

ANNEXES

ANNEX I: EVALUATION STATEMENT OF WORK

SECTION C – DESCRIPTION/SPECIFICATIONS/STATEMENT OF WORK

1. Background

Development Problem:

At the project's inception, USAID/South Africa's Health and HIV/AIDS Strategy was responding to the overwhelming challenges posed by the epidemic on individuals, families, communities and society in South Africa. There had been a dramatic rise in HIV infections during the previous decade threatening to undermine many of the advances made since efforts to transform the sector began in 1994. During the fifteen years prior to the project, HIV infection rates among pregnant women in antenatal clinics went from less than one percent (in 1990) to over 30 percent (in 2005). The South African National Department of Health estimated that about five million, or one in ten South Africans, were infected with HIV. This was more than any other country in the world, and each day, more than 1,700 additional people became infected. In 2006, the South African Government declared Tuberculosis (TB) a crisis, which became exacerbated by the emergence of extremely drug resistant TB (XDR-TB).

Development Opportunities:

The South African Government (SAG) has committed significant financial and institutional resources to transforming the public services to meet the challenges of the HIV/AIDS epidemic and TB. Beginning even a few years before the project, the health budget has increased dramatically and the scale of transformation at district level has proceeded with high institutional and donor support. In many respects, the South African approach to the epidemic had been recognized as being among the most comprehensive programs in the world. However, as the HIV/AIDS and TB continued, there was an increasing demand for a strategic, coordinated approach to the epidemic and integration of quality HIV/AIDS and TB services into the primary health care (PHC) system which was determined the most effective vehicle through which to deliver these services in South Africa.

Meanwhile, USAID/South Africa programs aimed to achieve South Africa's President's Emergency Plan for AIDS Relief (PEPFAR) targets – 500,000 HIV positive people under treatment; 1.8 million HIV infections averted; and two million HIV/AIDS affected people receiving care and support. The Mission's PEPFAR and Health strategy focused on activities which leveraged USAID's core competencies in technical assistance, public-private partnerships, systems strengthening, and identifying and testing "best practices" that could be taken to scale. As a result, the approach of USAID/SA's program has focused on HIV/AIDS and TB services.

By taking this approach, USAID identified important opportunities to leverage both the strong desire on the part of the SAG for a comprehensive HIV response program as well as significant investments made by the host country and the donors to address HIV/AIDS and TB.

Target Areas:

USAID/JHU HIV COMMUNICATION PROGRAMME has a nationwide reach, but has concentrated efforts in Kwa-Zulu Natal, Gauteng, Mpumalanga, and Free State provinces. Within these provinces, activities are further geographically targeted in high transmission areas including mining, farming, and informal settlements. USAID/JHU HIV COMMUNICATION PROGRAMME utilizes market segmentation and gender-responsive targeted interventions to reach each of its target populations: in- and out-of-school youth; sex workers, people with HIV, high risk women, and adult men.

Project Approach and Implementation

Project Approach

The Johns Hopkins University Center for Communication Programs (JHU-CCP) is the prime awardee of the cooperative agreement. The primary objective of the project is to mobilize the energy and talents of communities, assist with building their capacities to address social norms related to health practices and help them gain the ability to manage key health issues especially those related to HIV/AIDS and TB. The project has a multi-sectoral approach to assist both USG and the SAG programs in efforts to influence social norms and practices that contribute to improved health behavior.

The importance of collaboration and coordination with the SAG cannot be overemphasized. Development of the activities to be implemented through the project focus on the following key principles identified by USAID and the Government of South Africa:

1. Activities are structured and implemented to maximize sustainability.
2. NGO activities supported by USAID should:
 - a. Integrate into the government's program and/or be complementary to the government's program.
 - b. Minimize overhead by maximizing resources being applied directly to the grants program.
3. New activities should be assessed through the lens of the short time for completion and sustainability.
4. Focus of activities should be on overcoming the challenges faced in the past.
5. Focus of activities should be on the continued provision of technical assistance consistent with the SAG's priorities and needs.
6. Maximize the use of locally available expertise.

JHU-CCP provides a rapid response mechanism to award grants/contracts to local organizations implementing HIV/AIDS and/or TB activities. The JHU-CCP grant/contract management system

provides an array of related activities, starting with a solicitation document, program review, assessment of grant worthiness, negotiation, award, administration, monitoring, reporting, and closeout. In addition, JHU-CCP supports related activities to address institutional capacity building and technical assistance.

Utilizing the Pathways to a Health Competent Society conceptual framework, JHU-CCP has worked in three domains: 1) social political environment; 2) service delivery system; and 3) community and individual. Specific activities have included assistance to Government Departments, parastatal organizations, and local NGOs, CBOs and FBOs. JHU-CCP is working with a number of these organizations to expand and strengthen HIV/AIDS and/or TB activities at the community levels. Small grants financing combined with timely technical assistance have demonstrated to be an effective combination for enhancing their capacity and effectiveness. JHU-CCP has also continued to work with NGOs, CBOs and FBOs to build the community response to the epidemic.

Major Changes and Project Modifications:

Presidential Election

In April 2009, Jacob Zuma was elected President of South Africa, which marked an extreme shift in the national HIV response in South Africa. Since his inauguration, the South African Government has increased its investment in HIV/AIDS substantially and scaled up HIV services throughout the country. On December 1, 2011, President Zuma officially launched the National Strategic Plan (NSP) on HIV, STIs, and TB, 2012-2016. The NSP highlights four strategic objectives: addressing social and structural barriers that increase vulnerability to HIV, STI and TB infection; preventing new HIV, TB and STI infections; sustaining health and wellness; and increasing protection of human rights and improving access to justice.

Confederation's and World Cup

The Republic of South Africa played host to the Confederation's Cup and World Cup in 2009 and 2010, respectively. These two events attracted nearly a half a million extra tourists to the country. During and leading up to these events USAID/JHU HIV COMMUNICATION PROGRAMME provided substantial support to the increased HIV prevention efforts. USAID/JHU HIV COMMUNICATION PROGRAMME received an additional one million dollars to implement these activities.

PEPFAR Portfolio Re-Alignment

Since the beginning of the project, USAID/JHU HIV COMMUNICATION PROGRAMME has received funds to implement communication activities related to several diverse components of the HIV response. As priorities have changed the amount of resources from these different components have also changed.

In 2009, the South African PEPFAR program launched a process to revamp and refocus the prevention portfolio. For Country Operational Plan (COP) FY 2009, USAID/JHU HIV COMMUNICATION PROGRAMME and other programs received a 30% budget reduction. At

that time they were also guided to focus their programming much more directly on the drivers of the epidemic (e.g., multiple concurrent partners, low condom use, gender-based violence, drug and alcohol abuse, low prevalence of male circumcision).

In 2010, the SAG gave the green light for Voluntary Medical Male Circumcision (VMMC); USAID programmed some VMMC funds to USAID/JHU HIV COMMUNICATION PROGRAMME to support communication strategy development and subsequent work around demand creation.

On April 1, 2010, the SAG launched a massive HIV Testing and Counseling campaign. USAID/JHU HIV COMMUNICATION PROGRAMME provided substantial support for the campaign with no additional funding.

