of the GCBS Program tool for use by all DSD SWs to improve the quality of reported data and service delivery.
- The Gauteng province will roll out training based on the M&E manual developed. The main aim is to build the capacity of DSD staff at Provincial, Regional Level and service delivery level.

Strategy 2: Establish and implement mechanisms for documenting, communicating and sharing best practice, learning and results from GCBS supported activities

Summary of Key FY17 Outcomes

- Developed a GCBS comprehensive learning agenda in consultation with DSD and stakeholders to effectively demonstrate program achievements and impact
- Provided technical support to DSD to plan and host three satellite sessions at the SA AIDS Conference

Implementation Highlights

Over the reporting period, GCBS collaborated with DSD and stakeholders on a comprehensive Learning Agenda, which outlines a series of technical resources and learning products to be developed and disseminated through GCBS. The major focus of the Learning Agenda is to document and disseminate project supported activities, tools, practice applications and results, and to generate evidence around key and emerging OVCY themes that respond to the broader priority agenda of PEPFAR and DSD. The GCBS MERL team initiated preparations for a one-day GCBS Program Dissemination event, to take place in May or June 2018, date yet to be confirmed. A provincial engagement with the GCBS Free State team was also conducted in August 2017, which outlined a plan for monitoring, evaluation, research, and learning activities, based on existing gaps and data analysis. In Limpopo, data feedback meetings took place with NPOs in Capricorn District, and the GCBS MERL team participated in performance reporting reviews at Provincial and District level to support DSD quarterly review preparation and report consolidation.

As part of the Learning Agenda, GCBS arranged and facilitated three satellite sessions with DSD at the 8th South Africa AIDS Conference 2017, Durban ICC: 13–15 June 2017. The satellite session themes included:

- 'Integrating Child Protection Services and HIV&AIDS Interventions to Improve OVCY Outcomes', which presented the GCBS-supported Therapeutic Program as an evolving evidence-informed prevention program
- 'Social Development's Contribution towards the HIV&AIDS Response', which outlined the existing research base, as well as the evolving GCBS-supported HTS guidelines for SSPs
- 'Expanding Community Based Prevention and Early Intervention Services for Vulnerable Children towards an HIV Free Generation', which engaged a range of project beneficiaries and youth in leading the conversations.

All three sessions were developed through joint DSD and GCBS Task Teams, and were presented and led by DSD officials at the conference. The engagement and interactions with the SA AIDS Conference delegates during the sessions, as well as the high turnout and level of interest, highlighted the critical role of DSD in eliminating the structural and behavioural drivers which perpetuates the spread of HIV.

The following three abstracts were selected for poster presentation at the 8th SA AIDS conference: 'Developing HIV Workforce Competencies for SSPs'; 'Enhanced Case Identification among Vulnerable South African Youth'; and 'Using Social Behaviour Change and Communication programs for HIV Prevention', with the latter two presented at the conference.

Under Components 2 and 6 (Workforce Strengthening), an abstract titled 'A Purposeful Fit: Demand and Supply Modelling for South Africa's Social Services Workforce' was submitted, and accepted for oral presentation at the World Health Organization's Fourth Global Forum on Human Resources for Health Conference, to be held in Dublin, Ireland in November 2017. The Social Services Practitioners Policy was endorsed by DSD and the GCBS team have drafted a Policy Brief, which will be finalised in the next reporting period.

Planning for Year 5

- Produce and disseminate technical and policy briefs (e.g., DSM, Child Care and Protection Policy); tools and guidelines applications (HTS Guidelines, Risk Assessment, Referral) and

program processes (OVCY package of Services, SBCC results, NPO assessments) through the GCBS Learning Agenda, and in partnership with DSD and stakeholders
- Host a national learning and dissemination event to showcase the major achievements made by DSD and GCBS under each of the six program component working groups, as well as to disseminate and present a range of products, as above, developed through the Learning Agenda

Lessons Learned

In its four years, the GCBS team has learned many lessons with regards to program management, planning, and implementation. The following lessons stood out in FY17.

- Participatory processes are critical because they lay the foundation for the acceptance of a government-based program, such as GCBS.
- Building a DSD champion for specific program activities results in improved buy-in, stimulates the interest of others in DSD, and ensures that activities are implemented with and not for DSD.
- For the program to be successfully implemented in the provinces, GCBS needs to understand and respect existing protocols. Each province has different protocols and an expectation on how support programs should work within its province.
- To institutionalise children's access to HTS, it is necessary to identify champions working at the community level to drive these services and influence their colleagues positively toward prioritising HTS.
- HTS cannot be achieved without strong partnerships and buy-in of all community stakeholders, including DSD, DOH, NPOs, SSPs, and the broader community.
- Change, especially at provincial and district levels, is best done from an *appreciative inquiry* approach, which focuses on identifying what is working well, analysing why it is working well, then doing more of it.
- Change is best achieved by helping DSD build on its strengths rather than by criticising its weaknesses.
- Improved direct interventions for OVCY through DSD service points and DSD-funded NPOs can be best strengthened by onsite mentoring and support provided by the extensive and experienced provincial GCBS team. This approach ensures that learnings obtained through workshops and the guidelines for service delivery developed can best be translated into practice.
- Placing newly graduated SWs under the mentorship of veteran SWs has facilitated innovative approaches to case management. These innovations need to be effectively documented and shared across provinces to support ongoing good practice.
- GCBS's successful alignment government priorities and targets have enabled government officials to see how the program helps them achieve their set goals. This process has been particularly helpful in rolling out activities at the provincial level, supported by inclusive and joint planning.
- By improving DSD involvement in national processes within the greater HIV and AIDS sector, namely SANAC/NSP, positive shifts can be made toward accepting international targets, such as 90-90-90, and openness to developing new interventions that support attaining the targets.
- The M&E structure and related roles and responsibilities vary across provinces. Each province need to be assessed and supported in developing customized M&E capacity building plans that must be aligned with the national DSD plan to ensure that data submitted can respond to national data needs.
- All new interventions need to be developed with structured quality assurance plans and with clear strategies for effectively documenting impact.
- Housing provincial GCBS MERL at DSD offices has been mutually beneficial, contributing to work plan synergy and better outcomes relating to relevant capacity transfer, rather than GCBS staff simply carrying out deliverables on behalf of DSD. This enables GCBS to stay true to its intention and fosters sustainability of program efforts.
- Having a cascade of district-level Data Support Officers mentored and supported by provincial-level MERL Advisors who in turn are managed by national-level MERL Advisors helps ensure

that the program adheres to DSD priorities at all three levels and that consistent M&E-related messaging is cascaded to all levels within the department and the program, allowing GCBS to raise early warnings when inconsistencies arise at any point and ensuring synergy between priorities, procedures, and tools.

- The GCBS Data Collection Tool was intended to benefit multiple stakeholders. For this to be fully realized, the benefits of the tool must be repeatedly highlighted and the power of evidence-based decision-making needs to be further emphasized. The availability of information is insufficient and does not ensure maximum utility at all levels.

Program Management

Coordination with Government and Governance

GCSB's partnership with DSD, supported through the Program Steering Committee (PSC) co-chaired by USAID and DSD, has in the past fulfilled the program's management, oversight, and monitoring functions. Over the past year, leadership changes in the Director General role, internal DSD management challenges including SASSA matters, and the national social worker strike created challenges. Two PSC meetings were held during the reporting period, which affected the ability of the GCBS National Representative to provide leadership for the overall program direction. Key program deliverables and program priorities, such as timely communication of PEPFAR focus on HTS, roll-out of provincial activities, and long-term program sustainability remain a challenge without full buy-in and commitment at the national level.

To address these challenges, GCBS focused on strengthening working relationships with key DDGs, namely DDG Welfare Services and DDG Corporate Services, with staff maintaining contact with both on a regular basis. Additional communication protocols have been set in place whereby all program communication includes national leadership. In addition, GCBS continued its strategy of supporting component working groups that consist of DSD and GCBS members. This approach has delivered results as well as fosters and maintains the department's interest, buy-in and grounded understanding of the program purpose and goals. Furthermore, these working groups oversee and facilitate the implementation of provincial program activities and the coordination of activities between national, provincial and district levels.

In supporting program roll out at provincial level, the GCBS management team continues to meet with and engage DSD senior personnel at a provincial level. More frequent engagements are held with Heads of Departments (HODS) and other key senior personnel across all provinces to garner ongoing support of the program and ensure that program activities can effectively be implemented. This includes regular phone and email communication. Challenges in program implementation in KZN province remain, requiring ongoing engagement between GCBS COP, DCOP and KZN HOD, with the support of DSD National personnel. Challenges within the provinces have resulted in staggered role out of program activities and access to data collection at DSD service points.

The role of the Provincial Program Managers continues to be strengthened so that they can build effective working relationships as they remain the face of GCBS at provincial level. In provinces where strong working relations exist at this level the program is advancing positively, as is evident in the data produced in Free State and North West.

GCBS Consortium

During this period, Isibani as a consortium partner and sub-contractor under this award began implementation of a sub-contract to support capacity assessment of DICs in Gauteng and Limpopo. The contract was initiated in September 2017.

Palladium (formerly dTS) communicated to Pact's DC office regarding its inability to continue work under this award due to changes in their central management structures and scope of performance. Pact finalised arrangements to close out this contract under GCBS. For Y5, we have prioritized a more in-depth integration of gender based violence prevention as a cross-cutting issue affecting girls. Although funding levels did not allow a contracted partner in Y5, we are exploring non-funded

collaboration with relevant partners. Meetings have been held with Sonke Gender Justice and Centre for Communication Impact (CCI) and a meeting with GenderLinks has been scheduled.

