social development

Department:
Social Development
REPUBLIC OF SOUTH AFRICA

Investing in our future
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

1

Terms of Reference

Outcome Evaluation

of the Global Fund OVC Programme

25 August 2015

NRASD
National Religious Association
for Social Development

NACOSA
COLLECTIVELY TURNING THE TIDE
ON HIV, AIDS AND TB

TABLE OF CONTENTS

Acronyms 2

1. The South African OVC Situation 3

2. Background and Introduction to the Global Fund Phase II OVC Programme 6

OVC Programme Description 8

Overview of the Scope and Reach of the GF OVC Programme 11

3. Evaluation Scope of Work 13

Evaluation Purpose and Objectives 13

4. Evaluation Methodology 16

Evaluation Design and Methodology 16

Evaluation Questions and Criteria 16

Sampling 19

3. Evaluation Deliverables 21

Deliverables 21

Report Format 21

Quality Assessment of Evaluation 23

4. Management Arrangement and Work Plan 25

Timeframes 27

7. Required Competencies of Evaluation Team 29

8. Submission of Proposals 30

Annex 1 – Outcome and Impact Indicators 32

Annex 2: Geographical Location of NACOSA and NRASD SRs and SSRs 34

TABLES AND FIGURES

Table 1: Essential Package of Services with the HCBC Programme 10

Table 2: PR reach per province 11

Table 3: Evaluation Criteria 17

Table 4: Roles and Responsibilities 25

Table 5: Timeframes and Tasks 27

Table 6: Programme Goals 32

Table 7: Programme Impact Indicators 32

Table 8: Programme Objectives 32

Table 9: Programme Outcome Indicators 33

Table 10: Programme Output Targets 33

Figure 1: Structure of the GF OVC Programme Sub-Granting Relationships 7

ACRONYMS

ART	Antiretroviral Therapy
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organsation
CYCW	Child and Youth Care Worker
GF	Global Fund to Fight AIDS, TB and Malaria
HCBC	Home Community Based Care
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
NACCA	National Action Committee on Children Affected by HIV and AIDS
NACCW	National Association of Childcare Workers
NACOSA	Networking HIV/AIDS Community of South Africa
NDSD	National Department of Social Development
NGO	Non-Governmental Organisation
NRASD	National Religious Association for Social Development
NSP	National Strategic Plan
OVC	Orphans and Vulnerable Children
OVC&Y	Orphans, Vulnerable Children and Youth
SANAC	South African National AIDS Council
STI	Sexually Transmitted Infection
PR	Principal Recipient
TB	Tuberculosis

1. THE SOUTH AFRICAN OVC SITUATION

South Africa remains one of the most unequal countries in the world, and income inequality, as measured by the Gini coefficient, has been increasing since 1993. As a result of increasing inequality, the life chances of millions of children continue to be thwarted. Compared to a child growing up in the wealthiest household, a child in the poorest home in South Africa is 17 times more likely to be hungry, 25 times less likely to be covered by medical schemes and three times less likely to complete secondary education.[1]

Approximately 18 million of the South African population are children (under 18 years) according to data from Census 2011.[2] Children therefore constitute approximately 35% of the total population.

In 2010, there were approximately 3,8 million orphans in South Africa. This includes children without a living biological mother, father or both parents, and is equivalent to 21% of all children in South Africa. In 2010:

- 17% of children in South Africa did not have a living biological father.
- 8% of children in South Africa did not have a living biological mother.
- 3,5% were maternal orphans with living fathers.
- 4,8% were recorded as double orphans.

Sixty percent of all orphans in South Africa are therefore paternal orphans (with living mothers). Three provinces carry particularly large burdens of care for double orphans: 7% of children living in KwaZulu-Natal and the Free State have lost both parents, and 6% of children in the Eastern Cape are double orphans.[3]

It has also been observed that South Africa loses half of every cohort that enters the school system by the end of the twelve-year schooling period.[4] Along this route, significant human potential is hindered

[1] UNICEF 2012. *South Africa Annual Report 2011.* Pretoria: UNICEF South Africa.
[2] Statistics South Africa 2012. *Census 2011.* Pretoria: Statistics South Africa.
[3] Hall, K, Woolard, I, Lake, L and Smith, C (eds) 2012. *South African Child Gauge 2012.* Cape Town: Children's Institute, University of Cape Town.
[4] South African Government 2012. *National Development Plan 2030: Our future – make it work.*

and the life chances of young people are harmed. This contributes to unemployment figures, which is estimated at 29,8%. Unemployment amongst youth aged 20-24 is estimated at 40%-50%.

Data from the National Strategic Plan on HIV, STI's and TB 2012-2016 shows that 39% of 15-19 year old girls have been pregnant at least once and 49% of adolescent mothers are pregnant again in the subsequent 24 months. It also reveals that one in five pregnant adolescents is HIV-positive.[5]

When parents die as a result of AIDS, other relatives, particularly grandmothers and older siblings, often take on the role of care givers of children. In some situations children themselves become heads of households charged with the care of younger family members.

The basic rights of many South African children to survival, security, socialisation and actualisation are eroded as they are made vulnerable to poverty, destitution, illness, school dropout, malnutrition, crime and all forms of child abuse including child labour and sexual abuse, thus depriving them of joy, opportunities and a productive life.

Children are often made extremely vulnerable through circumstances such as HIV infection at birth or through unprotected sex; living in a household with sick or elderly care givers; being abandoned, abosed or neglected; living in a household caring for many children; experiencing bereavement several times; or undergoing frequent mobility.

