



# **FY 2011 Annual Progress Report**

## **October 2010 – September 2011**

Pact South Africa  
HIV/AIDS Umbrella Grants Management Program

Cooperative Agreement  
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## ACRONYMS

ADP	Area Development Program
CASNET	Caring Schools Network
CBO	Community-Based Organization
CCC	Community Care Coalitions
CCF	Child Care Forum
CCM	Chronic Care Model
CHW	Community Health Worker
CINDI	Children in Distress Network
CLMP	Childline Mpumalanga
CLSA	Childline South Africa
COP	Country Operational Plan
CPC	Centre for Positive Care
CSC	Christian Social Council (a CompreCare sub-partner)
CWSA	Child Welfare South Africa
CYCW	Child and Youth Care Worker
DOH	Department of Health
DSD	Department of Social Development
HAST	HIV, AIDS, STIs and TB
HCT	HIV Counseling and Testing
HDA	Health and Development Africa
HES	Household Economic Strengthening
ICDM	Integrated Chronic Disease Model
LOC	Local Organizing Committee
m2m	mothers2mothers
MBPT	Baby-Mother Pair Tracking
MERL	Monitoring, Evaluation, Reporting and Learning
NACCA	National Action Committee for Children Affected by AIDS
NACCW	National Association of Child Care Workers
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
NIMART	Nurse Initiated and Managed Antiretroviral Therapy
PMTCT	Prevention of Mother-to-Child Transmission
PPL	PEPFAR Provincial Liaison
PSP	Partner Support Plan
OCA	Organizational Capacity Assessment
OD	Organizational Development
OLF	Olive Leaf Foundation
OVC	Orphans and Vulnerable Children
RCA	Recipient Contracted Audit
RDQA	Routine Data Quality Assessment
RDQM	Routine Data Quality Management
SAG	South African Government
STA	Senior Technical Advisor
TB	Tuberculosis
TOC	Theory of Change
TOR	Terms of Reference
ToT	Training of Trainers

## I. BACKGROUND

Since 2004, Pact has facilitated the efficient flow of grant funds to over 100 PEPFAR partners and sub-partners in South Africa playing valuable roles in the response to HIV and AIDS while ensuring compliance with USAID rules and regulations, as well as general principles of sound management. Pact's strategy integrates grant making with capacity building for enhancing effectiveness and sustainability through the development and implementation of documented organizational systems and human capacity development at management and operational levels. Through rigorous grant management and individualized capacity building, partners have dramatically increased the scope, scale and quality of services they offer through all nine provinces of South Africa.

Pact's grant management strategy is guided by principles of participation and flexibility, emphasizing results and ensuring coordination. As one of its core values, Pact believes in grant management through partnership and adapts a peer approach to build sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and quality services.

### 1. Grants Management

At the beginning of each year, Pact supports partners in developing detailed annual work plans and budgets. The ability of partner organizations to clearly articulate program goals and activities and develop realistic budgets greatly enhances prospects for diversifying revenue sources. Following work plan and budget approval, Pact maintains frequent contact with partners, monitoring program progress in order to facilitate early identification and resolution of implementation issues.

Pact closely monitors partners' financial management to ensure that grant funds are utilized for activities approved by USAID. All partners submit monthly financial reports and supporting documentation. Pact finance staff visit partners regularly to assist in strengthening financial management systems, audit program expenses and accompanying documentation, monitor compliance with USAID rules and regulations, and review progress towards meeting cost share requirements.

### 2. Individual and Organizational Capacity Development

Pact offers a customized training series for partners including basic grants management. This training focuses on compliance with USAID rules and regulations, minimum financial management standards, and principles of good management and governance. A course on financial management for non-financial managers is offered to enhance the skills of senior management and program staff in financial monitoring and reporting. Pact also offers courses on monitoring, evaluation, reporting and learning (MERL), data quality assurance, and basic program evaluation. Partners also have the opportunity to attend courses on resource mobilization, volunteer management, and board leadership and governance. Refresher courses are offered throughout program implementation in order to address issues of staff turnover within partner organizations. Pact complements the delivery of formal workshops with ongoing mentoring to ensure that the knowledge gained in various trainings is put into practice.

### 3. Monitoring, Evaluation, Reporting and Learning (MERL)

Pact assists each partner in developing a comprehensive monitoring and evaluation system for tracking progress against both PEPFAR and organizational indicators. Pact provides a wide range of MERL technical assistance to partners in order to ensure the continuous building and improvement of systems in order to adapt to changing programmatic and organizational requirements. Assistance includes: review and development of effective data collection tools; analysis and reporting of data; setting realistic targets; establishing and strengthening data quality management systems; conducting internal data quality audits; and verifying and validating partner and sub-partner data submissions.

#### **4. Technical Support**

Pact provides technical assistance by reviewing services delivered by partners. Issues are identified through formal assessments as well as routine program monitoring and site visits which result in recommendations for strengthening specific aspects of programs. When necessary, Pact contracts external consultants to provide targeted technical support.

#### **5. Organizational Development**

Pact conducts a participatory organizational capacity assessment (OCA) of each partner organization at the beginning and midpoint of the award. The OCA focuses on the organization's governance, management capacity, staffing and strategic development. Pact and the partner organization use the results to develop partner support plans (PSP), which outline interventions to be implemented to strengthen the organization.

#### **6. OVC Sub-Contracts Management**

Pact's OVC sub-contracts portfolio is utilized to procure and manage technical assistance for the South African Government (SAG). This component of Pact's program primarily responds to the needs and priorities of the SAG and partners as communicated by USAID. Contracted support targets national level OVC policy development and related programming. Funds in this line item are also utilized to support cross-cutting PEPFAR OVC activities.

#### **7. PEPFAR Provincial Liaisons, Peace Corps Volunteers and DOH Senior Technical Advisor**

Pact provides contractual, financial and administrative support to six PEPFAR Provincial Liaisons (PPLs) and three Peace Corps Volunteers. The PPLs are based in Eastern Cape, Free State, Limpopo, Mpumalanga, North West and Northern Cape. The Peace Corps Volunteers who assist PPLs are based in Limpopo, Western Cape and Eastern Cape. Pact has also recruited and seconded a Senior Technical Advisor to the National Department of Health to provide support in health systems strengthening.

## **II. PROGRAM IMPLEMENTATION**

As Pact enters the last year of the program, USAID has advised that partners will implement programs for the entire fiscal year and close out will only begin in October 2012. Pact is cognizant of the changes that will affect the future of the PEPFAR program in line with the government partnership framework. For this reason, Pact will utilize the final year of program implementation to maximize capacity development service delivery to organizations that meet the following criteria: work with government; deliver key services in underserved geographic areas; identified by USAID as strategic partners; and have historically accepted and implemented both organizational and program assistance provided by Pact. Although all Pact partners will continue to receive financial and MERL assistance, intensive support will be focused on the partners meeting the above criteria.

All partners will receive assistance in resource mobilization in an effort to ensure the continuation of service delivery to individuals infected and affected by HIV and AIDS. In cases where organizations are not successful in this regard, Pact will work closely with partners to ensure a smooth transition of beneficiaries either to government or other NGO's working in the same geographic areas.

### **Program Management**

Pact provided oversight and support to all partners in program planning and implementation. A matrix showing the types of support provided to each partner is attached as Appendix 1 of this report.

Support provided during this fiscal year included the following:

- Development and revision of annual work plans and budgets
- Development and implementation of program strengthening and corrective action plans

- Linkages to relevant tools, resources and contacts
- Assistance in program staff recruitment, selection and orientation
- Guidance on compliance with USG rules and regulations
- Review and approval of procurements, renovations, international travel and key personnel
- Review and revision of annual and semi-annual progress reports

### **OVC Program Quality Assessment**

Pact's OVC Program Quality Assessment Tool is used to identify and address the challenges and support needs of OVC partners. The tool assesses five key areas:

- Program coverage and access
- Service provision guidelines and standards
- Care worker training, supervision, support and motivation
- Referrals and linkages
- Sustainability

Pact piloted the tool during the previous fiscal year and then fully rolled it out with 12 OVC partners this fiscal year. Olive Leaf Foundation (OLF) did not participate in the assessment due to the fact that this is their last year of implementing the PEPFAR program.

For partners with sub-partners or partners with numerous sites, Pact conducted an initial sub-partner assessment jointly with the prime partner. Prime partners will now continue conducting these assessments, drawing on Pact's guidance and support as needed.

Common priorities identified through the assessments include, but are not limited to, the need for:

- Development of written guidelines and standards for OVC service provision.
- Strengthening of "caring for carers" programs through frequent, structured debriefing sessions for community care workers.
- Development of individual performance management plans and provision of supportive supervision.
- Finalization of MOUs with government departments in order to formalize and solidify the generally positive informal working relationships that currently exist.
- Strengthening of referrals systems and tools, including tracking of referral outcomes.
- Development of resource mobilization strategies to reduce dependency on a single donor.
- Strengthening of support to children with disabilities.
- Accreditation of internal training curricula, or use of accredited service providers.
- Greater engagement and coordination with government stakeholders at all levels.
- Training of primary care givers (relatives and guardians) in OVC care and support, including HIV prevention.

Pact will continue to work with partners in FY 2012 to address these issues.

### **Child protection training**

At the beginning of FY 2011, USAID and Pact identified child protection as a priority area for partner program strengthening. At household level most partners have focused on legal support services such as facilitating access to birth and ID documents. At community level, mobilization and awareness of child abuse and child rights have been the main focus. Few organizations have provided support to children and families for prevention and early intervention on child abuse and neglect. These observations are similar to findings from a report produced by the AIDSTAR One Project that looked at strategies to protect OVC from abuse, exploitation, violence and neglect.

Subsequent to a USAID Child Protection workshop in May 2011, Pact provided support to OVC partners in completing the child protection self-audit distributed at the workshop. Assistance was also provided in developing action plans to address gaps identified in these assessments.

Pact found that a number of prime partners had strong child protection policies and practices in place. Some partners like Save the Children have elaborate tools to assist and track compliance with their policies. Olive Leaf Foundation has a comprehensive draft policy that includes various forms for screening and recruitment of staff as well as forms to ensure safety and protection of children during events.

Pact analyzed the feedback received from partners and identified a lack of capacity to develop child protection policies among sub-partners of two prime partners (CompreCare and CARE). Both partners requested Pact support in training their sub-partners in child protection, specifically in development of child protection policies. In response to this request, Pact arranged for Joan Van Niekerk from Childline SA to facilitate a joint training session for the CARE and CompreCare sub-partners on September 27-28, 2011. This training equipped participants with the relevant skills and knowledge to develop and implement their own child protection policies. The training also familiarized participants with legislation applicable to child protection. A total of 31 participants representing 31 sub-partners attended the training.

Participants committed to sharing the lessons learned from the workshop with their organizations, completing the self-audit on child protection and drafting child protection policies. Pact will work with CARE and CompreCare in FY 2012 to monitor progress on these tasks and provide any additional resources and support as needed.

### **Review of partners' training materials**

Pact identified all trainings to be conducted through the process of supporting partners in finalizing their implementation plans. Partners were requested to submit the agenda and curriculum to be used for each of the trainings. Partners involved in clinical care and treatment programs provide regular in-service training in accordance with approved South African Government guidelines and protocols. Several OVC partners, including Child Welfare SA, Childline, HDA and NACCW offer training that is either accredited or in the process of accreditation.

By contrast, Pact found that several OVC partners offer unaccredited in-house trainings using either a weak curriculum or no formal curriculum at all. In some cases, partners were unable to provide an outline of training objectives and topics covered. Pact provided comments and recommendations regarding areas in which training materials could be strengthened. Partners have responded by strengthening certain training curricula and eliminating trainings that could not be developed to an adequate standard.

### **Alignment with government plans and priorities**

In accordance with PEPFAR's focus on a country-led response to HIV and AIDS, Pact has increasingly emphasized to partners the importance of alignment with government plans and priorities at the national, provincial, district and municipal levels. Pact has communicated the importance of government engagement and consultation regarding site selection, needs assessment, beneficiary identification and program design. As part of all site visits, Pact tracks progress of partners in signing memoranda of understanding or service-level agreements with relevant government departments.

During the past year, Pact has connected several partners with the PEPFAR Provincial Liaisons for assistance in linking with relevant South African government departments. Pact will continue to prioritize working with partners to promote synergy and partnership with government departments and other stakeholders.

## **Monitoring, Evaluation, Reporting and Learning**

Pact provided substantial technical assistance to all partners in strengthening MERL systems and responding to PEPFAR requirements throughout the reporting period. A matrix summarizing the types of support provided to each partner is attached as Appendix 2.

Technical assistance provided during this reporting period included:

- Reviewing MERL needs and systems at the beginning of the new financial year and updating MERL plans.
- Training in basic MERL, data quality and field-based evaluations.
- Data verification for quarterly reports.
- Follow-up on data quality concerns arising from quarterly reporting.
- Site-level data quality reviews and compliance monitoring.
- Planning and implementation of routine data quality assessments (RDQAs) and audits for selected partners.
- Revision of existing tools and/or development of new tools for data collection, collation and analysis, particularly with regard to the new PEPFAR indicators.
- Training and mentoring of site level partners' staff involved in data management.
- Clarification of PEPFAR reporting requirements and assistance in developing reports.
- Support in designing or improving databases.
- Support in planning for the new fiscal year, including review of partners' annual implementation plans prior to submission to USAID.
- Planning program evaluation and development of Terms of Reference (TORs).

### **MERL training workshops**

Pact conducted a total of six MERL training workshops during the fiscal year, including four workshops on basic MERL principles, one workshop on data quality management and one workshop on basic program evaluation. Pact worked with three prime partners, CompreCare, Childline SA and Child Welfare SA, to conduct MERL Principles workshops targeting site-level staff and sub-partners. A total of 128 individuals from 16 prime partner and 19 sub-partners attended one or more MERL trainings.

Feedback from participants who attended at least one of the six workshops was very positive, and most reported that they had found the training useful in developing plans for strengthening MERL systems. The workshops that were jointly implemented with partner organizations were very beneficial in that they enabled site level staff to experience Pact's training first-hand. Through this approach, Pact ensured that the workshops were of high quality and that prime partner staff were mentored on organizing and conducting these trainings.

In addition to the six formal workshops, the Pact MERL team provided training to the strategic planning committees for two partners, Living Hope and CWSA. These training events were run over two days and focused primarily on the Theory of Change (TOC) and its application during organizational strategic planning processes. In both cases, the training resulted in the development of draft TOCs which were subsequently used to inform the identification of key strategic themes for the organizations. A total of 26 individuals were trained including 15 from Living Hope in July 2011 and 11 from CWSA in Sept 2011.

### **Routine data quality assessments (RDQA) and data quality audits (DQA)**

Pact supported several partners in planning and conducting RDQAs including Childline South Africa, Child Welfare South Africa, CompreCare, CARE, Health and Development Africa (HDA), Starfish and Olive Leaf Foundation (OLF). Each RDQA resulted in several recommendations which were shared with key stakeholders. Pact provided support to partners in the development and implementation of corresponding action plans to resolve the data quality issues discovered during the assessments. Pact also commissioned a data quality audit for OLF as part of the grant closeout process.

### **Technical assistance on responding to changes in PEPFAR reporting requirements**

Significant changes in PEPFAR reporting requirements during the second quarter resulted in increased demand for Pact technical assistance from several partners. Partners requested support in understanding the new indicators and their impact on program activities, reporting requirements and MERL systems. Pact worked closely with each partner to review systems and to adapt tools and processes in line with the new indicators. In several cases, particularly for OVC programs, databases were adapted to accommodate the

changes in indicator definitions and were tested to ensure that data outputs matched the reporting requirements.

### **Technical assistance on planning outcome evaluations and developing TORs**

With the current partner agreements due to end in September 2012, Pact determined that this was an opportune time to encourage and support organizations in conducting basic program evaluations. These evaluations seek to generate data on progress towards achievement of program goals and objectives. In line with the USAID evaluation policy, approval was provided for Pact to commission and manage external evaluations for all twelve Pact partners implementing OVC programs. Pact will also fund and manage the evaluation for a PEPFAR prevention partner, Humana People to People.

Pact provided substantial technical assistance to OVC partners in developing evaluation plans and identifying key evaluation priorities. Pact spearheaded the development of terms of references for 11 of the 14 OVC partners. All TORs were subsequently approved by USAID. Pact is continuing to manage the solicitation process for identifying suitable external consultants to undertake the evaluations. The remaining three evaluation TORs will be finalized in the first quarter of FY 2012.

### **Assessment of Pact training and support to partners in planning and managing program evaluations**

Pact SA has invested substantially in developing the capacity of partners in planning and managing program evaluations through the five day basic program evaluation course which was piloted in Sept 2010 with a follow up training offered in March 2011. This is coupled with coaching and mentoring activities provided to individual organizations throughout the financial year. Given that this is a fairly new focus area of technical support to partners, Pact is interested in assessing the results and perceived benefit of these activities. Pact will conduct a survey partner of organizations who attended the training to obtain feedback and to determine if there are any cross cutting needs for further assistance.

Results of the study will be used to inform development of partner support plans for the last year of the grant and to disseminate lessons learned about the value of investing in evaluation capacity development for partner organizations.

## **Organizational Development (OD)**

Pact's OD unit continued to focus on deepening support to partners through responding to emerging issues and identifying capacity development needs of sub-partners. Assistance was also provided to prime and sub-partners simultaneously to ensure that learning is replicated at site level. A matrix summarizing the types of support provided to each partner is attached as Appendix 3.

Highlights of OD assistance provided in this period include:

- Recruited an OD Coordinator skilled in working with nascent community-based organizations. This allowed for more intensive mentoring and support to sub-partners and implementing sites.
- Trained prime partners and implementing organizations in strategic planning.
- Trained eleven CompreCare sub-partners in organizational governance and provided follow-on site level support.
- Provided six sub-partner organizations with board induction training.
- Supported the development of policies and procedures for inclusion in board manuals.
- Trained Starfish staff in facilitating organizational capacity assessments (OCAs).
- Assessed the capacity building needs of CWSA implementing partners in Limpopo and North West.
- Supported NACCW mentors in addressing governance and leadership challenges with Isibindi implementing partners.
- Trained CARE sub-partners in care worker management and development of related policies.
- Facilitated strategic planning processes for CWSA, Childline KZN and completed the process for Living Hope.

### **Organizational governance training and support**

Pact support in organizational governance focuses on leadership, separation of governance and management functions and governance systems. Pact conducts formal trainings on these topics and follows up with on-site mentoring and provision of templates and guidelines for developing organizational policies.

Pact conducted one three-day workshop on organizational governance and leadership for CompreCare in October 2010 for a total of 35 participants from 11 sub-partners. Follow-up site visits were conducted in February and March 2011 to all 11 sub-partners. Assistance was provided in the review of constitutions to ensure that they reflect organizational objectives, developing and updating policies and procedures, and maintaining a central filing system for board documents.

One day board induction trainings were conducted for NACCW implementing partners; Nkomazi Development Partnership, Asibambaneni HBC, Thembelihle HBC and Tholulwazi HBC. This training was also offered to Centre for Positive Care, a sub-partner of Save the Children and Childline Limpopo which is a provincial branch of Childline SA. The board induction training provides a detailed orientation on legal obligations of board members as prescribed by the NPO Act and clearly defines roles and responsibilities of the board. Participants are also taught how to assess current board composition in line with organizational requirements in order to strengthen skills in the recruitment and development of future board members.

Pact's assistance in organizational governance has resulted in increasingly active board members who are clearly aware of their roles and responsibilities. After attending trainings in governance, some of the prime partners have implemented minimum governance standards for sub-partners. NACCW made a decision to terminate the Isibindi implementing contract with Nkomazi Development Partnership because the organization did not meet prescribed governance standards. The board induction training at Childline Limpopo resulted in the termination of the board and subsequent selection of new board members who met the criteria detailed in their constitution. Pact will conduct an orientation for the new Childline Limpopo board members in October 2011.

### **Strategic planning and management support**

Pact provides training and mentoring to partners on how to conduct and implement strategic planning processes. Direct support is also provided to senior staff on human resource management, care worker management and staff development.

Pact conducted a three-day strategic planning workshop in March 2011 for prime partners with sub-partners. The training was aimed at increasing participants' understanding of the importance of strategic planning and its potential impact on service delivery. Another goal of the training was to provide skills and tools to effectively facilitate successful strategic planning processes. The training was attended by 14 participants from CARE, CWSA, Childline SA, CompreCare and Starfish.

As a result of this training, Pact was requested to facilitate strategic planning processes with CWSA and Childline KZN. Living Hope also completed their strategic planning process which had started in 2010. The process in each organization commenced with a two-day workshop for management and staff at all levels of the organization. The groups reviewed their history, vision, mission and values, conducted an internal and external analysis and identified strategic themes and objectives. Pact has also prioritized providing training in theory of change as part of strategic planning process for Living Hope and CWSA who now have a theory of change map that visually explains expected program and organizational outcomes. The process of developing this theory enables the organization to examine how services are provided and opportunities that exist to partner with other stakeholders for service delivery external to their core business.

After attending the Pact training, CWSA in Mpumalanga province trained their affiliate partners in strategic planning using Pact's approach and materials. Pact adapted the strategic planning workshop for CWSA Limpopo and North West in order to include training in developing missions, visions and objectives.

Participants have utilized this training to assist nascent implementing partners in their respective provinces with drafting these documents in order to meet the minimum requirements for NPO registration. Pact also mentored CARE staff in facilitating strategic planning processes for selected sub-partners in Limpopo province. CARE will now conduct this training with all their sub-partners.

Pact has developed a training curriculum in care worker management in line with the child protection requirements of the Children's Act. The training was conducted for CARE sub-partners in Limpopo province. Some of the challenges that emerged during the training in regards to managing care workers included difficulty in ensuring they remain motivated and a lack of discipline among younger care workers. The participants agreed that it is critical to provide opportunities for career pathing as a strategy to motivate and retain care workers. CARE staff will provide this training to partners in other provinces.

### **Mentoring prime partners on work with sub-partners and affiliates**

Pact has prioritized providing extensive mentoring to prime partner staff responsible for capacity development of implementing partners. Mentoring is provided through direct technical assistance, joint site visits and assessments, and sharing of tools.

Examples of mentoring support provided by Pact in the past year include the following:

- Pact provided CWSA with tools and training in CBOs capacity assessments for use with their affiliate partners.
- Pact attended a meeting with Childline Provincial Directors and presented the rationale for changing the structure in which Provincial Directors were board members of the national office. Subsequently, Childline SA revised their constitution and redefined the role of national office and are in the process of appointing a new board. Pact also provided OD support to Childline KwaZulu Natal, Childline Limpopo and Childline Northern Cape.
- In the past, Pact has provided capacity building services directly to CINDI sub-partners. CINDI has now taken the lead in the provision of organizational assistance to strengthen sub-partners, with continued support from Pact.
- Pact facilitated a team building workshop for CompreCare and sub-partners to address communication and management issues. Pact subsequently provided guidance to CompreCare on addressing the challenges in regards to the management of sub-partners. Unfortunately, they have not implemented most of Pact's recommendations.
- Pact trained four Starfish staff members in conducting OCAs. They were also provided with support in facilitating the process and developing capacity building plans for sub-partners. As a result, Starfish has provided extensive assistance and mentoring to implementing CBOs.

### **Sustainability planning and support**

Pact conducts an annual forum for partners to discuss topical issues affecting the NGO sector. The forum is also utilized to provides resource mobilization training and disseminate information on funding opportunities.

Resource mobilization efforts by Pact partners have yielded mixed results. Some successes include the following:

- NACCW has been identified as a key government partner in training ten thousand child and youth care workers.
- Living Hope has maintained the prevention program after the end of PEPFAR funding through their dollar a day fundraising program.
- CWSA now has funding from National Lotteries Board as a result of strengthened systems. They have also received new funding from UNICEF and DG Murray Trust.
- CINDI partners reported positive results in attracting some funding through effective proposal writing.
- Centre for Positive Care has received funding from the National Department of Health to provide services in three provinces.

CompreCare, Childline SA and Childline MPU reported challenges in diversifying their donor base. All Pact partners indicated that they have prioritized developing closer partnerships with the relevant government departments as part of resource mobilization efforts.

During the reporting period, Pact conducted a review of OD support provided to date and requirements for the final year of the program. Some feedback obtained during the assessments on OD support received by partners included the following; strengthened systems as a result of updating of policies and procedures, an increased level of commitment by board members, improved quality of support to sub-partners and better utilization of opportunities for learning and reflection. The requests for additional assistance primarily focused on planning for the post PEPFAR funding period. In order to assist partners with issues related to future funding, Pact will organize a Sustainability Forum in the next fiscal year. Speakers from government departments, parastatals and private sector will provide information on their respective priorities and funding requirements.