In 2010, as the Orphans and Vulnerable Children (OVC) portfolio was consolidating, the OVC component of USAID/JHU HIV COMMUNICATION PROGRAMME was eliminated. Two USAID/JHU HIV COMMUNICATION PROGRAMME sub-partners (Turntable Trust and The Valley Trust) were moved to an OVC partner. In response to dramatic cuts to the Prevention of Mother to Child Transmission (PMTCT) program, the PMTCT component of USAID/JHU HIV COMMUNICATION PROGRAMME was also eliminated in 2012.

Key Personnel Change:

On August 16, 2011, Richard Delate replaced Patrick Coleman as the Managing Director of USAID/JHU HIV COMMUNICATION PROGRAMME. Prior to this promotion, Mr. Delate served as the Deputy to Mr. Coleman for four years. The internal promotion ensured a smooth transition and was helpful in promoting continuity. Furthermore, the transition was accompanied by a well thought out plan which also included Mr. Coleman serving in an advisory capacity through the end of the calendar year. The current view of USAID staff is that this transition has not had an impact on project performance.

2. Purpose

This final evaluation report shall serve a dual purpose: (1) to learn to what extent the project's objectives and goals have been achieved; and (2) to inform the design of a new community-driven HIV prevention project.

The life of the current USAID implementing mechanism is scheduled to come to an end in March 2013. While the USAID/JHU HIV COMMUNICATION PROGRAMME project encompasses a diverse set of activities, the evaluation will concentrate its focus on the major level of effort components of the project (e.g., mass media, community mobilization). With PEPFAR/South Africa funding levels decreasing, the follow-on activity needs to integrate the most critical components of the USAID/JHU HIV COMMUNICATION PROGRAMME project in order to maximize performance.

The final report will provide concrete recommendations for the Mission's new community-driven HIV prevention project, outlining critical components to be included in the design. Technical recommendations within the evaluation report will serve as the basis for a concept paper for the new design and form the basis of the project description to be developed for any follow-on project.

The final evaluation must answer the following four key questions below related to the development hypothesis; appropriateness of strategies to change gender norms; engagement with diverse partners; and, how the overall structure and management of USAID/JHU HIV COMMUNICATION PROGRAMME affected performance.

1. Does the development hypothesis of the USAID/JHU HIV COMMUNICATION PROGRAMME program relate to the achievement of expected results as articulated in the original scope of work? If not, why not?
2. Has USAID/JHU HIV COMMUNICATION PROGRAMME implemented the most appropriate strategies to change social and gender norms and individual behaviors? If so, how?
 - a. Have the major components (e.g., mass media, community mobilization) been complementary and been able to reinforce key messages to maximize performance? If so, how?
 - b. Have the major components strengthened linkages across the continuum of response (Prevention, Care, and Treatment)? If so, how?
 - c. To what extent has USAID/JHU HIV COMMUNICATION PROGRAMME been able to integrate gender throughout its approach and how has this affected performance?
 - d. Has USAID/JHU HIV COMMUNICATION PROGRAMME implemented the most appropriate strategies to reach its target populations? If so, how?
 - e. To what extent has USAID/JHU HIV COMMUNICATION PROGRAMME addressed the key drivers of the epidemic (multiple concurrent partners, low condom use, drug and alcohol abuse, low prevalence of male circumcision)?
3. How has USAID/JHU HIV COMMUNICATION PROGRAMME's engagement with the diverse stakeholders in South Africa affected the performance of the project?
 - a. Coordination with and Technical Assistance to the South African Government (Department of Health, Department of Basic Education, Department of Social Development, South Africa National AIDS Council-Communications Technical Task Team)
 - b. Coordination with and Technical Assistance to USG implementing partners and local organizations
 - c. Partnerships with the Private Sector (e.g., Levi's, South African Broadcasting Corporation (SABC))
4. To what extent has the overall structure and management of USAID/JHU HIV COMMUNICATION PROGRAMME affected performance?

- a. How has the sub-grantee model (providing some sub-grants to organizations responsible for content development and other responsible for community mobilization) affected the performance and sustainability of the HIV response?
- b. How has this model strengthened the capacity of the local organizations supported directly through USAID/JHU HIV COMMUNICATION PROGRAMME?
- c. How has the linkage with Johns Hopkins University-Center for Communications Programs been a value added?

The Contractor shall use the USAID Evaluations Policy (<http://transition.usaid.gov/evaluation/USAIDEvaluationPolicy.pdf>) and any other relevant information. USAID may require representatives from USAID/Washington, USAID/SA, and DOH to participate as observers in parts of the evaluation and/or travel with the consultant team to site visits

3. Implementation Schedule

The table below indicates activities to be performed under the task order. The contractor will substantially follow the implementation/work plan in its proposal (See Attachment 1 for Contractor proposed Implementation Plan). In the event of any conflicts between the task order schedule and the implementation plan, the task order will take precedence.

Project Tasks	Milestone	Week
Preparatory activities; in-briefing with USAID/SA, Team planning meeting(s)	Briefing meeting held with USAID/SA	Week 1
Evaluation schedule; tools development and debriefing; review documents, reports and existing materials; complete protocol, pretest and finalize questionnaires, field work/data collection	Evaluation protocol and questionnaires complete	
Data Collection complete	End of week 5	Week 2-5
Analysis of findings and preparation of Draft Report. Draft Report shared with USAID	End of week 7	Week 6-7
Additional data collection/clarification of findings as needed	Feedback received from USAID	Week 8
Revision and oral presentation of the Final Evaluation Report	Evaluation Report presented to USAID	Week 9
Evaluation Report finalized	Final Report submitted	Week 10

4. Relationships and responsibilities

The Contracting Officer has appointed a TO COR. An alternate TO COR may be named upon award of the task order and the Contractor will be informed if this is the case. The Contracting Officer and the TO COR are the only official representatives of USAID for this contract and are

the only ones authorized to provide technical direction to the Contractor throughout the evaluation. The Contractor is expected to work together with the TO COR to implement the scope of work.

5. Logistics

A six-day work week is authorized if not in conflict with your organization's policies regarding work week. Local holidays are not authorized. The evaluation team will be responsible for all off-shore and in-country logistical support. This includes international and in-country travel (including vehicle rentals), hotel bookings, working/office space, computers, printing and photocopying. The evaluation team, in collaboration with USAID/Southern Africa, will arrange all meetings, interviews, site visits, in-briefing and out-briefing. In all other respects, the evaluation team should be self-sufficient.

[End of Section C - Statement of Work]

ANNEX II: EVALUATION METHODS AND LIMITATIONS

The short time period assigned to conduct the evaluation limited the scope. There was limited observation of actual service delivery which could be considered a gap. Data collected was based on interviewee responses with possible recall biases particularly for mass media communications related information. During the evaluation some of the sites originally identified for evaluation were not evaluated as they no longer existed or fell outside the targeted provinces which might have introduced selection bias. These have been listed in Annexes V and VI.

Taking into account the limitations that have been identified, the selection of sites represents more than 60% of USAID/JHU HIV COMMUNICATION PROGRAMME's sub-partners at the time of the evaluation.

ANNEX III: DATA COLLECTION INSTRUMENTS



INTERVIEW GUIDE FOR USAID ACTIVITY MANAGER

Interviewee:	
Position:	
Date:	
Interviewer(s):	

The focus of this evaluation is to assess the USAID funded program implemented by JHHESA.

We're interested in learning about your experiences, perspectives, and recommendations for improving this intervention which is why you've been asked to participate today.

Before we start I would like to remind you that there are no right or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and honest and to share your point of view. Your comments will NOT be linked to your name or identity in the final report. It is very important that we hear your personal opinion. We will be audio-recording today's discussion, so we will have a record of what is said.