The vulnerability of Orphans and Vulnerable Children (OVC) is recognised by government, civil society and the donor community of South Africa. In response, law, policies, strategic plans and programmes are being developed, implemented and reviewed, in order to appropriately address the needs of OVC's and strengthen the capacity of families and communities to care for OVC's.

With cognisance to this data, it is stated that the prevention of new infections amongst children and youth in particular, as well as the provision of treatment and care to infected children and youth, requires clear identification as a priority in the response to HIV&AIDS and TB.

Mitigating the impact of HIV and TB on orphans, vulnerable children and youth (OVC&Y) is distinguished as Sub-Objective 1.4 in the NSP.

---

[5] South African Government and South African National AIDS Council 2011. *National Strategic Plan on HIV, STI's and TB 2012-2016.*

The NSP states the following:

"The numbers of orphans and children made vulnerable by HIV has increased over the years. The Department of Social Development has been leading activities to protect the rights of orphans, vulnerable children and youth and to reduce their vulnerability and the impact of HIV and TB. There is a need to scale up these interventions and strengthen initiatives at community level to protect the rights of orphans and, in particular, child and youth-headed households. Mental health services must also be part of the package of services provided to support orphans and vulnerable children." (Source: National Strategic Plan on HIV, STI's and TB 2012-2016, page 36.)

The NSP target for 2016 is to achieve 100% school attendance among orphans and among non-orphans aged 10-14.

Against this background, the Networking HIV/AIDS Community of South Africa (NACOSA) and the National Religious Association for Social Development (NRASD) provide a comprehensive package of prevention, care and support services appropriate for OVC in carefully selected districts in all provinces in South Africa.

2. BACKGROUND AND INTRODUCTION TO THE GLOBAL FUND PHASE II OVC PROGRAMME

NACOSA is a national civil society network of organisations working in the HIV, AIDS, TB and related social development fields. With 1,200 members – mainly community-based organisations but also non-profit organisations and individuals – NACOSA works to collectively turn the tide on HIV/AIDS and TB and build healthy communities through capacity building, networking and promoting dialogue.

NRASD is a network of religious groups with the aim of fostering the role of religious organisations in social development. The basic approach of the NRASD is to strengthen the capacity and programmes of existing networks to enable them to play an even bigger role in this field.

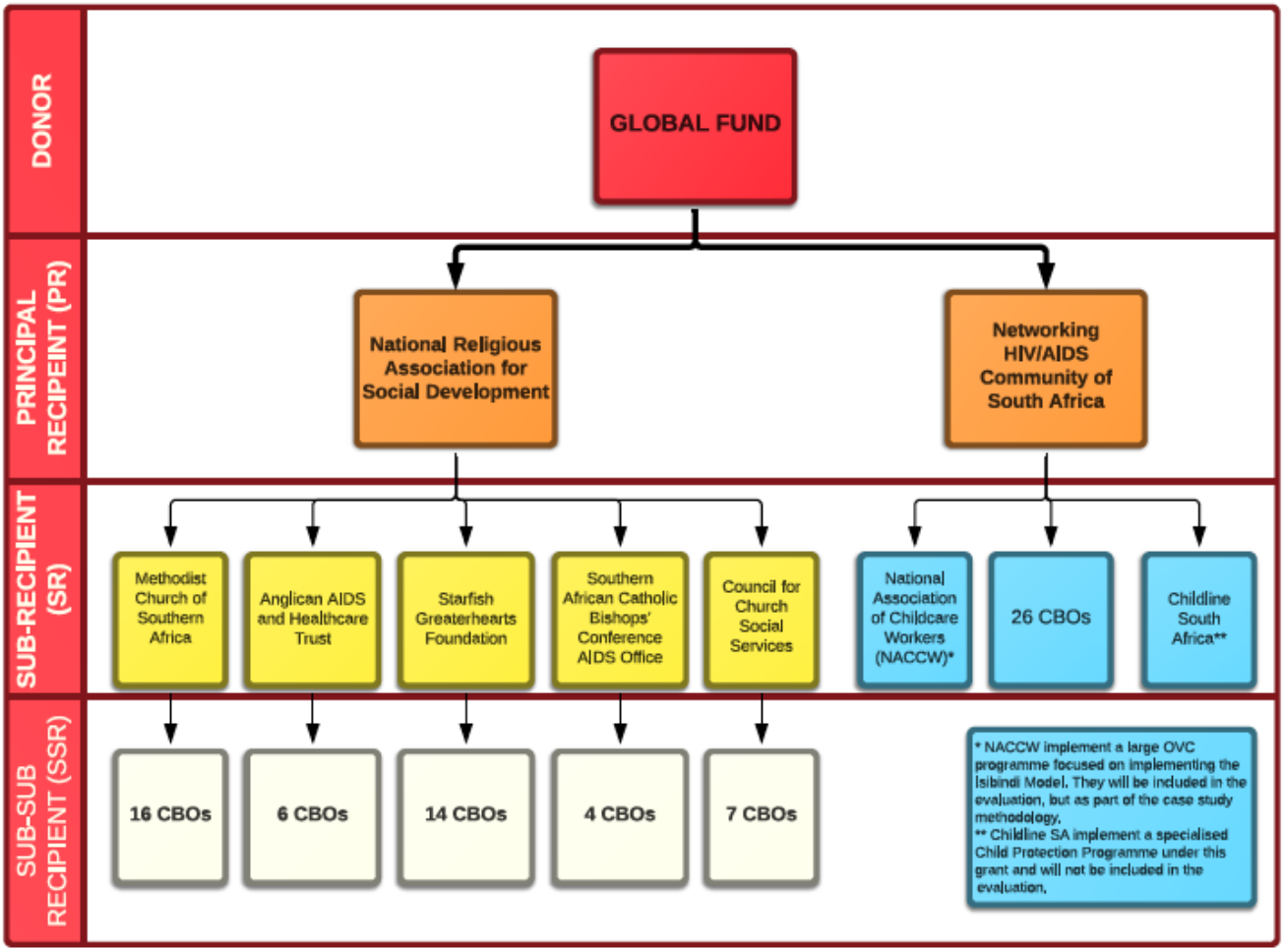
NACOSA and NRASD are active members of the national government structure referred to as the National Action Committee for Children Affected by HIV and AIDS (NACCA), the key decision making and coordination body for OVCY in South Africa.