## **Financial and Grants Management**

Pact continued to work with all partners in strengthening financial management systems and processes. A detailed matrix of financial management support services provided to each partner is attached in Appendix 4 of the report.

Support provided during this fiscal year included:

- Grants management training
- Financial management training
- Analysis and management of expenditure rates and patterns
- Management of exchange rate gains/losses
- Financial system strengthening
- Guidance on compliance with USG rules and regulations
- Budget and work plan reviews
- Follow up and close out Recipient Contracted Audit (RCA) findings
- Review of capital equipment procurements and renovations
- Assistance with finance staff recruitment, selection and orientation
- Assist with final close out of grant agreements (TSA, AMREF, TIPHC)

### **Fraud detection**

Over the course of the last year, three Pact partners experienced incidences of fraud which involved members of their staff. Pact is carefully reviewing these incidents and developing a fraud detection training that can be delivered to senior managers. Pact has always advised partners to ensure that they do not place complete reliance on one individual to manage the finances of the organization. However, there is often resistance to increasing the numbers of qualified staff in this regard because partners argue that these funds are better utilized for service delivery. Over the course of the coming year, Pact will focus on providing direct mentoring to senior managers on the provision of financial management oversight.

### **Recipient Contracted Audits (RCA)**

The majority of recent Recipient Contract Audits demonstrate great improvement in partners implementing standardized financial systems and internal controls, documenting expenses and reconciling accounting records. This has become evident through the decreased number of findings, the implementation of prior year audit recommendations, and minimal unsupported/disallowed costs. Pact tracks any outstanding audit finding and works with partners to ensure that they are addressed. These audits will be very useful to organizations that are required to demonstrate their financial capacity as part of resource mobilization efforts.

### **Management of exchange rates**

Pact continues to work with partners in addressing the instability in the rand/dollar exchange rate. A detailed review of expenditures revealed that some partners will need to revise budgets and implementation plans to respond to the weakening US dollar. Pact has assured partners that exchange gains and losses will be carefully monitored and communicated on a quarterly basis. However, Pact has also advised that partners should be prepared to reduce budgets further if the rand should strengthen against the dollar.

### **Grants Management Training**

Pact conducted two Basic Grants Management workshops for all partners in November 2010 and August 2011. The trainings were attended by 28 participants and 32 participants, respectively. The training involved a detailed review of the Pact grant agreement, USAID Standard Provisions, and OMB Circulars A-110 and A-122. Discussions focused on clarifying the relevance and implications of the rules and regulations for program implementation.

Pact conducted grants and financial management trainings for Starfish and their sub-partners. NACCW, CWSA and m2m have also requested these trainings, which will be offered in the next reporting period. Pact encourages prime partner staff to co-facilitate all trainings in order to ensure that they can directly provide these trainings to sub-partners and/or affiliates in the future.

## **OVC Sub-Contracts**

Pact manages a USAID funding mechanism designed to support the South African Government's OVC programming and priorities by facilitating rapid-response contracts for required services. The funds are used primarily to support the Department of Social Development (DSD) and Department of Health (DOH). Funds are also used to provide training and support to PEPFAR implementing partners.

Pact's OVC sub-contracts portfolio is utilized to procure and manage technical assistance for the South African Government (SAG). This component of Pact's program primarily responds to the needs and priorities of the SAG and partners as determined by USAID. Contracted support primarily targets national level OVC policy development and related programming. Funds in this line item are also utilized to support cross cutting PEPFAR OVC activities.

USAID advises Pact on specific activities to be funded. Pact then works with the appropriate SAG officials to draft the final terms of reference in order to ensure that the deliverables meet the requirements of the relevant government department. Pact determines the most appropriate funding mechanism to be used on a case by case basis while ensuring compliance with USAID and Pact procurement rules and regulations.

Pact provides input into scopes of work, drafts requests for proposals, assists with contractor selection, and then negotiates the final contract with the selected provider. Once a contract has been issued, Pact serves as the link between SAG, USAID and the contractor, convening all key stakeholders to ensure agreement with regards to expected deliverables, time frames and processes to be followed in project execution.

Performance of all sub-contractors is closely monitored in order to ensure that SAG and USAID are satisfied with the quality of deliverables. Pact attends key project meetings, conducts quality assurance site visits, reviews documents and prepares reports and updates for USAID and SAG. When necessary, deficiencies are addressed before final approval of deliverables. In addition, Pact provides support in the resolution of any issues or disagreements that arise between contractors and stakeholders.

During the fiscal year, Pact issued 14 new contracts and managed a total of 17 contracts under the OVC sub-contracts portfolio. Contracts have included the following:

- DSD prevention strategy development and training of DSD officials on prevention programming
- Development of conceptual framework for child protection training

- DSD NPO database development
- Development of norms, standards and practice guidelines for the implementation of the Children's Act
- Development of the South Africa Adoption Strategy
- Development and costing of the DSD plan to roll out the NACCW Isibindi model
- Develop the implementation plan and costing model for services related to Child Abuse, Neglect and Exploitation (CANE) and provision of training on the use of the costing model
- Development of White Paper on Families
- Analysis of the social welfare workforce
- Design of HCBC capacity building roll-out
- Strengthening MNCH & nutrition services
- OVC camp management training
- Aerobic laughter
- Vhutshilo 1 & 2 peer education training
- OVC database recoding and partner training
- GIS mapping of PEPFAR OVC partners

For a full list of contracts throughout this fiscal year, please see Appendix 5.

## **PEPFAR Provincial Liaisons and Peace Corps Volunteers**

Pact's scope includes the provision of contractual, financial and administrative oversight and support for PEPFAR Provincial Liaisons (PPLs) in the provinces of Eastern Cape, Free State, Limpopo, Mpumalanga, North West and Northern Cape. Pact also hosts three Peace Corps Volunteers assigned to assist the PPLs.

Each PPL serves as the point person for coordination between the South African Government (SAG) and the U.S Government (USG) with regard to PEPFAR activities in the relevant provinces. Although administratively managed by Pact, the PPLs work under the technical direction of the USG PEPFAR team in close collaboration with Provincial Government.

The purpose of the PPLs is to strengthen relationships among various stakeholders at the district and provincial levels in the following areas:

- Dissemination of resources and information among stakeholders
- Facilitation of communication and coordination among SAG, USG and PEPFAR implementing partners
- Tracking and reporting on key activities and developments in the province
- Coordination of site visits, meetings and other events
- Assistance with USG planning processes

During the fiscal year, the PPLs have become key players in facilitating communication and coordination within their provinces. Annual performance reviews conducted in July and August 2011 were overwhelmingly positive in the feedback from both US Government and South African Government stakeholders. It is clear that all stakeholders agree that the PPLs have filled an important gap in the implementation of the PEPFAR program at provincial and district levels.

The one exception has been North West Province. Based on negative feedback from various stakeholders, Pact concluded that the incumbent PPL was unsuitable for the position. However, relations with North West Department of Health have remained positive and Pact is currently working to recruit and place a new PPL in North West by January 2012.

## Senior Technical Advisor

A Senior Technical Advisor (STA) has been seconded to the NDoH to support health systems strengthening (HSS) through the development of an “Integrated Chronic Disease Management ” model (ICDM) as part of the Primary Health Care (PHC) re-engineering process being undertaken by the South African Government.

The conceptual model for the ICDM has been developed and approved for implementation in 3 selected districts in Gauteng, Mpumalanga and North West Provinces. The implementation phase included broad stakeholder consultations, development of an appropriate situational analysis tool, capacity development of provincial and district officials in utilizing the tool, and design and application of a “Quality Improvement Plan “ template for each facility. This conceptual model was presented by the STA at the National Non-Communicable Disease (NCD) Summit in preparation for the UN Summit on NCD. The systemic challenges identified in the baseline assessment for the ICDM have been clearly communicated to senior management at National and Provincial levels as upstream issues that require strategic interventions.

The STA provided Technical support through participation in the Community Health Worker (CHW) Working Group that is developing the policy on CHWs. This included the development of the audit tool, provincial visits to brief officials on data required, participation in the collation and analysis of data submitted and writing of the CHW Audit report for presentation to the National Health Council. Further support will be provided through the provision of orientation and training programmes for the CHWs.

On-going technical support has also been provided in facilitating and providing strategic guidance for the development of the “Strategic Framework for the Prevention of Injury in SA”. The challenge encountered has been the lack of focused participation by the key government departments that were mandated to respond collectively to the burden of diseases from unintentional and intentional injuries.

The STA is part of the interdepartmental steering committee for the development and implementation of a “Health Innovation Strategy” as this is a crucial element of HSS in the long term. As a member of this committee, the STA participated in the development of a Strategy for Clinical Research under the auspices of the Department of Science and Technology. The STA is also on the Local Organising Committee (LOC) of the Global Health Forum 2012 conference, scheduled to take place in in South Africa in April 2012.

### III. SUMMARY RESULTS BY PROGRAM AREA AND PARTNER

Summary results by partner and program area are presented below. Aggregated indicator data for each focus area has also been included.

#### Treatment

Two Pact partners, Africa Centre and Kheth'Impilo, are implementing treatment programs in Eastern Cape, KwaZulu-Natal, Mpumalanga and Western Cape. Their combined reach was 102% of the aggregate annual target for "Individuals currently receiving ART" and 89% for "HIV infected individuals newly enrolled on ART".

During the reporting period Africa Centre exceeded its annual target for "Individuals currently on ART" by 27.6% while Kheth'Impilo reached nearly 100%. Kheth'Impilo reached 102% of its annual target for "HIV infected individuals newly enrolled on ART", while Africa Centre reached 51.6% of its annual target for this indicator.

Africa Centre has experienced a decrease in new enrolments due to a reduction in the number of clients in some of the older sites. The delays in NIMART-trained nurses operating independently have resulted in a low enrolment rate for new ART clients.

Both Africa Centre and Kheth'Impilo invested in accredited in-service training. Africa Centre trained 21 individuals on TB infection control guidelines and 11 on Pediatric ART Management. Kheth'Impilo trained 268 individuals on "Integrated Model: Adherence and HIV/AIDS", 652 individuals on "Integrated Model: ARV – on Site and Didactic Clinical Training" and 45 individuals on Pediatric ART Management. Kheth'Impilo also provided a refresher course on ARV management to 173 individuals.

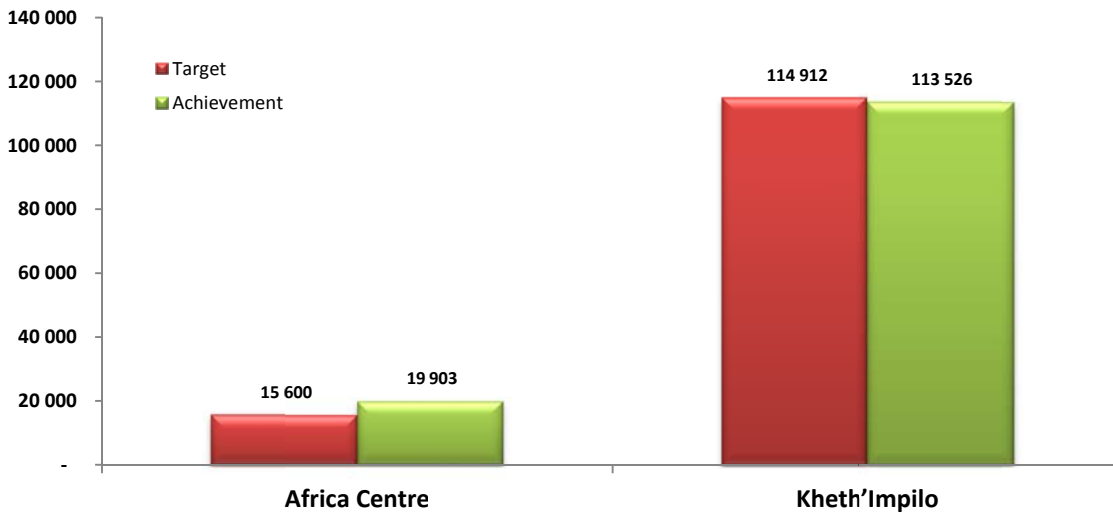
#### ARV Services

1 October 2010 - 30 September 2011

Partner	HIV infected individuals currently receiving ART			HIV infected individuals newly enrolled on ART		
	Target	Achievement	% Achieved	Target	Achievement	% Achieved
Africa Centre	15 600	19 903	127.6	10 000	5 156	51.6
Kheth'Impilo	114 912	113 526	98.8	30 000	30 610	102.0
<b>Totals</b>	<b>130 512</b>	<b>133 429</b>	<b>102.2</b>	<b>40 000</b>	<b>35 766</b>	<b>89.4</b>

## ARV Services

HIV infected individuals currently receiving ART: Oct'10 - Sept'11



### HIV and TB Care and Support

Six Pact partners reached a total of 113,057 HIV positive individuals through the community based HIV/TB Care and Support program, which represents 53.3% of the aggregate annual target for this indicator.

Treatment partners Kheth'Impilo and Africa Centre, primarily focus community based efforts on adherence support for patients on ART and TB treatment. Africa Centre's reduced budget for community health care workers and the ending of ARK UK funding to Kheth'Impilo led to lower numbers of clients being reached through these efforts. Targets were set based on estimated caseloads of HIV positive clients including those in care but not yet eligible for antiretroviral treatment. Limited resources forced partners to prioritize patients on ART rather than pre-ART patients. The numbers reported under this indicator closely mirror those reported for patients currently on ART.

Olive Leaf Foundation (OLF) only reached 30% of its annual target. This was achieved within the first three quarters of the year. Services were not provided in the last quarter due to the program close-out process.

NACCW achieved 66.8% of its annual target for HIV infected individuals who received community based care. Although the training on palliative care for child and youth care workers greatly improved awareness and skills in the delivery of these services, delayed submission and accuracy of reporting remain a challenge. Both World Vision and Living Hope exceeded their annual targets for this indicator, reaching 212% and 116% respectively.

World Vision and NACCW invested in human capacity development through accredited in-service palliative care training for 340 individuals.

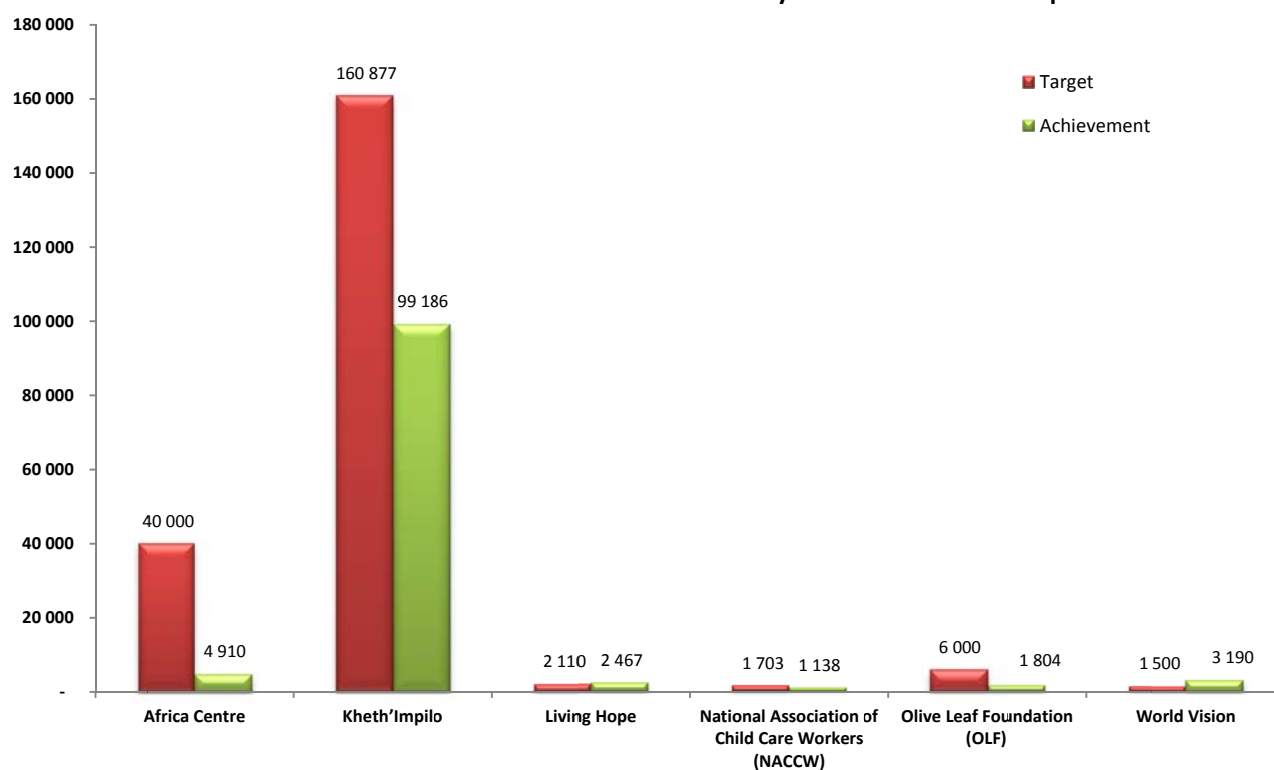
## HIV and TB Care and Support

1 October 2010 - 30 September 2011

Partner	HIV-infected individuals who received community-based care		
	Target	Achievement	% Achieved
Africa Centre	40 000	4 910	12.3
Kheth'Impilo	160 877	99 186	61.7
Living Hope	2 110	2 467	116.9
National Association of Child Care Workers (NACCW)	1 703	1 138	66.8
Olive Leaf Foundation (OLF)	6 000	1 804	30.1
World Vision	1 500	3 190	212.7
<b>Totals</b>	<b>212 190</b>	<b>113 057</b>	<b>53.3</b>

## HIV and TB Care and Support

HIV- Infected Individuals who Received Community Based Care: Oct'10 - Sept'11



## Orphans and Vulnerable Children

The majority of Pact's OVC partners exceeded their annual targets during this reporting period. HDA achieved excellent results in relation to last year, reaching very close to 100% of its annual target. Only three partners were not able to reach their annual targets: CARE, OLF and Starfish.

CARE ceased funding several sub-partners during the last two fiscal years. This substantially diminished the ability of the program to achieve the initial target of 30,800, which was submitted in the initial FY 10 Country Operational Plan. USAID was aware of program design changes but advised that targets cannot be changed once they have been submitted in the COP.

Olive Leaf Foundation (OLF) only reached 45.5% of its annual target, which was achieved within the first three quarters of the year. No services were delivered in the last quarter due to the program close-out process.

Starfish achieved nearly 78% of its annual target, reaching just under 6,000 children. Given the various implementation challenges experienced by the program over the past year, this was a great improvement in performance and reflects the tremendous efforts and investment by the Starfish team in supporting their sub-partners.

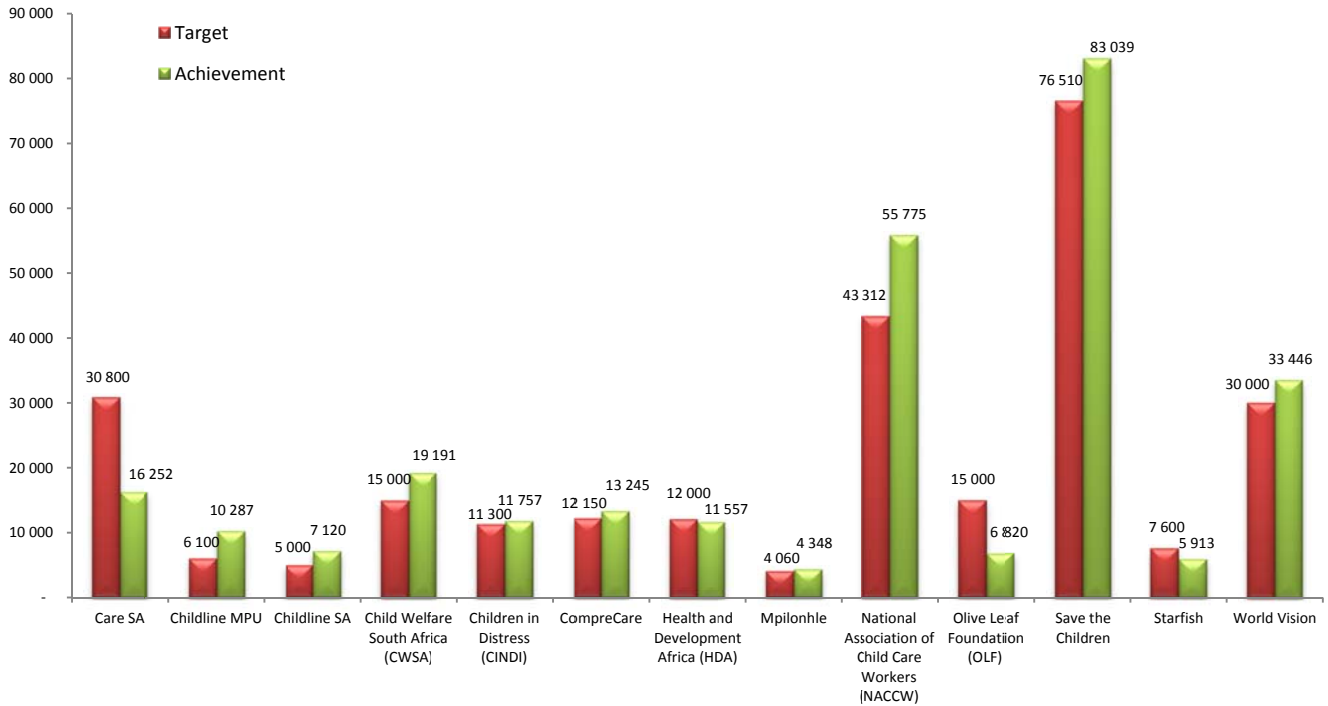
National Association of Child Care Workers (NACCW) provided accredited pre-service training to 735 individuals, all of whom completed one or more unit standards of NACCW's Child and Youth Care Worker (CYCW) curriculum. CINDI provided accredited in service training for 124 care workers on counseling skills, counseling models and VCT counseling.

### Orphans and Vulnerable Children (OVC) Care and Support

1 October 2010 - 30 September 2011

Partner	Total number of OVC served		
	Target	Achievement	% Achieved
CARE	30 800	16 252	52.8
Childline MPU	6 100	10 287	168.6
Childline SA	5 000	7 120	142.4
Child Welfare South Africa (CWSA)	15 000	19 191	127.9
Children in Distress (CINDI)	11 300	11 757	104.0
CompreCare	12 150	13 245	109.0
Health and Development Africa (HDA)	12 000	11 557	96.3
Mpilonhle	4 060	4 348	107.1
National Association of Child Care Workers (NACCW)	43 312	55 775	128.8
Olive Leaf Foundation (OLF)	15 000	6 820	45.5
Save the Children	76 510	83 039	108.5
Starfish	7 600	5 913	77.8
World Vision	30 000	33 446	111.5
<b>Totals</b>	<b>268 832</b>	<b>278 750</b>	<b>103.7</b>

**Orphans and Vulnerable Children (OVC) Care and Support**  
**Total number of OVC served : Oct'10 - Sept'11**



**HIV Counseling and Testing**

Five Pact partners implement counseling and testing programs. In this reporting period four partners exceeded their annual targets. Africa Centre achieved 85.4% of the annual target. The reduction in the number of their community care workers had a negative effect on uptake of HCT services as community mobilization efforts were limited. The aggregated reach for Pact partners is 184,547 individuals that received counseling and testing services in the fiscal year, which represents 114.7% of the total target.

