

# Capacity Development and Support Program (CDS)

## FINAL REPORT

COOPERATIVE AGREEMENT NO. AID-674-A-14-00009

JUNE 9, 2014 – JUNE 8, 2024



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This publication was made possible by the generous support of the American people through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) with the United States Agency for International Development (USAID) under cooperative number: AID-674-A-14-00009.

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# Acronyms

<b>AGYW</b>	Adolescent girls and young women
<b>ART</b>	Antiretroviral therapy
<b>ATC-HIV</b>	Accelerated Targeted Community-based HIV Testing Services
<b>CBIMS</b>	Community-based information monitoring system
<b>CDS</b>	Capacity Development and Support project
<b>CMIS</b>	Client management information systems
<b>CSO</b>	Civil society organization
<b>DOH</b>	Department of Health
<b>DREAMS</b>	Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe
<b>DSP</b>	District support partner
<b>HRH</b>	Human resources for health
<b>HRIS</b>	Human resources information system
<b>HTS</b>	HIV testing services
<b>MER</b>	Monitoring, evaluation, and reporting
<b>NACS</b>	Nutrition Assessment, Counseling, and Support project
<b>NGO</b>	Nongovernmental organization
<b>OVCY</b>	Orphans and vulnerable children and youth
<b>PEPFAR</b>	U.S. President's Emergency Plan for AIDS Relief
<b>PLHIV</b>	People living with HIV
<b>PrEP</b>	Pre-exposure prophylaxis
<b>ReACH</b>	Reaching Adolescents and Children in Households
<b>STI</b>	Sexually transmitted infection
<b>TB</b>	Tuberculosis
<b>UNAIDS</b>	United Nations Programme on HIV/AIDS
<b>USAID</b>	United States Agency for International Development

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A decorative graphic on the left side of the page consisting of a series of concentric, overlapping circles or ripples in a dark blue color, creating a textured, organic pattern.

# Acknowledgments

FHI 360 would like to express gratitude to the development partner, the United States Agency for International Development (USAID) through the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), for the funding of this 10-year project and the leadership and coordination that contributed to CDS's success. FHI 360 would like to extend its appreciation to all other stakeholders for their invaluable contributions throughout this journey. Your dedication, commitment, and collaborative efforts have played a pivotal role in making the CDS program in South Africa a success.

The CDS project thanks the South African Government, including the Department of Health, Department of Social Development, and Department of Basic Education, at provincial, district, and local level for the gracious support, collaboration, and mobilizing of relevant stakeholders across the programmatic areas.

We also thank our local implementing partners and their staff who worked to reach program beneficiaries and strengthen services.

Suggested citation: Capacity Development and Support. Capacity Development and Support final report: March 2024. Durham (NC): FHI 360; 2024.

# Executive Summary

From rollout in 2015 to closeout in 2024, the Capacity Development and Support (CDS) project, which was funded by the United States Agency for International Development (USAID) and the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and led by FHI 360, improved the ability of health and social service programs to reach children, adolescents, families, and individuals affected by HIV in South Africa, Lesotho, and Eswatini. The 2,003,704 people reached with services over the life of the project are a testament to the strong partnerships formed between the project and 19 local implementing partners.

Among the primary projects implemented by CDS were Orphans and Vulnerable Children and Youth (OVCY) Family Strengthening; Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS); health systems strengthening through Nutrition Assessment, Counseling, and Support and Human Resources for Health; and capacity building to the South African and Lesotho governments and to local organizations.

CDS implemented OVCY projects that used a case management approach utilizing community referrals through health and social services. Through this approach, the children, adolescents, and families most vulnerable to HIV were identified early through the strategic use of data and other methods so they could be referred to and retained in services. With the support of CDS, 990,190 children and caregivers received services through the U.S. President's Plan for AIDS Relief (PEPFAR) to keep them stable, schooled, healthy, and safe.

The DREAMS Initiative is a global partnership between PEPFAR, the Bill & Melinda Gates Foundation, Girl Effect, Johnson & Johnson, ViiV Healthcare, and Gilead that aims to reduce new HIV infections in

adolescent girls and young women by empowering them to take care of their health and plan for their economic futures. Through CDS efforts, tens of thousands of adolescent girls and young women (AGYW) participated in DREAMS economic strengthening activities, marketable skills training, and HIV testing.

Under the Nutrition Assessment, Counseling, and Support project, CDS collaborated with district support partners and OVCY partners supporting Department of Health (DOH) health care facilities and communities to integrate a comprehensive set of nutrition interventions to improve health outcomes of vulnerable populations. In Eswatini, to bridge a gap in quality information for decision-making, CDS worked with the Ministry of Health to develop a Human Resources Information System. CDS placed four technical advisors in the Ministry of Health, and with this assistance, the government implemented standard operating procedures to deploy and support activities to improve the quality of available data and results.

The work of CDS was underpinned by a commitment to build enduring capacity. To that end, the project delivered capacity building interventions to the South African and Lesotho governments and to local organizations, with a total of 1,687 individuals receiving organizational capacity development training. Project activities led to measurable improvements in the organizational capacity of local partners demonstrated through structure, processes, funding, and staffing, and multiple local organizations became eligible to receive direct USAID funding. Through government and local organization efforts, the activities set in motion by CDS will continue to reduce the spread of HIV and improve the health and well-being of the most vulnerable in Southern Africa.

# Background

The Capacity Development and Support (CDS) project started as a five-year Cooperative Grant Agreement between the U.S. Agency for International Development (USAID) and FHI 360 with partners Foundation for Professional Development and Deloitte, through funding support from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). At proposal stage, the project was named SUCCESS but later changed to Capacity Development and Support to align with its mandate and was granted a period of performance from June 10, 2014, to June 9, 2019. The project was designed to provide (1) a grant management system to engage local organizations in delivering pragmatic health and social service programs as a way of promoting sustainable HIV response in South Africa and (2) organizational capacity development support to promote long-lasting capacity development and sustainability of local organizations and South African Government departments in key technical areas and organizational domains. The CDS project also aimed to respond to the shift in the PEPFAR programming and funding approach that emphasized scale-up of funding of the HIV response in all PEPFAR host countries including South Africa. During the five years of performance, CDS met targets while adapting to evolving USAID and South African Government priorities and programming. The PEPFAR South Africa team, in consultation with the Regional HIV/AIDS Program, identified the need to expand the geographic scope of the CDS activity beyond South Africa to include countries represented under the

USAID Regional Program. This was aimed at achieving maximum impact of PEPFAR funds toward achieving control of the HIV epidemic in Southern Africa. The cooperative agreement was modified to extend the geographical scope of the award to provide capacity support to Botswana, Lesotho, Eswatini, and Namibia. The CDS project cooperative agreement period of performance was extended from June 9, 2019, to June 8, 2024.

Over the past 10 years, CDS has been USAID's flagship program for strengthening the capacity of South African organizations to address the HIV epidemic. CDS has lessened the negative effects of HIV, sexually transmitted infections, and tuberculosis in South Africa by increasing the capacity of local nongovernmental organizations and the South African Government to achieve the following objectives:

- Develop sustainable institutional capacity and increase the effectiveness of local partners to achieve expanded and high-quality services
- Strengthen the overall health and social system
- Support the provision of sustainable, high-quality services in HIV and AIDS in South Africa through strategic approaches that address specific needs with practical and pragmatic business plans for implementation
- Enhance local sub-partners' capacity in prevention, care, and treatment

# Timeline

2014- 2023  
Institutional Capacity Development of Local Nongovernmental Organizations.  
This activity spanned the entire period of CDS project implementation

2018  
Landscape analysis of faith-based organizations and Traditional Structure engaged in the HIV response in SA

2016  
▪ Centre for Development Innovation: Review of national food and nutrition security plan  
▪ Visibility and Analytics Network Technology ~Baseline Assessment  
▪ Isibindi Mid-Term Review

2016-2020 Reaching Adolescents and Children at their Households

2020-2023 Orphaned and Vulnerable Children and Youth Family Strengthening

2017-2020 Support, Prepare, and Engage Vulnerable Youth (Bridge)

2020-2023 DREAMS Family Strengthening

2017-2019 DREAMS: School-Based HIV and Violence Prevention

2022-2023  
DREAMS Intensive  
Economic Strengthening

2015  
Vhutshilo Curriculum  
Evaluation

2016-2018  
Nutrition Assessment, Counseling, and Support

2019  
Support to eSwatini ministries

2016-2018 DREAMS initiative implementation  
and planning support

2022-2023  
Human Resources  
for Health

2016-2019 DREAMS Community Mobilization and Norms Change

2015-2020 Early Childhood Household Stimulation

2014 2015 2016 2017 2018 2019 2020 2021 2022 2023

2014-2020 Partner performance management

2015-2022 DREAMS Ambassadors

2014-2016  
Violence Against Women Study

2016  
Supportive Referrals  
Initiative

2017-2018  
Accelerated Targeted  
Community-based HIV  
Testing Services

2018  
Department of  
Basic Education  
policy costing

2019-2021 Lesotho Local Partners Assistance

2016-2017 DREAMS Male  
Characterization Study

2017-2018  
OVC Gender-Based  
Violence Plus-Up

2020-2022  
DREAMS Social Asset Building and  
Economic Strengthening

2016-2017  
DREAMS PrEP  
Implementation Study

2017 DREAMS  
HIV Testing Services  
Condom Promotion  
and Provision

2018  
Technical Assistance on Grants  
and Awards Management to  
non-FHI 360 partners

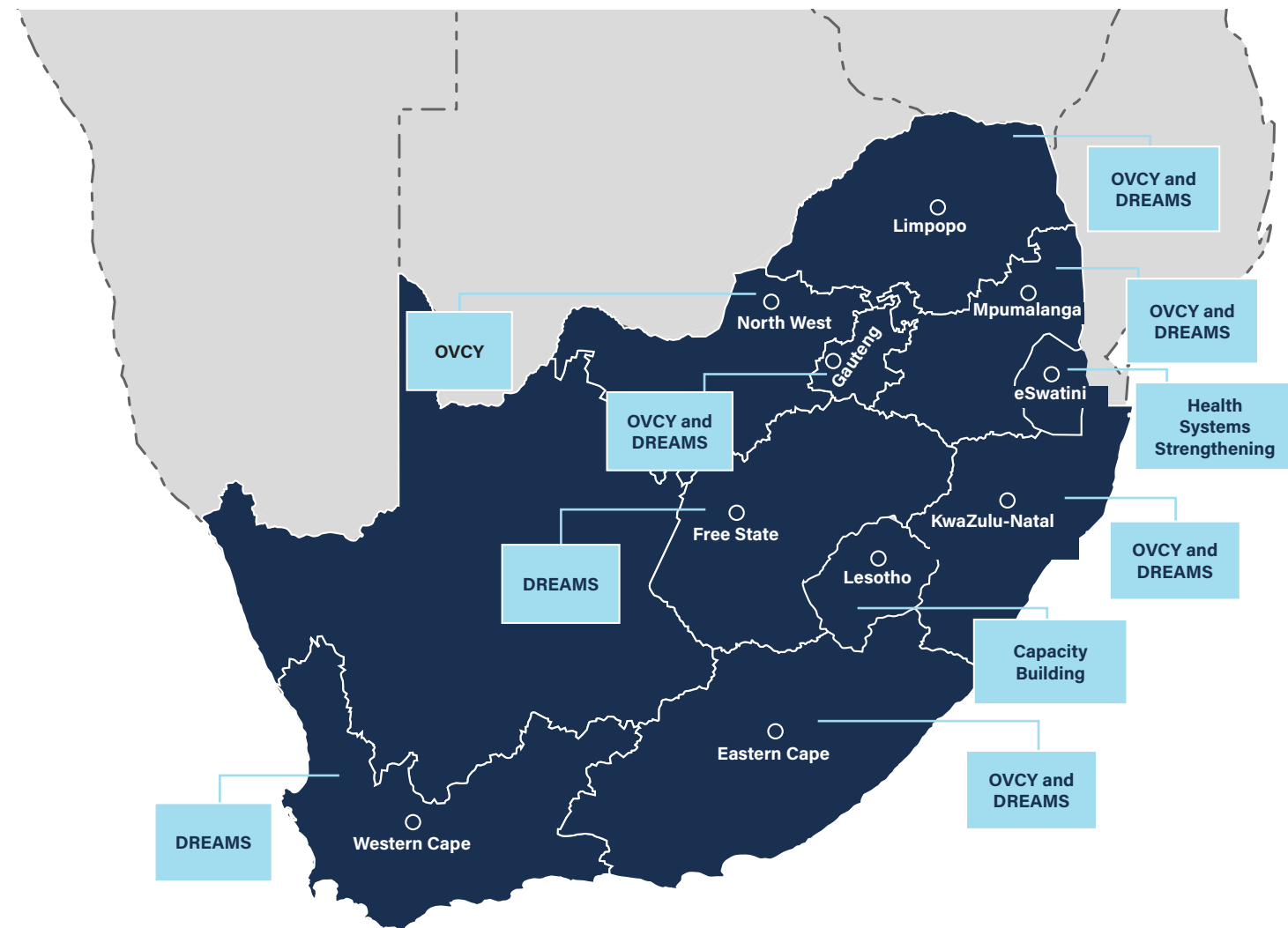
2020-2022  
DREAMS Economic Strengthening

Research

Projects



The geographic reach of Capacity Development and Support projects across Southern Africa is shown below.





# Capacity Building South Africa (2014-2023)

The CDS project built on lessons learned from the success achieved through the Umbrella Grants Management project (2007-2014) that was implemented by FHI 360. With those lessons in mind and with the goal of supporting local organizations in their work to provide sustainable, high-quality HIV services, the CDS project delivered capacity building through four arms: Institutional Capacity Development of Local Nongovernmental Organizations, Partner Performance Management, Capacity Development of the South African Government, and Technical Assistance on Grants and Awards Management to non-FHI 360 partners.

## Institutional Capacity Development of Local Nongovernmental Organizations (2014-2023)

### ← | WHERE WE BEGAN

The capacity development methodology (Figure 1) was comprised of baseline assessments and needs analysis, customized training focused on organization needs, technical assistance through mentoring and site visits, and community of practice through physical and virtual spaces for relevant stakeholders to discuss issues and challenges and to share tools and resources.

