



Appendices to the Evaluation Report

Children in Distress Network (CINDI)

May'khethele OVC Programme

Prepared by

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1 APPENDICES

APPENDIX 1- ADDITIONAL EVALUATION QUESTIONS

- What have been the benefits of accessing HIV counseling and testing services and knowing one's status?
- Has there been change in HIV/AIDS related knowledge?
- Has there been a change in sexual practices among target beneficiaries?
- How has the educational support received from the program improved school attendance and performance?
- What, if any change did access to care and support in schools have on educational outcomes such as attendance and performance?
- Has the OVC emotional wellbeing improved? Has the program in any way helped to improve self-esteem?
- Has the program helped in accessing legal protection in case of need?
- How well did the program address the need for acquiring legal documents; like birth registration or ID?
- How well has the program facilitated access to services to children which were denied legal status?

Has the program helped access to HIV related health care services including ART?

- Was the training effective in improving skills and knowledge among care givers
- How does the approach to and model of training compare with others in terms of delivering the intended results
- Did the training enhance good family functioning (relationship between the OVC and their primary caregiver)?
- Have the parents/primary care givers improved their parenting skills?

Have care provider attitudes' improved?

APPENDIX 2 – QUANTITATIVE ANALYSIS RESULTS

Breakdown of quantitative survey sample per school

School	Number of learners		Intervention versus control	
	Count	Percentage	Classification	Percentage
Gobindlovu	81	9.5%	Intervention	64%
Edendale HS	77	9.1%	Intervention	
Sukuma Comprehensive	69	8.1%	Intervention	
Zamazulu HS	68	8.0%	Intervention	
Umthoqotho HS	66	7.8%	Intervention	
Bongudunga	62	7.3%	Intervention	
Georgetown	50	5.9%	Intervention	
Skhululiwe SS	28	3.3%	Intervention	
Imvunulo SS	24	2.8%	Intervention	
Ikusaselihle HS	20	2.4%	Intervention	
Willowfountain	92	10.8%	Control	36%
Bheximba HS	91	10.7%	Control	
Mcomjwana HS	81	9.5%	Control	
ML Sultan	40	4.7%	Control	
Total	849	100%		

Gender of learners in intervention and control groups

Gender	Intervention group (n=545)	Control group (n=304)
Female	57%	62%
Male	43%	38%

Percentage of learners older than 16 at Intervention and Control Schools

	Percentage of learners older than 16
Intervention group (n=545)	48%
Control group (n=304)	73%

Percentage of learners who CORRECTLY ANSWERED each of 17 HIV knowledge items, by three sets of comparisons

Item	Comparison 1			Comparison 2 (#)			Comparison 3		
	Intervention (10 schools)	Control (4 schools)	Statistically significant difference?	Intervention (10 schools)	Control (3 schools)	Statistically significant difference?	Intervention OVC	Intervention Not OVC	Statistically significant difference?
HIV causes AIDS (<i>True</i>)	86%	89%	No	86%	89%	No	85%	88%	No
A person with HIV can look healthy (<i>True</i>)	92%	87%	Yes	92%	85%	Yes	91%	93%	No
You can only get HIV/AIDS through sex (<i>False</i>)	95%	89%	Yes	95%	89%	Yes	96%	92%	No
Kissing transmits HIV/AIDS (<i>False</i>)	74%	77%	No	74%	74%	No	75%	74%	No
If a man is circumcised he will definitely not be infected by HIV (<i>False</i>)	82%	82%	No	82%	82%	No	82%	82%	No
HIV/AIDS can be transmitted from a mother to her unborn child (<i>True</i>)	86%	84%	No	86%	82%	No	84%	90%	No
Antiretroviral drugs (ARVs) cure HIV (<i>False</i>)	72%	65%	Yes	72%	63%	Yes	71%	72%	No
You can get HIV by sitting on the same toilet seat used by someone who has HIV (<i>False</i>)	92%	95%	No	92%	95%	No	92%	90%	No
Taking a shower or a bath immediately after sex prevents HIV infection (<i>False</i>)	86%	87%	No	86%	88%	No	83%	86%	No
Even if both partners have HIV they should always use condoms when having sex (<i>True</i>)	95%	95%	No	95%	95%	No	94%	96%	No
Only people with multiple partners contract HIV/AIDS (<i>False</i>)	80%	72%	Yes	80%	73%	Yes	77%	80%	No

Sangomas know how to cure HIV/AIDS (<i>False</i>)	99%	98%	No	99%	98%	No	99%	98%	No
If a couple have been faithful for a long time they don't have to use a condom (<i>False</i>)	83%	84%	No	83%	83%	No	82%	83%	No
A person can't get HIV from mosquito bites (<i>True</i>)	64%	54%	Yes	64%	52%	Yes	64%	63%	No
Sex with a married person is safe (<i>False</i>)	79%	84%	No	79%	84%	No	77%	81%	No
Having sex with a virgin can cure HIV (<i>False</i>)	96%	95%	No	96%	96%	No	96%	96%	No
A person can't get HIV by drinking from the same cup as someone who is infected (<i>True</i>)	83%	75%	Yes	83%	73%	Yes	85%	79%	No

Note: Statistical significance was determined by means of Chi-square tests

(#) Comparison 2: One control school excluded

Percentage of learners who AGREED with each of 11 statements concerning HIV/AIDS, by three sets of comparisons

Item	Comparison 1			Comparison 2 (#)			Comparison 3		
	Intervention (10 schools)	Control (4 schools)	Statistically significant difference?	Intervention (10 schools)	Control (3 schools)	Statistically significant difference?	Intervention OVC	Intervention Not OVC	Statistically significant difference?
I am tired of hearing about HIV/AIDS	24%	29%	No	24%	25%	No	24%	26%	No
Everybody knows about HIV/AIDS	62%	59%	No	62%	62%	No	63%	62%	No
There's no point in abstaining or practicing safe sex because in the end we will all die anyway	18%	17%	No	18%	15%	No	19%	21%	No
If a person has HIV they must keep it a secret	21%	25%	No	21%	25%	No	24%	19%	No
Only promiscuous (sleeping around) people get infected with HIV / AIDS	32%	37%	No	32%	39%	No	37%	27%	Yes
Abstinence (not having sex) is the best method of preventing HIV/AIDS	78%	78%	No	78%	78%	No	76%	81%	No
I will never fall in love with an HIV positive person	39%	38%	No	39%	37%	No	42%	42%	No
It is fine for women or girls to be a 'player.	3%	4%	No	3%	3%	No	4%	1%	No
It is fine for men or boys to be a 'player'	4%	8%	Yes	4%	6%	No	6%	2%	Yes
I would share things (toilet seats, utensils, bath, etc.) with an HIV positive person	81%	83%	No	81%	84%	No	79%	84%	No
A teacher who is HIV positive but is not sick should be allowed to continue teaching in school	92%	92%	No	92%	92%	No	92%	92%	No