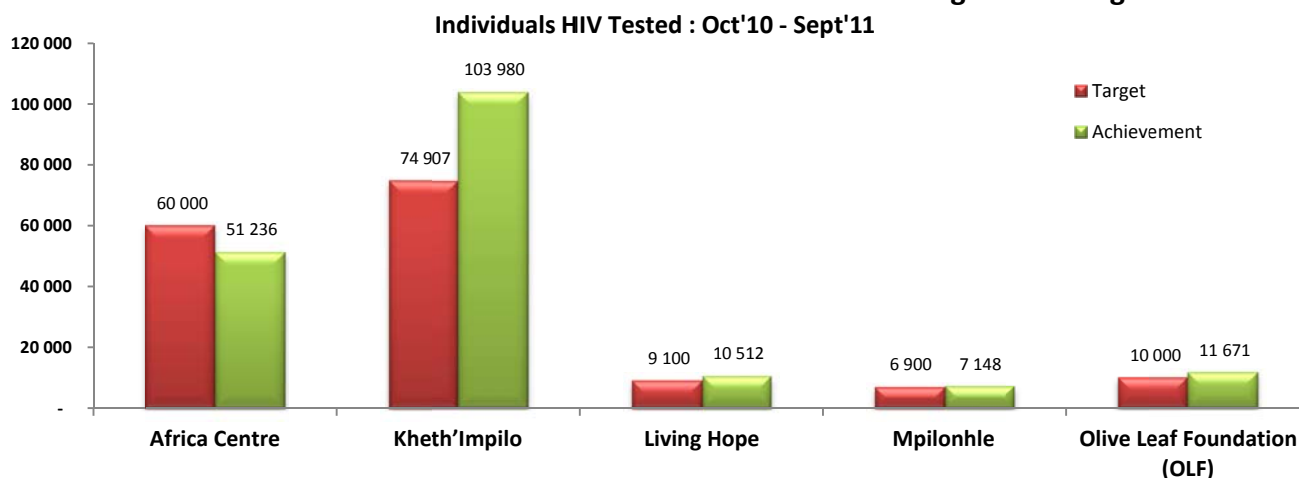
**Sexual and Other Behavioral Risk Prevention : Counseling and Testing**

**1 October 2010 - 30 September 2011**

Partner	Individuals HIV tested		
	Target	Achievement	% Achieved
Africa Centre	60 000	51 236	85.4
Kheth'Impilo	74 907	103 980	138.8
Living Hope	9 100	10 512	115.5
Mpilonhle	6 900	7 148	103.6
Olive Leaf Foundation (OLF)	10 000	11 671	116.7
<b>Totals</b>	<b>160 907</b>	<b>184 547</b>	<b>114.7</b>

Africa Centre and Living Hope invested in accredited in-service counseling and testing training. Africa Centre trained 65 individuals on HIV testing. Living Hope trained a total of 9 individuals using various modules including the Department of Health Mindset training and the TB/HIV Integration Training.

### Sexual and other Behavioural Risk Prevention : Counselling and Testing



### Prevention of Mother-to-Child Transmission

Three Pact partners implement PMTCT programs: Africa Centre, Kheth'Impilo and mothers2mothers (m2m). Kheth'Impilo exceeded its annual target for pregnant women initiated on ARV prophylaxis by 17.5 % but fell short of the target for HIV testing of women during the first antenatal visit by 25%. m2m achieved an average of 90% of the annual targets for the two key PMTCT indicators. Africa Centre achieved only 54% of its target for pregnant women initiated on ART. This is mainly due to the delay in NIMART-trained nurses operating independently which resulted in a low enrolment rates for all new ART clients. However, much better results were achieved for the indicator on HIV testing for first time antenatal clinic clients, reaching just under 80% of the annual target.

Overall, approximately 78,000 pregnant women were initiated on ARV prophylaxis by the three partners in this reporting period. The aggregate reach for women tested for HIV at their first antenatal clinic visit exceeded 275,000, which represents 91% of the total target.

The ability to track and report on data for sites where m2m co-exists with another treatment partner has been substantially improved by allowing m2m to report data at site/clinic level as opposed to district level.

### Vertical Transmission: PMTCT

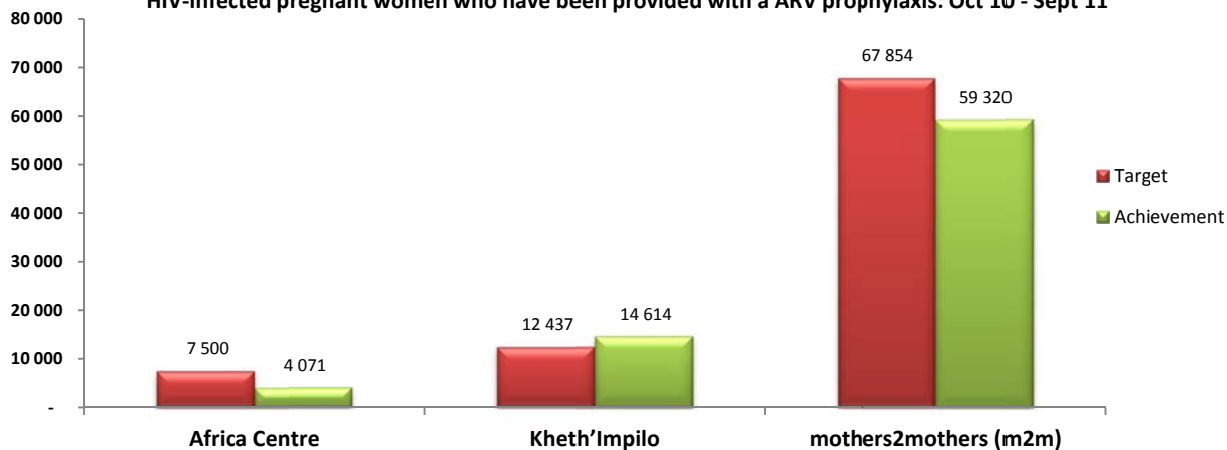
1 October 2010 - 30 September 2011

Partner	Pregnant women initiated on ARV prophylaxis			Antenatal Client HIV 1st Test		
	Target	Achievement	% Achieved	Target	Achievement	% Achieved
Africa Centre	7 500	4 071	54.3	10 000	7 970	79.7
Kheth'Impilo	12 437	14 614	117.5	46 063	34 236	74.3
mothers2mothers (m2m)	67 854	59 320	87.4	246 299	233 001	94.6
<b>Totals</b>	<b>87 791</b>	<b>78 005</b>	<b>88.9</b>	<b>302 362</b>	<b>275 207</b>	<b>91.0</b>

All three partners contributed to human capacity development during the fiscal year, resulting in increases in the number of individuals provided with accredited in-service trainings. Kheth’Impilo and Africa Centre provided training on Pediatric ART Management to 45 and 11 individuals respectively. Kheth’Impilo also provided training on PMTCT Community Service training while m2m trained 193 site coordinators and mentor mothers as part of their in-service training program.


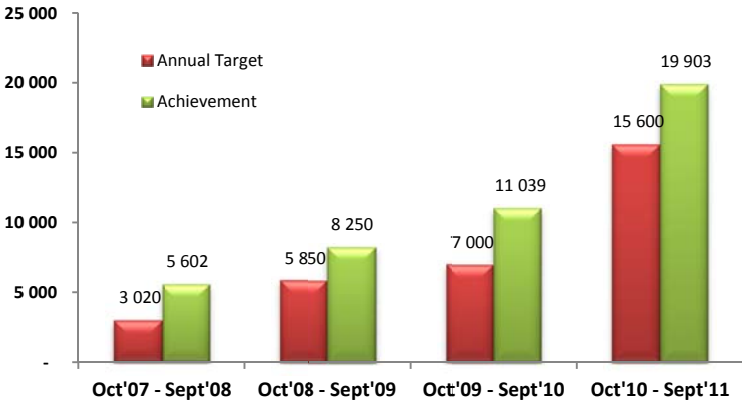
### Vertical Transmission - PMTCT

HIV-infected pregnant women who have been provided with a ARV prophylaxis: Oct'10 - Sept'11



## IV. PARTNER OVERVIEWS

### Africa Centre for Health and Population Studies

Geographic presence		Key M&E indicators																
 <p>KZN: 1 of 11 districts</p>		<p><b>HIV infected individuals currently receiving ART</b> Target: 15,600      Actual: 19,903</p>  <table border="1"> <caption>HIV infected individuals currently receiving ART</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'07 - Sept'08</td> <td>3,020</td> <td>5,602</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>5,850</td> <td>8,250</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>7,000</td> <td>11,039</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>15,600</td> <td>19,903</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'07 - Sept'08	3,020	5,602	Oct'08 - Sept'09	5,850	8,250	Oct'09 - Sept'10	7,000	11,039	Oct'10 - Sept'11	15,600	19,903
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Oct'09 - Sept'10	7,000	11,039																
Oct'10 - Sept'11	15,600	19,903																
Key financial indicators		PEPFAR program areas																
Current FY allocation:	\$ 4,125,054	PMTCT																
Total allocation, all years:	\$ 16,563,353	HIV Care and Support – Adult and Pediatric																
Total expenditures:	\$ 16,357,919	HIV Treatment – Adult and Pediatric																
<b>Balance of allocation:</b>	<b>\$ 205,434</b>	HIV/TB Care and Support																
Months of pipeline:	0.6	HIV Counseling and Testing																
Progress and accomplishments																		
<p>The Africa Centre for Health and Population Studies implements the Hlabisa antiretroviral treatment (ART) program aimed at delivering safe, effective, and sustainable ART services. This is done through partnership with the Department of Health in the UMkhanyakude district in rural KwaZulu-Natal. The program emphasizes integration of ART services with Prevention of Mother-to-Child Transmission (PMTCT), tuberculosis (TB)/HIV, counseling and testing and palliative care. This is done through the provision of infrastructure, additional human resources and training. Africa Centre further supports DOH by providing mobile palliative care teams who deliver home-based care and support services. Africa Centre supports 17 clinics in Hlabisa and 9 clinics in the Umhlabuyalingana sub-districts.</p> <ul style="list-style-type: none"> <li>Africa Centre has succeeded in expanding coverage of ART services in the Hlabisa sub-district. They have supported 17 DOH clinics through the provision of human resources and infrastructure which has resulted in increased access to treatment. AC has initiated more than 17,390 patients on treatment since 2007. In 2010, AC extended their services to the Umhlabuyalingana sub-district where they support 9 additional clinics including Mseleni hospital.</li> <li>Africa Centre has invested resources in program documentation and research which has been done in collaboration with their research unit affiliated to the University of KwaZulu Natal. They have also published several papers and documented their experiences on ART management in the Hlabisa sub-district.</li> <li>AC developed and implemented a database system (Sivikela Umntwana) which allows for all DNA PCR results to automatically be communicated to Hlabisa Hospital and flag required follow up cases. This has improved the turnaround time for receiving lab results and has greatly reduced the delays that were previously experienced in initiating pregnant women and positive babies on ART.</li> <li>Africa Centre's successful community awareness program and the involvement of traditional leaders in addressing issues of stigma have resulted in an uptake in testing in Hlabisa sub-district.</li> </ul>																		

- Africa Centre has developed and continues to maintain a very good working relationship with the district department of health. They have supported the DOH in data use at facility level where they conduct monthly reviews of clinic data to inform decision making. They have also supported the district in the implementation of the new M&E system, TIER.NET. Africa Centre transitioned a total of 12 clinic staff to the DOH in this fiscal year.

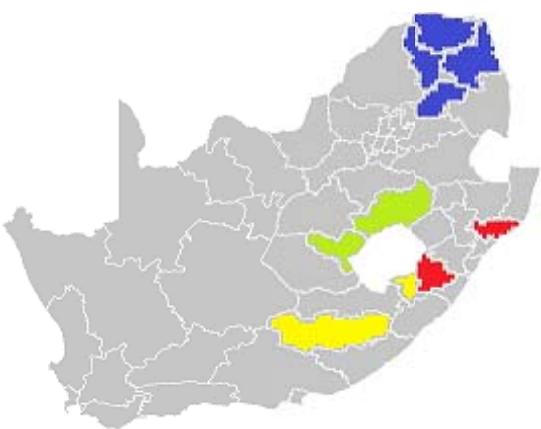
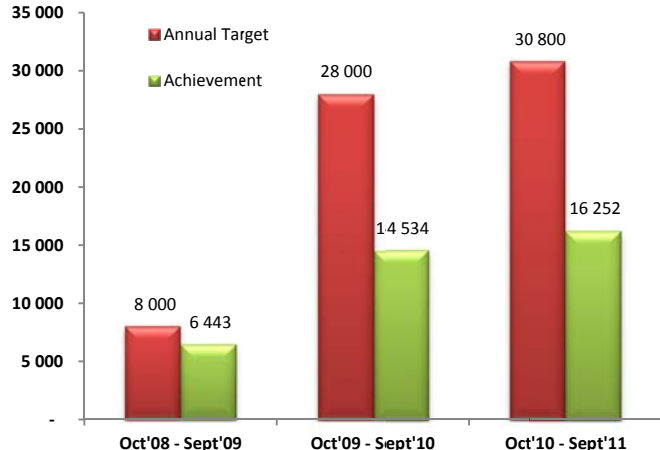
#### **Remaining issues and challenges**

- Africa Centre's budget has been reduced by \$913,440.00 for the next fiscal year. As a result, several staff retrenchments have been effected. Unfortunately, some of the staff have chosen to take this matter to the media and are disputing the retrenchments at the Council for Conciliation, Mediation and Arbitration (CCMA).
- Africa Centre has experienced challenges in fast tracking the transition process for nurses, counselors and data clerks to the district due to government funding issues. If staff are not transitioned by September 2012, this may seriously affect ART service delivery and related administrative processes.
- Access to running water remains a challenge in the entire district and this hampers infection control efforts at facility level. Africa Centre has installed water tanks but these are dependent on rainfall and have not fully resolved this issue.
- Africa Centre continues to struggle with attracting and retaining key staff because of the remote and rural location of program activities.

#### **Plans and priorities for FY'12**

- Pact will support Africa Centre in ensuring that DOH is fully informed and aware of Africa Centre's exit plan in order to prevent a negative effect on services.
- Pact will support AC in rolling out the government's TIER.NET MER system.
- Pact will provide additional support to Africa Centre in ensuring that drug supplies remain at levels which will avoid stock-outs.

## CARE

Geographic presence		Key M&E indicators													
 <p>EC: 2 of 6 districts            FS: 2 of 5 districts            KZN: 2 of 11 districts            LP: 4 of 5 districts</p>		<p><b>Total number of OVC served</b>            Target: 30,800      Actual: 16,252</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'08 - Sept'09</td> <td>8,000</td> <td>6,443</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>28,000</td> <td>14,534</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>30,800</td> <td>16,252</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'08 - Sept'09	8,000	6,443	Oct'09 - Sept'10	28,000	14,534	Oct'10 - Sept'11	30,800	16,252
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Oct'10 - Sept'11	30,800	16,252													
Key financial indicators		PEPFAR program areas													
Current FY allocation:	\$ 3,010,035	OVC Care and Support													
Total allocation, all years:	\$ 7,444,570														
Total expenditures:	\$ 7,198,250														
<b>Balance of allocation:</b>	<b>\$ 246,320</b>														
Months of pipeline:	1.0														
Progress and accomplishments															
<p>CARE has been funded by PEPFAR since January 2009 and is implementing an OVC program through its Deepening Local Links (DELL) project in partnership with twenty eight (28) community based organizations (CBOs) in four provinces; Limpopo, KwaZulu Natal, Eastern Cape and the Free State. The DELL Project provides services to OVC including educational support, general health referrals, child protection, HIV prevention, psychological care and voluntary savings and loans. CARE is also providing capacity building support to the 28 implementing partners.</p> <ul style="list-style-type: none"> <li>The DELL project is designed as a capacity building program for strengthening program quality and organizational capacity and sustainability. CARE initially had 36 partners under the DELL program and struggled with their own capacity to provide support to so many organizations. CARE has since developed an overall capacity building strategy as well as individual institutional strengthening plans for each sub-partner. They also utilize annual performance-based retention criteria which has allowed to them to discontinue funding to organizations that were not performing. As a result, CARE has reduced the number of sub-partners from 36 to 21 over the past 2 years.</li> <li>CARE has been implementing a successful Voluntary Savings and Loan (VSL) program which is providing support to 2,570 households and benefiting 4,612 OVC as part of its household economic strengthening activities (HES). This component of the program has served to promote the principles of household savings at community level in a predominantly credit economy. CARE is planning to link its VSL activities to income generating activities and microfinance institutions. CARE will implement this strategy in the new fiscal year.</li> <li>CARE has made considerable progress in providing OVC technical support to its 21 sub-partners, resulting in improved program quality. Most sub-partners are now providing accredited training to community care workers, using a standardized HIV prevention education curriculum, implementing structured after-school programs at drop in centers, and using effective referral systems for general health care, social grants and child protection activities.</li> <li>CARE has greatly improved MER system and processes of the DELL project since the beginning of the program. Action plans were developed with Pact technical assistance after MERL capacity and data quality assessments</li> </ul>															

indicated that there were some challenges with reliability and validity of data. CARE has now implemented improved systems and processes which have addressed the findings.


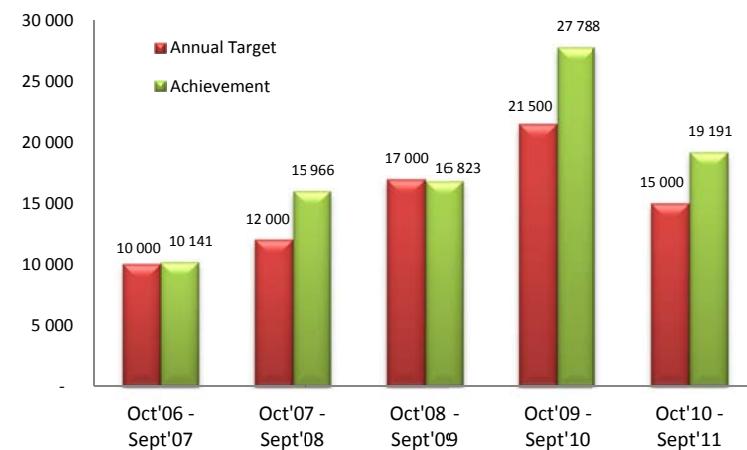
### **Remaining issues and challenges**

- Some of CARE's sub-recipients have been struggling to report against the psychological care indicator. To address this challenge, the DELL project has entered into a partnership with Foundation for Professional Development (FPD). In the new fiscal year, FPD will provide CARE with two psychologists as PEPFAR Fellows to assist in the implementation of psychological care services. The PEPFAR Fellows will provide counseling services, grief and bereavement therapy to the children. CARE will also link its sub-partners with Social Workers from the Department of Social Development to ensure that children continue to access psychological care services in order to ensure that these services are sustained after the end of the PEPFAR grant.

### **Plans and priorities for FY'12**

- Pact will work with CARE to continue strengthening the caring for carers program at sub-partner level.
- In the new fiscal year, CARE will support sub-partners in solidifying partnerships with municipalities.
- CARE will implement USAID and Pact recommendations on linking sub-partner VSL activities to income generating activities and microfinance institutions.
- CARE will assist the sub-partners in developing strategic plans which will include actions to be taken in regards to resource mobilizations and sustainability. Many DELL sub-partners are receiving funding from the Department of Social Development (DSD) and the Department of Health (DoH). In FY 2012, CARE will support the remaining partners in applying for government funding.
- USAID has allocated funds to Pact to contract an external evaluation of the DELL project. The overall purpose of this evaluation is to determine if capacity development and grants to sub-partners resulted in improved wellbeing of children in targeted communities.

## Child Welfare South Africa (CWSA)

Geographic presence		Key M&E indicators																			
 <p>NC: 2 of 5 districts    EC: 6 of 7 districts            FS: 4 of 5 districts    KZN: 6 of 11 districts            GP: 4 of 6 districts    NW: 3 of 4 districts            MP: 2 of 3 districts    LP: 3 of 5 districts            WC: 2 of 6 districts</p>		<p><b>Total number of OVC served</b>            Target: 15,000    Actual: 19,191</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'06 - Sept'07</td> <td>10,000</td> <td>10,141</td> </tr> <tr> <td>Oct'07 - Sept'08</td> <td>12,000</td> <td>15,966</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>17,000</td> <td>16,823</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>21,500</td> <td>27,788</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>15,000</td> <td>19,191</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'06 - Sept'07	10,000	10,141	Oct'07 - Sept'08	12,000	15,966	Oct'08 - Sept'09	17,000	16,823	Oct'09 - Sept'10	21,500	27,788	Oct'10 - Sept'11	15,000	19,191
Period	Annual Target	Achievement																			
Oct'06 - Sept'07	10,000	10,141																			
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Oct'09 - Sept'10	21,500	27,788																			
Oct'10 - Sept'11	15,000	19,191																			
Key financial indicators		PEPFAR program areas																			
Current FY allocation:	\$ 1,812,281	OVC Care and Support																			
Total allocation, all years:	\$ 6,909,327																				
Total expenditures:	\$ 6,723,499																				
<b>Balance of allocation:</b>	<b>\$ 185,923</b>																				
Months of pipeline:	1.3																				
Progress and accomplishments																					
<p>CWSA has been receiving PEPFAR funding since 2004 and is implementing the Asibavikele program in 57 sites in all 9 provinces of South Africa. The overall goal of the program is to identify and address the needs of orphans and vulnerable children and their families. This is done through the development of community structures through trained groups of volunteers and strengthened family structures. OVC services provided by the program include child protection, psychological care, HIV prevention education, household economic strengthening and referrals for health care services. Child Welfare South Africa also provides capacity building support for 254 member organizations/affiliates.</p> <ul style="list-style-type: none"> <li>CWSA has made significant progress in organizational development and in strengthening governance systems, leadership, financial management, monitoring and evaluation, and program quality since the inception of the program. Child Welfare has been very responsive to Pact support in organizational development as well as in program quality strengthening. CWSA has addressed gender issues by developing girl child and boy child programs, which are aimed at empowering young boys and girls and focusing on their particular gender needs.</li> <li>CWSA recently requested an increased level of OD support from Pact. As a result, Pact is now working with CWSA Limpopo and North West Provincial offices to provide assistance to five “developing sites”.</li> <li>CWSA is in the process of developing a 5 year strategic plan, with technical assistance from Pact.</li> <li>After receiving support and training from Pact, CWSA is now conducting Routine Data Quality Audits (RDQAs).</li> </ul>																					


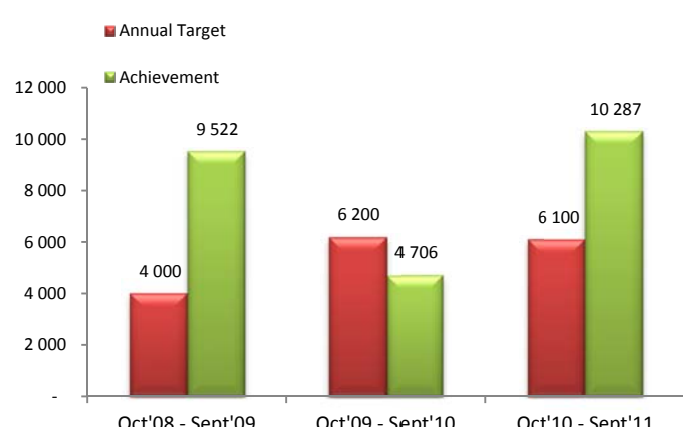
### **Remaining issues and challenges**

- Child Welfare continues to encounter inconsistencies in program quality across provinces and sites. Pact has worked with Child Welfare to develop and implement strengthening plans for the poorly performing sites.
- The accreditation of the CWSA Asibavikele training curriculum has still not been finalized with the Health and Welfare SETA (HWSETA). CWSA intends to contract a consultant to assist in fast tracking this process.
- The Senior Accountant resigned and was replaced by an internal candidate that was not a good fit for the position. Several provincial finance staff also resigned over the past year leaving Child Welfare with a lack of capacity in regards to reporting and liquidating site level advances. Pact is working with the CWSA finance staff to resolve this issue.

### **Plans and priorities for FY'12**

- Pact will assist CWSA in developing and implementing sustainability plans that include site-level affiliates. As part of these efforts, they will focus on strengthening engagement with government at the district and provincial levels.
- Pact will continue to support CWSA in strengthening organizational systems and practices. Pact will also continue to provide support to CWSA on strategic planning.
- USAID has provided approval for Pact to contract an external evaluation of Child Welfare to assess the extent to which the Asibavikele program has contributed to improved wellbeing of children and families supported by the program.