A change of name for Mott McDonald (formerly HDA) was approved by USAID. The Mott McDonald contract is active and the scope of work remains unchanged. Mott McDonald continues to be responsible for the implementation of activities under components 3, 5 and 6 of the GCBS program. Monthly progress review meetings are held to support and oversee implementation of the workplan and agreed upon deliverables.

A formal update to USAID regarding revisions to consortium members and requested for approval of a revised project branding and marking plan will be shared in the upcoming reporting period.

Table 17: SWs absorbed into DSD (2016–2017)

District	# absorbed	# currently in post
EC: Buffalo City	6	1
EC: OR Tambo	-	5
GP: COJ	2	3
GP: Ekurhuleni	1	3
GP: City of Tshwane	-	4
NW: Bojanala	1	4
LP: Capricorn	4	1
WC: CT Metro	1	7
KZN: eThekwini	-	11
KZN: uThukela	-	7
KZN: Zululand	-	9
KZN: Ugu	-	8
MP: Ehlanzeni	-	4
MP: Nkangala	-	4
MP: Gert Sibande	-	4
FS: Lejweleputswa	-	3
FS: TMofutsanyane	-	9
Total	**15**	**87**

Human Resources

During the reporting period, GCBS management engaged in revision of the GCBS organogram to streamline reporting structures and improve clarity of staff roles and responsibilities. Focus was placed on strengthening coordination and mentoring at provincial level through the promotion of two provincial program managers to cluster leads. As cluster leads they provide additional support to their colleagues in provinces to improve program coordination, management and implementation at district and site level.

Consortium partner, Mott MacDonald appointed an additional M&E specialist and SBCC project manager during the reporting period. These posts were advertised and suitable candidates identified who commence work on 1st April 2017.

A draft strategy (based on the PEPFAR Health Worker and HRH Transition Framework recommendations) was developed by GCBS to enable the absorption the 102 PEPFAR-supported SWs onto the government payroll. Over the reporting period a total of 15 GCBS-supported SWs were absorbed by DSD (Table 17), with a further 87 still deployed across all the GCBS-supported districts. There are preliminary plans in place to absorb all eight GCBS-supported staff in Free State in the third quarter of the next work plan period.

Program Monitoring and Evaluation

Staffing for GCBS M&E

Over the past year the Monitoring, Evaluation, Reporting and Learning (MERL) team has had noteworthy HR adjustments which have significantly influenced the program. In September 2016, the Senior MERL Advisor resigned from her position and this role was temporarily filled by short term secondments from Pact Inc. and the replacement candidate took up the post in May 2017. The Provincial MERL Advisors for Eastern Cape; KZN and Mpumalanga resigned in the previous financial year (FY17) and replacements were not recruited until August 2017 for MP and September 2017 for KZN. An offer was made to the preferred candidate in September 2017 for the MERL Advisor for EC. Furthermore, between May and August 2017 the entire National MERL Team, supporting DSD CD, resigned resulting in an adjustment to Component 4 implementation models at National DSD. During August and September 2016, the GCBS program employed 18 Data Support Officers distributed across districts in Free State, Gauteng, Limpopo, Mpumalanga, and the North West. No Data Support Officers were recruited in Eastern Cape, KZN, and Western Cape. In the

Eastern and Western Cape program staff performed the data capturing function and in KZN the program was not granted permission to capture data until December 2016, during which time all GCBS staff from across the country rallied to provide the SAPR data submission.

Since January 2017 there have been many changes to the GCBS reporting system based on:

- External USAID DQA process and continuous feedback from the assessors throughout the process as well as through recommendation in the draft report
- Adjustment in the PEPFAR reporting requirements to align to the USAID FY as well as the shift towards real time reporting
- Reflection on the existing system and its shortcomings experienced during the SAPR data submission process, April 2017 as well as an internal DQA process in preparation for the external USAID DQA

Because of the adjustments, as well as the attrition of program staff as they became absorbed into DSD as per the sustainability plan, the program recruited 17 temporary Data Support Officers in/since September 2017 to assist in the data collection for Eastern Cape and KZN, with KZN having our highest targets and the program gaining late and limited access to sites for primary data collection during October 2017.

Addressing the findings from the DQA

Pact/GCBS was selected for a Data Quality Assessment (DQA) which was conducted by FHI360 on behalf of USAID on the Financial Year 2016 data submitted into DATIM. Key strengths highlighted were the links with the national DSD reporting system as well as the M&E Structure, Functions and Capabilities as most M&E positions were filled especially at service delivery site level. Weaknesses highlighted were the data management processes and data use at service delivery site level. A data collection SOP was developed and all staff involved in data management processes received training on the data collection tools. Staff involved in data management processes have received electronic and hard copies of the data collection SOP for reference purposes. A simplified user-friendly data quality assessment tool was developed for internal use and MERL staff members were trained to administer the tool and implement the required changes. All MERL staff was capacitated on indicators. Indicator protocol sheets have been incorporated into the program's SOPs. Furthermore, the data collection tool has been amended to cater for organizing the program's data according to the respective indicators. MERL staff roles and responsibilities were revised and documented in job updated descriptions. Data verification has been incorporated into the data collection tool. Sign off (approval) have been included in the data collection tool. The data flow map has been revised and amended to include several different data verification stages.

DQA Issues

The introduction of the revised GCBS data collection tool has required re-capturing of data from October 2016 to September 2017. As with all retroactive data collection processes this highlighted several data quality issues:

Evidence of services received as reporting required were not neatly accessible in one file and sourcing such evidence was time consuming, however, this realisation has contributed to significant efforts on the program side around improving site level case management. It has also resulted in the implementation of better site visit record keeping by GCBS staff.

The sheer magnitude of data capturing required during a tight turnaround timeframe resulted in numerous iterations of data quality reviews based on adapting to and troubleshooting a new tool. The data are not necessarily reflective of all the risk assessment and follow up referral work completed in sites where GCBS or M&E staff were unable to review case files in time for reporting. In addition, because of the magnitude of data, not all sites were completed by the time the SAPR-real time reporting was due, resulting in an underestimation of the real time reported data in DATIM for SAPR.

The status of 'active' vs. 'exited' must be interpreted with caution. All cases that did not follow the definition for active, graduated, or transferred were classified as exited. Due to the nature of some of

DSD's programs where children may receive a service every 4-6 months, it was feasible that some considered active in DSD's purview are classified as exited under PEPFAR. In future reporting periods, it is possible that these 'exited' cases may become 'active' again.

Revised GCBS Data Management System

Starting in October of 2016, GCBS substantially revised its program monitoring and evaluation data, to meet the new requirements of the required PEPFAR indicators OVC_SERV and OVC_HIVSTAT. Previously, data were collected from DSD systems, including the mainly paper-based aggregated administrative forms for tracking SW activities (SWS forms) as well as CBIMS for tracking NPO activities. As these DSD systems do not have the specificity on an individual beneficiary level required by PEPFAR indicators, GCBS modified its data collection approach to be able to meet the new requirements. The new system collected beneficiary level information and allows for deduplication across services. The system is used for accessing information and engaging in greater feedback at service points, NPOs, districts, and provinces. Where appropriate, the system is also used to assist DSD validate their own DSD-reported data and to highlight and address quality issues within DSD reporting. This approach increases GCBS capacity to advocate for evidence-based improvements in implementation and updates to the DSD case management administrative tools. In June/July 2017 the system was reviewed and revised based on the SAPR pilot experience. GCBS applied a MS Access based system with decentralized data available directly to the program and M&E Advisors at provincial level. This assisted greatly with improving the quality of data. Additionally, the revised system includes automated local data quality reports as well as data use reports for increased and more immediate feedback with local DSD teams.

GCBS PMEP

During July 2017 GCBS received feedback from USAID on its revised PMEP submitted in March 2017. Based on feedback further revisions are underway and the updated document will be re-submitted at the end of October 2017.

GCBS Financial Update for FY17

Total GCBS Program

The GCBS five-year contract was signed with USAID in September 2013 with an estimated value of $68 918 981. To date, USAID has obligated $47 252 838, with $37 186 801 spent to date. Since October 2016 the exchange rate has been stable, with average deviation remaining within 5%. The expenditure to date is 78% of the obligated amount of $47 252 838. An incremental obligation of $11 500 000 was received in September 2017. Of the total expenditure to date, 41% relates to other direct costs, while 35% is labour costs and 17% indirect costs with 7% split between other direct costs (3%) and fixed fees (4%).