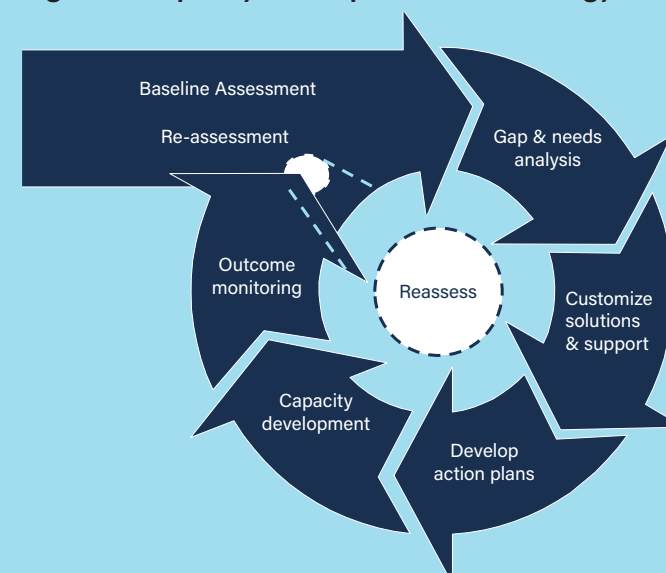
The Institutional Capacity Development project sought to increase the management and technical capacity, and sustainability of local nongovernmental organizations (NGOs) and South African Government departments. The project intended to increase the ability of local organizations to sustain an improved, country-led response to HIV, sexually transmitted infections (STIs), and tuberculosis (TB).

## Capacity building delivered through 4 arms



1. Institutional Capacity Development of Local Nongovernmental Organizations
2. Partner Performance Management
3. Capacity Development of the South African Government
4. Technical Assistance on Grants and Awards Management to non-FHI 360 partners

Figure 1. Capacity development methodology



The CDS project provided customized and standardized organizational development trainings that were created based on a multistep process that began with a baseline assessment of the organization followed by a needs assessment. After this, the CDS project proposed customized support, and an action plan was developed. Along with the delivery of capacity development, the CDS project ensured continuous monitoring that included a reassessment of organizational capacity following trainings. Topics addressed in organizational development training delivered to 19 local organizations included human resources management, leadership, governance, financial management, monitoring and evaluation, and sustainability (Figure 2). In addition, technical trainings were delivered to 16 local organizations on subjects including basic HIV, child safeguarding, nutrition, and economic strengthening. Mentoring was provided to assist organizations with developing standard guidelines, operating procedures, and implementation plans, and communities of practice were developed to share best practices.

Figure 2. Types of capacity development trainings



## WHERE WE CONCLUDED

A total of 360 people attended organizational development trainings on topics including human resources management, financial management, governance, and monitoring and evaluation. The Institutional Capacity Development project activities led to measurable improvements in the organizational capacity of local partners demonstrated through structure, processes, and staffing for human resources, monitoring and evaluation, finance, and technical areas. Strategic operational processes, including the use of tracking tools and implementation of plans, improved. Activities better aligned to program objectives and had a focus on reaching performance indicators. Organizations increased the variety of partners they worked with, diversified their funding streams, and secured funding to implement additional types of programming.



## LESSONS LEARNED/RECOMMENDATIONS

<b>Planning</b>	Quarterly operational plans that specifically talk to the outputs required, and are aligned with plan results, should be developed.
<b>Staffing</b>	Where possible, operational responsibilities should be delegated to appropriate staff.
<b>Time management</b>	As additional capacity is added, time should be blocked for the executive director for strategic work, with a deliberate decreasing of program inputs.
<b>Knowledge sharing</b>	Regular meetings should be scheduled with board members to draw on their support and expertise.  Time and space should be created for the sharing of intellectual capital and methodologies across the organization.
<b>Tailored knowledge</b>	A one-size-fits-all approach to capacity development is not effective; support must be customized and tailored to the needs of partners.
<b>Partnership is essential</b>	Successful capacity development requires strong partnership support and commitment.
<b>Building on strengths</b>	Capacity development should not only focus on identified gaps but also strengthen existing skills.
<b>Holistic thinking</b>	Capacity development creates a holistic view of the domains needed for success to get periodic snapshots of the organization.
<b>Monitoring and evaluation</b>	It is essential to provide standardized tools (electronic or paper based) at the outset of the project to facilitate tracking and measurement of progress.
<b>Alignment</b>	It is key to program implementation to ensure alignment of partner information and reporting.

# Partner Performance Management (2014–2023)

## ← | WHERE WE BEGAN

The CDS project utilized the Active Partner Management for Accountability approach to strengthen the capacity of local implementing partners to be more accountable, use data to strategically prioritize activities to reach target populations, and improve program outcomes. All organizations that implemented Orphans and Vulnerable Children and Youth (OVCY) and Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) programs received capacity building support to increase their ability to effect change.

The CDS project utilized multiple platforms for partner management. CDS conducted weekly conference calls with all local implementing partners to discuss daily and weekly performance. Monthly teleconferences were instituted strategically to strengthen program monitoring. Quarterly webinars were utilized to cascade program implementation guidelines, changes in data collection tools, and upgrades in community-based information monitoring systems. Data quality assessments on monitoring, evaluation, and reporting (MER) indicators were conducted jointly with local implementing partner teams. Through these platforms, under-performing local implementing partners were identified and provided with customized technical assistance.

## | → WHERE WE CONCLUDED

**Local implementing partners increased their ownership and use of data as well as their understanding of data collection tools.** Close monitoring improved the quality of the programs and led to better resource utilization. Strengthening internal data management systems improved data storage security, data confidence, data-driven decision-making, timely reporting, data cleaning processes, and data quality. FHI 360 gained confidence in collaborating with external organizations, enhancing program beneficiary outcomes such as layering of secondary services, and achieving donor-reporting interoperability.



*Data validation is conducted as part of capacity strengthening in South Africa.  
Photo credit: CDS Program.*



## LESSONS LEARNED/RECOMMENDATIONS

<b>Staff training and experience</b>	<p>Ensure the correct cadre of staff is employed and adequately trained.</p> <p>In-service and regular refresher trainings of community care workers are crucial.</p> <p>Training of strategic information officers and data capturers as REDCap administrators became a key success factor and paved the way for future utilization of these skills.</p>
<b>Supervision</b>	<p>Supportive supervision of staff enhanced quality of services and accountability.</p> <p>Clear targets aid in holding staff accountable.</p>
<b>Quality improvement</b>	<p>Use data for decision-making.</p> <p>Develop, implement, and monitor quality improvement plans.</p> <p>Regularly check in on interventions and abandon ineffective strategies.</p>
<b>Incentives</b>	<p>Consistently provide incentives for good performance; this should be non-monetary for sustainability.</p>
<b>Digitization</b>	<p>Digitizing the data management portfolio is crucial for efficiency, effectiveness, meeting data demands, and improved program monitoring. This ensures that data are easily accessible for better decision-making, there is improved data security, and projects are able to adapt to changes in programming.</p>



# Capacity Development of South African Government (2014-2020)

## WHERE WE BEGAN

South Africa has the largest population of people living with HIV in the world – more than 7 million – as well as high youth unemployment.<sup>1</sup> Given these factors, South African Government data show more than half of the country's households need support from governmental social assistance programs. To improve the ability of South Africa's governmental organizations to meet the needs of populations including orphans and vulnerable children and youth (OVCY) and people living with HIV, the project provided capacity development support to several South African Government departments. Among challenges faced by the Government in delivering services, only 9% of primary health care clinics were accredited as ideal at inception of the project because of shortages of essential equipment and supplies, and equipment was procured centrally for many districts rather than managed at the district level, with specifications existing for 72 of the 222 required items needed to meet ideal clinic standards. Limited central budget existed at the national and provincial levels for procurement of primary health care essential equipment and supplies.

This work included the secondment of 15 technical advisors to support multiple positions: Seven were in the Department of Health related to HIV, adolescent girls and young women, primary care, and nutrition; three were in the Department of Social Development; three were in the National Treasury; and two were in the National Department of Basic Education.

## WHERE WE CONCLUDED

The CDS project ensured that, with the assistance of the technical advisors, South African Government departments developed a results framework and annual plan, and submitted these annual plans

and related reports. The project continued to provide needed technical assistance through these advisors, ongoing monitoring and evaluation, and a cost-benefit analysis.

Among the outcomes of the technical assistance provided to the South African Government were:

- The development and dissemination of key policies and guidelines including the National Integrated Early Childhood Development Policy
- Improved management and reporting system that led to improved service delivery for orphans and vulnerable children, key populations, and adolescent girls and young women
- Support of district-level program implementation including the development of condom distribution plans
- Facilitation of collaborative relationships with other stakeholders, resulting in resource mobilization and support, and the establishment of the South African Health Product Regulatory Authority and its listing as a public entity

The primary health care technical assistance led to:

- Policies on health commodity procurement
- Increased knowledge and skills of supply chain managers
- Increased funding for primary health care equipment at the provincial level
- Timely procurement of essential equipment

At the conclusion of the project, 79% of primary health care clinics were accredited as ideal, and 175 supply chain management officials had been oriented on the use of the health commodities catalogue and transversal contracts so that supplies could be managed at the district level.

<sup>1</sup> South African Government. Available from: <https://www.gov.za/>



## LESSONS LEARNED/RECOMMENDATIONS

<b>Coordination</b>	Improved coordination of policy and programs within the social sector departments is necessary for efficient implementation of programs.
<b>Relationship building</b>	Building good working relationships between technical consultants and the organization allowed for the identification of training needs and the development of activities to address those needs.
<b>Analysis tools</b>	Power BI and Excel were valuable tools to develop dashboards for the analysis of data for expenditure review of the community health worker program and health financing in Africa.
<b>Stakeholder engagement</b>	<p>Focusing on active participation by the province in the development of guidelines, processes, and procedures guarantees a sense of ownership, leading to successful implementation.</p> <p>Engaging key directorates (e.g., HIV, early childhood development) on common activities is critical for comprehensive care and sustainability of programmatic activities.</p>
<b>Planning</b>	Red tape delays implementation; adequate planning time is needed.
<b>Long-term thinking</b>	Short technical assistance contracts limit forecasting for programs' long-term results and achievements.
<b>Unified approach</b>	Support and commitment is needed from all relevant partners to facilitate a unified approach to implementation at every level.
<b>Sustainability</b>	Existing structures should be utilized for coordination to promote ownership, effectiveness, and sustainability.
<b>Formalization</b>	There should be a formal registration process for all service providers working with adolescent girls and young women.
<b>Tailored services</b>	Adolescent and youth-friendly services should be promoted.
<b>Monitoring</b>	A standardized and integrated reporting system and a mechanism to track individuals are needed.



# Technical Assistance on Grants and Awards Management to non-FHI 360 partners (2018)

## ← | WHERE WE BEGAN

In 2018, USAID conducted a limited Non-U.S Organization Pre-Award Survey on Children in Distress Network, HIVSA, and Humana People to People South Africa. Based on the review, the organizations were awarded projects by USAID under specific award conditions. USAID requested that FHI 360 provide technical expertise to support them to manage the special award conditions.

## | → WHERE WE CONCLUDED

CDS provided capacity building to the three orphans and vulnerable children and youth partners to strengthen organizational processes and policies to enable the organizations to receive direct funding from USAID.

This technical assistance led to all three organizations becoming fully independent prime USAID recipients, and all are implementing successful programs.

### Summary of capacity building outcomes

OVCY Partner	Outcome
<b>Children in Distress Network</b>	<ul style="list-style-type: none"><li>• Developed selection memo template</li><li>• Developed grants manual and sub-granting instrument</li><li>• Developed policies and procedures for the following: procurement, payment, month-end and financial reporting, travel, transportation, and payroll</li><li>• Developed sub-grant management framework that included local implementing partner financial reporting templates and review process</li><li>• Reviewed finance unit organogram and job description, fringe benefit policy, and performance management policy</li></ul>
<b>HIVSA</b>	<ul style="list-style-type: none"><li>• Developed local implementing partner management manual, pre-award assessment questionnaire, and local implementing partner agreement template</li><li>• Included anti-terrorist certification in local implementing partner contracting process</li><li>• Developed fixed amount award template</li></ul>
<b>Humana People to People South Africa</b>	<ul style="list-style-type: none"><li>• Developed selection memo template</li><li>• Developed grants manual and sub-granting instrument</li><li>• Developed policies and procedures for the following: procurement, payment, month-end and financial reporting, travel, transportation, and payroll</li><li>• Developed sub-grant management framework that included local implementing partner financial reporting templates and review process</li><li>• Developed finance and administration manual</li></ul>



## KEY PARTNERS

### Capacity Development of the South African Government

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- Department of Health
- Department of Social Development
- National Treasury
- National Department of Basic Education

### FOR MORE INFORMATION ON:

CDS Institutional Capacity Development of Local Nongovernmental Organizations, see: [Organizational Development Fact Sheet](#), [MER Fact Sheet](#), and [APMA Fact sheet](#)

CDS Organizational Development and Strengthening of Technical Implementation, see: [Organizational Development Fact Sheet](#), [MER Fact Sheet](#), and [APMA Fact sheet](#)

Capacity Development of the South African Government, see: [South African Government Technical Assistance Fact Sheet](#), [CDS supports South Africa's efforts to promote high-quality HIV rapid testing](#), [CDS supports development and dissemination of South Africa's new National Integrated ECD Policy](#), and [Improving services to key populations in high transmission Areas in the Northern Cape, South Africa](#)

# Orphans and Vulnerable Children and Youth projects (2014–2023)

## ← | WHERE WE BEGAN

The Orphans and Vulnerable Children and Youth (OVCY) program, which began work in 2014, was implemented through four projects that focused on children and caregivers who were affected by HIV. Over the 10-year period, CDS implemented the following projects specific to OVCY: Early Childhood Household Stimulation; Reaching Adolescents and Children at their Households; Support, Prepare, and Engage Vulnerable Youth; and OVCY Family Strengthening. The services provided included social services such as referrals to support and ensuring access to birth certificates and personal identification; child protection; educational support to ensure children stayed in school and received homework assistance as needed; and health support such as referrals to immunization, HIV testing, and sexual and reproductive health services.

As PEPFAR priorities for programs targeting OVCY increasingly focused on the United Nations Programme on HIV/AIDS (UNAIDS) 95-95-95 targets and HIV epidemic control, the CDS project implemented activities to enhance linkages with clinical partners to help improve access to HIV services for children, adolescents, and their families to ensure that all children had known HIV status, and that those who were HIV positive were supported to remain on ART and become virally suppressed. This resulted in the integration of community-based programming with clinical components of health care. New priorities were set through distinctive OVCY comprehensive and preventive programs.

## 4 projects that focused on orphans and caregivers who were affected by HIV



1. Early Childhood Household Stimulation
2. Reaching Adolescents and Children at their Households
3. Support, Prepare, and Engage Vulnerable Youth
4. OVCY Family Strengthening



Adolescents learn about the female reproductive system (Vhutshilo 1).  
Photo credit: CDS Program.