I hope you'll feel free to speak openly and honestly, as everything that is said in this room will be held completely confidential.

I'd like the discussion to be informal, so there's no need to wait for me to call on you to respond.

The interview will take about 60 minutes

Your participation in this interview is completely voluntary. Are you willing to be interviewed?

YES/NO

Do you have any questions before we begin?

SECTION I: Organizational structure

1. Please describe the key components the USAID funded JHHESA programme in South Africa?

2. Please describe your role as USAID in supporting JHHESA’s activities in terms of :

i. Project management	
ii. Operations	
iii. Financing	
iv. Grants management	
v. Monitoring , Evaluation and reporting	
vi. Gender mainstreaming	
vii. Technical assistance	
viii. Capacity building	

3. In your understanding, how is the JHHESA USAID funded program managed and coordinated in relation to the following areas?

a) Project management	
b) Operations	
c) Financing	
d) Grants management	
e) Monitoring , Evaluation and reporting	

4. Briefly describe JHHESA’s contribution to the National Strategic Plan on HIV, STIs and TB 2012 – 2016?

5. Please describe support provided through JHHESA by sub-grantees under HIV prevention services including program targets, populations served, and districts targeted in terms of

Program area	Program target	Population served (PROBE: women, youth ,men, sex workers etc)	District
i. HCT			
ii. HIV prevention			
iii. Treatment care and support			
iv. OVC			

6. Briefly describe the grant management system between JHHESA and sub-grantees under this program in terms of the following:

i. The number of sub-grantees supported under this program	
ii. The selection procedure(s) for organizations for funding support? (Probe: what criteria are used?)	
iii. Capacity building activities for sub-grantees	
iv. Tracking and measuring success or outcomes (Probe : How does the JHHESA grant management system allow you to define, measure, and report on the key outcomes important to your organization)	
v. Monitoring (Probe :How does the system allow JHHESA to quickly monitor the performance and results for any program, grant, to quickly respond and make adjustments)	
vi. Budgeting (Probe: How does JHHESA keep track of and create budgets and manage the grant pipeline)	
vii. Grant application tracking (Probe: How does JHHESA allow faster compilation of application components)	

7. In your opinion, to what extent has JHHESA benefitted from the linkage with Johns Hopkins University- Center for Communications Programs in terms of? And why?

	Not at all	Somewhat	A great deal	Comments
i. Organizational development				
ii. Financial management				
iii. Training and capacity building (Probe: How does JHU-CCP “develop a cadre of public health professionals who are well-versed in strategic communication.”)				
iv. Knowledge management (Probe: how does JHU-CCP’s K4health assist you to synthesize experiential and scientific knowledge, share information broadly, and encourage local use and adaptation as necessary)				
v. Research and Evaluation				
vi. Development of social and behavior change communication strategies				

SECTION II Strategies to change social and gender norms

1. Describe JHHESA’s role in promoting behavior change communication programs in South Africa?

Describe the interpersonal communications, community mobilization and mass media campaigns used by JHHESA?

2. How is consistency in messaging between JHHESA , government and sub-grantees ensured?

How is the change measured? (Probe: trend analysis, formative evaluation, summative evaluations, post test assessments)

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Knowledge				
Awareness				
Attitude Change				
Behaviour change				

3. In your opinion please state if the campaign has improved the knowledge, attitude, behavior or intention of the individuals or community. If yes, did behavior change occur in the way it was expected? If no, why not?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Knowledge	Y/N	Y/N	Y/N	Y/N
Awareness	Y/N	Y/N	Y/N	Y/N
Attitude Change	Y/N	Y/N	Y/N	Y/N
Behaviour change	Y/N	Y/N	Y/N	Y/N

4. What were the negative campaign effects identified, if any?

Campaign 1	Campaign 2	Campaign 3	Campaign 4	

5. In your opinion were the campaigns able to assist the DoH in terms of..? Please explain

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
i. Increased Linkages to care and treatment services				
ii. Addressing key drivers of the epidemic eg concurrent partners, low condom utilization, drug and alcohol abuse, low MMC				

6. Did anything occur during the course of the program that could increase the target audience's reception to the campaign or desire to engage in competing behaviours?

SECTION III: Monitoring and Evaluation

1. Please state how JHHESA monitors programs ?

	Checking distribution of materials	Observing interpersonal outreach	Periodic focus groups	Other
At JHHESA	Y/N	Y/N	Y/N	Y/N
Of sub-grantees	Y/N	Y/N	Y/N	Y/N

2. How does JHHESA support new and existing sub-grantees to strengthen program monitoring and evaluation systems?

What reports does JHHESA submit to USAID, to whom, how often?

Report submitted	To Whom	Frequency

3. Please comment on the quality of the data submitted by JHHESA to USAID in relation to?

Dimension	Comment
Reliability	
Validity	
Timeliness	
Completeness	
Integrity	

4. What challenges have you noted in monitoring the programs, if any ?

Challenge	Comments

5. What suggestions would you make to improve data reporting by JHHESA , if any?

SECTION IV: Government collaboration, Advocacy and Liaison

1. Please describe JHHESA’s technical assistance work with Departments of Health, Basic Education, Social Development and SANAC in terms of?

Activity	DoH	DBE	DSD	SANAC Communications Technical Task Team
i. Policies and guidelines				
ii. Training				
iii. Monitoring and Evaluation of activities				
iv. Advocacy				

2. What activities does JHHESA undertake to build the capacity of SAG at the following levels?

Activity	DoH	DBE	DSD	SANAC Communications Technical Task Team
i. National				
ii. Provincial				
iii. District				

3. To what extent does JHHESA support SAG’s broader prevention strategy?

What have been some of the successes in these efforts to build capacity of the Department of Health?

4. What have been some of the challenges in these efforts to build capacity of the Department of Health?

5. What recommendation would you make to improve your capacity building efforts with the Department of Health?

6. What have been some of the successes in these efforts to build capacity of the Department of Basic Education?

7. What have been some of the challenges in these efforts to build capacity of the Department of Basic Education?

8. What recommendation would you make to improve your capacity building efforts with the Department of Basic Education?

9. What have been some of the successes in these efforts to build capacity of the Department of Social Development?

10. What have been some of the challenges in these efforts to build capacity of the Department of Social Development?

11. What recommendation would you make to improve your capacity building efforts with the Department of Social Development?

12. What have been some of the successes in these efforts to build capacity of the Department of Communications Technical Task Team?

13. What have been some of the challenges in these efforts to build capacity of the Department of Communications Technical Task Team?

What recommendation would you make to improve your capacity building efforts with the Department of Communications Technical Task Team?

14. Which other SAG departments (eg Women, Children and People with Disabilities) does JHHESA support? Describe activities?

Briefly describe any research JHHESA has undertaken as part of its collaboration with SAG

SECTION V: Training/Human Capacity Development

1. Describe the range of training programs and courses supported by JHHESA under this program in terms of target participants, and number trained?

Training program	Description (brief) (Probe: duration of training, accredited)	Target participants	Number of people trained

2. What have been some of the successes of the training program?

3. Have the training programs been evaluated? If so, how?

4. What have been some of the challenges of the training programs?

SECTION VI: Strategic partnerships

1. Please describe JHHESA's role in the partnerships with the private sector? What were the challenges and successes of the partnership?

