

# Government Capacity Building Support (GCBS) with DSD Program

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SEMI

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## Acronyms

<b>AIDS</b>	Acquired immunodeficiency syndrome	<b>PFA</b>	Policy on Financial Awards
<b>APP</b>	Annual Performance Plan	<b>PIPS</b>	Provincial Implementations Plans
<b>CaSIPO</b>	Care and Support for Improved Patient Outcome	<b>PMDS</b>	Performance Management and Development System
<b>CBIMS</b>	Community Based Information Management Systems	<b>POE</b>	Portfolio of Evidence
<b>CD</b>	Chief Directorate	<b>PSC</b>	Program Steering Committee
<b>CF</b>	Competency Framework	<b>PSS</b>	Psychosocial Care and Support
<b>COO</b>	Chief Operations Officers	<b>RDQA</b>	Routine Data Quality Assessment
<b>CPAR</b>	Contractor Performance Assessment Report	<b>REPSSI</b>	Regional Psychosocial Support Initiative
<b>CPCBP</b>	Child Protection Capacity Building Policy	<b>RFP</b>	Request for Proposals
<b>CPD</b>	Continued Professional Development	<b>SACSSP</b>	South African Council for Social Service Professionals
<b>CPP</b>	Child Protection Policy	<b>SAG</b>	South African Government
<b>CPS</b>	Child Protection System	<b>SANAC</b>	South African National AIDS Council
<b>CYCW</b>	Child and Youth Care Worker	<b>SASSA</b>	South African Social Service Agency
<b>DBE</b>	Department of Basic Education	<b>SAW</b>	Social Auxiliary Worker
<b>DBSA</b>	Development Bank of Southern Africa	<b>SBCC</b>	Social and behaviour change communication
<b>DDG</b>	Deputy Director General	<b>SDIIS</b>	Social Development Integrated System
<b>DG</b>	Director General	<b>SEISA</b>	Social Economic Impact Systems Assessment
<b>DPME</b>	Department of Performance and Monitoring	<b>SSP</b>	Social Service Practitioners
<b>DSD</b>	Department of Social Development	<b>SSW</b>	Social Services Workforce
<b>dTS</b>	Development and Training Services, Inc.	<b>StatSA</b>	Statistics South Africa
<b>FSWSB</b>	Families and Social Welfare Service Branch	<b>STI</b>	Sexually Transmitted Infections
<b>FY</b>	Financial Year	<b>TB</b>	Tuberculosis
<b>GBV</b>	Gender based violence	<b>TOR</b>	Terms of Reference
<b>GCBS</b>	Government Capacity Building and Support	<b>TWG</b>	Technical Working Group
<b>HCM</b>	Human Capacity Management	<b>UGM</b>	Umbrella Grant Management
<b>HCT</b>	HIV Counselling and Testing	<b>USAID</b>	United States Agency for International Development
<b>HDA</b>	Health and Development Africa	<b>USD</b>	United States Dollar
<b>HIV</b>	Human Immunodeficiency Virus	<b>YOLO</b>	You Only Live Once Program
<b>HOD</b>	Heads of Departments	<b>ZAR</b>	South African Rand
<b>HPCA</b>	Hospice and Palliative Care Association		
<b>HR</b>	Human Resources		
<b>HRP</b>	Human Resource Plan		
<b>HRD</b>	Human Resource Development		
<b>IDP</b>	Isibani Development Partners		
<b>ISDM</b>	Integrated Service Delivery Model		
<b>ISHP</b>	Integrated Schools Health Program		
<b>IT</b>	Information Technology		
<b>LOE</b>	Level of Effort		
<b>M&amp;E</b>	Monitoring and Evaluation		
<b>MERL</b>	Monitoring Evaluation Reporting and Learning		
<b>MTSF</b>	Medium Term Strategic Framework		
<b>NACCA</b>	National Action Committee for Children Affected by HIV and AIDS		
<b>NACCW</b>	National Association of Child Care Workers		
<b>NISPIS</b>	National Integrated Social Protection Information System		
<b>NISIS</b>	National Integrated Social Information System		
<b>NPO</b>	Non-Profit Organization		
<b>OCA</b>	Organizational Capability Assessment		
<b>OSD</b>	Occupation Specific Dispensation		
<b>OVCY</b>	Orphans and vulnerable children and youth		
<b>OVS</b>	Local War Room on Poverty		
<b>PCoS</b>	Provincial Council of Stakeholders		
<b>PEPFAR</b>	US Presidents Emergency Plan for AIDS Relief		
<b>PEIP</b>	Prevention and Early Intervention Program		

# 1. Background

The Government Capacity Building and Support (GCBS) program is a five-year initiative that 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, vulnerable children and youth (OVCY).

The program commenced in September 2013 with funds from the United States Agency for International Development (USAID) through the US President's Emergency Plan for AIDS Relief (PEPFAR). Pact is the prime contractor, implementing the GCBS program in partnership with DSD, Mott MacDonald (formerly Health Development Africa), Development and Training Services (dTS) and Isibani Development Partners (IDP).

## 2. Program Description

### a. Program Objectives

The following three (3) GCBS program objectives have been jointly identified by USAID and DSD:

#### Strategic Objectives:

1. Strengthen **coordination, management and oversight** of community care service structures that protect and care for the most vulnerable children and their families;
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-sector environment for vulnerable children led by DSD through system strengthening at the national and provincial level; and
3. Improve timely **availability of reliable data** on program performance monitoring and evaluation (M&E) and information on the social effects of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) and other vulnerabilities faced by children.

To achieve these objectives, the GCBS program focus is to strengthen DSD systems at the national, provincial and district level with a specific goal of improved direct service delivery to children and reduced incidence of HIV and AIDS. Six interrelated program components have been developed that will enable DSD's capacity and systems to respond.

**Program Components:**

- Component 1:** Support and strengthen the health and social development system coordination and integration for improved service delivery for OVCY services;
- Component 2:** Support improved management and evaluation of programmes for the most vulnerable children;
- Component 3:** Strengthen social and individual behaviour change to prevent HIV infection in children and youth;
- Component 4:** Strengthen DSD’s monitoring and evaluation (M&E) system and enhance the knowledge base for cost effective outcomes for vulnerable children;
- Component 5:** Support and strengthen the child protection response framework;
- Component 6:** Strengthen the management of the South African social service workforce serving children.

## b. Implementation Approach

The GCBS program management approach includes active DSD participation, across the various levels of government, in the planning and implementation of all GCBS program components. The program also values the partnership with DSD and utilizes a demand-driven approach to ensure that all planned activities are aligned and sustained within DSD and social development sector priorities and systems, which in turn secures program buy-in and ownership of the outcomes by DSD.

At a national level, GCBS-supported activities address structural, policy, management and process constraints that hinder effective planning, implementation, monitoring and oversight of services provided by DSD and non-profit organizations (NPO) within the sector.

Activities implemented at district and ward level focus on improving the availability, quality, access and reach of services to OVCY, thereby enabling the project to focus on generating increased uptake and demand for these services across GCBS-supported priority districts, sites and programs. Further, DSDs response to OVCY is strengthened by increasing the availability, skills and capacity of existing DSD personnel at service points and the personnel of NPOs funded by DSD. Capacity building under the GCBS program includes standardizing, structuring and rolling out key DSD programs and services in response to OVCY, including the provision of training and mentoring support. GCBS is also focused on improving systems to support, monitor and evaluate programs and services within DSD, as well as institutionalize the use of data and evidence to inform the future

planning and delivery of these. These programs and services are further strengthened by enabling policy and legislative reforms through GCBS in partnership with DSD, which in turn leads to greater efficiencies across the social development sector through improvements in systems, processes and resource utilization.

In implementing this approach for financial year 2016, the GCBS program has identified the following four key areas for capacity development: (1) referrals and linkages to services, (2) social behavior change communication, (3) HIV counselling and testing and (4) psychosocial wellbeing. Under these areas, specific activities are located and implemented through DSD service points and DSD funded NPOs.

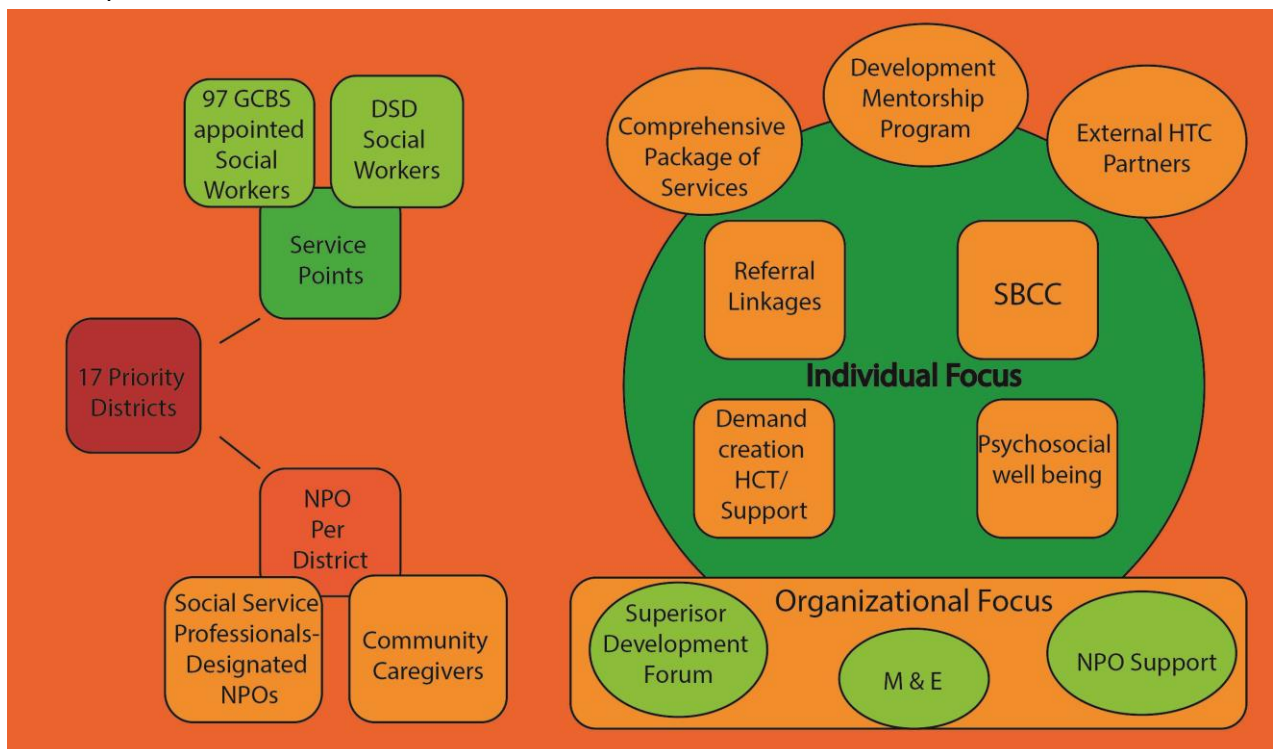


Diagram: GCBS Model

Underlying this approach, the following principles form the basis of all decisions and actions of the GCBS program, namely:

### 1. Balance between Direct Service Focus and Systems Strengthening

Strengthening the quality, delivery and impact of direct services to OVCY is the primary emphasis of the GCBS programme, in line with the mandate provided by PEPFAR 3.0. GCBS is a capacity building programme that targets systems strengthening activities that contribute directly to expanding the uptake and reach of OVCY services.

## 2. Focus on HIV & AIDS Prevalence Reduction and Burden

The effects of HIV and AIDS constitute a substantial and sustained challenge to protecting and improving the lives of OVCY, both through risk of infection and due to the social circumstances associated with the virus. Awareness of the role of HIV and AIDS in increasing OVCY vulnerability is a core GCBS theme and an essential goal of plans to reduce and eliminate the burden of HIV.

## 3. Gender Programming

Gender stereotypes can perpetuate vulnerability. Efforts to combat these and to lay the foundation to mainstream effective gender messaging are integrated across all GCBS initiatives.

# 2. Program Priorities and Progress

## a. Selected Program Achievements - Highlighted

Over the reporting period, GCBS continued to initiate activities that support improved DSD services for OVCY. These efforts have helped capacitate the existing workforce to provide and sustain a comprehensive package of direct services. GCBS supported activities continue to be delivered successfully through a dedicated network of DSD national, provincial and district counterparts, personnel and practitioners, who value and embrace the GCBS capacity building approach to strengthen and improve the quality and reach of OVCY services. This section of the report provides a snapshot of the main achievements within this reporting period.

### Impact of Capacity Building on Direct Services to OVCY

Activities resulted in one hundred and sixty-two thousand two hundred and sixty-four (162,264) OVCY receiving services through DSD service point social workers and DSD funded NPOs. Improving the capacity of social service practitioners (SSP) employed by DSD and within identified NPOs remained the focus of the GCBS program. Service delivery constraints were explored and



*Healthcare referral graduates going through data during a site visit in Ekurhuleni district*

related capacity gaps identified in all provinces through provincial consultations and planning sessions held in 2015. This helped identify and target key direct service delivery areas per province for immediate support and intervention. The GCBS program responded through specific trainings, group mentorship sessions and direct technical support, which is being provided at site level. The training focuses on improving the knowledge and understanding of current HIV and AIDS guidelines and protocols, including linkages, networking and referrals; as well as specialized skills in intervening with children.

## Social Behavior Change Communication – YOLO Roll-Out



The aptly named YOLO (You Only Live Once) youth SBCC program was developed in collaboration DSD, following the review and improvement of an existing program focusing on OVCY between the ages of 14-25 years, with a particular goal of reaching young girls and women. YOLO was rolled out in all provinces through a network of DSD service points, social workers and NPOs. Over the reporting period the program

continues to gain momentum and has reached a total of one thousand one hundred and fifty-four (1 154) youth. Since the commencement of the roll out of the YOLO program four thousand eight hundred and seventy-three (4 873) youth have been reached.

It should be noted that the YOLO program is central to DSDs strategy to reduce incidence of HIV nationally. GCBS identified the expansion of YOLO in Mpumalanga, Gert Sibande district and in Eastern Cape, OR Tambo district as a priority, informed by data that reflects increased levels of HIV prevalence in both districts. Program facilitators received trained and resources provided by GCBS for the roll out of the program.

GCBS is enhancing the scope of the YOLO program to generate and meet demand, by including a parenting program and women empowerment component, in addition to a new strategy that will link each YOLO participant that passes through the program with HIV Counselling and Testing (HCT), in order to increase known status and disclosure.

## Deploy Social Workers for improved direct services to OVCY

In line with the priorities of DSD and the PEPFAR 3.0 impact agenda, GCBS identified additional support for activities at district level, service points through the appointment of social workers, with the view that these social workers are utilized to



*New social workers during orientation at OR Tambo Southern Sun*



implement and support the following critical service delivery areas:

- Child protection and referrals
- Health referral linkages
- Case management processes
- SBCC program roll-out

By the end of the reporting period, **seventy-six (76) social workers** were recruited and prepared for their deployment to DSD service points, beginning April 2016. Orientation sessions were held with social workers to impart a clear understanding and expectations of their role within DSD, and how this aligns with priority activities of GCBS under the PEPFAR program. Full inductions sessions are scheduled for April 2016 for social workers and DSD service point supervisors to clarify roles, to define supervision and support structures, and to increase their capacity and knowledge of HIV-related services, practice guidelines, referrals and linkages to care. These sessions will also help to deepen their understanding of the child protection system and the practice requirements to effectively support OVCY.

### Capacitating Social Workers through mentorship and coaching

A review was conducted to assess the impact and effective transfer of learning among social workers. Coaching workshops were undertaken in small groups within the four (4) KZN priority districts, reaching one hundred and eighty-seven (187) social workers. These coaching workshops helped create a platform to better understand the foster care process, how to effectively address bottlenecks and skills to improve assessment, and to support and care for vulnerable children. The social worker cohort group reported that the coaching helped stimulate their level of motivation and enthusiasm for their work. As a result of these sessions, GCBS identified a need to develop and impart appropriate tools to address social worker knowledge gaps. In particular, for foster care planning and placements, case management, monitoring and evaluation of services, and more specialized skills in psychosocial care and support as well as HIV counselling and testing. The blended learning approach of coaching followed by additional mentoring/feedback sessions, has proved helpful in bridging learning gaps and to improve quality care practices for OVCY.

### Organizational Development Approach for NPOs

GCBS support for assessing and enhancing the capacity of community level NPOs providing community outreach and direct services to OVCY has been well received and is an excellent example of the partnership between GCBS and DSD. This approach demonstrates the effectiveness of the GCBS program to capacitate and transfer skills to DSD personnel and ensure sustainability. DSD national and provincial personnel actively participated in the development of the NPO assessment tools and underwent training on how to implement these. Initial assessments of NPOs were conducted in Mpumalanga during Financial Year (FY) 2015 to identify capacity and organizational development needs. Provincial DSD personnel then facilitated the training of these NPOs. The process in Mpumalanga has

provided a platform for the roll out of NPO capacity building interventions in other priority districts. The GCBS program will continue the roll-out of NPO assessments in North West and Eastern Cape provinces during the next quarter.

### Improved access and use of data for decision making through analysis of government data sets

During the last quarter, the GCBS team secured access to two (2) large national data sets including the South African Social Service Agency (SASSA) grants database and the 2011 National Census Data from Statistics South Africa (StatSA). When merged with other available DSD data from the National Integrated Social Information System (NISIS) database on household profiles and the NPO service delivery data in Community Based Information Management Systems (CBIMS), this will provide a powerful source of information for analysis and decision making. GCBS are utilizing this expanded data to conduct an extensive analysis of needs within specific communities, as well as an analysis of the sector-wide response more broadly. In preparation to undertake these data analytics, the GCBS team participated in a one day StatSA session, during which the team were trained on using the Census datasets and maps, including the various available tools such as Arc GIS to analyze the different variables. The merging and cleaning of datasets is currently underway, which will enable the team to conduct extensive analysis across the various variables and generate key information for data-driven decision making, aimed at improving access to services and outcomes of vulnerable children and youth.

### b. Program Implementation per Component

Activities implemented under each of the interrelated GCBS program components form a holistic model for improved service delivery to OVCY; especially those that contribute to the continuum of care (prevention, early intervention, and statutory care and support services). These activities are implemented through both DSD service points and DSD funded NPOs. The activities when combined form a comprehensive package designed to ensure greater efficiencies in the capacity, systems, resource utilization and technical interventions of DSD and sector partners for reaching OVCY.

Component activities are further strengthened by cross-cutting actions to address social service workforce challenges, workforce development and the implementation of monitoring and evaluation systems at national, provincial, district and ward levels.

Component 1 seeks to reduce the social and health impact of HIV and AIDS, STIs and TB on children by enhancing coordination, collaboration, understanding and overall management and implementation of services across the sector. This requires DSD to ensure that an integrated and strategic policy framework is in place to standardize their approach to services for children, with a particular emphasis on bridging the interface between communities and these services. This overarching framework forms the foundation upon which direct services are mandated, structured and delivered. Stemming from this framework is the need to enhance the manner in which DSD services and processes are rolled-out at district level, using the ward based approach and established coordinating mechanisms (District Aids Councils, War Rooms etc.), as well as through the effective integration and coordination of efforts between DSD, other departments and implementing partners across the social sectors.

Emphasis is placed on improving referral systems between implementing agencies providing services for children and families and enhancing intra-coordination and collaboration within DSD departments and branches. Component activities also focus on improving inter-sectoral coordination particularly with Department of Health and Department of Basic Education.