Table 18: GCBS obligation vs. disbursement

Budget Line	Current obligation ($)	Total disbursement estimate as at 30/09/2017 ($)	Remaining obligated balance ($)
Labour costs	16 614 102	12 933 945	3 680 157
Travel	984 194	1 092 160	-107 967
Other direct costs	22 465 299	15 356 597	7 108 701
Indirect costs	9 093 096	6 472 907	2 620 189
Fixed fees	2 139 548	1 331 191	808 357
Total	**47 252 838**	**37 186 801**	**10 066 037**

GCBS Monthly and Quarterly Expenditures

Quarterly Expenditure: April 2016 to September 2017

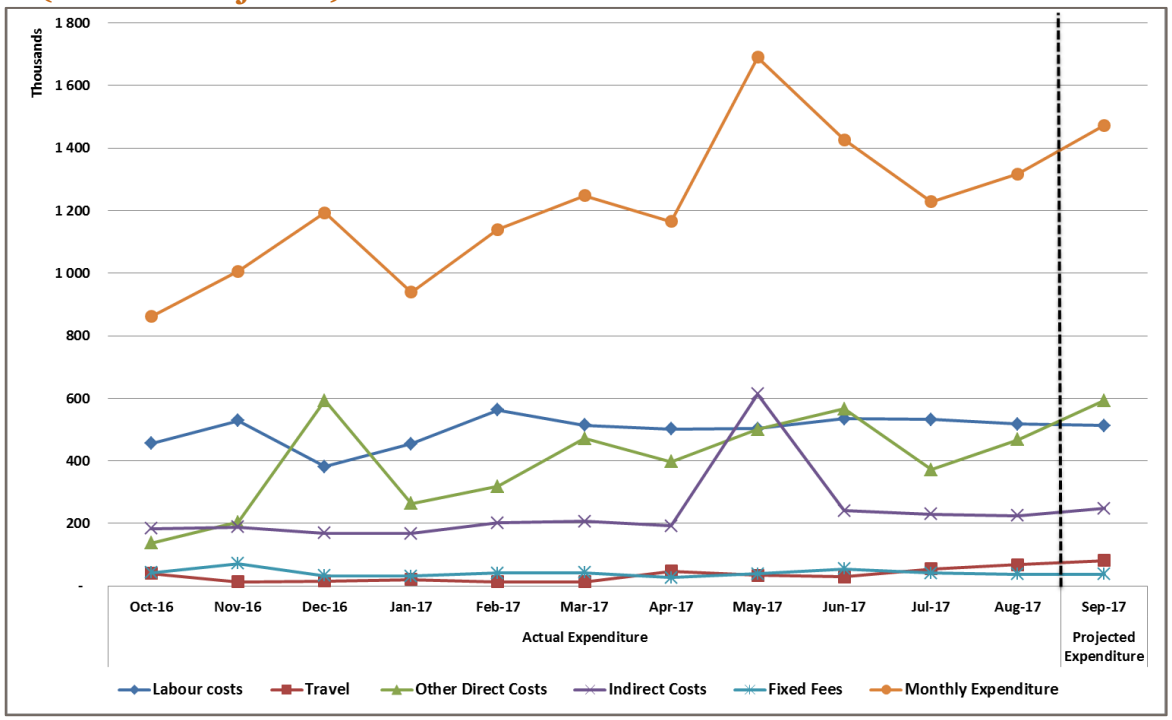
Table 19 presents quarterly expenditure for the last six quarters, covering the period April 2016 to September 2017. For the last four quarters, the expenditure has been more than $3 000 000 per quarter, with average quarterly expenditure over the last six quarters equal to $3 756 178.

Table 19: Expenditure per quarter (in $)

Expenditure	Sept 2013–Mar 2016	April–June 2016	July–Sept 2016	Oct–Dec 2016	Jan–Mar 2017	Apr–Jun 2017	Jul–Sept 2017	Total Expenditure
Labour costs	4 495 860	1 112 649	1 325 097	1 367 055	1 532 041	1 539 537	1 561 705	12 933 945
Travel	367 274	159 615	131 663	69 822	47 723	111 351	204 711	1 092 160
Other direct costs	6 819 858	1 397 795	2 255 613	933 946	1 052 930	1 464 127	1 432 329	15 356 597
Indirect costs	2 353 067	587 954	664 597	541 712	576 684	1 046 123	702 770	6 472 907
Fixed fees	613 675	108 043	107 458	147 707	116 387	120 477	117 444	1 331 191
Quarterly expenditure	**14 649 733**	**3 366 057**	**4 484 428**	**3 060 242**	**3 325 766**	**4 281 616**	**4 018 959**	**37 186 801**

FY17 Monthly Expenditure and Projection

Figure 15: FY17 Expenditure (Actual – Projected)



In FY17, GCBS maintained an expenditure above $1 000 000 per month, except for October 2016 and January 2017. This is the norm because October is the first month of the FY and activities only start in the following months, whereas in January, most staff members and partner organizations are on holiday and activities only start picking up at the end of January with expenditure incurred in February.

Table 20: FY17 PEFPAR pipeline average spent (in $)

Projected FY17 expenditure	14 686 582
Average monthly spent	1 223 882
Average monthly spent (last 3 months)	1 339 653

The average monthly expenditure rate for FY17 is $1 223 882. September 2017 expenditure is an estimate; the final report, which includes headquarters costs, will be issued in early November.

Expenditure per Partner

Table 22: Expenditure per partner

Partner	Obligation to date ($)	Total disbursed as of 31 March 2017 ($)	Remaining obligation balance ($)
Pact	37 240 845	27 824 916	9 415 929
Mott MacDonald	9 321 603	8 921 432	400 171
dTS	690 390	440 453	249 937
Isibani	0	0	0
Totals	**47 252 838**	**37 186 801**	**10 006 037**

During the month of October 2017, we anticipate releasing an additional obligation to Mott. During FY 17, Isibani has been contracted to undertake NPO capacity assessments; they will conduct these assessments from September –November 2017.

Annexure A: Summary of Progress toward GCBS Work Plan: October 2016 to September 2017

Key Activity	Progress towards Activity	Status[16] > 75%	51–75%	25–50%	< 25%	Activity carried to FY17
SO 1: Strengthen coordination, management, and oversight of community care service structures that protect and care for the most vulnerable children and youth						
Strategy 1: Improve the provision of child protection and HIV and AIDS related interventions for vulnerable children and youth						
1.1. Finalise the National review of the child protection system	• National Summit held – consolidated outcomes of child protection review • Outcomes and recommendations of the CPR consolidated into a final report and submitted to DSD • Developed CANE protocols and plans of actions to manage the outcomes • of the CPSR – to be finalized on completion of Child Protection Policy • Contracted service provider to revise Child Protection policy, initiation meetings held					• Technical support to be provided to provinces to develop and implement province- specific CP Improvement Plans • Finalisation of Child Protection Policy
1.2. Implement a core package of services for OVCY	**Design and consolidation of core package** • Technical task team to oversee development and implementation established • Finalized theory of change for child resilience that underlies the OVCY core package • Draft core package developed and 2 consultation sessions hosted • Additional elements including mapping of most vulnerable children, drop-in-centres as mechanism for intervention and costing of the package which were included in the final discussion document					• National and provincial consultation for finalisation of core package of service planned for October 2017. • Piloting of package in Limpopo and Gauteng • Direct mentoring and support provided by GCBS site level personal to support implementing NPOs in using the core package
	Guidelines and tools for implementation • Review of DSD generic intervention processes and tools (case management) – task team established, tools revised, consultations held. New tools are ready to be piloted.					• Piloting of revised case management tools in Eastern Cape and North West
	• Guidelines and tools for implementing core package in first draft, general guidelines focusing on HIV risk assessment, educational support and Girl Index tool being implemented with NPOs • Task team established and workshop hosted to review present DSD assessment tools – will be included in case management process and core package					• Core package of service implementation manual to be completed within the first quarter of FY5 and implemented
	PSS services as key to core DSD service package • Facilitated a DSD PSS reference team – 3 meetings – focused on operationalizing PSS guidelines within core package					

[16] Percentage determined based on number of sub activities under each strategy completed

Key Activity	Progress towards Activity	Status[16] > 75%	51–75%	25–50%	< 25%	Activity carried to FY17
	• Incorporated PSS guidelines into facilitator training for YOLO and ZAZI • Incorporated PSS guidelines into core package of services					
	Capacitate SSP • Training in alternate care conducted in Eastern Cape and Mpumalanga reaching 142 social workers • Onsite support provided to selected service points in Mpumalanga in all three districts – focused on identifying girls at highest risk (implement Girl Risk Index), care planning for girls, linkage to key services (28 girls)					• Mentoring and support to institutionalize process as a best practice • Document and disseminate
	• Child Protection Induction training – 65 master trainers (DSD supervisors) trained in Free State and Limpopo – piloting of manual • DSD has taken responsibility for rolling out training going forward					• Activity handed over to DSD
	• Training on Safety and risk assessment tools have been rolled out, and are being monitored					• Further training will be incorporated into the core package services
	Capacitate SSPs and NPOs to strengthen services to promote HIV testing, treatment, adherence Rolled out health systems training in KZN, Eastern Cape and Limpopo Onsite support to NPOs to implement referral guidelines and tools Developed and rolled out HIV risk assessment tool Site level engagements with DSD and funded NPOs on prioritising access to HTS for children SRI Project rolled out in North West, Gauteng and Mpumalanga – promote access to HTS					• HTS partnership planning and implementation to support access to testing • On site mentoring and support • Roll out of training in key provinces (Mpumalanga, Gauteng and KZN) on HTS guidelines
	Capacitate SSPs - to strengthen services that prevent and respond to violence against children Developed therapeutic program for children and families affected by sexual abuse Piloted program in Gauteng and conducted review sessions with participants Refined therapeutic program based on outcome of review Rolled out program in KZN to 86 social workers					• On site mentoring and support for trained SW • Additional training for CYCC and Thuthuzela centres in Gauteng • Document program implementation and success for dissemination
Strategy 2: Enable DSD to mainstream, scale-up and implement a comprehensive social behaviour change package of services						
2.1. Implement as part of the core package of services a comprehensive social behaviour change package	**Capacitate DSD key personnel on development, implementation and monitoring of SBCC programs** • RFP developed and approved by Chief Directorate: HIV and Aids for development of a training curriculum –however this will now be incorporated into the SBCC package • Provided technical support to DSD in planning and roll out of DSD funded YOLO • YOLO and ZAZI Master Trainers (10) trained – rolled out training in 8 Provinces					• Activity absorbed into SBCC package development

