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

Process Evaluation and Baseline Assessment

of the Global Fund OVC Programme

6 June 2014

NRASD
National Religious Association
for Social Development

NACOSA
COLLECTIVELY TURNING THE TIDE
ON HIV, AIDS AND TB

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TABLES AND FIGURES

ACRONYMS

ART	Antiretroviral Therapy
AIDS	Acquired Immune Deficiency Syndrome
CBO	Community-based Organsation
CYCW	Child and Youth Care Worker
DSD	Department of Social Development
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
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
RSQA	Rapid Services Quality Assessment
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.

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[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), the National Religious Association for Social Development (NRASD) and the National Association of Child Care Workers (NACCW), 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

The Networking HIV/AIDS Association of South Africa (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.

The National Religious Association for Social Development (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.

The National Association of Child and Youth Care Workers (NACCW) is an independent, non-profit organisation which provides the professional training and infrastructure to promote health child and youth development and to improve standards of care and treatment for troubled children and youth at risk in family, community and residential group care settings.

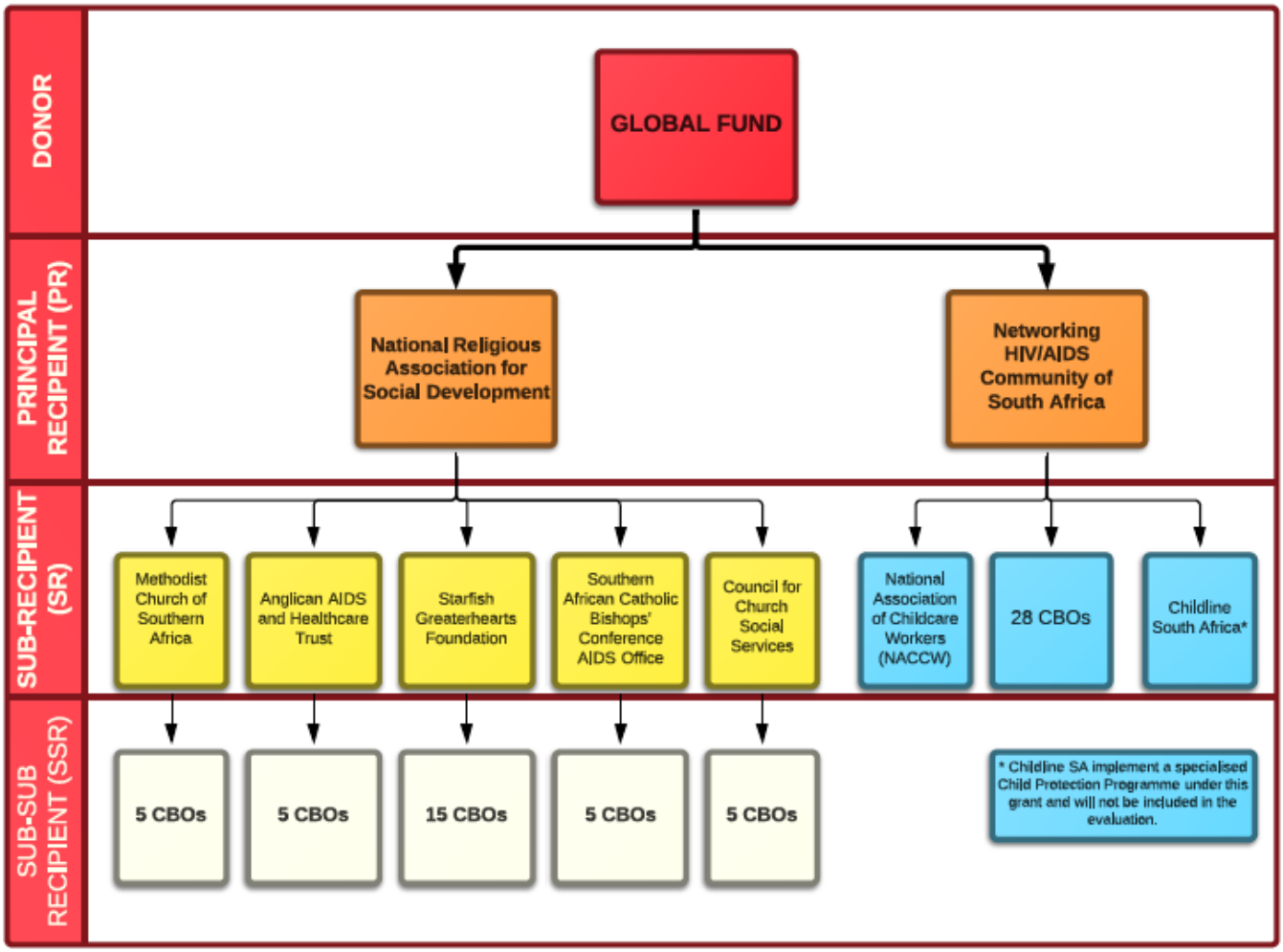
NACOSA, NACCW and NRASD are all active members of the national government structure referred to as the National Action Committee for Children Affected by HIV and AIDS (NACCA), the key decision making and coordination body for OVCY in South Africa.