Note: Statistical significance was determined by means of Chi-square tests(#)

Comparison 2: One control school excluded

Responses with regard to five HIV/AIDS related undertakings: Comparison 1

Comparison 1	No	Maybe	Definitely	Number of respondents	Statistically significant difference?
I will disclose my HIV/AIDS status if I am HIV positive					
Intervention (10 schools)	21%	44%	35%	542	No Chi-square = 0.074 p = 0.964
Control (4 schools)	20%	44%	36%	301	
Total	21%	44%	35%	843	
I will support fellows/peers who are infected and affected by HIV/AIDS					
Intervention (10 schools)	1%	10%	89%	545	Yes Chi-square = 8.003 p<0.05
Control (4 schools)	2%	15%	83%	304	
Total	1%	12%	87%	849	

Responses with regard to five HIV/AIDS related undertakings: Comparison 2

Comparison 2 (#)	No	Maybe	Definitely	Number of respondents	Statistically significant difference?
I will abstain (not have sex) up until marriage					
Intervention (10 schools)	6%	42%	52%	542	Yes Chi-square = 6.291 p<0.05
Control (3 schools)	9%	47%	44%	264	
Total	7%	43%	50%	806	
I will use condoms every time when I have sex					
Intervention (10 schools)	2%	21%	78%	545	No Chi-square = 4.608 p = 1.00
Control (3 schools)	4%	22%	75%	263	
Total	2%	21%	77%	808	
I am interested in testing for HIV/AIDS and knowing my status					
Intervention (10 schools)	2%	8%	90%	545	Yes Chi-square = 6.213 p<0.05
Control (3 schools)	4%	3%	93%	263	
Total	3%	6%	91%	808	

(#) Comparison 2: One control school excluded

Responses with regard to five HIV/AIDS related undertakings: Comparison 3

Comparison 3	No	Maybe	Definitely	Number of respondents	Statistically significant difference?
I will abstain (not have sex) up until marriage					
Intervention: OVC	7%	44%	49%	317	No Chi-square = 4.232 p = 0.121
Intervention: Not OVC	4%	37%	59%	162	
Total	6%	42%	52%	479	
I will use condoms every time when I have sex					
Intervention: OVC	1%	20%	79%	317	No Fisher's test = 0.246 p = 1.000
Intervention: Not OVC	1%	20%	79%	165	
Total	1%	20%	79%	482	
I will disclose my HIV/AIDS status if I am HIV positive					
Intervention: OVC	24%	41%	35%	316	No Chi-square = 1.592 p = 0.451
Intervention: Not OVC	19%	44%	37%	163	
Total	22%	42%	36%	479	
I am interested in testing for HIV/AIDS and knowing my status					
Intervention: OVC	2%	6%	92%	317	No Chi-square = 2.590 p = 0.274
Intervention: Not OVC	3%	10%	87%	165	
Total	3%	7%	90%	482	
I will support fellows/peers who are infected and affected by HIV/AIDS					
Intervention: OVC	<1%	10%	89%	317	No Fisher's test = 2.923 p = 0.204
Intervention: Not OVC	2%	9%	89%	165	
Total	1%	10%	89%	482	

“Learners have access to HIV testing in my community”, by three sets of comparisons

Comparison	Yes	No	Don't know	Number of respondents	Statistically significant difference?
Comparison 1					
Intervention (10 schools)	59%	15%	26%	543	No Chi-square = 0.096 p = 0.953
Control (4 schools)	59%	15%	26%	304	
Total	59%	15%	26%	847	
Comparison 2 (#)					
Intervention (10 schools)	59%	15%	26%	543	No Chi-square = 2.585 p = 0.275
Control (3 schools)	63%	17%	20%	264	
Total	60%	16%	24%	807	
Comparison 3					
Intervention: OVC	59%	14%	27%	316	No Chi-square = 2.161 p = 0.340
Intervention: Not OVC	59%	18%	23%	164	
Total	59%	15%	26%	480	

(#) Comparison 2: One control school excluded

Time since most recent HIV test, by three sets of comparisons

Time since test	Comparisons		
	Intervention group (10 schools, n=542)	Control group (4 schools, n=302)	Statistically significant difference?
Between 2-4 years	6%	3%	No Chi-square = 9.309 p = 0.054
Between 1-2 years	16%	12%	
Within the past year	44%	52%	
Never	27%	27%	

Don't know	7%	6%	
Total	100%	100%	
Comparison 2 (#)			
Comparison 2 (#)	Intervention group (10 schools, n=542)	Control group (3 schools, n=263)	Statistically significant difference?
Between 2-4 years	6%	3%	Yes Chi-square = 15.970 p<0.05
Between 1-2 years	16%	11%	
Within the past year	44%	57%	
Never	27%	24%	
Don't know	7%	5%	
Total	100%	100%	
Comparison 3			
Comparison 3	Intervention: OVC (n=316)	Intervention: Not OVC (n=163)	Statistically significant difference?
Between 2-4 years	5%	9%	No Chi-square = 5.831 p = 0.212
Between 1-2 years	18%	13%	
Within the past year	45%	41%	
Never	24%	31%	
Don't know	7%	6%	
Total	100%	100%	

(#) Comparison 2: One control school excluded

Time since most recent HIV test, by school

School	Classification	Time since test				Number of learners
		More than 1 year ago	Within the past year	Never	Don't know	
Gobindlovu	Intervention	33%	52%	10%	5%	79
Edendale HS	Intervention	8%	35%	48%	9%	77

Sukuma Comprehensive	Intervention	27%	28%	33%	12%	69
Zamazulu HS	Intervention	13%	38%	40%	9%	68
Umthoqotho HS	Intervention	22%	23%	46%	9%	65
Bongudunga	Intervention	16%	60%	18%	7%	62
Georgetown	Intervention	24%	48%	22%	6%	50
Skhululiwe SS	Intervention	25%	75%	0%	0%	28
Imvunulo SS	Intervention	34%	58%	0%	8%	24
Ikusaselihle HS	Intervention	35%	60%	5%	0%	20
Willowfountain	Control	17%	60%	22%	1%	92
Bheximba HS	Control	12%	58%	24%	6%	91
Mcomjwana HS	Control	11%	53%	28%	9%	80
ML Sultan	Control	21%	15%	49%	15%	39
Total		7%	27%	46%	19%	844