NACOSA and the NRASD are two of the current six Principal Recipients (PRs) in the Global Fund Phase II Grant. NACOSA and NRASD were also PRs under the Phase I grant which was implemented from October 2010 – September 2013 for NACOSA and from 1 April 2011 – 30 September 2013 for NRASD. The second implementation period for both PRs is from 1 October 2013 to 31 March 2016.

A PR's responsibility is to manage the Global Fund (GF) grant and ensure that the grant objectives are achieved. This includes the disbursement to implementation partners who are part of the service delivery team as well as monitoring and evaluation of the achievement of grant objectives. Money thus flows through NACOSA and the NRASD to a number of national organisations as well as provincial Non-Governmental Organisations (NGOs) and Community-based Organisations (CBOs) in South Africa, who then deliver services to OVC. They are known as sub-recipients (SRs) and sub-sub-recipients (SSRs).

SRs and SSRs are the direct implementers of the OVC Programme. NACOSA directly funds 26 provincially based CBOs and has larger contractual relationships with Childline South Africa and the National Association of Child Care workers (NACCW). NRASD funds five sub-recipients, who provide further funding to 47 CBOs (sub-sub-recipients). Figure 1 below shows the relationships between different stakeholders in the grant.

Figure 1: Structure of the GF OVC Programme Sub-Granting Relationships



As part of the Global Fund Phase II Grant agreements signed with the PRs, a special condition requires an independent process evaluation of the OVC Programme to be completed by 16 June 2016. This will be the second evaluation in this grant. In 2014 DSD, NACOSA and the NRASD commissioned CASE to undertake a process evaluation and collect baseline information for the Phase II grant. The purpose of the evaluation was to assess the functioning of the OVC programme as a whole. The key evaluation objectives were:

1. To assess the effectiveness and efficiency of the OVC programme;
2. To evaluate whether the OVC Programme was aligned with the national OVC policies, guidelines and programmes;
3. To review the OVC programme's exit and sustainability strategies; and

4. To review the OVC Programmes achievements.

This evaluation should review the progress towards the implementation of the recommendations from the 2014 evaluation.

This Terms of References sets out the requirements for the outcomes evaluation for the OVC programme. The timeframe for the evaluation is 1 October 2015 – 16 June 2016.

OVC PROGRAMME DESCRIPTION

The OVC programme is a subsection of the overall SANAC Country Coordinating Mechanism Global Fund Grant and both PRs contribute to the OVC programme. The Global Fund Grant has three programme goals:

- Goal 1: Reducing the incidence of TB by 50%
- Goal 2: Reduce new HIV infections by at least 50% using combination prevention approaches
- Goal 3: Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation

The OVC programme mainly contributes to Goal 2 through the provision of HIV prevention and HIV Testing and Counselling (HCT). However, the programme also contributes indirectly to Goal 3 through the referral and linkages of HIV-positive OVC to antiretroviral therapy (ART) and adherence support and indirectly to Goal 1 by providing TB screening.

The OVC programme falls primarily under Objective 1 of the grant which is to *Address Social and Structural Drivers of HIV, STI and TB Prevention, Care and Impact*. Strategically the new Global Fund grant has introduced an outcome focus change in the OVC Programme from Phase I to Phase II – moving from the provision of traditional welfare type of OVC care to "raising an AIDS free generation". In simple terms we understand an 'AIDS free generation' within the current OVC programme to have a dual focus; that of primary and secondary[6] HIV prevention. Therefore HCT is an important new

[6] Secondary prevention in general refers to early detection and prompt treatment of disease. With such measures, it is sometimes possible to either cure disease or slow its progression, prevent complications, limit disability, and reverse communicability of infectious disease. Taken from

component in Phase II as it will provide organisations with information on the HIV status of their beneficiaries and this will shape their future programming.

The programme contributes to the grant outcome indicator of percentage of men and women aged 15 - 24 reporting the use of a condom with their sexual partner at last sex.

The overall objectives of the OVC programme is:

1. To provide a comprehensive package of prevention, care and support services to OVC by March 2016 (See Annex 1 for targets)
2. To ensure 60-80% of the OVC reached in the programme are tested for HIV by March 2016. (Targets: NACOSA 80%; NRASD 60%)

The OVC programme has the following output indicators in the Global Fund performance framework :

- Number of OVC aged 0-17 years whose households received free basic external support in caring for the child
- Number and percentage of OVCs that received an HIV test and know their results

Further details of the output, outcomes, and impact indicators of the overall grant is provided in Annex 1.

The OVC programme focuses on providing direct services to OVC as well as strengthening community structures, households and families to create an enabling environment for OVC. The implementation of the OVC programme funded under the Global Fund Grant is implemented by NRASD and NACOSA through two approaches to OVC Care:

1. Home Community Based Care Support Programme implemented by NRASD.
2. Community Systems Strengthening Programme implemented by NACOSA towards ensuring that organisations are Isibindi ready.