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 28 provincially based CBOs and has larger contractual relationships with Childline South Africa and the NACCW. NRASD funds five sub-recipients, who provide further funding to 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 30 November 2014 and an additional evaluation, an outcome evaluation, to be completed by end June 2016.

An evaluation was commissioned in October 2012 by NACOSA and the NRASD in order to reflect on the progress and quality of the OVC programme in Phase I and make recommendations towards Phase II. The aim of the evaluation was therefore to assess the quality of OVC services through a Rapid Services Quality Assessment (RSQA) with SRs and SSRs. The evaluation focused on; assessing and identifying the quality of services to OVCs, assessing whether OVC services are implemented according to relevant policies and guidelines, and highlighting strengths and gaps in service delivery. The progress towards the implementation of the recommendations from this evaluation should be reviewed in this evaluation.

This Terms of References sets out the requirements for the initial process evaluation for the OVC programme. The timeframe for the evaluation is 1 July 2014 - 25 November 2014 and should consider the aspects of the programme from the start of Phase II, 1 October 2013. It is important to note that aspects of this evaluation will serve as a baseline for the outcome/ impact evaluation.

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 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 51 104 OVC by March 2016 (Targets: NACOSA 42 270; NRASD 8 384)
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 outcomes, impact and 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, NACCW and NACOSA through three approaches to OVC Care:

1. Home Community Based Care Support Programme implemented by NRASD.

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

2. Isibindi Model where, as a franchise, it is implemented by DSD and other partners, with mentoring and technical support by NACCW.
3. Community Systems Strengthening Programme implemented by NACOSA towards ensuring that organisations are Isibindi ready.

Further detailed information regarding the three 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)

[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.

	▪ 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
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 35 CBOs based in Gauteng, the North West, the 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 NACCW programme is implemented in 38 Isibindi sites. With support form this grant, two new Isibindi sites have been established in the Eastern Cape. A total of 28 720 OVC at 38 Isibindi sites will be reached by the end of the grant.

The NACOSA programme is implemented by 28 CBOs (Sub-Recipients) in the Eastern Cape, KwaZulu-Natal, Northern Cape and Western Cape reaching a total of 14 000 OVC by the end of the grant.

NRASD, NACCW 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 sites	No of CYCW	No of OVC to be reached
Eastern Cape	NACOSA and NACCW	22	442	17 680
Free State	NRASD	9	67	2 144
Gauteng	NRASD	4	30	960
KwaZulu-Natal	NACOSA and NACCW	18	225	9 000
Limpopo	NRASD	7	52	1664
Mpumalanga	NRASD and NACCW	28	364	14 560
Northern Cape	NACOSA	3	55	2 200
North West	NRASD	4	30	960
Western Cape	NACOSA	4	65	2 600
Totals		**63**	**1 330**	**51 768**

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 evaluate whether the OVC Programme is 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.

The scope of the evaluation will be on the direct services provided to OVC and their households and the evaluation includes all SRs and SSRs implementing direct services to OVC, including Isibindi services being implemented with the support of NACCW in two sites in the Eastern Cape.

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 systems in place to identify and prioritise services to OVCs who are most in need of support;
- have systems in place that ensure that OVCs in their programme receive a package of support that is consistent with their needs;
- have systems to ensure linkages to existing government support, i.e. foster, disability and child grants.
- 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; and
- have accurate and robust recording and reporting systems.

Whilst organisations are not provided with specific funding for post-support programmes for children who have tested HIV-positive, the evaluation should explore the extent of adherence support being offered, what type of adherence support is being provided, and possible opportunities to improve programming in adherence support in the future.