Organisation	Role of JHHESA	Role of partner	Challenges	Successes
i. Levis				
ii. SABC				
iii. etv				

2. What are the benefits that JHHESA provides to subgrantees and partners?

3. How does JHHESA identify new strategic partners for development?

4. Describe activities undertaken by JHHESA to build subgrantees capacity to provide community-driven HIV prevention?

5. How does JHHESA facilitate the development of partnerships between subgrantees and other organizations?

6. Please describe significant successes in providing technical assistance and financial support to sub-grantees

7. Please explain any significant challenges in achieving JHHESA’s targets through sub-grantees?

8. In what way could this support have been improved?

SECTION VII : Gender mainstreaming process

1. Which campaigns specifically addresses gender, what is the approximate percentage of funds for these campaigns, what is the target?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
i. Percentage of total funds				
ii. Target group (Probe: women in general , young women, rural women, sex workers, men)				

2. What informs the campaign in terms content, implementation strategy, target group, location? What role does USAID play?

3. Is there special support for gender mainstreaming from USAID in terms of?

<i>Resources/Activities</i>	<i>Y/N</i>	<i>Describe</i>
i. Staff training/ workshops on gender		
ii. Gender mainstreaming Policies		
iii. Work groups		
iv. Materials		

4. In your opinion has the JHHESA program been successful in gender mainstreaming through its activities If yes, explain. If no, why not?

SECTION VIII: Program design/Grants Management

1. What are the components of this program that you believe will enhance its sustainability? Why?

2. What have been some of the key lessons in terms of successes of this program?

3. What have been some of the key challenges?

4. In your opinion, did the program achieve its aims? Describe how [Briefly]

5. What recommendation would you make to JHHESA to improve the implementation of this program going forward

6. In your opinion how should USAID improve its support to the JHHESA funded project or similar in the future?

THANK YOU FOR TAKING TIME TO TALK TO US!



INTERVIEW GUIDE FOR SUB-GRANTEE

Content Development

Name of organization being interviewed:	
Interviewee:	
Position:	
Date of interview:	
Interviewer:	

The focus of this evaluation assessment is to assess the USAID funded HIV communication program implemented by JHHESA. We're interested in learning about your experiences, perspectives, and recommendations for improving this intervention which is why you have been asked to participate today.

Before I start I would like to remind you that there are no right or wrong answers in this discussion. I am interested in knowing what you think, so please feel free to be frank and honest and to share your point of view. It is very important that I hear your personal opinion. I will be audio-recording today's discussion, only for our own purposes of evaluating the data. I hope you'll feel free to speak openly and honestly, as everything that is said in this room will be held completely confidential.

Your comments will NOT be linked to your name or identity in the final report. The interview will take about 60 minutes.

*Your participation in this interview is completely voluntary. Are you willing to be interviewed?
YES/NO*

Do you have any questions before we begin?

SECTION I: Organizational structure

1. Could you briefly describe your organizational structure including numbers of full-time staff, part-time staff, and volunteers and their roles?

2. Please briefly describe the JHHESA funded services provided by your organization and the names of the communities served:

Services provided	Yes/No	Communities served
Community radio		
Communication training		
Communications research		
Community dialogue		
Community education and literacy		
Film and television production		
Public health communication campaigns		
Advocacy		
Other (specify)_____		
Other (specify)_____		

3. To what extent has your organization benefitted from the linkage with JHHESA in terms of?

Please answer either “Not at all,” “somewhat,” “a great deal.”

	Not at all	Somewhat	A great deal
Organizational development			
Financial management			
Training and capacity building			
Research and evaluation			
Development of social and behavior change communication strategies			
Communication material development			
Communication material dissemination			

4. Please describe program areas which your organization supports (JHHESA and non-JHHESA supported)

Program area	JHHESA supported	Non-JHHESA supported (State name of organization)
HCT		
HIV prevention		
<ul style="list-style-type: none"> • Intergenerational sex 		
<ul style="list-style-type: none"> • VMMC 		
<ul style="list-style-type: none"> • Condom utilization 		
<ul style="list-style-type: none"> • Multiple and concurrent partners 		
<ul style="list-style-type: none"> • Transactional sex 		
<ul style="list-style-type: none"> • Treatment care and support 		

Gender mainstreaming		
OVC		
Treatment		
Drug and alcohol abuse		
TB		
Sexual and reproductive health		

SECTION II Strategies to change social and gender norms

1. Describe the interpersonal communications, community mobilization and mass media activities your organization implemented with JHHESA funding.

2. Describe which channels/type of media your organization used for interpersonal communication, community mobilization and mass media activities? (Interviewer: Tick all applicable)

Channel	Channel type	Comments
TV	TV shows	
	TV spots	
Print	Billboards	
	Brochures	
	Newspapers	
	Newletters	
	Magazines	
Radio	Radio spots	
	Radio adverts	

Mobile technology	Cellphones	
	Email	
Internet	Websites	
	Internet adverts	
Promotional material	Condom packs	
	T shirts, caps and clothing items	
Interpersonal Strategies	Peer education	
	Workshops	
	Hotlines	
Social media	Facebook	
	Twitter	
	YouTube	
Other (specify)		

3. Please describe the goals and objectives of each campaign?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Goal				
Objective				

4. Describe the key driver of the epidemic that the campaign aims to address? (INTERVIEWER: Tick all applicable)

Driver	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Multiple concurrent partners				
Low condom use				
Drug and alcohol abuse				
Low prevalence of male circumcision				
Intergenerational sex				
Gender Inequality				

5. Describe the process your organization uses to identify target audiences for your communication activities.

6. Briefly describe the process that your organisation uses to develop messages for your target audiences. PROBE: Does the community and target audiences participate in the development of the messages? If so, how?

7. Do you pilot your communication activities prior to implementation and roll out? PROBE: If so, how?

8. Do you address cultural issues in the design and implementation of your communication activities? PROBE: If so, how?

9. Can you describe the expected outcomes of the campaign in terms of the following:

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Knowledge				
Awareness				
Attitude Change				
Behaviour change				

10. Do you try to establish consistency in messaging between all the interpersonal communications, community mobilization, and mass media activities? (PROBE: If so, how?)

11. Has JHHESA talked to you about maintaining consistency in messaging between your organization, JHHESA and other organizations? PROBE: If so, how do you ensure that consistency?

12. How is the change measured? (Probe: trend analysis, formative evaluation, summative evaluations, post test assessments)

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Knowledge				
Awareness				
Attitude Change				
Behaviour change				

13. In your opinion please state if the campaign has improved the knowledge, attitude, behavior or intention of the individuals or community. If yes, did behavior change occur in the way it was expected? If no, why not?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Knowledge	Y/N	Y/N	Y/N	Y/N
Awareness	Y/N	Y/N	Y/N	Y/N
Attitude Change	Y/N	Y/N	Y/N	Y/N
Behaviour change	Y/N	Y/N	Y/N	Y/N

14. Did change in knowledge, attitude, behavior or intention of the individuals or community occur in the way it was expected. If no, why not?

15. What were the negative campaign effects identified, if any?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4

In your opinion were your activities able to assist the DoH in terms of the following: Why or why not?

	Response
Increased Linkages to care and treatment services	
Multiple concurrent partners	
Low condom use	
Drug and alcohol abuse	
Low prevalence of male circumcision	
Intergenerational sex	

16. Did anything occur during the course of the program that could increase the target audience's reception to the campaign or desire to engage in competing behaviours?