### Summary of Progress

- *Provided direct support to the Ministerial committee on the review of the White Paper of Social Welfare through the appointment of a research advisor*
- *Approved the Terms of Reference (TOR) for a review of the DSD ISDM*
- *Provided capacity building to DSD direct service personnel and practitioners in HCT and health systems referrals*
- *Provided technical support to refine the DSD Ward based approach through key engagements at national, provincial and local level, refining mechanism for improved integration and collaboration on key services for OVCY*

## 1.1 Progress towards Component Objectives

### ○ Support for the review of the White Paper on Social Welfare Services

A Research Advisor to the Ministerial Committee on the Review of the White Paper of 1997 was appointed by GCBS in May 2015 to assist in the review and analysis process. The Advisor continued to support the Ministerial Committee throughout this reporting period, following the National White Paper Review Summit that was held from 9-11 September, 2015. The Committee has compiled and submitted two reports to the Minister of Social Development at the end of its term in March 2016. The 370-page comprehensive report contains the full findings and proposals of the Committee, while a summary report presents a more succinct version of the findings alongside the proposals. Both reports are underpinned by a solid and emerging evidence base, which the Advisor has been key in helping the Ministerial Committee to compile and

analyze. The Advisor is now assisting Professor Taylor, chairperson of the Committee, in final tasks associated with the reports' passage through official channels. The contract of the Advisor and hence the GCBS support to this committee ends in April 2016.

- **Support DSD in the development of an Integrated Service Delivery Model for OVCY.**

DSDs core business and integrated service delivery model (ISDM) is currently being guided and redefined through the review of the White Paper on Social Development. The ISDM will help operationalize and lay the foundation upon which a defined service delivery package and ward-based model for direct implementation will be adapted and rolled out by DSD, to include partnership and collaboration with NPOs. This in turn will enable GCBS to integrate and institutionalize its OVCY interventions and related capacity building processes with the evolving service delivery environment, as well as ensure the uptake, implementation and sustainability of these within existing systems and structures.

GCBS is supporting the review process by appointing a service provider that will be tasked with working with DSD to help consolidate and analyse past reviews and to utilise the emerging findings from the White Paper review to update and refine the ISDM. A term of reference (TOR) to this effect was advertised in the past quarter, but a suitable provider could not be found. The TOR will be re-advertised in April 2016, with minor adjustments to attract candidates with more experience within the social development sector.

- **Consolidate information on resource allocation and costing models for OVCY services at provincial level.**

Through the Organizational Capacity Assessment (OCA) and desktop review of previous assessment processes conducted with DSD funded organizations it became evident that the OVCY service delivery model (basket of services) is interpreted and applied inconsistently between provinces and needs to be better defined and standardized across DSD and implementing partners. This process is underway and will be addressed under components 3 and 5. It is critical that the service delivery model is finalized before the costing and resourcing process can begin. It is envisaged that this activity will be shifted to the final year of the GCBS program to allow for the completion of the revised integrated service delivery model.

- **Build capacity for referral processes and case management with DSD and other relevant stakeholders for service delivery for OVCY.**

As a first step to improving the referral and case management process at district and ward level, the capacity of direct service providers (social workers, social auxiliary

workers and community caregivers) was addressed through extensive training, which continued throughout the reporting period. The training aims at building knowledge and skills in support of the South African Government's response to attain the PEPFAR-endorsed UNAIDS 90-90-90 targets by 2020 (90% of people at risk of HIV are tested, 90% of those found to be positive are on treatment, 90% on treatment have their viral load suppressed), with the emphasis on refining the role of the social service workforce to create the demand for and link children into testing and retention in care.

The training program that is being rolled out was developed in partnership with the Hospice and Palliative Care Association (HPCA) PEPFAR program, namely, Care and Support for Improved Patient Outcomes (CaSIPO) program which focuses on health systems referrals. In the reporting period the training curriculum was reviewed and enhanced with the view of rolling out refresher training to reach the two thousand five hundred and seventy (2570) practitioners previously trained over the past year.

For this period an additional ninety-nine (99) community caregivers were trained in health systems referrals in Buffalo City, Eastern Cape. A further two-hundred and fifty-three (253) caregivers from City of Johannesburg, Tshwane and Ekurhuleni on Gauteng participated in the refresher training. This training provided an opportunity to monitor the practical utilization of skills acquired during the earlier training sessions. Site visits were also conducted with NPOs who participated in the previous trainings to establish challenges, successes and opportunities for linking children with HCT and the health referral continuum of care. For the next quarter, GCBS will deliver specialized training to community caregivers in HIV counselling and testing (HCT).

- Support the roll out of the Ward based approach at district level to strengthen service delivery as well as improve the provision of integrated service delivery for vulnerable children.

At National level, GCBS supported DSD to review and refine guiding documents to support the implementation of the ward based service delivery model. At provincial level the 'War Room on Poverty' provides the model promoted by government through the Office of the Premier that support a multidisciplinary approach to service delivery. Presently, this model is being rolled out in KZN, Gauteng, Mpumalanga, North West and Free State.

Through GCBS, technical assistance has been provided to DSD to define its role and function in the War Room model, with a particular emphasis on linking OVCY to services. GCBS facilitated a workshop with representatives from DSD National and Provincial Community Development units on the 30 – 31 March 2016 to review the draft concept document on Integrated Community Development Interventions, of which the War Room model is an integral component. The GCBS team will continue to

provide technical support to DSD to enhance their involvement and prioritize the needs of vulnerable children, families and youth at the front and centre of the model.

At Provincial level, the program provided technical assistance to the Gauteng Provincial DSD by facilitating a provincial workshop on the Ward Based Approach discussion document developed by the province. Thirty-four (34) representatives from Social Welfare Services Unit and Community Development Unit as well as regional and district staff participated in the workshop. Participant understanding of the provincial approach to ward level services as well as Ntirhisano model were addressed. The Ntirhisano model is used by the province to identify and link communities with needed services. In support of the ward based approach the province has deployed more than one hundred (100) social workers in fifty-five (55) priority wards to support welfare services. Through GCBS additional support is being provided to develop the capacity of social workers on HCT and through health systems referral training.

At local level (District and Ward) the program provided technical assistance to the, Steve Tshwete Local Municipality (Mpumalanga) by facilitating a meeting with provincial and local DSD officials (10 participants). The meeting provided the pathway for the local municipality to identify opportunities and areas to strengthen the local AIDS Council coordination and planning with DSD. GCBS facilitated an approach whereby the participants gained a shared understanding of the current status and functioning of the Local AIDS Council program activities. A key outcome of the meeting was the realignment of Local AIDS Council to that of a Local Council of Stakeholders, which will promote greater integration, collaboration and coordination across all sectors and not only that for HIV and AIDS. This follows the Mpumalanga Provincial AIDS Council change of name to Provincial Council of Stakeholders (PCoS). Another key finding is that the Local Council of Stakeholders, which coordinates the Local War Room on Poverty (OVS), requires capacity development support in terms of increasing its ability to coordinate effective OVCY interventions and referrals.

The above activities and guiding documents<sup>1</sup> are ensuring the development of an efficient integrated and coordinated system for DSD services operating at national, provincial and local government level. Through the GCBS program DSD has received assistance to clarify its Ward Based approach and to better support the coordination and integration of services across all spheres. By supporting the DSD at National, Provincial and District levels, GCBS is promoting unified coordination and integration mechanisms that will enable effective service delivery for OVCY between government agencies and partners.

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<sup>1</sup> National DSD Draft Integrated Community Development Interventions and the Gauteng DSD Ward Based Approach discussion documents

GCBS continued to work on the critical reforms that are being translated into revised models, approaches and systems for integrated service delivery. Under this component the GCBS program focuses on improving efficiencies, management capacity and systems within DSD at national and provincial level, to enable the delivery of its core mandate, programs and reform agenda. Specific attention is given to institutionalizing effective planning, oversight, implementation, accountability and coordination within DSD and specifically within GCBS priority districts; as well as enhance DSD's coordination, oversight, partnership and quality assurance of Non-Profit Organizations (NPOs).enable a comprehensive developmental and client focussed approach to social services. These reforms will necessitate substantive changes in terms of the capacity, skills mix, profile, distribution and utilization of the existing and future social services workforce. The establishment and analysis of a robust evidence base to support these shifts will contribute towards the development of a comprehensive Human Resource Plan (HRP) for the sector. The OCA conducted in 2014/2015 revealed a mismatch in existing skills and the need to revise sector skills and competency requirements. This is being addressed through a skills development needs analysis conducted at individual level, to design competency frameworks and skills matrices for the three key occupational categories of social service practitioners (Social Worker, Child & Youth Care Worker, and Community Development Practitioner). Comprehensive Skills Development Plans will be compiled from the skills development needs assessment, which will enable the GCBS program to prioritize key activities to strengthen and institutionalize the core skills and competencies of the social service practitioners in supported districts and sites. In particular, to target those who create the demand for and ensure the uptake and delivery of these services to the most vulnerable children, youth and communities; as well as those who plan and manage OVCY programmes and services.

The GCBS program also continued to support DSD in NPO capacity building to address weaknesses and gaps in the oversight of NPOs, in particular to support consistent NPO

### *Summary of Progress*

- *Completed the competency framework upon which skills audit tools are developed for roll out.*
- *Completed the literature review in support of the competency framework*
- *Capacitated DSD personnel and planned for the roll out of the skills audit as of April 2016*
- *Held a Sector HR Plan initiation workshop and established the HRP Task Team*
- *Developed the framework, structure and background context for the HR Plan*
- *Initiated the HR Plan data collection and stakeholder mapping processes*
- *Facilitated the Families and Social Welfare Services Branch strategic review and planning session.*
- *Initiated the process to the review of the Policy for Financial Awards for NPOs, with draft literature review completed and consultation workshops scheduled for April 2016.*
- *Delivered capacity building and organizational development training for assessed NPOs in Mpumalanga*

reporting on their use of DSD funding and to monitor and quality assure service delivery. The end goal is for an improved, efficient and effective management capacity, processes and systems, which can better support and enable the practitioners and community care givers to deliver core services to OVCY both through DSD and NPOs in key sites and locations.

## 2.1 Progress towards Component Objectives

Progress was made towards defining appropriate occupational specific competencies for social service practitioners based on future skills needs including specialization within the sector. A service provider was contracted to support the development and updating of fifteen (15) competency frameworks (CF) for three occupational categories and job levels (social work, community development and child and youth care work); to implement a skill development needs analysis - previously referred to as 'skills audit'; and to identify learning, practice and development requirements for the sector. The process also produced a DSD social welfare generic competency framework that aggregates specific competencies that practitioners require across all programs and services, and has reviewed and updated the DSD management competency framework. The generic competency framework is aimed at promoting integration and a more multi-disciplinary approach to service delivery. The resulting DSD-specific competency frameworks and skills development plan will be used as the basis for developing and institutionalizing the skills base and practice requirements needed to create demand for and ensure access and delivery of services to OVCY in priority sites at provincial level and within PEPFAR and DSD identified priority districts. The skills development initiative is one of the core system strengthening components that is being captured in the sector human resource plan. The approach of using a cohort of staff ensures that DSD has sustainable capacity in conducting skills development needs assessments in future.

- **Strengthen competency framework per occupational category:** The work of strengthening and updating fifteen (15) competency frameworks (CF) for the three (3) occupational categories and occupational levels related to core functioning of DSD was undertaken through a well-defined and multi-iterative process:
  - The process started in December 2015 with a detailed analysis of existing competency framework information, core strategy and policy documentation such as the norms and standards for specific occupations and job profile information<sup>22</sup>, in order to pin-point the social service practitioner knowledge, skills and attributes needed to perform their core functions. This was followed by focused group consultations with social service practitioners to validate that

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<sup>22</sup> Documents included Framework for Social Welfare Services (2013), Human Resource Model for Social Welfare Services (2011), Towards Sustainable Livelihoods Toolkit for Community Development (2009)



what is contained in the competency frameworks is reflective of the day-to-day realities at service delivery level.

- Initial consultations and sampling of SSPs took place with national DSD and in two provinces in January 2016. DSD Human Resource (HR) personnel conducted consultations with their respective provinces and at national level in February/March 2016. This process ensured that the skills and knowledge for referral, including the linkage between the community and health services, is a defined core competency area and a priority for future support within the GCBS program. This process has confirmed Social Auxiliary Workers (SAW), Child and Youth Care Workers (CYCW) and Community Development Practitioners (CDP) as critical in the referral process and will be prioritized as a key skills development area that will contribute to GCBS targets. The framework is premised on the expectation that employees will engage in continuous learning to meet future challenges and emerging needs and the competencies will be updated periodically to capture actual and anticipated changes.
- The process of consultation and competency framework drafting culminated in a sector validation meeting on 29 March 2016, in which the three (3) occupation categories were represented by sixty (60) participants drawn from the provinces



and national DSD. The participants worked on each of the occupation categories and levels to provide input for finalization. The finalized CFs will be presented to DDG Welfare and DDG Community Development for sector level validation and the subsequent approval by the component 2 working group. The CFs will generate skills matrices which will be converted into skills development needs analysis questionnaire in both electronic and manual format, for use in skills development needs analysis that will start in April 2016.

- **Literature Review.** In terms of anchoring the competency framework with an understanding of context a comprehensive literary review process was undertaken and a literature review report prepared which seeks to answer three interrelated

critical questions: (1) Which core services and functions does DSD provide? (2) Which competencies are needed to perform these? (3) Which competencies does the workforce currently have? This review process fed into the development and updating of competency frameworks, based on the analysis of defined functions, needs and gaps.

- **Skills transfer to DSD HR Personnel:** The skills development needs analysis is designed to intentionally develop and enable a cohort of forty-five (45) DSD HR personnel (HRM/HRD/OD) and two (2) IT staff from DSD provinces and national, to ensure the consistent transfer of skills to carry out each phase and activity in the process. In the first workshop with this cohort, a skills assessment was undertaken to identify existing skills, gaps and needs to ensure they possess or obtain an appropriate level of hands-on knowledge and practical experience<sup>3</sup>. This cohort group have consistently participated in orientation and skill transfer workshops; have received induction on their roles and activities; have been assessed on their readiness to participate; have signed a commitment to avail them throughout the activity; have participated in the competency framework design workshops; and have conducted initial document analysis and interviews with informants. The group has prepared detailed skills development needs assessments schedules within their respective provinces in readiness for the roll-out. The next training activity for this cohort on the skills development needs analysis process is planned for 7 - 8 April 2016.
- **Pilot of the skills development needs analysis:** A pilot is planned for mid-April 2016 in the Free State to test the relevance of the competency frameworks (skills and knowledge needed), and to test the analysis approach which seeks to achieve 100% response rate of all incumbents within fifteen (15) selected districts. The pilot preparations have employed the use of an electronic data collection tool which is hoped will reduce and eliminate errors in manual transcribing and ensure the effective collation of the information for analysis. Approval for the pilot was received through communication from DSD national to the provincial Heads of Department (HOD) and a planning meeting held on 17 March. The planning and communication has been completed and the pilot is on track to take place in April as scheduled.
- **Skills Development Needs Analysis Task Team meetings:** The task team continues to provide leadership and coordination of this activity through scheduled meetings and the regular review and quality assurance of the deliverables.

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<sup>3</sup> Areas assessed included: Public Service HRM, HRD and OD processes and guidelines; the Occupation Specific Dispensation (OSD); the Organizing Framework for Occupations (OFO); workplace skills planning and processes; guiding legislation and regulations for skills development; organization and administrative abilities including self-management; communication skills to make decision and effect change; proficiency in English (reading, speaking and writing); facilitation and interview skills; data capture e.g. MS Excel; and the ability to train and impart skills to others

- **Support the development of a Sector Human Resource Plan:** To achieve strategic alignment and enhanced organizational capability across DSD structures and NPOs, the GCBS with the Chief Directorate (CD): Human Capital Management (HCM) began work on a comprehensive sector Human Resource Plan (HRP) that articulates and outline DSD's consolidated workforce needs at both national, provincial and district levels; further providing the evidence base for effective workforce and resource allocation to meet the demand and supply needs for the sector over the next five years. The plan also provides the opportunity to embed planned GCBS OVCY support initiatives, both current and future, at a strategic level to ensure the effective uptake, impact and sustainability of these PEPFAR-funded investments.
  - The process for the development of the sector HRP was initiated over this reporting period, building on work carried out toward the latter part of FY 2015, in terms of setting out a HRP Concept Paper and a benchmarked methodology to develop the plan. The main focus of the plan is to articulate workforce needs and gaps of national and provincial DSD, within the context of social development priorities and the national department's transformation agenda. It will provide the business case for resourcing and capacitating the sector, ensuring that there is a robust evidence base in place to link workforce and systems strengthening with the defined strategic priorities of the sector and improved outcomes of communities and beneficiaries. Over the reporting period the overarching framework, structure and background context for the HRP was developed, which ensures there is strategic integration and alignment of current and evolving policy in the sector with workforce initiatives<sup>4</sup>.
  - For GCBS, the HRP provides the platform for locating its workforce and systems strengthening interventions with DSD's structures and processes to ensure that these respond to capacity needs for improved service delivery programs, coverage and reach for vulnerable children and families in PEPFAR priority districts. In particular, to enable GCBS to focus on enhancing the supply, efficiency, skills mix, utilization, competencies and scopes of practice of the social services workforce and community care givers deployed through DSD and NPOs:
    - to enable the child protection system to provide effective interventions and economic strengthening support for the wellbeing of those most vulnerable;
    - to connect OVCY and communities to the latest preventive and coping interventions;

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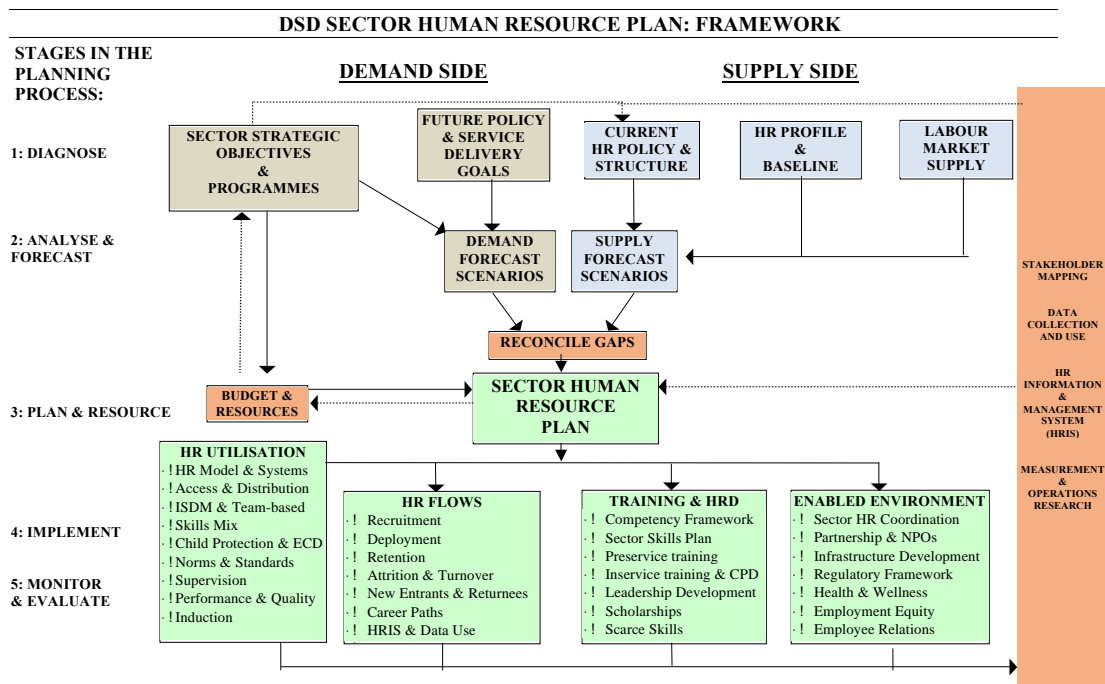
<sup>4</sup> Human Resource Model for Social Welfare Services (2011); the Supervision Framework for Social Work Professionals (2012); the resolutions of the Social Work Indaba (2015); the roll-out of integrated service delivery; the Demand and Supply Model; the Skills Development Needs Analysis and Competency Framework; Norms and Standards for Social Welfare Services; the Recruitment and Retention Policy; the Induction Policy and program; the upcoming Child Care and Protection Policy; and the review of the White Paper on Social Welfare

- to provide HIV testing, treatment initiation and adherence, counselling and broader support interventions; in particular, to increase and measure the known status and disclosure of OVC;
- to strengthen referral system to bridge communities and create the demand, uptake and follow-up of these interventions,
- to promote behavior change for youth and adolescent girls

For the development of the HR plan a task team was established and assigned with thematic work streams to drive the process. These streams are built around the three parallel processes of: stakeholder mapping and engagement; baseline data collection and analysis; and the sector HRP development. An HRP initiation workshop was held in October 2015, with national and provincial representatives and human resource specialists to further define and validate the process, obtain buy-in, assign membership and put in place the milestones and action plan for each of the work streams.