Key Activity	Progress towards Activity	Status[16] > 75%	51–75%	25–50%	< 25%	Activity carried to FY17
	for DSD SANAC program implementation in Gauteng, Free State, Limpopo, KZN, North West, Eastern Cape, Western Cape and Mpumalanga					
	DSD SBCC package development • Technical support provided to DSD to identify evidence based SBCC programs to be included in the package • 7 SBCC programmes/interventions identified – 4 have been written up for inclusion in package – remaining 3 are still in the concept phase and cannot be included • Reviewed ZAZI to strengthen HIV prevention, treatment and support content • Risk Reduction YOLO Program (10 -14 years) - outline of sessions has been developed • Desk top review of parenting programs – briefing session with DSD on Let's Talk					• Finalise package • Develop a training curriculum and conduct national capacity building workshop
	Upscale roll out of SBCC programs • YOLO materials have been updated with strengthened inclusion of information and activities focusing on HIV prevention (include condom demonstration), testing and treatment, GBV, Stigma & discrimination content. Manual, Guide and participants journal developed. • ZAZI tool kit adapted to reflect 90-90-90 cascade • Master Trainers for YOLO and ZAZI trained (10) • 74 NPOs contracted to roll out YOLO/ZAZI • 644 facilitators trained • Additional 35 Facilitators trained in Gauteng, Child and Youth Care Centres • 40% of contracted NPOs included YOLO/ZAZI in the July holiday program • 18 569 youth reached through YOLO/ZAZI, exceeded planned target by 15% (2419)					• YOLO roll out planned through GCBS in Gauteng, KZN and Western Cape • DSD roll out planned nationally – GCBS to provide technical support • Structured plan in place to link and support all YOLO/ZAZI participants to follow up and support services as well as access to HTS
	Implementing YOLO oversight framework, M&E tools for implementing NPO and DSD Service Point personnel • Pre-and Post-test tools strengthened and implemented • Data management plan was developed, approved, and agreed upon with DSD for data flow and circulated to all provinces and implementing partners. • Consultative workshop held to develop Theory of Change for YOLO/ZAZI • TOC used to support the development of data management plan – plan was approved by DSD • GCBS provided TA to DSD to oversee implementation of M&E Plan for the SANAC funded roll out of YOLO					• Ongoing TA support to DSD to ensure implementation of data management system
	Gender mainstreaming within SBCC program					• Utilize Girl Risk Index to identify participants in Year 5 roll out

Key Activity	Progress towards Activity	Status[16] > 75%	51–75%	25–50%	< 25%	Activity carried to FY17
	• Girl Risk Index tool developed to be utilized in identification of YOLO and ZAZI participants • YOLO and ZAZI updates aligned to improve response to gender norms including GBV					
	Roll out YOLO fun days					• This activity was not taken forward – after analysis the cost did not justify the reach especially for number of youth accessing testing. Focus remained on site level linkages and referrals of youth for HTS
	Support DSD in the development of a community based program to address issues of stigma and discrimination					• DSD decided against the development of a separate program and rather incorporated topics into the YOLO and ZAZI manuals during the review process
Strategy 3: Strengthen DSD oversight and management of service delivery interventions by funded NPOs						
3.1 Provide direct support to DSD to strengthen policy and mechanism for managing funded NPOs	• Sector Funding Policy is in the 4th draft – DSD Chief Directorte: NPO Funding has taken over responsibility and is now conducting final consultations and will finalise the document. • Developed baseline costing model • Developed M&E framework					• GCBS to provide technical support in finalization during FY5
3.2 Provide direct support to DSD to provide structured oversight of funded NPOs for improved service delivery	**Capacity assessment and support for NPOs** • Mentoring and support to NPOs focusing on case management including development of individual case files, care plans, process notes, referral tracking implemented across all sites by social work coordinators/social workers • Capacity assessment tool developed and aligned to SIMS • Training of DSD officials in capacity assessment • Roll out of capacity assessments with DSD reaching 57 DIC and 19 NPOs in Gauteng, Mpumalanga, Eastern Cape • Developed individual improvement plans for all NPOs assessed – implementation support by provincial team in partnership with DSD					• Ongoing mentoring and support through GCBS provincial team including NPO capacity support workshops • Roll out of capacity assessments in all provinces (focus on group assessments) • Develop capacity assessment tool specific to DSD Service Points • Pilot tool in Eastern Cape
Strategy 4: Strengthen the social service workforce through the efficient planning, management						
4.1 Implement a Supervision Program to support delivery of the core OVCY	• First stage of development of Supervision Program and the Mentoring and Coaching Program at the sites where the core package of services is being rolled out. • Support the establishment of the NW District Forum as part of the Ward-based					• Finalize the supervision framework, training manual and mentorship program • Continue to support the roll out of

Key Activity	Progress towards Activity	Status[16]				Activity carried to FY17
		> 75%	51–75%	25–50%	< 25%	
package of services at site level	Model. • The 3 Mpumalanga districts and the Tshwane district in Gauteng, OR Tambo Eastern Cape, Capricorn, Limpopo have successfully established functional district supervision forums which convene quarterly.					Supervision Learning Forums in select provinces
4.2. Finalize and roll-out the DSD Induction Program through provincial supervision Forums and on-line platforms	• DSD Induction Program developed • Piloted Induction program in KZN and North West – trained 80 SSP in KZN and 120 SSP in North West • Supported additional training through Supervision Learning Forums					• DSD will continue to roll out the induction manual for 566 newly recruited social workers from the Ministers SW bursary program • Technical support and training of supervisors through SLF
4.3. Support SACSSP and DSD in the development and roll-out of continuing professional development (CPD) programs for SSPs	• Scope of work of the project was reduced to exclude the development of the e-learning platform because of cost containment and reprioritization					• Activity removed from workplan due to priority shift to district and site level interventions
4.4. Apply DSD Workload Management Guidelines, norms, and standards for SSP, linked to the Performance Management and Development System (PMDS)	• The completion of the community development guidelines conducted by the DSD Community Development Directorate. • Service provider for the pilot of the workload management guidelines has been sourced and contract initiated					• EOH has been contracted to Pilot the Workload Management and Customised PMDS in GP, MP, WC and KZN – pilot has commenced and will be finalized in FY5
4.5 Develop a sector-wide Demand and Supply Model for evidence based and demand-led workforce projections	• Held a data collection workshop with more than fifty (50) district managers, coordinators and provincial directors to consolidate provincial data follow-up National Consultative Workshop held in May 2017, with more than 100 participants from provinces and districts, including 36 district managers. • Desk review, model methodology, demand and supply manuals, and the excel based spreadsheet model were finalised and demonstrated to DSD • Modifications to the model were made and a follow-up DSD-funded workshop and model demonstration with Association of South African Social Work Education Institutions (ASASWEI), SA Council for Social Service Practitioners (SACSSP) and National Association Child Care Workers (NACCW) took place in September 2017.					• Technical support to DSD to effectively train and roll out the Demand and Supply Model

Key Activity	Progress towards Activity	Status[16]				Activity carried to FY17
		> 75%	51–75%	25–50%	< 25%	
4.6 Support roll-out of the recruitment and retention strategy for SSP	• Facilitated consultative workshop on draft recruitment and retention strategy • Strategy finalized and awaiting DSD management approval					• DSD to finalize the approval of the strategy by getting the sign off from the DSD Executive team
4.7 Provide technical support to DSD legal team to translate the SSP policy into SSP Bill	• Technical support provided to DSD to translate policy into bill					• No additional intervention
4.8 Finalize and implement the HR sector plan	• First draft of HRP with GCBS inputs completed					• Final draft due in next quarter
4.9 Enable HR and district managers and administrators to strategically plan, manage, deploy and support the workforce	• Consolidated draft of HRP document developed, with GCBS assigned sections • Stakeholder engagement sessions held with ASASWE, SACSSP and NACCW • Facilitated restructuring and strategic repositioning sessions with DSD HR Collaborative Forum					• Support finalisation and sustainability of consolidated HRP document and its alignment with ongoing DSD restructuring efforts
4.10 Develop and apply an integrated package of HR actions at site level	• HR strategy and action planning session held with provincial and national DSD Corporate Services Branch • Facilitated options for revised DSD functions and structures • Profile of SSP distribution and deployment across GCBS-supported districts					• Technical support for implementation of specific HR actions (supervision, deployment/re-deployment of SSPs)
4.11 Facilitate SSP skills development for HIV knowledge, referral and counselling	• 6,745 SSPs assessed, with Provincial and National SDNA Reports produced • Consolidated Skills Development Plans in place for all supported provinces • SDNA competency gaps identified for core OVC/HIV practice requirements • DSD plan for roll-out in non-GCBS districts developed • Technical input provided for HRMIS feasibility study					• Transition of SDNA process and handover of model/platform • Technical support to establish user and technical requirements aligned to the DSD in-house HRMIS
Strategy 5: Enable effective DSD management and oversight through the effective planning, implementation and oversight of direct service delivery						
5.1 Mentorship and support to DSD and NPOs	• Deployed GCBS provincial team to provide direct support to DSD and NPO • Set in place structures for oversight and support at provincial and district level • Conducted district and site level meetings and support visits • Implemented a package of tools to support improved service delivery (linked to SIMS guidelines)					• Ongoing oversight and support through provincial teams – focus on case management, HTS and SBCC
5.2 Refine mentorship approach	• Finalized program oversight guideline • Finalized external communication strategy					• Finalize mentorship approach and tools