SECTION III: Monitoring and Evaluation

1. In general, how did you measure outputs and outcomes of the JHHESA-funded communication activities? (Probe: distribution of materials, trend analysis, formative evaluation, summative evaluations, post test assessments)

2. Did JHHESA support your organization to strengthen program monitoring and evaluation systems? PROBE: If so, how?

3. What reports do you submit to JHHESA and how frequently?

Report submitted	Frequency

4. How do you ensure data quality of the submitted reports?

Dimension	Method to ensure quality
Reliability	
Validity	
Timeliness	
Completeness	

SECTION IV: Government collaboration, Advocacy and Liaison

To what extent does your organization work with government organisations? What is JHHESA’s role in facilitating this?

	Not at all	Somewhat	A great deal	JHHESA’s role (if any)	Comments
i. DoH					
ii. DBE					
iii. DSD					
iv. SANAC Communications					

Technical Task					
Team					

1. What have been some of the successes in these efforts to build capacity of the SAG?

2. What have been some of the challenges in these efforts to build capacity of the SAG ?

3. What recommendation would you make to improve your capacity building efforts with SAG?

4. What have been some of the successes in these efforts to build capacity of the SAG?

5. What recommendation would you make to improve your capacity building efforts with SAG?

SECTION V: Training/Human Capacity Development

1. Describe the range of training programs and courses supported by JHHESA under this program?

Name of training program	Description of training	Target participants	Number of people trained through JHHESA funding to date

2. What have been some of the successes of the training program?

3. What have been some of the challenges of the training programs?



SECTION VI: Strategic partnerships

1. In your opinion, what are the benefits that JHHESA provides to your organization?

2. In your opinion, what support that you received from JHHESA has provided the biggest impact?

3. What were some of the challenges your organization faced related to carrying out specific activities?

- BCC planning

- IPC/C Trainings

ComMob and Local Advocacy

Mass Media

Organizing and Supporting Health Events

Training and Capacity Building

Monitoring and Evaluation

What could be done differently next time to overcome those challenges?

- BCC planning

IPC/C Trainings

ComMob and Local Advocacy

Mass Media

Organizing and Supporting Health Events

Training and Capacity Building

Monitoring and Evaluation

What services, programs, activities that you currently implementing will continue without support from JHHESA? Why?

Services, Programs, Activities	With JHHESA	Without JHHESA

4. Do you think JHHESA meets an important need for your organization? Please explain (**PROBE** for their perspective on what their needs are and which of these JHHESA could or could not appropriately address)

SECTION VIII : Gender mainstreaming process

1. Which campaigns specifically addresses gender, what is the approximate percentage of funds for these campaigns?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Address gender				
Percentage of total funds				
Target group (Probe: women in general , young women, rural women, sex workers)				

2. What is the involvement of women in the conceptualisation, implementation and monitoring of these campaigns?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4

3. Is there special support for gender mainstreaming?

Resources/Activities	Y/N
Staff training/ workshops on gender	
Work groups	
Materials	

THANK YOU FOR TAKING THE TIME TO TALK TO US!



INTERVIEW GUIDE

NDOH/DBE/DSD/SANAC/Private Sector Partners

Name of Department/Organization	
Interviewer	
Date	

University Research South Africa is conducting an evaluation to assess the USAID funded HIV and communication programs implemented by JHHESA.

We're interested in learning about your experiences, perspectives, and recommendations for improving this intervention which is why you've all been asked to participate today.

Before we start I would like to remind you that there are no right or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and honest and to share your point of view. Your comments will NOT be linked to your name or identity in the final report. It is very important that we hear your personal opinion. We will be audio-recording today's discussion, so we can better analyze the information we gather.

I hope you'll feel free to speak openly and honestly, as everything that is said in this room will be held completely confidential. In addition, it is important for all participants to respect the confidentiality and privacy of everyone in this discussion.

I'd like the discussion to be informal, so there's no need to wait for me to call on you to respond. The interview will take about 60 minutes

*Your participation in this interview is completely voluntary. Are you willing to be interviewed?
YES/NO*

Do you have any questions before we begin?

SECTION I: Program implementation and design

1. Briefly describe your role and the role of your directorate/organization in HIV prevention and care in South Africa?

Interviewee role	
Role of Directorate/Organization	

2. Could you describe the work and contribution of JHHESA to your department/organization ?
PROBE What coordination and technical assistance roles did JHHESA provide to your department/organization?

3. Describe your experience working with JHHESA ? **PROBE** What else?

4. In your opinion, what has been JHHESA’s contribution to policy and public awareness in HIV prevention in South Africa, in your organisation?

5. What would you consider to be the significant successes of JHHESA’s program ? (**PROBE:** What in your mind have been the key components that you believe created value?)

6. Were there any challenges your department/organization faced working with JHHESA? **PROBE:** Which ones?

7. How would you describe JHHESA's contribution to your organisation's HIV and TB communication strategy?

8. Are there any strategies in place to ensure that your organisation and JHHESA's campaign messages are consistent? If so, **PROBE**, which ones?

9. What recommendations would you make to JHHESA to improve program implementation and activities?

SECTION II: Education and training

1. How would you describe JHHESA's contribution to health communication education and training for HIV prevention nationally and regionally?

2. Briefly describe some specific JHHESA education and training programs you are aware of.

3. How does JHHESA involve your department/organization in their education and training activities?

SECTION III: Health System strengthening

1. In your opinion, how has JHHESA contributed to health system strengthening in South Africa ?

PROBE: -WHO Key component of a well-functioning health system]

i. Leadership and Governance Policy	
ii. Human Resources	
iii. Health Information Systems	
iv. Finance	
v. Access to medical products	

SECTION IV: Lessons learned

1. In your opinion, what are the lessons that have been learned from your department/organization’s collaboration with JHHESA?” (PROBE: What else)?

2. How can this lessons be replicated and what do you see as your role as government/organisation?

SECTION V: Sustainability

1. Do you think the initiatives implemented under the JHHESA’s HIV prevention program are sustainable? If so, how do you think they will be sustained? (PROBE: How will they be technically sustained? How will they be financially sustained?)

2. What are some of the benefits of the JHESA program that you believe will be long lasting?

3. Which components of this program do you believe still need to be supported? (PROBE: Why?)

THANK YOU FOR YOUR PARTICIPATION!

INTERVIEW GUIDE

JHHESA National Office - CEO

Interviewee:	
Position:	
Date :	
Interviewer:	

The focus of this evaluation assessment is to assess the USAID funded program implemented by JHHESA.

We're interested in learning about your experiences, perspectives, and recommendations for improving this intervention which is why you've all been asked to participate today.

Before we start I would like to remind you that there are no right or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and honest and to share your point of view. It is very important that we hear your personal opinion. We will be audio-recording today's discussion, so we will have a record of what is said

I hope you'll feel free to speak openly and honestly, as everything that is said in this room will be held completely confidential. In addition, it is important for all participants to respect the confidentiality and privacy of everyone in this discussion. We ask that opinions and perspectives expressed during this discussion are not shared with others outside of this group.

I'd like the discussion to be informal, so there's no need to wait for me to call on you to respond. Your comments will NOT be linked to your name or identity in the final report.

The interview will take about 60 minutes

*Your participation in this interview is completely voluntary. Are you willing to be interviewed?
YES/NO*

Do you have any questions before we begin?

SECTION I: Organizational Structure

1. Could you briefly describe JHHESA’s organizational structure at the national and provincial level?

2. To what extent has JHHESA benefitted from the linkage with Johns Hopkins University-Center for Communications Programs in terms of?