# OVCY Early Childhood Household Stimulation (2015–2020)

## ← WHERE WE BEGAN

Beginning in February 2015, CDS supported implementation of the Early Childhood Household Stimulation program using a family-centered, integrated approach. The Early Childhood Household Stimulation program was implemented by five local partners in four provinces (HOPE worldwide [Gauteng], Kheth'Impilo [KwaZulu-Natal], mother2mother [Mpumalanga], The Valley Trust [KwaZulu-Natal], and Woz'obona [Limpopo]) with funding from PEPFAR through FHI 360. This intervention aimed to improve the well-being of vulnerable children ages 0–5 by mitigating the impact of HIV and AIDS and increasing their resilience and likelihood to grow up to be healthy, educated, and socially well-adjusted adults. The program facilitated service delivery integration, linkages, and supportive referrals for HIV and AIDS services and promoted early childhood development at the household level. To align with a shift in PEPFAR's focus, the target population of this project was expanded by USAID South Africa to include children ages 6–17. The objectives were to:

1. Increase the number of children ages 0–5 years that have access to physical, cognitive, and emotional stimulation and HIV-related services
2. Strengthen the capacity of caregivers to provide a positive relationship and support their children by increasing HIV knowledge to address non-disclosure, stigma, discrimination, low acceptance, low uptake of HIV testing services, and poor adherence to ART
3. Strengthen referrals and linkages to high impact HIV services, including health, social, child protection, and other services that enhance the well-being of children and their caregivers

## → WHERE WE CONCLUDED

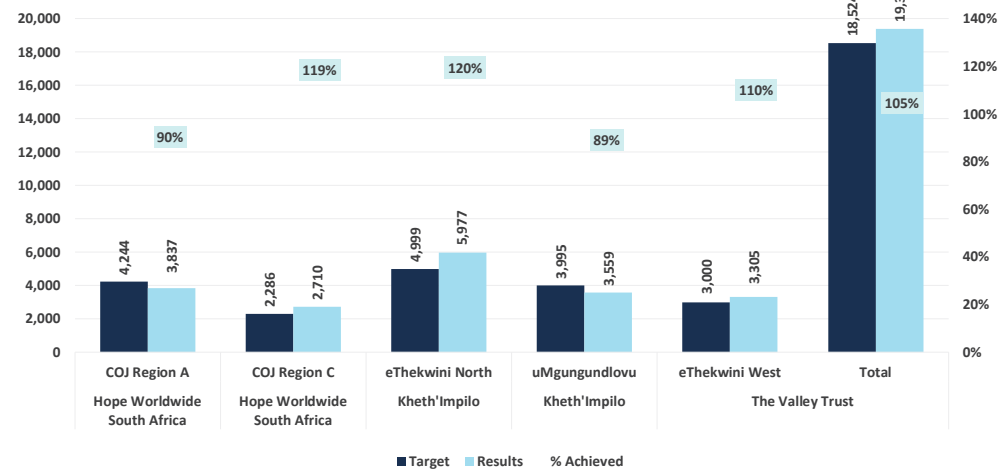
In April 2020, USAID announced its strategic direction for fiscal year (FY) 2021, which informed the transition of the OVCY program out of eThekweni district in KwaZulu-Natal at the end of FY20. CDS supported the two Early Childhood Household Stimulation sub-awardees (The Valley Trust and Kheth'Impilo) implementing in the eThekweni district to prepare for beneficiary handover and project closure. In FY21, implementation in KwaZulu-Natal was handed over to Children in Distress Network under the Centers for Disease Control and Prevention. Both sub-awardees handed over all active beneficiaries to the Children in Distress Network and the Department of Social Development. In October 2020, the Early Childhood Household Stimulation implementation in Gauteng Province transitioned to the OVCY Family Strengthening project with a deeper focus on HIV prevention and contributing to the 95-95-95 UNAIDS goals. By the end of the project, the sub-awardees reached 19,388 (105%) beneficiaries, exceeding their annual OVC\_SERV target of 18,524 (Figure 3).



*A play group is held as part of Early Childhood Household Stimulation. Photo credit: CDS Program.*



**Figure 3. Early Childhood Household Stimulation performance vs. annual target by district and sub-awardee, Q4 FY20**



## LESSONS LEARNED

### Adaptability

Careful consideration should be given to resource allocation to support implementation and allow flexibility to respond to new needs to facilitate continuity. Continuous implementation and service delivery helps prevent attrition.

### Maintaining relationships

Placement of roving partner staff (clinical liaison officers) at facilities was instrumental in improving collaboration, facilitating effective bidirectional referrals, and accessing patient data for follow-up.

Strong relationships with district support partners, the Department of Health, and schools helped to create favorable referral pathways for clients to receive comprehensive services.

### Assessing challenges

Working with subpopulations at high risk requires a holistic approach when rendering services.

### Facilitating standardization

Benchmarking best practices from other implementing partners improves standardization of service delivery.

# OVCY Reaching Adolescents and Children at their Households (ReACH) (2016–2020)

## ← | WHERE WE BEGAN

The ReACH project sought to improve the well-being of OVCY by mitigating the impact of HIV and AIDS, reducing their risk and vulnerability, and increasing their resilience and likelihood of growing up to be healthy, educated, and socially well-adjusted adults. The objectives of the project were to:

1. Increase the number of orphans and vulnerable children (particularly adolescent girls) ages 0–17 who receive a comprehensive package of evidence-based interventions that mitigates the impact of HIV and AIDS
2. Strengthen the capacity of OVCY caregivers and families to communicate and address the key issues facing children affected by HIV/AIDS, including sexual risk behavior, and to prevent neglect, violence, and exploitation
3. Proactively promote HIV status knowledge and support orphans and vulnerable children to remain in appropriate HIV services

This project was implemented across three provinces: KwaZulu Natal (Networking HIV/AIDS Community of South Africa KZN and Vukuzithathe), Eastern Cape (National Association of Child Care Workers, Networking HIV/AIDS Community of South Africa Eastern Cape, and Small Projects Foundation), and Limpopo (Centre for Positive Care and ChoICE Trust).

The ReACH program implemented evidence-based interventions, including Vhutshilo 1 and 2 and Let's Talk, to sensitize adolescents on primary risk prevention (ages 9–13) and risk reduction (ages 15–17) and facilitated the layering of services to improve acceptance and access to sexual and reproductive health, HIV testing, and child protection. The project also rolled out Vhutshilo 3, an evidence-based intervention for youth living

with HIV. Through a case management approach, care workers were able to follow up with beneficiaries and assess their needs. Service provision, referrals, and tracking referrals were documented in case files to ensure each beneficiary was monitored for quality services.

## | → WHERE WE CONCLUDED

In April 2020, USAID announced its strategic direction for FY21, which informed the transition from implementation of the ReACH project to implementation of the OVCY Family Strengthening project, which had similar goals and objectives. However, there was a new focus on three distinct program components, which were OVC Comprehensive, DREAMS Family Strengthening, and OVC Preventive, and each component had a budget and targets allocated to it. The ReACH project served 370,665 beneficiaries.



*A Vhutshilo 2 session on HIV prevention is held. Photo credit: CDS Program.*



## LESSONS LEARNED

The following are important OVCY Reaching Adolescents and Children at their Households (ReACH) lessons learned:

<b>Targeted outreach</b>	Targeted enrollment and tracking of beneficiaries improved support for the most at-risk children in the program.
<b>Enhanced monitoring</b>	CDS support visits to sub-awardees assisted in tracking and monitoring program fidelity in line with approved technical approaches.
<b>Stakeholder engagement</b>	Stakeholder management and involvement improved collaboration and integration of community OVC and clinical programs.
<b>Skills strengthening</b>	Capacity building of sub-awardees on HIV testing services improved their knowledge, confidence, and ability to link beneficiaries to high impact HIV services.

## OVCY Support, Prepare, and Engage Vulnerable Youth (Bridge) (2017–2020)

### ← | WHERE WE BEGAN

FHI 360 implemented Support, Prepare, and Engage Vulnerable Youth (Bridge) from October 2017 to September 2020. This project aimed to improve the health and economic security of vulnerable youth by addressing socioeconomic factors to mitigate the impact of HIV and AIDS, and providing them with structured support to become healthy, educated, and socially well-adjusted adults. The objectives were to:

1. Increase the number of adolescents and youth ages 10–17 years (up to 20 years if in school) who receive a package of evidence-based socioeconomic interventions that equip them with the assets and skills they need to negotiate livelihood choices and health behaviors that

lead to better health outcomes and mitigate the impact of HIV and AIDS on this vulnerable group

2. Improve the well-being of the households of vulnerable adolescents and youth by increasing their ability to prevent and cope with shocks (social, health, and economic) and mitigate the impact of HIV and AIDS on the family
3. Advocate and mobilize community support and resources to increase adolescent and youth access to information, networks, and new technologies that build linkages to professional and community networks and reduce social exclusion through a youth engagement community of practice that will support meaningful youth engagement and the development of measurement indicators, and contribute to building evidence, resources, and tools



In Country Operational Plan 2017, the Bridge project was implemented by sub-awardees HIVSA and Future Families in Gauteng Province and AIDS Foundation of South Africa and Youth for Christ KZN in KwaZulu-Natal. Sub-awardees enrolled vulnerable youth who were directly affected by HIV, at risk of HIV, or affected by gender-based violence. The youth remained in the program for two to three years. Youth and their households completed baseline risk assessments at enrollment to determine health needs and to develop care plans for youths and their households. Clients and caregivers received health services and were linked to at least one social, economic, or health service per quarter.

All Bridge youth received a 16-session Vhutshilo 2 HIV prevention training to support increased knowledge, behavior change, and continued HIV negative status. Youth living with HIV received a tailored Vhutshilo 3 program to provide them with knowledge and behavior guidance, and to support group opportunities with other youth. Youth received additional economic strengthening sessions on employability, entrepreneurship, or support to access tertiary education.

## WHERE WE CONCLUDED

Implementation for the Bridge project ended in Country Operational Plan 2020. A total of 206,079 orphans and vulnerable children and youth were reached with a differentiated, age-appropriate package of services, with the largest coverage in Gauteng. Local implementing partners increased from four to seven. Overall, 28,023 youth were reached with

standard, group-based financial capabilities curricula; 9,184 youth with employability curricula; 7,295 youth with entrepreneurship curricula; and 12,779 youth with Support of Accessing Tertiary Education curricula. A cumulative 30,268 households received economic strengthening capacity building. The COVID-19 pandemic interrupted interventions, but most of the sub-awardees continued with virtual messaging via standardized simple message service. Bridge sub-awardees linked 635 youth with entrepreneurial activities, 1,490 with formal employment, and 935 with internships; 3,963 enrolled in accredited training.



*A woman tends a backyard garden grown through Bridge household economic strengthening activities. Photo credit: CDS Program.*



## LESSONS LEARNED

<b>Outreach</b>	<p>Keeping correct contact details and alternative telephone numbers was important to remain in contact with beneficiaries receiving services.</p> <p>Existing relationships with facilities were extremely helpful, allowing sub-awardees to contact some facilities to retrieve correct contact details for children living with HIV.</p>
<b>Enabling telecommunication</b>	<p>Sub-awardees quickly made airtime and data available to enable field staff to work remotely and provided tele-servicing for all beneficiaries in the program.</p>
<b>Digital data collection</b>	<p>The projects adapted to digital data collection and reporting, which helped reduce COVID infection spread when moving paper-based data from the field to offices for capturing.</p>
<b>Virtual innovations</b>	<p>Sub-awardees were innovative in adapting their services for delivery on virtual platforms by using bulk simple message service, call centers, and other methods.</p>
<b>Utilizing partnerships</b>	<p>Sub-awardees also coordinated with facilities to ensure that children living with HIV received their treatment and viral load testing.</p>
<b>Clear expectations</b>	<p>The development of clear memorandums of understanding between community and facility-based partners was important to meet targets for inclusion of children and adolescents living with HIV and viral suppression.</p>
<b>Regular monitoring</b>	<p>Daily and weekly monitoring was instrumental in helping sub-awardees to meet their targets.</p>

# OVCY Family Strengthening (2020–2023)

## ← | WHERE WE BEGAN

In Country Operational Plan 2020, CDS commenced the rollout of the new OVCY Family Strengthening program with the goal of improving the well-being of vulnerable children and youth by mitigating the impact of HIV and AIDS, reducing their risk and vulnerability, and increasing their resilience and likelihood of growing up to be healthy, educated, and socially well-adjusted adults. There was a shift in the geographical area and an adjustment in the programmatic focus for sub-awardees. FHI 360 sub-awardees transitioned from implementing the Bridge, Early Childhood Household Stimulation, and ReACH projects to implementing solely the OVCY Family Strengthening project. The project implemented three main components: OVC Comprehensive Case Management, OVC Preventive, and DREAMS Family Strengthening (See the DREAMS section of this report for more on DREAMS Family Strengthening).

**OVC Comprehensive Case Management** provided more resource-intensive services to meet the needs of OVCY and their caregivers with known HIV-related risk characteristics. Implementation included recruitment through clinical services of children already in HIV treatment, especially those newly enrolled; infants of mothers at risk of interruption in treatment to prevent vertical transmission of HIV; families missing early infant diagnosis, especially adolescent mothers during and after pregnancy; and biological children of women living with HIV.

**OVC Preventive** increased primary prevention among those most at risk of HIV, gender-based violence, and violence against children. It addressed children ages 10–14, which is a focus group for primary prevention programming, through the Vhutshilo 1 curriculum. The curriculum is

designed to build personal skills required for young adulthood and shares key information about puberty and sexual health, promoting risk avoidance (abstinence, use of condoms) with the key message to remain HIV negative. It enables participants to recognize that they possess considerable skills, strength, and wisdom to support one another as well as to reduce exposure to risks.

By 2023, the OVCY Family Strengthening program collaborated closely with the Department of Health and district support partners to mitigate the effects of HIV on young people, increase their resilience, and increase their ability to grow up healthy and educated.