---

http://www.health.ny.gov/diseases/aids/providers/workgroups/ppg/hiv_secondary_prevention.htm [Accessed 5 June 2014]

Further detailed information regarding the two approaches will be provided to the evaluator at the start of the evaluation.

Table 1 provides a broad scope of what services might be provided to a child in the OVC programme.

Table 1: Essential Package of Services with the HCBC Programme[7]

Package of Services	Elements / activities
Prevention	▪ Door to door campaigns ▪ Community awareness / educational workshops ▪ Commemoration and/or observation of Calendar Events ▪ Advocacy (including school visits) ▪ Social Mobilisation (including community profiling and community dialogues) ▪ Providing Life Skills to the youth
Psychosocial Care and Support	▪ Basic / Lay Counselling (bereavement and funeral support) ▪ Succession Planning (writing of will, memory work, inheritance) ▪ Material assistance ▪ Support Groups ▪ Treatment Support (ARV Support; TB Support; ARV & TB Defaulter tracing and Screening) ▪ Caring for Community Caregivers ▪ Basic hygiene (bathing and dressing of wounds) ▪ Assistance with vital documents; school and household related chores
Coordination and Support	▪ Link and refer beneficiaries to appropriate services ▪ Forming linkages and partnerships (networking) ▪ Development of a resource list

[7] Department of Social Development. 2012. *Revised National Norms and Minimum Service Standards for Home and Community Based Care (HCBC) and Support Programme*. First Edition: March 2014.

Capacity Building	▪ Strengthening HCBC organisations as well as Community Caregivers
Monitoring & Evaluation	▪ Routine reporting and data collection by HCBC Organisations and monitoring of compliance

In addition to the services outlined in Table 1, the OVC programme include the provision of HCT to children.

OVERVIEW OF THE SCOPE AND REACH OF THE GF OVC PROGRAMME

The NRASD programme is implemented by five SRs who manage the work of 47 CBOs based in Gauteng, North West, Free State, Limpopo and Mpumalanga. The five Sub Recipients are:

1. Anglican AIDS and Healthcare Trust
2. Council for Church Social Services
3. Methodist Church of Southern Africa
4. Southern African Catholic Bishops' Conference AIDS Office
5. Starfish Greaterhearts Foundation.

A total of 8 384 OVC will be reached by the end of the grant.

The NACOSA programme is implemented by 26 CBOs/ NGOs (Sub-Recipients) in the Eastern Cape, KwaZulu-Natal, Northern Cape and Western Cape reaching a total of 14 000 OVC[8] by the end of the grant.

NRASD and NACOSA implement the programme in all nine provinces as shown in Table 2 below.

Table 2: PR reach per province

Province	Organisation	No of implementing	No of CYCW	No of OVC to be

[8] NACOSA has an overall target of 51 415. This target is comprised of the 14 000 via the 26 SRs, as well as services offered by NACCW, Childline SA and the NACOSA OVC CSS grant. More detailed information will be provided on this when the evaluation is awarded.

		sites		reached
Eastern Cape	NACOSA	8	100	4 000
Free State	NRASD	10	50	1528
Gauteng	NRASD	4	33	948
KwaZulu-Natal	NACOSA	11	130	5200
Limpopo	NRASD	12	84	2207
Mpumalanga	NRASD	16	92	2799
Northern Cape	NACOSA	3	55	2 200
North West	NRASD	5	31	902
Western Cape	NACOSA	4	65	2 600
Totals				**22 384**

Annex 2 provides a breakdown of the geographical areas where SRs and SSRs offer their services.

3. EVALUATION SCOPE OF WORK

EVALUATION PURPOSE AND OBJECTIVES

The purpose of the evaluation is to assess the functioning of the OVC programme as a whole. The key evaluation objectives are:

1. To assess the effectiveness and efficiency of the OVC programme;
2. To review the OVC programme's exit and sustainability strategies; and
3. To review the OVC Programmes achievements.

The scope of the evaluation will be on the direct services provided to OVC`s and impact on their households and the evaluation includes all SRs and SSRs implementing direct services to OVC.

1. Assessing effectiveness and efficiency

The OVC Programme has been designed, taking into consideration DSD's different models for OVC care, as well as the funding goals and priorities of the Global Fund for OVC. Specifically the evaluation will assess whether organisations:

- have mechanism/ systems in place to identify and prioritise services to OVCs who are most in need of support;
- have mechanism/ systems in place that ensure that OVCs in their programme receive a package of support that is consistent with their needs;
- have strong referral pathways that ensure linkages to services;
- can show evidence of the improvement in the quality of life of OVC;
- can show evidence of any higher level social impact of the OVC programme in their broader community;
- offer a OVC programme that demonstrates a strong HIV prevention (primary and secondary) programme that appropriately addresses the risks and vulnerabilities of OVC;
- offer access to high quality HIV Counselling and Testing services;
- offer a OVC programme that demonstrates a programme that responds to the adherence needs of children who have tested HIV-positive; and
- have accurate and robust recording and reporting systems.

The recommendations from the process and baseline evaluation which was undertaken in 2014/2015 should also be reviewed with respect to the implementation of this evaluation.

Source data: Selected organisations, Control organisations.