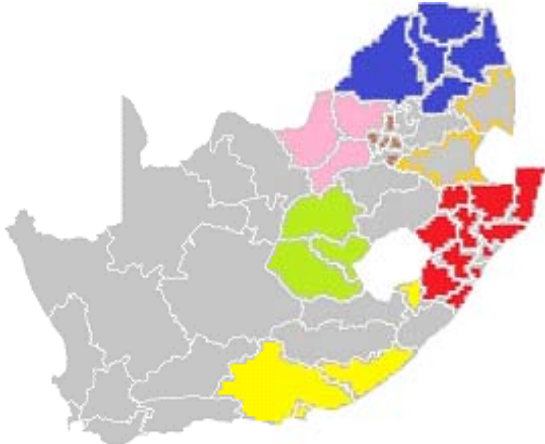
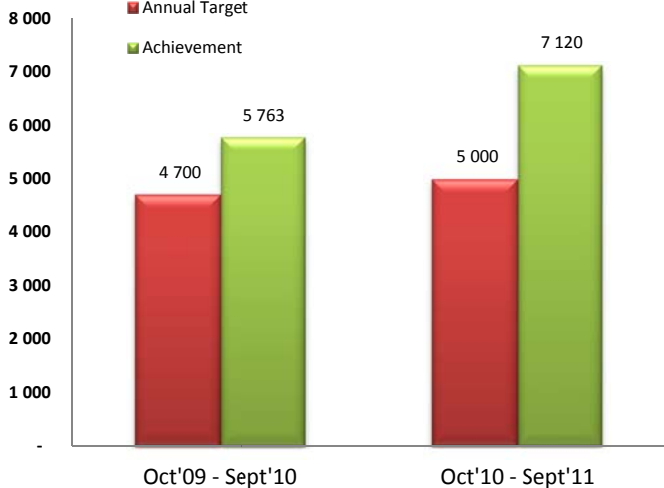
## Childline Mpumalanga (CLMP)

Geographic presence		Key M&E indicators													
 <p>MPU: 3 of 3 districts</p>		<p><b>Total number of OVC served</b> Target: 6,100 Actual: 10,287</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'08 - Sept'09</td> <td>4,000</td> <td>9,522</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>6,200</td> <td>4,706</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>6,100</td> <td>10,287</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'08 - Sept'09	4,000	9,522	Oct'09 - Sept'10	6,200	4,706	Oct'10 - Sept'11	6,100	10,287
Period	Annual Target	Achievement													
Oct'08 - Sept'09	4,000	9,522													
Oct'09 - Sept'10	6,200	4,706													
Oct'10 - Sept'11	6,100	10,287													
Key financial indicators		PEPFAR program areas													
Current FY allocation:	\$ 1,285,000	OVC Care and Support													
Total allocation, all years:	\$ 2,812,252														
Total expenditures:	\$ 2,097,635														
<b>Balance of allocation:</b>	<b>\$ 714,617</b>														
Months of pipeline:	10.8														
Progress and accomplishments															
<p>Childline Mpumalanga (CLMP) first received PEPFAR funding in August 2008 for an OVC program primarily focused on promoting child protection and expanding access to related services. The program also works to mitigate the impact of HIV and AIDS on Orphans and Vulnerable Children through the provision of counseling, educational support, life skills training, and referral to health care services. CLMP is implementing the program in four sites in Ehlanzeni and Gert Sibande district municipalities in Mpumalanga province.</p> <p>CLMP has employed four social workers for its Crisis Line and OVC program, securing funding from the Department of Social Development to support three of the Social Workers with the fourth one being funded by the PEPFAR program. Each social worker is assigned to a site to provide counseling services to the children and to support community care workers in responding to complex cases. The use of social workers at site level has resulted in substantial improvement in the provision of psychological support to OVC. The social workers are also conducting regular and structured debriefing sessions for the community care workers to assist care workers in handling emotional issues.</p>															
Remaining issues and challenges															
<ul style="list-style-type: none"> <li>Over the past 3 years CLMP has been conducting child protection awareness campaigns at community level in collaboration with Department of Social Development and South African Police Services. However, there are remaining challenges with cultural and social barriers when dealing with rape cases. CLMP is planning to establish child protection stakeholder forums at community level in all the four sites to address this issue.</li> <li>Pact discovered some financial irregularities in CLMP financial reports and contracted an auditor to conduct an expense verification. Fortunately, the audit only identified some internal control processes that needed to be strengthened and did not find any incidences of fraud. Later in the fiscal year, CLMP discovered that the Project Manager had falsified reimbursement claims and they are now conducting an investigation and an audit of all expenses since the audit contracted by Pact. CLMP is aware that any amounts deemed unallowable by the auditors will have to be repaid to Pact.</li> </ul>															

## Plans and priorities for FY'12

- CLMP will scale up community training to raise awareness on child protection services and strengthen partnerships with tribal authorities.
- CLMP will ensure that community care workers attend the accredited child protection training provided by Health and Development Africa's Thogomelo project.
- CLMP will establish multi-sectoral committees for children's activities at site level in order to strengthen collaboration among child protection organizations, government departments and other stakeholders.
- USAID has allocated funds to Pact to contract an external evaluation of the CLMP OVC program. The purpose of the evaluation is to assess the extent to which CLMP program contributed to improved wellbeing and resilience of OVC in targeted communities.

## Childline South Africa (CLSA)

Geographic presence		Key M&E indicators										
 <p>LP: 5 of 5 districts            NW: 3 of 4 districts            GP: 4 of 6 districts            EC: 3 of 7 districts            KZN: 11 of 11 districts            FS: 3 of 5 districts</p>		<p><b>Total number of OVC served</b>            Target: 5,000      Actual: 7,120</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'09 - Sept'10</td> <td>4,700</td> <td>5,763</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>5,000</td> <td>7,120</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'09 - Sept'10	4,700	5,763	Oct'10 - Sept'11	5,000	7,120
Period	Annual Target	Achievement										
Oct'09 - Sept'10	4,700	5,763										
Oct'10 - Sept'11	5,000	7,120										
Key financial indicators		PEPFAR program areas										
Current FY allocation:	\$ 750,000	OVC Care and Support										
Total allocation, all years:	\$ 1,125,000											
Total expenditures:	\$ 976,662											
<b>Balance of allocation:</b>	<b>\$ 148,338</b>											
Months of pipeline:	2.3											
Progress and accomplishments												
<p>Childline South Africa focuses on the protection of children from abuse, violence and neglect. CLSA has been supporting six provinces under the PEPFAR program. However, the organization has a presence in all provinces nationally. CLSA operates a national crisis line which receives telephone calls from children and adults on a wide range of psycho-social issues including violence, HIV and AIDS, child abuse, teen pregnancy, depression, neglect, and bullying. The toll free number receives approximately 60 000 to 90 000 calls per month across all provinces.</p> <ul style="list-style-type: none"> <li>• USAID and Pact advised CLSA to focus on provinces where limited funding can best be utilized rather than giving each of the six provinces an equal amount for program activities. Provinces were invited to submit proposals and budgets detailing how the funding would be utilized and as a result program activities will only be conducted in three provinces in the next fiscal year. CLSA has redesigned the program to focus on their core competency of child protection rather than attempting to provide a wide range of services where their organizational experience and expertise is lacking.</li> <li>• CLSA has strengthened referral networks for child protection and therapeutic services. For example, they have actively engaged with partners such as Child Welfare and NACCW who refer OVC requiring these services to CLSA.</li> <li>• CLSA provided training for several PEPFAR partners on the Children's Act.</li> <li>• CLSA is innovative with technology and is expanding their counseling services through new media such as the internet and a cellphone social networking site, Mix-It. A total of 1,929 children were reached through Mix-It in the last financial year.</li> <li>• The three provinces that are continuing with PEPFAR funding in FY 2012 have strong relationships with key government departments at provincial and district levels. The Gauteng Department of Health and Social</li> </ul>												

Development selected Childline Gauteng as one of the pilot sites for the cluster foster care model.


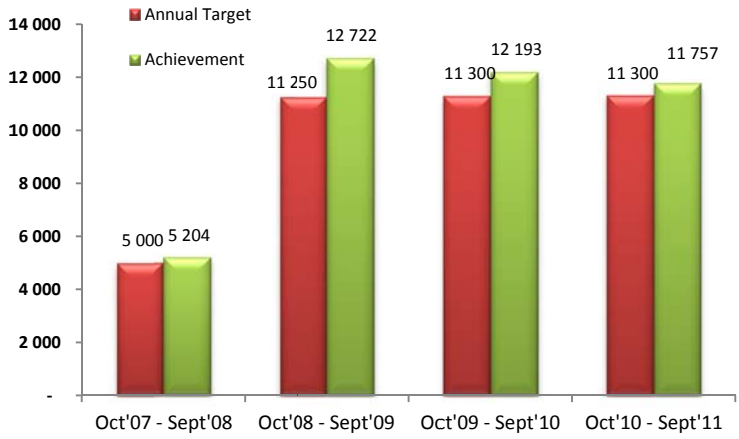
### **Remaining issues and challenges**

- The CLSA national office continues to struggle to define its mandate. There is a need to clarify the role of the national office and the provinces with regard to service delivery, new business development, policy development and advocacy. Pact is working with the national staff to clearly define and strengthen its governance and leadership in relation to affiliated provincial offices.
- Funding and sustainability at the national level is a challenge. Pact has advised CLSA of the need to increase visibility and develop and market national level programs as a resource mobilization strategy.

### **Plans and priorities for FY'12**

- Pact will assist the national office as well as the provincial offices in developing and implementing resource mobilization plans, strategic planning and strengthening engagement with government at all levels.
- Pact will work with CLSA in designing the scope for an external evaluation of the program which will be submitted to USAID for approval. The evaluation will assess therapeutic services provided by CLSA as well as trauma camps that Childline provides for children in need of intensive therapy.
- Pact will continue to work with Childline KZN on strategic planning and with Childline Limpopo on governance and financial management.

## Children in Distress Network (CINDI)

Geographic presence		Key M&E indicators																
 <p>KZN: 1 of 11 districts</p>		<p><b>Total number of OVC served</b> Target: 11,300 Actual: 11,757</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'07 - Sept'08</td> <td>5,000</td> <td>5,204</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>11,250</td> <td>12,722</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>11,300</td> <td>12,193</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>11,300</td> <td>11,757</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'07 - Sept'08	5,000	5,204	Oct'08 - Sept'09	11,250	12,722	Oct'09 - Sept'10	11,300	12,193	Oct'10 - Sept'11	11,300	11,757
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Oct'10 - Sept'11	11,300	11,757																
Key financial indicators		PEPFAR program areas																
Current FY allocation:	\$ 970,905	OVC Care and Support																
Total allocation, all years:	\$ 3,616,810																	
Total expenditures:	\$ 3,506,785																	
<b>Balance of allocation:</b>	<b>\$ 110,025</b>																	
Months of pipeline:	1.2																	
Progress and accomplishments																		
<p>CINDI's May'khethele orphans and vulnerable children program is part of a larger initiative implemented by four CINDI members: Community Care Project (CCP), Lifeline, Sinani and Youth for Christ (YFC). The May'khethele OVC program aims to improve the lives of children made more vulnerable by HIV and AIDS through the provision of a comprehensive range of services. These services include HIV prevention education, psychological care, HIV counseling and testing (HCT), health care support including antiretroviral treatment (ART), educational support, and assistance in accessing birth certificates, identity documents and social grants. May'khethele OVC program operates in schools across 20 wards of uMgungundlovu district of KwaZulu-Natal.</p> <ul style="list-style-type: none"> <li>At the beginning of the May'khethele program, activities were largely school based and did not target OVC at household level. As a result of guidance from USAID and Pact, the program was redesigned to offer services at household level in order ensure comprehensive service delivery. May'khethele now reaches out-of-school children as well as parents and siblings of vulnerable children identified through school-based activities.</li> <li>CINDI has successfully managed a multi-stakeholder program over the past four years. This is largely attributable to the Joint Management Team (JMT), a structure for all partners under the May'khethele program that meet on a monthly basis to make key program decisions. The JMT maximizes each partner's comparative advantage to achieve program efficiencies.</li> <li>CINDI has adopted a consortium approach in managing this program whereby a peer review mechanism is used to hold each member organization accountable for program outcomes. This process resulted in a decision that Sinani would no longer be a part of the program as of October 1, 2011. Sinani is providing primary school children with services such as prevention education and VCT. The other May'khethele partners determined that this did not fit within the program's overall objectives of targeting the most at risk children with age appropriate interventions.</li> <li>CINDI's May'khethele program has made significant investments since its inception in strengthening MERL systems and practices at the head office and at sub-partner level. CINDI, with Pact assistance, has implemented systems that</li> </ul>																		

allow for the utilization of data for decision making and they have documented successes and lessons learned through numerous process evaluations undertaken throughout the program period. CINDI's electronic database was adapted by USAID for use by all OVC PEPFAR partners.

- CINDI has strengthened its relationship with the Department of Education in the district. Two CINDI sub-partners, Lifeline and CCP, are part of the District HIV Counseling and Testing (HCT) task team charged with developing a relevant HCT strategy for the province.
- CINDI has been highly receptive to Pact's capacity building efforts. They have just developed a new organizational strategy which mirrors Pact's approach to grant making and capacity building. CINDI believes that Pact's approach, which focuses on organizational systems and program quality, is well suited for its network of partners.


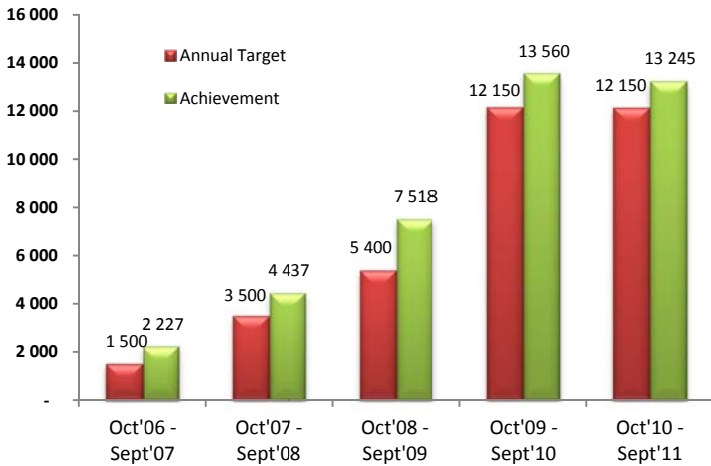
#### **Remaining issues and challenges**

- The sustainability of the May'khethele program model remains a challenge going forward. Although resource mobilization efforts have been undertaken individually by the members of the consortium, the future of the partners implementing this program remains uncertain.
- Another challenge faced by the program is related to the provision of HCT which is a major component of the comprehensive HIV prevention education services. The Minister of Basic Education's statement released in early August 2011 banning NGOs from providing HCT in a school environment has greatly affected the scale up of these services in schools. In the next fiscal year, there are plans to provide facility based HCT at LifeLine and CCP offices which are accredited by the DoH as non-medical HCT sites. CCP will continue to provide HCT during home visits.

#### **Plans and priorities for FY'12**

- USAID has allocated funds to Pact to contract an external evaluation of CINDI's May'khethele program to establish its value in improving the wellbeing of orphans and vulnerable children. This evaluation will assess to what extent the school based HIV prevention education interventions improved attitudes and knowledge about HIV and AIDS, reduced stigma and influenced change in sexual behavior.
- Pact will continue to assist CINDI in providing resource mobilization support to the sub-partners.

## CompreCare Joint Venture

Geographic presence		Key M&E indicators																			
 <p>GP: 1 of 6 districts NW: 1 of 4 districts MPU: 1 of 3 districts</p>		<p><b>Total number of OVC served</b> Target: 12,150      Actual: 13245</p>  <table border="1"> <caption>Total number of OVC served</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'06 - Sept'07</td> <td>1,500</td> <td>2,227</td> </tr> <tr> <td>Oct'07 - Sept'08</td> <td>3,500</td> <td>4,437</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>5,400</td> <td>7,518</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>12,150</td> <td>13,560</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>12,150</td> <td>13,245</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'06 - Sept'07	1,500	2,227	Oct'07 - Sept'08	3,500	4,437	Oct'08 - Sept'09	5,400	7,518	Oct'09 - Sept'10	12,150	13,560	Oct'10 - Sept'11	12,150	13,245
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Oct'09 - Sept'10	12,150	13,560																			
Oct'10 - Sept'11	12,150	13,245																			
Key financial indicators		PEPFAR program areas																			
Current FY allocation:	\$2,971,552	OVC Care and Support																			
Total allocation, all years:	\$6,831,552																				
Total expenditures:	\$ 5,546,369																				
<b>Balance of allocation:</b>	<b>\$ 1,285,183</b>																				
Months of pipeline:	5.3																				
Progress and accomplishments																					
<p>CompreCare Joint Venture first received PEPFAR funding in 2005. Their overall goal is to develop the capacity of implementing partners to expand the provision of comprehensive care for orphans and vulnerable children. CompreCare partners are providing a range of services including; clinical nutritional support, child protection interventions, general healthcare referrals, HIV prevention education, psychological care, educational support, and referrals for anti-retroviral treatment.</p> <ul style="list-style-type: none"> <li>CompreCare was previously implementing the OVC program in Gauteng with 2 sub-partners, Christian Social Council and Future Families. The program has now expanded to 12 sub-partners working in 4 provinces (North West, Limpopo, Gauteng and KZN). Future Families is CompreCare's largest sub-partner, responsible for more than half of the total annual target of 12,000 OVC. Nine of the 12 sub-partners are very nascent CBOs requiring significant capacity building and support. CompreCare will also begin working with a new sub-partner in FY 2012, The Valley Trust based in KwaZulu Natal.</li> <li>CompreCare has contracted external training providers including NACCW and NICDAM to train close to 300 sub-partner care workers in a number of accredited courses such as child and youth care, social auxiliary work and basic counseling. This will boost capacity of the 12 sub-partners to render professional services in their communities.</li> <li>CompreCare provided significant support to Future Families in developing and implementing administrative, finance and MERL systems when they separated from Child Welfare Tshwane.</li> </ul>																					


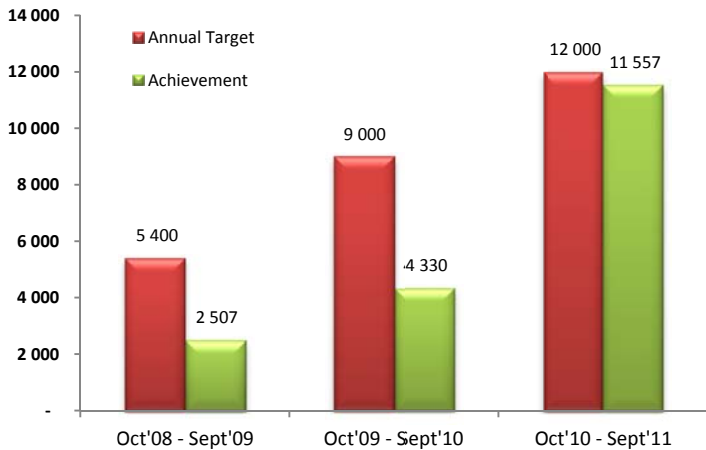
### **Remaining issues and challenges**

- With the expansion in the number of sub-partners as well as the geographical coverage of the program, CompreCare has faced serious challenges with capacity building, oversight of financial management, program quality, MERL and OD. Lack of a sound capacity building strategy has negatively impacted on their ability to provide adequate technical and programmatic support, particularly to the most nascent CBO partners. CompreCare has yet to conduct proper organizational capacity and program quality assessments at sub-partner level. They have been resistant to Pact support in this regard.
- CompreCare had difficulty in the past year in recruiting and retaining qualified staff. However, an Implementation Manager and a Social Worker have recently been recruited and will begin work in the next fiscal year.
- CompreCare continues to struggle with finance capacity building for their sub-partners. As a result, consolidated financial submissions to Pact are often very late and contain a high level of unsupported costs. CompreCare has identified specific financial management issues at sub-partner level. However, they have not yet been able to address and resolve these issues. Sub-partners require significant support in engaging with government and positioning themselves for future government funding.
- Future program sustainability is a major challenge given that the organization is solely reliant on PEPFAR funding.

### **Plans and priorities for FY'12**

- Due to CompreCare's resistance to Pact support in FY 2011, Pact will focus primarily on compliance monitoring but will also provide capacity development as requested.
- Pact will continue to negotiate with CompreCare to allow Pact to work directly with sub-partners in strengthening engagement and alignment with government at provincial and district levels. Partners would also benefit from Pact support in developing sustainability plans.

## Health and Development Africa (HDA)

Geographic presence		Key M&E indicators													
 <p>FS: 1 of 5 districts</p>		<p><b>Total number of OVC served</b> Target: 12,000 Actual: 11,557</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'08 - Sept'09</td> <td>5,400</td> <td>2,507</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>9,000</td> <td>4,330</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>12,000</td> <td>11,557</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'08 - Sept'09	5,400	2,507	Oct'09 - Sept'10	9,000	4,330	Oct'10 - Sept'11	12,000	11,557
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Oct'09 - Sept'10	9,000	4,330													
Oct'10 - Sept'11	12,000	11,557													
Key financial indicators		PEPFAR program areas													
Current FY allocation:	\$645,651	OVC Care and Support													
Total allocation, all years:	\$2,025,284														
Total expenditures:	\$ 2,002,442														
<b>Balance of allocation:</b>	<b>\$ 22,842</b>														
Months of pipeline:	0.5														
Progress and accomplishments															
<p>HDA has been receiving PEPFAR funding since September 2008 for the Circles of Support (CoS) project. CoS is a community-based response-driven program that uses low-cost interventions and focuses primarily on systems strengthening at site level. CoS works through schools as an entry point to reach children. The project uses practical methodologies to support vulnerable children by establishing community/ neighborhood and schools-based CoS groups that can promote children's education and wellbeing. The CoS project operates in Lejweleputswa District Municipality of the Free State Province.</p> <ul style="list-style-type: none"> <li>HDA signed a Memorandum of Understanding with the Free State Department of Education (DoE) to jointly implement the Circles of Support project in the Lejweleputswa District. CoS staff and DoE officials meet on a monthly basis to discuss project progress, which has ensured that challenges are identified and addressed in partnership with all key stakeholders. The DoE has six Learning Support Facilitators (LSFs) who were allocated specific schools to work with CoS school based facilitators. This partnership has been effective in delivering services to the children in 90 of the 245 schools in Lejweleputswa District.</li> <li>HDA has made considerable progress in introducing community care forums (CCFs) and community based care workers. The Circles of Support (CoS) project has established 9 community care forums (CCFs) and employed 20 community care workers who are targeting households and providing services to at-home siblings of vulnerable children who are identified at school. The remaining 9 community care forums (CCFs) will be established during the first two quarters of the new fiscal year. The CCFs are working closely with schools and school governing bodies and providing an array of services including addressing identified cases of drug and substance abuse, organizing jamborees, addressing child protection issues, supervising after school homework clubs and conducting home visits. In the next fiscal year, HDA will assist CCFs in strengthening resource mobilization efforts for both school and community based Circles of Support activities.</li> <li>The CoS project has significantly improved its data management systems.</li> </ul>															

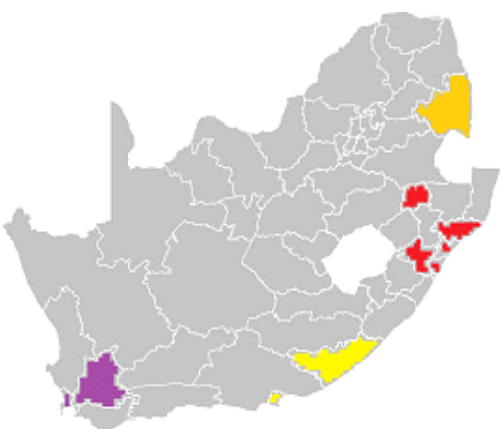
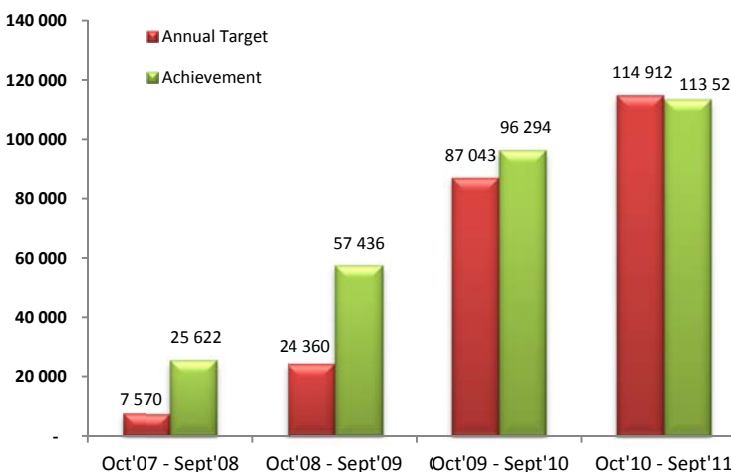
### **Remaining issues and challenges**

- CoS is primarily a school-based program and lacks effective community participation from guardians, parents and local businesses. In order to improve the visibility and awareness of the project at community level, HDA is planning to hold awareness campaigns through its coordinators during school governing board and school management meetings where parents are represented.
- HDA needs to provide more training to CCFs in resource mobilization and strategic planning with a view to registering these community structures as NPOs.