*Vhutshilo 1 session held in a Department of Social Development community drop-in center. Photo credit: CDS Program.*

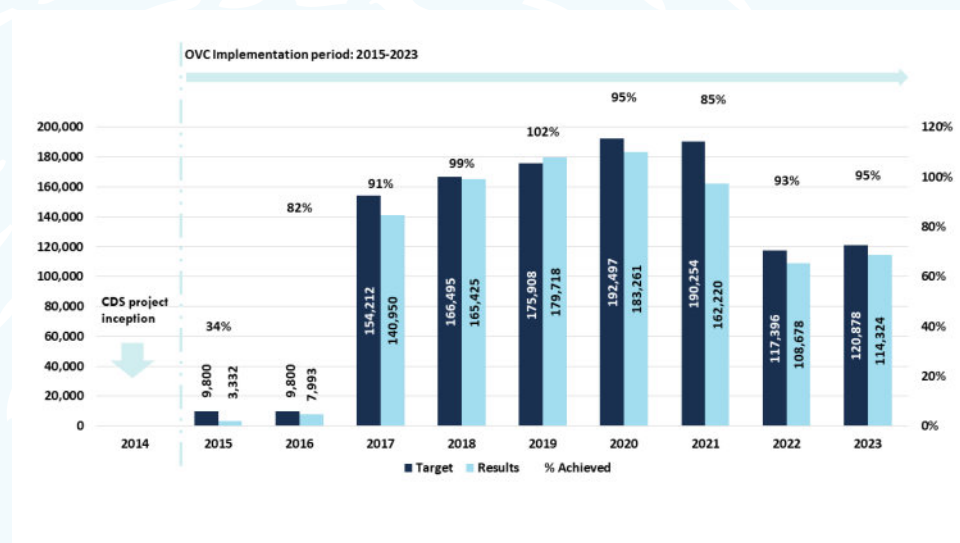


## WHERE WE CONCLUDED

During its period of implementation, OVCY Family Strengthening reached 359,686 OVCY and caregivers with comprehensive health, education, and social services, of which 232,708 were new program participants. A total of 112,702 OVCY were reached with evidence-based HIV prevention and management interventions.

OVCY activities led to increased linkages across multidisciplinary resources to improve the quality of life for children and adolescents living with HIV and their families. Community OVCY partners worked closely with clinical and district support partners to facilitate integration of care and support and improve clinical outcomes for vulnerable populations. Collaboration with district support partners and health facilities, which provided

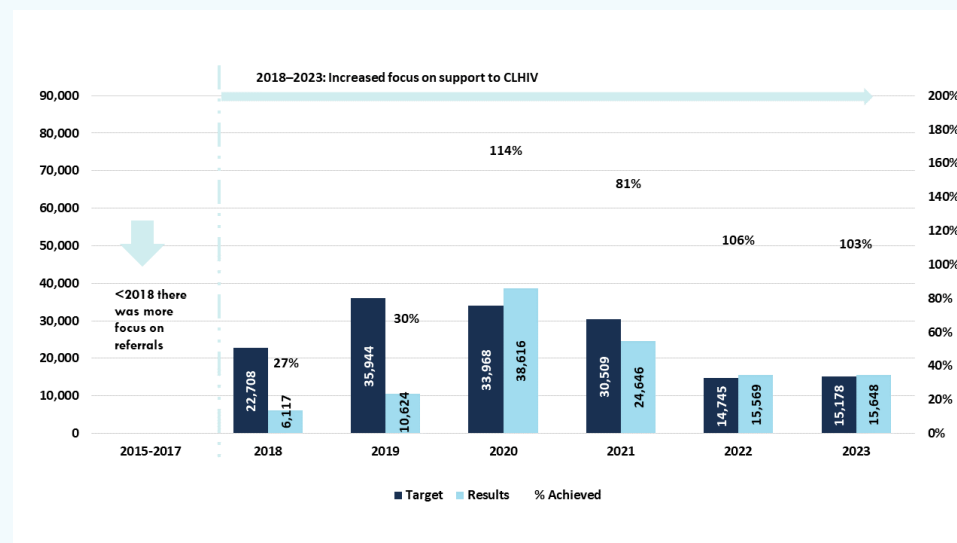
**Figure 4. Annual performance for orphans and vulnerable children and youth and their caregivers served (OVC\_SERV), 2015-2023**



pre-exposure prophylaxis (PrEP) and HIV disclosure training for OVCY care workers, and the Department of Health was essential to efforts to integrate resources.

In March 2023, USAID announced its strategic direction for Country Operational Plan 2023, which informed the closeout of the FHI 360 OVCY program at the end of Country Operational Plan 2022. The OVCY program will be handed over to the Maternal, Adolescent and Child Health Institute in Eastern Cape and Pact ACHIEVE in Limpopo and KwaZulu Natal to continue with implementation. Figure 4 shows the overall number of OVCY and caregivers served each year (Annual OVC\_SERV) across the four projects. Figure 5 shows children and adolescents living with HIV who were served.

**Figure 5. Annual performance for children and adolescents living with HIV (<18 years), 2018-2023**





## LESSONS LEARNED

The following are important lessons learned in serving children and adolescents living with HIV:

<b>Collaborating for accountability</b>	Strong collaboration and regular meetings with district support partners and health facilities improved access to patient viral load data and management of beneficiaries for better outcomes.
<b>Case conferencing</b>	A multidisciplinary and collaborative approach for complex cases allowed teams to provide holistic services to vulnerable children and adolescents living with HIV.
<b>Case profiling</b>	The profiling of children and adolescents living with HIV helped to identify characteristics of children who interrupt treatment and those who do not achieve viral suppression, allowing tailored interventions, such as the provision of transport to reach facilities.
<b>Appointment reminders</b>	Reminders of clinic appointments resulted in fewer missed appointments, consistency in taking HIV treatment, and better health outcomes for children and their caregivers.
<b>Supportive clinical staffing</b>	Placement of clinical liaison officers in health facilities improved enrollment, bi-directional referrals, and case conferencing for children and adolescents living with HIV in the OVCY program.
<b>Buy-in and acceptance</b>	<p>HIV literacy through household and community awareness demystified myths and perceptions around HIV care and treatment and increased buy-in to the OVCY program.</p> <p>It was important for implementing partners to participate in local structures meetings to enable the department of health to understand the OVCY program for complete buy-in and involvement.</p>

The following are important lessons learned through OVC Preventive:

<b>Alignment with the school calendar</b>	Planning work around the school calendar allowed access to adolescents during less busy times.
<b>Consistent support supervision</b>	Having supervisors participate in the clustered sessions strengthened session delivery and monitoring of facilitation.
<b>Prioritize age-appropriate content</b>	Using age-appropriate structured groups facilitated learning among adolescents. Separating the adolescents into ages 9–11 and 12–14 offered a better learning atmosphere and outcomes for the adolescents.
<b>Strong collaboration between program and MER teams</b>	During the Vhutshilo 1 implementation surge, program and monitoring, evaluation, and learning teams worked together to ensure accurate completion of the attendance registers and enrollment forms. Daily data capturing was helpful to share progress in the community-based intervention monitoring system.
<b>Incentives improved commitment</b>	Providing incentives to youth facilitators like hats and gloves to celebrate reaching quarterly targets instilled healthy competition among youth facilitators and motivated them. HOPE Worldwide South Africa developed and used this approach.
<b>Collective accountability</b>	Youth facilitators checked each other's data before submitting it to the team leader and supervisor. This process helped minimize errors and improved data quality.
<b>Community implementation</b>	Working in community settings such as drop-in centers allowed the intervention to reach more adolescents without interfering with learning time in the schools.

The following are important lessons learned through OVC Comprehensive Case Management:

<b>Staff training and experience</b>	Recruitment of staff with relevant skills and ongoing refresher training was crucial for achieving quality implementation and program impact.
<b>Effective planning of service delivery activities</b>	Providing services more than once per quarter and in the first month of the quarter reduced program attrition among beneficiaries at high risk.
<b>Accountability and supervision</b>	Accountability, effective performance monitoring, and supportive supervision for community caregivers was best achieved through target allocation.
<b>Stakeholder engagement</b>	Close relationships with community gatekeepers were vital for accessing entry into schools and households to enroll beneficiaries in the program.
<b>Team approach to case management</b>	A multidisciplinary team approach offered high quality and holistic care for the most at-risk beneficiaries.

## Crosscutting interventions to support Orphans and Vulnerable Children and Youth project implementation (2016-2018)

To ensure a holistic and high-quality service package for beneficiaries, the CDS project introduced additional interventions to support effective implementation of, the Orphans and Vulnerable Children and Youth program's Supportive Referrals Initiative and OVC Gender-Based Violence Plus-Up. The goal was to increase the acceptance of and access to quality sensitized HIV testing and child protection services for OVC program beneficiaries in selected PEPFAR districts.

### Supportive Referrals Initiative (2016)

#### WHERE WE BEGAN

The Supportive Referrals Initiative for OVCY programs was designed to contribute to the USAID goal of mitigating the impact of HIV, sexually transmitted infections (STIs), and tuberculosis (TB) through support from PEPFAR to the South African Government. The goal of the Supportive Referrals Initiative, which began implementation in 2016, was to increase acceptance of and access to quality sensitized HIV testing services among OVCY program beneficiaries in selected districts in South Africa. The project's primary objectives were to:

1. Develop capacity of identified PEPFAR OVCY partners on pre- and post-test counseling to increase the uptake of quality HIV testing and counseling services through training and mentoring of Early Childhood Household Stimulation project partners
2. Strengthen referrals and linkages through a continuum of care for orphans and vulnerable children, caregivers, and families in identified communities

3. Provide community-based, high-quality sensitized HIV testing and counseling services tailored to the needs of orphans and vulnerable children, caregivers, and their families as identified by PEPFAR OVCY and Early Childhood Household Stimulation partners

Key achievements included the implementation of the mentoring program, demand creation by trained childcare workers, and the implementation of HIV testing services by Humana People to People South Africa. CDS, through the National Institute Community Development and Management and the Foundation for Professional Development, provided mentoring to 11 OVCY and Early Childhood Household Stimulation partners.

#### WHERE WE CONCLUDED

More than 19,200 orphans and vulnerable children and youth beneficiaries received HIV testing services through the Supportive Referrals Initiative. More than 300 community care workers were mentored in 2016 to provide higher quality services, increase capacity to motivate beneficiaries to test for HIV, and provide ongoing care and support. Service provider Foundation for Professional Development created 66 maps for 12 partners to support the referral of their beneficiaries to HIV-related services. These maps enabled OVCY partners to provide correct, timely referrals and information regarding HIV testing services, HIV care, and other related services. Through the National Institute Community Development and Management and Foundation for Professional Development, the project trained 982 community care workers from 11 OVCY partners across six provinces and provided support to these community care workers through 23 trained mentors. The program assisted community care workers with the provision of HIV education and demand creation for HIV testing services among OVCY, caregivers, and their families, as well as ensuring an improved continuum of care through referrals and linkages.



## LESSONS LEARNED

<b>Partner support</b>	Implementation relied on partner demand creation for HIV testing services in the community.
<b>Adequate preparation</b>	Adequate communication with the community was important to determine the number of testing personnel and resources needed on the testing days, preventing waste.
<b>Testing modality</b>	Door-to-door testing was better for reaching orphans and vulnerable children because most guardians were present to consent for testing in their homes.
<b>Formal requests process</b>	Enforcing the formal requests process helped ensure that the program remained demand driven, thereby adhering to the model of the program, and also assisted the service provider in preparing required resources for testing activities.
<b>Monitoring</b>	Formalized requests for HIV testing services helped CDS to monitor the HIV testing services provision between Humana People to People South Africa and the OVCY partners.
<b>Regular meetings</b>	Weekly review meetings between Humana and OVCY partners and coordination meetings with community-based organizations were helpful in tracking the progress of the program and discussing challenges and solutions.
<b>Internal reviews</b>	CDS and Humana weekly and monthly internal progress review meetings were helpful in tracking progress, identifying challenges on time to provide prompt solutions, and sharing lessons within and across districts.
<b>Community-led mobilization</b>	Where Humana assisted with mobilizing and preparing OVCY for HIV testing services, as well as sensitizing community-based organizations and the community about the project, service uptake improved.
<b>Formal agreements</b>	The signing of memorandums of understanding facilitated access to test kits and HIV testing services consumables from facilities for Humana.



# Orphans and Vulnerable Children Gender-Based Violence Plus-Up (2017–2018)

## **WHERE WE BEGAN**

Children, adolescents, young women, and women in South Africa are at higher risk of the combined effects of abuse, gender-based violence (GBV), and HIV. Sexual abuse often has far-reaching physical, emotional, psychological, and developmental effects, especially on children. GBV cuts across status, class, religion, race, and economic barriers. The GBV Plus-Up project aimed to prevent and respond to GBV in child and adolescent populations by strengthening the capacity of multidisciplinary teams within the child welfare and protection workforce to deliver effective GBV-related prevention and response services at community level. The objectives of the project were to:

1. Improve the knowledge and skills of key role-players and organizations involved in child welfare and protection services through the provision of post-violence care and psychosocial and child witness support, child safeguarding, preparing children for court, and forensic report writing; support orphans and vulnerable children and youth (OVCY) organizations to develop and implement child protection and safeguarding policies to ensure protection measures that keep children safe

2. Provide short-term intensive, residential, and therapeutic child protection programs that will provide post-violence care and legal support for children that have been abused and their caregivers
3. Provide appropriate psychosocial support that strengthens families' ability to support children that have been abused through family counseling with specialized child psychologists
4. Provide specialist forensic social worker case assessments for child cases in the court system

## **WHERE WE CONCLUDED**

FHI 360 trained 284 Department of Social Development staff in introduction to the child witness and preparing children for court, and trained social workers in forensic report writing. The project capacitated 18 OVCY organizations to develop and implement child safeguarding policies, reached 150 girls and adolescents with a short-term intensive therapeutic program, and forensically assessed 200 cases. In total, 603 children and adolescents and their families received psychosocial support services.