	Not at all	Somewhat	A great deal
Organizational development			
Financial management			
Training and capacity building (Probe: How does JHU-CCP “develop a cadre of public health professionals who are well-versed in strategic communication.”			
Knowledge management (Probe: how does JHU-CCP’s K4health assist you to synthesize experiential and scientific knowledge, share information broadly, and encourage local use and adaptation as necessary)			
Research and Evaluation			
Development of social and behavior change communication strategies			

3. Please describe the key components the USAID programme in South Africa?

4. How is the USAID program managed and coordinated in relation to the following areas?

a) Project management	
b) Operations	
c) Financing	
d) Grants management	
e) Monitoring , Evaluation and reporting	

5. Briefly describe JHHESA’s contribution to the National Strategic Plan on HIV, STIs and TB 2012 – 2016?

6. Please describe support provided through JHHESA by sub-grantees under HIV prevention services including program targets, populations served, and districts targeted in terms of:

HCT	
HIV prevention	
Treatment care and support	
OVC	

7. Briefly describe the grant management system between JHHESA and sub-grantees under this program in terms of the following:

i.	The number of sub-grantees supported under this program	
ii.	The selection procedure(s) for organizations for funding support?	
iii.	Capacity building activities for sub-grantees	
iv.	Tracking and measuring success or outcomes (Probe : How does the JHHESA grant management system allow you to define, measure, and report on the key outcomes important to your organization)	
v.	Monitoring (Probe :How does the system allow JHHESA to quickly monitor the performance and results for any program, grant, to quickly respond and make adjustments)	
vi.	Budgeting (Probe: How does JHHESA keep track of and create budgets and manage the grant pipeline)	
vii.	Grant application tracking (Probe: How does JHHESA allow faster compilation of application components)	

SECTION II: Strategies to Change Social and Gender Norms

1. Describe JHHESA’s role in promoting behavior change communication programs in South Africa?

2. Describe the interpersonal communications, community mobilization and mass media campaigns used?

Describe the channels used for interpersonal communication, community mobilization and mass media campaigns? (tick all applicable)

Channel	Channel type	Comments
TV	TV shows	
	TV spots	
Print	Billboards	
	Brochures	
	Newspapers	
	Newletters	
Radio	Magazines	
	Radio spots	
	Radio adverts	
Mobile technology	Cellphones	
	Email	
Internet	Websites	
	Internet adverts	
Promotional material	Condom packs	
	T shirts, caps and clothing items	
Interpersonal Strategies	Peer education	
	Workshops	
	Hotlines	
Social media	Facebook	
	Twitter	
	YouTube	

3. How are campaign goals defined?

4. Please describe the goals and objectives of each campaign?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Goal				
Objective				

5. Describe the key driver of the epidemic that the campaign aims to address? (Tick all applicable)

Driver	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Multiple concurrent partners				
Low condom use				
Drug and alcohol abuse				
Low prevalence of male circumcision				
Intergenerational sex				
Commercial sex				

6. Describe the process of identifying the target audience?

7. Briefly describe the process that JHHESA undertakes to develop precise messages?

8. What is the role of the community and target audience in the development of the precise messaging?

9. How are campaigns tested and piloted by JHHESA prior to implementation and roll out?

10. How is cultural sensitivity addressed in the design and implementation of campaigns?

11. Can you describe the expected outcomes of the campaign in terms of the following:

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Knowledge				
Awareness				
Attitude Change				
Behaviour change				

12. How is consistency in messaging between all the interpersonal communications, community mobilization campaigns and mass media campaigns maintained?

13. How is consistency in messaging between JHHESA , government and sub-grantees ensured?

14. How is the change measured? (Probe: trend analysis, formative evaluation, summative evaluations, post test assessments)

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Knowledge				
Awareness				
Attitude Change				
Behaviour change				

15. In your opinion please state if the campaign has improved the knowledge, attitude, behavior or intention of the individuals or community. If yes, did behavior change occur in the way it was expected? If no, why not?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Knowledge	Y/N	Y/N	Y/N	Y/N
Awareness	Y/N	Y/N	Y/N	Y/N
Attitude Change	Y/N	Y/N	Y/N	Y/N
Behaviour change	Y/N	Y/N	Y/N	Y/N

16. Did change in knowledge, attitude, behavior or intention of the individuals or community occur in the way it was expected. If no, why not?

17. What were the negative campaign effects identified, if any?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4

18. In your opinion were the campaigns able to assist the DoH in terms of

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Increased Linkages to care and treatment services				
Addressing key drivers of the epidemic eg concurrent partners, low condom utilization, drug and alcohol abuse, low MMC				

19. Did anything occur during the course of the program that could increase the target audience’s reception to the campaign or desire to engage in competing behaviours?

SECTION III: Monitoring and Evaluation

1. Briefly describe how you monitor programs?

	Checking distribution of materials	Observing interpersonal outreach	Periodic focus groups	
At JHHESA				
Of sub-grantees				

2. How do you support new and existing sub-grantees to strengthen program monitoring and evaluation systems?

3. What reports do you submit, to whom?

Report submitted	To Whom

4. How do you ensure data quality?

Dimension	Method to ensure quality
Reliability	
Validity	
Timeliness	
Completeness	

5. What challenges have you noted in monitoring the programs?

Challenge	Y/N	Comments

6. What suggestions would you make to improve data collection and reporting if any?

SECTION IV: Government Collaboration, Advocacy and Liaison

1. Please describe JHHESA’s technical assistance work with Departments of Health, Basic Education, Social Development and SANAC in terms of?

Activity	DoH	DBE	DSD	SANAC Communications Technical Task Team
i. Policies and guidelines				
ii. Training				
iii. Monitoring and Evaluation of activities				

2. What activities do you undertake to build the capacity of the Department of Health at following levels?

Activity	DoH	DBE	DSD	SANAC Communications Technical Task Team
i. National				
ii. Provincial				
iii. District				

3. To what extent does JHHESA support SAG’s broader prevention strategy?

4. What have been some of the successes in these efforts to build capacity of the Department of Health?

5. What have been some of the challenges in these efforts to build capacity of the Department of Health?

6. What recommendation would you make to improve your capacity building efforts with the Department of Health?

7. What have been some of the successes in these efforts to build capacity of the Department of Basic Education?

8. What have been some of the challenges in these efforts to build capacity of the Department of Basic Education?

9. What recommendation would you make to improve your capacity building efforts with the Department of Basic Education?

10. What have been some of the successes in these efforts to build capacity of the Department of Social Development?

11. What have been some of the challenges in these efforts to build capacity of the Department of Social Development?

12. What recommendation would you make to improve your capacity building efforts with the Department of Social Development?

13. What have been some of the successes in these efforts to build capacity of the Department of Communications Technical Task Team?

14. What have been some of the challenges in these efforts to build capacity of the Department of Communications Technical Task Team?

15. What recommendation would you make to improve your capacity building efforts with the Department of Communications Technical Task Team?