Key Activity	Progress towards Activity	Status[17]				Planning/ Mitigating Action
		>75%	51–75%	25–50%	<25%	
SO 2: Strengthen coordination, management, and oversight of community care service structures that protect and care for the most vulnerable children and youth						
Strategy 1: Strengthen DSD leadership and coordination of the sector through improved networking and collaboration between key sectors and partners						
1.1 Support DSD in identifying and leading opportunities for inter government department collaboration for improved services to OVCY	• Facilitated sessions to support DSD in drafting inputs into the NSP • Developed DSD report for inputs into Social Drivers of HIV chapter for NSP • Developed DSD submission on enablers • Facilitated DSD provincial workshop to support the development of NSP provincial Plans					• Improve TA to DSD in support of their participation in national process with a specific focus on SANAC and She Conquers • Support DSD to develop • system to effectively track inputs into NSP • Establish DSD team to identify and support intra departmental programs
1.2 Support DSD in identification and leading opportunities for internal (cross branch/directorate) collaborations for improved services to OVCY	• Initiated through the following activities: • Case Management/Administration tools review – CD under Welfare Branch, CD: M&E and CD: ITC • Development of HTS guidelines • Development of Core Package of Services • Development of Sector Funding Policy					• Strengthen GCBS working groups – identify and implement joint activities
1.3 Support DSD in strengthen external partnerships to improve services to OVCY	• Supported involvement and consultation between DSD and DOH and DOE in the development of the Core Package of Services and the Sector Funding Policy					• Facilitate joint planning sessions with DSD OVC programs at provincial and district level with PEPFAR PVCY IPs
Strategy 2: Ensure child protection and HIV related services are programmed and implemented within an integrated approach						
2.1Refine DSD multidisciplinary and multi sectoral integrated service delivery approach to strengthen implementation of	• ONA feedback session in North West • Finalized ward based model framework for North West and Gauteng. Support DSD to develop guiding documents to support implementation of the ward based model • Developed check list for oversight of implementation • Defined roles and responsibilities of SSP within the model • Initiated ward level consultation to strengthen community level referrals					• Technical support and oversight of implementation • Documenting of model

[17] Percentage determined based on number of sub activities under each strategy completed

Key Activity	Progress towards Activity	Status[17] >75%	51–75%	25–50%	<25%	Planning/ Mitigating Action
core package of services	• Support provided to DSD Mpumalanga for exploration of ward based implementation in high HIV prevalence sub districts in Gert Sibande					
2.2 Establish national protocols to support integrated service delivery program to support the provision of child protection and HIV related services	• Finalized first draft of Guidelines for the Social Welfare Sector: Supporting access and referral to HIV services for children and adolescents • Hosted workshop with DSD and stakeholders for the development of–Guidelines for the Social Welfare Sector Supporting Access and referrals to HIV services for children and adolescents • Hosted HTS Task team to lead in development and finalization of the guidelines					• Consult with provinces to finalize guidelines • Roll out of training to SSPs on guidelines • Support implementation through mentorship
SO 3: Strengthen coordination, management, and oversight of community care service structures that protect and care for the most vulnerable children and youth						
Strategy 1: Build systems and capacity for the collaboration, analysis and utilisation of information to improve decision making, implementation and measurement of services for vulnerable children and youth						
1.1 Support DSD to develop and implement plans to enable the establishment of the NISPIS	• Developed SOW for IMST strategy which included critical HIV and vulnerability aspects and engaging a wider network of DSD and HIV-related stakeholders. • Developed cost proposal month (April) 2017) for COR approval. The Ministry is eager to move forward with this work. • Contract signed for implementation Y5					• IMST imitated in FY5
1.2 Strengthen access to service delivery data through supporting the roll out and utilization of DSD electronic data management system	• Technical support provided by GCBS Program staff to support Integrated Information System (SDISS). • Review and implementation of changes on prototypes, development and testing of National integrated social information systems (NISIS), Intake, Alternative care management (ACM), and Child protection register (CPR).					• Take the rest of the modules through the same process. • Integrating all transactional fields into SDIIS (for non- common fields) • Support the development of the sector wide strategy on IMST • Technical support to HIV and AIDS Directorate during workshops on CBIMS in the Provinces and Districts
1.3 Strengthen results-based management of key DSD programs using the theories of change methodology	• TA to finalise the monitoring and evaluation framework for Outcome 13 sub-outcome 5 • Developed draft M&E framework included TOC and the M&E Plan for the entire social sector. • Capacity building with National Youth Directorate to define and focus their desired impact (TOC) • Workshop on methodologies of TOC Gauteng (74 DSD managers) • TA to support development of M&E framework for foster care					• Pilot M&E framework for foster care at provincial and district level • TA support for development of Management Performance Assessment Tool being championed by the Department of Performance Planning, Monitoring and Evaluation (DPME) had been dropped in the

Key Activity	Progress towards Activity	Status[17] >75%	51–75%	25–50%	<25%	Planning/ Mitigating Action
	• TA support for development of Management Performance Assessment Tool being championed by the Department of Performance Planning, Monitoring and Evaluation (DPME)					FY18 work plan
1.4 Strengthen DSD and funded NPOs capacity to develop and implement sound MERL systems	• Conducted MERL training (North West, Limpopo, KZN) • Conducted CBIMS training (KZN) • Additional actions contributing to rating • Integrate Core Package of Services M&E processes with the Child Well-Being Tracking Tool • Drafting and review of the hard copy DSD generic intervention process and tools (case management) • Piloting the Foster Care M&E plan and finalising the data collection tools and data flow • Provincial level monitoring, mentoring, coaching, training					• Review of CBIMS use in all the Provinces (assessment to be undertaken in FY18) • Use the findings to develop and test an adapted version to improve data management, quality and accessibility at DSD service points • No MERL training or CBIMS training was undertaken in KZN due to MERL Advisor vacancy during FY17 – to be followed up in FY 18
1.5 Support DSD to implement data quality improvement plans at DSD service points, funded NPO sites and district offices	• TA support at provincial level by conducting routine data quality assessments, quarterly reviews and validations of performance reports at DSD service points • Provincial M&E team providing mentoring and support • Training on data analysis and quality check (Limpopo)					• Data support officers and provincial M&E Advisors deployed to support routine data collection – improved data quality and flow
1.6 Strengthen DSD's capacity in managing evaluation implementation and use of findings to inform decision making through working at different levels including the management and support of the GCBS District Baseline evaluation	• Revised baseline scope of work to focus the targeted evaluation on YOLO and ZAZI • TA provided to M&E unit responsible for the management of the Child Support Grant (CSG) monitoring program – strengthen focus on HIV and Aids • Addition activities to support rating • Accessing and dissemination of DPME Evaluation training material • Free State Evaluation capacity development					• Implement evaluation of YOLO and ZAZI • Support DSD in CSG monitoring program
Strategy 2: Establish and Implement mechanisms for documenting, communicating and sharing best practices, learnings and results from GCBS supported activities						
Finalize and implement GCBS	• Developed learning agenda (sets out a plan of action to produce and disseminate a range of technical and learning products)					• Strategy has not been fully implemented but groundwork for all

Key Activity	Progress towards Activity	Status[17]				Planning/ Mitigating Action
		>75%	51–75%	25–50%	<25%	
Programme Learning Agenda	• Submitted three satellite sessions abstracts for SA AIDS Conference in June 2017 • Additional activities to support rating • MERL Work Plan reviews undertaken nationally and provincially • Success Stories and Case Studies identified and written up • GCBS Programme participation (dissemination of data including analytics) in DSD annual and quarterly review sessions • Participation in 8th SA Aids Conference					activities under Strategy 2 are underway • Conduct evaluations • Develop briefs • Plan dissemination

Annexure B: GCBS Standard Operating Procedures for Provinces to Implement the DSD *Guidelines for Social Services Practitioners*

Supporting documents:
1. Standard MOA document for National DSP
2. Standard MOA/letter of support for community-based testing partners to be negotiated at district/site level

District Level		
1. Mapping: Map clinical partners and align this with Service Points and NPOs (can utilise the B-Wise.Mobi tool to identify DOH clinics)		
2. Formalized the relationship: Develop standardised MOA per district with PEPFAR/Funded DSP *(Include letter of support in the MOA)*		
3. Training and Engagement of OVC SSPs for HIV Testing Services: Conduct training with NPO staff/NPOs and Social Workers/DSD service points on HIV testing, treatment and adherence.		
Site Level		
• Mapping conducted at site level (sub-district) • Priority is partnerships for testing with PEPFAR funded DSP (list of partners attached)		
4. Linkages to local clinics • Identified through tools such as B-Wise Mobi and other Service Delivery Directories (Children Service Directories) Provincial Programme Managers (PPM) and Social Work Coordinators (SWC) to start engaging and building relationships with local clinics to support referral and linkages for individual testing as well as mobilising mobile clinics for Community Outreach Event – Health Screening, including HTS. • Ideally include		
5. Community and Home Based HIV testing *(NPO by NPO)* • Conduct Risk Assessment of Children • Engage parent/caregiver and child to confirm participation and consent for designated community testing date/location. • Jointly schedule and roll out designated testing/health screening dates with participating NPO and Testing/Treatment Partner. Ensure that CCGs and Social workers are available to support their clients on that day. • NB: It is possible to organize a testing outreach session for 2-3 NPOs located near to each other within a district.		
Gold Standard	**Silver Standard**	**Bronze Standard**
Local clinic engaged to conduct outreach health screening (including HIV testing) and support for same day treatment initiation.	DSP or local testing parent – group on site testing	Individual referral – preferred standard is that individuals are escorted to clinics for testing
Establish Communication Plan with clinic to inform clinic of testing and set up referrals for initiation on treatment	Inform clinic of testing and set up channels for referral for initiation on treatment	Establish feedback mechanisms from clinics to track referrals for HTS.