## KEY PARTNERS

### Early Childhood Household Stimulation

- Woz'obona
- The Valley Trust
- Hope Worldwide South Africa
- Kheth'Impilo
- mothers2mothers

### Reaching Adolescents and Children in Households

- National Association of Childcare Workers
- Networking HIV/AIDS Community of South Africa
- Southern Africa AIDS Dissemination Service
- CHoiCe Trust
- Centre for Positive Care
- Small Projects Foundation
- Vukuzithathe

### Bridge: Support, Prepare, and Engage Vulnerable Youth

- National Institute Community Development and Management
- Grassroot Soccer South Africa
- Future Families
- HIVSA
- Youth for Christ
- AIDS Foundation of South Africa
- Boys and Girls Youth for Africa
- Friends for Life
- Philani Support Group

### OVCY Family Strengthening

- AIDS Foundation of South Africa
- Future Families
- Hope Worldwide South Africa
- National Institute Community Development and Management
- CHoiCe Trust
- Kheth'Impilo
- Small Projects Foundation
- Vukuzithathe



## KEY PARTNERS

### Supportive Referrals Initiative and OVC Gender-Based Violence Plus-Up

- Kheth'Impilo
- mothers2mothers
- Woz'obona
- Hope Worldwide South Africa
- The Valley Trust
- Southern African AIDS Dissemination Service
- Networking HIV and AIDS Community of Southern Africa
- National Association of Childcare Workers

### OVCY Support Partners

- Anova Health Institute
- BroadReach
- Care and Support for Improved Patient Outcomes
- Foundation for Professional Development
- Hospice Palliative Care Association
- Maternal, Adolescent and Child Health Institute
- Right to Care
- Wits Reproductive Health Institute
- Witkoppen

### OVCY Implementing Partners

- Hope Worldwide South Africa
- Kheth'Impilo
- mothers2mothers
- Networking HIV and AIDS Community of Southern Africa
- National Association of Childcare Workers
- Southern Africa AIDS Dissemination Service
- The Valley Trust
- Woz'obona

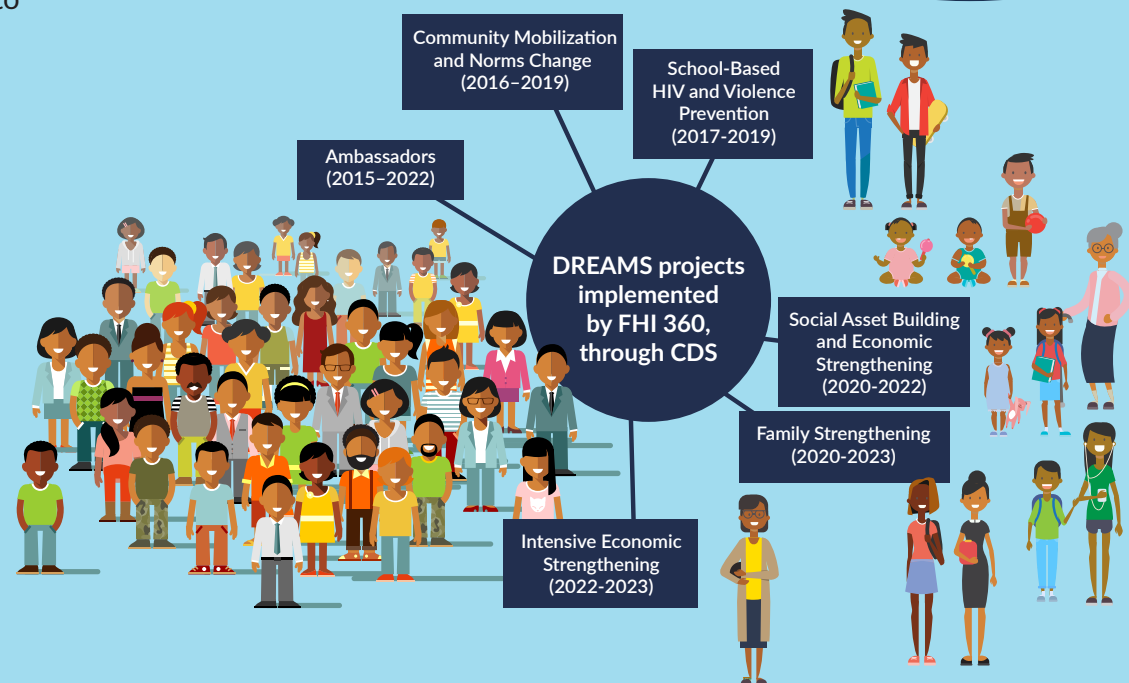
## FOR MORE INFORMATION ON:

OVCY, see: [CDS OVCY Booklet](#) and [CDS A decade of impacting lives](#)

# Determined, Resilient, Empowered, AIDS-Free, Mentored, and Safe (DREAMS) projects (2015–2023)

DREAMS is an ambitious public-private partnership aimed at reducing rates of HIV among adolescent girls and young women in the highest HIV burden countries. DREAMS was announced on World AIDS Day 2014, and since 2015 has expanded from the original 10 countries to 16 countries in sub-Saharan Africa including South Africa. Through the DREAMS Initiative, USAID and the South African Government prioritized the reduction of new HIV infections among adolescent girls and young women ages 10–24 in 14 districts across seven provinces in South Africa. DREAMS aimed to assist adolescent girls and young women to become determined, resilient, empowered, AIDS-free, mentored, and safe by implementing a group of projects to address social determinants of health, and in turn, reduce new HIV infections. Layering of interventions within DREAMS programming means providing multiple interventions or services from the DREAMS core package to each adolescent girl and young woman. This is aimed at ensuring a comprehensive approach to preventing HIV among adolescent girls and young women.

 **150**  
**DREAMS Ambassadors**  
supported by FHI 360  
across 7 provinces



# DREAMS Ambassadors (2015–2022)

## WHERE WE BEGAN

The Ambassadors program was implemented between 2017 and 2023 and addressed challenges that adolescent girls and young women (AGYW) experienced when accessing services for sexual and reproductive health. FHI 360 selected and trained AGYW for these leadership roles based on their capacity to empower young women through grassroots leadership and innovative educational models. The ambassadors were based in the following DREAMS provinces: Gauteng, Eastern Cape, Western Cape, Limpopo, KwaZulu-Natal, Mpumalanga, and Free State. For the DREAMS Ambassadors Leadership Program, the Foundation for Professional Development delivered a six-week leadership training that equipped the AGYW with the skills, knowledge, and confidence to champion DREAMS services and address issues critical to girls and young women. The Ambassadors immediately began using these skills to raise awareness of the DREAMS initiative, promote gender equality in their communities by serving as public representatives for local organizations, and raise awareness of the need for sexual and reproductive health services that meet the needs of AGYW.



*Dreams Ambassadors raise awareness of substance abuse during a youth walk.*  
Photo credit: CDS Program.

## WHERE WE CONCLUDED

DREAMS Ambassadors have promoted adolescent health and advocated for improved services through several community events as well as their continued involvement in community organizations. In total, there were 150 DREAMS Ambassadors supported by FHI 360 across the seven provinces. In 2023, the focus was placed on Gauteng Province only. In June 2023, DREAMS Ambassadors in Gauteng hosted a youth day to raise awareness about substance abuse and provide young people with informational, educational, and communication materials as well as health services including condom promotion, sexually transmitted infection (STI) screening, and HIV testing. The Ambassadors participated in an International Women's Day celebration where they advocated for improved sexual and reproductive health services for children and adolescents. As part of a walk organized by DREAMS partners to bring awareness to the socioeconomic challenges faced by young people, the Ambassadors shared recommendations on how to improve the delivery of psychosocial support to adolescents. In August and September 2023, FHI 360 with the support of the Foundation for Professional Development, trained 25 DREAMS Ambassadors on a customized leadership program. It aimed to empower DREAMS Ambassadors to become effective leaders, advocates, and agents of change in their communities by equipping them with the required skills, knowledge, and confidence to advocate for DREAMS services and other critical issues that affect girls and young women.





## LESSONS LEARNED

<b>Continuous support</b>	For effective awareness campaigns in communities, Ambassadors required ongoing support and orientation on how to address the unique challenges faced by young women and girls in their communities.
<b>Address difficult circumstances</b>	DREAMS Ambassadors needed to be paired with DREAMS partners who had social workers that could support them when they encountered difficult cases of violence. The social workers could engage the clients directly.
<b>Build soft skills</b>	Ambassadors required ongoing training around soft skills to improve their confidence and communication. The leadership training FHI 360 offered the DREAMS Ambassadors improved their self-esteem and confidence.
<b>Focus on careers</b>	Ambassadors are a mixed group, with some who have jobs and others who are not working. It was important to support them on career planning, resume writing, job searching, and interview etiquette.
<b>Regular meetings</b>	Quarterly meetings were very helpful in holding Ambassadors accountable to their action plans and identifying areas of improvement.

# DREAMS Community Mobilization and Norms Change (2016–2019)

## WHERE WE BEGAN

The goal of the DREAMS Community Mobilization and Norms Change project was to reduce gender-based violence and HIV risk among adolescent girls and young women (AGYW) through community mobilization and strong service provision and linkages. This was done through the following objectives:

1. Strengthen the capacity of community leaders and advocates to plan and carry out community-level actions to promote equitable gender norms, reduce HIV risk, and eliminate gender-based violence (GBV)
2. Strengthen communities to promote and sustain gender equality, and prevent gender-based violence and HIV among AGYW through implementation of the Stepping Stones evidence-based curriculum
3. Proactively promote access to HIV testing services and support Stepping Stones participants in accessing appropriate post-GBV services

During the sessions, adolescents received extensive training on a range of skills, including enhancing self-esteem and resilience, improving communication with male partners, and fostering openness and assertiveness. The program empowered adolescents with practical tools and techniques that could be implemented easily in their daily lives.

## WHERE WE CONCLUDED

A total of 52,173 adolescent girls between the ages of 10 and 17 completed the evidence-based Stepping Stones program. Of these girls, 24,433 were referred for HIV testing; 10,066 were referred for sexual and reproductive health, adherence support, psychosocial support, and economic strengthening; and 668 were linked to pre-exposure prophylaxis (PrEP) services. The CDS sub-awardees successfully achieved all three project objectives, and all sub-awardees met their district targets. Workshop sessions were held on topics like gender, sexuality, HIV and AIDS, gender-based violence, communication, and relationship skills. The girls were encouraged to adopt healthy behaviors, including getting tested for HIV. After collaborating with the monitoring, evaluation, and reporting department, the CDS technical team made sure that all participants completed 10 Stepping Stones sessions.





## LESSONS LEARNED

<b>Recruitment of facilitators</b>	The recruitment of skilled youth facilitators ensured the delivery of high-quality messages during the session.
<b>Standardize data collection tools</b>	The use of standardized data collection tools such as Stepping Stones registers ensured the validity of data.
<b>Collaboration with district support partners</b>	Effective collaboration with key district support partners led to increased uptake of HIV testing services and other HIV prevention, care, and treatment services.
<b>Community of practice</b>	The establishment of a community of practice for DREAMS partners has created a platform for sharing best practices among partners.

# DREAMS School-Based HIV and Violence Prevention (2017–2019)

## WHERE WE BEGAN

The School-Based HIV and Violence Prevention program aimed to reduce new HIV infections in learners and educators by supporting the Department of Basic Education to implement high-quality, evidence-based comprehensive sexuality and HIV prevention education that is aligned to the Life Orientation curriculum and Curriculum Assessment Policy Statement. The objectives of this project were to:

1. Strengthen the department's capacity to provide in-service training for educators on comprehensive sexuality education, HIV, and violence prevention through educational lessons, and improve implementation of the life skills program
2. Increase the number of educators capacitated to facilitate the comprehensive sexuality education curriculum in schools
3. Strengthen the quality of school-based comprehensive sexuality and HIV education through implementation of scripted lesson plans in the life skills program
4. Facilitate the integration of sexual and reproductive health and other services

## WHERE WE CONCLUDED

In total, 993 Life Orientation educators from primary and secondary schools were trained. In addition, workshops were held for 180 senior management team members and 269 school governing bodies to encourage buy-in to comprehensive sexuality education. Parental support was encouraged, and therefore, caregivers also were engaged through dialogues with the assistance of the school governing bodies. During these interactions, 6,398 caregivers were engaged and gained greater understanding of program objectives. In total, 79 educators received virtual support, and 256 received mentoring. As a result of this capacity building offered by FHI 360, 8,175 individuals were reached, and educator knowledge on comprehensive sexuality education and HIV increased from 84% to 92%. Educators increased their ability to deliver clear and concise messages regarding HIV to empower learners.

With the assistance and collaboration between our district support partners, the school-based program reached 224,984 youth with comprehensive sexuality education.



## LESSONS LEARNED

<b>Establishing relationships</b>	Liaising with trained Life Orientation educators, heads of department, and school principals was important to establish new working relationships with substitute educators for the progress of scripted lesson plan implementation.
<b>Improving recruitment</b>	Working closely with the DREAMS Ambassadors assisted educators in the recruitment of learners.
<b>Following guidelines</b>	Adhering to Department of Basic Education guidelines for COVID-19 was essential to prevent the spread of the virus.
<b>Preparing for teleconferences</b>	Sensitization of learners needed to be done at least two days before teleconference health promotion to avoid instabilities due to technology challenges.
<b>Optimizing homeschooling</b>	Homeschooling required learner discipline and flexibility from educators.
<b>Maintaining communication</b>	WhatsApp and phone calls were the most helpful form of communication with educators given their busy work schedules.

# DREAMS Social Asset Building and Economic Strengthening (2020–2022)

## ➔ WHERE WE BEGAN

FHI 360 implemented the Social Asset Building and Economic Strengthening streams of DREAMS during Country Operational Plan 2020 and Country Operational Plan 2021. The project aimed to address the social and economic factors that lead to HIV infection in adolescent girls and young women (AGYW). The project's primary intervention was 18 sessions of YouthPower Action for AGYW ages 10–19, complemented by a secondary focus on enhancing economic opportunities for those ages 20–24. The curriculum consisted of three modules: soft/interpersonal skills, financial capabilities, and health and life skills. The objectives of this project were to:

1. Provide access to a safe and secure learning environment through the implementation of the Safe Space approach
2. Provide AGYW access to trained mentors through the evidence-based YouthPower Action mentor model
3. Build AGYW's protective assets, specifically their (1) knowledge and skills through training on soft skills, financial capabilities, and health and life skills, and (2) access to resources by strengthening referral pathways to improve uptake of pre-exposure prophylaxis (PrEP), sexual and reproductive health to prevent new HIV infections, and the implementation of savings groups
4. Build AGYW's social connections and capital through group activities
5. Build AGYW's leadership skills through a cascading mentorship model, capacitating participants to facilitate mentorship in safe spaces

In Country Operational Plan 2020, FHI 360 offered the primary package to adolescent girls and young women who subsequently enrolled in secondary interventions, including the DREAMS Family Strengthening and Intensive Economic Strengthening activities. Adolescent girls and young women were referred for secondary services based on individual needs, such as HIV testing and PrEP.

## ⬅ WHERE WE CONCLUDED

In Country Operational Plan 2021, the YouthPower Action curriculum that originally covered 18 sessions across three social asset building and economic strengthening modules was restructured to avoid duplication of information with partners because some topics included in YouthPower Action were also covered in the comprehensive sexuality education and Stepping Stones curricula. Completion of YouthPower Action increased from 45,172 adolescent girls and young women in Country Operational Plan 2020 to 229,977 in Country Operational Plan 2021, after restructuring.

Over the two years of implementation, 275,149 AGYW completed the social asset building curriculum. For those linked to economic strengthening, 4,604 adolescent girls and young women received comprehensive skills training, 2,504 adolescent girls and young women ages 20–24 were linked to employment and entrepreneurship pathways, 2,797 adolescent girls and young women ages 20–24 received mentorship, while 607 adolescent girls and young women ages 20–24 completed economic strengthening curriculum.