16. Briefly describe any research has JHHESA undertaken as part of its collaboration with government

SECTION V: Training/Human Capacity Development

1. Describe the range of training programs and courses supported by JHHESA under this program?

Training program	Description (brief)	Target participants	Number of people trained

2. What have been some of the successes

3. What have been some of the challenges?

SECTION VI: Strategic partnerships

1. Please describe the JHHESA's role in the partnerships with the private sector?

Organisation	Role of JHHESA	Role of partner	Challenges	Successes
Levis				
SABC				
etv				

2. What are the benefits that JHHESA provides to subgrantees and partners?

3. How does JHHESA identify new strategic partners for development?

4. Describe activities undertaken by JHHESA to build subgrantees capacity to provide community-driven HIV prevention?

5. How do you facilitate the development of partnerships between subgrantees and other organizations?

6. Please describe significant successes in providing technical assistance and financial support to sub-grantees

7. Please explain any significant challenges in achieving your targets through sub-grantees?

8. In what way could this support have been improved?

SECTION VII: Program Design/Grants Management

1. What are the components of this program that you believe will enhance its sustainability?

2. What have been some of the key lessons in terms of successes of this program?

3. What have been some of the key challenges?

4. Did the program achieve its aims? Describe how [Briefly]

5. What recommendation would you make to USAID to improve the implementation of this program going forward

SECTION VIII : Gender Mainstreaming Process

1. Which campaigns specifically addresses gender, what is the approximate percentage of funds for these campaigns?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4
Address gender				
Percentage of total funds				
Target group (Probe: women in general , young women, rural women, sex workers)				

2. What is the involvement of women in the conceptualisation, implementation and monitoring of these campaigns?

	Campaign 1	Campaign 2	Campaign 3	Campaign 4

3. Is there special support for gender mainstreaming?

Resources/Activities	Y/N
Staff training/ workshops on gender	
Work groups	
Materials	

THANK YOU FOR TAKING THE TIME TO TALK TO US!

FOCUS GROUP DISCUSSION GUIDE

Mass Media Campaign

Good morning/afternoon/evening. My name is _____ and I work for University Research South Africa (URSA). This is my colleague_____. We are studying the mass media campaigns implemented by JHHESA.

We're interested in learning about your experiences, perspectives, and recommendations for improving mass media campaigns which is why you've all been asked to participate today.

Our discussion will take about 2 hours.

Before we start I would like to remind you that there are no right or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and honest and to share your point of view. Although my colleague will be making notes during the discussion and audio-taping it, it is only for us to remember what points have been raised. She/he will not write down any names. So whatever you say will be confidential. Your comments will NOT be linked to your name or identity in the final report. It is very important that we hear your personal opinion.

Please remember, you are the experts and we are here to learn from you. Please don't tell us what you think we might want to hear. Tell us your views, whatever they are.

It is important for all participants to respect the confidentiality and privacy of everyone in this discussion. We ask that opinions and perspectives expressed during this discussion are not shared with others outside of this group.

I'd like the discussion to be informal, like a conversation, so there's no need to wait for me to call on you to respond. Before we begin, let's all introduce ourselves. Please tell us your name.

Your participation in this interview is completely voluntary. Are you willing to be interviewed?

YES/NO

Do you have any questions before we begin?

1. Have you ever heard of Intersexions? PROBE: What is Intersexions? What is it about?

2. Did you learn anything from Intersexions? What did you learn?

3. What do you think were the main HIV prevention messages from Intersexions?

4. Was this information useful to you? PROBE: In what way?

5. Was there any information that was new to you that Intersexions provided?

6. After watching Intersexion, did you do anything different to prevent HIV? (PROBE: reduce drug and alcohol use, reduce number of sexual partners, and increase condom use, visit your nearest health facility for HIV prevention services e.g. MMC, HCT, TB screening, PMTCT, FP, etc.)

7. Other than Intersexions, where else have you seen (or heard) information about HIV prevention? (PROBE: TV, radio, print, health workers)

8. Are the messages that you received from Intersexions the same as messages that you receive from other sources? (PROBE: e.g. TV, radio, health provider? If no, which messages are different? If yes, which messages are the same?)

9. Which channel for receiving HIV prevention messages do you prefer? Why? (PROBE: TV, radio, print, health workers)

10. Could you identify with any of the messages that were given during Intersexions?

11. Is there anything from Intersexions that you did not agree with? (PROBE: What did you especially like about Intersexions? What did you dislike about Intersexions?)

12. Was Intersexions accurate in portraying men and women and how their relationships affect HIV prevention e.g. GBV (PROBE: If yes, what do you think the message is?)

13. Do you think Intersexions empowered the community about HIV prevention? If yes, how?

14. Are there any other topic areas you wish Intersexions addressed that it didn't?

THANK YOU FOR YOUR TIME AND ASSISTANCE!

FOCUS GROUP DISCUSSION GUIDE

Community Interventions

Good morning/afternoon/evening. My name is _____ and I work for University Research South Africa (URSA). This is my colleague _____. We are studying the community interventions implemented by JHHESA.

We're interested in learning about your experiences, perspectives, and recommendations for improving community interventions, which is why you've all been asked to participate today.

Our discussion will take about 2 hours.

Before we start, I would like to remind you that there are no right or wrong answers in this discussion. We are interested in knowing what you think, so please feel free to be frank and honest and to share your point of view. Although my colleague will be making notes during the discussion and audio-taping it, it is only for us to remember what points have been raised. She/he will not write down any names. So whatever you say will be confidential. Your comments will NOT be linked to your name or identity in the final report. It is very important that we hear your personal opinion.

Please remember, you are the experts and we are here to learn from you. Please don't tell us what you think we might want to hear. Tell us your views, whatever they are.

It is important for all participants to respect the confidentiality and privacy of everyone in this discussion. We ask that opinions and perspectives expressed during this discussion are not shared with others outside of this group.

I'd like the discussion to be informal, like a conversation, so there's no need to wait for me to call on you to respond. Before we begin, let's all introduce ourselves. Please tell us your name.

*Your participation in this interview is completely voluntary. Are you willing to be interviewed?
YES/NO*

Do you have any questions before we begin?

Questions

1. Tell me what you know about HIV/AIDS prevention.

2. From where did you get most of this information? (**PROBE:** TV, radio, print, health workers)

3. Which channel of receiving HIV prevention messages do you prefer? Why? (**PROBE :** TV, radio, print, health workers)

4. Have you ever heard of Sisonke/ TVT/ DramAidE? **PROBE:** What is Sisonke/ TVT/ DramAidE?

5. Did you learn anything from the [Sisonke/TVT/DramAidE] event? **PROBE:** What did you learn?

6. What do you think were the main HIV prevention messages from [Sisonke/TVT/DramAidE]?

7. Was this information useful to you? **PROBE:** In what way?

8. Was there any information that was new to you that [Sisonke/TVT/DramAidE] provided?

9. Are the messages that you received from the event the same as messages that you receive from other sources e.g. TV, radio, health provider? If no, which messages? If yes, which messages?

10. What did you especially like about the event?

11. What did you dislike about the event?

12. Following the event did you have an opportunity to ask questions afterwards? If no, why not?

13. After the event to what extent did you do anything different to prevent HIV? [**PROBE:** reduce drug and alcohol use, reduce number of sexual partners, increase condom use, visit your nearest health facility for HIV prevention services e.g. MMC, HCT, TB screening , PMTCT, FP etc.]

14. Was the event accurate in portraying men and women and how their relationships affect HIV prevention [**PROBE:** If yes, what do you think the message is?]

15. To what extent have you been involved in the design, conceptualisation and planning of [Sisonke/TVT/DramAidE]?

16. Do you think the event empowered the community about HIV prevention? If yes, how?

THANK YOU FOR TAKING TIME TO TALK TO US!