Responses with regard to nutrition statements: Comparison 2

Comparison 2 (#)	None of the time	Some of the time	All of the time	Number of respondents	Statistically significant difference?
I eat at least two meals a day					
Intervention (10 schools)	8%	66%	26%	544	No Chi-square = 3.885 p = 0.143
Control (3 schools)	6%	62%	32%	262	
Total	7%	65%	28%	806	
I have enough food to eat					
Intervention (10 schools)	11%	49%	40%	543	No Chi-square = 0.186 p = 0.911
Control (3 schools)	11%	50%	39%	262	
Total	11%	49%	40%	805	
I go to bed hungry					
Intervention (10 schools)	59%	35%	6%	541	Yes Chi-square = 9.014 p<0.05
Control (3 schools)	51%	45%	4%	263	
Total	56%	38%	6%	804	

(#) Comparison 2: One control school excluded

Responses with regard to nutrition statements: Comparison 3

Comparison 3	None of the time	Some of the time	All of the time	Number of respondents	Statistically significant difference?
I eat at least two meals a day					
Intervention: OVC	4%	65%	31%	317	Yes Chi-square = 16.119 p<0.05
Intervention: Not OVC	13%	67%	20%	164	
Total	7%	66%	27%	481	
I have enough food to eat					
Intervention: OVC	12%	48%	40%	315	No Chi-square = 1.767
Intervention: Not OVC	8%	51%	41%	165	

Total	10%	50%	40%	480	p = 0.413
I go to bed hungry					
Intervention: OVC	7%	36%	57%	313	No
Intervention: Not OVC	7%	31%	62%	165	Chi-square = 1.453
Total	7%	34%	59%	478	p = 0.484

Average school attendance, by three sets of comparisons

Comparison	Never	Once a month	Once a week	5 times a week	Number of respondents	Statistically significant difference?
Comparison 1						
Intervention (10 schools)	0.6%	1.5%	0.4%	97.6%	543	No Fisher's test = 0.789 p = 0.915
Control (4 schools)	0.7%	1.3%	0.7%	97.3%	301	
Total	0.6%	1.4%	0.5%	97.5%	844	
Comparison 2						
Intervention (10 schools)	0.6%	1.5%	0.4%	98%	543	No Fisher's test = 0.625 p = 0.963
Control (3 schools)	0.8%	1.1%	0.4%	97.7%	261	
Total	0.6%	1.4%	0.4%	97.6%	804	
Comparison 3						
Intervention: OVC	0.6%	1.9%	0.0%	97.5%	315	No Fisher's test = 3.640 p = 0.220
Intervention: Not OVC	0.6%	1.2%	1.2%	97.0%	165	
Total	0.6%	1.7%	0.4%	97.3%	480	

(#) Comparison 2: One control school excluded

Learner has a school uniform to wear to school, by three sets of comparisons

Comparison	Yes	No	Number of respondents	Statistically significant difference?
Comparison 1				
Intervention (10 schools)	97%	3%	541	Yes Chi-square = 19.402 p<0.05
Control (4 schools)	89%	11%	294	
Total	94%	6%	835	

Comparison 2				
Intervention (10 schools)	97%	3%	541	Yes Chi-square = 25.236 p<0.05
Control (3 schools)	87%	13%	255	
Total	93%	7%	796	
Comparison 3				
Intervention: OVC	95%	5%	314	Yes Chi-square = 6.320 p<0.05
Intervention: Not OVC	99%	1%	164	
Total	96%	4%	478	

Personal identity: Comparison 1

Comparison 1	Yes	No	Don't know	Number of respondents	Statistically significant difference?
I have a birth certificate					
Intervention (10 schools)	95%	5%	<1%	545	No Fisher's test = 3.882 p = 0.137
Control (4 schools)	91%	8%	1%	303	
Total	1%	6%	93%	848	
I have a green identity document book (*)					
Intervention (10 schools)	27%	71%	2%	261	Yes Fisher's test = 13.057 p<0.05
Control (3 schools)	42%	57%	1%	221	
Total	34%	64%	2%	482	

(*) Only calculated for learners who are 16 years and older; only three control schools are used as all of the learners in one of the control schools are younger than 16 years

Personal identity: Comparison 2

Comparison 2	Yes	No	Don't know	Number of respondents	Statistically significant difference?
I have a birth certificate					
Intervention (10 schools)	95%	5%	<1%	545	Yes Fisher's test = 6.188 p<0.05
Control (3 schools)	90%	9%	1%	263	
Total	93%	6%	1%	808	
I have a green identity document book (*)					
Intervention (10 schools)	27%	71%	2%	261	Yes Fisher's test = 13.057 p<0.05
Control (3 schools)	42%	57%	1%	221	
Total	34%	64%	2%	482	

(#) Comparison 2: One control school excluded

(*) Only calculated for learners who are 16 years and older

Personal identity: Comparison 3

Comparison 3	Yes	No	Don't know	Number of respondents	Statistically significant difference?
I have a birth certificate					
Intervention : OVC	95%	4%	1%	317	No Fisher's test = 1.792 p = 0.371
Intervention : Not OVC	93%	7%	<1%	165	
Total	<1%	5%	94%	482	
I have a green identity document book (*)					
Intervention : OVC	25%	72%	2%	166	No Fisher's test = 0.716 p = 0.730
Intervention : Not OVC	30%	68%	3%	71	
Total	27%	71%	2%	237	

(*) Only calculated for learners who are 16 years and older

Learners older than 16 years who have a green ID book, by school

School	Classification	Age of learners			% of learners older than 16 who have a green ID book
		Number of learners who provided their age	Number of learners older than 16	% of learners older than 16	
Gobindlovu	Intervention	80	42	53%	19%
Edendale HS	Intervention	77	18	23%	28%
Sukuma Comprehensive	Intervention	69	28	41%	7%
Zamazulu HS	Intervention	68	18	26%	14%
Umthoqotho HS	Intervention	66	39	59%	31%
Bongudunga	Intervention	62	35	56%	29%
Georgetown	Intervention	50	32	64%	19%
Skhululiwe SS	Intervention	28	18	64%	39%
Imvunulo SS	Intervention	24	18	75%	61%
Ikusaselihle HS	Intervention	20	14	70%	43%
Willowfountain	Control	92	90	98%	40%
Bheximba HS	Control	91	66	73%	39%
Mcomjwana HS	Control	81	66	81%	48%
ML Sultan	Control	40	0	0%	--

Having a house where to sleep at night, by three sets of comparisons

Comparison	None of the time	Some of the time	All of the time	Number of respondents	Statistically significant difference?
Comparison 1					
Intervention (10 schools)	1%	1%	98%	541	No Chi-square = 1.717 p = 0.424
Control (4 schools)	2%	2%	96%	302	
Total	1%	2%	97%	843	
Comparison 2					
Intervention (10 schools)	1%	1%	98%	541	No Fisher's test = 2.959 p = 0.220
Control (3 schools)	2%	3%	95%	263	
Total	1%	2%	97%	804	
Comparison 3					
Intervention: OVC	1%	1%	98%	316	No Fisher's test = 2.025 p = 0.444
Intervention: Not OVC	1%	3%	96%	162	
Total	1%	1%	98%	478	