2. Reviewing sustainability strategies

The evaluation will assess if the programmes have defined sustainability strategies. This assessment should be at two level, specifically:

2.1 Explore whether the OVC services offered by the SRs has had a sustained positive impact on vulnerable households

Describe how the SRs have contributed towards sustaining an improved quality of life for OVCs and their households in this programme and ensured that households have long-term and more sustained mechanisms that enable guardians to continue to support children. The evaluation should evaluate what SRs were funded to provide in this regard and the effectiveness of this. Furthermore, the evaluators should reflect on the sustainability efforts by NACOSA and NRASD to build capacity at the household level before the close out.

2.2 Explore whether the sustainability strategies of OVC SRs will ensure that they are able to continue rendering services at the end of Phase II (31 March 2016)

To review the range of SR sustainability strategies to assess whether, when the GF funding for OVC programmes finishes, households who are in need of services continue to receive the support. For example, whether SRs have managed to secure new funders to support the existing programme and ensure continuity of services.

3. Programmatic achievements

To present the achievements of the OVC programme to date (Phase II), making use of baseline data, secondary data that has been reported to the PRs by the SRs and undergone on-site data verification by the PR. All SR data reported to the PRs will be included. Achievements could be geographic and focus on key indicators such as:

- Number of OVC aged 0-17 years whose households received free basic external support in caring for the child
- Number and percentage of OVC that received an HIV test and know their test results

In addition, the evaluator should specifically reflect on the progress made by the PRs and SRs to implement recommendations from the last OVC evaluation.

Source data: PR Verified Monitoring Data, PR Key Informants

4. EVALUATION METHODOLOGY

EVALUATION DESIGN AND METHODOLOGY

The evaluation should adopt a mixed method approach utilising both qualitative and quantitative methods. The evaluators should consider using a quasi-experimental design, using control groups, where appropriate. In using a quasi-experimental design, the evaluation does not seek to compare the OVC programmes of NRASD and NACOSA against one another, but to identify other organisations that could serve as control groups, for example, other organisations funded by DSD.

As part of the qualitative component the Technical Advisory Committee would like the evaluators to develop a set of 10 in-depth case studies that could provide greater insight into the programme successes, highlighting lessons learnt.

The evaluators will benefit from the evaluation protocol and evaluation tools (questionnaires, focus groups and key informant interviews) from the process and baseline evaluation undertaken in 2014/15. These tools can be refined and adapted where necessary.

Participants of the evaluation, at community level, could include; OVC, their primary caregiver, community caregivers and managers of OVC organisations and local DSD officials. Further sampling could include interviews with PRs, the GF and DSD. Review of programmatic data (from reports) and review of other studies/research should also be included.

A baseline survey questionnaire should be administered to OVC and their primary caregivers. The questionnaire was administered in the process and baseline evaluation and the evaluators will be required to use it. The tool is based on the MEASURE evaluation toolkit (http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit http://www.cpc.unc.edu/measure/our-work/ovc/ovc-program-evaluation-tool-kit).

EVALUATION QUESTIONS AND CRITERIA

The evaluation will focus on the following key questions provided in the table below. Please note these are suggestions and the questions will be finalised in consultation with the evaluators and will be signed off by the Technical Advisory Committee overseeing the evaluation. The finalised evaluation questions will appear in the evaluation protocol.

Table 3: Evaluation Criteria

Evaluation Criteria	Key Questions	Source
Relevance	▪ What are the needs of OVC and their primary caregivers? ▪ To what extent are the programme objectives and services correctly addressing the problems and real needs of OVC and their primary caregivers? ▪ To what extent are the intended outputs and outcomes of the programme consistent with the needs of OVCs and their primary caregivers? ▪ What services have been implemented? ▪ What has been the impact of the HCT programme on SRs, OVCs and their caregivers?	OVC Assessment Tools OVC Primary caregivers Community caregivers Project Documents (eg. Care plans, services received)
Effectiveness	▪ To what extent have outputs and activities been delivered? If these have not been achieved, why not? ▪ What is the quality of the services implemented? ▪ What are the gaps in services? ▪ What improvements could be made in terms of service delivery and implementation? ▪ What best practices can be documented with regard to service delivery and implementation? ▪ What systems are in place to ensure linkages to existing government support, i.e. foster and child grants, ART, food security programmes? ▪ How many grants are accessed and what are the barriers to access?	Programme Staff Project monitoring data OVC OVC primary caregivers
Efficiency	▪ To what extent have the grant resources been utilised for the delivery of activities? ▪ Is the programme cost-efficient? ▪ Does the programme use the least costly resources possible in order to achieve the desired results? To show evidence of the improvement in the quality	Programme staff Project finance and monitoring data

	of life of OVC	
Sustainability	▪ How are programmes ensuring that OVCs who exit the programme are resilient? ▪ What was the service uptake from other government departments by OVC? ▪ How sustainable are the outcomes of the programme likely to be, especially at household level? ▪ What sustainability plans do OVC organisations have in place to ensure their programme is sustainable beyond the term of the Grant? ▪ How well do the PR's programmes link to the DSD's plan for sustainability, i,e. beyond existing external funding sources?	Programme staff Local DSD official
Monitoring systems	▪ What systems are in place to o identify and prioritise OVCs who are most in need of support, o ensure that funding sources (DSD, GF or other sources) are not duplicative, o accurately record and report on their activities.	
Gender	▪ How well adapted is the programme to respond to the needs of girls affected and infected by HIV and or the boy child with regard to sexual behaviour? ▪ Does the programme address harmful gender norms? ▪ What specific activities could support the programme to address gender issues?	Programme staff OVC OVC primary caregivers
Outcome status	▪ What is the current status of OVC in terms of well-being and resilience indicators? ▪ What is the current status of OVC caregivers in their ability to meet basic needs? ▪ What are the characteristics of children and their primary caregivers in terms of health, protection, and psychosocial status?	OVC OVC primary caregivers

SAMPLING

It should be noted that the the process and baseline evaluation undertaken in 2014/ 2015 sampled all NRASD and NACOSA sites. The Technical Advisory Committee are open to other sampling approaches however the rationale behind the suggested sampling strategy should be robust.