Thereafter a stakeholder engagement strategy and mapping approach was developed to facilitate the engagement of provinces in the process and to collect preliminary data from a range of critical internal stakeholders (DSD branches, directorates and programmes) and external stakeholders (DPSA, SACSSP, National Treasury, NPO and others). In addition, a HRP stakeholder mapping workshop was held in December 2015 to check-in on progress to date, to review the provincial and national data, and to identify remaining gaps for follow up. Based on the outcomes of this workshop a data collection tool was developed and the collection process took place over the period January to March 2016. This process included direct support to capacitate national and provincial counterparts on workforce data collection and the interpretation of key variables. The collated data is currently being validated for completeness and consolidated in preparation for a planned national data analysis workshop in May 2016.

A high-level HRP Reference Group was established to provide overall guidance and direction for the HRP and ensure that it is strategically focused and positioned. Key members include DSD Director-level representatives as well as Prof. Taylor, the current chairperson of the White Paper Review Commission.



Develop, implement and monitor institutional strengthening plans based on the outcome of national OCAs across DSD national branches. A three (3) day strategic review and planning session was held by national DSD Families and Social Welfare Services Branch (FSWSB). Representatives from all directorates within the branch were present, where each had an opportunity to present on their achievements, identify challenges and suggest options to address these. Central to discussions was the incorporation of the CD: HIV and Aids into the branch and the related need to ensure that HIV is mainstreamed across all branches and directorates. The need to develop a package of services which addresses HIV issues within the life cycle approach and the continuum of OVCY care was emphasized. In support of this outcome additional strategic sessions will be facilitated by GCBS for the CD: HIV and Aids to ensure these are affectively mainstreamed and implemented across the sector.

In addition, priority initiatives in support of the effective delivery of services through the FSWSB were also tabled, namely:

- To improve infrastructure, resources and tools of trade
- To strengthen processes for planning, monitoring and evaluation as well as information management
- To address challenges in institutional arrangements including the realignment of branch activities
- To ensure the ongoing capacity building of key workforce providers responsible for the direct delivery of services
- To address challenges in NPO funding, coordination and regulation

GCBS will continue to support the branch with a particular focus on workforce strengthening and NPO funding and capacity development.

GCBS is working to strengthen DSD's mandate and capacity to coordinate, manage, support and oversee the work of NPOs. The majority of NPOs that are funded by DSD provide direct welfare services and support to OCVY through their existing networks of facilities, infrastructure and service points. In this reporting period, the program contracted a service provider to support the review and finalization of the DSD Sector Financing Policy - formerly referred to as the PFA: Policy on Financial Awards to service providers. In addition, the program continues to prioritize working with provincial and district DSD officials supporting NPOs at community level to improve direct implementation of programs and services that will contribute to reducing the burden of HIV and to address child protection needs. It is planned that this support will include the development and roll out of of standardised programs and basket of services for OVCY, to be implemented through GCBS-supported NPOs in priority districts. This approach will capacitate NPOs on direct service delivery activities through a range of GCBS capacity and systems strengthening interventions to improve referral systems, case management, child protection and social behaviour change communication (SBCC) processes. This aim is to enable a holistic package of OVCY services to be delivered through supported NPOs, under DSD mentoring and monitoring.

- **Develop a DSD comprehensive policy for financial awards for NPOs.** In this reporting period, a service provider was contracted and an inception meeting held to launch the activity. Internal consultations took place with key stakeholders of at national DSD, including with the Deputy Director General (DDG) Forum, and a detailed literature review was compiled. The consultation and review were aimed at providing the relevant background information to prepare for the NPO consultations at provincial and national level. Key milestones made in this process are the development of the draft literature review report to guide consultation and a detailed planning schedule for provincial meetings which will begin in April 2016.

This is a sensitive activity which must address DSD's challenge of providing timely and sufficient funding allocations to NPOs as key partners in service delivery, as well as manage the expectations of NPOs, many of which have considerable experience and expertise across a range of areas. This partnership was further challenged by the litigation brought against DSD by NPOs in Free State, in which the NPOs challenged the small level of funding allocations, as well as the late and unpredictable disbursement of these. GCBS will ensure there is adequate consultation and feedback with NPOs, as well as support the dissemination of guidelines developed throughout the process, the costing of services to inform funding allocation decisions, and the provision of tools to support effective fund management, disbursement, monitoring and implementation of

the financing policy. This activity is being coordinated closely with the development of a Demand and Supply Model under GCBS component 6, to ensure that the costing of services provided by NPOs is in line with the programs and services defined for DSD beneficiaries, with a specific emphasis on OVCY.

- **Strengthen DSDs organizational development and capacity building program for NPOs focusing on funding, management, governance and monitoring.** GCBS continued its capacity building support to NPOs to improve the coordination, capacity, accountability and oversight of NPO services and partners across the sector. In this reporting period, the program continued to work with NPOs implementing GCBS-supported priority programs, namely improved access to services, SBCC and capacity to strengthen therapeutic service to children, particularly those working with OVCY in targeted districts.
- **Training and mentoring assessed NPOs:** In this reporting period, GCBS supported the capacity building and mentoring of assessed NPOs in Mpumalanga province. Using the cross cutting assessment findings from organizational assessments conducted in FY2015, the team partnered with Mpumalanga HIV Unit to train and mentor twenty-eight (28) assessed NPOs using the accredited Home Community-Based Care (HCBC) organizations skills development program, developed by DSD with funding from PEPFAR under the Umbrella Grants Management (UGM) grant. Three accredited training modules on Bookkeeping and Finance, Governance and Human Resource Management were prioritized and training conducted in February 2016. NPOs selected sixty (60) participants from those responsible for these key functions within their organization. Trained participants completed portfolio of evidence (POE) for each module, which were assessed, moderated and submitted to the Health and Welfare SETA for certification. Qualification certificates will take up to six months to be issued.

Going forward, participants will receive additional support from those DSD officials who have been trained to provide capacity building support and mentoring. It is envisaged that a service provider will be contracted by Mpumalanga province to continue providing this training to DSD officials, with GCBS providing additional input to monitor the quality of this support, as required. The program is currently developing a structured program around a package of services for OVCY, which will be rolled out across prioritized and supported NPOs. This will bolster the OD support provided to NPOs and ensure that capacity building efforts contribute directly to OVCY service delivery. In addition, capacity needs assessments will continue in other GCBS priority districts with selected NPOs. Planning for the roll-out of assessments in North West and Eastern Cape provinces is at an advanced stage.

- **Establish a steering committee to oversee the NPO program, develop and put in place necessary strategies, guidelines and model.** In line with the technical support provided to national DSD to develop a capacity building framework for NPOs, the GCBS team continued to participate in the oversight steering committee. GCBS inputs were provided to support the roll-out of the NPOs compliance audit by sharing the GCBS NPO assessment tool, assisting in the design of the approach and inputting to the NPO compliance audit pilot findings. As a result of this pilot, the assessed NPOs will not undergo compliance audit as the GCBS assessment is collecting the required information for the audit in addition to providing an in-depth analysis of the programmatic and technical work carried out by the NPOs.

### Component 3

Strengthen social and individual behaviour change communication to prevent HIV infection for children and youth

Activities under this component aim to institutionalize HIV prevention services as a core part of DSD’s basket of services to vulnerable children and their families. Component 3 supports the development and implementation of comprehensive social and individual behavior change communication (SBCC) programs. It builds the capacity of national, provincial and district DSD and implementing NPO partners to design, implement, manage and evaluate sustainable high impact HIV and gender based violence (GBV) prevention programs among OVCYs, with a focus on girls and young women. Key to this endeavor is the promotion of psychosocial wellbeing for OVCY to further build their resilience to risk factors.

#### Summary of Progress

- *Completed the situational analysis of OVCY programming composite report.*
- *Disseminated the situational analysis OVCY programming findings at national level.*
- *Completed the development of province specific GCBS component 3 implementation plans in three provinces; Gauteng, Eastern Cape and North West.*
- *Developed the roll out plan for the 2nd phase of DSD YOLO Youth SBCC program in eight (8) provinces.*
- *Finalized the branding of the DSD Youth SBCC program and related program materials.*
- *Provided technical support to capacitate DSD roll out of SBCC programs, with R31.5 million allocated by National Treasury to support further roll out of the SBCC program nationally.*

### 3.1 Progress towards Component Objectives

- **Dissemination of study findings on organizational responses and gaps to strengthen HIV prevention among OVCY.** Through the support of GCBS a situational analysis comprised of four (4) elements was completed in order to enable DSD to implement a more data driven approach to HIV prevention priorities, interventions and responses for OVCY. The elements are as follows:



- A Literature Review on Strengthening Social and Individual Approaches to Prevent HIV among Orphans and Other Vulnerable Children and Youth (OVCY) in South Africa
- Secondary analysis of the 2012 Human Science Research Council (HSRC) national survey to expand on findings related to OVCY
- A situational analysis and needs assessment of NPOs providing HIV prevention programs for OVCY in South Africa
- A gap analysis of DSD HIV programming for OVCY in South Africa

A composite report integrating the four (4) elements of the study was developed and disseminated by a task team comprising of five (5) DSD officials to inform quality and evidence based programming. The report dissemination included the following:

- PEPFAR partners meeting (20 November 2015)
- National Action Committee for Children affected by AIDS (3 March 2016)

The report and its associated research brief stimulated discussion within DSD on the importance of methods used to target and reach OVCY; the orientation of programs; the need for DSD led programs particularly for OVCY and the capacity gaps of NPOs. For effective services to be provided to OVCY, there needs to be enhanced collaboration and coordination between departments and civil society partners and an alignment of monitoring, research and evaluation with OVCY priorities.

- **Operationalization of the DSD Comprehensive HIV and AIDS, STI & TB Strategy into provincial implementation plans (PIPs) aligned to the national results framework.** The program supported the development of three (3) PIP process guidelines that will inform direct service delivery to OVCY. These guidelines explain the utilization of the PIP templates in DSD SBCC program design and implementation with a specific focus on key populations. The guidelines support DSD senior officials in strategic planning and implementation of priority SBCC activities and programs at district level, including costing and budgeting. A PIP costing model is in the process of being finalized and will be piloted in the next quarter. OVCY services provided through DSD are guided by DSD Strategic Plan: 2015-2020 which informed the development of the PIPs. This document guides provinces in the implementation of all activities focusing on addressing issues of HIV and Aids. Through GCBS support of this process we have been able to ensure that key program activities are embedded within DSD provincial implementation plans, hence promoting activities that focus on reducing incidence of HIV and Aids. The PIP costing model will guide the costing of priority interventions, provide a standardized mechanism for planning, budgeting, developing and influencing DSD budget bids submitted to treasury, as well as support reporting and accountability. Support to the PIP and costing process is aligned with the recommendations of the situational analysis: that DSD develop a departmental SBCC program with enhanced planning and costing efficiencies.

- Design, implement, quality assure and evaluate specialized SBCC and HIV prevention programs for key/ targeted populations.

*DSD YOLO SBCC Youth Program:* GCBS supported the roll out of the DSD YOLO program in eight (8) provinces, targeting OVCY aged 14 – 24 years. YOLO, a customized DSD SBCC youth program developed through a systematic application of interactive, theory based, and research-driven communication processes and strategies, addresses “tipping points” for change at the individual, community, and social levels. This program is run over twelve (12) sessions, and presented to small groups of fifteen to twenty (15-20) OVCY. YOLO takes youth on a journey using participatory activities that allow them to reflect on themselves, their living circumstances, their communities, and how these ultimately impact on their sexual behaviors and decisions.

During the reporting period, the YOLO program was rolled out provincially and reached one thousand one hundred and fifty-four (1 154) OVCY. In addition, the program has commenced on an extensive contracting phase, identifying together with DSD, a further ten (10) NPOs in eight (8) provinces to roll out the program in the second half of the year. These NPOs are set to create demand that will reach a further ten thousand four hundred (10 400) OVCY.

During the reporting period, three (3) provincial implementation reviews and planning workshops were held. In the Eastern Cape forty-five (45) participants from O.R Tambo and Buffalo City Municipalities attended the workshop from 23 to 24 February 2016. A combined workshop held with the North West and Gauteng provinces on 18 March 2016 had fifty (50) participants. The purpose of the workshops was to review the roll out of YOLO undertaken in Year two (2) and plan for Year three (3) activities. Identified priorities included focusing on OVCY ages of 14 to 25 years, inclusion of components around gender based violence and a parenting program.

In the reporting period, additional trainings were undertaken to broaden the knowledge base of YOLO facilitators. Fifty five (55) facilitator were trained in Mpumalanga’s Gert Sibande district in February 2016 and in the Eastern Cape’s O.R Tambo district in March 2016. Throughout the next reporting period, additional capacity will be provided in training district NPOs, as well as additional facilitators to up-scale implementation of the YOLO program. This will mean a greater pool of YOLO facilitators to support implementation which leads to a larger reach of OVCY within prioritized districts.

Through the support of the GCBS program, planning has been initiated with three (3) districts in Gauteng provinces to roll out YOLO fun day campaigns. This is an

innovative, interactive and entertaining campaign aimed at promoting YOLO, but most importantly linking and referring YOLO graduates with health services, particularly HTC. The pilot of a Fun Day will reach one thousand seven hundred and fifty (1,750) OVCY that completed YOLO in Tshwane, Ekurhuleni, and the City of Johannesburg and will be held in April 2016. The estimate for testing is approximately 30% of the program's participants (i.e. graduates of the YOLO pilot) to uptake HCT services on the day. The success of this pilot will determine roll out in other provinces during the next quarter. Additionally, during the scale-up of YOLO there are plans to provide HCT at the last session of YOLO, so as to enable easy access to HCT for all OVCY.

A new program called YOLO II (targeting ages 10-14) is being adapted from the Vhutshilo1 program and is currently supported by GCBS. It will be rolled out in four (4) priority provinces this year, namely Gauteng, Mpumalanga, KZN and Eastern Cape. This program includes capacity development (National Master Training & Provincial Training) for DSD officials and NPO implementing partners. A service provider is being appointed to review the existing Vhutshilo program and to develop and adapt manuals that will support pilot implementation in priority provinces and districts. GCBS hopes to reach approximately 5,000 youth in the pilot of the YOLO II program.

During the next quarter, both YOLO I and II program manuals will be developed through the support of the GCBS program, laid out, finalized and submitted for approval to DSD and USAID.

Additionally, during the next quarter support will be provided to DSD to roll-out the ZAZI program, an evidence based program which will target adolescent girls and young women. Implementation plans are underway for the capacity building of master trainers as well as district facilitators to support the roll out of the ZAZI program. The program will be implemented in four (4) priority provinces, in conjunction with YOLO I and II. Additional support is being provided by the Development Training Services (dTS) gender expert working in the design of the program, to ensure that gender norms, stereotypes and challenges are effectively addressed. GCBS hopes to reach over 10,000 girls through the implementation of the ZAZI program.

**Families Matter Program:** During the reporting period, GCBS support was given to national DSD and Mpumalanga Provincial DSD for the orientation of DSD officials on the Families Matter program. As the department's parenting program of choice, DSD will roll-out the Families Matter Program with its own funding and draw on technical support of the GCBS project on a needs basis. Direct support for roll out of this program will not be undertaken as originally anticipated. Upon consultation with USAID it was indicated that the evidence base for the program was insufficient to warrant support for its roll out in South Africa. It was suggested that the GCBS

program refocus this support to DSD to roll out the Let's Talk Program. Meetings have been set up with partner organization implementing Let's Talk to get more information on the program. Thereafter a consultation meeting will be held with DSD to establish if the program can be incorporated into their package of services and to measure potential impact of both programs. This has been a challenging process in that DSD has strongly endorsed the Families Matter Program.

- **Intersectoral and multidisciplinary Psychosocial Support (PSS) service provision to OVCY designed.** Component 3 continues to build the capacity of social service practitioners in providing psychosocial care and support services to OVCY. By strengthening the capacity of OVCY practitioners, they will be better equipped to build the self-esteem and a sense of agency of young people who are most at risk of infection, hence enabling healthy decision making choices. In doing so the GCBS is supporting a two-pronged approach to capacity building on PSS with DSD.

Firstly, the GCBS program will assist DSD in rolling out training on the PSS Guidelines developed by Regional Psychosocial Support Initiative (REPSI) under the PEPFAR program. Three hundred (300) NPO within priority districts who are providing direct services to OVCY will be targeted through this training. NPOs trained will be the same that participate in the HCT training, in this was strengthening capacity to not only link children to testing but to provided ongoing emotional support that promotes healthy living.

Secondly, GCBS plans to strengthen DSD's role in promoting a multidisciplinary and intersectoral approach in supporting OVCY. Of particular importance is strengthening DSD participation in the Integrated Schools Health Program (ISHP). This program sees DSD working alongside the Departments of Health, Basic Education and Justice to provide prevention and early intervention to children within the school system. GCBS will ensure that key DSD personnel are capacitated in PSS services, through both training and mentoring.

In doing so, a mentoring partner will be appointed to support the development and implementation of an inter-sectoral and multidisciplinary PSS practice model; to develop and implement a scope of practice for DSD Social Workers in the provision of gender specific PSS services; and to strengthen interdepartmental case management of OVCY receiving psychosocial support, with particular reference to the Integrated Schools Health Program (ISHP) in PEPFAR priority districts. This approach builds on the PSS Guidelines developed and piloted by the DSD and provides an opportunity for the piloting of its PSS indicators. This is a complex activity and the approach will be piloted in one district over the next six (6) months. Thereafter it will be reviewed and costed before further roll out.

DSD will also be supported to use evidence based information on psychosocial wellbeing for OVCY to inform policy and programming by strengthening district DSD capacity to implement and report on PSS indicators; and to conduct capacity building in M&E which strengthens district DSD capacity to measure and report on PSS indicators.

Component

4

Strengthen DSD’s M&E systems and enhance the knowledge base for cost effective outcomes for vulnerable children and youth

Component 4 aims to support DSD to strengthen Monitoring, Evaluation, Reporting and Learning (MERL) at national, provincial and district levels. Working towards integrating MERL systems is a key focus for the GCBS program, including strengthening and streamlining processes for gathering, warehousing, analyzing, disseminating and using data for decision making and action by key stakeholders at different levels of the organization. This work will contribute to key building blocks for development of the National Integrated Social Protection Information System (NISPIIS). An important aspect of this component is working with DSD to develop and implement a capacity building plan for DSD and NPO officials at various levels in order to enhance institutional capability for implementing sound MERL processes within existing structures and mechanisms. The ultimate aim of this work is to improve the availability and use of information for decision-making within DSD, which will ultimately contribute to strengthening evidence-based policies, programs and the efficient delivery of services.

#### Summary of Progress

- Increased knowledge, access to and use of CBIMS by two hundred and forty-eight (248) NPOs across seven (7) provinces
- Provided technical support to DSD to integrate MERL IT systems and support efforts towards development of NISPIIS
- Supported DSD to standardize reporting tools for social work and NPO services
- Supported the refinement of DSDs annual performance planning monitoring framework
- Initiated activities to improve access to data for decision making through data analytics of government datasets
- Provided capacity building support to improve the M&E proficiency of one hundred and thirty-four (134) staff from DSD and funded NPO
- Conducted data quality assessments in five (5) districts

#### 4.1 Progress towards Component Objectives

The objective and the related activities seek to streamline MERL processes across DSD by developing a system where data can be easily accessed, updated and used for improved decision making. These MERL processes are being designed to support the development of DSD standardized basket of services, ensuring efficient collection of data for improved planning and implementation.