(#) Comparison 2: One control school excluded

Responses with regard to statements about contentment/happiness of learner: Comparison 1

Comparison 1	None of the time	Some of the time	All of the time	Number of respondents	Statistically significant difference?
I have people I can talk to when I have a problem					
Intervention (10 schools)	6%	35%	59%	544	No Chi-square = 4.14 p = 0.813
Control (4 schools)	7%	34%	59%	304	
Total	6%	35%	59%	848	
I am able to do things as well as most other people					
Intervention (10 schools)	2%	41%	58%	545	No Chi-square = 0.038 p = 0.981
Control (4 schools)	2%	41%	57%	303	
Total	2%	41%	57%	848	
I am as happy as other children my age					
Intervention (10 schools)	2%	39%	59%	544	Yes Chi-square = 7.700 p<0.05
Control (4 schools)	3%	48%	49%	304	
Total	3%	42%	56%	848	

Responses with regard to statements about contentment/happiness of learner: Comparison 2

Comparison 2	None of the time	Some of the time	All of the time	Number of respondents	Statistically significant difference?
I have people I can talk to when I have a problem					
Intervention (10 schools)	6%	35%	59%	544	No Chi-square = 1.404 p = 0.496
Control (3 schools)	8%	33%	59%	264	
Total	7%	34%	59%	808	
I am able to do things as well as most other people					
Intervention (10 schools)	2%	41%	58%	545	No Chi-square = 0.248
Control (3 schools)	2%	40%	58%	264	

Total	2%	40%	58%	809	p = 0.884
I am as happy as other children my age					
Intervention (10 schools)	2%	39%	59%	544	Yes
Control (3 schools)	3%	49%	48%	264	Chi-square = 9.663
Total	3%	42%	55%	808	p<0.05

(#) Comparison 2: One control school excluded

Responses with regard to statements about contentment/happiness of learner: Comparison 3

Comparison 3	None of the time	Some of the time	All of the time	Number of respondents	Statistically significant difference?
I have people I can talk to when I have a problem					
Intervention : OVC	5%	39%	55%	316	No
Intervention : Not OVC	4%	30%	66%	165	Chi-square = 4.545
Total	5%	36%	59%	481	p = 0.103
I am able to do things as well as most other people					
Intervention : OVC	2%	44%	54%	317	Yes
Intervention : Not OVC	<1%	33%	67%	165	Chi-square = 8.665
Total	2%	40%	58%	482	p<0.05
I am as happy as other children my age					
Intervention : OVC	3%	41%	56%	316	Yes
Intervention : Not OVC	<1%	33%	67%	165	Chi-square = 6.688
Total	2%	38%	60%	481	p<0.05

Scores on measure of level of contentment/happiness, by three sets of comparisons

Comparison	Poor (Score: 0-1 out of 6)	Average (Score: 2-4 out of 6)	Good (Score: 5-6 out of 6)	Number of respondents	Statistically significant difference?
Comparison 1					
Intervention (10 schools)	2%	37%	61%	543	No Chi-square = 3.336 p = 0.189
Control (4 schools)	1%	44%	55%	303	
Total	2%	39%	59%	846	
Comparison 2					
Intervention (10 schools)	2%	37%	61%	543	No Chi-square = 3.767 p = 0.152
Control (3 schools)	2%	44%	54%	264	
Total	2%	39%	59%	807	
Comparison 3					
Intervention: OVC	2%	41%	57%	315	Yes Fisher's test = 6.829 p<0.05
Intervention: Not OVC	1%	30%	69%	165	
Total	2%	37%	61%	480	

(#) Comparison 2: One control school excluded

Newly created measure of vulnerability that consists of five categories

There is an adult over the age of 24 living in my home	The adult is ...	Count	Percentage	Label
All of the time	Mother or father	321	38%	Category 1
All of the time	Other relative or foster parent	304	36%	Category 2
Some of the time	Mother or father or other relative or foster parent	143	17%	Category 3
None of the time	Mother or father or other relative or foster parent	41	5%	Category 4
All of the time / some of the time	No adult	6	1%	
None of the time	No adult	21	3%	Category 5
Total		836	100%	

Category 4 represents inconsistent responses and is another indicator of vulnerability

Newly created measure of vulnerability, broken down in terms of OVC status

New measure	OVC status			Total
	OVC	Not OVC	Unknown	
Category 1	33%	33%	34%	321
Category 2	45%	8%	47%	304
Category 3	31%	19%	50%	143
Category 4	38%	9%	53%	47
Category 5	38%	0%	62%	21
Total	37%	19%	43%	836

A statistically significant relationship exists between the newly created variable of vulnerability and OVC status (Chi-square = 75.609, $p < 0.05$).

APPENDIX 3 - LEARNER SURVEY SCHEDULE

Today's date: _____	Name _____ of
Your gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	school: _____
Your age: _____	

INSTRUCTIONS:

Please indicate your chosen answer with a tick in the appropriate column.

HIV

STATEMENT			
1.	HIV causes AIDS.	True	False
2.	A person with HIV can look healthy.	True	False
3.	You can only get HIV/AIDS through sex.	True	False
4.	Kissing transmits HIV/AIDS.	True	False
5.	If a man is circumcised he will definitely not be infected by HIV.	True	False
6.	HIV/AIDS can be transmitted from a mother to her unborn child.	True	False
7.	Antiretroviral drugs (ARVs) cure HIV.	True	False
8.	You can get HIV by sitting on the same toilet seat used by someone who has HIV.	True	False

STATEMENT			
9.	Taking a shower or a bath immediately after sex prevents HIV infection.	True	False
10.	Even if both partners have HIV they should always use condoms when having sex.	True	False
11.	Only people with multiple partners contract HIV/AIDS.	True	False
12.	Sangomas know how to cure HIV/AIDS.	True	False

13.	If a couple have been faithful for a long time they don't have to use a condom.	True	False
14.	A person can't get HIV from mosquito bites.	True	False
15.	Sex with a married person is safe.	True	False
16.	Having sex with a virgin can cure HIV.	True	False
17.	A person can't get HIV by drinking from the same cup as someone who is infected.	True	False