Each child must be assigned a CCG by the NPO. The caregiver must: • Conduct follow-up session with the parent / caregiver / child to provide support after testing • If status is disclosed in the follow-up session and child is positive the caregiver should escort the family/child to ensure access to ART • Ensure that there is a care plan for all children that assist in supporting adherence to treatment	DSP/Local partners – who have community health workers with the responsibility of supporting access to ART ensure that all children AND/OR Each child must be assigned a CCG by the NPO. The caregiver must: • Conduct follow-up session with the parent/caregiver/child to provide support after testing • If status is disclosed in the follow-up session and child is positive the caregiver should escort the family/child to ensure access to ART • Ensure that there is a care plan for all children that assist in supporting adherence to treatment	Each child must be assigned a CCG by the NPO. The caregiver must: • Using the referral tracking form following all referrals to ensure that the child accessed testing • Conduct follow-up session with the parent/caregiver/child to provide support after testing • If status is disclosed in the follow-up session and child is positive the caregiver should escort the family/child to ensure access to ART • Ensure that there is a care plan for all children that assist in supporting adherence to treatment
6. Feedback from Testing Sites (Initiation on ART and Adherence to Treatment) Standardised Reporting Format for a report from partners on number of children tested, results, initiation of treatment and adherence. • Number of Children Assessed, # of Children (Age Groups/Gender) • Number of Children Referred, • Number of Children Tested, • Number of Children Tested Positive), • Number of Children Initiated on Treatment, • Number of Children on Adherence Support		
7. Adherence Support to OVCY and Caregivers • Offer support to the health facility to contact GCBS assigned focal person to follow up with tracking if client misses an appointment or is lost to follow up. • Ensure that there is a care plan and assigned social worker for all HIV + children and their caregivers that assist in supporting and tracking adherence to treatment.		
8. Roles and Responsibilities: **Community Caregivers/Child and Youth Care Worker/Social Auxiliary Worker** • Support preparation of the family members before and during testing – Provide sufficient information to the child, parent and/or caregiver to aid them in making an informed decision to test • Support community awareness campaigns and testing drives • Home based care, counselling and adherence support services • Tracking Loss to Follow Up cases		

Social Workers:

- Integrated Case management for HTS
  - Make the determination that HIV testing would be in the child's best interest.
  - Provide sufficient information to the child, parent and/or caregiver to aid them in making an informed decision to test;
  - Follow-up with the child, parent and/or caregiver who was referred and linked to testing services to determine additional support needs.
  - Provide direct support to the child and/or parent or caregiver makes informed decisions concerning: disclosure of HIV status to a child; disclosure of HIV status to any third parties
- Community mapping of HTS Facilities
- Support community awareness campaigns and testing drives
- Scale up counselling and adherence support services
- Tracking Loss to Follow Up cases
- Monitoring, reporting and learning

Social Work Coordinators:

- Develop local referral pathways for local NPOs/Service Points
- Support community mobilization and rollout of campaigns
- Engage local leaders and negotiate entry into the community
- Mapping of ward based actions and forum activities
- Monitoring, reporting and learning

Provincial Managers:

- Establish key partnerships with HTS providers
- Networking and developing referral pathways for each district
- Monitoring, evaluation, reporting and learning
- Track all Districts and Sub-Districts

National Managers:

- Establish key partnerships with HTS providers
- Networking and developing referral pathways
- Scale up HTS programmes in all selected provinces and districts
- Develop dashboard to monitor HTS roll-out
- Provide relevant support to PPMs and SWCs to mitigate challenges at Provincial, District and Site levels.

Annexure C: Summary of Trainings and Workshops

#	Activity	Date	Province	Nature of engagement	Number and description of beneficiaries
Component 1: Referrals and Linkages					
1.	Health Care Referral Training	17–18 October 2016	KwaZulu Natal	Training	80 SWs
2.	HIV Referral and Mentoring Support	17–18 November 2016	North West, Bojanala	Training	13 SAWs and 29 SWs
3.	HTS Workshop with NPOs (Tshwane)	9 February 2017	Gauteng, Tshwane	Workshop	52 district officials, including NPO managers and GCBS SWs
4.	HTS Guideline Development Workshop	8–9 March 2017	National	Workshop	53 national and provincial delegates from DSD, GCBS, and other partners
5.	HIV Counselling, Mentoring and Referral	22–24 March 2017	National	Training	35 SWs and SW Coordinators
6.	OVCY Provincial Summit	25 - 27May 2017	Eastern Cape	Conference/summit	Provincial delegates
7.	Ward Based Model Pilot Meeting (Lethabong Ward – Bojanala)	5–6 June 2017	North West	Workshop	26 provincial and district officials, SPMs, and SWs
8.	Ward Based Model Pilot Meeting (Kgetleng – Bojanala)	7–8 June 2017	North West	Workshop	26 provincial and district officials, SPMs, and SWs
9.	HTS Workshop with Soshanguve Service Point, Tshwane	22 June 2017	Gauteng, Tshwane	Training workshop	25 SPMs and SWs
10.	Health Care Referral Training (OR Tambo District)	19–21 July 2017	Eastern Cape OR Tambo District	Training	35 SWs
11.	Ward Based Model: Incorporating the Core Package of Services (Bojanala)	7 August 2017	North West	Workshop	14 district officials, including SPMs and SWs
12.	Briefing JISS on HTS Implementation (COJ)	11 August 2017	Gauteng	Briefing session	14 NPO managers and SWs
13.	DSD NSP Provincial Implementation Planning	30–31 August 2017	National	Facilitation support	80 national and provincial delegates
14.	Briefing NPOs on HTS implementation	22 June 2017	Limpopo Capricorn District	Briefing session	65 national, provincial, and district delegates, Service Points, NPOs, and a testing partner
15.	Health Care Referral Training (Capricorn District)	16–17 August 2017	Limpopo Capricorn District	Training	32 SWs
16.	Health Care Referral Training (BCM District)	5–6 September 2017	Eastern Cape BCM District	Training	32 SWs
17.	Health Care Referral Workshop (Ekurhuleni District)	14 September 2017	Gauteng Tshwane	Workshop	19 district officials and GCBS and NPO SWs
18.	HTS Training	1 August – 30 September 2017	Free State	Training	96 SWs

#	Activity	Date	Province	Nature of engagement	Number and description of beneficiaries
Component 2: NPO Capacity Development and Human Resources					
1.	Skills Development Analysis and Planning	22 November 2016	National DSD	Workshop: Feedback on SDNA findings and validation of the skills development plan for National DSD	21 DSD officials
2.	Skills Development Analysis and Planning	28 November 2016	Eastern Cape	Workshop: Feedback on SDNA findings and validation of the skills development plans for Provincial Office and Buffalo City Municipality	11 DSD officials
3.	Skills Development Analysis and Planning	29 November 2016	Free State	Workshop: Feedback on SDNA findings and validation of skills development plans for Provincial Office and Thabo Mofutsanyane and Lejweleputswa Districts	14 DSD officials
4.	Skills Development Analysis and Planning	10 December 2016	Western Cape	Workshop: Feedback on SDNA findings and validation of the skills development plans for Provincial Office and Cape Metro District	19 DSD officials
5.	Skills Development Analysis and Planning	25 January 2017	KwaZulu Natal	Workshop: Feedback on SDNA findings and validation of the skills development plans for Provincial Office and Ethekwini, Uthukela, and Zululand Districts	24 DSD officials
6.	Skills Development Analysis and Planning	20 January 2017	Mpumalanga	Workshop: Feedback on SDNA findings and validation of the skills development plans for Provincial Office and Ehlanzeni, Gert Sibande and Nkangala Districts	13 DSD officials
7.	Skills Development Analysis and Planning	31 January 2017	Limpopo	Workshop: Feedback on SDNA findings and validation of the skills development plans for Provincial Office and Capricorn Districts	22 DSD officials
8.	Skills Development Analysis and Planning	20 February 2017	Gauteng	Workshop: Feedback on SDNA findings and validation of the skills development plans for Provincial Office, City of Johannesburg, City of Tshwane, and Ekurhuleni Districts	29 DSD officials
9.	Skills Development Analysis and Planning	21 February 2017	North West	Workshop: Feedback on SDNA findings and validation of the skills development plans for Provincial Office and Bojanala	17 DSD officials
10.	Sector Funding Policy (Review of PFA)	28–29 March 2017	National	Consultation workshop on the first draft policy and related documents	20 national stakeholders
11.	Sector Funding Policy (Review of PFA)	22 June 2017	National	Consultation workshop on the draft policy with to align with Free State policy mandated by the court	11 Stakeholders

#	Activity	Date	Province	Nature of engagement	Number and description of beneficiaries
12.	Sector Funding Policy (Review of PFA)	28 June 2017	National	Consultation workshop with national stakeholders on the draft policy	19 national stakeholders
13.	Sector HR Plan National Engagement Workshop	2 March 2017	National (All Provinces)	DSD-led stakeholder consultation session on the HR Plan process, gaps, emerging issues and priorities	52 representatives of ASASWEI (Higher Education Institutes), SACSSP and NACCW
14.	NPO Capacity Building	13–14 June 2017	Gauteng: City of Johannesburg (Soweto)	Workshop: NPO assessments and rapid capacity building of NPO officials	33 NPO officials
15.	NPO Capacity Building	27–28 June 2017	Gauteng: City of Johannesburg (Eldorado Park)	Workshop: NPO assessments and rapid capacity building of NPO officials	29 NPO officials
16.	NPO Capacity Building	29–30 June 2017	Gauteng: City of Johannesburg (Maboneng)	Workshop: NPO assessments	26 NPO officials
17.	NPO Capacity Building	17–18 August 2017	Gauteng: City of Johannesburg (Doornkop)	Workshop: NPO assessment and rapid capacity building of NPO officials	29 NPO officials
18.	NPO Capacity Building	4 July 2017	Gauteng: Ekurhuleni	Workshop: Training followed by field-based NPO Assessments	19 DSD officials
19.	NPO Capacity Building	3–7 July 2017	Mpumalanga: Nkangala	Workshop: Training and rapid capacity building, NPO assessments	21 DSD and 27 NPO officials
20.	NPO Capacity Building	18 July 2017	Mpumalanga: Gert Sibande	Workshop: Training, followed by field based NPO assessments	28 DSD officials
21.	NPO Capacity Building	24 July 2017	Mpumalanga: Ehlanzeni	Workshop: Training followed by field based NPO assessments	36 DSD officials
22.	NPO Capacity Building	7–8 August 2017	Eastern Cape: ORT	Workshop: Training of DSD officials, rapid capacity building of NPO officials, followed by field-based NPO assessments	34 DSD and NPO officials
23.	NPO Capacity Building	24 August 2017	Western Cape	Workshop: Case Management	15 SWSs and SWs
24.	NPO Capacity Building	21–24 August 2017	Eastern Cape: BCM	Workshop: Training of DSD officials, rapid capacity building of NPO officials, followed by field-based NPO assessments	40 DSD and NPO officials
25.	NPO Capacity Building	5–6 September 2017	Gauteng: City of Johannesburg (Orange Farm)	Workshop: NPO assessments and rapid capacity building of NPO officials	18 NPO officials
26.	NPO Capacity Building	18 September 2017	Limpopo: Capricorn District	Workshop: Training followed by field-based NPO assessments	31 DSD officials
Component 3: Social and Behaviour Change Program					
1.	SBCC Theory of Change	30 January 2017	National	Working group and task team meeting	2 Deputy Directors and 1 Director (NDSD)