The evaluators should consider the most appropriate sample size and sampling approach taking into consideration the following;

- Representivity of the cohort of organisations to ensure there is good geographical coverage/ nuances, types of organisations (CBO vs NGO)
- Data to be collected per site and time needed to collect sufficient data
- Mix of NRASD and NACOSA funded organisations
- Control organisations DSD funded organisations
- A cost effective evaluation budget

Where the same SRs are selected, the Technical Advisory Committee would like the evaluators to, as far as possible, find the same CYCWs and beneficiaries to be interviewed in the baseline.

For the data collection at organisational level, the sample should reflect that it has target the most appropriate OVC programme staff, ensuring a range of the cadres of staff have been included.

The sampling strategy should reflect key interviews with national stakeholders in the OVC sector, for example; DSD, NACCA, UNICEF, Yezingane Network as well as interviews with the PRs, and large SRs.

A new component to this evaluation places additional focus on the qualitative element of the evaluation. The evaluators will be expected to make recommendations, based on the quantitative fuindings, of possible case studies. The Technical Advisory Committee would give final approval for the final selection of case studies. The case studies should reflect an in-depth robust understanding of the subject matter.

The ideas outlined above are suggestions and the final sample design for the evaluation will be further developed by the evaluator with input from Technical Advisory Committee.

Evaluators must provide a detailed explanation of measures that will be undertaken to ensure that all participants' identity remains anonymous and that they are protected from harm at each stage of the

evaluation. Applicants must illustrate the ethical procedures and principles that will be implemented as part of the evaluation processes, for example, consent and assent from OVC and their caregivers should obtained. The approval from a reputable ethics review board must be obtained. For the process and baseline evaluation, ethics approval was obtained from the HSRC ethics board.

3. EVALUATION DELIVERABLES

Note, the final report will provide findings on the key evaluation questions. The outcomes evaluation will present the new data and will reflect on the findings from the process and make a comparison to the baseline data. The dataset and all final tools (MEASURE and qualitative tools) will be provided as appendices.

DELIVERABLES

The main outputs of the evaluation are:

- Deliverable 1. Evaluation workplan
- Deliverable 2: Evaluation protocol with tools
- Deliverable 3. Ethics approval
- Deliverable 4. Fieldwork report
- Deliverable 5. Draft evaluation report
- Deliverable 6. Dataset with code book
- Deliverable 7. Second draft
- Deliverable 8. Workshop of presentation of findings
- Deliverable 9. Final evaluation report with executive summary

REPORT FORMAT

The following report format will be the minimum requirement for this detailed report:

SECTION	TO INCLUDE
Report Cover	• Title of report, date, NACOSA, NRASD and Global Fund required logos, contract number
Title Page	• Title of project • Authors of report • DSD, NACOSA, NRASD and Global Funds' name and logos according to Marking guidelines • Date of report
Executive Summary	• Summary of objectives, when data was collected, target groups, description of data collection tools and methods • Summary of key findings – evaluation and baseline • Summary of lessons learnt, best practices and recommendations in bullet format
Table of Contents	• Including page numbers • Glossary of key terms (incl. indicator, result, output, outcome, impact, impact evaluation and performance evaluation) • List of tables and / or figures and page numbers
Background	• Include a brief program description • Describe the role of the evaluation in project implementation, relationship to other data collection methods being used, concisely describe the context in which the evaluation took place • Include map of the relevant geographic area(s)
Evaluation purpose and key questions	• Describe the purpose of the evaluation • Outline the key evaluation questions and related sub questions
Methods	• Briefly describe the evaluation approach and design • Describe the sampling methods applied • Describe the data collection methods employed (include a description of where and how data were collected, quality assurance measures, length of data collection process and problems encountered in conducting research • Describe the ethical considerations and provisions made to ensure participant protection and adhere to established ethical standards • Present demographics of participants/respondents

	• Describe what methods were used to analyse the data • Describe the study limitations
Research Findings; Discussion and Interpretation	• Present data organised around key questions or main ideas in the surveys/interviews and combine qualitative with Quantitative data (with descriptive summaries, use quotations where necessary) • For each evaluation question, describe findings and their meanings in the context of the project, with highlights of unexpected findings, discuss potential problems with the data • Compare findings to other relevant empirical data if available • Provide key baseline findings to inform programming
Recommendations, best practices and lessons learnt	• Provide a detailed list of recommendations (with explanations) for programme implementation, policy implications, possible redesign etc. • Provide a detailed list of best practices identified • Provide a detailed list of lessons learnt.
Case Studies	• Detailed case studies per site
Annexes	• Detailed sampling strategy • Data collection tools and tools used to address ethical data collection • Extracts of tables from statistical data analysis process • The final survey dataset with value and variable labels and / or a data dictionary • The finalised tools (RSQA, MEASURE and any other) • Baseline dataset and code book

QUALITY ASSESSMENT OF EVALUATION

The evaluation should assist NACOSA and NRASD in their objective to ensure evidence based programming and accordingly take the following quality assessment questions into account in the final presentation of the report:

1. Addressed a Clearly Focused Issue

Was there adequate information on:

- Purpose of the review and/or rationale of the study
- Research question to be answered
- Previous data or theory on study population, context or issue of study

2. Methodology
    - Search of review materials was taken from multiple sources
    - Specified inclusion and exclusion criteria to reduce biased sampling
    - Methodology was carried out systematically
    - Included published and unpublished literature
    - Appears to represent an exhaustive collection of materials

3. Analysis
    - Review examines multiple aspects of the issue across body of literature
    - Described analytical process and tools including framework for analysis
    - Thorough reporting of the results and key findings
    - Takes into account the strength of the evidence in information collected

4. Review
    - Reported findings are well substantiated by information presented
    - Discussion of study implications for policy or programming
    - Discussion of study limitations or biases, including contradictory findings
    - Identified areas for further research or review

4. MANAGEMENT ARRANGEMENT AND WORK PLAN

Overall the evaluation will be monitored by the National Department of Social Development. The evaluation will be managed via a Technical Advisory Committee, which will comprise of representatives from DSD, NRASD, and NACOSA who will hold regular meetings at key points in the life of the evaluation. For example;

1. Selection of Service Provider
2. Contract negotiation with the Service Provider
3. Briefing of the Service Provider
4. Review of evaluation protocol
5. Monitoring and review of evaluation progress
6. Review of all drafts of the evaluation report.

The contractual arrangements will be a joint venture of NRASD & NACOSA.

Table 4 below provides a description of the roles and responsibilities for evaluation team members, evaluation stakeholders and partners.

Table 4: Roles and Responsibilities

Stakeholder	Main Role
External Evaluators	• Develop the evaluation design and key measures for each evaluation question. • Develop the data collection and sampling strategy. • Review the quantitative data collection instruments from the 2014/5 evaluation and adapt as necessary. Train data collectors in the quantitative data collection tools, • Develop the qualitative data collection instruments. • Developing data analysis strategy. • Pre-test qualitative instruments and train data collectors. • Logistical and travel arrangements for field work to sampled organisations • Undertake the evaluation data collection process. • Prepare data and undertake comprehensive data analysis. • Formulate the key findings and recommendation.

	• Prepare reports; identify major findings, develop recommendations.
NACOSA, NRASD and organisations' Programme Managers Programme staff, M&E team, Organisations' staff Administrative staff	• Work with the External Evaluator in facilitating access to required information and resources. • Management of the External Evaluators contract. • Monitoring the implementation and deliverables of the evaluation. • Preparation of evaluation management documents- TOR, SOW, Contract • Provide input in finalising the evaluation design, sampling, data collection tools and processes by the External Evaluator. • Assist with coordinating and providing logistical support for field visits and meetings with key stakeholders during data collection. • Plan for and undertake dissemination of findings.
National Department of Social Development	• Monitoring of the solicitation process for identifying suitable External Evaluator. • Provide input in finalizing the evaluation design, sampling, data collection tools and processes. • Monitoring the implementation of the evaluation. • Review and sign off of draft and final reports.
Global Fund	Overall guidance and approval of the following; ▪ Evaluation Terms of Reference ▪ Scope of work and contract for the External Evaluator ▪ Evaluation budget ▪ Final evaluation report

TIMEFRAMES

The evaluation activities are expected to be undertaken between October 2015 - June 2016.

Table 5: Timeframes and Tasks

ESTIMATED TIMEFRAMES	PHASE	KEY DELIVERABLES
23 September – 16 October 2015	Appoint evaluator(s). Initial meetings.	Contract awarded. Briefing meetings.
	Develop evaluation Protocol.	Final evaluation protocol.
19 October – 20 November 2015	Apply for Ethics Approval	Ethical approval obtained.
23 November – 11 December 2015	Training of field work staff collecting data.	Training report of data collectors.
	Set up evaluation logistical arrangements for January 2016.	GANTT Chart reflecting the data collection plan.
	Desktop review and review of secondary data.	
18 January – 26 February 2016	Quantitative data collection and capturing.	Quantitative data collected.
29 February – 25 March 2016	Data capture and analysis of dataset. Based on the preliminary data analysis, identify recommended sites for qualitative case study data to be collected.	Dataset and Codebook. Presentation of preliminary findings. Agreement on the selection of case studies.
28 March – 22 April 2016	Ongoing quantitative data analysis and report writing. Qualitative data collection.	Fieldwork progress report.

25 April - 9 May 2016	Draft report written and submitted.	Draft 1 of the evaluation report.
10 May – 20 May 2016	Technical Advisory Committee review and comment on the draft report.	Draft 1 with comments by Technical Advisory Committee.
23 May – 30 May 2016	Feedback from the Technical Advisory Committee incorporated into draft report.	Second draft of the report.
31 May – 6 June 2016	Technical Advisory Committee and The Global Fund review and comment on the draft report.	Draft 2 with comments by Technical Advisory Committee and The Global Fund.
7 June – 16 June 2016	Comments received by evaluation team and incorporated into final report.	Final report and related products including the PPT presentation and dataset.

7. REQUIRED COMPETENCIES OF EVALUATION TEAM

The appointed applicant(s) is required to possess the following skills and experience:

- Extensive evaluation experience particularly in South Africa; demonstrated experience in undertaking similar evaluations.
- Evaluation design and research skills.
- Statistical sampling expertise.
- Experience conducting household surveys.
- Programmatic experience in orphan and vulnerable children's programmes as well as HIV and AIDS including experience with community-based programmes. (This is a critical requirement – please ensure that you have this skill within your team)
- Extensive experience in employing both qualitative and quantitative data collection methods including participatory evaluation techniques.
- Good project and people management skills and the ability to deliver within time frames as reflected in the Work Plan.
- Excellent writing skills in English.
- To indicate the level of involvement of the principle investigators and all relevant staff using a matrix.