STATEMENT			
18.	I am tired of hearing about HIV/AIDS.	Agree	Disagree
19.	Everybody knows about HIV/AIDS.	Agree	Disagree
20.	There's no point in abstaining or practicing safe sex because in the end we will all die anyway.	Agree	Disagree
21.	If a person has HIV they must keep it a secret	Agree	Disagree
22.	Only promiscuous (sleeping around) people get infected with HIV / AIDS.	Agree	Disagree
23.	Abstinence (not having sex) is the best method of preventing HIV/AIDS.	Agree	Disagree
24.	I will never fall in love with an HIV positive person.	Agree	Disagree
25.	It is fine for women or girls to be a 'player'.	Agree	Disagree
26.	It is fine for men or boys to be a 'player'.	Agree	Disagree
27.	I would share things (toilet seats, utensils, bath, etc) with an HIV positive person.	Agree	Disagree
28.	A teacher who is HIV positive but is not sick should be allowed to continue teaching in school	Agree	Disagree

STATEMENT				
29.	I will abstain (not have sex) up until marriage.	Definitely	Maybe	No
30.	I will use condoms every time when I have sex.	Definitely	Maybe	No
31.	I will disclose my HIV / AIDS status if I am HIV positive.	Definitely	Maybe	No
32.	I am interested in testing for HIV / AIDS and knowing my status.	Definitely	Maybe	No

33.	I will support fellows/peers who are infected and affected by HIV/AIDS.	Definitely	Maybe	No
34.	Learners have access to HIV testing in my community	Yes	No	Don't know

35.	My most recent HIV test was...	Between 2-4 years	Between 1-2 years	Within the past year	In the past six months	Never	Don't know
36.	The nurse gave me the result of my test				Yes	No	Don't know

NS

STATEMENT				
37.	I eat at least 2 meals a day	None of the time	Some of the time	All of the time
38.	I have enough food to eat	None of the time	Some of the time	All of the time
39.	I go to bed hungry	None of the time	Some of the time	All of the time

ED

STATEMENT					
40.	On average, I go to school...	Never	Once a month	Once a week	5 times a week
41.	I have a school uniform to wear to school	Yes		No	

CP

STATEMENT				
42.	I have a birth certificate	Yes	No	I don't know
43.	I have a green identity document book	Yes	No	I don't know

STATEMENT				
44.	There is an adult over the age of 24 living in my home	None of the time	Some of the time	All of the time

45.	The adult (a person over 24 years of age) in my home is:	My mother or father	A relative (e.g. my brother or sister, my grandmother, the sister or brother of my parents, other relative)	Someone not in my family takes care of me (e.g. foster parent)	Not applicable, there is no adult at my home.
46.	I have a house where I can sleep at night		None of the time	Some of the time	All of the time

PS

STATEMENT					
47.	I have people I can talk to when I have a problem		None of the time	Some of the time	All of the time
48.	I am able to do things as well as most other people		None of the time	Some of the time	All of the time
49.	I am as happy as other children my age		None of the time	Some of the time	All of the time

HES

STATEMENT					
50.	My school attendance is affected because I need to work for money		None of the time	Some of the time	All of the time

APPENDIX 4 – LIST OF PEOPLE INTERVIEWED

May'khethele Staff interviews

Date	Organisation	Number of participants	Venue
10.02.2012	Lifeline	2	CINDI offices
10.02.2012	Community Care Project	2	
10.02.2012	Youth For Christ	1	
10.02.2012	CINDI	2	
Total		7	

OVC focus groups

Date	School	Male participants	Female participants	Total
13.02.12	Georgetown High School	6	5	11
14.02.12	Edendale High	4	7	11
14.02.12	Sukuma Comprehensive	5	5	10
15.02.12	Zamazulu Secondary	6	3	9
16.02.12	Bongudunga Secondary	6	4	10
16.02.12	Imvunulo Senior Secondary	4	6	10
17.02.12	Ikusaselihle High	4	5	9
17.02.12	Umthoqotho High	4	5	9
24.02.12	Gobindlovu Secondary	4	6	10
Total		43	46	89

Lifeline support group focus group

Date	Male participants	Female participants	Total
24.02.2012	2	10	12

Caregiver focus groups and interviews

Date	Activity	Area	Number of females	Number of males	Total number of participants
12.02.2012	Focus group	Copeville	11	0	11
12.02.2012	Focus group	Imbali	10	1	11
18.02.2012	5 x household visits	Imbali, Dambura, Ashdown	5	0	5
19.02.2012	Focus group	Gobindlovu High School	20	0	20
Total			46	1	47

School key informant interviews

Date	School	Position of participant	Number of participants	Gender	Comment
13.02.12	Edendale High	Principal	1	Male	2 LO teachers were unavailable for the interviews
		LO teacher	1	Male	
		Peer leaders	2	2 x Females	
14.02.12	Sukuma Comprehensive	LO teacher / Deputy Principal	1	Male	The school is currently finalising the timetable and therefore there is 1 LO teacher
		Principal	1	Male	
15.02.12	Zamazulu Secondary	Principal and Deputy Principal	2	1 x Male; 1 x Female	All interviewees were available and eager to participate in the research
		LO teachers	2	2 x Males	
		LO teacher	1	Male	
		LO teacher	1	Male	
16.02.12	Imvunulo Senior Secondary	Principal	1	Male	The school has 1 LO teacher
		LO teacher	1	Female	
17.02.12	Umthoqotho High	Principal	1	Male	1 LO teacher was absent; 1 LO teacher had a family death
		LO teachers	2	2 x Males	
Total			17		

Government interviews

Date	Department	Position of participant	Number of participants	Gender
13.02.12	Department of Home Affairs	MD	1	Male
21.02.12	Department of Health	Senior technical advisor	1	Male
		Mentor coordinator	1	Female
	Department of Education			
Total			3	

NGO interviews

Date	Organisation	Position of participant	Number of participants	Gender
20.02.12	Medical Male Circumcision Clinic	MMC acting senior counsellor	1	Female
	Zamimpilo drop in centre	Project Director	1	Female
21.02.12	Pmb Child Welfare	Intake Manager	1	Female
	Esther House	2 x Project Directors	2	1 x Male; 1x Female
	African Enterprise	Pastor	1	Male

APPENDIX 5 – QUALITATIVE DATA COLLECTION TOOLS

STAFF INTERVIEWS

CINDI / Partner Organisations Interview Schedule

- 1) Please can you describe the May'khethele programme from your perspective?
 - 2) In what way does working in a consortium help?
 - a. Are there any challenges?
 - b. Has being part of the programme helped your organisation to build capacity?
 - 3) What have the major achievements of the programme been in terms of outcomes for OVCs?