*Adolescent girls receive a YouthPower Action session from a DREAMS mentor.  
Photo credit: CDS Program.*



## LESSONS LEARNED

<b>Stakeholder management at the government level</b>	Coordinating with PEPFAR liaisons at the South African Government level helped identify, avoid, and address challenges during program initiation and implementation.
<b>Stakeholder management</b>	<p>Individual engagements with DREAMS and OVCY partners improved bi-directional referrals to safe spaces.</p> <p>Collaboration with civil society enhanced community buy-in and assisted in recruiting AGYW mentors.</p> <p>Engagement of community gatekeepers facilitated the identification of safe spaces.</p> <p>Recruiting YouthPower Action graduates as mentors increased program buy-in from key stakeholders.</p> <p>Co-locating with DREAMS and OVCY implementing partners strengthened bi-directional layering from the project to family strengthening services.</p> <p>Good relationships with stakeholders ensured access to learners in schools for YouthPower Action implementation.</p> <p>Implementing YouthPower Action in schools significantly contributed to overall YouthPower Action completion for AGYW.</p>
<b>Clear roles and responsibilities</b>	Defining clear roles and responsibilities among DREAMS partners is crucial for achieving expected results.
<b>Data analysis to inform implementation</b>	Using data to inform programming assisted in refocusing resources to meet targets in specific age groups and sub-districts requiring additional support.
<b>Regular orientation on data flow processes</b>	Regular orientation on the data flow process facilitated effective referrals of AGYW between FHI 360, the Education Development Centre, and the Networking HIV/AIDS Community of South Africa.
<b>Monitoring, evaluation, and reporting capabilities</b>	Orienting and empowering program staff on data use and analysis with accepted USAID and monitoring, evaluation, and reporting guidelines is vital.
<b>Implementation of YouthPower Action in safe spaces</b>	<p>Sharing safe spaces with other DREAMS partners improved access to project resources, reducing travel by AGYW.</p> <p>Incentives such as data bundles for AGYW ages 20–24 enhanced retention in the program.</p> <p>Strengthened relationships with the Education Development Centre and the Department of Basic Education aided in targeting vulnerable AGYW and completing YouthPower Action for in-school AGYW.</p> <p>Bi-weekly progress meetings with DREAMS and OVCY partners increased accountability.</p> <p>Providing services immediately after DREAMS enrollment prevented loss of interest, and aligning YouthPower Action sessions with the school calendar proved effective to find times when AGYW were not busy with official assessments.</p>



# DREAMS Family Strengthening (2020–2023)

## ← | WHERE WE BEGAN

Beginning in 2016, FHI 360 implemented the Let's Talk curriculum as part of the orphans and vulnerable children and youth (OVCY) package of services across different projects. This structured support group intervention for adolescents ages 10-17 and their caregivers was led by trained facilitators. Let's Talk was designed to foster HIV preventive behavior among adolescents and improve their well-being. In 2020, the Let's Talk curriculum was incorporated into the DREAMS package of interventions and became a standalone activity within the OVCY program. Let's Talk was included as a secondary intervention to be layered with primary DREAMS interventions to strengthen families of adolescent girls and young women (AGYW).



A Let's Talk session is held in KwaZulu-Natal (Ugu District). Photo credit: CDS Program.

The program evolved over the period of performance to respond to the needs of the beneficiaries, and training was provided to staff consistently to improve implementation.

## | → WHERE WE CONCLUDED

Let's Talk was delivered as a weekly support group for adult caregivers and adolescents to address key issues facing adolescents affected by HIV and AIDS, including elevated risk for poor psychological health, sexual risk behavior, and HIV infection. A total of 83,549 adolescents and 4,076 caregivers completed the Let's Talk curriculum. These efforts were accompanied by parallel support for caregivers to address their personal challenges and work to build skills for effective emotional coping and parenting. The implementation of the Let's Talk intervention depended on the referrals of AGYW from other DREAMS implementing partners.



Let's Talk Illustration credit: CDS Program.



## LESSONS LEARNED/RECOMMENDATIONS

The following are recommendations for future OVCY programs:

<b>Information sharing</b>	The Education Development Centre should share school lists for all provinces early in the country operational plan year.
<b>Regular meetings</b>	District introductory and planning meetings should be held with the prime partner, OVC implementing partners, and the Education Development Centre and its district managers.
<b>Meeting attendance</b>	The participation of prime partners in monthly DREAMS partner meetings is critical for coordinating interventions and layering.
<b>Increase collaboration</b>	Schedules should be coordinated with the Networking HIV/AIDS Community of South Africa implementing partners to ensure co-location and layering in the community.
<b>Keep appointments</b>	Local implementing partners should honor appointments to accelerate implementation in schools during the allocated times.
<b>Increase community reach</b>	Local implementing partners should strengthen community reach through Department of Social Development drop-in centers.
<b>Consider scheduling</b>	Local implementing partners should engage beneficiaries after school, on weekends, and during school holidays to ensure faster completion of the session.
<b>Continuous feedback</b>	Biweekly meetings should be maintained between local implementing partners and Education Development Centre district managers to discuss referrals and provide feedback.
<b>Plan joint visits</b>	Joint site visits should be conducted to support implementation in districts.

The following are important lessons learned related to monitoring and reporting strategies:

<b>Referrals process</b>	Weekly reporting of referral cohorts should include referrals received and eligible for OVC, and confirmation of linkage status.
<b>Regular feedback</b>	Weekly feedback should be provided on Family Strengthening intervention completions.
<b>Linkages data reporting</b>	Reporting of linkages to secondary services (PrEP, sexual and reproductive health, HIV testing services, post-violence care) should be completed regularly.
<b>Regular data triangulation</b>	Monthly data triangulation should occur with all DREAMS partners, and monthly strategic information meetings should be held to discuss the data with all DREAMS partners.
<b>Coordination across partners</b>	The Education Development Centre and new prime partners should share layering reports from CBIMS.net to match AGYW.

# DREAMS Intensive Economic Strengthening (2022–2023)

## ← | WHERE WE BEGAN

FHI 360 implemented the Intensive Economic Strengthening project from 2022 to 2023 as part of a layering strategy within the DREAMS Initiative. In 2021, FHI 360 implemented the YouthPower Action intervention, which comprised Social Asset Building and Economic Strengthening. The Economic Strengthening component covered modules that provided young women with knowledge on income generating activities, savings, developing savings plans, and how to find employment. Young women were referred into the program after receiving several services through a comprehensive layering approach. The Economic Strengthening intervention served as a secondary package in this layered service model. In 2022, the project was adapted to respond to the needs of young women in rural areas and to align with opportunities for marketable skills training as a more cost-effective alternative to vocational skills training. A Siyakha-inspired model was developed in collaboration with Tulane University and FHI 360. This was informed by the original Siyakha Girls model developed by World Education's Bantwana Initiative. FHI 360 adapted the Siyakha Girl's model in Country Operational Plan 2020 to align the Economic Strengthening activities to the South African context. This innovative model aimed to balance cost-effectiveness with the program's mission to empower young women. The strategic shift led to the implementation of the DREAMS Intensive Economic Strengthening project through five local implementing partners (AIDS Foundation of South Africa, Kheth'Impilo, Future Families, National Institute Community Development and Management, and Small Projects Foundation). The project was implemented in seven provinces (Gauteng, Western Cape, Eastern Cape, KwaZulu-Natal, Mpumalanga, Limpopo, and Free State).

## → | WHERE WE CONCLUDED

In 2021, FHI 360 provided Economic Strengthening interventions to 4,763 young women, with 607 completing the activity. Of these, 245 were linked to higher education training, 132 were employed, 86 started learnerships, and 144 started their own businesses. Local implementing partners achieved remarkable milestones in Quarter 4 of Country Operational Plan 2022 of the Intensive Economic Strengthening program. The enrollment of 8,902 young women exceeded the annual program results target of 8,100, reflecting success in recruitment and co-location. A total of 8,738 young women effectively completed foundational skills training. FHI 360 local implementing partners graduated 6,727 (83%) young women against the target of 8,100, marking an increase of 4,102 over Quarter 3.



*A young woman does construction work, an exception in a male-dominated industry, as part of DREAMS Intensive Economic Strengthening. Photo credit: CDS Program.*

Among the graduates, 1,607 young women successfully secured employment opportunities, while 5,120 young women embarked on the entrepreneurial path, establishing their own small businesses. In total, 2,231 young women who did not graduate by the end of September 2023 and those who had not yet started the program were transferred to the new implementing partner to ensure continued support.





## LESSONS LEARNED

<b>Sub-awardee training and capacity building</b>	Investing in comprehensive and continuous training programs for local implementing partners to enhance their capabilities in program implementation, monitoring, and reporting was essential to improve understanding of program objectives, effective implementation, and best practices in working with young women.
<b>Experienced staff appointments</b>	Local implementing partners were encouraged to appoint experienced staff members to implement the program. Experienced personnel provided critical insights, guided effective strategies, and ensured the smooth transition and implementation of the program, which led to achieving and exceeding goals.
<b>Market research and skills training</b>	Continuously assessing the local job market allowed for identification of emerging opportunities and alignment of skills training with market demand. The marketable skills training portfolio was kept up to date to ensure it remained relevant to the evolving job landscape.
<b>Continuous partner performance monitoring</b>	A robust performance monitoring system was implemented to track progress at multiple levels, from local implementing partners to individual participants. Regular assessment of performance data allowed for identification of trends and timely corrective actions.
<b>Strengthening technical assistance</b>	Providing local implementing partners with ongoing and targeted technical assistance addressed their specific challenges and enhanced their capacity. Support was tailored to local implementing partner needs and ensured they had access to subject matter experts. Site visits assisted local partners to implement structured support supervision for the mentors to ensure ongoing troubleshooting for gaps and challenges.
<b>Resource mobilization</b>	CDS encouraged the identification of supplementary funding resources and establishment of collaborative partnerships to address budget constraints and ensure the continued growth and sustainability of the program.
<b>Entrepreneurship pathway</b>	Because South Africa continues to grapple with persistently high unemployment rates, the program placed a heightened emphasis on the entrepreneurship pathway, delivering extensive support, mentorship, and resource provisions to empower young women embarking on their entrepreneurial journeys. Engaging with institutions that support small, medium, and micro enterprises helped to support the young women's businesses with funding, mentorship, and visibility.
<b>Inclusive stakeholder engagement</b>	Engaging with a diverse set of stakeholders, including government agencies, private sector organizations, community organizations, and local businesses, created a supportive ecosystem for program participants.

<b>Partner engagement and memorandums of understanding</b>	The project reached out to local implementing partners who had previously supported the Intensive Economic Strengthening program, and these partners were encouraged to sign memorandums of understanding to foster ongoing collaboration with the new OVCY program. These established relationships ensured the continued success and sustainability of the program.
<b>Mentorship program</b>	Developing a mentorship program that paired past beneficiaries or business owners with newcomers fostered a sense of community and ensured that participants received guidance from those who had successfully completed the program.
<b>Peer-to-peer learning</b>	The project facilitated regular community of practice sessions among local implementing partners to share best practices, successful strategies, and lessons learned. Collaboration and the exchange of knowledge were encouraged.
<b>Data quality and analysis</b>	Investing in data management and analysis tools ensured data accuracy, consistency, and usefulness. Leveraging data-driven insights allowed for informed decisions and improved program outcomes.
<b>Innovation and flexibility</b>	Promoting a flexible approach that allowed for responsive programming ensured the program remained relevant and effective. This included exploring the use of emerging technologies and data-driven decision-making. For data management and program monitoring, the project used flexible and adaptable data management systems that could be updated as the program evolved.
<b>Risk mitigation strategies</b>	The project developed and implemented strategies to mitigate risks that could affect the achievement of program targets. This included anticipating potential challenges and having contingency plans in place.
<b>Funder guidance and adaptability</b>	Ensuring alignment with donor priorities and expectations was crucial for sustained support. Flexibility in program design and implementation enabled a more robust and dynamic approach to meet the needs of young women while remaining in line with donor requirements.
<b>Supportive transition</b>	The project facilitated a smooth transition to the Pact-led ACHIEVE project by ensuring that all stakeholders, including staff, beneficiaries, and local implementing partners, were well informed about the changes. This minimized disruptions in service provision during the transition.



## KEY PARTNERS

### Community Mobilization and Norms Change

- HIVSA
- Youth for Christ
- Hope Africa
- Project Empower
- Grassroots Soccer South Africa
- National Institute Development and Management
- AIDS Foundation of South Africa

### School-based HIV and Violence Prevention

- FHI 360 Direct Implementation

### Social Asset Building and Economic Strengthening

- FHI 360 Direct Implementation

### Family Strengthening

- AIDS Foundation of South Africa
- CHOICE Trust
- Hope Worldwide South Africa
- Future Families
- Kheth'Impilo
- Small Projects Foundation
- National Institute Development and Management
- Vukhuzithathe

### Intensive Economic Strengthening

- AIDS Foundation of South Africa
- Future Families
- Kheth'Impilo
- Small Projects Foundation
- National Institute Development and Management

## FOR MORE INFORMATION ON:

DREAMS, see: [CDS DREAMS IES](#), [DREAMS Fact Sheet](#), and [Empowering Adolescent Girls and Young Women](#)



# Health Systems Strengthening projects (2016–2023)

Nutrition Assessment, Counseling, and Support (NACS) (2016–2018)

## ← | WHERE WE BEGAN

The 2013 South African National Health and Nutrition Examination Survey showed that 28.3% of people were at risk of hunger and 26% experienced hunger, and the average nutrition knowledge score among adults was 5.3 out of 10 points. Children under 3 had the highest prevalence of stunting, with 26.9% of boys and 25.9% of girls exhibiting stunting. In this context, the Nutrition Assessment, Counseling, and Support (NACS) activity worked to strengthen the capacity of the South African Government and PEPFAR implementing partners to integrate these activities into care and treatment programs. Activities focused on reaching populations at higher risk of poor nutrition: pregnant and lactating women, children under 2, orphans and vulnerable children over 2 with evidence of faltering growth, and people living with HIV (PLHIV) in care and treatment programs (Figure 6).

Figure 6. Implementation model for Nutrition Assessment, Counseling, and Support



**6** district support partners engaged



**72** health facilities supported



**8** OVCY partners supported

## WHERE WE CONCLUDED

Through technical assistance, NACS improved the capacity of six district support partners (DSPs), 72 DSP-supported health facilities, a community support partner with stable clients on antiretroviral therapy (ART), and eight orphans and vulnerable children and youth partners to integrate NACS through the provision of site readiness assessments, knowledge and skills building, mentoring and coaching, and distribution of nutrition tools and job aids. The program supported the Department of Health (DOH) to ensure the availability of materials that would assist client management, and job aids and tools to facilitate health workers' assessments and care plans. NACS supported the government to develop an integrated Food and Nutrition Security Plan for the country, providing technical leadership in nutrition, which has facilitated availability of expertise for the development of nutrition indicators across government sectors. NACS was the Secretariat to the team mandated to develop the National Food and Nutrition Security Plan for South Africa.