The following activities were implemented to support this outcome.

- **Scaling up roll out of Community Based Information Management Systems (CBIMS) to DSD offices and NPOS across targeted districts & updating of tools.** Scaling up CBIMS rollout in districts has been a main focus of the GCBS program this year, as it is a critical building block towards standardizing data management systems through which DSD is able to track service delivery by funded NPOs. The program has experienced a very high demand for training across all provinces. During the month of February 2016, CBIMS was introduced for the first time in Eastern Cape and Limpopo provinces where officials and NPOS were trained and mentored on the system. In the Eastern Cape, two training events were provided in February-March, with one in each focus district. The Buffalo City Municipality training took place on February 2 - 5 and was attended by eight (8) DSD officials and twenty-seven (27) representatives of funded NPOs. The OR Tambo district training took place on March 15 - 17 and a total of forty (40) individuals including nineteen (19) representing ten (10) NPOs and the rest being DSD officials from within the district. DSD officials included district managers and other staff responsible for overseeing services provided by NPOs.

The training in Limpopo took place on February 16 - 19 and was attended by twenty-five (25) participants, each representing a different NPO. No DSD officials attended the training; however, a separate training is scheduled to take place in May and will target DSD staff from different sub-districts. Since the start of the program, CBIMS training has been rolled out in nearly all provinces with exception of Western Cape and Northern Cape, reaching a total of three hundred and forty-three (**343**) individuals representing two hundred and forty-eight (**248**) NPOs and one hundred and fifty-four (**154**) DSD officials.

- **Information Technology (IT) Support to DSD focused on integrating systems and supporting progress towards development of the National Integrated Social Protection Information System (NISPIS).** During the reporting period, the GCBS program staff seconded to the IT unit at national DSD focused on a number of activities that provided significant progress in supporting the Social Development Integrated Information System (SDISS). Through SDISS, the various databases utilized by DSD will be integrated to allow for efficiencies in cross referencing and linking data related to a single beneficiary. This will enable the department to track the interactions of various departmental services with individual beneficiaries and eliminate the need to enter common data elements for beneficiaries with each interaction.

The key areas of focus where work has been done during the reporting period include development of the following; draft business analysis for the Adoptions Databases; business analysis flowcharts for CBIMS to be used to integrate into National Integrated

Social Information System (NISIS); terms of reference for the migration of CBIMS to DSD environment; draft DSD Portal (for hosting all modules including SDIIS); draft SDIIS landing page and administrative framework (for hosting intake module which houses all common data fields); SDIIS database design; and SDIIS database relationship mapping.

- [Supporting DSD to review the various tools used to document service delivery and move towards standardisation across provinces](#). Over the past six (6) months, the GCBS MERL team embarked on a series of site assessment visits to DSD service delivery points and NPO sites with the aim of observing and gathering information on current data management systems and identify needs for systems strengthening and harmonization. The various tools used at the sites were obtained in order to enable DSD to confirm the versions of data collection tools that are currently being used at the various sites. At both DSD sites and NPO offices, the team collected copies of the forms used to capture services including the Social Work Services forms (SWS 1-11) and the CBIMS data collection Forms (CO1-6). Additional data collected included GPS coordinates for the site in order to contribute to ongoing site mapping efforts.

DSD sites were assessed in a total of six (6) districts in three provinces including Gauteng, KZN and North West. NPO site assessments were undertaken in nearly all focus districts of the program, with exception of City of Cape Town, where this will be done in the next reporting period. A review of the various tools revealed that different versions of tools were being used at the different DSD sites and NPOs. In some cases, provincial offices had customised the tools supplied by national DSD, resulting in large variations in the data elements collected, especially on the CBIMS forms. In discussions with some of the DSD staff at site level, it became clear that officials need more support to understand the tools that they are required to complete, but that there is also a need to review, streamline and harmonize the different forms to ensure the collection the information is consistent and focused.

A small GCBS MERL task team commenced work with the national HIV and AIDS directorate to review the different CBIMS forms collected and produce more updated and consistent versions. This work was finalised in March and national DSD is leading the process of dissemination of the tools to provinces, as well as engaging with key stakeholders to ensure that NPOs are provided with support to access the updated versions of the tools. The work of the SWS forms that capture services at DSD sites is still in its early stages. The GCBS team will facilitate discussions among the relevant directorates at national level and in provinces, to discuss review processes and ensure the standardisation and application of these tools.

For purposes of capturing interventions at sites where GCBS-supported social workers are to be deployed, the MERL team developed an activity diary to assist the social

workers in effectively documenting their day to day activities, as well as a form for collating service delivery data from supported sites. Orientation on these tools was provided at the recent Induction Workshop for the social workers and the tools will be used when they commence their deployment. The program will review the value of having these tools once they have been in use for a period of three (3) months.

- [Supporting DSD to refine the monitoring system for Annual Performance Plans \(APPs\).](#) Over the reporting period, our newly recruited National M&E advisors worked with the different chief directorates to review the national DSD 2014-2015 Annual Performance Plan and identify areas where more refinement was needed to focus program indicators on the most vital aspects for performance monitoring. This process led to a massive reduction in the total number of DSD key indicators from one hundred and seventy-five (175) to one hundred and ten (110), in-line with the Department of Performance Monitoring and Evaluation's (DPME) recommendation for DSD to develop a more streamlined results tracking system. These focused indicators will now be used to monitor performance of the various department units against the APP for 2016/17.

Another key achievement by the program was the support provided to DSD in developing clearer APP activities, as well as technical indicator definitions to be used to track performance in the next financial year. This was in response to a key recommendation in the Auditor General's report in 2015, which had found that DSD systems for performance monitoring required substantial improvement in order to standardize processes and definitions of performance measures. Each chief directorate also received technical assistance in developing strategic objectives that are closely aligned with the Medium Term Strategic Framework (MTSF). This technical assistance was provided through working closely with both the M&E and the Strategy chief directorates and co-facilitating two national department APP development workshops. This support created a more collaborative approach and working arrangement between the two directorates to greatly improve the APP development process. GCBS support also enhanced working relationships between DSD, the National Treasury and the DPME in getting the APPs for FY 2016/17 finalized.

- [Support to DSD to develop a monitoring and evaluation framework for the Isibindi program and for outcome 13, which is DSD's main contribution to the National Development Plan.](#) Over the past six months, the GCBS team facilitated processes to develop M&E log frames for the Isibindi programs well as for Outcome 13. In both cases, GCBS MERL advisors worked closely with DSD M&E Chief Directorate officials to facilitate workshops to develop the M&E frameworks. For the Isibindi program, the participants included the implementing partner the National Association of Child Care Workers (NACCW), national and provincial coordinators as well as provincial M&E



representatives. While this program has been implemented since 2012, a nationally approved M&E plan had not been finalized. A results chain was developed for the program based on its goals and objectives, including key outputs, outcome and impact as well as related indicators. Additional work is, however, still needed to present the final log-frame back to stakeholders and secure buy in for the final selected key results and indicators. This will be undertaken in May 2016 and thereafter the M&E plan will be finalized.

A draft M&E framework for Outcome 13 was developed with input from officials representing key priority programs that are essential in attainment of department's goals during the MTSF period 2015-2019. This work will be completed in the next reporting period by refining the indicators selected for measuring results and ensuring that these are well aligned to APP indicators for the department.

- [Supporting DSD to conduct comprehensive data analysis to generate information for decision making, based on various DSD datasets including South African Social Security Agency \(SASSA\) grants and other national statistics.](#) Towards the goal of improving availability and use of data for decision making, the GCBS team invested in conducting comprehensive data analysis using existing data within the department and other government sources. Data were sourced from the SASSA - which is an agency set up by DSD to ensure the provision of comprehensive social security services against vulnerability and poverty, as well as from Statistics South Africa (StatsSA). Additional data sources for analysis is DSD's National Integrated Social Information System (NISIS) - which consists of an integrated database of households living in poverty, based on which needs for various DSD services within different communities are determined. This data is also used to track progress and eventual graduation of households from poverty.

The data sourced from SASSA included all beneficiaries up to the age of 25 years that received government social security grants namely; child support grant, foster care grant, child dependency grant and disability grants for the period ending 15 February 2016. A national database containing 1 759 839 primary recipients (aged 15-25) as well as the children under their care (where the grant is intended to benefit children under their care) was obtained. The dataset is categorized and clustered against four hundred and seventy-five (475) local SASSA offices located nationwide; not by geographic locations (i.e. by district, municipality). Extensive work was required to prepare the databases in order to allow for detailed geographic analysis alongside other key variables obtained from the latest 2011 national census data from StatsSA as well as other DSD data. StatsSA provided the GCBS team with access to an interactive census database (SuperCROSS) that utilizes QGIS software for geographic mapping of variables of interest. Upon completion of the extensive data cleaning process which is currently underway, and aligning of the various datasets, the GCBS

team will undertake data analytical processes to generate spatial maps of key variables. The anticipated product from the analysis is a set of spatial data maps for each district that reflect key indicators on vulnerability and service needs; geographic distribution of SASSA local offices, DSD service delivery points and funded NPOs (including the types of services available at these sites); and evidence reflecting current DSDs response based on social grants access data disaggregated by age-group, gender and grant type.

Over the next few months, additional data from DSD service points as well as CBIMS will be added to the spatial maps to reflect the response by DSD sites and funded NPOs in providing key services to OVCY and their families. The maps produced from the analytical processes will be disseminated to key stakeholders in districts, provinces and national DSD with the aim of promoting the use of this rich information in decision making processes. The DREAMS program implementers will also benefit from these data, which will reflect baseline status one the most critical indicators of vulnerability among girls and young women aged 10 to 24 years.

- **Scaling up M&E capacity building through training DSD and NPO officials on Basic M&E concepts and practices.** During the reporting period, the MERL team continued to respond to the high demand for M&E capacity building within DSD in the various provinces and districts. A series of four-day basic M&E training workshops were implemented in three provinces including Mpumalanga, Limpopo and Eastern Cape between November 2015 and March 2016. A total of one hundred and thirty-four (134) individuals were trained. While these workshops mostly targeted DSD officials, the Eastern Cape training included twenty-one (21) participants representing twelve (12) NPOs from the two districts of OR Tambo and Buffalo City Municipality. DSD participants included social workers, social work supervisors and managers, M&E officials as well as senior managers.

Participants' feedback from all four workshops was very positive, indicating that the workshops had addressed participant's needs around increasing knowledge of basic M&E principles. A DSD official said that the training had helped them to realize that they were already actively contributing to M&E even though they were "... unaware of the essential elements of M&E... I have been monitoring all along but not aware until this training". Another participant highlighted the following: "I learnt about regular monitoring and evaluation of planned projects... giving regular feedback to caregivers after receiving reports and the need for NPO's to have regular community meetings".

- **Data quality assessments at various DSD district offices.** In an effort to ensure that data collected on the GCBS program is reliable, the MERL team conducted data quality assessments at five DSD district offices in three provinces including Gauteng (Ekurhuleni and Tshwane) Free State (Thabo Mofutsanyane and Lejweleputswa) and

Northwest (Bojanala district). The exercise included verification of data reported by districts in the previous month. Various DSD officials participated in the exercise including M&E staff, data capturers, social work supervisors and HIV program coordinators. This process also provided an opportunity for the GCBS team to impart technical assistance and hands-on skills to DSD on how to conduct formal data quality assessments.

Key findings reflect large variations in the processes for data management in the different district offices. In both Free State and North West, CBIMS is utilized by district offices to collate data from NPOs. This however is not the case in Gauteng, where data collation is undertaken manually through counting hard copy forms submitted by NPOs. The original forms are then submitted to the provincial office. A major concern of the social workers is that the district office has no copies of data from NPOs to refer to. One of the Social Work Supervisors commented that *“We cannot put a name to the number because all we report are the numbers. For example, if an organization reported ten children last month and ten this month we just assume it is the same ten and yet sometimes it’s a different ten.”*

The need for an electronic database was further emphasized as this would likely reduce the time invested by social workers in undertaking manual data collation; *“You know when it’s time for reporting we can’t even do anything but just counting. We are social workers but we can’t even focus on the social work because we have to count. It takes up a lot of our time.”* Additional key findings include the lack of proper filing systems at district offices as well as the late submission of data by NPOs.

## Component

### 5

## Support and strengthen the child protection response framework

The purpose of Component 5 is to strengthen and enhance child-centred practice interventions and responsiveness of multidisciplinary OVCY service providers, in particular social workers. Hence, the strategic objectives for this component focus on strengthening service delivery and capacity to provide interventions; improving the management of services, and enabling the review of legislation and policy that impact on services to children.

### *Summary of Progress*

- *Assessed and analysed challenges in the practice approach to child protection through engagement with provinces; which will be addressed in the current and forthcoming years of the project*
- *Implemented a coaching process to strengthen the integration of learning into practice in KwaZulu-Natal, this process further assisted in the planning of the current workshops based on the social workers practice needs*
- *Commenced the process of reviewing the child protection system, which will be incorporated into the Child Protection Policy*
- *Produced a Zero Draft of the Child Protection Policy*

The activities for the current reporting period adopted a holistic perspective to strengthening child protection, focussing on gaps in direct interventions that impact on children, as well as the broadening of the legislative framework to address challenges that existed in supporting interventions with children. These current activities are as follows:

- A review of the Child Protection System (CPS)
- Capacity building workshops of social workers in DSD and other registered child protection service providers
- Coaching sessions to review the integration of the capacity building workshops conducted in Year two (2)
- Review of assessment instruments
- Development of the first draft of the Child Protection Policy

### 5.1 Progress towards Component Objectives

During this reporting period capacity building workshops on early intervention and therapeutic support to children were extended to the Eastern Cape and Western Cape provinces.

- o **Social Work Practitioners capacitated in child protection response.** The GCBS program has identified clear challenges in terms of the capacity and utilization of social workers within DSD to deliver effective child protection services. Capacity building workshops on early intervention and therapeutic support were designed to support and address the specific challenges experienced by social workers in relation to direct interventions with children. Additional challenges in these services as linked to present foster care practices were also address. In the past financial year capacity development workshops were facilitated in Gauteng, North West, Limpopo, KZN, Mpumalanga and Free State. During this reporting period these workshops were offered in the Eastern Cape and the Western Cape and included:

- *Early intervention and therapeutic support to children* - A three (3) day workshop facilitated in the Eastern Cape in October 2015 was attended by one hundred and thirty-seven (137) social workers. Likewise, a workshop was held in the Western Cape, attended by thirty (30) DSD provincial child protection personnel in October 2015. The workshop engaged participants on an analysis of the current child protection services and practices and addressed skills gaps in their response to providing child friendly therapeutic practices. Through the GCBS program participant's capacity in providing these services to OVCY was enhanced. Social Workers were capacitated with the knowledge and hand-on skills required to build resilience in children and support them to make positive life chooses. The provision of such services to OVCY is seen as core to the DSD comprehensive basket of services.

- *Prevention and early intervention (PEIP)* – Building on from the aforementioned workshop, practitioners in Western and Eastern Cape were supported in building their knowledge and understanding of the DSD Strategy on Prevention and Early Intervention (PEIP) and how this relates to service delivery. Therapeutic interventions with children through programs that provide prevention and early intervention services was linked to the strategy, and served to ensure that DSD prioritizes this role. The workshops were held over two (2) days and were attended by thirty (30) senior DSD personnel in each respective province. The emphasis on senior personnel ensures that they are more equipped to support social workers in their therapeutic role, creating necessary space for them to intervene with children at this level. Presently, the child protection system has seen social workers assume a more administrative role in supporting vulnerable children; these workshops have been aimed at shifting general practices to be more meaningful towards addressing the specific needs of the individual children served.
- **Review of child protection capacity building workshop.** As previously mentioned in the past financial year social workers across several provinces participated in capacity building workshops focusing on early intervention, therapeutic services for vulnerable children and improved foster care practices. Through GCBS a review was conducted with social workers in KZN who attended these trainings. The review evaluated the effectiveness of the training in order to establish how social workers used the knowledge gained in improving services to children and to identify additional training needs. Emphasis was placed on issues of self-care as a strategy to build the resilience of social workers and to support them in dealing with the many challenges encountered in child protection cases that they attend to on a daily basis. The view being that strengthened individual capacity will enhance the quality and responsiveness of services they provide to OVCY. Four (4) review sessions were held, one in each GCBS priority district in KZN reaching one hundred and eighty-seven (187) social workers.

The key findings from the review sessions indicated that the GCBS-supported capacity building workshops had reached the desired impact. Social Workers indicated that they felt more confident and better enabled in their communication and interactions with children and families. They reported that in their sessions with vulnerable children and their caregivers they had focused more on psychosocial wellbeing needs than on administrative and practical needs, as was their practice in the past.

In addition, the review highlighted the need for strengthening of therapeutic and psychosocial social services particularly for children placed in foster care. This view

was support by both DSD national and provincial personnel, who stated that the present foster care systems sees children being dealt with as a mechanical business transaction, with the end goal being the issuing of the foster care order or a renewal. The foster care process is viewed as being overly administrative and devoid of the emotional, developmental and psychological needs of the child. Moving forward DSD is seeking GCBS program support to help redefine these services and to capacitate social workers to be able to effectively engage children's needs from intake to placement in care as well as provide ongoing support while in care. This process will also ensure that social workers obtain an increased understanding of HIV and AIDS, in order to maximize their role and key contribution towards testing, support and adherence to treatment. A service provider to support the roll out this training has been identified and workshops will be initiated across the eight (8) GCBS priority provinces and related districts, starting in Limpopo during April 2016.

On completion of the review session the GCBS team conducted visits to DSD service points in which the social workers trained are placed. Through these visits social workers and their supervisors were provided with direct support in reviewing their present caseloads, identifying intervention needs and how capacity building training provided could be incorporated into individual children's cases. These visits also afforded an opportunity for GCBS to obtain and collate data on children reached through these service points. Specific challenges with regard to data management systems were identified and the GCBS M&E team will be tasked with providing additional support to service points to address these.

The following districts, service points and social workers were reached:

- Zululand- 6 service points and 15 social workers
- Uthukela- 8 service points and 25 social workers
- Ugu- 5 service points and 36 social workers
- Ethekewini- 10 service points and 48 social workers

The process of review and capacity building will be replicated in other provinces during the third and fourth quarter, starting with a session in Mpumalanga in May 2016.

- **Assessment practice tools:** Following on from the capacity building engagements and reviews held with social workers over the past year, the GCBS program and DSD are addressing related challenges in the utilization of child assessment tools. It was identified that DSD lacks a standardized assessment process and supporting tools that are applied nationally, as a result provinces are using a mix of different techniques and tools. Social workers reported that they found the assessment process challenging, both theoretically and in practice. The effective use of assessments is essential to child

protection services as it is through this means that key service needs are identified and children are linked to appropriate health, justice, welfare and educational services.

During the reporting period assessment tools presently used to address needs across the full continuum of care have been collated and recorded by the GCBS team. In the next two quarters the GCBS program will undertake a review of these tools in consultation with DSD at national and provincial level, pulling together a standardized package for child assessment. This package will be piloted at DSD service points and designated child protection NPOs during year four (4) of the program.

- **Review of the Child Protection System:** This review was carried out by GCBS as a concurrent process to the development of the Child Protection Policy (CPP). A Child Protection System (CPS) Review Report will be assimilated into the first draft of the Child Protection Policy, which will be completed by the end of May 2016. Of importance to the review and resulting CPS is the need to foster a bottom-up approach that builds from community level; an approach that responds to the PEPFAR focus of addressing challenges experienced by OVCY at district and community level first and foremost.