Probe:

 - HIV knowledge, attitudes, stigma among learners – how do you know?
 - Learners' sexual behaviour – how do you know?
 - OVC wellbeing – examples, are you trying to reach all children in schools? Is this a programme goal?
 - Lifeline – HIV support to PLHIV
 - 4) What are the major constraints to achievement of outcomes, particularly with reference to the main programme objectives:
 - **to increase life skills** and **improve the wellbeing of OVC** under the age of 18 in 55 schools within uMgungundlovu district KZN, through HIV/AIDS prevention education, promoting behaviour change, improving access to counselling and testing and provision or linkage to other OVC services; and
 - **to increase knowledge and understanding of OVC care and support** through provision of informal training to primary caregivers.
 - 5) Have there been any unexpected negative outcomes for OVCs and the HIV situation in schools and communities? (eg, abstinence messages are unrealistic, less access to condoms, HCT testing in schools)
 - 6) What have the major benefits been for your organisation from participation in the programme in terms of capacity, programming, partnerships and relationships?
-

- 7) Have there been any unexpected negative outcomes for any of the organisations in this programme? (eg, vision shift, unsustainable increases in HR commitments, donor specific reporting or management requirements, ??)

 - 8) Can you see points at which the programme's influence or advocacy has brought about changes in the way services are delivered?
Probe: By DSD, DoE, DoH, social welfare

 - 9) What is the long term solution to challenges you are addressing? Please comment on if and how the programme intends to sustain change, influence national agendas, or contribute to the situations of OVC beyond those in your partner schools?
-

KEY INFORMANT INTERVIEWS

IN SCHOOLS

Principal / Life Orientation Teacher / HIV Committee Member Interview Schedule

1. What do you see as the role of the May'khethele programme?
 2. What are your impressions about the May'khethele programme?
 3. What value does the programme bring to your school?
 4. Would you like the programme to be at the school in 2013?
Probe: If YES Why? and if NO Why Not?
 5. Do you think the programme has increased learners knowledge about HIV?
Probe: how do you know; eg, what makes you feel that information is being absorbed and knowledge is increasing? What makes you think that it might not be changing Do the learners continue to believe any HIV myths? Which myths?
 6. Do you think the programme has influenced learners to practise safer sex or abstain?
Probe: how do you know; eg, has there been a change in pregnancy rates?
 7. Has fear and stigma around HIV changed in your school because of the programme?
Probe:
 - **What changes do you see?**
 - **What difference has that made (explore the theme in a discussion – High stigma people don't want to test or suggest using a condom. If stigma has changed people would be more willing to do this and talk about sex)**
 8. How could the HIV education programme be improved?
 9. Are you aware of the OVC support element in the programme?
Probe: If yes:
 - **What value does this element bring to households and OVCs?**
 - **Is the programme able to improve the wellbeing of OVCs at your school? In what ways; probe for in terms of increasing access to core services – food support, health, child protection, psychosocial, education support, economic support**
 10. How could the OVC support programme be improved?
 11. In closing, do you have any advice or final comments you would like to share with CINDI and partner organisations?
-

Peer Educator Interview Schedule

1. What do you see as the role of the May'khethele programme?
 2. What are your impressions about the May'khethele programme?
 3. What value does the programme bring to your school?
 4. Would you like the programme to be at the school in 2013?
Probe: If YES Why? and if NO Why Not?
 5. Do you think the programme has increased learners knowledge about HIV?
Probe: how do you know; eg, what makes you feel that information is being absorbed and knowledge is increasing? What makes you think that it might not be changing Do the learners continue to believe any HIV myths? Which myths?
 6. Do you think the programme has influenced learners to practise safer sex or abstain?
Probe: how do you know?
 7. Has fear and stigma around HIV changed in your school because of the programme?
Probe:
 - What changes do you see?
 - What difference has that made (explore the theme in a discussion – High stigma people don't want to test or suggest using a condom. If stigma has changed people would be more willing to do this and talk about sex)
 8. How could the HIV education programme be improved?
 9. Are you aware of the OVC support element in the programme?
Probe: If yes:
 - What value does this element bring to households and OVCs?
 - Is the programme able to improve the wellbeing of OVCs at your school? In what ways; probe for in terms of increasing access to core services – food support, health, child protection, psychosocial, education support, economic support
 10. How could the OVC support programme be improved?
 11. What extra support have you had to become a peer educator? How has this changed your life?
-

GOVERNMENT OFFICIALS

Interview Schedule

(DoE; DSD; municipality HIV or/and vulnerable groups worker

1. What do you see as the role of the May'kethele programme?
 2. In what way has there been collaboration between your department and the programme? How has this helped you?
 3. What value does the programme bring to the community?
Probe: in terms of:
Access to services,
Improving knowledge on HIV and AIDS,
Promoting safer sexual practice,
Overall wellbeing of children and youth
 4. How could the programme be improved?
 5. In closing, do you have any advice or final comments you would like to share with CINDI and partner organisations?
-

Other NGOs in the area / Social Worker Interview Schedule

1. What do you see as the role of the May'khethele programme?
2. In what way has there been collaboration between your NGO/work and the programme? How has this helped you?
3. What value does the programme bring to the community?

Probe: in terms of:

- **Access to services,**
- **Improving knowledge on HIV and AIDS,**
- **Promoting safer sexual practice,**
- **Overall wellbeing of children and youth**

4. How could the programme be improved?
 5. In closing, do you have any advice or final comments you would like to share with CINDI and partner organisations?
-

OVC focus group schedule

1. What does the May'khethele programme do?
 2. Of these things you have spoken about, please explain which of these is the most important thing that the May'khethele programme helps you with or does for you?
 3. Think back to before you were a part of the programme –
 - a. What was different in your life?
 - b. Are there any things that have improved or got better since then?
 - c. Are there any things that have got worse?
 4. What is the thing you like most about the May'khethele programme?
 5. Is there anything you don't like about the May'khethele programme?
 6. What other things should the programme do?
-

Caregiver Focus Group /

OVC Household

Interview Schedule

1. What do you see as the role of the May'khethele program (CINDI partner organization XXXXX) in your community?
 2. What kinds of services and support have you and your household received from the organisation?
Probe: What do you value the most?
 3. How satisfied are you with the services and support you and your household receive from the organisation?
 - a) How does the xxxx organization help you?
 - b) Are there any problems with the xxx organization ? Please explain.
 4. What has changed in your life and the life of your child/the child you take care of since you started receiving services from the organisation?
 - a. What has changed
 - b. Are there any things that have improved or got better since then?
 - c. Are there any things that have gotten worse?
 5. Are there any needs that you and your household have that are not being met?
 6. What, if anything, can the organisation do to make the services it provides to you and your household more effective?
-

Lifeline Support Group

Focus Group Schedule

1. In what way does being a member of the Lifeline support group help you?

Probe:

- Dealing with your HIV status
- Issues of anger and depression
- Issues of confidence and self esteem
- Supportive people to talk to within the group
- Disclosing to your family
- Issues of disclosure at school and stigma from peers?