### **Plans and priorities for FY'12**

- HDA will strengthen its HIV prevention education program, which has had relatively low reach to date.
- HDA will explore resource mobilization opportunities with other donors beyond PEPFAR for the CoS program.
- HDA will discuss a sustainability plan with the Department of Education so that the Circles of Support (CoS) schools can be strategically aligned with the National Department of Education's Care and Support for Teaching and Learning (CSTL) project, which will be introduced in January 2012.
- HDA will strengthen parental involvement and community participation in the Circles of Support project.
- USAID has allocated funds to Pact to contract an external evaluation of the CoS project to assess the effectiveness of the project in addressing the needs of the vulnerable children in targeted communities.

## Kheth'Impilo

Geographic presence		Key M&E indicators																
 <p>EC: 2 of 6 districts KZN: 5 of 11 districts MPU: 1 of 3 districts WC: 2 of 6 districts</p>		<p><b>HIV infected individuals currently receiving ART</b> Target: 114,912 Actual: 113,526</p>  <table border="1"> <caption>HIV infected individuals currently receiving ART</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'07 - Sept'08</td> <td>7,570</td> <td>25,622</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>24,360</td> <td>57,436</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>87,043</td> <td>96,294</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>114,912</td> <td>113,526</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'07 - Sept'08	7,570	25,622	Oct'08 - Sept'09	24,360	57,436	Oct'09 - Sept'10	87,043	96,294	Oct'10 - Sept'11	114,912	113,526
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Oct'09 - Sept'10	87,043	96,294																
Oct'10 - Sept'11	114,912	113,526																
Key financial indicators		PEPFAR program areas																
Current FY allocation:	\$ 11,679,991	PMTCT																
Total allocation, all years:	\$ 25,261,199	HIV Care and Support																
Total expenditures:	\$ 23,615,490	HIV Treatment – Adult and Pediatric																
<b>Balance of allocation:</b>	<b>\$ 1,645,709</b>	HIV Counseling and Testing																
Months of pipeline:	1.4																	
Progress and accomplishments																		
<p>Kheth'Impilo is a South African non-profit organization that supports the South African HIV National Strategic Plan in achieving an AIDS free generation. Kheth'Impilo's mission is to facilitate and support the delivery of accessible, high quality and sustained treatment, care and support services to adults and children in communities affected by HIV and AIDS. This is done through strategic partnerships with provincial government health departments and through government hospitals and clinics within the parameters of the government's plans for the provision of anti-retroviral (ARV) treatment. Kheth'Impilo has established SWAT teams made up of doctors, nurses, pharmacists and other key personnel who improve the capacity of DoH to deliver treatment services. Kheth'Impilo supports patients on treatment in more than 90 sites in KwaZulu Natal, Western Cape, Eastern Cape and Mpumalanga.</p> <ul style="list-style-type: none"> <li>• Kheth'Impilo was previously part of ARK, a UK-based philanthropic hedge fund organization. Pact assisted in the seamless transition of the program from ARK to Kheth'Impilo, which was formally established in October 2010. All program and administrative staff were retained and there was no interruption in the delivery of patient services.</li> <li>• Kheth'Impilo adopted the DOH district management model in FY 2010 and reorganized program management in provinces by allocating a manager to each district who oversees all district operations and reports to the cluster manager at headquarters. Kheth'Impilo was cognizant of the district dynamics and positioned itself strategically so as to respond adequately to DOH needs. Kheth'Impilo has been able to assist government in a number of initiatives including the implementation of the ART MERL system. This has resulted in all their facilities being able to collect high quality data which has been utilized by the clinical staff to inform decision making at facility level.</li> <li>• Kheth'Impilo has been selected by PEPFAR as the district support partner for treatment &amp; prevention programs in four districts in the Eastern Cape, KwaZulu Natal, Western Cape and Mpumalanga. Kheth'Impilo's role is to take the lead in supporting all government primary health care sites in the assigned districts with regard to quality improvement, systems strengthening, baseline and progress measurement, human resource and service delivery</li> </ul>																		

planning.

- Kheth'Impilo has invested in program documentation and research which has been done in collaboration with local universities to strengthen the quality of their services. They presented six posters at the South African AIDS Conference in June 2011. They have also published several papers in international journals on outcomes of their ART program in adults and children at supported sites.
- As Kheth'Impilo's role shifts from providing direct services to a more technical assistance role, they have started to gradually transition PEPFAR funded staff to government.
- Kheth'Impilo has been successful in obtaining accreditation by HWSETA as a training organization. They also received accreditation for two training programs on Patient Advocates and Social Auxiliary Workers.
- Kheth'Impilo's financial reports have greatly improved over the past year with timely submissions and limited unsupported costs. Pact recently conducted a review of their financial and administrative systems and found that HR management processes and procedures need to be strengthened. Pact will work with Kheth'Impilo in the next fiscal year in order to address this issue.


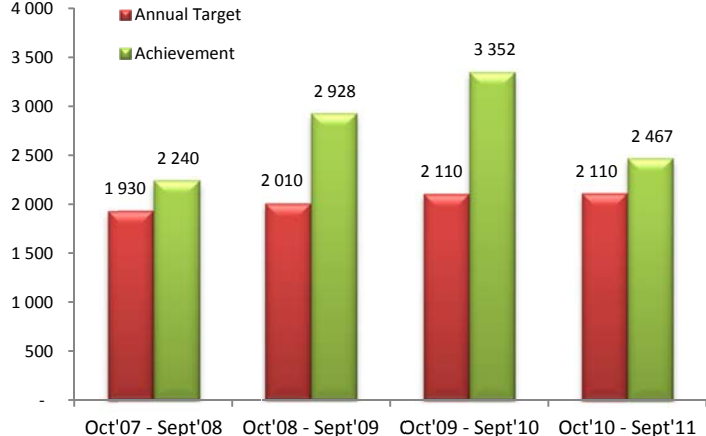
#### **Remaining issues and challenges**

- The greatest challenge with the Kheth'Impilo program is sustainability due to the fact that 80% of its operations are funded by PEPFAR. Pact will provide support in resource mobilization in the next fiscal year.

#### **Plans and priorities for FY'12**

- Pact will support Kheth'Impilo in transitioning from a service delivery model to a technical support model.

## Living Hope

Geographic presence		Key M&E indicators																
 <p>WC: 1 of 6 districts</p>		<p><b>HIV-infected individuals who received community-based care</b> Target: 2,110 Actual: 2,467</p>  <table border="1"> <caption>HIV-infected individuals who received community-based care</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'07 - Sept'08</td> <td>1,930</td> <td>2,240</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>2,010</td> <td>2,928</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>2,110</td> <td>3,352</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>2,110</td> <td>2,467</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'07 - Sept'08	1,930	2,240	Oct'08 - Sept'09	2,010	2,928	Oct'09 - Sept'10	2,110	3,352	Oct'10 - Sept'11	2,110	2,467
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Oct'10 - Sept'11	2,110	2,467																
Key financial indicators		PEPFAR program areas																
Current FY allocation:	\$ 390,235	HIV and TB Care and Support Counseling and Testing (CT)																
Total allocation, all years:	\$ 2,230,470																	
Total expenditures:	\$ 2,192,553																	
<b>Balance of allocation:</b>	<b>\$ 37,917</b>																	
Months of pipeline:	1.2																	
Progress and accomplishments																		
<p>Living Hope provides comprehensive palliative care and support interventions through in-patient services at their hospice and home/community-based care for HIV-infected adults and children and their families. Living Hope is also implementing a prevention program which provides pre and post-test HIV counseling in mobile, community and facility based settings. Clients that receive pre-test counseling and testing are also screened for TB according to Department of Health protocols. Clients that test positive for HIV are offered a basket of services including periodic testing of CD 4 counts, palliative care, support groups and ART. Living Hope operates in the Cape Metropole of the Western Cape province.</p> <ul style="list-style-type: none"> <li>Living Hope has successfully managed to continue with their sexual and other behavioral risk prevention (AB) program after the PEPFAR funding was discontinued for these activities in FY 2009. They have mobilized resources and they continue implementing HIV awareness, life skills and prevention programs targeting children and adolescents.</li> <li>Living Hope developed an organizational strategy that brings together different programs/ministries. The new strategy has enhanced Living Hope's overall program integration with a family centered focus to service delivery.</li> <li>Living Hope refers patients to their structured support group program. The program has a curriculum which focuses on prevention, drug abuse, nutrition and healthy living. Due to their success in implementing this aspect of the program, Living Hope has been identified by USAID to be the I-ACT (Integrated Access to Care and Treatment) coordinating partner for the Western Cape.</li> <li>Living Hope has indicated that program implementation will continue after September 2012 with other sources of funding. PEPFAR funds currently account for 20% of their overall budget.</li> <li>Although Living Hope is Pact's smallest grantee in terms of funding, they consistently submit excellent, well documented financial reports.</li> </ul>																		

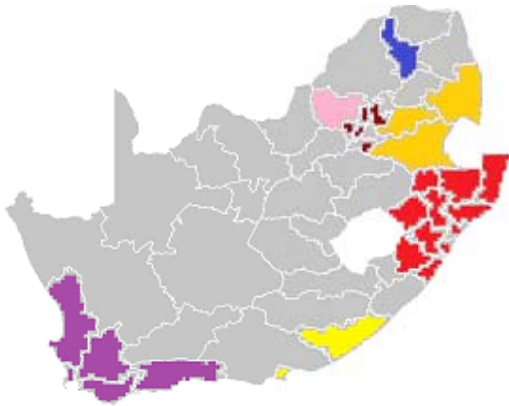
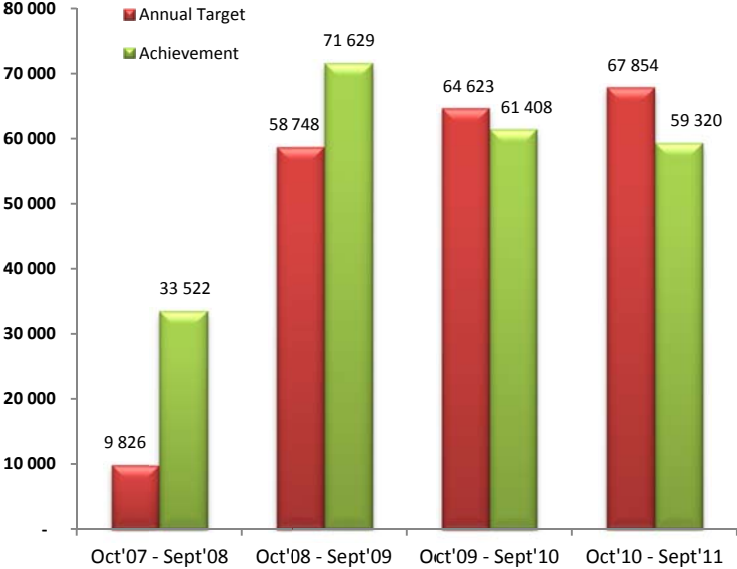
**Remaining issues and challenges**

- Living Hope's palliative care program continues to serve a small number of patients at a relatively high cost. The Living Hope facility has only 22 beds, with less-than-full occupancy, and longer than average stays by individual patients due to a weak system of referrals to home-based care. USAID and Pact have provided various recommendations to Living Hope for strengthening both the facility-based and community-based palliative care program.

**Plans and priorities for FY'12**

- Pact will assist Living Hope in developing an MERL plan for their new strategy.
- Pact will continue to work with Living Hope on the integration of the HCT/prevention and HCBC programs.

## mothers2mothers (m2m)

Geographic presence		Key M&E indicators																
 <p>EC: 2 of 6 districts KZN: 11 of 11 districts GP: 5 of 6 districts LP: 1 of 5 districts MPU: 3 of 3 districts NW: 1 of 4 districts WC: 5 of 6 districts</p>		<p><b>Women provided with ARV prophylaxis</b> Target: 67,854 Actual: 59,320</p>  <table border="1"> <caption>Women provided with ARV prophylaxis</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'07 - Sept'08</td> <td>9,826</td> <td>33,522</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>58,748</td> <td>71,629</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>64,623</td> <td>61,408</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>67,854</td> <td>59,320</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'07 - Sept'08	9,826	33,522	Oct'08 - Sept'09	58,748	71,629	Oct'09 - Sept'10	64,623	61,408	Oct'10 - Sept'11	67,854	59,320
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Oct'09 - Sept'10	64,623	61,408																
Oct'10 - Sept'11	67,854	59,320																
Key financial indicators		PEPFAR program areas																
Current FY allocation:	\$ 7,561,432	PMTCT																
Total allocation, all years:	\$ 24,464,311																	
Total expenditures:	\$ 23,509,785																	
<b>Balance of allocation:</b>	<b>\$ 954,526</b>																	
Months of pipeline:	1.8																	
Progress and accomplishments																		
<p>mothers2mothers (m2m) supports and enhances clinical PMTCT interventions in order to ensure that all pregnant women receive the full package of PMTCT care and support services in accordance with national guidelines. m2m's program provides facility-based PMTCT education and psychosocial support services to pregnant women and new mothers. The program ultimately seeks to contribute to reducing the risk of mother-to-child-transmission of HIV through improving uptake of PMTCT services. m2m site level staff and HIV-positive mothers are trained by the program to provide one-on-one and group counseling sessions for pregnant women and new mothers who are living with HIV.</p> <p>With PEPFAR funds and through cost sharing from other donors, m2m has established 326 sites in six provinces: Eastern Cape, Gauteng, KwaZulu-Natal, Mpumalanga, Limpopo, North West and Western Cape.</p> <ul style="list-style-type: none"> <li>m2m's program is unique in that it provides facility-based PMTCT education and psychosocial support services to pregnant women and new mothers. The program has helped improve the quality of PMTCT services and ensured that HIV pregnant women access PMTCT services early in their pregnancy. m2m is operational in more than half of the districts nationally, covering 28 of 52 districts.</li> <li>m2m received funding from USAID to measure the effectiveness of PMTCT program outcomes through early intervention (6 weeks post-partum) and late intervention (12-18 months post-partum). The program involves tracking the mother and baby pair after delivery at the above intervals to measure the outcomes of m2m interventions. This pilot will assist m2m in demonstrating the value added of their program to the South Africa government.</li> </ul>																		



### **Remaining issues and challenges**

- m2m continues to face challenges with staff supervision at site level. Pact highlighted the issue of site coordinators and mentor mothers working fewer than 8 hours per day at certain clinics. m2m has acknowledged that this is a problem and Pact will monitor whether there are any improvements when conducting site visits.
- In order to address the sustainability of the program, m2m has been advised to start engaging with the SAG at national, provincial and district levels.
- The level of support from mothers2mothers to the facilities to improve data management and to implement steps to ensure data quality has been limited. m2m has been advised by Pact to consider providing MERL support to facilities in order to minimize data quality risks.
- m2m struggles with the distribution of overhead costs across their many programs. Pact is working with m2m in an effort to ensure that that cost allocation methods are consistent and allowable. m2m's recipient contracted audits have greatly improved since 2007 with only two findings noted in the latest audit.

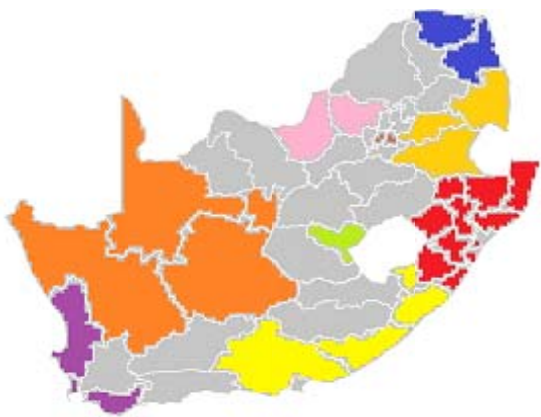
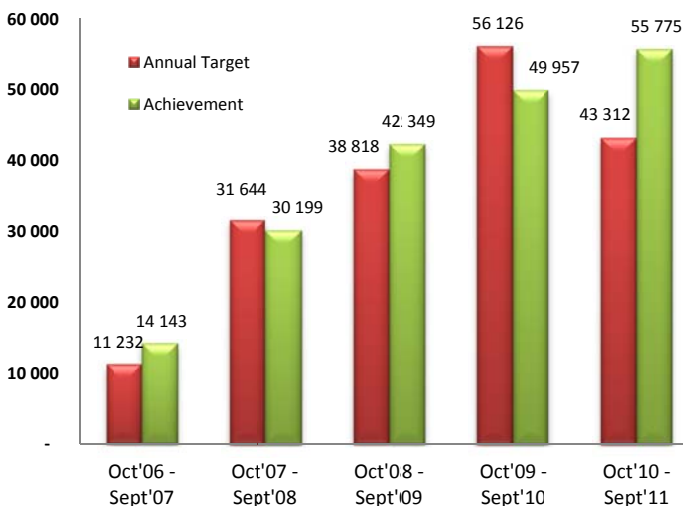
### **Plans and priorities for FY'12**

- Pact will continue to monitor progress on m2m's Baby-Mother Pair Tracking (BMPT) initiative and provide guidance and support as needed.
- Pact will continue to support m2m in their resource mobilization efforts.

## Mpilonhle

Geographic presence		Key M&E indicators							
 <p>KZN: 1 of 11 districts</p>		<p><b>Total number of OVC served</b> Target: 4,060      Actual: 4,348</p>  <table border="1"> <caption>OVC Served Performance</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Annual Target</td> <td>4,060</td> </tr> <tr> <td>Achievement</td> <td>4,348</td> </tr> </tbody> </table>		Category	Value	Annual Target	4,060	Achievement	4,348
Category	Value								
Annual Target	4,060								
Achievement	4,348								
Key financial indicators		PEPFAR program areas							
Current FY allocation:	\$ 1,234,020	OVC Care and Support HIV Prevention HIV Counseling and Testing							
Total allocation, all years:	\$ 2,520,469								
Total expenditures:	\$ 2,382,370								
<b>Balance of allocation:</b>	<b>\$ 138,099</b>								
Months of pipeline:	1.6								
Progress and accomplishments									
<p>Mpilonhle has been operating under the Pact UGM since January 2010 when it was transferred from another UGM mechanism. The program makes use of mobile health and education units to provide services to rural schools and communities in KwaZulu-Natal, including HIV counseling and testing, HIV prevention, health screening, life skills education, and computer skills.</p> <p>Mpilonhle has made significant progress with regard to financial management and reporting since the beginning of the award. Pact initially identified various gaps and weaknesses in systems, policies and staffing but has worked effectively with Mpilonhle to address these issues.</p>									
Remaining issues and challenges									
<ul style="list-style-type: none"> <li>USAID and Pact have expressed concerns regarding the depth and quality of Mpilonhle's program which is almost entirely school-based and relies on periodic contact with beneficiaries. Pact has also expressed concern regarding the high cost of the program per beneficiary relative to other PEPFAR partners.</li> <li>Mpilonhle has been generally resistant to Pact capacity building support and technical assistance. Pact has, however, continued to ensure compliance in regards to USAID rules and regulations.</li> </ul>									
Plans and priorities for FY'12									
<ul style="list-style-type: none"> <li>USAID has indicated that PEPFAR funding to Mpilonhle will not continue beyond March 2012. Pact will therefore focus on ensuring an orderly and efficient close-out of the Mpilonhle sub-agreement.</li> </ul>									

## National Association of Child Care Workers (NACCW)

Geographic presence		Key M&E indicators																			
 <p>WC: 3 of 6 districts EC: 4 of 7 districts            FS: 1 of 5 districts NC: 4 of 5 districts            NW: 2 of 4 districts GP: 2 of 6 districts            LP: 2 of 5 districts MPU: 3 of 3 districts            KZN: 11 of 11 districts</p>		<p><b>Total number of OVC served</b>            Target: 43,312 Actual: 55,775</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'06 - Sept'07</td> <td>11,232</td> <td>14,143</td> </tr> <tr> <td>Oct'07 - Sept'08</td> <td>31,644</td> <td>30,199</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>38,818</td> <td>42,349</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>56,126</td> <td>49,957</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>43,312</td> <td>55,775</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'06 - Sept'07	11,232	14,143	Oct'07 - Sept'08	31,644	30,199	Oct'08 - Sept'09	38,818	42,349	Oct'09 - Sept'10	56,126	49,957	Oct'10 - Sept'11	43,312	55,775
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Oct'10 - Sept'11	43,312	55,775																			
Key financial indicators		PEPFAR program areas																			
Current FY allocation:	\$ 4,688,007	OVC Care and Support																			
Total allocation, all years:	\$ 19,030,484																				
Total expenditures:	\$ 17,683,367																				
<b>Balance of allocation:</b>	<b>\$ 1,347,117</b>																				
Months of pipeline:	2.6																				
Progress and accomplishments																					
<p>NACCW has been implementing the Isibindi program with PEPFAR funding since 2005. The Isibindi model supports orphans and vulnerable children across 58 sites by training and mentoring child and youth care workers to respond to the needs of children and families within their communities. The overall goal of the program is to create safe and caring communities for vulnerable children and youth at risk, particularly child-headed households.</p> <ul style="list-style-type: none"> <li>NACCW has achieved remarkable success with the Isibindi program and has managed to scale up from an initial 20 sites in 2005 to 58 sites in this fiscal year. Additionally, 64 safe parks are currently operational and the program is now reaching more than 50,000 OVC with comprehensive quality services.</li> <li>The innovative Isibindi model has adapted to the needs of children and communities by adding components such as the disability program, the girl child program and the safe parks. This success and innovation of this model has led to recognition at a national level with the Minister of Social Development announcing plans to roll out the NACCW Child and Youth Care Worker (CYCW) training to a total of 10,000 learners nationally. This presents a unique opportunity for increasing child and youth care professionals and enhances prospects for sustainability.</li> <li>Despite logistical challenges such as learner attrition, NACCW has successfully rolled out the CYCW training to almost 600 learners across various PEPFAR partners.</li> </ul>																					

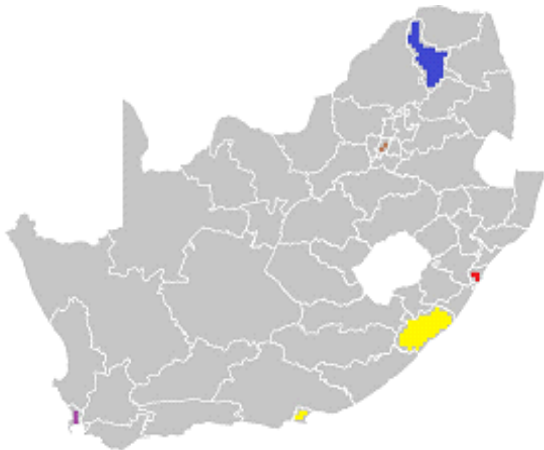
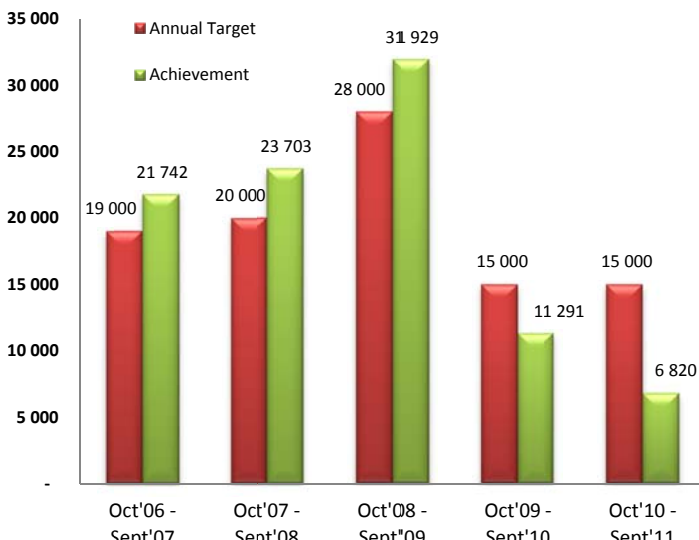
### **Remaining issues and challenges**

- NACCW has had challenges in strengthening their palliative care services. This is a new area for NACCW and was not part of their core service provision.
- NACCW has struggled to transition sites and care workers to DSD in KZN. The KZN DSD requested NACCW to begin providing services in certain sites with an agreement that DSD would take over the sites by June 2011. It was also agreed that NACCW would be reimbursed for the start-up costs and service provision. USAID agreed to cover these costs through September 2011. However, the KZN DSD has still not formally taken over these sites and NACCW may now have to consider discontinuing service provision.
- Pact has had ongoing concerns regarding NACCW's limited staff in relation to workload levels. This creates challenges for quality assurance and increases the risk of burnout and turnover.
- NACCW's finance director was found guilty of fraud and terminated early this year. NACCW immediately conducted an audit and it was determined that the fraud was related to other donors and did not affect the PEPFAR program. Pact is assisting NACCW in rebuilding their financial capacity after this incident and ensuring that they are not overly reliant on one particular individual in managing and monitoring the finance department.