Two workshops were held to review the present Child Protection System.

- *Workshop #1:* A consultative workshop was held on the 26-27 October 2015 and attended by thirty-seven (37) participants: including representation from DSD Welfare Branch as well as external organizations such as the Children's Institute (UCT), Save the Children SA, UNICEF, Johannesburg Child Welfare, Teddy Bear Clinic, University of Western Cape and experts from the legal field. The participants reflected on the context, conceptual framework, the development of a CPS vision, identification of factors that serve as a barrier to achieving the vision, the development of an action plan to improve the system and accompanied by interventions and measures to improve the CPS. The purpose of these workshops is to create and drive the national urgency to improve the quality of child protection services.
- *Workshop #2* –A consultative workshop was held on 7-8 December 2015 and was attended by twenty-six (26) delegates. The workshop focused on developing a framework and process to support the review of the CPS. Representatives from the various programs within the Chief Directorate: Child Protection attended, namely, Orphans and Vulnerable Children; Adoptions and International Social Services; HIV and AIDS; Foster Care; Legislation and Policy; and Monitoring and Compliance. The various program also units presented on their main strategies, achievements, challenges and options to mitigate these.

Workshop discussions were robust, with participants welcoming and supporting the review process. The workshops resulted in clear strategy for rolling out the CPS review and gives clear guidance on how the child protection system should be structured going forward, as well as how the fragmentation of efforts across the various departmental sectors servicing children can be minimized and managed.

- **Quality Assurance and Monitoring & Evaluation Framework to support implementation of child protection response:** *Child Protection M&E Framework* - The Quality Assurance and Monitoring Framework developed by the GCBS program was reviewed and refined. Component activities such as the analyses of the workshops have yielded valuable lessons that are being integrated into strengthening the QA Framework. In addition, the GCBS program hosted a national workshop on developing a theory of change (TOC) for child protection. The TOC has also been used to complement the vision of the review of the Child Protection System. Various indicators are being prioritized from the framework to be integrated into the current Information Management Systems for Child Protection.
- **Child Protection Capacity Building Policy.** The Child Protection Capacity Building Policy (CPCBP) developed through GCBS in partnership with DSD was finalized in September 2015 and has been submitted for approval through the relevant DSD departmental processes. A task team within the Children’s Directorate was established and tasked with the review of current capacity gaps within the National structure of DSD. The outcome of this review will provide direction and support to the CPCBP. The roll-out of the CPCBP will be implemented in Years 4 and 5 of the GCBS program.
- **Child Protection Policy.** Presently, South Africa does not have a CPP in place that informs the Children’s Act and supports its required amendments. There are several key amendments to the act that will address improvements in the provision of child protection services to OVC. Without these amendments social workers will continue to experience challenges in the placement of vulnerable child into care. Over the reporting period GCBS appointed Prof. Ann Skelton – with expertise of policy development and prior involvement in drafting the 3<sup>rd</sup> Children’s Act, Amendment Bill - to assist DSD in the development the CPP. The policy is in response to the gap analysis report on the Children’s Act, commissioned by the GCBS program in the past reporting period. The report which was completed in July 2015, identified policy gaps that would need to be addressed before the amendments to the Act could precede.

The policy development process was initiated through a two (2) day multisectoral engagement with National DSD in November 2015. A second session was held in March 2016 with members of the National Child Care and Protection Forum, including



representatives from the NPO sector. Approximately, one hundred (100) delegates participated in each of these sessions. Inputs from the session along with existing policies, legislation, strategies and past policy reviews are being considered in the drafting of the CPP in relation to the proposed amendments to the Children’s Act.

**Component  
6**

**Strengthening social service workforce serving vulnerable children**

Component 6 aims to strengthen the capacity of DSD to plan, manage, develop and retain the social services workforce (SSW) serving children. Activities directly support components 1, 2, 3 and 5 by ensuring that the workforce is capacitated and enabled to carry out direct program activities.

While activities in Year 1 contributed towards building a solid regulatory framework for SSW, the focus of Year 2 targeted the development of key tools and programs that will directly improve SSW capability, efficiency and effectiveness at district level. Activities in this reporting period were geared towards supporting DSD in the development of a Demand and Supply Model; a Supervision Program including the roll out of development forums within districts; an Induction Manual; and an updated Recruitment and Retention Strategy. The collective aim of these activities is to better enable, capacitate and support those social service practitioners (SSPs) that are directly responsible for providing services to OVCY. These activities will further ensure that scope of GCBS-supported interventions and the packages of services being developed and implemented in relation to the referral system, child protection services and social behaviour change are of a high quality and able to improve the overall well-being of children. The GCBS program will also support DSD to formalize capacity building efforts through the adoption of the strategy for continuing professional development of SSPs and e-learning web based platform for these practitioners.

*Summary of Progress*

- Produced the Inception Report and the Draft Desktop Analysis Report for the Demand and Supply Model. The field for data collection phase is underway, subject to completion and approval of the methodology, sampling strategy and data collection tools.
- Developed guidelines on the workload ratio management and related training, with preparations for a pilot, which will commence in four (4) selected provinces in Year 3.
- Held national consultation workshops with representatives of the social service workforce from district and provincial DSD on development of the following:
  - oSupervision Program
  - oInduction Program
  - oRecruitment and Retention Strategy
- Delivered a supervision learning program to provincial DSD supervisors and personnel in Free State, Gauteng and Western Cape; with district and provincial supervision development forum now established in all three (3) provinces.

## 6.1 Progress towards Component Objectives

- **Development of a demand and supply model.** In June 2015, KPMG was contracted to support DSD in developing a demand and supply model for the social development sector. The aim of the model is to better inform workforce planning projections and the efficient allocation and utilization of available resources (supply) within the sector by linking this with the current and projected demand for services. The model will provide evidence-based and demand-led workforce projections for the next 15 (fifteen) years, which are responsive to the NDP and the sector reform agenda. Key variables and conditions which will help to inform the demand-side include: the current and evolving policy and strategic thrust of the sector; existing and future population increase and demographic profile; the characteristics and profile of burden and vulnerability; the scope and range of services required based on the specific needs of the population; and the anticipated utilization and uptake of these services. In terms of linking the supply-side with demand, key variables will include: the number of social services practitioners required; the output and capacity of the supply pipeline to train and produce these; the skills mix and range of competencies needed; the characteristics and models of the service delivery system and related technologies; and the efficient supply, replacement, utilization geographic distribution and deployment of the workforce. The demand and supply model will be critical in enabling the efficient and sustainable delivery of services, based on the most efficient allocation and use of resources across the sector and by anticipating and incorporating future changes in sector programs and strategic direction.

The Inception report for this activity was approved in September 2015 by the project technical team. Subsequently the service provider embarked on a desktop review with the objective to map key information on the sector in order to develop a more detailed background picture and approach methodology. Delays have been experienced in the approval of the desk top analysis report. However, after a rigorous and critical analysis of the report by the technical team, an improved version was developed. The report was accepted in February 2016, on condition that a sampling strategy be developed to clearly outline and articulate the data collection phase and methodology and to clarify how these will support the development of the demand and supply model. The next phase is the data collection process, which will include the identification of specific data sources; the development and application of a survey tool and sampling methodology; the collection, and consolidation of data and the preliminary analysis of findings. The related field work for this phase of the process will commence in April 2016, with testing of the data collection tools in Mpumalanga province.

- **Workload measurement and customized Performance Management and Development System (PMDS) piloted.** The Guidelines for Workload Ratio Management and PMDS Model were developed by DSD and are ready for implementation. Four (4) provinces, namely, Gauteng, Kwa Zulu Natal, Western Cape and Mpumalanga have been identified to participate in the training and testing of the model. A draft Request for Proposals (RFP) was developed with the intention of sourcing a qualified service provider. The RFP will be advertised after approval at the next GCBS project steering committee meeting. The training and pilot phase will commence in May 2016 after the appointment of the service provider. Workload measurement needs to inform demand and supply, to ensure the efficient allocation and utilization of staff. To achieve this, requires not only the sufficient numbers of competent practitioners, but defined workloads and caseload measures to inform their allocation, deployment and utilization; ensuring this is responsive to population demand and needs of services in communities.
- **Development of a supervision program based on analysis of existing DSD**  
Following provincial consultation sessions held in FY2015, a national consultation session on the development of a supervision program was held in December 2015 in Gauteng. A total of two hundred (200) social service practitioners attended the consultative workshop. DSD officials from the Human Resource Development (HRD), Human Resource Management (HRM) and Organizational Development (OD) and Labour Relations unit were represented at these consultations to ensure that the needs of all occupation groups were taken in consideration. The purpose of the consultation sessions was to solicit further inputs and support for the supervision program, which has been customized to meet the needs of all the SSPs.

Subsequent to the national workshop, a stakeholder engagement workshop was held in March 2016 with seventy (70) provincial delegates from the department of social department, thirteen (13) senior faculty members from universities across the country and seventeen (17) representatives from civil society. The primary objective of this engagement was to have rigorous consultation, solicit buy-in and inputs into the draft supervision qualification framework which was developed after the national consultation workshop and with the guidance of HWSETA. The supervision program is designed to equip supervisors to provide effective and efficient support to practitioners, with a view to protecting the best interests of the service beneficiary, combined with overall service delivery improvement.

- **Implementation of the supervision program and framework through capacity building and supervision forums in selected districts and service points supported.** In order to achieve this activity the following activities were undertaken through the GCBS program:
  - Four (4) provincial social work supervisors' forums have been established, the 1<sup>st</sup> forum was established in August 2015 at Mpumalanga, (2<sup>nd</sup>) Gauteng in March 2016, (3<sup>rd</sup>) Free State in February 2016 and (4<sup>th</sup>) Western Cape in March 2016.
  - Technical support provided for district and service points to establish their own supervisors forums accountable to the provincial forums
  - During the training on the supervision framework and quality assurance conducted through GCBS these forums developed terms of reference and action plan that directs and govern their day to day activities and outlines scope of work of each forums
  - The provincial supervisors forums meet on a six monthly basis, whereas the district forums meet quarterly and service points meet on a monthly basis. Reporting templates were designed through GCBS to assist the forums in recording and reporting the proceedings of each forum meetings, activities held, achievements and challenges. GCBS is responsible for hosting the provincial forum provide monitoring and support at that level where all the district report on progress, achievements and intervention made in as far as supervision is concerned.

Prior to the establishment of the social work supervisors' forums, supervision remained a serious challenge. At Mpumalanga province, supervisors have opened files for each supervisee in the span of their control, developed contracts with their supervisees, agreed on a supervision schedule. Besides the one-on-one supervision they also hold group supervisions with team members. The provincial supervisors' forums have made a commitment that Fridays should be dedicated towards supervision. A task team was formed with members of the provincial supervision forum and veteran social workers to look at the strategy for closing and discarding all inactive and old case files throughout Mpumalanga province. This would help the department in the province to clean the social workers statistics and know the exact caseload of each practitioner. Newly appointed GCBS social workers will support this process within the service points.

- **Strengthening of Social Service Practitioners (SSP) job specific induction program through provincial consultation.** The final national consultation workshop on the draft program was held on 3 March 2016 with seventy (70) participants representing all occupational groups within the welfare sector. A draft induction policy and framework is ready for approval and the draft program will be finalised and tested in the 4<sup>th</sup>

quarter of Year 3 of the GCBS program. Through the induction program, improvement in OVCY service delivery is anticipated as all new social service practitioners will be required to undergo full induction prior to their assumption of duties. This program will be used as a tool to build capacity and increase the abilities of individual social service practitioner by better preparing them to perform their core functions, to clarify their expectations and requirements and to continuously develop and improve their knowledge and capacity of OVCY and HIV-related guidelines and practices.

- **Support the SACSSP and DSD in the implementation of the Continuous Professional Development (CPD) Policy.** A RFP was developed and launched jointly with DSD through the Project Steering Committee. In response to its advertisement, one proposal was received, but failed to meet the requirements of the RFP; which has subsequently been re-advertised. The purpose of this RFP is to source a service provider to develop a Continuing Professional Development (CPD) and capacity building strategy as well as design a web based e-learning platform and database to support this. This activity will ensure that SSPs continue to receive training, keeping them updated on new trends in the field and ensuring that the training is focused towards providing the necessary competencies to support direct service delivery to children. It is anticipated that a service provider will be appointed within the next quarter and this work will commence soon thereafter.
- **Revisions of DSD Recruitment and Retention Strategy (2009).** Two national consultative workshops were held in December 2015 and March 2016 with seventy (70) representatives of the social service practitioners from district, provincial and national department of social development. The revised draft strategy was presented to solicit inputs and discussions aimed at the finalisation of the recruitment and retention strategy. Upon completion the strategy will go through DSD approval process before implementation.

## c. Program Administration and Management

### i. Agreement Management

The GCBS five (5) year contract was signed with USAID in September 2013 with an estimated value of \$68,918,981. To date, USAID has obligated an amount of \$22,307,238. Since the start of this fiscal year, the SA Rand (ZAR) experienced a devaluation of 37% based on forecast exchange rates. This has the effect of lowering GCBS expenses in terms of United States Dollar (USD). Pact will continue to monitor the impact and effect of this devaluation on GCBS expenses. It is further estimated that the GCBS program expenditure through 30 September 2016 will amount to \$22.5 million.

The GCBS program is currently implementing the work plan approved by DSD covering the period through March 2017, which has subsequently been approved by USAID. The work plan however will be reviewed in the fourth quarter to ensure the program remains in line with both PEPFAR and DSD priorities. It should be noted that the extended period of the work plan ensured alignment to the DSD fiscal period and facilitating better planning for program activities requiring government approval or intervention.

Individual provincial specific implementation plans have been developed for seven (7) provinces, five (5) during FY15 and two (2) additional during this reporting period for DSD in Limpopo and Eastern Cape. Implementation plans developed in FY15 have been reviewed with DSD North West and Gauteng, with scheduled review workshops for Free State, Mpumalanga and KZN plan for the next quarter. These workshops have been essential in ensuring that key program activities such as the roll out of PSS services and HCT trainings are now included in all provincial program implementation plans.

In order to strengthen the alignment of the GCBS program with PEPFAR 3.0's Impact Action Agenda item of strengthening the resilience of orphans and vulnerable children—especially adolescent girls—their families, and communities, the implementation approach of the GCBS program needed to increase emphasis on high prevalence districts. This increased emphasis includes the scaling up of local DSD administrative capacity to increase services at DSD service points in order for OVCY to access core interventions in those areas. Pact held a discussion with USAID in December 2015 and subsequently submitted a concept note proposing the appointment of social workers. To support this argument, GCBS noted a major backlog in social cases that was preventing effective coordination of OVCY direct services. The GCBS team further believes that increasing the administrative capacity of DSD will help improve coordination and relieve the backlog in identified priority districts. The appointment of social workers will address the case backlog and the achievement of the implementation goals and objectives that were set at the beginning of the program's commencement. Pact is yet to receive a response from USAID on the concept note that had been submitted for comment.

In February 2016, Pact received the CPAR report for the GCBS program and has noted the "very good" evaluation score for program implementation. In its response, Pact noted the invaluable support received from USAID/SA mission which contributed to GCBS program achievements to date.

## ii. Program Management

The partnership with DSD and supported through the Program Steering Committee (PSC) co-chaired by USAID and DSD, has continued to fulfill the management, oversight and monitoring functions for the GCBS project. Leadership changes remain the greatest challenge for the committee with a new Acting Director General (DG), Mr. Thokazana

Magwaza and Acting Chief Operations Officer (COO), Mr Thabani Buthelezi taking leadership and oversight of the GCBS in February 2015. Change is again underway with as these acting positions will be changed as for 1 April 2016. Concerns are that these changes continue to affect the frequency of the established PSC meetings which further delayed the making of strategic GCBS program decisions including the issuing of time sensitive RFPs for contract and consultant work.

Pact continued its strategy of working with component working groups that consist of DSD and Pact consortium members. This approach has delivered excellent results and it fosters and maintains the department's interest, buy-in and grounded understanding of the project purpose and goals. Furthermore, these working groups oversee and facilitate the role out of provincial program activities and facilitate the coordination of program activities between national to provincial and between provinces and district levels.

In supporting program roll out at provincial level the Pact management team continue to meet with and engage DSD senior personnel at provincial level. Focus has been placed on meeting with Heads of Departments (HODS) and other key senior personnel across all provinces to engender ongoing support of the program and ensure that program activities can effectively be implemented. Challenges, however, are still experienced within some provinces particularly in relation to communication challenges and the approvals of activities which often need several levels of engagement before implementation.

### iii. Program Personnel

Personnel at both national, provincial and district level is key to the implementation of the GCBS program. Personnel base has been extensively expanded over the past six (6) months with additional personnel being appointed to support direct service intervention at district level. Challenges have remained due to procedures and protocols that need to be followed in the appointment of personnel to be placed within DSD Provincial Offices.

#### Pact:

During the reporting period, the Finance and Operations Director resigned and left the employ of Pact at the end of March 2016. As this position is key, recruitment to fill this post had started immediately and Pact envisages that this position will be filled by 01 June 2016 after receiving approval from USAID for the proposed candidate.

### DSD Seconded Program Personnel

*National Program Manager:* A Program Manager seconded to DSD National office was appointed in November 2015. The Program Manager provides day-to-day support for the implementation of the program across all program components. This includes overseeing the roll out of the agreed upon program work plan and related implementation plans at both national and provincial level. Responsibilities include monitoring and guiding Provincial Program Managers.

*Provincial Program Managers:* Four (4) Provincial Program Managers have been appointed during the reporting period, placed in Gauteng, KZN, North West and Free State. Post for the remaining provinces have been interviewed, candidates shortlisted and interviews scheduled to begin in May 2016. The placement of the Provincial Program Managers have been highly beneficial to the program and has played a positive role in enhancing relationships at provincial level and in driving activities forward.

### DSD Seconded M&E Management Personnel

*National M&E Advisors:* Three (3) National M&E Advisors were appointed to augment the M&E Chief Directorate and support efforts to improve the M&E capabilities of National DSD. With the restructuring of the department and creation of new Chief Directorates and branches, each national advisor was allocated two main branches; including Welfare Services; NPOs, Integrated Development, Disability, Social Security and Social policy/research. In addition to national level support, the advisors will also provide technical assistance to the provinces of Western Cape and Northern Cape where the program will not be placing provincial advisors.

*Provincial Program Managers:* Following the recruitment process undertaken in July/August 2015, five (5) Provincial M&E Advisors were appointed to support Gauteng, Free State, Limpopo, Mpumalanga, and Eastern Cape. During that initial recruitment processes, no suitable candidates were identified for the provinces of North West and KZN. It was agreed that these posts would be re-advertised. Unfortunately, two (2) Advisors that had been recruited have since resigned, leaving the posts in Gauteng and Free State vacant. During the past quarter, the four (4) vacant posts were re-advertised. Interviews have now been scheduled for KZN and the GCBS team is working with Gauteng, North West and Free State to schedule the remaining interviews.



## DSD Seconded Social Workers

**GCBS Social Workers:** During the reporting period the process of appointment of GCBS social workers to be placed within DSD Service Points was initiated. The appointment of social workers seeks to provide direct capacity at DSD service points to enhance the roll out of GCBS program activities. These social workers will specifically focus on activities that:

- Strengthen the functioning, management and capacity of the existing referral system- as a means of increasing access to child protection and health services for vulnerable children with a view to reducing incidence of HIV and AIDS
- Enhance quality of services provided to vulnerable children and improve the efficiency of the case management system
- Facilitate the management, implementation and monitoring of early intervention, prevention, social behavior change and referral services through the application and use of data

To date seventy-six (76) have been appointed. Orientation sessions have been completed for those social workers based in KZN, Gauteng, North West, Eastern Cape and Mpumalanga. Induction sessions have been held with these social workers, except for KZN. Orientation and Induction sessions for Limpopo and Western Cape based social workers are scheduled for May 2016. Moving forward the program will appoint one hundred and one (101) social workers across priority provinces. In addition to the social workers, social work co-ordinators will be appointed to provide oversight, supervision and mentoring to ensure that GCBS priority activities are effectively implemented.