2. Is there any other support, eg individual counselling, support at home, or other support through referrals, that Lifeline has helped to arrange?

3. If you are on ART treatment, does this support group help with starting treatment and adherence? What happens at this support group that helps with adherence? Is this enough for people on treatment to maintain full treatment compliance? What other support is helpful?

4. How has Lifeline helped in creating this support group and keeping it going?

5. What about the group helps it to keep going?

6. Is there anything you don't like about the support group?

7. What other things should the support group do?

APPENDIX 6 – PACT TOR: CINDI MAY’KHETHELE OVC PROGRAMME EXTERNAL EVALUATION

Request for Proposals (RFP)

External Evaluation

Evaluating the Outcome of Children in Distress Network (CINDI)

MAY’KHETHELE OVC PROGRAM

Children in Distress Network (CINDI) South Africa OVC Program

1- Background / Rationale

The Children in Distress Network (CINDI) is a partnership of people and organisations that support children affected and infected by HIV and AIDS in KwaZulu-Natal province. The May'khethale orphans and vulnerable children's program is part of a larger initiative implemented by four CINDI members namely: Community Care Project (CCP), Lifeline (LL), Sinani and Youth for Christ (YFC-KZN). The program provides support for orphaned and vulnerable children through primarily school based interventions and had been funded by the United States President's Emergency Plan for AIDS Relief (PEPFAR) since October 2007.

The May'khethale OVC program aims to improve the lives of orphans and other children made more vulnerable by HIV and AIDS through provision of a comprehensive range of services. These services include provision of HIV prevention education, psychological care, voluntary counselling and testing (VCT), health care support specifically for antiretroviral treatment (ART), educational support in the form of school uniforms and stationery packs, general healthcare referrals and helping qualifying children access enabling documents (birth certificates and identity documents) and social grants. May'khethale OVC program operated in sixteen schools in its first year. These schools were spread across 20 wards of uMgungundlovu district of KwaZulu-Natal. This number has increased dramatically over the last three years and the program now operates in fifty-five schools located in 29 wards.

The program has been running for three years and provided services to 5204 OVC in its first year, 11 722 in the second year and 12 193 in its third year. The impact of the program on

the wellbeing of children however has not been assessed so far. This evaluation therefore seeks to measure the effect that the program has brought about on its beneficiaries.

1.2- Program objectives and key priority areas

May'khethele OVC program's goal is to improve the health and psycho-social wellbeing of orphaned and vulnerable children of the greater uMgungundlovu district of KwaZulu-Natal Province through improved access to services. CINDI, through May'khethele OVC program put in place a set of interventions to be implemented in schools to improve OVC's lives. One of the key interventions implemented was the HIV prevention education designed to support improved attitudes about HIV and AIDS, reduced stigma, increased knowledge of the disease and improved prevention behaviour amongst the youth.

The main objectives of the program are:

- to increase life skills and improve the wellbeing of OVC under the age of 18 in 55 schools within uMgungundlovu district KZN, through HIV/AIDS prevention education, promoting behaviour change, improving access to counselling and testing and provision or linkage to other OVC services; and
- to increase knowledge and understanding of OVC care and support through provision of informal training to primary caregivers.

2. Purpose of the Evaluation

Over the past three years, a substantial proportion of the May'khethele orphans and vulnerable children's program resources have been invested in supporting the four implementing partners to enhance their capacity as well as on provision of services to address the needs of orphans and vulnerable children. A large amount of data has been generated from the program mainly on inputs and key activities implemented as well as on immediate results such as children served per different service types, age and gender. However, a considerable gap in available data is the documentation of outcome level results that reflect the value of the program in changing the lives of its beneficiaries.

The overall purpose of this evaluation is therefore to assess the outcome of the program on the wellbeing of children.

Although there may be other relevant questions and knowledge about the program, the limited resources available for the external evaluation call for a more focused assessment that will generate essential information around the prime focus of the program. The new knowledge generated by the evaluation is expected to enrich learning on what worked and didn't work, and to inform future program design and implementation

Key Evaluation Questions

The key evaluation questions include the following

- To what extent did the school based HIV prevention education intervention improve attitudes and knowledge about HIV and AIDS, reduce stigma and influence change in sexual behaviours and HIV infection risk reduction among targeted adolescents?
- How effective was the training of primary care givers in improving their abilities and coping skills in caring for children?

In addition to these, additional questions relevant to the evaluation are included in the table under Annex A.

3. Key Stakeholders (users of the evaluation findings)

The Key stakeholders for this evaluation include government managers in various departments, the program beneficiaries, schools (teachers and learners), primary caregivers/parents, program staff, program partners, donor agencies, CINDI board and CINDI network.

Stakeholders	Reasons why the stakeholder should be involved in the evaluation	How the Stakeholder might use or be affected by the evaluation's results	Stakeholders role in the evaluation
Government Stakeholders ; Provincial Departments of Social development (DSD) and department of Education (DoE)	The Departments particularly Social Development and Education are key stakeholders for the May'khethale program given their mandates in policy and implementation of programs for OVC. Perspectives of the DSD and DoE are therefore essential in this evaluation.	The DSD and DOE will use the evaluation results to inform potential improvements in OVC programs in schools. The results may be used to inform future funding decisions and policy related to programs that are run in schools.	Respondents in key informant interview
Children and their families	Primary beneficiaries of the program and their views on what has worked and what hasn't is essential in assessing the value of the program	Participate in providing feedback on the program and informing decision making processes on how best to respond to the needs of vulnerable children and families	Key respondents in focus groups and survey
Schools (Teachers and Principals)	Principals and teachers work closely with the program and children and they are essential in the provision of	Learn from the evaluation – what worked well, what didn't and how to improve their involvement in the program to enhance the value	Respondents in Individual In-depth

	services to children in need		Interviews and/or Focus Group Discussions
Program Staff and Partners	Program staff and partners are central to the implementation of the program	Learn from the evaluation – what worked well, what didn't and how to improve on the program to enhance its value to the targeted beneficiaries	Key respondents in focus group discussions and key informant interview
CINDI Network and Board	The CINDI board provides overall guidance on program implementation	The board will use the results for future planning on whether to allow similar programs to be carried out by CINDI, what should be done differently in future. Lessons learnt from the evaluation process will be shared with the broader CINDI network and potentially contribute to influencing programming by other organisations	None
USAID and Pact SA	USAID provided funding for the program implementation. Pact has worked with CINDI as a Umbrella Grants Manager (UGM) partner over the duration of the grant and provided substantial technical support to the program	Learn the value of the program and whether intended overall goals were met.	USAID is commissioning the Evaluation while Pact is providing evaluation management support

4. Evaluation Design

The focus of the evaluation is to assess key program outcomes related to strengthening response to the needs of OVC, as such, the evaluation design should enable the determination of the cause-effect relationship between potential improvements that may be found and the program interventions. Quasi-experimental designs are likely to be most appropriate however budgetary constraints may limit options available. This design will enable the comparison of intervention and non-intervention sites with regards to effectiveness of response to needs of OVC within school settings, self-reported behaviors among adolescents as well as abilities and coping skills among caregivers. However the final design to be employed will be determined after the external evaluators have had a chance to undertake a frontend analysis and are therefore able to select the best design option that specifies the kind of comparison that should be made.