The recommendations from the evaluation which was commissioned in October 2012 by NACOSA and the NRASD should also be reviewed with respect to the Phase II implementation.

Aspects of this evaluation objective will serve as a baseline for the outcome/ impact evaluation and the design should take this into consideration.

Source data: Selected organisations, Control organisations.

2. **Evaluating alignment with the national programmes and policies**

The OVC programmes being implemented by NRASD, NACCW and NACOSA have areas of similarity and difference, but all are aligned with different models of care that are accepted by DSD to ensure that OVCs (aged 0 – 17 years) receive appropriate support. The evaluators would need to understand and describe the relevant models so as to use this as the context against which they assess programme implementation. Specifically the evaluation will assess whether:

- OVC selection criteria and process by NACOSA, NACCW and NRASD is in line with the DSD National OVC Framework;
- the package of services provided by each organisation is consistent with the package defined by the DSD National OVC framework; and
- data capturing and reporting tools by each organisation are aligned with any requirements/systems at the national level.

Source data: DSD documents, DSD key informants, PR key informants, NACCA documents

3. **Reviewing exit and sustainability strategies**

The evaluation will assess if the programmes have defined exit and sustainability strategies. Specifically:

1. **Explore issues relating to OVCs who are at the upper age limit of the OVC programme:**

Explore and understand what exit strategies are in place to prepare and support young people as they transition from the OVC programme when they reach 18 years. Our current understanding is that many OVCs exit the GF OVC programme but do not exit the organisation as many have not yet completed school, and others, referred to as out of school youth, need continued support. We would like to understand the needs of young people over 17, and what programmes are in place or should be in place to reduce their risk and vulnerability to HIV.

2. **Review existing systems being used by organisations to ensure that funding sources (DSD, GF or other sources) are not duplicative:**

Describe the different systems that organisations have in place to ensure that, where they have other sources of funding, funds are clearly supporting different OVC target groups via specific carers.

3. **Understand the sustainability strategies of OVC organisations to ensure they are able to continue rendering services at the end of Phase II (31 March 2016):**

To review the range of different sustainability strategies of organisations to ensure that, should GF funding for OVC programmes finish, children who are in need of services continue to receive the support. This would provide important information to understand current sustainability strategies, highlight gaps in this regard, and make recommendations towards improving programming in this regard. Results will be used by the GF, PRs and the organisations to guide improvement in OVC programming over the period of the grant, and beyond. It will also serve as a baseline assessment for the outcome and impact evaluation scheduled for the end of the grant.

4. **Programmatic achievements**

The evaluators should present the achievements of the OVC programme to date (Phase I and II) making use of secondary data that has been reported to the PRs by the sub-recipients 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

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, NACCW and NACOSA against one another, but to identify other organisations that could serve as control groups, for example, other organisations funded by DSD or another Isibindi site.

The evaluators should propose a range of suitable methodologies through which the evaluation questions can be answered, including, but not limited to; questionnaires, focus groups and key informant interviews. Participants of the evaluation, at community level, could include; OVC, their primary caregiver, community caregivers and managers of OVC organisations. Further sampling could include interviews with PRs, the GF and DSD. Review of programmatic data (from reports) and review of other studies/researches should also be included.

A baseline survey questionnaire should be administered to OVC and their primary caregivers. The evaluators are required to carefully consider the suitability and feasibility of design options for the baseline that are likely to offer the best chance of establishing the value of the programme. The evaluator should review and make use of 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) for evaluations of OVC Programmes as a basis for constructing the baseline questionnaires for OVC and their caregivers. **Important to note is that aspects of this evaluation will serve as a baseline for the outcome/ impact evaluation and the design should take this into consideration.**

The evaluator would be required to review, test and finalise a Rapid Service Quality Assessment Tool, which was drafted during a previous OVC evaluation conducted in October 2012. The RSQA tool should be further developed to provide a reliable assessment of the quality of an organisations service delivery. The RSQA Tool should then be used to assess quality of services provided during the process evaluation.