### **Plans and priorities for FY'12**

- Pact is in the process of finalizing a consultant contract for conducting a job evaluation to address staffing issues.
- Pact will continue to support NACCW in preparation for the exponential growth in the CYCW training. They will receive assistance in developing a plan for the scale-up of the CYCW training model, including implications regarding structure, staffing, and financial and administrative management systems and procedures.
- NACCW has recently begun providing advances to implementing partners for administrative items in addition to payment of stipends. Pact will work with NACCW to revise MOUs with implementing partners to include standard terms and conditions for financial management.
- Pact will work with NACCW on designing and conducting a cohort study on outcomes and status of the youth that have graduated from the NACCW Isibindi OVC program upon turning 18 years of age.

## Olive Leaf Foundation (OLF)

Geographic presence		Key M&E indicators																			
 <p>EC: 2 of 6 districts GP: 1 of 6 districts KZN: 1 of 11 districts LP: 1 of 5 districts WC: 1 of 6 districts</p>		<p><b>Number of OVC served</b> Target: 15,000    Actual: 6,820</p>  <table border="1"> <caption>Number of OVC served (Target vs Achievement)</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'06 - Sept'07</td> <td>19,000</td> <td>21,742</td> </tr> <tr> <td>Oct'07 - Sept'08</td> <td>20,000</td> <td>23,703</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>28,000</td> <td>31,929</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>15,000</td> <td>11,291</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>15,000</td> <td>6,820</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'06 - Sept'07	19,000	21,742	Oct'07 - Sept'08	20,000	23,703	Oct'08 - Sept'09	28,000	31,929	Oct'09 - Sept'10	15,000	11,291	Oct'10 - Sept'11	15,000	6,820
Period	Annual Target	Achievement																			
Oct'06 - Sept'07	19,000	21,742																			
Oct'07 - Sept'08	20,000	23,703																			
Oct'08 - Sept'09	28,000	31,929																			
Oct'09 - Sept'10	15,000	11,291																			
Oct'10 - Sept'11	15,000	6,820																			
Key financial indicators		PEPFAR program areas																			
Current FY allocation:	\$ 2,943,974	HIV Prevention - Sexual and Other Behavioral Risk HIV Counseling and Testing HIV Care and Support OVC Care and Support																			
Total allocation, all years:	\$ 14,169,103																				
Total expenditures:	\$ 13,807,970																				
<b>Balance of allocation:</b>	<b>\$ 361,134</b>																				
Months of pipeline:	3.5																				
Progress and accomplishments																					
<p>OLF has been funded by PEPFAR since 2008. However many of the sites have been receiving PEPFAR support for much longer as they were initially funded through the Hope World Wide program (2004-2008). Program activities included OVC care and support, HIV and TB care and support, HIV counseling and testing and HIV prevention interventions. Over the funding period, OLF's program operated in five provinces; Eastern Cape (in Nelson Mandela and OR Tambo DM), Gauteng (in City of Johannesburg Metro), KwaZulu Natal (in eThekweni DM), Limpopo (in Capricorn DM), and Western Cape (in City of Cape Town Metro).</p> <ul style="list-style-type: none"> <li>OLF implemented a successful household economic strengthening program through the Coca-Cola vendor program. This program provided excellent community based consumer retail experience and tailored customer service for Coca-Cola products. The Coca-Cola vendor program provided increased income to participating households and the money from these ventures was used to purchase basic food items, pay for school fees and buy clothing and school uniforms.</li> <li>OLF's care and support (CAS) program is compliant with South African Government policies and guidelines and provides integrated HIV &amp; AIDS prevention, care, and treatment services based at local clinics. Olive Leaf Foundation's counselors provide HIV counseling services at DoH clinics.</li> </ul>																					


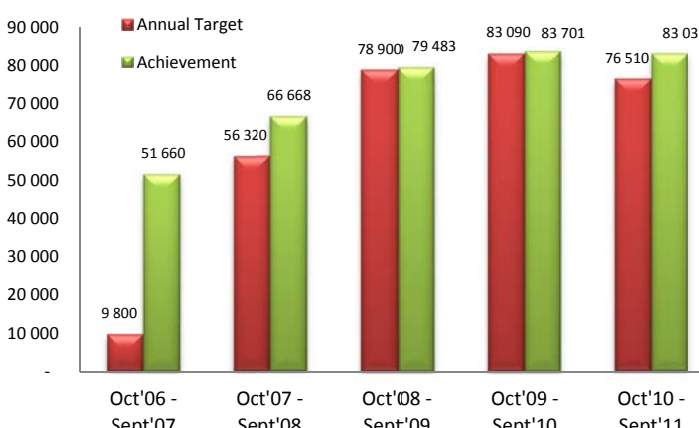
### Remaining issues and challenges

- OLF has historically experienced great difficulty in financial monitoring and reporting. Due to the fact that the program is ending, support from Pact will focus on completing the final audit and obtaining a complete listing of assets in order to submit a property disposition request to USAID.
- OLF has been resistant to Pact support since the inception of the program. This was unfortunate given the fact that they have struggled with program quality issues for the past four years and experienced serious organizational and leadership problems. USAID commissioned a South Africa PEPFAR Partner Performance Assessment (SAPPPA) which assessed all program focus areas as well as organizational administration, finance and human capacity development. The SAPPPA identified gaps and weaknesses which included lack of focus and coherence regarding the purpose and objectives of the program, poor documentation of systems, policies, procedures and standards of service, low staff morale and an excessive number of management and administrative staff (particularly finance staff) in relation to site-level program staff. The SAPPPA also highlighted that various close family members were working at OLF, with no written conflict of interest policy. Most concerning in regards to sustainability was the observation that Olive Leaf Foundation had great difficulty in retaining funding from other donors. All the key findings were similar to USAID and Pact concerns communicated to OLF over the past four years. Olive Leaf Foundation was informed in March 2011 that PEPFAR support for its program would not continue beyond September 2011. OLF has not been very clear as to whether or not they will continue to operate programs or exist as an organization.

### Plans and priorities for FY'12

- USAID has allocated funds for an assessment of the OLF OVC program which is currently being planned. The purpose of the assessment is to gather evidence on key program achievements and outcomes with regards to addressing the needs of orphans and vulnerable children in targeted communities.
- USAID approved an extension of the OLF agreement through November 2011 in order to ensure that all close out activities are completed. Pact support will focus on ensuring that all close out requirements have been met.

## Save the Children (SC)

Geographic presence		Key M&E indicators																			
 <p>FS: 3 of 5 districts LP: 1 of 5 districts</p>		<p><b>Total number of OVC served</b> Target: 76,150      Actual: 83,039</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'06 - Sept'07</td> <td>9,800</td> <td>51,660</td> </tr> <tr> <td>Oct'07 - Sept'08</td> <td>56,320</td> <td>66,668</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>78,900</td> <td>79,483</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>83,090</td> <td>83,701</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>76,510</td> <td>83,039</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'06 - Sept'07	9,800	51,660	Oct'07 - Sept'08	56,320	66,668	Oct'08 - Sept'09	78,900	79,483	Oct'09 - Sept'10	83,090	83,701	Oct'10 - Sept'11	76,510	83,039
Period	Annual Target	Achievement																			
Oct'06 - Sept'07	9,800	51,660																			
Oct'07 - Sept'08	56,320	66,668																			
Oct'08 - Sept'09	78,900	79,483																			
Oct'09 - Sept'10	83,090	83,701																			
Oct'10 - Sept'11	76,510	83,039																			
Key financial indicators		PEPFAR program areas																			
Current FY allocation:	\$ 3,296,221	OVC Care and Support																			
Total allocation, all years:	\$ 11,837,442																				
Total expenditures:	\$ 11,404,308																				
<b>Balance of allocation:</b>	<b>\$ 433,134</b>																				
Months of pipeline:	1.3																				
Progress and accomplishments																					
<p>Save the Children's program in South Africa first received a PEPFAR grant in 2004 to develop and expand the provision of comprehensive and compassionate care for orphans and other vulnerable children. This is accomplished through the establishment of child care forums (CCFs) and ensuring their coordination with government.</p> <ul style="list-style-type: none"> <li>Since 2004, over 100,000 OVC have been identified and served through the CCFs supported directly by Save the Children. This includes OVC reached by Save the Children's sub-partner, Centre for Positive Care (CPC), operating in Vhembe District in Limpopo. In this fiscal year, Save the Children strengthened program quality by conducting rigorous needs assessments and categorizing children according to levels of vulnerability. These efforts will continue in FY12 with plans to provide intensive support to the most vulnerable children and routine observation and support for those deemed less vulnerable.</li> <li>Save the Children has been very strong in advocacy and engagement in national and provincial forums such as the National Action Committee for Children Affected by AIDS (NACCA) as well as the establishment of the Caring Schools Network (CASNET) which links civil society, donors and government departments to strengthen schools as centers of care and support for OVC. Caring schools have been incorporated as a strategy in the National Action Plan (NAP) for orphans and other children made vulnerable by HIV and AIDS.</li> <li>Save the Children has developed and supported close to 200 CCFs since the inception of the program in community mobilization and capacity building.</li> </ul>																					


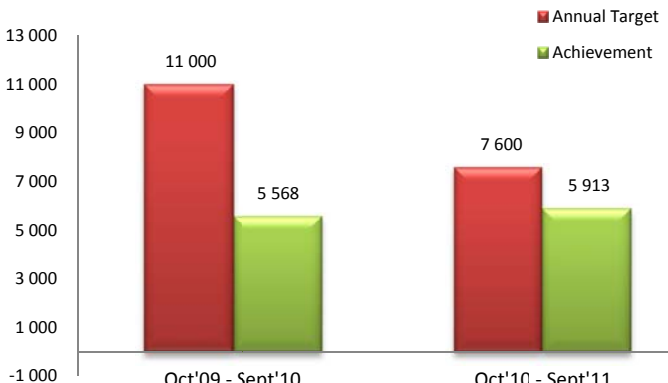
### Remaining issues and challenges

- Most CCFs lack capacity to provide substantial services beyond the initial identification of OVC. Save the Children is making efforts to ensure that CCFs receive the relevant training and resources to provide more comprehensive services.
- The financial and technical sustainability of the CCF model beyond the period of the current award is questionable. Save the Children has not been able to align and integrate all the CCFs into relevant government structures within their respective provinces/districts and most CCFs have not pursued their own planning and resource mobilization processes.
- Save the Children has provided significant programmatic and technical support to their sub-partner, CPC. However, they have struggled to support CPC in strengthening financial and administrative management capacity. As a result, financial reports are often submitted without CPC expenses. Save the Children, Pact and USAID have agreed that Pact will directly manage CPC's grant and provide financial capacity building and organizational development support in FY 2012.

### Plans and priorities for FY'12

- Save the Children will use the findings of the needs assessment and categorization exercise to plan and strengthen service delivery in the Free State.
- Save the Children will focus on sustainability plans and strengthening relationships with government to transition CCFs.
- Pact is working with Save the Children to design and conduct an external evaluation of the program focusing on assessing outcome results of the CCF model.

## Starfish Greathearts Foundation

Geographic presence		Key M&E indicators										
 <p>EC: 3 of 7 districts</p>		<p><b>Total number of OVC served</b> Target: 7,600      Actual: 5,913</p>  <table border="1"> <caption>OVC Served Data</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'09 - Sept'10</td> <td>11,000</td> <td>5,568</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>7,600</td> <td>5,913</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'09 - Sept'10	11,000	5,568	Oct'10 - Sept'11	7,600	5,913
Period	Annual Target	Achievement										
Oct'09 - Sept'10	11,000	5,568										
Oct'10 - Sept'11	7,600	5,913										
Key financial indicators		PEPFAR program areas										
Current FY allocation:	\$ 776,724	OVC Care and Support										
Total allocation, all years:	\$ 1,747,629											
Total expenditures:	\$ 1,235,814											
<b>Balance of allocation:</b>	<b>\$ 511,815</b>											
Months of pipeline:	7.1											
Progress and accomplishments												
<p>Starfish has been operating under the Pact UGM since January 2010, implementing an OVC program through 10 CBO sub-partners located in three priority districts (Cacadu, Amatole and Chris Hani) in the Eastern Cape. Starfish provides oversight and support to the CBOs in program implementation, financial management and reporting, monitoring and evaluation, and also facilitates access to accredited care worker training. The program provides a range of OVC services including child protection, educational support, psychological support, nutritional support, healthcare referral and HIV prevention.</p> <ul style="list-style-type: none"> <li>Starfish employs social workers who provide regular guidance and support supervision to the CBO sub-partners on the technical quality of OVC services. Social workers also conduct “caring for carers” interventions to support the needs of care workers. Areas of support have included OVC psychological care, intervention in cases of abuse or neglect, care worker debriefing sessions, ensuring that children’s rights are correctly understood, and providing feedback and support to learners in the completion of care worker training and assessments.</li> <li>Starfish has allocated PEPFAR funding for 92 CBO sub-partner care workers to participate in NACCW’s accredited Child and Youth Care Worker training. The care workers have completed six of the fourteen modules, and will complete the remainder of the modules in the next fiscal year, enabling them to obtain a recognized qualification as professional child and youth care workers.</li> <li>In FY 2011, Starfish conducted capacity assessments of 10 CBO sub-partners and developed support plans with each CBO in response to the priority areas identified. Starfish mentors have worked with each CBO to address areas including strategic planning, resource mobilization, updating of policies, election of board members, and improved record keeping.</li> </ul>												

**Remaining issues and challenges**

- Starfish has struggled to provide effective oversight and support to sub-partners in the area of financial management and reporting, often resulting in delays in the submission of monthly financial reports.
- USAID has determined that the final year of funding for Starfish will only be utilized for Care Workers stipends and training. However, Pact will continue to provide OD services to Starfish sub-partners.

**Plans and priorities for FY'12**

- During the final year of the program, Starfish will focus primarily on CBO sub-partner sustainability focusing on supporting resource mobilization at the district and local levels. Starfish will also ensure that the 92 care workers who are enrolled in child and youth care training complete their coursework and obtain their qualification.

## World Vision

Geographic presence		Key M&E indicators																			
<p>EC: 2 of 6 districts FS: 1 of 5 districts LM: 2 of 5 districts</p>		<p><b>Total number of OVC served</b> Target: 30,000 Actual: 33,446</p> <table border="1"> <caption>Total number of OVC served</caption> <thead> <tr> <th>Period</th> <th>Annual Target</th> <th>Achievement</th> </tr> </thead> <tbody> <tr> <td>Oct'06 - Sept'07</td> <td>5,000</td> <td>5,512</td> </tr> <tr> <td>Oct'07 - Sept'08</td> <td>11,000</td> <td>14,492</td> </tr> <tr> <td>Oct'08 - Sept'09</td> <td>30,000</td> <td>30,514</td> </tr> <tr> <td>Oct'09 - Sept'10</td> <td>36,000</td> <td>34,817</td> </tr> <tr> <td>Oct'10 - Sept'11</td> <td>30,000</td> <td>33,446</td> </tr> </tbody> </table>		Period	Annual Target	Achievement	Oct'06 - Sept'07	5,000	5,512	Oct'07 - Sept'08	11,000	14,492	Oct'08 - Sept'09	30,000	30,514	Oct'09 - Sept'10	36,000	34,817	Oct'10 - Sept'11	30,000	33,446
Period	Annual Target	Achievement																			
Oct'06 - Sept'07	5,000	5,512																			
Oct'07 - Sept'08	11,000	14,492																			
Oct'08 - Sept'09	30,000	30,514																			
Oct'09 - Sept'10	36,000	34,817																			
Oct'10 - Sept'11	30,000	33,446																			
Key financial indicators		PEPFAR program areas																			
Current FY allocation:	\$ 4,117,538	OVC Care and Support HIV/TB Care and Support																			
Total allocation, all years:	\$ 14,508,753																				
Total expenditures:	\$ 14,508,753																				
<b>Balance of allocation:</b>	<b>\$ -</b>																				
Months of pipeline:	-																				
Progress and accomplishments																					
<p>World Vision's Networks of Hope (NoH) has been receiving PEPFAR funding since September 2007. The goal of the program is to strengthen and support communities' response to meeting the needs of OVC affected by HIV and AIDS, and create a supportive social environment. In order to accomplish this goal, World Vision partners with government, tribal authorities, faith based organizations, churches and community based organizations. The program operates in three provinces: Eastern Cape (Alfred Nzo and Amatole districts), Free State (Motheo district) and Limpopo (Mopani and Vhembe districts).</p> <ul style="list-style-type: none"> <li>World Vision has successfully implemented household economic strengthening (HES) activities that have significantly improved household income for participating families. The income which has been generated from the HES activities has been used to pay school fees, buy school uniforms, and basic food items for the households.</li> <li>World Vision has demonstrated success in delivering comprehensive services to OVC in communities.</li> <li>World Vision has developed and maintained MERL systems and processes at the Head Office and at ADP level which has enabled them to effectively utilize project data to make informed decisions.</li> </ul>																					
Remaining issues and challenges																					
<ul style="list-style-type: none"> <li>World Vision has been advised by Pact to focus on providing an effective "caring for carers" program for community care workers. Although some sites are providing informal group debriefings, these meetings generally focus on work-related issues and do not directly address community care workers' psychosocial and emotional needs. In the next fiscal year, World Vision will recruit social workers to provide psychological care to OVC and structured debriefing sessions for the community care workers.</li> <li>World Vision has empowered communities through the formation of ADP Committees and CCCs. Pact will support them in focusing on mentoring, coaching, capacity development, resource mobilization and strategic planning for</li> </ul>																					

the community based structures.

### **Plans and priorities for FY'12**

- World Vision will be working with the Department of Health (Free State) Tuberculosis (TB) Directorate in strengthening the integration of the TB and HIV palliative care services in Thaba Nchu and Botshabelo ADPs.
- After September 2012, World Vision will transition the PEPFAR-funded sites to programs funded by other donors and World Vision sponsorship funds.
- World Vision will prioritize the provision of resource mobilization training to Community Care Coalitions (CCCs)
- USAID has allocated funds to contract an external evaluation to assess the extent to which the NoH project contributed to improved wellbeing of OVC in targeted communities.

## V. TRAINING SUMMARY

### Trainings Delivered, FY 2011

Title	Location	Dates	Number Trained
1 NPO Governance - 1	Gauteng	5-7 Oct 2010	36
2 Board Training	Limpopo	11 Nov 2010	10
3 Basic MERL – MERL Core Course #1	Gauteng	16-19 Nov 2010	22
4 Grants Management - Starfish and sub-partners	Eastern Cape	16-18 Nov 2010	27
5 Grants Management	Pretoria	30 Nov - 2 Dec 2010	28
6 DQM Training – MERL Core Course #2	Gauteng	22-25 Feb 2011	19
7 Basic MERL – MERL Core Course #1	Gauteng	01-03 March 2011	30
8 Strategic Planning	Gauteng	08-10 Mar 2011	14
9 Basic Program Evaluation– MERL Core Course #3	Gauteng	14-18 March 2011	14
10 Board Training	Mpumalanga	13 April 2011	16
11 Basic MERL Training – MERL Core Course #1	Gauteng	06-08 June 2011	12
12 Financial Management - Starfish and sub-partners	Eastern Cape	29 June - 1 July 2011	22
13 Board Training	Limpopo	09 July 2011	9
14 Strategic Planning	Gauteng	12-14 July 2011	14
15 Strategic Planning	KZN	19-20 July 2011	29
16 Theory of Change	Western Cape	26-27 July 2011	15
17 Strategic Planning	Limpopo	29-30 July 2011	23
18 Care Workers and Volunteer Management	Limpopo	03-04 August 2011	19
19 Basic MERL – MERL Core Course #1	Gauteng	22-24 August 2011	23
20 Grants Management	Gauteng	24-26 August 2011	32
21 Board Training	Gauteng	30 August 2011	8
22 Basic MERL – MERL Core Course #1	KZN	31 Aug - 02 Sep 2011	17
23 Theory of Change	Gauteng	22 Sep & 18 Oct 2011	11

## Trainings Planned, FY 2012

Title		Location	Dates
1	Sustainability Forum	Gauteng	October 26-27 2011
2	Training on Theory of Change for selected partners	Gauteng & KZN	October 2011- March 2012
3	Limpopo Provincial Sustainability Workshop	Polokwane	December 6-7 2011
4	Basic Grants Management – m2m	Western Cape	December 2011
5	Mpumalanga Provincial Sustainability Workshop	Nelspruit	Jan 18 - 19 2012
6	Gauteng Provincial Sustainability Workshop	Pretoria	Jan 25 - 26 2012
7	Free State Provincial Sustainability Workshop	Bloemfontein	Feb 8 - 9 2012
8	Western Cape Provincial Sustainability Workshop	Cape Town	Feb 15 - 16 2012
9	Eastern Cape Provincial Sustainability Workshop	East London	Feb 28 - 29 2012
10	Basic Grants Management – CPC	Limpopo	February 2012
11	Basic MERL and DQM training - CLKZN	Durban	February 2012
12	Basic Grants Management - CWSA	Gauteng	March 2012
13	KwaZulu Natal Provincial Sustainability Workshop	Durban	March 7 - 8 2012
14	North West Provincial Sustainability Workshop	Mafeking	March 2012
15	Northern Cape Provincial Sustainability Workshop	Kimberley	March 2012
16	Financial Management for Non-Financial Managers	Gauteng	April 2012
17	Basic MERL and DQM training – CompreCare Subs	Gauteng	April 2012
18	Basic Evaluation Training	Gauteng	May 2012
19	Social Entrepreneurship	Gauteng	May 2012
20	NPO Governance I for sub-partners	Gauteng	June 2012
21	Financial Management	Gauteng	June 2012
22	Capacity Development Facilitation and Mentoring for prime partners with sub-partners or affiliates	Gauteng	July 2012
23	Fraud Detection	Gauteng	August 2012

## VI. ACTIVITIES PLANNED FOR FY 2012

### Programmatic and Technical

- Continue conducting OVC Program Quality Assessments and mentoring partners with sub-partners on conducting assessments at sub-partner level.
- Strengthen partners' child protection and household economic strengthening activities by identifying and disseminating resources and facilitating learning and exchange visits.
- Strengthen partners' engagement and alignment with government through national and provincial workshops as well as individualized support, including linkages to the relevant PEPFAR Provincial Liaisons for further assistance.
- Convene progress meetings and conduct site visits to prime partners and sub-partners to monitor progress on implementation of planned activities.
- Assist partners in the review and revision of implementation plans in response to changing circumstances.
- Facilitate linkages between partners for sharing of tools, approaches and lessons learned.
- Assist partners in preparing program progress reports and responding to *ad hoc* inquiries and requests from USAID and other stakeholders.
- Provide on-site and remote technical assistance to partners and sub-partners as needed.
- Respond to *ad hoc* requests from USAID and other stakeholders.

### Monitoring, Evaluation, Reporting and Learning

- Provide technical guidance and assistance in implementation and utilization of results from partners' program evaluations.
- Provide training and technical assistance in development of Theories of Change for partners as well as provide other MERL related TA for strategic planning processes.
- Provide training on basic MERL and Data quality management to selected partners and their sub-partners.
- Provide basic program evaluation training to all partners and sub-partners.
- Provide on-going MERL mentoring and support to partners based on individual organizational needs.
- Conduct routine data quality assessments for selected partners and their sub-partners.
- Conduct external data quality audit for OLF.
- Provide technical support to partners and sub-partners in managing the OVC database.
- Convene MER progress meetings and conduct site visits to prime partners and selected sub-partners.
- Respond to *ad hoc* requests from USAID and other stakeholders.

### Organizational Development

- Organize a Sustainability Forum jointly with FH360 for UGM partners.
- Organize resource mobilization workshops in all nine provinces.
- Provide strategic planning and implementation support to CompreCare, Childline SA, NACCW and complete the process with Childline KZN.
- Provide support to partners as needed on leadership and management, including linkage to external courses and other resources.