PROVINCE	Social Workers	Social Work Co-ordinators
Gauteng	12	3
Eastern Cape	12	3
Free State	12	3
Limpopo	5	1
KZN	32	Consultation for appointment still underway
Mpumalanga	15	3
North West	5	1
Western Cape	8	2
<b>TOTAL</b>	<b>101</b>	<b>16</b>

## **Mott MacDonald:**

With the changed GCBS focus to implement the program at district level, the need arose for Mott MacDonald to appoint additional staff to meet the new demands of the program and ensure targets are met. Appointments are as shown below:

- Technical Program Manager - This resource will be responsible for overseeing the roll out of the agreed upon program work plan and related implementation plans at both

national and provincial levels. Additionally, this resource will monitor program communication and planning as well as provide support to program staff in work plan activities is significantly augmented. A preferred candidate has been identified and will commence duties on 03 May 2016.

- SBCC Project Manager – this resource will coordinate and drive the project management aspects of the SBCC component. This resource will at component level, be responsible for overseeing the agreed upon activities under each strategic objective of the component work plan. A preferred candidate has been identified and will commence duties on mid-May 2016.
- Senior Project Officer: SBCC - this resource will assist the component with rolling out the SBCC program at provincial and district level. A preferred candidate has been identified and will commence duties on 03 May 2016.
- Project Officer: SBCC - this resource will assist the component with rolling out the SBCC program at provincial and district level. A preferred candidate has been identified and will commence with duties on 01 June 2016.
- Senior Project Officer: Child Protection – this resource will support the mentoring of DSD personnel trained in child protection implementation. The recruitment process for this position is currently underway and the anticipated start date for the successful candidate is 01 June 2016.
- Capacity Building Technical Lead (cross cutting) – this resource will consolidate the work of and lead the implementation of all capacity building activities for the three (3) Mott MacDonald led components. A preferred candidate has been identified and will commence duties on 03 May 2016.
- Contracts Manager – this specialised resource will work with project staff to ensure contract compliance with FAR regulations. The recruitment process for this position is currently underway and the anticipated start date for the successful candidate is mid-May 2016.
- Contracts Officer – this resource will offer support to the contracts manager. A preferred candidate has been identified and will commence duties on 03 May 2016
- Monitoring & Evaluation Officer 1 – this resource will offer support to the M&E manager. A preferred candidate has been identified and will commence duties on 03 May 2016.
- Monitoring & Evaluation Officer 2 – this resource will offer support to the M&E manager. A preferred candidate has not been identified for this role.
- Operations Project Manager – this resource will work closely with the project associate, the provincial project associate and the capacity building lead to plan for, oversee and lead on the rollout of all component district level activities (e.g. training workshops, learning seminars, youth HCT referral events etc.). A preferred candidate has been identified and will commence duties on 01 June 2016.
- Provincial Project Associate – this resource will assist with the organising and coordination of district level (e.g. at service point) capacity building activities. This

resource will also assist with the collection of data. A preferred candidate has been identified and will commence duties on 03 May 2016.

- Project Associate – a candidate to fill this existing position left vacant after a resignation has been identified and will commence on 03 May 2016.

## d. Monitoring, Evaluation, Reporting and Learning

### **District Baseline Evaluation**

DSD in partnership with the GCBS team has commissioned a baseline evaluation at district level to establish the current status of key indicators relevant to the program goals and objective. When GCBS program activities commenced in early 2014, the initial focus was to prioritize systems strengthening activities at national and provincial levels. With the realignment in 2015 of the PEPFAR focus for impact towards UNAIDS 90-90-90 targets and the subsequent GCBS program shift towards strengthening DSD systems and community-based services at district and at service delivery level, gathering baseline data on current levels of vulnerability and key indicators of wellbeing among targeted beneficiaries is a high priority. The baseline evaluation is a vital part of the revised overall GCBS program evaluation plan, as it will provide critical data on which program performance and impact will be tracked and measured.

While commissioning of the baseline evaluation commenced in August 2015, the initial poor response to the RFP necessitated its re-advertisement in October-November 2015. At this second attempt, three (3) proposal applications were received, with a preferred vendor-Eton Group – successfully selected by a technical committee comprised of DSD officials and GCBS staff.

During March 2016 an assigned technical working group (TWG) met with the preferred vendor to clarify the baseline evaluation requirements and provide the necessary information to enable the vendor to refine their evaluation proposal. This included revising the proposed methodology for sampling and data collection, reaching agreement on the most suitable priority districts and determining methods for gathering comparative data under the quasi-experimental design proposed for the evaluation. Following technical input and guidance from the TWG, the vendor is now finalising their proposal and budget submission for consideration and approval by USAID. It is anticipated that the baseline evaluation will commence in May 2016 and will be completed within eight months. Data from this evaluation will not only provide a basis for measuring impact of the GCBS program, but will also inform decision making processes by DSD on the most vital investments needed to address vulnerability among children and youth in the GCBS-supported priority districts.

## District and Provincial GCBS results Monitoring

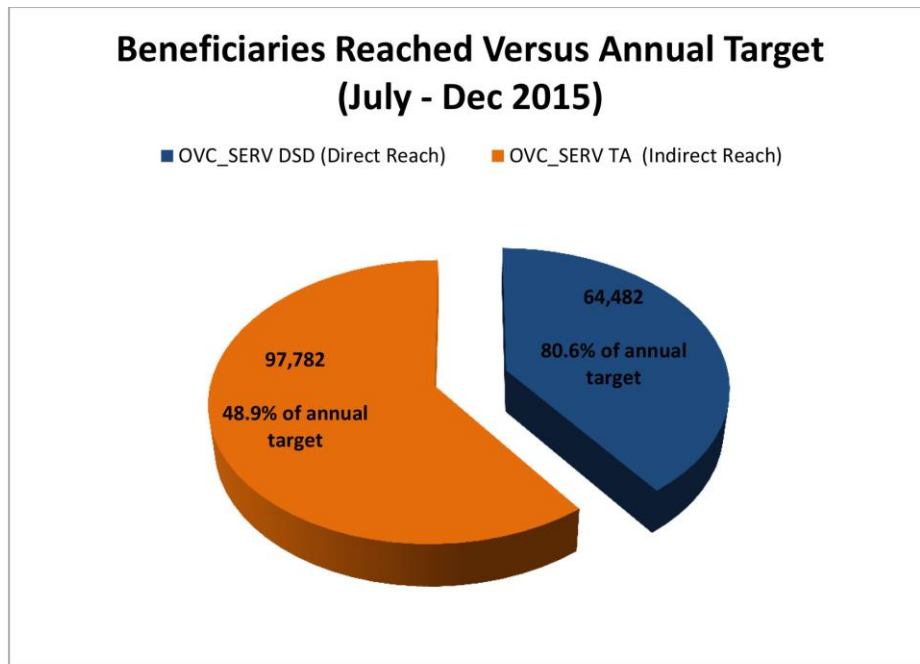
With the placement of provincial-based M&E Advisors, the GCBS MERL team has increased its capacity to monitor program implementation plans at provincial level and within each GCBS-supported priority district. The team have developed a monthly tracking tool designed to monitor results attained from the various GCBS components and planned activities within each district. This monthly report format enables the provincial M&E Advisors to document, track and monitor progress against defined targets for each component, thereby enabling the broader GCBS team to readily measure and report on progress of implementation plans. Each advisor maintains a filing system with auditable source documents used as a means of verification of the results reported in each assigned district. The data is used to extract the monthly report results.

The M&E Advisors also undertake regular site visits to DSD offices and NPO sites to gather information on services, GPS coordinates, identify M&E tools used and any other HR data needed to monitor implementation. Going forward, each M&E Advisor will be assigned two data capturers in each district, whose main responsibilities will be to support NPOs with the implementation of CBIMS to ensure that the required data is complete, well documented and meets required quality standards.

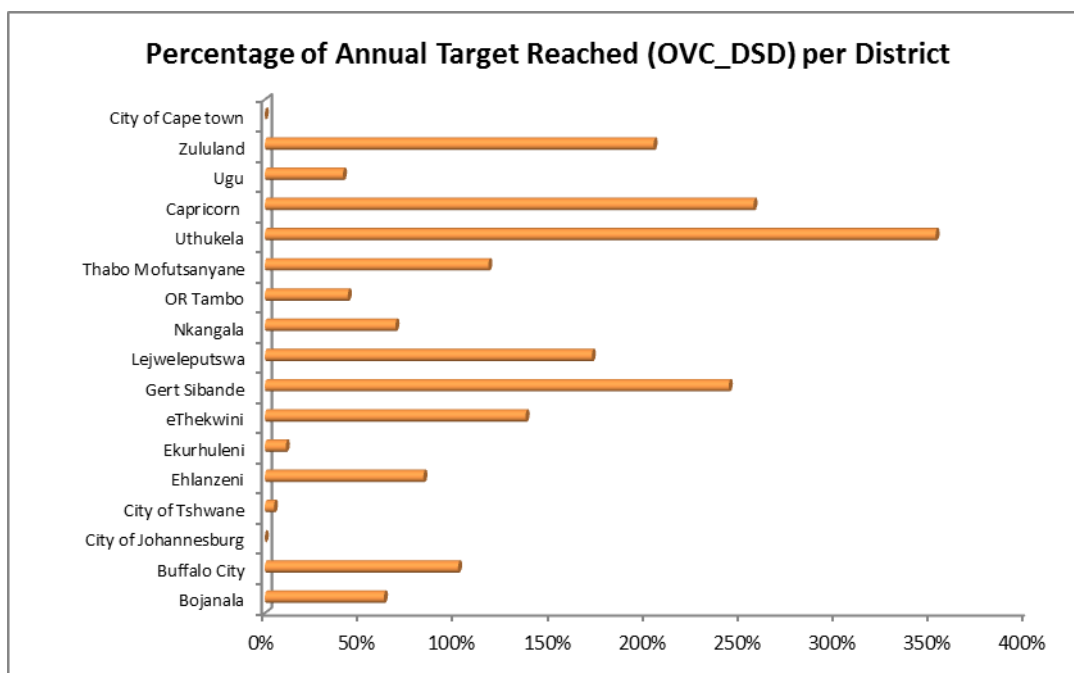
## 3. Program Progress Analysis

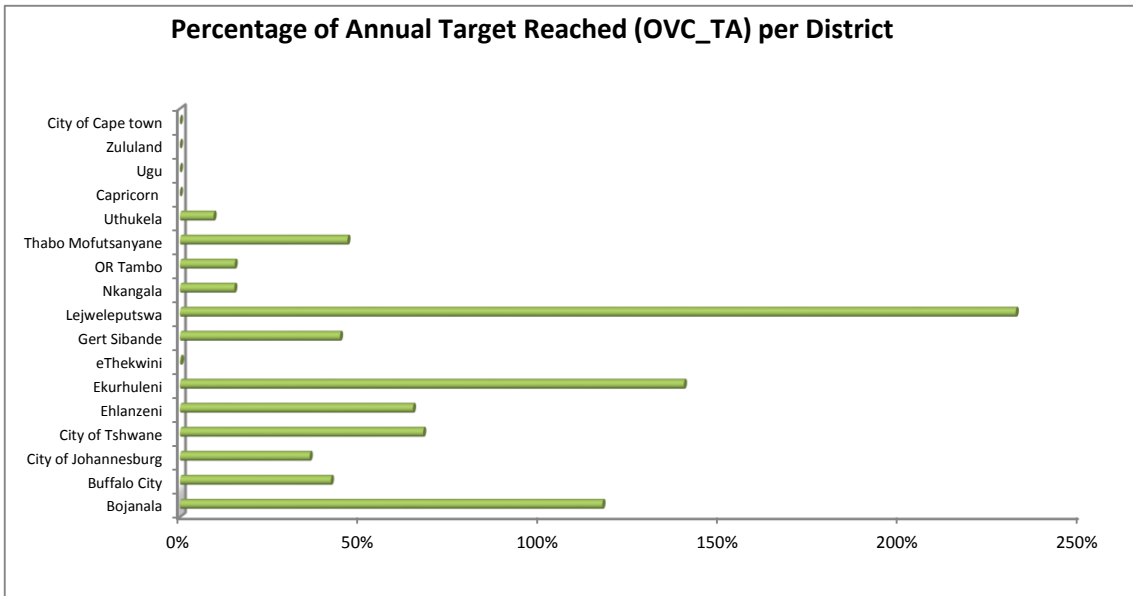
### a. GCBS Targets and Analysis of Achievements

The GCBS program reach is based on a count of beneficiaries reached directly by DSD sites supported by the program (OVC\_Serv DSD indicator) as well as the clients reached by funded NPOs that receive technical assistance from the program (OVC\_Serv TA indicator). During the reporting period, the program implemented a large number of technical assistance activities aimed at strengthening the quality and range of services provided to OVCYs at the various sites. Technical support included strengthening child protection services, health referrals, HIV and AIDS programs, deepening understanding and building skills of Social Service practitioners as well as strengthening management systems within organisations (NPOs and DSD) particularly in MERL. GCBS interventions reached 157 DSD service points and 371 NPOs across all provinces with exception of Western and Northern Cape. Through these activities, the program reached 64,482 individual beneficiaries at DSD service points (OVC\_SERV DSD). This is 80.6% of the annual target. Over 800 social workers were supported by the program with the aim of improving case management and beneficiary outcomes with particular focus on child protection services. Through technical assistance to NPOs, the program reached 97,782 beneficiaries (OVC\_SERV TA). This is just under 50% of the annual target for this indicator.



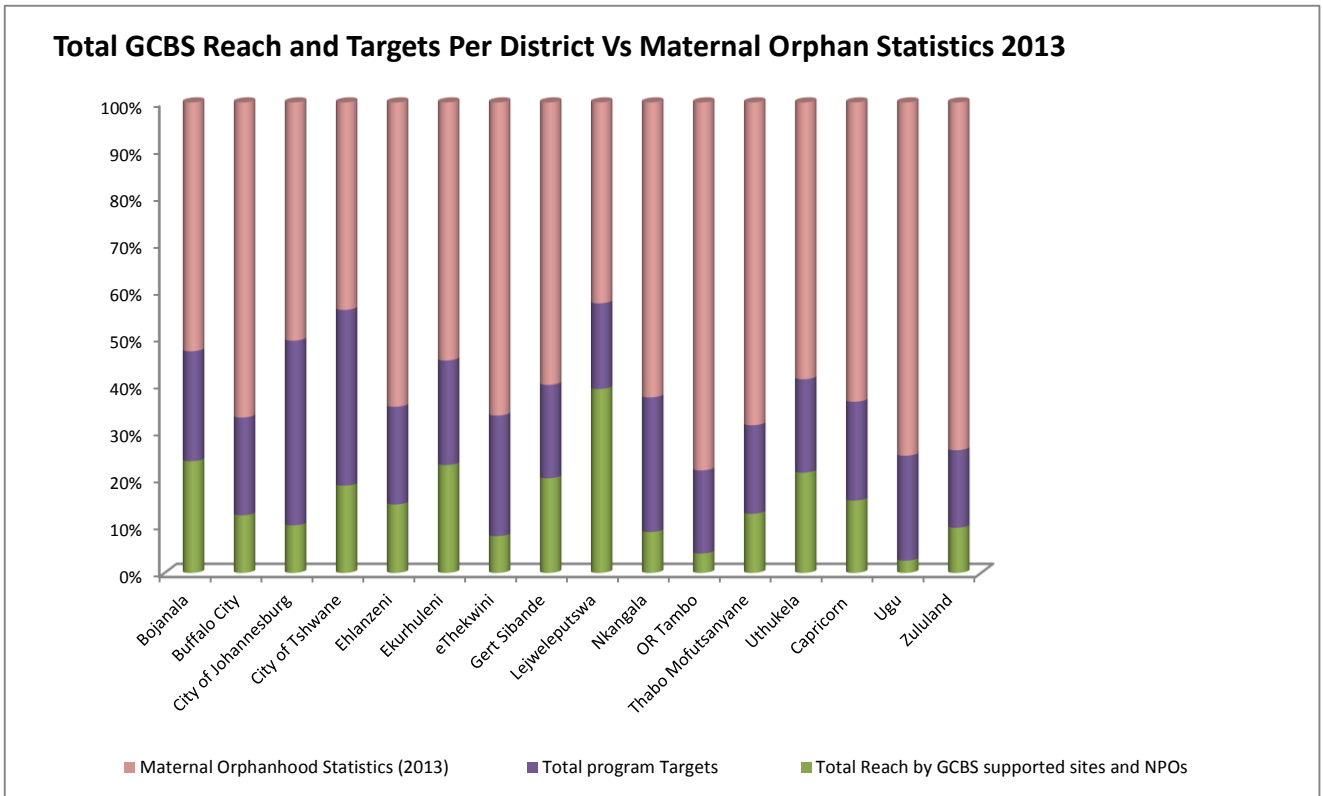
A review of district level results show that in 8 of the focus 17 districts, the program achieved over 100% of the annual target for the OVC\_Serv DSD indicator. There are however a few districts where only minimal reach was attained, including Cities of Cape Town, Tshwane, Ekurhuleni and Johannesburg. The program team has planned several activities focusing on these districts to ensure that all selected DSD service points receive technical support to strengthen case management by social workers.



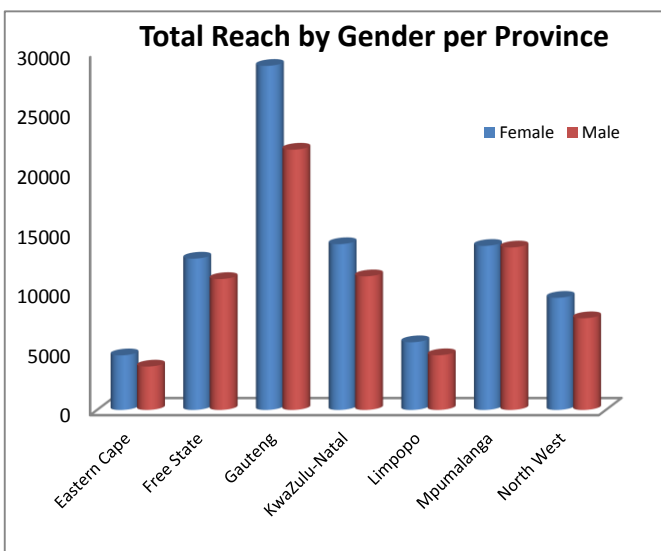


Results for the OVC\_serve TA indicator show that in five of the districts, the program had exceeded annual targets by the end of the reporting period. However due to delays in obtaining provincial approval to work with NPOs, there were hardly any data to report from the four districts of KZN. Additionally, there were no results reported from the city of Cape Town and Capricorn districts as no activities took place in the reporting period (July to Dec 2015). However these are among the priority sites for the program in the second half of the year, and the program team is confident that annual targets will be achieved.

**Reach Versus Needs in Districts:** A common challenge in planning OVCY programs is the lack of accurate data (denominator) to assess whether the results attained address the needs of a significant proportion of targeted beneficiaries. The maternal orphan statistics from the department of Home affairs (database of 2013) provide a reasonable proxy indicator that offers insight into the extent to which the program is responding to the needs in the different districts. The set program targets varied substantially across districts ranging from 20-55% of the maternal orphan figures; with the average annual target being 40%. The results attained show that within the six months reporting period, the program had reached at least 25% of potential beneficiaries in 6 districts including Bojanala, City of Tshwane, Ekurhuleni, Gert Sibande, Lejweleputswa and Uthukela. These results are indicative of the potential of the GCBS program in bringing about significant results addressing needs for vulnerable children and youth in targeted districts. The results also highlight areas where more efforts are needed to scale-up services including eThekwini, OR Tambo and Ugu where less than 10% of potential beneficiaries were reached.