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 caregivers? ▪ To what extent are the intended outputs and outcomes of the programme consistent with the needs of OVCs and their caregivers?	OVC Primary caregivers Community caregivers Project Documents (eg. Care plans)
Effectiveness	▪ To what extent have outputs and activities been delivered? If these have not been achieved, why not? ▪ What services have been implemented? To what extent are service aligned to the DSD's basket of services for OVC? ▪ 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? ▪ 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 inputs 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?	Programme staff Project finance and monitoring data
Sustainability	▪ How are programmes ensuring that OVCs who exit the programme are resilient? ▪ How sustainable are the outcomes of the programme likely to be? ▪ 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 programs link to the DSD's plan for sustainability, i,e. beyond existing external funding sources?	Programme staff
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 program deal with addressing the gender worldview of boys? ▪ What specific activities could support the program to address gender issues?	Programme staff OVC OVC primary caregivers
Baseline status	▪ What is the current status of OVC in terms of wellbeing 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

The first stage of sampling could involve sampling OVC organisations. At this level, 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, NACOSA and NACCW funded organisations
- Control organisations
- A cost effective evaluation budget

Once the organisations have been selected, further sampling criteria should be proposed. For the baseline component, a list of the households receiving services under the Global Fund should be drawn up, to randomly select a cohort of OVC and primary caregivers. 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 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.

5. EVALUATION DELIVERABLES

Note, the final report will provide findings on the key evaluation questions. The process evaluation will also have the baseline findings, the baseline dataset and all final tools (MEASURE, RSQA and any other used) as appendices.

DELIVERABLES

The main outputs of the evaluation are:

- Deliverable 1. Evaluation workplan
- Deliverable 2: Evaluation protocol
- Deliverable 3. Ethic approval
- Deliverable 4. Fieldwork report
- Deliverable 5. Draft evaluation report
- Deliverable 6. Tested and Finalised Tools (RSQA, MEASURE and any other)
- Deliverable 7. Baseline data set with code book
- Deliverable 8. Stakeholder workshop to review initial 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.
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, NRASD and NACCW 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

6. 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 strategy; sampling and data collection instruments, including finalising the Rapid Quality Services Assessment Tool. Developing data analysis strategy. Pre-test 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	Work with the External Evaluator in facilitating access to

organisations' Programme Managers Programme staff, M&E team, Organisations' staff Administrative staff	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 June – November 2014.

Table 5: Timeframes and Tasks

ESTIMATED TIMEFRAMES	NO. OF DAYS	PHASE	KEY DELIVERABLES
July 2014	14 days	Appoint evaluator(s). Initial meetings	Contract awarded. Briefing meetings.
		Develop evaluation and baseline protocol including data collection	Evaluation protocol including Data collection instruments:

		instruments	Questionnaire, Interview schedules, Focus group discussion guides, Rapid Services Quality Assessment Tool.
21 July – 22 Aug 2014	n/a	Apply for Ethics Approval	Ethical approval obtained
25 August 2014	13 days	Pilot data collection instruments	Finalise data collection instruments based on pilot
		Training of evaluators collecting data	Training for data collectors
		Desktop review and review of monitoring data	Monitoring data and relevant documents reviewed
15 September – 10 October 2014	4 weeks	Data collection and capturing	Data collected
13 - 22 October 2014	8 Days	Data capture and analysis of baseline dataset	Baseline dataset and codebook
23 October – 12 November 2014	15 days	Data analysis and report writing. Draft report submitted. Comments gathered and incorporated into draft report.	Draft report
13 November 2014	1 day	A stakeholder workshop presentation on draft report	Presentation
14 November – 18 November 2014	n/a	Comments received and sent to evaluator for incorporation into final report	
19-21 November 2014		Final report	

	3 days	incorporating comments	
24 November 2014	n/a	Final report and appendices due	Final evaluation reports and related products including the PPT presentation and baseline 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 programsmes.
- 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.

8. SUBMISSION OF PROPOSALS

There will be a compulsory briefing meeting in Cape Town on 12 June 2014 from 13h00 – 15h00 at;

NACOSA

3rd Floor

East Office Tower

Canal Walk

Century Boulevard

Century City

Please submit questions via email to evaluation@cddc.co.za by 11 June 2014, so that these quuestions can be addressed in the briefing meeting. Proposals are due to evaluation@cddc.co.za by 16h00 on 23 June 2014. Late submissions will not be considered. Please ensure the subject line states: "Application – Global Fund OVC Programme Evaluation and Baseline."

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:

- 2 July 2014 in Pretoria or
- 4 July 2014 in Cape Town

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

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
		eThikwini
NACOSA	Northern Cape	Pixley ka Seme
		Siyanda
		John Taolo Gaetsewe