- Conduct a job evaluation/ staffing analysis for NACCW
- Continue providing training and support to partners on governance, leadership, and accountability.
- Assist prime partners in developing and documenting their strategy for supporting sub-partners / implementing partners and affiliates.
- Train prime partners in providing capacity needs assessment and mentoring partners.

### **Financial and Grants Management**

- Provide basic grants management training to m2m, CPC and CWSA.
- Develop and deliver a Fraud Detection course targeting senior management staff of partners.
- Conduct Financial Management for Non-Financial Managers training for partner staff.
- Conduct Financial Management training for new partner staff.
- Assist NACCW in transitioning from QuickBooks to Pastel Accounting.
- Conduct a skills assessment of the NACCW finance department to ensure that the proper skills are in place for the scale up of the Child and Youth Care training.
- Provide continued assistance to partners to ensure that developed policies and procedures are standardized and implemented.
- Perform a review of Recipient Contracted Audits and ensure that all costs are audited through the end of the partner agreements.
- Conduct frequent financial reviews which include the close monitoring of expenditures, pipelines, and exchange losses and gains.
- Regularly communicate with partners to analyze approved activities and associated costs incurred to ensure that challenges affecting pipelines are immediately addressed.

### **PEPFAR Provincial Liaisons**

- Recruitment of a PEPFAR Provincial Liaison in North West.
- Finalization of MOUs with USAID and provincial government in Free State, Limpopo, Mpumalanga, and North West.

### **DOH Technical Assistance**

- Improve quality of clinical care through capacity development of health care workers by training on use of standard algorithms for chronic diseases.
- Develop training material and tools for community health workers on chronic diseases.
- Expand ICDM model to one other district which has unique challenges.
- Develop a consolidated and well documented approach to delivering integrated chronic care.
- Undertake monitoring and evaluation of the ICDM to advise NDOH on this model as a policy initiative.
- Support the finalization of the Strategic Framework for Prevention of Injury by the intersectoral steering committee and development of DOH specific action plans.
- Support the NDOH at a policy level to develop a critical intersection with the DST led development of a Strategy for Clinical Research and Health Innovation.
- PHC Re-engineering supported by assisting in development of community health worker curriculum.

## VII. SUMMARY FINANCIAL REPORT

1 October 2010 – 30 September 2011

Budget Line	Pact CA Budget	Accrued Expenditures 30 September 2011 **	Remaining Obligated Balance
Administration*	\$ 20,146,407	\$ 18,331,915	\$ 1,814,492
Sub Grants	\$ 180,015,425	\$ 169,739,649	\$ 10,275,776
Sub-contracts	\$ 7,140,538	\$3,320,656	\$3,819,882
<b>Totals</b>	<b>\$ 207,302,370</b>	<b>\$ 191,392,220</b>	<b>\$ 15,910,150</b>

*Notes:*

\* Administration includes expenses related to the PEPFAR Provincial Liaisons and the Senior Technical Advisor.

\*\* Accrued Expenditures include partner expenditure accruals through September 2011.

## VIII. PARTNER FINANCIAL STATUS MATRIX

01 October 2010 – 30 September 2011

Partner	Total Budget Allocation	Obligated	Disbursed *	Balance of Total Budget Allocation	Percentage of Total Allocation Spent
Africa Centre	\$ 16 563 353	\$ 16 563 353	\$ 16 357 919	\$ 205 434	99%
CARE	\$ 7 444 570	\$ 7 444 570	\$ 7 198 250	\$ 246 320	97%
Child Welfare SA	\$ 6 909 422	\$ 6 809 328	\$ 6 723 499	\$ 185 923	97%
Childline MPU	\$ 2 812 252	\$ 2 700 466	\$ 2 097 635	\$ 714 617	75%
Childline SA	\$ 1 125 000	\$ 1 125 000	\$ 976 662	\$ 148 338	87%
CINDI	\$ 3 616 810	\$ 3 616 810	\$ 3 506 785	\$ 110 025	97%
CompreCare	\$ 6 831 552	\$ 6 831 552	\$ 5 546 369	\$ 1 285 183	81%
HDA	\$ 2 025 284	\$ 2 025 284	\$ 2 002 442	\$ 22 842	99%
Kheth'Impilo	\$ 25 261 199	\$ 25 261 199	\$ 23 615 490	\$ 1 645 709	93%
Living Hope	\$ 2 230 470	\$ 2 230 470	\$ 2 192 553	\$ 37 917	98%
mothers2mothers	\$ 24 464 311	\$ 24 464 311	\$ 23 509 785	\$ 954 526	96%
Mpilonhle	\$ 2 520 469	\$ 2 520 469	\$ 2 382 370	\$ 138 099	95%
NACCW	\$ 17 623 514	\$ 17 623 514	\$ 17 339 296	\$ 284 218	98%
OLF	\$ 14 169 104	\$ 14 169 104	\$ 13 807 970	\$ 361 134	97%
Save the Children	\$ 11 837 442	\$ 11 837 442	\$ 11 404 308	\$ 433 134	96%
Starfish	\$ 1 747 629	\$ 1 747 629	\$ 1 235 814	\$ 511 815	71%
World Vision	\$ 14 508 753	\$ 14 508 753	\$ 14 508 753	\$0	100%
<b>Totals</b>	<b>\$ 161 691 134</b>	<b>\$ 161 479 254</b>	<b>\$ 154 405 898</b>	<b>\$ 7 285 236</b>	<b>95%</b>

- Disbursed includes September 2011 partner accruals.

## IX. PARTNER COST SHARE REPORT

01 October 2010 – 30 September 2011

Partner	Total Budget Allocation	Percent of Budget Required as Cost Share	Cost Share Amount In Agreement	Actual Cost Share Reported to Date	Balance of Cost Share Required
Africa Centre	\$ 16 563 353	5%	\$ 828 168	\$ 1 319 442	-
CARE	\$ 7 444 570	2%	\$ 148 891	\$ 135 065	\$ 13 826
Child Welfare SA	\$ 6 909 422	5%	\$ 345 471	\$ 1 259 838	-
Childline MPU	\$ 2 812 252	2%	\$ 56 245	\$ 21 072	\$ 35 173
Childline SA	\$ 1 125 000	2%	\$ 22 500	\$ 40 526	-
CINDI	\$ 3 616 810	2%	\$ 72 336	\$ 148 214	-
CompreCare	\$ 6 831 552	5%	\$ 341 578	\$ 187 601	\$ 153 977
HDA	\$ 2 025 284	15%	\$ 303 793	\$ 431 674	-
Kheth'Impilo	\$ 25 261 199	10%	\$ 2 526 120	\$ 3 541 690	-
Living Hope	\$ 2 230 470	5%	\$ 111 524	\$ 480 641	-
mothers2mothers	\$ 24 464 311	5%	\$ 1 223 216	\$ 4 171 513	-
Mpilonhle	\$ 2 520 469	5%	\$ 126 023	\$ 380 000	-
NACCW	\$ 17 623 514	5%	\$ 881 176	\$ 885 461	-
OLF	\$ 14 169 104	10%	\$ 1 416 910	\$ 2 430 610	-
Save the Children	\$ 11 837 442	10%	\$ 1 183 744	\$ 1 128 937	\$ 54 807
Starfish	\$ 1 747 629	3%	\$ 52 429	\$ 61 011	-
World Vision	\$ 14 508 753	10%	\$ 1 450 875	\$ 1 310 947	\$ 139 928
<b>Totals</b>	<b>\$ 161 691 134</b>		<b>\$ 11 090 998</b>	<b>\$ 15 485 863</b>	<b>\$ 397 711</b>

## APPENDIX 1: PROGRAMMATIC CAPACITY BUILDING SUPPORT

October 2010 – September 2011

	Annual implementation plans	Annual program budgets	OVC program quality assessment	TA in household economic strengthening	TA in child protection	Site visits for program monitoring & support	Corrective action / program strengthening plans	Staff recruitment, selection and orientation	Linkage to relevant tools, resources and contacts	Guidance on compliance with USG rules and regs	Marking/branding plans and compliance	Subagreement review and approvals	Procurement approvals	International travel approvals	Key personnel approvals	Annual and semi-annual progress reports
Africa Centre	X	X				X	X		X	X			X		X	X
CARE	X	X	X		X	X		X		X	X	X				X
Child Welfare South Africa	X	X	X			X			X	X	X		X			X
Childline Mpumalanga	X	X	X			X		X		X					X	X
Childline South Africa	X	X	X			X	X	X	X	X	X	X			X	X
CINDI	X	X	X			X	X			X		X	X			X
CompreCare	X	X	X	X	X	X	X	X	X	X	X	X	X			X
HDA	X	X	X			X		X		X					X	X
Kheth'Impilo	X	X				X				X				X	X	X
Living Hope	X	X				X	X		X	X					X	X
mothers2mothers	X	X				X	X			X					X	X
Mpilonhle	X	X							X	X	X					X
NACCW	X	X	X			X				X						X
Olive Leaf Foundation	X	X				X				X						X
Save the Children	X	X	X			X	X	X		X	X	X	X	X	X	X
Starfish Foundation	X	X	X			X			X	X	X	X	X			X
World Vision	X	X	X			X		X		X	X		X			X

## APPENDIX 2: MERL CAPACITY BUILDING SUPPORT

October 2010 – September 2011

	M&E Plan Revision	Tools Development for Data Collection & Collation	Basic MERL Workshop	Data Quality Management Workshop	Basic Evaluation Training Workshop	Site Data Quality Management & compliance monitoring	TA for Planning and Conducting RDQAs	TA in Planning/ Conducting program evaluations	Data Verification for Reporting	TA in Development of PEPFAR Reports	TA in Developing/Improving Databases	Assistance with recruitment of M&E Staff	TA on Program Planning and IP Review	External Data Quality Audit
Africa Centre			X			X				X			X	
CARE						X	X	X		X	X		X	X
Child Welfare South Africa	X		X	X	X	X	X	X		X	X	X	X	
Childline Mpumalanga		X	X	X	X		X	X		X			X	
Childline South Africa	X	X	X	X		X	X	X	X	X		X	X	
CINDI				X				X		X			X	
CompreCare	X		X		X	X	X	X		X			X	X
Health & Development Africa			X	X	X	X	X	X		X	X		X	
Kheth'Impilo			X		X					X			X	
Living Hope			X	X			X			X			X	
mothers2mothers			X		X	X	X			X			X	
Mpilonhle				X						X				
NACCW			X	X	X	X		X		X			X	
Olive Leaf Foundation				X			X	X						X
Save the Children				X	X			X		X			X	
Starfish Foundation				X		X	X	X		X	X			X
World Vision			X			X	X	X	X	X			X	

## APPENDIX 3: OD CAPACITY BUILDING SUPPORT

**October 2010 – September 2011**

	Organization Capacity Assessments / Re – Assessments	Capacity Building Planning	Organizational Governance	Basic Management Skills Training/Support	Strategic Planning Training	Strategic Planning Facilitation	Care Workers Management Training	Site & Technical Support to Sub-partners	Mentoring Staff in OD
Africa Centre									
CARE		X			X			X	X
Child Welfare South Africa	X				X	X	X	X	X
Childline Mpumalanga					X			X	
Childline South Africa	X		X		X	X		X	
CINDI	X								
CompreCare	X		X	X	X			X	X
Health & Development Africa									
Kheth'Impilo					X				
Living Hope	X					X		X	
mothers2mothers									
Mpilonhle									
NACCW	X		X					X	X
Olive Leaf Foundation									
Save the Children / CPC	X			X	X		X	X	X
Starfish	X		X		X			X	X
World Vision								X	X

## APPENDIX 4: FINANCIAL CAPACITY BUILDING SUPPORT

October 2010 – September 2011

	Grants management training	Budget development and revision	Analysis of expenditure rates and patterns	Tracking and budgeting for exchange rate gains/losses	Financial system strengthening recommendations and support	Guidance on compliance with USG rules and regulations	Assistance with Recipient-Contracted Audits (RCA)	Review of capital equipment procurements and renovations	Finance staff recruitment, selection and orientation	Financial reporting and clearing of unsupported costs	Financial Management for Non-Financial Managers
Africa Centre		X	X	X	X		X	X		X	
CARE		X	X	X				X			X
Child Welfare South Africa	X	X	X	X	X		X			X	X
Childline Mpumalanga	X	X	X		X	X	X	X	X	X	X
Childline South Africa	X	X	X		X	X	X		X		X
CINDI	X	X		X	X		X			X	
CompreCare	X	X	X		X	X	X	X		X	X
HDA	X	X	X	X	X	X	X				
Kheth'Impilo	X	X	X	X	X	X	X			X	
Living Hope		X	X	X			X				
mothers2mothers		X	X	X	X	X	X			X	
Mpilonhle		X	X	X	X	X	X		X	X	
NACCW	X	X	X	X	X	X	X	X	X	X	X
Olive Leaf Foundation			X	X		X	X			X	
Save the Children	X	X	X		X	X		X		X	
Starfish Foundation	X	X	X			X	X	X		X	X
World Vision	X		X					X			

## APPENDIX 5: SUB-CONTRACTS REPORT

### Financial Summary, OVC Sub-contracts

Description	Amount
COP 08 - USAID OVC sub-contracts allocation	\$1 000 000.00
COP 09 - USAID OVC Sub-contracts allocation	\$485 452.00
TSA FY08 reprogramming	\$325 000.00
COP10 - USAID OVC sub-contracts allocation	\$3 869 598.00
OLF reprogramming for evaluations	\$299 100.00
Reprogramming from AMREF, TSA, TIPHC & OLF	\$754 358.00
<b>Total</b>	<b>\$6 733 508.00</b>
Pact Administration Costs	\$378 953.00
Total Obligated to Sub-contractors	\$3 142 164.92
Total Contracts in the Pipeline	\$2 286 694.60
<b>Total remaining to be programmed</b>	<b>\$925 695.48</b>

### Financial Summary, Overall Sub-contracts

Description	Obligated (USD Estimate)	Liquidated (USD)
DSD sub-contracts	\$1 589 114.76	\$838 138.41
DoH sub-contracts	\$510 986.07	\$469 381.21
Treasury sub-contracts	\$66 376.78	\$66 376.78
General OVC sub-contracts	\$892 947.71	\$656 839.65
Other Expenses	\$82 739.61	\$82 739.61
<b>Total</b>	<b>\$3 142 164.92</b>	<b>\$2 113 475.66</b>

The following contracts were split across the old and new USAID-Pact Agreement; therefore the total obligated and liquidated amounts shown below exclude payments made under the previous agreement:

- 4Chakras Consulting
- Business Enterprises
- Harvard
- MSH
- Khathatso Mokoetle
- Tim Wilson (contract 1)

### Financial Summary, TB Sub-contracts

Description	Amount
COP10 allocation to Pact for TB activities	\$875 000.00
<b>Total</b>	<b>\$875 000.00</b>
Pact Administration Costs	\$0.00
Total Obligated to Sub-contractors	\$479 457.73
Total Contracts in the Pipeline	\$0.00
<b>Total remaining to be programmed</b>	<b>\$395 542.27</b>

Note: All figures as at 30 September 2011.

## Sub-contracts in support of the Department of Social Development

Contractor	Project	Start Date	End Date	Obligated (USD Estimate)	Liquidated (USD)	Active / Closed
Centre for AIDS Development, Research & Evaluation	Development of DSD HIV&AIDS Prevention Strategy and provision of training to DSD officials on prevention programming	18-Apr-11	15-Feb-12	\$117 287.98	\$53 642.91	Active
Health & Development Africa	Development of conceptual framework for child protection training	30-Sep-11	30-Sep-12	\$547 530.02	\$0.00	Active
RetroRabbit	Design on DSD NPO Database and management of developers	02-Sep-11	30-Jun-12	\$182 691.59	\$42 890.33	Active
4 Chakras Consulting	Develop norms, standards and practice guidelines for the implementation of the Children's Act	13-May-09	12-May-10	\$201 996.69	\$201 996.69	Closed
Business Enterprises, University of Pretoria	Develop the South African Adoption Strategy	20-May-09	16-Nov-09	\$49 127.83	\$49 127.83	Closed
Health & Development Africa	Proposal coster for DSD's plan to roll-out the NACCW Isibindi model	22-Mar-11	30-Sep-11	\$26 902.10	\$26 902.10	Closed
Manto Management	Develop the implementation plan, costing model, and the provision of training on the use of the costing model for services related to CANE	03-Nov-09	30-Sep-11	\$438 941.81	\$438 941.81	Closed
Theresa Wilson	Proposal writer for DSD's plan to roll-out the NACCW Isibindi model	22-Mar-11	30-Sep-11	\$24 636.74	\$24 636.74	Closed
<b>Total:</b>				<b>\$1 589 114.76</b>	<b>\$838 138.41</b>	

### Sub-contracts in support of the Department of Health

Contractor	Project	Start Date	End Date	Obligates (USD Estimate)	Liquidated (USD)	Active / Closed
Tim Wilson	Eastern Cape MNCH manager (contract 2)	27-Sep-10	31-Jan-12	\$138 942.31	\$97 337.46	Active
Khathatso Mokoetle	Short-term MNCH manager	02-Jul-09	28-Feb-10	\$46 784.56	\$46 784.56	Closed
MSH	Strengthening MNCH & Nutrition services	26-Jan-09	08-Feb-10	\$136 627.60	\$136 627.60	Closed
Tim Wilson	Short-term MNCH manager (contract 1)	03-Nov-08	01-Sep-10	\$188 631.59	\$188 631.59	Closed
<b>Total:</b>				<b>\$510 986.07</b>	<b>\$469 381.21</b>	

### Sub-contracts in support of the Treasury

Contractor	Project	Start Date	End Date	Obligates (USD Estimate)	Liquidated (USD)	Active / Closed
Community Agency for Social Enquiry	Dissemination of OVC funding research	17-Dec-10	21-Jun-11	\$66 376.78	\$66 376.78	Closed
<b>Total:</b>				<b>\$66 376.78</b>	<b>\$66 376.78</b>	

## General OVC sub-contracts

Contractor	Project	Start Date	End Date	Obligates (USD Estimate)	Liquidated (USD)	Active / Closed
Health & Development Africa	Remedial training for Thogomelo learners	18-Jul-11	28-Feb-12	\$276 173.75	\$99 315.65	Active
Health & Education Training & Technical Assistance Services	Provision of technical assistance for Wozobona to implement Vhutshilo 2	22-Aug-11	31-Jan-12	\$19 632.73	\$0.00	Active
Southern Hemisphere Consultants	Development of Noah's Ark capacity building strategy	17-May-11	04-Nov-11	\$76 594.79	\$36 977.56	Active
Explore Africa Films	Video documentation of 2011 NACCW Conference	30-Jun-11	29-Jul-11	\$20 308.07	\$20 308.07	Closed
Global Camps Africa	OVC camp managers training program	03-Feb-10	10-Aug-10	\$258 203.19	\$258 203.19	Closed
Happy Healthy People Clubs Southern Africa	Aerobic laughter presentation at OVC partners meeting	12-Nov-09	17-Nov-09	\$805.90	\$805.90	Closed
Happy Healthy People Clubs Southern Africa	Aerobic laughter workshop & provision of DVDs & Reports	25-Jan-11	19-May-11	\$15 075.89	\$15 075.89	Closed
Happy Healthy People Clubs Southern Africa	Aerobic laughter training for Noah Child Conference	24-Jun-11	07-Jul-11	\$6 210.56	\$6 210.56	Closed
Happy Healthy People Clubs Southern Africa	Aerobic laughter training for community grants new awardees	19-Sep-11	30-Sep-11	\$3 098.30	\$3 098.30	Closed
Harvard University	Vhutshilo 1 & 2 expansion and Vhutshilo 2 evaluation	04-Feb-09	31-May-10	\$119 149.00	\$119 149.00	Closed
Highlight Learning	Basic computer literacy training for OVC database workshop participants	23-Jul-10	16-Aug-10	\$1 700.74	\$1 700.74	Closed
Indian Ocean Trading Company	OVC Database training for partners	10-Nov-09	15-Nov-10	\$91 940.12	\$91 940.12	Closed
Indian Ocean Trading Company	OVC Database recoding	06-Jun-11	04-Jul-11	\$2 305.90	\$2 305.90	Closed
SA Solutions	GIS Maps of OVC services in the Free State	05-Nov-09	17-Nov-09	\$1 748.77	\$1 748.77	Closed
<b>Total:</b>				<b>\$892 947.71</b>	<b>\$656 839.65</b>	

## Other Expenses

Other Expenses	Liquidated (USD)
Procurements	\$41 991.67
Catering and venues	\$2 365.78
Travel for USAID sponsored delegates	\$15 311.71
Advertisements	\$23 070.45
<b>Other Expenses Total:</b>	<b>\$82 739.61</b>

## Sub-contracts in the Pipeline

Project	Sub-Category	Contractor	Estimated Cost
Analysis of Social Welfare Workforce	DSD	4Chakras Consulting	\$363 158.33
Design of HCBC Capacity Building roll-out	DSD	NICDAM	\$400 000.00
NPO Database upgrade	DSD	Not yet identified	\$250 000.00
Development of White Paper on Families	DSD	Not yet identified	\$400 000.00
Upgrade and roll-out of Vhutshilo 2 Manuals	General	HETTAS - CSPE	\$90 000.00
Funding of Health Systems Reform Program	General	Letsema Circle Trust	\$60 000.00
CINDI & Save the Children evaluations	General	Impact Consulting	\$113 536.26
World Vision evaluation	General	ROADS	\$60 000.00
OLF & Starfish evaluations	General	Not yet identified	\$60 000.00
HDA evaluation	General	Not yet identified	\$60 000.00
CompreCare & CARE evaluations	General	Not yet identified	\$120 000.00
CWSA evaluations	General	Not yet identified	\$70 000.00
Childline SA evaluation	General	Not yet identified	\$50 000.00
Childline Mpumalanga evaluation	General	Not yet identified	\$30 000.00
Humana People to People evaluation	General	Not yet identified	\$130 000.00
Miscellaneous procurements	Other Expenses	n/a	\$30 000.00
<b>Total Contracts in the Pipeline</b>			<b>\$2 286 694.60</b>

**TB Sub-contracts**

<b>Contractor</b>	<b>Project</b>	<b>Start Date</b>	<b>End Date</b>	<b>Obligated (USD Estimate)</b>	<b>Liquidated (USD)</b>	<b>Active / Closed</b>
Greenfield Management Solutions	TB training for PEPFAR funded OVC Partners	31-Aug-11	3-Feb-12	\$479 457.73	\$94 736.96	Active
<b>Total:</b>				<b>\$479 457.73</b>	<b>\$94 736.96</b>	

## Contracts Overview

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Pact manages a USAID funding mechanism designed to support the South African Government's OVC programming and priorities by facilitating rapid-response contracts for needed services. The funds are used primarily to support initiatives of the Department of Social Development (DSD) and Department of Health (DoH), both national and provincial levels. Funds are also used to provide training and support to PEPFAR implementing partners in high-priority areas and other key OVC activities as determined by USAID/Southern Africa.

During the reporting period, Pact issued 14 new contracts and managed a total of 17 contracts under this portfolio. A summary report on each of the contracts which was active during the reporting period is provided below.

### Department of Social Development Contracts

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**Title:** DSD HIV & AIDS Prevention Training and the Development of a Prevention Strategy

**Contractor:** Centre for AIDS Development, Research and Evaluation (CADRE)

**Start Date:** 18-Apr-11

**End Date:** 15-Feb-12

**Amount Obligated:** \$117,287.98

**Amount Liquidated to Date:** \$53,642.91

**Activity Summary:** Centre for AIDS Development, Research and Evaluation (CADRE) was contracted to develop social behavior change programs for HIV prevention and to assist the DSD in the development of a Prevention Strategy.

CADRE conducted an HIV prevention training and strategy facilitation workshop for DSD from June 20 to 24, 2011. The workshop trained participants on key ideas and evidence in HIV prevention and introduced an outcome-oriented approach to HIV prevention using results based management. On the fifth day, CADRE facilitated a strategic planning session where participants focused specifically on a DSD Prevention Strategy and provided input on its development.

The workshop was effective in communicating evidence on the drivers of the epidemic and explaining the social ecology model of behavior change, combination prevention strategies, and possible implications for the development of the DSD Prevention Strategy. Based on input from the workshop, CADRE developed a draft prevention strategy which was reviewed by DSD in August 2011. DSD requested that strategy be revised because the document contained implementation level information rather than focusing on high-level strategic direction. In order to respond to this request, Pact negotiated with CADRE to employ a consultant with expertise in government strategy and social development to assist in revising the strategy. Pact is working with CADRE to modify the contract accordingly. Once the strategy is finalized, CADRE will also develop an implementation guide for use at provincial level. The strategy will be presented at a DSD national meeting and will then be cascaded to all the provinces to be used as a guideline in developing implementation plans.