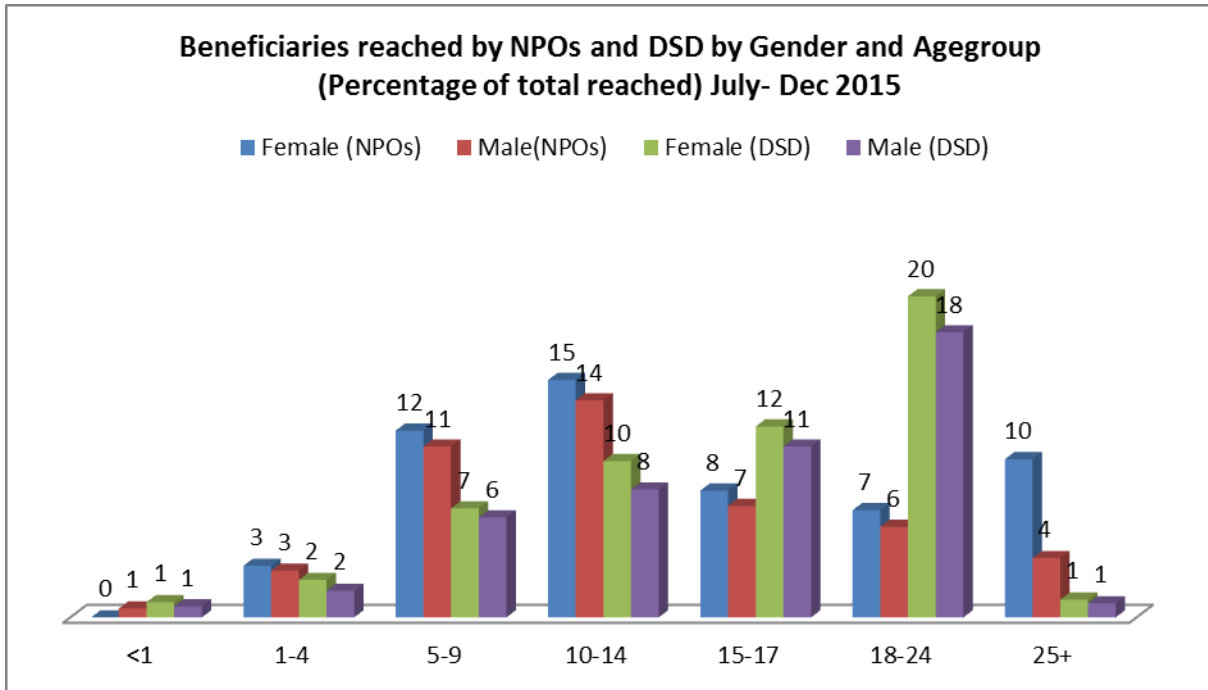


**Gender Analysis:** Results shows that across all provinces, the program reached more females than male clients. Gauteng has the largest variance in gender while in Mpumalanga, the difference was minimal. Looking closely at the data reveals that the largest gender disparities are among older beneficiaries (25 years and older) where the majority of these are female caregivers of OVCY that are reached by NPOs through home/community based care and support.



**Reach by Age Group Analysis:** The data reflects that there is a substantial difference in the in age-groups among beneficiaries of DSD service points compared with those supported by NPOs. Over 50% of DSD social workers caseloads comprise of beneficiaries aged 15-24 years, yet for NPOs, this age group makes up only about a quarter of their reach. It is further noted that 14% of beneficiaries reached by NPOs aged 25+, yet this age-group is only 2% of DSD social workers' caseload. Age group analysis reflects the need to look closely at services available within DSD service points and to promote a more comprehensive service package

addressing the needs of beneficiaries at different ages. There is a need to scale up prevention and early intervention support that target younger children and their caregivers at DSD sites. Currently, the bulk of the caseload of social workers is foster care applications.

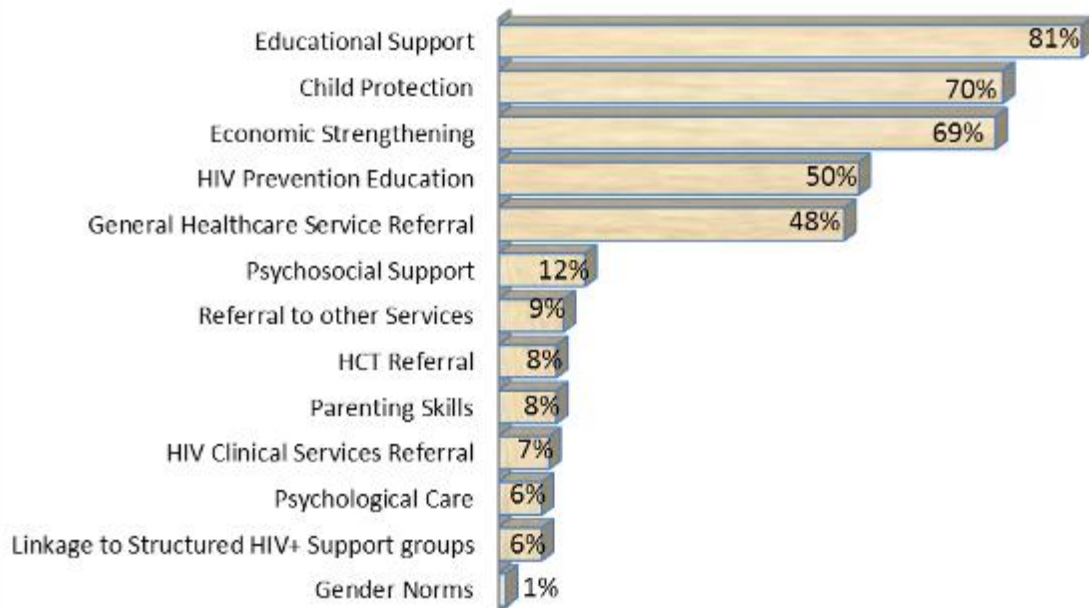


52% of NPO beneficiaries are between the ages of 5- 14 years, with only 7% of beneficiaries being younger than 5 years. This can be attributed to the focus of NPOs on school going children who are often identified through prevention and awareness raising initiatives at schools. There appears to be less of a focus on younger children who maybe at home with caregivers during the day.

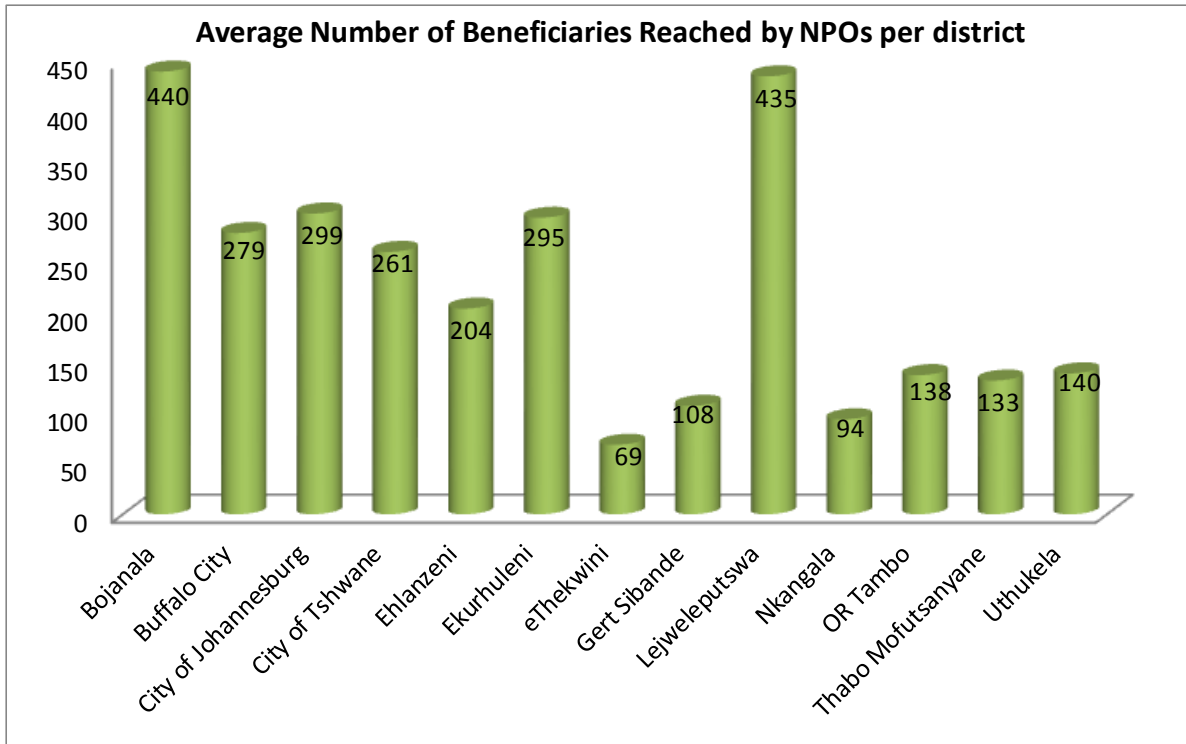
**Services provided by NPOs:** Results indicate that NPO services vary widely, with the commonest service provided being educational support, followed by child protection and economic strengthening. Visits to and reports obtained from NPO sites indicate that NPOs generally lack formally structured programs, and districts have no set standard of a minimum required package of services for OVCY that must be provided by funded NPOs. Some of the essential services such as HIV clinical service referrals, Psychological care, HCT referrals and Parenting skills are only provided by a few organisations as reflected in the data below. The GCBS program is working closely with DSD towards developing a minimum service package that funded NPOs should be required to provide, as well as providing technical support to organisations to improve their service offering.



**Percentage of Funded NPOs Providing the Different Types of Services  
(July -December 2015)**

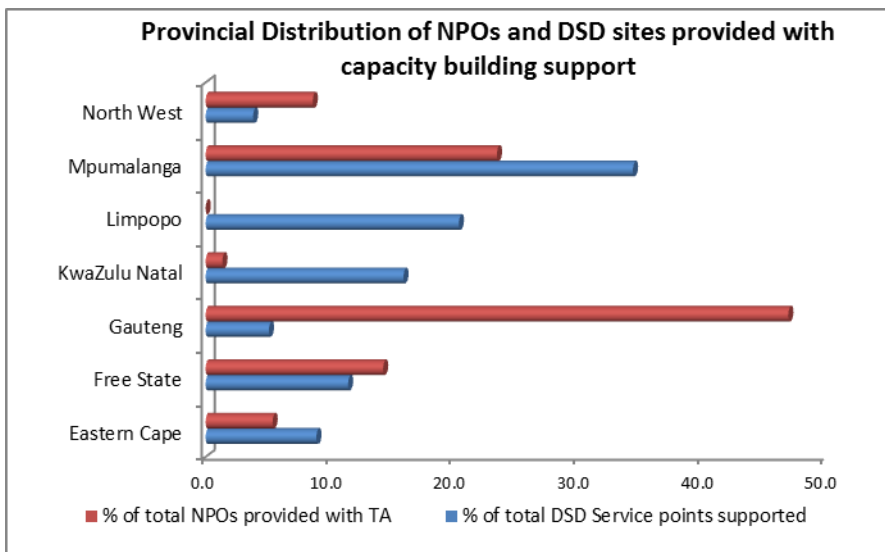


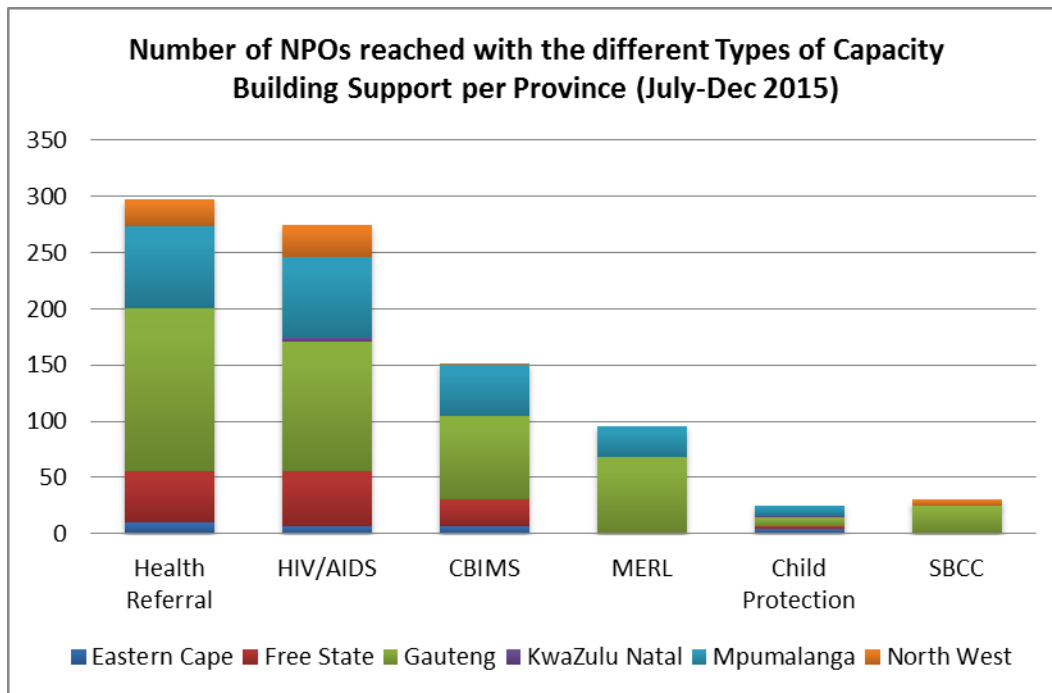
The results also show a wide variation in the capacity of organisations to reach beneficiaries in terms of numbers. While the average number of beneficiaries reached by NPOs across districts was 223 per NPO, data from the different provinces shows a wide variation, with Lejweleputswa and Bojanala districts having the highest average reach of 435 and 440 respectively. The program is working to support NPOs to enhance their capacity to reach more beneficiaries where possible in addition to beefing up the range of services they provide.



#### GCBS Capacity Building services to DSD and NPOs:

The GCBS program implemented several capacity building interventions across provinces that targeted both DSD personnel and NPOs. Targeted beneficiaries of capacity building efforts varied across provinces, with Gauteng and North West receiving substantially more support to NPOs compared to DSD sites, while Mpumalanga, Limpopo, KZN and Eastern Cape received much more support targeting DSD officials. Over the period of Jan to March 2016, efforts were invested in scaling up capacity building in districts where the support had been limited. The programs aims provide a package of capacity building support to all supported DSD sites and NPOS in order to enable them to strengthen program quality and effectively report on services to OVCY.





## b. Overall Program Challenges

### ○ **Program Alignment with DSD Mandate**

The GCBS program successfully aligned to the PEPFAR 3.0 guidelines and priorities during 2015. However, program activities at all times also need to meet the needs of our beneficiaries, namely DSD. It is necessary for the GCBS team to consistently draw clear links between the goals and objectives of DSD, including their targets, with the goals of PEPFAR. As far as possible this alignment has been successful, however, challenges are still experienced regarding approved GCBS activities for Years 1 and 2. It should be noted that these activities remain a priority for DSD, however, do not always align with the PEPFAR 3.0 guidelines. Where activities have had to be taken out of the work plan this has impacted on working relationships and resulted in feelings of mistrust at the highest level of DSD.

### ○ **Structure and Protocols**

DSD is a large and complex organization. As the program extends to include province and districts the complexities of following protocols remain a challenge. Each province has differing internal protocols and practices which need to be followed in order to establish buy-in and support for the program. Support of the National DSD is necessary to provide guidance in this regard. Provincial visits by Pact senior personnel to senior DSD management have been useful and will continue for the remainder of the program period.

- **Provincial Roll-Out**  
Implementation of program activities at district level is essential to attain program targets. Roll out began in 2015 and continues in 2016, however, challenges remain with effective coordination and integration of program activities across provinces. Provinces allocate personnel to work on specific program activities as linked to their work portfolio but struggle to see how activities link and require integration between units. For example, joint planning and roll out of health systems referral trainings, which have mostly been supported in the HIV program but not within the child protection program.
- **Communication and Coordination**  
Underpinning all the above challenges are those relating to communication and effective coordination of activities across national, provincial and district DSD and the GCBS program component working groups. Issues of buy-in, understanding the increased focus on district implementation and for the smooth rolling out of activities all required more transparent communication and effective coordination mechanisms. The PSC and Component working groups needed to meet regularly and an additional coordination mechanism such as a program management meeting needs to be instituted to support collaboration between national and provinces was necessary.
- **Appointment of Personnel**  
Extended processes for the recruitment of national and provincial technical and M&E personnel have been challenging due to DSD internal protocols and procedures. The final approved recruitment process was time consuming which resulted in delayed implementation roll out, unmet provincial implementation goals and increased communication and coordination challenges. The lengthy recruitment process resulted in some potential candidates having found other employment resulting in posts needing to be re-advertised. The same protocols also hampered the appointment of the social workers, a process which began in November 2015 and took several months to complete.

During the reporting period Pact also experienced challenges with regards the remuneration for seconded staff. DSD requested that the salary of seconded staff match their salary structure. When the DSD salary structure was shared with Pact it was discovered that there were major discrepancies, including benefits, with the Pact salary structures and USAID Local Compensation Plan. Pact decided to maintain employment equity and compliance to its own policies.

- **M&E Capacity**  
M&E capacity needs vary extensively across provinces. Where possible the GCBS team has assisted individual provinces to develop MERL capacity building plans that speak to the specific province's needs. From a National perspective however this poses a challenge in terms of achieving national objectives around standardizing systems across the country. The GCBS team has had to carefully balance efforts to support achievement of national crosscutting MERL objectives with the need for a customized capacity building approach in each province.
- **Access to equipment and software to analyse Big Data from government sources**  
Having secured access to the large data sets within government, the MERL team found that the ordinary computers available to the team were inadequate in handling the large complex datasets. Delays in procurement of more advanced equipment designed to handle big data, resulted in much slower progress in undertaking the analysis. A high capacity computer has now been secured and data analysis work is in progress.

### c. Lessons Learnt

During the implementation of the GCBS program there have been many lessons learnt by the Pact consortium team with regards to program management, planning and implementation. These lessons are captured below:

- Participatory processes are critical as it lays the foundation for the acceptance of a government based program such as GCBS.
- In supporting buy-in (acceptance) of the program, the need for communication of clear messages about the program goals and objectives is vital. This was particularly evident when GCBS needed to realign itself with PEPFAR 3.0 guidelines. A change management process is critical as it ensures understanding and agreement to revised program goals. The need for realignment together with the appropriate message needs to be communicated at the highest structures in DSD together with the support of USAID.
- For the program to be successfully implemented at provinces the GCBS team needs to familiarise themselves, understand and respect existing protocols. Each province has different protocols and an expectation on how support programs should work within its province.
- The successful alignment of the GCBS program with government priorities and targets has enabled government officials to see that the program is working to support government work and how it assists them to achieve their set goals. This process has

been particularly helpful in the roll out of activities at provincial level supported by inclusive and joint planning through the review of provincial work plans.

- The joint management structure (PSC) for overseeing the implementation of the program needs to be fully implemented with meetings held regularly. This mechanism can address concerns, reaffirm program direction and needed change, address misunderstandings, builds trust and ultimately take the program forward.
- Forward planning and sharing diaries of planned activities to improve coordination is essential to prevent overloading of provinces, reduce stress and ensure efficient implementation of activities.
- The M&E structure as well as roles and responsibilities vary across provinces. Each individual province needed to be assessed and customized M&E capacity building plans developed. M&E capacity building plans however must also be aligned to the National DSD plan to ensure that data submitted can respond to national data needs.