8. SUBMISSION OF PROPOSALS

There will be a compulsory briefing meeting in Cape Town on 7 September 2015 from 11h00 – 13h00 at;

NACOSA
3rd Floor
East Office Tower
Canal Walk
Century Boulevard
Century City, Cape Town

Please submit questions via email to evaluation@cddc.co.za by 3 September 2015, so that these questions can be addressed in the briefing meeting. Proposals are due to evaluation@cddc.co.za by 10h00 on 14 September 2015. Late submissions will not be considered. Please ensure the subject line states: "Application – Global Fund OVC Outcomes Evaluation."

The outline of the proposals should include the following:

1. Introduction
2. Key Evaluation Questions
3. Proposed Evaluation Approach and Design
4. Sampling Strategy
5. Plan for data acquisition
6. Ethical approval procedures which will be followed
7. Data analysis plan
8. Evaluation Team (brief Resumes; provide detailed CVs in Appendix). The detailed CV should include the names and contact numbers of the staff/consultants assigned to the project. A summary of the role and responsibility of each staff person/consultant and estimated time to be spent by each staff person/consultant; CVs must address all key elements in the evaluation matrix included below.
9. Team members time commitment and availability over the evaluation period
10. Evaluation work plan reflecting proposed time frames and outputs/deliverables (including Gantt chart)

11. Budget - detailed budget including daily fees for each staff person/consultant and breakdown of all other costs to be charged to the contract. The prospective service provider must submit an all-inclusive price for all activities proposed in the application.

Please note short-listed candidates must be available to provide a presentation on the proposal on the following dates:

- 21 September 2015 in Cape Town or
- 22 September 2015 in Pretoria

ANNEX 1 – OUTCOME AND IMPACT INDICATORS

SANAC CCM GF PROGRAMME OBJECTIVES AND INDICATORS

The SANAC CCM renewal application is linked to the following objectives and indicators in the performance framework:

Table 6: Programme Goals

1	Reducing the incidence of TB by 50%.
2	Reduce new HIV infections by at least 50% using combination prevention approaches
3	Initiate at least 80% of eligible patients on antiretroviral treatment (ART), with 70% alive and on treatment five years after initiation

Table 7: Programme Impact Indicators

Linked to goal(s) #	Impact indicator	Baseline Value	Target Year 5 2016
Goal 2	HIV incidence (CSW)	Baseline results expected July 2014	TBD
Goal 2	HIV incidence in general population	1.7%	50% reduction
Goal 3	HIV Prevalence rate	12.2%	50% reduction
Goal 3	AIDS related Mortality	33.5%	50% reduction
Goal 3	Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	92.35%	94%
Goal 3	Mother to child transmission rate at 6 weeks	2.4%	<2%
Goal 1	TB case registration rate (proxy TB incidence)	681/100,000 pop	422/100,000 pop
Goal 1	TB mortality rate	10.7%	50% reduction

Table 8: Programme Objectives

Objectives:	
1	Address Social and Structural Drivers of HIV , STI and TB Prevention, Care and Impact

2	Prevent new HIV, STI & TB Infections
3	Sustain health and wellness among PLWHA and those affected by HIV/AIDS
4	Create an enabling environment for implementation through effective program planning, management and monitoring

Table 9: Programme Outcome Indicators

Linked to objective(s) #	Outcome indicator	Baseline Value	Target Year 5 2016
Obj 2&3	TB Treatment success rate	N/A	84%
Obj 2&3	MDR-TB Treatment success rate	N/A	56.5%
Objs 1-3	Percentage of men and women aged 15-24 reporting the use of a condom with their sexual partner at last sex	58.4%	TBD
Objs 1-3	Percentage of sex workers reporting the use of a condom during penetrative sex with their most recent client	TBD	TBD
Objs 1-3	Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	TBD	TBD
Objs 1-3	Percentage of pregnancies during the previous academic year amongst Grade 8-12 learners.	8737	7077

Table 10: Programme Output Targets

Output/ coverage indicator	PR	Target	
Number of OVC aged 0-17 years whose households received free basic external support in caring for the child	NACOSA	51 415	Non-cumulative over the grant period
	NRASD	8 384	
Number and percentage of OVCs that received an HIV test and know their results.	NACOSA	41 120	Cumulative over the grant period
	NRASD	5 040	

ANNEX 2: GEOGRAPHICAL LOCATION OF NACOSA AND NRASD SRS AND SSRS

Principal Recipient	Province	Sub-district
NRASD	Free State	Lejweleputswa
		Thabo Mofutsanyane
NRASD	Gauteng	Sedibeng
NRASD	Limpopo	Mopani
		Greater Sekhukhune
NRASD	Mpumalanga	Gert Sibande
		Ehlanzeni
NRASD	North West	Dr Kenneth Kaunda
NACOSA	Western Cape	Cape Town Metro
		Overberg
		Eden
NACOSA	Eastern Cape	Cacadu
		Buffalo City
		Chris Hani
		OR Tambo
		Nelson Mandela May Metro
NACOSA	KwaZulu-Natal	uMgungundlovu
		uMzinyathi
		uThukela
		Sisonke/ Harry Gwala
		eThekwini
NACOSA	Northern Cape	Pixley ka Seme
		Siyanda
		John Taolo Gaetsewe