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**Title:** Development of a Conceptual Framework for Child Protection Training

**Contractor:** Health and Development Africa (HDA)

**Start Date:** 30-Sep-11

**End Date:** 30-Sep-12

**Amount Obligated:** \$547,530.02

**Amount Liquidated to Date:** \$0.00

**Activity Summary:** Health and Development Africa has been appointed through a competitive process to assist DSD in developing a conceptual framework for a multi-layered set of accredited child protection training courses aimed at capacitating social work professionals. The contractor is expected to conduct a rapid assessment of current child protection training needs and available training and materials aligned to the Children's Act and legislation relevant to Child Abuse, Neglect & Exploitation (CANE). The contractor will also develop a conceptual training framework which will reflect a set of assumptions, values and definitions explaining why DSD is undertaking a particular approach to child protection training.

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**Title:** Design the User Requirements Specification Document (URSD) for the Development of the New DSD Non-Profit Organization (NPO) Database and Manage the System Developers

**Contractor:** RetroRabbit

**Start Date:** 2-Sep-11

**End Date:** 30-Jun-12

**Amount Obligated:** \$ 182,691.59

**Amount Liquidated to Date:** \$ 42,890.33

**Activity Summary:** RetroRabbit was contracted to provide the services of IT specialist, Theo Crous, to design the new web-based NPO database system in consultation with DSD. RetroRabbit will also assist with identifying an appropriate platform on which this system can be built. They will then manage the developers who will build the database system under a separate contract.

RetroRabbit has consulted with key DSD stakeholders through interviews and workshops to assess user needs and functionality requirements. Based on this input, RetroRabbit developed a first draft of the User Requirements Specification Document (URSD). The second and final draft of the URSD will be developed after further input from the DSD technical committee. Once the URSD is finalized, RetroRabbit will assist in developing a request for proposals to identify appropriate system developers. RetroRabbit will then oversee the development of the new DSD NPO database according to the terms of the URSD.

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**Title:** Costing of DSD's Proposal to Treasury for the National Roll-Out of the National Association of Child Care Workers (NACCW) Isibindi Model

**Contractor:** Health and Development Africa (HDA)

**Start Date:** 22-Mar-11

**End Date:** 30-Sep-11

**Amount Obligated:** \$26,902.10

**Amount Liquidated to Date:** \$26,902.10

**Activity Summary:** HDA was contracted to develop DSD's proposal to roll out the NACCW Isibindi model nationally for submission to Treasury to. HDA costed the implementation of the Isibindi model, ensuring that it adheres to the minimum norms and standards set out in the Children's Act. The costing addressed human and financial resources, infrastructure, training, research, information management systems and monitoring and evaluation. Special focus was placed on developing salary scales and job descriptions for child and youth

care workers (CYCW) which will meet public sector requirements. HDA also provided DSD with coaching on responding to possible costing questions in regards to the model during the presentation to Treasury.

The project was originally expected to take two months. However, scheduling delays resulted in the work only being completed in September 2011. DSD has now presented the proposal to Treasury and has received approval to begin rolling out the Isibindi model.

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**Title:** Development of an Implementation Plan and Costing Model, and Provision of Training on the Use of the Costing Model for Services Related to the Prevention and Management of Child Abuse, Neglect & Exploitation (CANE)

**Contractor:** Manto Management

**Start Date:** 3-Nov-09

**End Date:** 30-Sep-11

**Amount Obligated:** \$ 438,941.81

**Amount Liquidated to Date:** \$ 438,941.81

**Activity Summary:** Manto Management was contracted to develop an implementation plan (IP) for the prevention and management of Child Abuse, Neglect & Exploitation (CANE); to develop a costing model for the IP; and to provide training for both national and provincial representatives on the use of the costing model. Manto worked in partnership with SDC Inc. to carry out the work on this contract.

The training on the costing model was designed to assist provincial offices in developing and costing provincial IPs. Due to the complexity of the tool, the provincial representatives who were trained are not yet ready to cascade the training due to a lack of required financial skills. To address this gap, Manto has trained master trainers to provide further support to the provinces as needed. The project was completed on September 30, 2011 with the submission to DSD of the final costing model, IP and training reports.

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**Title:** Document the Isibindi Model and to develop a proposal for DSD to replicate it in South Africa

**Contractor:** Theresa Wilson

**Start Date:** 22-Mar-11

**End Date:** 30-Sep-11

**Amount Obligated:** \$ 24,636.74

**Amount Liquidated to Date:** \$ 24,636.74

**Activity Summary:** Theresa Wilson was contracted to research and develop a proposal for the replication of the Isibindi model to be presented by DSD to Treasury. Ms. Wilson documented the Isibindi model, it's relevance to the Children's Act and presented the justification for adopting it as the preferred model for community-based child and youth care services in the country. The proposal also included essential institutional, capacity and resource requirements in order to roll out the model. Ms. Wilson worked closely HDA, another Pact funded contractor with costing expertise to address the financial aspects of the proposal. The first proposal submitted was a conceptual framework and high level costing presented to the Ministerial Executive Council in March 2011. This was followed by a presentation to Treasury which provided detailed information on the roll-out of the model.

The initial project timeframe which was March to May 2011 shifted due to the Ministerial Executive Council only taking place in June 2011. This delay meant that the Treasury presentation could only be done in July. The project was completed on September 30, 2011 with the submission and presentation of the proposal for replication of the Isibindi model. DSD has now received approval to begin rolling out the Isibindi model.

## Department of Health Contracts

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**Title:** Eastern Cape Department of Health (DoH) Maternal, Newborn and Child Health (MNCH) and Nutrition Services Manager

**Contractor:** Tim Wilson (contract 2)

**Start Date:** 27-Sep-10

**End Date:** 31-Jan-12

**Amount Obligated:** \$138,942.31

**Amount Liquidated to Date:** \$97,337.46

**Activity Summary:** Under this contract, Dr. Tim Wilson acts as a manager for the DoH Maternal Neonatal Child and Health (MNCH) Directorate in selected Eastern Cape Districts. This contract is a continuation of Dr. Wilson's previous contract providing managerial support in 9 of the 18 priority districts. Under this contract, Dr. Wilson is conducting regular site visits to provide technical assistance and management oversight of DoH personnel at the district and sub-district levels. Dr. Wilson specifically focused on utilizing "Increasing Managers' Effectiveness and Leadership" program which makes use of Xhosa speaking psychologists to address low morale amongst district-level managers as well as improving their management skills. The program uses a Train the Trainer methodology to increase the pool of facilitators who can conduct this intervention. It was piloted under the previous contract and proved extremely beneficial. Under this contract, Dr. Wilson has implemented the program at the Joe Gqabi, Chris Hani and O.R. Tambo Districts. Dr. Wilson will conduct report-back workshops in the O.R. Tambo district in the next fiscal year. A formal evaluation of the intervention will be conducted at the end of the contract period.

## Treasury Contracts

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**Title:** Dissemination of OVC funding research

**Contractor:** Community Agency for Social Enquiry (CASE)

**Start Date:** 17-Dec-10

**End Date:** 21-Jun-11

**Amount Obligated:** \$ 71,552.40

**Amount Liquidated to Date:** \$ 26,074.77

**Activity Summary:** CASE was contracted by Pact as a follow-on to a contract with UNICEF for research on international and government funding streams for OVC activities in South Africa. Treasury requested USAID assistance on disseminating the results of CASE's OVC funding research. Deliverables consisted of a communication and advocacy plan developed after consultation with stakeholders, a report detailing the research findings, a brief research digest and summary articles for publication in journals and other media. The contract also included presenting the findings in workshops and disseminating of all materials to relevant stakeholders. The overall goal of the project is to better coordinate funding of Children's Act activities by providing policy makers and donors with the information needed to make budgetary and policy decisions. In particular, the research highlighted geographic areas and service categories that are currently underfunded. A further aim of the project was to provide evidence based information to NGO service providers on funding patterns. A conference held in May where the final funding research report was presented to relevant stakeholders.

## General OVC contracts

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**Title:** Conduct remedial training to prepare the Thogomelo project Year One and Two learners for verification and accreditation by the Health and Welfare Sector Education and Training Authority (HWSETA) and supply learning materials for the Thogomelo Skills Development Program

**Contractor:** Health Development Africa (HDA)

**Start Date:** 18-Jul-11

**End Date:** 28-Feb-12

**Amount Obligated:** \$ 276,173.75

**Amount Liquidated to Date:** \$ 99,315.65

**Activity Summary:** DSD initiated the Thogomelo project with support from USAID in order to pilot the first accredited Skills Development Program (SDP) in the provision of psycho-social support for community care workers in South Africa. The project prepares community care workers for a career in the social welfare workforce. After the first two years of training, a total of 725 learners required remedial action training due to changes in HWSETA requirements for the number of credits required to make up a complete SDP. Once this process is completed, these learners will receive an HWSETA accredited certificate of competence. Pact contracted HDA to provide these top-up trainings and to cover related costs of HWSETA verification and accreditation of learners.

During the period under review, HDA rolled out the remedial training nationally to a total of 530 learners, 195 less than had been anticipated. The high level of attrition is due to the time lapse between the initial training and the remedial training. HDA experienced challenges in tracing learners. Despite this setback, 530 learners will receive full accreditation by the end of November 2011 and the remaining 195 learners will receive partial accreditation.

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**Title:** Technical support to Wozobona for the implementation of the Vhutshilo 2 peer-led prevention intervention

**Contractor:** Health and Education Training and Technical Assistance Services (HETTAS)

**Start Date:** 26-Aug-11

**End Date:** 31-Jan-12

**Amount Obligated:** \$19,632.73

**Amount Liquidated to Date:** \$0.00

**Activity Summary:** The Centre for the Support of Peer Education (CSPE) was contracted through HETTAS to provide technical assistance to Wozobona in improving their HIV prevention education program. The contract focuses on training Wozobona staff and school personnel in Limpopo on the Vhutshilo 2 peer education program which was developed under a previous USAID-funded contract.

The contract is divided into three phases: assessment/advocacy, planning/training and implementation/reflection. CSPE has now completed the first phase which involved conducting a baseline assessment of Wozobona's capacity and holding advocacy meetings with identified schools. Three high schools currently working with Wozobona have been identified to participate in the project. The next phase will be the training of adult supervisors by the end of November 2011 which will be followed by peer educator training in January 2012.

The original timeframe for the contract was August 2011 to January 2012. However, various delays have meant that the project's third phase can only begin in February, due to the fact that the ending of the current school year does not allow sufficient time to implement and monitor the 13-week program.

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**Title:** Development of Nurturing Orphans of AIDS for Humanity (Noah) Ark Capacity Building Strategy

**Contractor:** Southern Hemisphere Consultancy (SHC)

**Start Date:** 17-May-11

**End Date:** 4-Nov-11

**Amount Obligated:** \$76,594.79

**Amount Liquidated to Date:** \$36,977.56

**Activity Summary:** SHC was contracted to provide support in developing Noah's capacity building and graduation strategy for implementing Community Based Organization (CBO). SHC reviewed South African Government requirements for registration and funding of CBOs in order to align Noah's CBO development programs, terminology and reporting. This was followed by a situational analysis of Noah's current model. SHC noted that Noah's primary obstacle in capacity development and graduation of CBOs is the dependency created by its incubating model, which does not promote CBO self-sufficiency. As a result, Noah and SHC have redesigned the CBO capacity building model which has been captured in the final strategy document.

SHC is now developing a CBO progression evaluation map that will assist Noah in implementing the strategy. This will be followed by the development of a toolkit based on the proposed progression model which will be finalized in early November, bringing the contract to a close.

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**Title:** Document and publicize the National Association of Child Care Workers' (NACCW) Biennial and Youth Conference

**Contractor:** Explore Africa Films (EAF)

**Start Date:** 30-Jun-11

**End Date:** 29-Jul-11

**Amount Obligated:** \$20,308.07

**Amount Liquidated to Date:** \$20,308.07

**Activity Summary:** EAF was contracted to film and publicize the 2011 NACCW Biennial and Youth Conference. EAF drafted and distributed press statements and media articles during and after the conference. EAF also edited excerpts of the conference video for online dissemination. This included the Minister of Social Development's speech and announcement of the national roll-out of the Isibindi Model as the preferred model for community-based child and youth care services. EAF also produced two professionally edited 15 minute DVDs. The first DVD focused on conference highlights while the second captured songs from the Isibindi Choir. This contract increased public awareness of the critical work being performed by the NACCW child and youth care workers.

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**Title:** Aerobic Laughter Therapy Workshop for PEPFAR OVC partners

**Contractor:** Happy Healthy People Clubs Southern Africa (HHPCSA)

**Start Date:** 25-Jan-11

**End Date:** 19-May-11

**Amount Obligated:** \$15,075.89

**Amount Liquidated to Date:** \$15,075.89

**Activity Summary:** HHPCSA was contracted to educate PEPFAR OVC partners about its Aerobic Laughter Therapy psychosocial support program through a one-day training that took place prior to the PEPFAR OVC Partners meeting. HHPCSA made a presentation at the meeting and provided participants with educational DVDs and books on the program.

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**Title:** Healing with Happiness Education and Therapy for the Nurturing Orphans of AIDS for Humanity (Noah) Child Conference

**Contractor:** Happy Healthy People Clubs Southern Africa (HHPCSA)

**Start Date:** 24-Jun-11

**End Date:** 7-Jul-11

**Amount Obligated:** \$6,210.56

**Amount Liquidated to Date:** \$6,210.56

**Activity Summary:** HHPCSA was contracted to educate participants of the 2011 Noah Child Conference on the Healing with Happiness (HWH) psychosocial support program. HHPCSA presented a keynote speech at the conference focusing on the importance of happiness, the dangers of unhappiness, the importance of laughter and play in child development and caring for carers. In addition HHPCSA conducted a session with the conference facilitators to introduce HWH and Aerobic Laughter for integration into the conference. HHPCSA also conducted multiple therapy sessions for conference participants including a session on deep laughter therapy.

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**Title:** Healing with Happiness and Aerobic Laughter Therapy Sessions for New Awardees of US Embassy Community Grants

**Contractor:** Happy Healthy People Clubs Southern Africa (HHPCSA)

**Start Date:** 19-Sep-11

**End Date:** 30-Sep-11

**Amount Obligated:** \$3,098.30

**Amount Liquidated to Date:** \$3,098.30

**Activity Summary:** HHPCSA was contracted to educate participants on the Healing with Happiness (HWH) psychosocial support program during the US Embassy workshop for new community grant recipients. HHPCSA also provided Aerobic Laughter Therapy sessions for all participants and distributed educational HWH books.

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**Title:** OVC Database Training for Partners

**Contractor:** Indian Ocean Trading Company (IOTC)

**Start Date:** 10-Nov-09

**End Date:** 15-Nov-10

**Amount Obligated:** \$91,940.12

**Amount Liquidated to Date:** \$91,940.12

**Activity Summary:** IOTC was contracted to develop training curriculum targeting PEPFAR implementing partner staff currently using the USAID OVC funded database. Training was also provided to Umbrella Grants Management (UGMs) program staff and other prime partners who provide database support to implementing partners. The aim of the contract was to shift responsibility for ongoing database support from IOTC to UGMs and prime partners. Implementing partners were trained on basic use of the database while UGM/prime partner staff participated in Training of Trainers (ToT) sessions. The training was followed by IOTC and UGMs/prime partners joint site visits to implementing partners for on-site support.

The initial trainings and ToT workshops took place in August 2010. Report-back workshops to review lessons learned and address remaining gaps took place in October 2010. The training course has assisted PEPFAR

partners in using the database effectively and has equipped UGMs with the capacity to provide basic support when problems arise. IOTC support is now only needed when major coding changes are required.

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**Title:** Recode the USAID-funded OVC Database to match new requirements of the USAID South African Strategic Information (SASI) Manual

**Contractor:** Indian Ocean Trading Company (IOTC)

**Start Date:** 6-Jun-11

**End Date:** 4-Jul-11

**Amount Obligated:** \$2,305.90

**Amount Liquidated to Date:** \$2,305.90

**Activity Summary:** IOTC was contracted to recode the USAID funded OVC database to meet the new requirements of the SASI manual. IOTC adapted the database to allow for capturing against new indicators and updated the reporting format to match the new quarterly report template linked to the USAID Data Warehouse. IOTC also revised the built-in help file and user manual to align to the changes in the database. The contract came to a close in July 2011 after the uploading of the database to the Pact SA website and successful testing of all new functionalities.

## Other Expenses

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During this reporting period Pact used OVC sub-contracts funds to provide financial and administrative assistance for various activities requested by USAID:

- Procurement of OVC bracelets for USAID distribution.
- Procurement of *It Costs Almost Nothing* books for USAID distribution.
- Procurement of OVC Bags for USAID distribution.
- Procurement of *A Chance to Play* manuals for USAID distribution.
- Procurement of *Children's Services Provincial Directories* for DSD distribution at the SA AIDS Conference.
- Reproduction of Children's Act DVDs for DSD distribution at provincial level.
- Sponsorship of travel costs for 6 DSD delegates to attend the PEPFAR OVC technical working group meeting in November 2010.
- Sponsorship of travel costs and conference fees for 6 NACCW delegates to attend the Disabled People's International 8<sup>th</sup> World Assembly in October 2011.
- Sponsorship of venue costs for a Noah-SHC strategic planning workshop.
- Hosting of multiple contractor selection meetings, including catering costs.
- Advertising of multiple Requests for Proposals under the OVC sub-contracts portfolio.

## Contracts in the Pipeline

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**Title:** Social Welfare Workforce (SWW) situational analysis

**Contractor:** 4Chakras Consulting

**Client:** DSD: Welfare Services Branch

**Activity Summary:** 4Chakras has been selected to conduct a situational analysis of the Social Welfare Workforce (SWW). The aim of the contract is to map the current social welfare workforce, emerging needs, and relevant existing training programs. This will allow resources to be directed toward strengthening the social welfare system.

There have been delays in issuing this contract due to difficulties in identifying a DSD representative to provide technical direction to the contractor. USAID is working with DSD to address this issue.

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**Title:** Structuring and accreditation of CBO capacity building training program

**Contractor:** National Institute Community Development and Management (NICDAM)

**Client:** DSD: Capacity Building Directorate

**Activity Summary:** Pact is currently working with NICDAM to finalize the scope of work and budget to assist DSD with planning the roll-out of its CBO capacity building training program. The project will also include facilitating HWSETA accreditation. The goal of the contract is to enable DSD to roll out the capacity building training program and to standardize CBO capacity building efforts.

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**Title:** NPO database software developers

**Contractor:** Not yet identified

**Client:** DSD: NPO Directorate

**Activity Summary:** Pact is currently working with DSD and RetroRabbit (the contractor who has developed the system requirements) to finalize the request for proposals for developers to build a system for the web conversion of the NPO database. The developers will also create a manual that will assist in training of staff and super users within the DSD IT Directorate. This contract will result in the NPO directorate having a user-friendly system that streamlines registration and NPO reporting processes.

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**Title:** Development of the White Paper on Families

**Contractor:** Not yet identified

**Client:** DSD: Families and Social Crime Prevention

**Activity Summary:** Pact is currently working with DSD and USAID to select a suitable contractor to assist DSD in developing a White Paper on promoting family life and strengthening families in South Africa. The project will include provincial and national consultations to gain feedback from stakeholders on the current draft Green Paper on National Family Policy. Utilizing this feedback, the contractor will modify the current Green Paper into a final White Paper on National Family Policy. The scope also includes the provision of assistance to DSD in developing and costing an inter-departmental implementation plan for the White Paper on Families.

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**Title:** Upgrade of Vhutshilo 2 Manual and Roll-Out at World Vision Sites

**Contractor:** Centre of the Support of Peer Education (CSPE)

**Client:** World Vision

**Activity Summary:** Pact is working with CSPE to finalize the contract to revise the Vhutshilo 2 manual. Two modules will be added to the Vhutshilo Manual and the current illustrations will be revised as per the recommendations of an HSRC study. The revised manual will be rolled out at Eastern Cape World Vision sites.

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**Title:** Health Systems Reform Program

**Grantee:** Letsema Circle Trust

**Activity Summary:** Pact will provide three months of bridge funding for Letsema's program to improve health systems in Eastern Cape. This funding will allow Letsema to continue key program activities including training of clinical committees on identifying priorities and formulating strategies, conducting household surveys at two sites to map out key health challenges, and working within the targeted communities to revive the community health workers and practitioners.

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**Title:** Evaluations of Partners' OVC programs

**Contractor:** Various

**Client:** USAID & PEPFAR partners.

**Activity Summary:** Pact advertised an initial expression of interest (EOI) for contractors qualified to undertake evaluations of Pact OVC programs. A total of 6 contractors were shortlisted to take part in eleven individual Requests for Proposals (RFP) based on specific requirements in regards to each evaluation. Impact Consulting has been selected to conduct the CINDI and Save the Children evaluations and the contract will be finalized in October 2011. The RFP for the HDA evaluation was sent to candidates short-listed in the initial EOI but no responses were received. Pact will re-advertise this RFP in the next fiscal year. Pact will finalize the contracts for the evaluations in the next fiscal year. These include: OLF, Starfish, Child Welfare, World Vision, CARE, CompreCare, NACCW, Childline SA, Childline Mpumalanga

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## Tuberculosis Contracts

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USAID has allocated funds to Pact to assist PEPFAR-funded OVC partners with strengthening the TB component of their programs. During the reporting period Pact conducted a partner survey to ascertain needs and preferences. Based on the survey, Pact and USAID developed a scope for the training of trainers workshops in all nine provinces.

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**Title:** Provision of TB training to PEPFAR-funded OVC partners

**Contractor:** Greenfield Management Solutions

**Start Date:** 8-Aug-11

**End Date:** 3-Feb-12

**Amount Obligated:** \$479,457.73

**Amount Liquidated to Date:** \$94,736.96

**Activity Summary:** Greenfield Management Solutions, an accredited training service provider, was contracted to design and deliver a series of 14 Training of Trainer workshops for PEPFAR-funded OVC partners. The workshops will train participants on integrating Tuberculosis (TB) prevention, screening, infection control, Directly Observed Therapy (DOT) support, and referral for testing and treatment into existing OVC care and support programs.

Greenfield Management Solutions has customized its facilitator guide according to USAID and Pact technical guidance. The first workshop in Gauteng will take place in October. USAID and Pact will attend the workshop in order to provide further input on any necessary revisions to the training curriculum. Once these revisions have been made, Greenfield will conduct the remaining 13 workshops.

## APPENDIX 6: PACT SOUTH AFRICA STAFF LIST BY DEPARTMENT

### Executive

Malika Magagula	Country Representative
Vincent Titus	Deputy Country Representative
Delorne Govender	Executive Assistant

### Programs

Shawn Malone	Program Director
Elizabeth Kariuki	Program Manager
John Makoni	Program Manager
Nonhlanhla Xaba	Program Manager
Maki Moagi	Administrative Coordinator

### Monitoring, Evaluation, Reporting and Learning (MERL)

Dr. Rita Sonko	MERL Director
Addis Berhanu	Senior MERL Advisor

### Organizational Development

Irene Gathinji	Organizational Development Advisor
Sithembiso Msomi	Organizational Development Coordinator

### Grants

Violet Baloyi	Grants Accountant
Penny Balmakhun	Grants Accountant
Solly Seletisha	Assistant Grants Accountant

### Contracts

Daniel Bakken	Contracts Manager
Mathabo Molobi	Program Manager
Zandile Dunge	Contracts Officer

### PEPFAR Provincial Liaisons

Mercedes Fredericks	PEPFAR Provincial Liaison, Northern Cape
Thuso Kewana	PEPFAR Provincial Liaison, Limpopo
Dumisa Matsebula	PEPFAR Provincial Liaison, Mpumalanga
Zanele Mazwi	PEPFAR Provincial Liaison, Free State
Coceka Nogoduka	PEPFAR Provincial Liaison, Eastern Cape

### Finance

Zelna Black	Finance & Operations Director
Dean Meintjies	Financial Accountant
Dudu Mazibuko	Senior Internal Finance Officer
Madelyn Lottering	Finance Officer

### Operations

Marlene Pretorius	Operations Manager
Lethabo Magongoa	HR Officer / Shared Services
Francois Lubbe	IT Manager
Naresh Totaram	Operations Officer
Jeanette Mahlangu	Receptionist
Ishmael Khuzwayo	Driver