## d. Risk and Mitigation Actions

- **Realignment of Work Plan Activities**  
DSD national must fully buy-in and support the programmatic shifts or pivoting required by the GCBS program as it aligns with PEPFAR 3.0 guidelines. This is particularly important as national activities are often regarded as near- and/or non-core whereas district activities are considered core. Pact and USAID must continue to jointly facilitate high level discussions, addressing agreements as outlined in the MOU to reaffirm the required implementation changes that are needed.
- **Strategic Positioning of the Program**  
The pressure within the program to ensure that targets are met can shift the program focus from building capacity within DSD to improve quality of services, to being only target driven. In mitigating this risk, it is necessary that forward planning takes place to ensure ongoing activities that contribute to target are implemented in a continuous manner and that sufficient opportunities are available for frequent strategy review. This includes the need to create forums or space to continuously review program progress in light of the overall expected outcome.
- **Work plan overload**  
As component working groups focus on achieving the activities within the work plan the program runs the risk of provinces being overloaded with requests for implementation coming from different sources. In provinces where Provincial Program Managers have been appointed the process of coordinated planning and roll out of

activities has become more streamlined. Therefore, the appointment of a full complement of Provincial personnel is being prioritized.

- **Communication and Coordination**

With a program as large as GCBS with numerous stakeholders, there is the ongoing risk of misinformation, untimely sharing of information as well as inaccuracies in the shared information. All stakeholders must remain informed and updated in order to stimulate collaboration. Ongoing communication also supports buy-in and stimulates participation.

National and Provincial Program Managers are now playing a pivotal role in supporting communication efforts. Going forward, implementation reports will be developed quarterly and presented in DSD management meetings and structures such as the Welfare Forum, HOD Forum etc. This will not only enhance understanding of the program but also encourage support as the impact of interventions become more apparent at all levels.

- **Capacity of DSD Social Service Professionals responsible for direct services**

The reality on the ground is that SSP at service points are over-extended and receive ad hoc supervision and support from qualified supervisors. This may result in incomplete GCBS activities especially regarding direct services to children. To mitigate this risk GCBS has appointed social workers to support DSD service point especially with regards to the roll out the referral system, child protection services and SBCC programs. In addition, Social Work Co-ordinators will be appointed to supervise and oversee the newly appointed social workers. This appointment of coordinators will demonstrate how effective supervision of social workers improve the quality of social work and direct services to OVCY in addition to addressing ongoing capacity challenges within DSD service points.

## 4. Program Planning

### Key Activities Planned Year 3 – April 2016 to September 2016

1. **Implementation of component specific activities** as stipulated in the approved work plan and provincial implementation plans. This includes the prioritizing of activities improving direct implementation of services to OVCY:
  - Standardized quality assured basket of services for OVCY

- Improved Referral and Case Management System
  - HCT Training and capacity development
  - Child Protection System Review supported by capacity building trainings such as foster care services
  - Roll out and expansion of the SBCC program, including parenting programs and prevention of gender based violence
  - Sector HR plan that will define, among other things, multidisciplinary team essential for service provision at ward base
  - Strengthening of competency frameworks and skills audit to determine skills development needs for social service workforce
  - Roll out Supervision Development Forums and piloting of Induction and Supervision program
  - Capacity building for NPOs funded by DSD
2. **Supporting ongoing provincial roll out**, including review of all provincial implementation plans as well as the development of an intervention strategy for Western Cape.
  3. **Support DSD in alignment of HIV and Aids services within the units under the Welfare Branch.** Includes joint strategic planning and implementation of services that demonstrate HIV mainstreaming across all units under the branch.
  4. **Enhance gender focus.** Work closely with CD: HIV and Aids to support their involvement in national process (e.g SANAC) that is focusing on gender sensitive programming; this will include the roll out of the ZAZI program.
  5. **Routine evaluation and alignment of program strategy, related work and implementation plans.** Facilitation of quarterly sessions to evaluate progress against these tools to ensure the direction of the program continues to result in expected outcomes.
  6. **Ongoing roll out of national, provincial and district management structures**, this includes the PSC, Component Worker Groups, establishment of a Program Management Team and Provincial Program Teams.
  7. **Finalization of all placements, induction, management and oversight of additional GCBS personnel** to be transferred to DSD in support of GCBS activity implementation. This includes Provincial Program Managers, Provincial M&E Managers and Social Work Co-ordinators.



- 8. Standardized development, training and roll out of M&E data management process** for both DSD Service Points as well as DSD funded NPOs.
  
- 9. Managing the implementation of the baseline evaluation** to be undertaken in five (5) provinces and ten (10) selected districts. The evaluation will include surveys of young people and care givers, as well as key informant interviews to document status of DSD's response at service delivery levels, the state of wellbeing as well as awareness and practices pertaining to HIV/AIDs knowledge among targeted beneficiaries.
  
- 10. Sustainability Planning** - Through the PSC develop an action plan for addressing program sustainability.

## 5. Financial Reporting

### TOTAL GCBS PROGRAM

October 2015 – March 2016

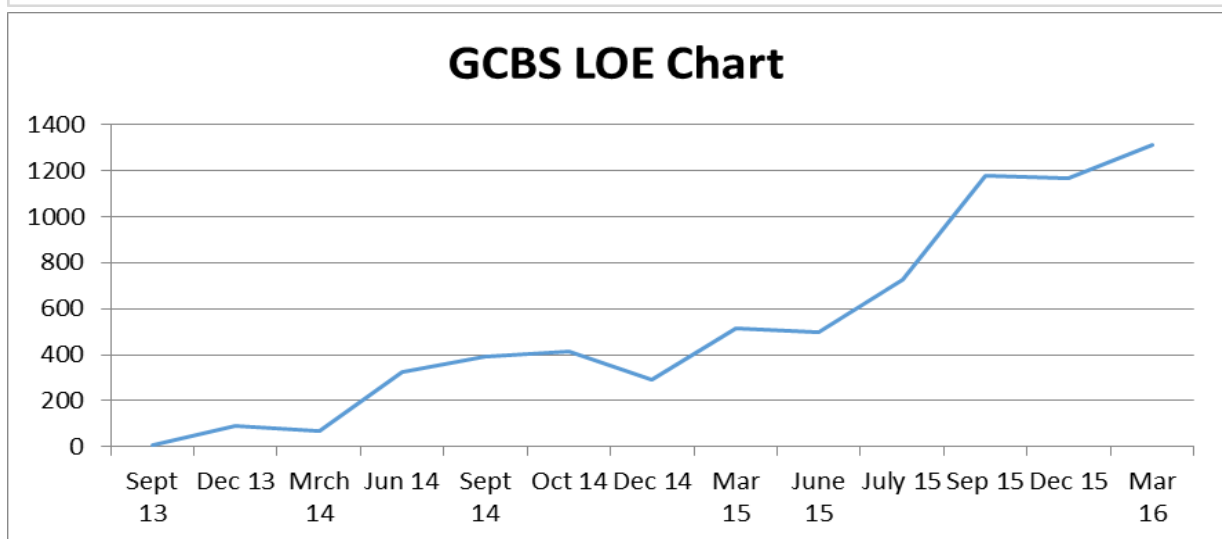
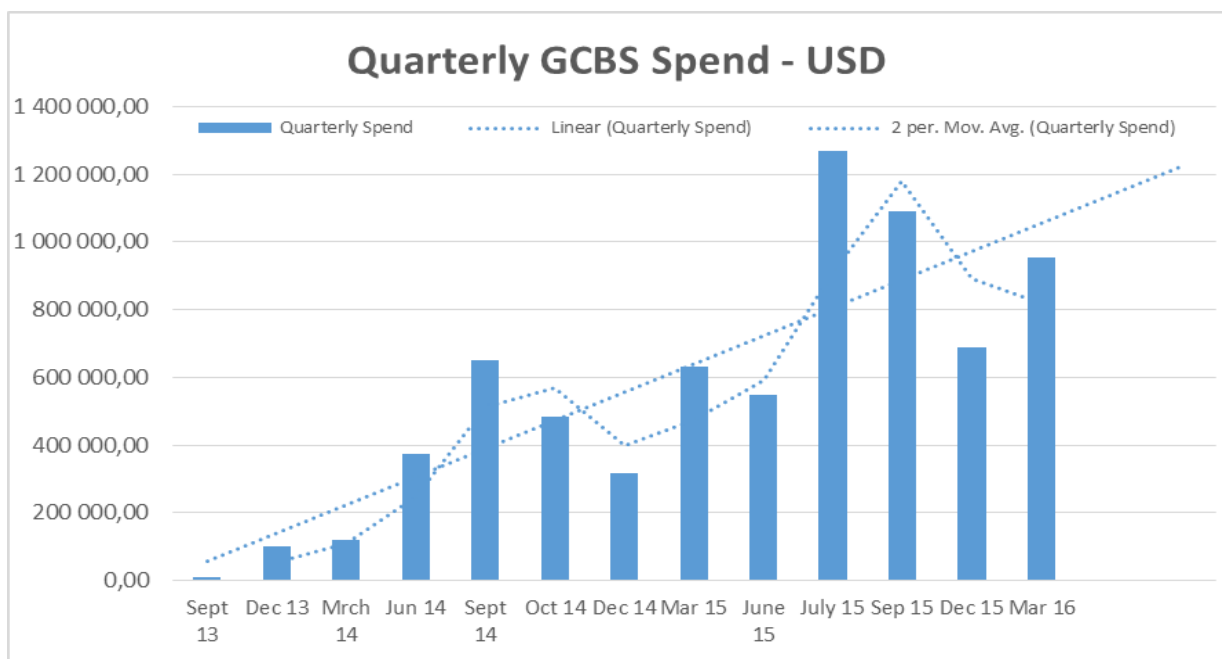
Budget line	Current Obligated Amount	Total Disbursed as at 31 March 2016	Remaining Obligated Balance
Labor	\$7 843 227	\$4 495 860	\$3 347 366
Travel	\$410 453	\$367 274	\$43 180
Other Direct Costs	\$9 369 040	\$6 819 858	\$2 549 182
Indirect Costs	\$3 792 230	\$2 353 067	\$1 439 164
Fixed Fees	\$892 288	\$613 675	\$278 613
<b>Totals</b>	<b>\$22 307 238</b>	<b>\$14 649 733</b>	<b>\$7 657 505</b>

### Expenditure per Partner:

Partner	Current Obligated Amount	Total disbursed as at 31 March 2016	Remaining Obligated Balance
Pact	\$13 816 848	\$10 887 296	\$2 929 552
Mott McDonald	\$7 800 000	\$3 379 008	\$4 420 992
dTS	\$690 390	\$383 430	\$306 960
Isibani	\$0	\$0	\$0
<b>Totals</b>	<b>\$22 307 238</b>	<b>\$14 649 733</b>	<b>\$7 657 505</b>

## Level of Effort Summary (LOE):

Partner	Total Budgeted Contract LOE days	LOE days used as at 31 March 2016	% of Total LOE used
Pact	30 839	9 517	31
Mott Mcdonald	18 515	5 195	28
dTS	488	267	55
Isibani	24 258	0	0
<b>Totals</b>	<b>74 100</b>	<b>14 979</b>	<b>20</b>



# Attachment A

## Planned Activities per Program Component

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

#### Summary of Planned Activities

- Identify and engage stakeholders within DSD to improve an integrated multi-disciplinary case management and referral processes.
- Continued Health Care Referral Training and refresher training with GCBS aligned districts and service points over the next six (6) months.
- HCT referral rolls out partnership with FHI 360 / Foundation for Professional Development and Humana within the next six (6) months.
- Strengthened the Ward Based Model for OVCY/War Room on Poverty in GCBS selected provinces and districts (identify, strengthen and rollout Ward Based
- Coordination mechanisms to support the integrated multi-disciplinary case management and referral processes in support of OVCY
- Consolidate policy that informs the Integrated Service Delivery Model and support DSD in the finalization of the ISDM for OVCY by end March 2017.
- Ongoing support to improve internal integration and coordination for the Chief Directorate: HIV and Aids into the Welfare Branch
- Ongoing support to enable functional DSD HIV coordination structures and mechanisms at national and provincial levels; e.g. SANAC, Provincial AIDS Councils, District AIDS Councils

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

#### Summary of Planned Activities

- Skills Audit
  - Finalization of the skills development needs analysis questionnaires based on the input of the validation meeting and facilitate training to demonstrate application of questionnaires and the analysis process to the HR/HRD/OD session in early April.
  - Conduct the skills audit pilot in Free State's two GCBS priority districts of Thabo Mofutsanyane and Lejweleputswa
  - Undertake a skills development needs analysis in other provinces in May, June and July

- Prepare skills development plans for each district analyzed, each province and an integrated plan for National DSD
- Plan for roll-out of skills development needs analysis for the rest of the non GCBS districts under DSD funding and leadership from the trained cohort of officials.
- Sector HR Plan
  - Complete, clean and consolidate the baseline data collection process, stakeholder mapping and HR Situation Analysis components of the HRP process (April)
  - Facilitate a data analysis and planning workshop to identify emerging themes and strategic options to address these (May).
  - Integrate the parallel Demand & Supply and Skills Audit processes with the HRP (ongoing)
  - Facilitate a National strategy & validation stakeholder workshop with provincial representatives and other key stakeholders (May-June)
- Policy for Financial Awards
  - Finalise the PFA for NPOs stakeholder consultations in all provinces and conduct a national consultation by end May 2016.
  - Based on stakeholder input, update key documents – the sector financing policy, the costing plan, the transformation/capacity building plan, M&E plan, and guidelines to NPOs and DSD.
- NPO Capacity Building and Support
  - In partnership with Component 3 identify, assess and support NPOs who will be rolling out the YOLO program.
  - Train DSD officials to conduct assessments in other provinces starting with NW and EC, prioritizing the NPOs that have been identified to support GCBS activities.
  - Monitor and support DSD officials in Mpumalanga in providing support and oversight to trained NPOs.

### **Component 3: Strengthen social and individual behaviour change communication to prevent HIV infection for children and youth**

#### **Summary of Planned Activities**

- Disseminate findings of the study on HIV prevention among Orphans and Other Vulnerable Children and Youth in South Africa: a Secondary Analysis of Survey Data and Studies on Organizational Responses and Gaps at the Policy Forum on 22 April 2016
- Develop PIP process guidelines for direct service delivery to OVCY.
- Finalize PIP costing model and pilot implementation in three (3) of the GCBS program districts.

- Train YOLO facilitators and roll-out the program in eight (8) provinces, targeting OVCY aged 14 – 24 years.
- Adapt Vhutshilo into YOLO II and pilot it in four (4) priority provinces namely: Gauteng, Mpumalanga, KZN and Eastern Cape.
- YOLO II program capacity development (National Master Training & Provincial Training) for DSD officials and NPOs implementing.
- Roll-out the ZAZI Program, an evidence based program targeting adolescent girls and young women, aged 10 – 25 years. Capacity building by training master trainers as well as district facilitators will be provided to four (4) priority provinces; Gauteng, Mpumalanga, KZN and Eastern Cape.
- Develop an intersectoral and multidisciplinary PSS service provision model for OVCY.
- Pilot test and model the PSS guidelines in one (1) GCBS districts.
- Capacity development training of social workers and community caregivers across three hundred (300) NPOs in the implementation of the PSS guidelines.

#### **Component 4: Strengthen DSD's M&E systems and enhance the knowledge base for cost effective outcomes for vulnerable children and youth**

##### **Summary of Planned Activities**

- Scale up use of CBIMS mobile by NPOs to capture and submit data to DSD
- Support the migration and hosting of CBIMS within DSD's IT department
- Support finalisation of the outcome 13 M&E framework
- Support the HIV/AIDS CD to develop a clear theory of change to govern DSD's role in supporting efforts to curb the spread and impact of HIV and AIDS.
- Produce and disseminate informative data visualisations that capture key results of OVCY data analysis including their needs and the current response by DSD
- Improve knowledge access within DSD through supporting dissemination of summarised results from commissioned and external research/evaluation studies
- Increase DSD's pool of staff trained in MERL at national, provincial and district levels
- Increase capacity of DSD to conduct routine data analysis through practical workshops at district level
- Support DSD's M&E and program managers at different levels to develop their evaluation management capacity
- 

#### **Component 5: Support and strengthen the child protection response framework**

##### **Summary of Planned Activities**

- Conduct four (4) national workshops, by June 2016, to consolidate the child protection system review. This will include workshops on: child participation, development of a conceptual framework, assessing current intersectoral protocols, engaging children to consolidate their participation in the review, review of the

resourcing of the system, consolidation of child justice, prevention of CANE by strengthening the engagement of communities, municipalities, traditional structures.

- Pilot the child protection system review and improvement plan in three districts in Year 4
- Consolidate and strengthen assessment practice approaches by July 2016
- Implement workshops with social workers in districts to strengthen the quality of direct interventions with children in foster care and CYCCs, including introduction to HCT by June 2016.
- Collaborate with component 6 on integrating coaching needs pertaining to child protection into the supervision development forum.
- Roll-out the Child Protection Induction Manual by August 2016 in the various provinces
- Roll-out the Child Protection Capacity Building Policy in Year four (4)
- Complete the 1<sup>st</sup> draft of the Child Protection Policy by May 2016

## **Component 6: Strengthening social service workforce serving vulnerable children**

### **Summary of Planned Activities**

- Conduct a Socio Economic Impact Assessment (SEISA) RIA, including provincial consultation workshops to support for review of the Social Service Professions Act
- Draft refine and finalize a strategy for professionalization of all SSP
- Test, refine and finalise the supportive supervision program
- Support the implementation of the supervision program and framework through capacity building and supervision forums at selected district and service points
- Continue to test, refine and finalise induction program through provincial consultation workshop
- Initiate the provincial roll out of CPD accredited programs to address the skills gap
- Facilitate engagement with the recruitment and retention experts for the finalization of the strategy.

# Attachment B

## Newly Appointed GCBS Personnel

### PACT Personnel

Name	Job Title	Start Date
Andries Mangokwana	National MERL Manager	01 Oct 2015
Kgaogelo Mooke	Admin Officer	01 Oct 2015
Tshegofatso Mogale	Admin Officer	21 Oct 2015
Yoliswa Mzobe	MERL Officer	20 Oct 2015
Priscilla Ngwenya	National MERL Manager	15 Oct 2015
Wilma Jonker	IT Administrator	01 Nov 2015
Coceka Nogoduka	National Program Manager	02 Nov 2015
Calvin Moyana	Free State MERL Manager	02 Nov 2015
Keneilwe Thipe	Free State Program Manager	01 Dec 2015
Benjamin Makhubele	National MERL Manager	01 Dec 2015
Ndivhuvho Mangale	Limpopo MERL Manager	01 Dec 2015
Nompumelelo Nkwanyana	KZN Program Manager	01 Dec 2015
Thozama Mlindazwe	Gauteng Program Manager	01 Dec 2015
Lerato Mchunu	MERL Officer	01 Dec 2015
Vuyani Ntanjana	Gauteng MERL Manager	06 January 2016
Lungile Ndwandwe	Gauteng Program Manager	06 January 2016
Slindile Mbuyazi	Mpumalanga MERL Manager	06 January 2016
Carmen Louw	Eastern Cape MERL Manager	06 January 2016
Itumeleng Machusi	North West Program Manager	06 January 2016

### Resignations

Name	Job Title	Last employment Date
Calvin Moyana	Free State MERL Manager	13 Dec 2016
Thozama Mlindazwe	Gauteng Program Manager	31 Dec 2016
Vuyani Ntanjana	Gauteng MERL Manager	08 Feb 2016



**MOTT Personnel****New Appointments**

Mott MacDonald recruited the following positions in the reporting period.

Name	Job Title	Start Date
Mr. Edwin Dewa	Child Protection Officer	1 <sup>st</sup> December 2015
Ms. Zola Zulu	Child Protection Officer	1 <sup>st</sup> December 2015

**Resignations**

Name	Job Title	Last employment Date
Ms. Zamokuhle Thwala	Project Associate	15 <sup>th</sup> January 2016