To ensure sustainability and scale-up of nutrition activities, NACS established a National DSP NACS Task Team to facilitate NACS integration within DSPs, which allowed the capacitation of a focal person to coordinate NACS activities. This team tracked progress in implementation and provided monthly dashboards in a combined setting, and this created competition and alignment to achieve project goals.



*A community care worker completes an upper arm circumference check at a community outreach event. Photo credit: CDS Program.*



## LESSONS LEARNED

The following are important lessons learned related to successes:

<b>Using tested models</b>	Because FHI 360 had worked with the government to strengthen nutrition in the context of HIV in the country for nearly a decade, NACS built on the integrated model used in the programs. Using the tested model ensured standardized application of change ideas at sites and enabled monitoring of progress of NACS implementation.
<b>Training across cadres</b>	Knowledge and skills building of nurses, doctors, and other none-nutrition health workers enabled NACS integration across health programs, and the training of community health workers improved malnutrition case finding.
<b>Fostering sustainability</b>	Collaboration with DSPs during NACS training improved the sustainability of knowledge and skills sharing.
<b>Benefits of mentoring</b>	Mentoring and coaching created an opportunity to provide tailored technical assistance and practical demonstrations. Service providers appreciated site-based mentoring as it caused minimal interference to their daily duties.
<b>Local leadership</b>	Allowing the DSP NACS focal person to take the lead in conducting mentoring and coaching visits greatly strengthened the capacity to integrate NACS. Partners identified a nutrition focal person responsible for leading NACS activities in partner organizations, and the presence of this focal person facilitated the integration of NACS into other services.

The following are important lessons learned related to challenges:

<b>Need for skills building</b>	Some trained partner representatives did not successfully cascade the NACS training to implementers because of a lack of confidence or conflicting priorities.
<b>Conflicting messages</b>	Conflicting policies among programs resulted in mixed messages communicated to staff, which hindered NACS adoption.
<b>Increased focus on follow-up</b>	Requirements for follow-up on nutritional assessment are different from HIV care and treatment and basic antenatal care guidelines. Challenges related to follow-up included a lack of service integration across departments, with children treated for severe acute malnutrition lost to follow-up after discharge from the hospital and poor documentation of cases.
<b>No formal referral system</b>	Health facilities did not recognize referrals from community services because of lack of a formal system, hampering efforts to keep service continuity.

# Accelerated Targeted Community-Based HIV Testing Services (ATC-HTS) (2017-2018)

## WHERE WE BEGAN

This initiative sought to increase uptake of community-based HTS with effective linkage to and retention in care and treatment among the most at-risk individuals, priority populations, and undiagnosed HIV-positive individuals in Mpumalanga (Nkangala district), Free State (Thabo Mofutsanyana District), and Gauteng (City of Johannesburg).

The project objectives were to increase uptake of community-based HIV testing services (HTS) among high-risk and undiagnosed HIV-positive individuals, to ensure implementation of high-quality, community-based HTS among high-risk populations, and to ensure referrals and linkages of all individuals diagnosed as HIV-positive to care and treatment services.

CDS partnered with five local implementing partners in the three provinces: Healthcare, Development and Training Institute, Phidisa, and AgriAid SA in Mpumalanga; Tholwana e Molemo in Free State; and HIVSA in Gauteng. This project was implemented from October 2017 to September 2018. Partners concluded all testing at the end of August 2018 and used September to focus on linkages to care that had not been completed. The highest HIV positivity rates were in July (14%) and August (19%), an increase from 4% in October 2017.

FHI 360 provided index testing modality training in May 2023 to four HTS partners to roll out the index patient testing modality, with the aim of improving the positivity rates in the testing programs implemented in Nkangala and Thabo Mofutsanyane districts.

## WHERE WE CONCLUDED

In total, 100,046 people (56,474 females and 43,572 males) were tested under this program, surpassing the total target of 99,164, with a cumulative positivity rate of 5%. During the final quarter of implementation, partners focused their activities on increasing yield through improved targeting and implementation of index testing. Results from the final quarter indicate that the positivity rate increased, and index patient testing had the highest positivity rate both cumulatively (9% vs. 2% for mobile testing and other testing modalities) and during Quarter 4 (24% vs. 5% for mobile and 8% for other modalities).

Partners also implemented strategies to increase linkages to antiretroviral therapy (ART). Testing in the City of Johannesburg concluded in June as the local implementing partner had met their target and their contract had ended. At the end of implementation, the overall positivity rate in the City of Johannesburg was 3%.

CDS provided ongoing technical support to ensure quality of HTS and monitored local implementing partner progress on a daily and weekly basis. Implementation of the index testing modality was emphasized after CDS provided training in May 2018. .





## LESSONS LEARNED

The following are important lessons learned in improving linkages to care:

<b>Recordkeeping</b>	Developing a list of all clients ever tested HIV-positive, with details of their referral facility and contact information, allowed better follow-up to ensure that all who tested positive started treatment.
<b>Tracking ART clients</b>	Confirming clients on ART through review of TIER.Net and other client records improved numbers confirmed on ART. This process involved support from DSPs and review of other facility documentation such as pre-ART registers, patient files, and blood books.
<b>Outreach</b>	Phoning clients who had provided contact numbers at the time of testing encouraged them to link to treatment.
<b>Increasing staff</b>	Allocating additional staff to focus on linkages to care and work with facility data capturers to retrieve patient data helped to improve linkages to treatment.
<b>Accompaniment</b>	Accompanying clients to the facilities to ensure they did not miss their appointments ensured more clients started treatment.
<b>Transportation</b>	Providing transport was effective as some lacked transport or money to reach facilities.

The following are important lessons learned in case finding/improving yield:

<b>Testing modalities</b>	Index testing was the most effective HTS modality for case finding and improving HIV yield.
<b>Hard-to-reach locations</b>	Expanding geographic coverage within the allocated sub-districts to access hard-to-reach locations and test those who have never been tested also improved yield.
<b>Informal settings</b>	Focus on more informal settlements such as rural farms and surrounding communities resulted in more case finding.
<b>Selecting modalities</b>	Increased implementation of high-yield modalities such as index and workplace testing led to better results.
<b>At-risk groups</b>	Mobilizing and testing women ages 25–34 years and 35–49 years led to increased case finding. Data showed these age groups had the highest HIV prevalence.



# Support to Eswatini Ministries (including Capacity Development Assistance to Eswatini [2019])



## WHERE WE BEGAN

To increase the impact of PEPFAR funds toward achieving HIV epidemic control, the PEPFAR South Africa team, in consultation with the Regional HIV/AIDS Program, identified Eswatini as a location where CDS technical assistance should be implemented, and work occurred in Fiscal Year 2020. The Eswatini Government hosts a Human Resources Management Information System that is centralized under the Ministry of Public Service but deployed to all human resources units in the civil service. However, for the Ministry of Health, this system did not have information at facility level for some facilities.

To bridge this gap in the provision of quality information for decision-making, the Ministry of Health, with the support of CDS technical assistance, developed a human resources information system (HRIS) to strengthen human resources for health (HRH) decision-making. Subsequently, the HRIS was expanded to provide information for donor-supported posts at national, program, and facility level including lay cadres to give a reflection of the whole health sector (not just civil service).



## WHERE WE CONCLUDED

CDS placed four technical advisors within the Eswatini Ministry of Health to serve as consultants on the client management information systems (CMIS), HRH, and HRIS. CMIS achievements included operationalizing standard operating procedures toward deployment, training, and support activities and developing and implementing a quality improvement and quality assurance framework to improve overall quality of CMIS data and results.

# Human Resources for Health (2022–2023)

## ← | WHERE WE BEGAN

The Human Resources for Health (HRH) program was implemented in collaboration with the national and provincial teams at the Department of Health and the provincial support partners (PSPs) with the aim of maintaining critical service delivery in highly targeted key areas, both geographically and within the care and treatment cascade. Implemented from October 1, 2022, to October 31, 2023, the program was crucial to yield the most impact within the context of reduced funding. The geographical focus for the program was the National Department of Health and four provinces: Limpopo, Mpumalanga, Gauteng, and Free State.

To ensure that the number, type, and placement of PSPs for HRH aligned with PEPFAR program objectives and DOH staffing strategies, the project organized a series of meetings at national level and across all four provincial heads of departments, covering the project's implementation areas. These meetings served multiple purposes, including project introduction, conducting a landscape analysis to pinpoint health system deficiencies, identifying priorities, and formulating activities to address these identified gaps.

Additionally, HRH held meetings with the four PSPs focused on sharing progress updates about the program, gathering insights from district support partners regarding systemic shortcomings, and enhancing the collaborative bond between PSPs and the provincial DOH.

The following five common themes of support were identified during the landscape analysis process: implementation, strengthening of staff wellness initiatives, providing technical support to DOH HR teams to fill vacant positions, providing technical support to update organizational structures within the province, and providing targeted training informed by provincial needs. Each of the provinces' work plans included activities related to the identified themes and was specific to the province.



*An employee wellness session is held with health care workers in Limpopo Photo credit: CDS Program.*



## WHERE WE CONCLUDED

The HRH project successfully transitioned program management responsibilities to the PSPs as envisaged. Onboarding activities were conducted to familiarize PSPs with project objectives and prepare them for the handover process.

In Limpopo and Free State, the HRH project achieved favorable outcomes by implementing a range of priorities, including training initiatives and management of recruitment plans that led to a 60% increase in completion of vacancies for Free State. In Gauteng and Limpopo, the department received assistance in creating job descriptions for 67 and 216 different roles, respectively. In Mpumalanga, the department received support with the implementation of an organizational assessment process and employee wellness strategies.

The Free State DOH received support in developing an e-recruitment system to expedite the recruitment process, which was successfully launched on October 27, 2023. The South African Department of Public Service and Administration, which is responsible for managing human resources in the public sector, has adopted the program for rollout nationally. The PSP in Free State was invited to the system's launch event, aiming to identify areas where continued support to the department would be needed at the end of the CDS project. Furthermore, in Free State, three training sessions were conducted. The first covered employee health and wellness and aimed to empower managers with a clear understanding of their roles and responsibilities within the wellness program, along with

providing support in addressing issues related to trauma and burnout. The second training was specifically designed for the HIV, AIDS, STIs, and TB directorate, emphasizing the role of managers in employee assistance, health, and wellness. Participants included provincial and district managers, coordinators, and social workers. The third training was tailored to social workers and focused on equipping them with skills to effectively manage stress and depression in the workplace.

In Limpopo, two training sessions were organized with the goals of empowering executive managers with the essential skills to identify team members in need of psychosocial support. These trainings also sought to provide a comprehensive understanding of workplace stress and depression, recognition of compassion fatigue and pandemic fatigue, clarification of the referral process, and guidance on how to assist staff members in accessing the employee assistance program. The training report has been shared with the newly appointed implementing partner to ensure continuity of support and monitor progress effectively.

Within Limpopo's DOH, the HRH project team aided in the creation of normative guides and standards for the health workforce in the hospital setting using World Health Organization (WHO) guidelines. The outcomes of this exercise will serve as critical policy and guideline resources for determination of organizational structure planning and budgeting for not only Limpopo hospitals but also countrywide. This comprehensive framework covers the monitoring of workforce provision, distribution, development, management, and utilization.



## LESSONS LEARNED

<b>Government engagement</b>	Provincial health departments initially perceived this initiative as a means of measuring compliance by the national department. Thus, engaging with government stakeholders was critical. Similarly, there is need to get buy-in from the principal government officials at the highest possible level as they help drive the agenda and to have co-created activities.
<b>Clarifying objectives</b>	The project's objectives needed to be reiterated clearly, emphasizing that the primary goal was to offer support, not conduct an audit. Providing reference to prior programs conducted by the organization was key to developing trust with stakeholders.
<b>Building relationships</b>	A critical factor for the project's success was garnering support and fostering healthy relationships. Adhering to the appropriate protocols, identifying the right individuals to communicate with, and respecting established boundaries were pivotal to project implementation. Additionally, there was a need to be familiar with the overall structure of governance up to the district level even for indirect roles in service delivery such as human resource management and development, finance, and operations.
<b>Consistent communication</b>	Providing regular reports to key stakeholders and consistently honoring their invitations played a significant role in ensuring the achievement of identified priorities.



## KEY PARTNERS

### Nutrition Assessment, Counseling, and Support

- Anova Health Institute
- Right to Care
- Wits Reproductive Health Institute
- Maternal, Adolescent and Child Health Institute
- BroadReach
- Foundation for Professional Development
- Witkoppen
- Hospice Palliative Care Association
- Care and Support for Improved Patient Outcomes

### Accelerated Targeted Community-Based HIV Testing Services

- Healthcare, Development and Training Institute
- Phidisa
- AgriAid SA
- Tholwana e Molemo
- HIVSA
- National Department of Health

### Support to Eswatini Ministries

- Eswatini Ministry of Health

### Human Resources for Health

- National Department of Health
- Provincial Departments of Health
- ANOVA
- Right to Care
- BroadReach
- Wits Reproductive Health and HIV Institute

## FOR MORE INFORMATION ON:

NACS, see the [NACS Fact Sheet](#)

ATC-HTS, see [Expanding provision of HIV testing services](#)



# Lesotho Local Partners Technical Assistance through Faith and Community Initiative (2019-2021), and Organizational Development in Lesotho (2019-2023)

## WHERE WE BEGAN

Based on the success of capacity building efforts by CDS in South Africa, USAID approached the project about addressing the need among local organizations in Lesotho for stronger institutional and technical capacity to fully address the HIV pandemic. The Lesotho Local Partners Technical Assistance project sought to reach communities of faith, nongovernmental organizations (NGOs), and civil society organizations (CSOs) through two arms, the Faith and Community Initiative and the Organizational Development initiative, with the goal of increasing their ability to effectively contribute to HIV pandemic control. Priorities included improving the uptake of HIV prevention, care, and treatment services; promoting child safeguarding policies and education on sexual violence at the local implementing partner level; and assisting local organizations to become eligible for direct funding from USAID and PEPFAR.

The New Messages of Hope curriculum is a PEPFAR-approved HIV prevention, care, and treatment program aimed at engaging men and

children in communities of faith and the community at large. It aims to address stigma, discrimination, and misconceptions surrounding HIV and AIDS as these issues hinder efforts to prevent new HIV infections and provide care and support for those living with the virus.

New Messages of Hope promoted accurate information, raised awareness, and fostered empathy and understanding by sharing positive stories and experiences of individuals living with the virus. The program sought to engage communities, reduce stigma, and encourage people to seek testing, treatment, and support services. Through communication channels including mass media, social media, community outreach, and interpersonal communication, the program disseminated messages that encouraged HIV testing, promoted treatment adherence, challenged stereotypes and misconceptions, and fostered support and inclusivity.