#	Activity	Date	Province	Nature of engagement	Number and description of beneficiaries
					1 Technical Director and 2 MERL (Pact) 8 (Mott MacDonald)
2.	Developing M&E Plan	22 March 2017	National	Working group and task team meeting	1 SW supervisor, 2 directors, 2 deputy directors 2 SWMs, 1 Admin, 1 SW and 2 M&E (DSD) 18 implementing partners, 7 Mott MacDonald
3.	SBCC Master Trainer Workshops (YOLO)	16–19 November 2016	National	Training	12 Master trainers 2 National Program Managers (Pact)
4.	SBCC Master Trainer Workshops (ZAZI)	13–17 March 2017	National	Training	9 Master trainers, 2 SWs (Pact), 2 DSD (National)
5.	SBCC Facilitators Training (YOLO)	7–10 March 2017	Free State: Thabo, Mofutsanyane, Lejweleputswa	Training	54 facilitators, 2 SWs (DSD), 3 SWs and 2 SWCs (Pact)
6.	SBCC Facilitators Training (YOLO and ZAZI)	27–30 March 2017	Gauteng: Tshwane, COJ, Ekurhuleni	Training	36 Facilitators, 1 SW (Pact)
7.	SBCC Facilitators Training (YOLO and ZAZI)	27–31 March 2017	Limpopo: Capricorn	Training	7 Facilitators, 1 SWM and 6 SWs (DSD), 5 SWs (Pact)
8.	SBCC Facilitators Training (YOLO and ZAZI)	27–31 March 2017	Western Cape: Khayelitsha	Training	10 Facilitators
9.	SBCC Facilitators Training (YOLO and ZAZI)	3–7 April 2017	Eastern Cape: OR Tambo Buffalo City Metro	Training	33 Facilitators 1 HIV Coordinator, 1 SWM and 5 SWs (DSD) 1 SWC and 7 SW (Pact)
10.	SBCC Facilitators Training (YOLO and ZAZI)	3–6 April 2017	Gauteng: Tshwane, COJ, Ekurhuleni	Training	86 Facilitators
11.	SBCC Facilitators Training (YOLO and ZAZI)	3–7 April 2017	North West	Training	12 Facilitators, 3 SWs (DSD), 1 Provincial coordinator and 5 SWs (Pact)
12.	SBCC Facilitators Training (YOLO and ZAZI)	10–13 April 2017	Gauteng: Tshwane, COJ, Ekurhuleni	Training	38 Facilitators
13.	SBCC Facilitators Training (YOLO)	18–21 April 2017	North West	Training	17 Facilitators, 3 HIV coordinators and 5 SWs (DSD)
14.	SBCC Facilitators Training (YOLO)	3–5 May 2017	Mpumalanga: Gert Sibande	Training	22 Facilitators, 2 NPO Programme Managers, 1 SWM, 2 SWs and 1 Supervisor (DSD)
15.	SBCC Facilitators Training (YOLO and ZAZI)	9–12 May 2017	KwaZulu Natal: UThukela, Ugu, eThekwini, Zululand	Training	101 Facilitators, 16 SWs (DSD), 4 SWs (Pact)
16.	SBCC Facilitators Training (YOLO)	15–19 May 2017	Mpumalanga: Nkangala	Training	18 Facilitators, 2 SWs (DSD)
Component 4: Data for Decision-Making					
1.	MERL training	13–16 March 2017	North West: Bojanala	Training	29 DSD Service Point managers

#	Activity	Date	Province	Nature of engagement	Number and description of beneficiaries
2.	Review of NPO tools, guidelines, and protocols	23–26 May 2017	North West: Bojanala	Working Session	13 Provincial HIV Directorate
3.	Training on data collection tools	17 August 2017	Eastern Cape: BCM	Working Session	25 DSD officials
Component 5: Child Protection					
1.	Finalization of the CPSR report and presentation at NCCPF	5 meetings: October 2016 to September 2017	National	Working group and task team meetings	45 participants from NDSD, NDOH, DSD Limpopo, Gauteng DSD, Mpumalanga DSD, FS DSD, WC DSD, DHA, UNICEF, NPOs
2.	Turnaround strategy and Think Tank meetings	6 task team meetings: October 2016 to February 2017	National	National meeting	7 NDSD and 1 consultant
3.	Rapid review of child protection assessment tools and practices	20 February 2017	National	National multi-directorate meeting	NDSD, all directorates, universities
		24 February 2017		Task team meeting	NDSD, all directorates, universities
		July 2017		Task team meeting	NDSD, all directorates, UNICEF, universities
4.	Therapeutic program on CSA	28–31 March 2017	GP: 3 Provinces	Piloting Training	125 SWs and supervisors, NDSD
		11–14 July 2017	KZN: Zululand	Training	
		1–4 August 2017	KZN: Zululand		
		29 August to 1 September 2017	KZN: UThukela		
		19–22 September 2017	KZN: Ugu		
	Therapeutic program Review meetings	1 June 2017	GP: 3 Provinces	Review of training	
		14 September 2017	KZN: Zululand		
		15 September 2017	KZN: EThekwini		
5.	Alternative care training	06–07 October 2016	EC: ORT	Alternative care training workshop	35 SWs, DSD, NPOs
		17–18 October 2016	MPU: GS		40 SWs, DSD, Pact South Africa Office
		17–18 October 2016	MPU: GS		29 SWs, DSD, Pact South Africa Office
		24–25 October 2016	MPU: Ehlanzeni		39 SWs, DSD, NPOs
		6–7 June 2017	MP: Msukaligwa, Gert Sibande	Phase 1: Capacity building on GIA	12 SWs and 1 SWSs
		19–20 June 2017	MP: Mbibane, Nkangala		12 SWs
		15–18 August 2017	MP: Msukaligwa, Gert Sibande	Phase 2: Capacity building on GIA	12 SWs and 1 SWS
		5–8 September 2017	MP: Mbibane, Nkangala		12 SWs
		12–25 September 2017	MP: Msukaligwa, Gert Sibande, Mbibane, Nkangala	Phase 3: Capacity building on GIA to measure short-impact	5 SWs 10 girls in foster care and their caregivers
6.	Child protection case	10–12 April 2017	EC: OR Tambo	Phase 1: Case reviews	Total reach of 170 SWs and SWSs (District

#	Activity	Date	Province	Nature of engagement	Number and description of beneficiaries
	management	17–18 May 2017 14–15 June 2017	EC: BCM WC: Khayelitsha	**PHASE 2 EC:** 13–15 September **PHASE 3 EC:** 21–22 September **PHASE 4 EC:** 27–29 September	DSD)
7.	Child protection induction manual	24–27 January 2017	Free State	Induction manual training of child protection SWSs	23 SSP SWs and SWSs
		14–17 March 2017	Limpopo		23 SSP SWs and SWSs
8.	Safety and risk assessment tools	16–17 March 2017	Limpopo	Task team meeting	5 DSD province
9.	National Child Care and Protection Policy	4 task team meetings: 21–22 August 2017	National	Task team meetings on the SOW: Screening of service provider, inception meeting with service provider, and consultation meeting with all directorates	Average of 8 participants per task team meeting (NDSD) 45 participants total from NDSD, NDOH, DSD Limpopo, Gauteng DSD, Mpumalanga DSD, FS DSD, WC DSD, DHA, UNICEF, NPOs
Component 6: Strengthen Social Service Workforce					
1	National Consultative Workshop on Community Develop Practice Issues	5–7 October 2016	All Provinces	National consultative workshop on issues for consideration toward professionalization of community development practices	450 community development practitioners, supervisors, and managers
2.	KZN Provincial Workshop on Piloting of the CIP	10 November 2016	KZN: EThekwini	Consultative workshop on strengthening sections 4 and 5 of the draft DSD CIP	80 social services practitioners and their supervisors
3.	Mpumalanga Provincial SLF	07–09 December 2016	MP: Ehlanzeni, Nkangala, Gert Sibande	Provincial SLF session focusing on guiding implementation of the supervision frame-work and development of TOR for the SLF	59 SWSs
4.	National workshop on the Recruitment and Retention Implementation Plan	14–15 December 2016	All provinces	National workshop on consolidating the implementation plan of the reviewed recruit-ment and retention strategy and develop-ment of provincial implementation plans	78 SSP representatives from district, provincial, and national DSD
5.	Limpopo's Provincial SLF	27 February 2017	LP: Capricorn	The provincial SLF session focusing on guiding implementation of the supervision framework and development of TOR for the SLF	100 SWs and SWSs
6.	National Workshop for the SSPs WSDM	28 February to 1 March 2017	17 priority districts	National workshop on collecting data from the district managers to finalize the demand and supply model	51 district managers, coordinators, and supervisors from the 27 PEPFAR priority districts
7.	National training Workshop on the Induction Program	17–19 May 2017	All provinces	National training on developing competencies for provincial champions (train the trainer) to roll out CIP	63 champions, including SWs, community development, child, and youth care and HRD
8.	Mpumalanga Provincial SLF	23–24 May 2017	MP: Ehlanzeni, Nkangala, Gert Sibande	Provincial SLF session on reporting on supervision practices and identification of standard agenda items for effective SLF sessions	63 supervisors
9.	National Consultative Workshop	30–31 May 2017	All provinces	National workshop on soliciting inputs to	150 social service practitioners from all the