ANNEX IV: SOURCES OF INFORMATION

LIST OF DOCUMENTS REVIEWED

1. ACSM Trainings – Workshops undertaken with districts and provinces to develop district and provincial level ACSM Strategies.
2. Advocacy and Capacity Building Partners
 - a. Anova/Wits HIV and the Media Project
 - b. Health-e
 - c. UKZN – CCMS
3. Communication Programmes – Documents pertaining to the USAID/JHU HIV Communication Campaigns being undertaken.
 - a. 4Play Sex Tips for Girls
 - b. Brothers for Life
 - c. Intersexions
 - d. Scrutinize
4. DOH – SANAC Support – Communication Strategy Documents developed for the Department of Health and SANAC.
 - a. National Infant Feeding Strategy
 - b. Khomanani Confederations Cup
 - c. Medical Male Circumcision
 - d. PMTCT A-Plan
5. NCS_Evaluations – Descriptive and combined impact of communication programmes.
 - a. 2009
 - b. 2012
 - c. Overview of the NCS
6. Qualitative Research Reports
7. Social Mobilisation Partner Reports – Reports that summarises partner programmes from 2008 - 2011
 - a. CMT
 - b. Lesedi Lechabile
 - c. Mothusimpilo
 - d. Turntable Trust
 - e. Valley Trust
 - f. Mindset Health – An evaluation of the Mindset Programme
8. USAID/JHU Strategic Documents
 - a. COPs
 - b. M&E Docs
 - c. MOUs
 - d. Quarterly and Annual Progress Reports

- e. Strategic Documents
- f. USAID Contract and Mods
- g. Workplans

9. USAID/JHU HIV COMMUNICATION PROGRAMME program monitoring database

10. Program Indicator List

ANNEX V: LIST OF SITES VISITED

Province	Dates	Sites Visited
Gauteng	29-Jan	USAID
Gauteng	30-Jan	USAID/JHU HIV COMMUNICATION PROGRAMME
Gauteng	04-Feb	Mothusimpilo
Gauteng	04-Feb	Sonke Gender
Gauteng	04-Feb	ANOVA
Gauteng	05-Feb	Curious Pictures
Gauteng	05-Feb	Health & Development Africa
Gauteng	05-Feb	CADRE
Gauteng	06-Feb	Joe Public
Free State	06-Feb	Lesedi Lechabile
KwaZulu Natal	11-Feb	FGD
KwaZulu Natal	11-Feb	FGD
KwaZulu Natal	11-Feb	The Valley Trust
KwaZulu Natal	12-Feb	Turn Table Trust
KwaZulu Natal	12-Feb	FGD
KwaZulu Natal	13-Feb	DramAidE
KwaZulu Natal	13-Jan	Provincial liaison
Gauteng	13-Jan	FGD
Gauteng	13-Feb	FGD
Gauteng	13-Feb	DOH
Gauteng	14-Jan	Provincial liaison
Gauteng	14-Feb	SABC
Gauteng	14-Feb	FGD
Gauteng	14-Feb	SANAC
KwaZulu Natal	14-Feb	Centre for Communication and Media Studies @ UKZN


ANNEX VI: LIST OF SITES EXCLUDED

Organisation	Location	Interviewed	Reason : if not interviewed
ABC Ulwazi	-	No	The organisation went insolvent a year ago
Cell-Life	Cape Town	No	It is a monitoring partner and provides primarily the software for the monitoring system, again based outside the selected provinces
The Community Health Media Trust (CHMT)	Cape Town	No	Organisation based outside the selected provinces
LifeLine Southern Africa	Limpopo & Northern Cape	No	Organisation based outside the selected provinces
Health-e News Service	Western Cape (Cape Town)	No	Organisation based outside the selected provinces
Matchboxology	Western Cape (Cape Town)	No	Organisation based outside the selected provinces
The Mindset Health Channel (MHC)	Gauteng	No	The contract with USAID/JHU HIV COMMUNICATION PROGRAMME ended more than a year ago

ANNEX VII: DISCLOSURE OF ANY CONFLICTS OF INTEREST

Name	Nondumiso Makhunga-Ramfolo
Title	Director, Research and Evaluation Advisor
Organization	
Evaluation Position?	<input checked="" type="checkbox"/> Team Leader <input type="checkbox"/> Team member
Evaluation Award Number <i>(contract or other instrument)</i>	
USAID Project(s) Evaluated <i>(Include project name(s), implementer name(s) and award number(s), if applicable)</i>	Johns Hopkins Health and Education South Africa Project Performance Evaluation
I have real or potential conflicts of interest to disclose.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If yes answered above, I disclose the following facts: <i>Real or potential conflicts of interest may include, but are not limited to:</i> <ol style="list-style-type: none"> 1. Close family member who is an employee of the USAID operating unit managing the project(s) being evaluated or the implementing organization(s) whose project(s) are being evaluated. 2. Financial interest that is direct, or is significant though indirect, in the implementing organization(s) whose projects are being evaluated or in the outcome of the evaluation. 3. Current or previous direct or significant though indirect experience with the project(s) being evaluated, including involvement in the project design or previous iterations of the project. 4. Current or previous work experience or seeking employment with the USAID operating unit managing the evaluation or the implementing organization(s) whose project(s) are being evaluated. 5. Current or previous work experience with an organization that may be seen as an industry competitor with the implementing organization(s) whose project(s) are being evaluated. 6. Preconceived ideas toward individuals, groups, organizations, or objectives of the particular projects and organizations being evaluated that could bias the evaluation. 	

I certify (1) that I have completed this disclosure form fully and to the best of my ability and (2) that I will update this disclosure form promptly if relevant circumstances change. If I gain access to proprietary information of other companies, then I agree to protect their information from unauthorized use or disclosure for as long as it remains proprietary and refrain from using the information for any purpose other than that for which it was furnished.

Signature	
Date	05 March 2013

ANNEX VIII: USAID/JHU HIV COMMUNICATION PROGRAMME STRATEGIC PARTNERS

Strategic Partners:

1. SANAC
2. Department of Health
3. Provincial Governments
4. JHU---CCP

Broadcast Partners

5. ABC Ulwazi (Radio)–Community Radio
6. SABC Education (TV and Radio)
7. E---TV (Television)
8. Mediology (Media Planning)

Research Partners

10. Health and Development Africa
11. Centre for AIDS, Development and Research (CADRE)

Media Advocacy Partners

12. Marcus Brewster Publicity (Media Advocacy)
13. Health---E (Media Advocacy)

Creative Partners

14. JoePublic (Creative Agency)
15. Matchboxology (Creative Agency)
16. Curious/ Quizzical Pictures (Creative Production Company)
17. Paprika Communications (Print Publications)

Capacity building Partners

18. Community MediaTrust (Siyayinqoba–Beat It–Training of Community Health Care Workers)
19. Sonke Gender Justice – Training for Men’s Sector on Brothers for Life
20. Wits HIV and the Media Project
21. UKZN – Centre for Cultural and Media Studies

Community Outreach Partners working with youth, women, men, traditional structures

22. Lesedi Lechabile – Free State, Lejwelephutswa
23. Mothusimpilo, Guateng – West Rand
24. Turntable Trust, KZN, Sinonke
25. The Valley Trust (KZN, Ethekewini)
26. NRASD (Eastern Cape, KZN, Western Cape)
27. One Voice (KZN, EC and WC) – Project phased out
28. Lighthouse Foundation – Project phased out
29. Footballers for Life – Project phased out
30. Mindset Health – Project phased out

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