**59,110**  
**community members**  
reached with HIV  
prevention messaging  
in Lesotho

## → WHERE WE CONCLUDED

Through the efforts of the Faith and Community Initiative, more than 4,000 beneficiaries were referred for HIV testing and treatment services, and many more were reached with the New Messages of Hope curriculum.

To improve child safeguarding, facilities were upgraded at the Maseru Children's Court, and the project's three local implementing partners all developed and implemented child safeguarding policies.

Between 2021 and 2022, 14 CSOs received support with organizational development, and five of those organizations graduated by meeting U.S. Government standards for technical performance, policies, and organizational processes. The CSOs showed measurable improvement in submitting timely and accurate monthly financial reports. They were more likely to utilize HR tools to monitor and improve staff performance and consistently apply policies to address HR disciplines. They had strengthened leadership, with good corporate governance in key areas and functional boards that fulfilled their oversight role. The CSOs increasingly demonstrated consistent ethical leadership that helped to motivate and retain employees. Finally, the proportion of CSOs exhibiting growth in income and a diverse funding base increased from 20% to 64% over the course of the project.



*Civil society organization staff receive capacity strengthening in Lesotho.  
Photo credit: CDS Program.*



## LESSONS LEARNED

The following are important lessons learned through the Faith and Communities initiative:

<b>Engaging stakeholders</b>	The community of faith leaders played a critical role in ensuring successful implementation of New Messages of Hope due to the influence they have within respective community of faith structures.
<b>Increased collaboration</b>	Cases of violence against children and gender-based violence increased significantly during the COVID era. However, with strengthened collaboration with stakeholders at the national and district levels, the rate of violence was curbed through interventions.

The following are important lessons learned through the Organizational Development project:

<b>Customized support</b>	Each CSO in the project needed to be treated as a unique entity. An intervention that worked with one organization was not automatically suitable to all.
<b>Value of self-assessment</b>	The reassessment process (especially self-assessment) assisted the CSOs to rate and acknowledge their strengths and challenges.
<b>Keeping partners invested</b>	CSOs that were proactive and engaged in the project made more progress in their capacity development than did those that had to be “prodded” to take an interest in the project.
<b>Open communication</b>	Organizational development support required open two-way communication between prime partners and sub-partners to ensure the success of mentoring.



## KEY PARTNERS

### **Faith and Community Initiative and Organizational Development in Lesotho**

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- World Vision
- Touch Roots Africa
- Adventist Development and Relief Agency
- Sentebale
- Lesotho National AIDS Service Organization
- Lesotho Inter-religious AIDS Consortium
- Centre for Impacting Lives
- Baylor-Lesotho
- Lesotho Network of People Living with HIV/AIDS
- Society of Women and AIDS in Africa-Lesotho
- Women and Law in Southern Africa
- The People's Matrix
- Phelisanang Bophelong
- Disabled and HIV/AIDS Organization-Lesotho
- Care for Basotho

### **FOR MORE INFORMATION ON:**

Lesotho Local Partners Technical Assistance through Faith and Community Initiative and Organizational Development in Lesotho, see the [LLPTA Overview](#)

# Research and Evaluation

The following studies and evaluations were conducted as part of CDS work:

STUDY	PURPOSE	KEY FINDINGS
<b>Vhutshilo Curriculum Evaluation (2015)</b>	USAID commissioned CDS to conduct an implementation evaluation to understand the key facilitators and barriers to effective, sustainable implementation of the Vhutshilo 1 and 2 curricula in implementing adolescent-based HIV prevention work.	<p>Findings indicated that the curriculum addresses the knowledge gaps of the target audience, and it can be delivered in a wide range of contexts. To deepen the impact of the curricula, the following should be considered in program design:</p> <ul style="list-style-type: none"><li>• Packaging content into a well-designed, user-friendly Vhutshilo toolkit</li><li>• Incorporating strong adult supervision mechanisms</li><li>• Ensuring access to relevant referral systems</li></ul>
<b>Isibindi Project Mid-Term Review (2016)</b>	USAID commissioned CDS to conduct a rapid assessment of the management and technical implementation approaches of the Isibindi Project and assess key results and outcomes against set objectives and targets.	<ul style="list-style-type: none"><li>• Greater collaboration across stakeholders is needed to achieve goals.</li><li>• Adequate financial support, infrastructure, and equipment are needed to operate efficiently and effectively. Better infrastructure would include a safe house for the most vulnerable children who are in the process of being placed in alternative care or whose cases are being managed by the Department of Social Development.</li><li>• The project must be extended to remote areas so that all OVCY can participate, including children with disabilities.</li><li>• Irregular provision of basic needs is not sufficient. Children need quality education, adequate nourishment, and a safe place to live and play.</li></ul>



STUDY	PURPOSE	KEY FINDINGS
<b>Landscape analysis (2018)</b>	This analysis, which was conducted by Khulisa on behalf of CDS, studied the current and potential role of South African faith-based organizations and traditional structures in increasing demand for HIV services, stigma reduction, and community adherence support.	<ul style="list-style-type: none"> <li>• Train community-based leaders (e.g., traditional leaders, traditional healers, religious leaders) in stigma reduction and creating demand for HIV services at the community level</li> <li>• Identify and engage social media “influencers,” particularly those with large numbers of followers from youth and other target populations, to communicate the importance of using HIV treatment services</li> <li>• Increase HIV and treatment literacy among PLHIV, community leaders, and community-based HIV implementing organizations</li> <li>• Provide technical support to faith-based organizations in designing programs that are based on best practices and on the epidemiology in the community</li> </ul>
<b>Department of Basic Education policy costing (2018)</b>	This draft of the policy was written by Innovation Guru on behalf of CDS.	<ul style="list-style-type: none"> <li>• Submitted final and approved formatted and edited Department of Basic Education National Policy on HIV, sexually transmitted infections (STIs), and tuberculosis (TB) implementation plan</li> <li>• Submitted final and approved PowerPoint presentation based on the final Department of Basic Education National Policy on HIV, STIs, and TB implementation plan</li> <li>• Final and approved costed Department of Basic Education National Policy on HIV, STIs, and TB implementation plan</li> <li>• Final and approved Department of Basic Education Integrated Strategy on HIV, STIs and TB</li> </ul>
<b>Drafting the national food and nutrition security plan (2016)</b>	The Centre for Development Innovations drafted a national food and nutrition security plan for 2017-2022.	<ul style="list-style-type: none"> <li>• The plan highlighted the most food insecure provinces and identified priority districts for intervention.</li> <li>• The plan highlighted the impact of food insecurity on child health development and school progression and long-term impacts on the economy.</li> <li>• The plan estimated the cost required for the implementation of the national food and nutrition security plan to support food-insecure districts.</li> </ul>

STUDY	PURPOSE	KEY FINDINGS
<b>DREAMS Initiative implementation support study (2016–2018)</b>	The African Research Health Institute conducted this study to support the synthesis of local evidence and capacitate stakeholders on next steps.	<ul style="list-style-type: none"> <li>• Facilitated DREAMS partners' preliminary community entry and engagement in uMkhanyakude District</li> <li>• Performed technical advisory roles on DREAMS initiative studies at national, provincial, and district level</li> <li>• Performed and shared research and data analyses products for DREAMS initiative planning and monitoring and evaluation</li> <li>• Collaborated on characterization of male sexual partners of adolescent girls and young women and phylogenetic analyses</li> <li>• Delivered technical assistance to uMkhanyakude District in the delivery of core DREAMS interventions</li> </ul>
<b>Visibility and Analytics Network Technology Baseline Assessment (2016)</b>	The South African Department of Health sought to create a visibility and analytics network that provides information on the affordable medicine value chain by making integrated and centralized data available. The project conducted a technology baseline assessment to evaluate the data flow, the degree of interoperability of systems, and related data infrastructure.	<ul style="list-style-type: none"> <li>• Systems are functionally sound with rich intellectual property built in.</li> <li>• The presence of many systems and many owners with varying levels of support, and disparate use of systems due to incomplete rollout, have created a model that is unsustainable.</li> <li>• There is lack of an information communication technology master plan.</li> <li>• There is lack of a value chain strategy for the future.</li> <li>• Short- and medium-term technology decisions are made with no link to overall architecture.</li> <li>• Many funder solutions are dispersed and disparate and do not benefit Department of Health efforts to support the Visibility and Analytics Network concept.</li> <li>• Technology and architecture principles and best practices are not being followed.</li> <li>• Duplication of functionality is common.</li> </ul>

STUDY	PURPOSE	KEY FINDINGS
<b>Violence Against Women Study (2014-2016)</b>	This rapid assessment sought to highlight community perspectives on alcohol-related violence against women, understand the occurrence of this violence, and explore the factors that drive this violence to develop appropriate community-level responses.	<ul style="list-style-type: none"> <li>• Men's consumption of alcohol was considered problematic but was accepted and tolerated, while women's consumption was seen as unacceptable.</li> <li>• Underage drinking was a serious concern because of its connection to school dropout, risky sexual behavior, violence, and other issues.</li> <li>• Alcohol use was highly associated with interpersonal violence and especially domestic violence.</li> <li>• Physical violence after alcohol use was consistently reported and was accompanied by psychological and verbal abuse.</li> <li>• Child abuse was closely related to alcohol consumption by the mother, with child care considered the primary responsibility of women.</li> <li>• Underreporting of all forms of violence was found, and survivors did not always report to the police or close relations.</li> <li>• There is a lack of services for survivors of violence and for people with alcohol dependency; social workers are overloaded and not able to respond effectively.</li> </ul>
<b>DREAMS Male Characterization Study (2016-2017)</b>	This study aimed to characterize male sex partners of adolescent girls and young women to identify factors associated with women's vulnerability to HIV. This could lead to targeted interventions to reduce sexual risk behaviors.	<ul style="list-style-type: none"> <li>• Most of the adolescent girls and young women came from vulnerable households and engaged with men who were older than them.</li> <li>• Most did not use a condom at last sex, did not do couples testing, and did not know whether their sexual partners had other partners.</li> <li>• About 16% of women had experienced physical abuse from their sexual partners.</li> <li>• Most of the male sexual partners were at least five years older than the women ages 20-24, and these women had higher HIV prevalence than women ages 18-19, suggesting high-risk behavior by the male partners.</li> <li>• Male sexual partners had inconsistent condom use, and some pressured the young women to have sex.</li> <li>• Transactional sex was higher among women ages 20-24 who were living with HIV than women ages 18-19.</li> </ul>

STUDY	PURPOSE	KEY FINDINGS
<b>DREAMS PrEP Implementation Study (2016-2017)</b>	This three-part PrEP demonstration project sought to increase knowledge on preventing new HIV infections in adolescent girls and young women, including pregnant women, by advancing understanding of how to implement PrEP programs effectively in populations at high risk of acquiring HIV. The study took place in KwaZulu-Natal, South Africa.	<ul style="list-style-type: none"> <li>• The CAPRISA 082 study showed that demand for PrEP is high in rural areas.</li> <li>• The CAPRISA 088 study showed the importance of repeat HIV testing pre- and postpartum and the opportunity for prevention during and immediately following delivery.</li> <li>• The CAPRISA 084 study showed that taking PrEP into communities through mobile health services was important for identifying young women and men at high risk of HIV.</li> </ul>

# Abstracts & Posters

PROGRAM AREA	PROJECT	CONFERENCE ATTENDED	ABSTRACT NAME
OVCY	Early Childhood Household Stimulation	South Africa National Conference of Violence 2016	Mainstreaming comprehensive gender-responsive interventions into new programs: practical guidance for CSOs, NGOs and CBOs
		Play Conference, hosted by Cotlands, the Department of Education, and United Nations Children's Fund (UNICEF), July 2016	Early Childhood Household Stimulation Program – Integrated Service Delivery for Reduced HIV Infections and Improved Social and Health Outcomes
		South Africa AIDS 2017	Capacitating indigenous organizations for high-quality service delivery in South Africa
		South Africa AIDS 2017	Role of sustainability capacity development and planning in building the resilience and longevity of HIV prevention organizations
		South Africa AIDS 2017	Investing in ECHS: Responsive programming for orphans and vulnerable children living in communities with high rates of HIV and AIDS
		South Africa AIDS 2017	Strengthening the capacity of health facilities to integrate nutrition into HIV care and treatment services: Promising results from South Africa
		South Africa AIDS 2017	Applying a comprehensive, evidence-based model for building early childhood and household resilience in high HIV prevalence urban communities
		South Africa AIDS 2019	Using SIMS as a quality improvement tool among community-based organizations in South Africa
		South Africa AIDS 2019	Early childhood stimulation is an entry point to health care through effective referrals and linkages



PROGRAM AREA	PROJECT	CONFERENCE ATTENDED	ABSTRACT NAME
	ReACH	South Africa AIDS 2017	An evidence-based, innovative risk reduction initiative for adolescents: Lessons learned while implementing the Vhutshilo 2 curriculum in South Africa
		South Africa AIDS 2019	Improving HIV outcomes in OVC programs through the Active Partner Management for Accountability approach in South Africa
		South Africa AIDS 2019	Increasing the percentage of children and adolescents with a known HIV status in OVCY programs in South Africa
	Bridge	South Africa AIDS 2019	Successes in OVC HIV case findings in eThekweni, KwaZulu-Natal
		International AIDS Society 2019	Enrolling HIV positive youths: Effective strategies for finding HIV positive adolescents
	Supportive Referrals Initiative	South Africa AIDS 2017	Scaling up HTS among OVCY and their families: Enhancing the quantity and quality of HIV testing and linkages to care service
	OVCY Family Strengthening	International Conference on AIDS and STIs in Africa 2021	Factors associated with retention of adolescents, girls, and young women in an HIV prevention program in South Africa
		International Paediatric HIV Symposium 2021	Enablers and barriers to viral load suppression among orphans and vulnerable children and adolescents living with HIV in South Africa
		South Africa AIDS 2021	A promising gateway for finding and supporting HIV-positive children and adolescents in South Africa
		South Africa AIDS 2023	Predictors of exiting without graduation in an orphans, vulnerable children, and youth program in South Africa

PROGRAM AREA	PROJECT	CONFERENCE ATTENDED	ABSTRACT NAME
DREAMS	Accelerated Targeted Community-based HIV Testing Services	South Africa AIDS 2019	Improving case identification in community-based HIV testing: Implementing Index Testing approach
		International AIDS Society 2020	Improving case identification in community-based HIV testing: Implementing Index Testing approach
	DREAMS Social Asset building (SAB)	SA AIDS Conference 2023	Factors associated with retention of adolescents, girls, and young women in an HIV prevention program in South Africa