#	Activity	Date	Province	Nature of engagement	Number and description of beneficiaries
	on the SSPs WSDM			the draft SSPs WSDM	provinces
10.	Free State (Thabo Mofutsanyane) District Supervisors Forum	1 June 2017	FS: Thabo Mofutsanyane	District SLF session on development of TORs and identification of standard agenda items for effective SLF sessions	26 SWSs
11.	Limpopo Provincial Supervisors Forum	8–9 June 2017	LP: Capricorn	Provincial SLF session on reporting on institutionalisation of supervision practices and identification of standard agenda items for effective SLF sessions	83 SWSs
12.	Lejweleputswa District Forum Meeting	13 June 2017	FS: Lejweleputswa District	District SLF session on the developing TORs and identification of standard agenda items for effective SLF sessions	19 SWSs
13.	North West Provincial SLF	14–15 June 2017	NW: Bojanala	Provincial SLF session focusing on providing guidance in implementing supervision framework and development of TOR for the SLF	49 SWSs, community development supervisors, and CYCC supervisors
14.	Mpumalanga Gert Sibande District Forum	11 July 2017	MP: Gert Sibande	District SLF session on reporting on institutionalisation of supervision practices at a district level and identification of standing agenda items for DSLF sessions	10 SWSs
15.	Mpumalanga Nkangala District SLF	12 July 2017	MP: Nkangala	District SLF session aimed at reporting on institutionalisation of supervision practices at a district level and identification of standing agenda items for DSLF sessions	12 SWSs
16.	Eastern Cape OR Tambo District SLF	24 July 2017	EC: OR Tambo	District SLF session aimed at guiding implementation of supervision framework, development of TOR for SLF and identification of standard agenda items for effective SLF sessions	28 SWSs
17.	Workload Management: National Training of Champions	30 August to 1 September 2017	All provinces	National workshop on capacitating provincial representatives with an in-depth understanding of WMM and PMDS, thus serving as provincial champions that offer support in piloting and monitoring implementation of WMM and PMDS	60 social services practitioners

Annexure D: Success Stories

In South Africa, supporting communities by supporting mentors with HIV

Once a week, Walter and other HIV positive people meet for their support group at Lithanza Community Development, a non-profit organization operating in Wattville, South Africa focused on supporting family mentors who are HIV infected themselves. They talk to each other – openly and freely – about living with HIV and how to be supportive as mentors to the HIV-affected families in their communities.

'Sometimes people are afraid and scared,' Walter says.

'They don't know there are such places where they can share and talk. We tell them – come join us next week. It's confidential. Everyone is free to talk and discuss their feelings.'

That might not sound like a big deal. But in townships throughout South Africa, it's not always possible to receive this kind of community-level HIV support.

South African non-profit organizations (NPOs) are funded by the Department of Social Development (DSD) to provide services for orphans and vulnerable children and their families who are infected and/or affected by HIV and AIDS. The Government Capacity Building and Support (GCBS) program, funded by USAID/PEPFAR and implemented by Pact, supports DSD in that mandate.

Despite their responsibility to provide community-level care, many NPOs simply don't have the resources or the expertise to do it well.

But providing this level of support isn't simply a matter of goodwill and pure intentions – you need training and expertise. You need access to information and ongoing professional development. You need to be aware of other community organizations that are providing services out of your scope in order to be effective with your referrals. You need support.

That's where GCBS comes in. GCBS staff works directly with NPOs in the community. They build relationships and provide targeted trainings to increase staff capacity. They reduce the burden on NPOs by taking on clients who are most in need of one-on-one support. They provide support to grandparents who are taking care of children orphaned by HIV/AIDS. They also build professional relationships to enhance the referral system and follow up to ensure that clients receive the service they need.

Lorraine, the GCBS social worker assigned to support Lithanza Community Development, has a number of one-on-one therapeutic care recipients who she wants to visit weekly. 'Working with Lorraine one-on-one has helped me see things from a different perspective,' Walter says. 'Being in a session, we can explore different avenues and I can decide to choose a different avenue than I thought I would. I'm proud because I was so much in trouble and in pain and I thought that killing myself was the only option. But I'm proud that I am still here and alive.'

When Thalita, the director of Lithanza Community Development, started the organization in 2006, she was mostly focused on helping school-aged kids. At first, she only worked with schools, focusing directly on the children. Over time, Thalita saw that the scope of the need was well beyond the kids alone. She realized that in order to help the kids, she had to also help their parents, grandparents, caregivers, and other people in their lives living with HIV and AIDS. She realized that it's about the entire circle of support. It's about the network the kids rely on. Lithanza Community Development is currently supporting 350 beneficiaries in Wattville.

All members of the support group are empowered to be mentors, reaching out to other community members to raise awareness and help others thrive. They are empowered because they know their status and they own it.

As Walter puts it, Walter isn't HIV. Walter is Walter, so vibrantly and gloriously alive. He raises his arms and his voice, almost laughing as he explains, 'I'm proud that I know my status. I'm free and I'm more than my status. That's Walter!'

A Social Worker Integrates HIV Testing Services in Case Management

'You should have passion for your work, you should remember that your work is about people's lives, you are there to change people's social functioning, enter the living world of the client and be at their level...'
– Kediemetse Khoaele

Department of Social Development qualified Social Worker, Kediemetse Khoaele is passionate about her work. She is so passionate that she knows that while work and case load may be highly burdened and problems will arise, her focus is on the solutions. One such solution is the innovative way in which she is integrating HIV Testing services into her case management, ensuring that vulnerable children are assessed for HIV risk, access HIV testing and are linked to treatment if identified as HIV positive. In 2017, the PEPFAR supported Government Capacity Building and Support (GCBS) program, funded by USAID, introduced the integration of HIV Testing Service (HTS) into case management of South Africa's orphans and vulnerable children (OVC). The Social Work Coordinator (SWC) Sekamotho Moabi responsible for the implementation of GCBS, had been organizing an HTS workshop for a local NPO in Kestell in Thabo Mofutsanyane district. Kediemetse asked Sekamotho that she be allowed to attend the workshop.

After the HTS workshop Kediemetse together with her stakeholders then developed a plan for the roll out and implementation of HTS in the area. The plan was to target all children on foster care using Kediemetse's case load; these children had already been risk assessed using the GCBS Risk Assessment tool and 63% were identified at high risk of HIV at the QwaQwa Service Point. Through a door to door campaign, the forum informed the children and their foster parents about HTS and the importance of testing. While some of the children and their families were uncomfortable, through health education, many realised that testing for HIV is important.

'We were targeting all foster children in my case load because we noticed that they are already at risk, through the campaign we informed the foster families about HTS and the importance of testing'.

Kediemetse approached the Department of Health to organize an HIV testing campaign in Lusaka Village and the children were requested to come for testing together with their foster parent. Kediemetse ensured that all the children were individually counselled before the test was done, and this was done in the presence of their foster parent and the parent also requested to consent after the pre-counselling.

Once the testing was done Kediemetse then ensured that the children are counselled irrespective of the results of the test.

(The identified foster care children and their caregivers)

'It was important that all children are provided with counselling after the test, to encourage those that are negative to stay negative and give them information, and encourage those that are positive and give them relevant information'.

This process made it possible for the children and their foster parents to disclose their status to the Social Worker. The Community Care Givers from the Maluti a Phofung NPO, which is also part of a stakeholder forum funded by DSD, was engaged to provide psychosocial care and support to children in Lusaka have, through the support and guidance of Kediemetse, established support groups for those children that tested positive using the New Start program. Since the start of the program Kediemetse and the stakeholders' forum have had 4 testing campaigns from July 2017 to September 2017 reaching 98 children and 100 caregivers.

(Partnerships that work; Stakeholders from the forum outside the counselling tent)

Kediemetse indicated that had it not been for the GCBS program that introduced the HTS program with the workshop and the tools used for HTS, she might not have been able to initiate the integration of HTS and case management. To date, GCBS has trained 365 community caregivers and 126 DSD social workers in Lejweleputswa and Thabo Mofutsanyane districts, reaching 49% of DSD employed social workers.

(outside the mobile clinic organised for the HTS intervention)

The work that Kediemetse initiated has had an impact. The need to change individual social work perceptions regarding HTS was evident in QwaQwa, service point in Thabo Mofutsanyane District where, through the leadership of the GCBS social worker, HTS was extensively incorporated into case management across all SSPs. Data reflects that of the children who received the HIV risk assessment and were eligible for a referral, 99% were referred for testing. The proportion whose HIV status was confirmed with the social worker in QwaQwa Service Point is currently 4 times higher than in the other service points in the district (Ladybrand, Senekal and Bethlehem).

Khauhelo Ntoula (Kediemetse's supervisor) was inspired by Kediemetse's achievements and has encouraged her other Social Workers to learn the example. When passion meets purpose, change is felt wholeheartedly and this is evident in what Kediemetse does for her community.