5. Key Data Sources and Methods

The data collection methods will be mixed aiming to collect both qualitative and quantitative data. Data sources will include target OVCs and their caregivers, adolescents and school staff (teachers and principals) in selected May'khethele and comparison schools, representatives from the department of education and possibly other relevant government officials as well as May'khethele program staff. Data collection methods will include a survey in schools, focus groups of program beneficiaries, key informant interviews and a review of the May'khethele program database.

6. Sampling

Quantitative Data

The evaluation will be based on primary survey data collected from randomly selected children in May'khethele as well as from comparison schools. The sample will be drawn using a two -stage cluster sampling with probability proportionate to size (PPS).

In calculating the sample size several points will be taken into consideration; the anticipated magnitude of change (related to the key program interventions as reflected in the evaluation questions), the desired degree of confidence (the level of statistical significance), and the statistical power.

Qualitative Data

Purposeful sampling will be used to identify respondents to participate in key informant interviews and focus group discussions.

7. Key Data Analysis Procedure

Analysis methods will depend largely on the type and quantities of data collected. However the data analysis will basically focus around comparison of differences in response to the survey by children targeted by the program compared to those in comparison sites. Comparisons will include the different key variables such as length of contact with the program, age, gender, vulnerability (OVC vs non OVC) etc.

Furthermore, analysis of qualitative data obtained from focus groups and key informant interviews will demonstrate program beneficiaries' feedback on the extent to which the program facilitated improved response to the needs of children as well as extent to which the program improved abilities and coping skills of caregivers in caring for children.

Analysis will be undertaken using various tools available for qualitative and quantitative data as deemed appropriate.

8. Evaluation Process; activities and deliverables

Key Aspects of the evaluation scope of work (SOW)

- 8.1- Undertaking a comprehensive front end analysis; including the following
 - Understanding the relationship between program stages and the proposed broad evaluation question

- Understanding the context for program delivery and key factors that influence program implementation
- Understanding the existing theoretical and empirical knowledge about the program and examining program theory
- A comprehensive stakeholder analysis and determination of roles of key stakeholders in the evaluation
- Balancing costs and benefits of the evaluation and advising on the most strategic questions to include in the evaluation
- Developing the detailed evaluation protocol

The Key deliverable is a detailed evaluation protocol including

- Key evaluation questions and linkages to program theory
- Stakeholder analysis including their roles in the evaluation
- Evaluation approach, design and sampling methods
- Key measures and data collection tools to be used
- Data analysis strategy including dummy table/graphs for presenting data
- Evaluation work-plan including key activities and timeframes
- Detailed budget

8.2- Following submission and approval of the detailed evaluation protocol, the consultants will implement the evaluation process including the following key steps.

- Pre-test instruments
- Train data collectors
- Undertake the evaluation data gathering process
- Prepare data for analysis
- Clean data
- Enter data into electronic data analysis systems
- Undertake comprehensive data analysis
- Formulate the findings

Key deliverables include

- Submission of a final tested data collection instruments to be used
- Report on the data gathering process after it is completed

8.3- Consultants will be required to prepare a range of reports on the findings of the evaluation and to participate in the provision of feedback and dissemination of key findings

- Identify major findings: what works, what does not, key lessons
- Develop clear and specific recommendations to address key findings and proposals for action
- Prepare reports using various communication tools directed at different stakeholders as appropriate
- Participate in provision of feedback to selected stakeholders

Key deliverables

- Detailed written report including an executive summary with highlights of the evaluation and key findings
- Power Point Presentation providing summary of evaluation process and results
- Brief paper targeting community audiences on the key findings from the evaluation
- participation in dissemination of evaluation findings (various events will be organized by Save the Children for the different stakeholder groups)

9. Evaluation Team- Required expertise and experience

The evaluation team should comprise of individuals with the following expertise

- Extensive evaluation experience particularly in the South Africa; demonstrated experience in undertaking similar evaluations
- Programmatic experience in orphaned and vulnerable children's programs as well as HIV and AIDS including experience with School-based programs
- Familiarity with the South African government systems, particularly in relation to working with school-based programs
- Capacity development expertise
- Extensive experience in employing both qualitative and quantitative data collection methods including participatory evaluation techniques

10. Roles and Responsibilities: undertaking and managing the evaluation

Who will be involved	Main Role
External Evaluators Lead evaluator Evaluation/research officers Data collectors	<ul style="list-style-type: none">▪ Develop the evaluation design and key measures for each evaluation question.▪ Develop the data collection strategy; sampling and instruments.▪ Developing data analysis strategy.▪ Pre-test instruments and train data collectors.▪ Undertake the evaluation data collection process.▪ Prepare data and undertake comprehensive data analysis.▪ Formulate the key findings and recommendation.▪ Prepare reports; identify major findings, develop recommendations.

<p>CINDI and Partners Staff</p> <p>Program Managers</p> <p>Program staff,</p> <p>M&E team,</p> <p>Field staff</p> <p>Administrative staff</p>	<ul style="list-style-type: none"> ▪ Work with the External Evaluator in facilitating access to required information and resources. ▪ Provide input in finalizing the evaluation design, sampling, data collection tools and processes by the External Evaluator. ▪ Assist with coordinating and providing logistical support for field visits and meetings with key stakeholders during data collection. ▪ Plan for and undertake dissemination of findings.
<p>Pact SA</p> <p>MERL department</p> <p>Programs department</p> <p>Contracts management team</p>	<ul style="list-style-type: none"> ▪ Management of the solicitation process for identifying suitable External Evaluator. ▪ Provide input in finalizing the evaluation design, sampling, data collection tools and processes. ▪ Management of the External Evaluators contract. ▪ Monitoring the implementation and deliverables of the evaluation. ▪ Preparation of evaluation management documents- RFP, SOW, Contract
<p>USAID</p> <p>Activity manager</p>	<p>Overall guidance and approval of the following;</p> <ul style="list-style-type: none"> ▪ Evaluation Terms of Reference ▪ Scope of work and contract for the External Evaluator ▪ Evaluation budget ▪ Final evaluation Report

11. Documentation and Data Use Plan

Final Report: The final deliverable of the evaluation should be a transparent, credible and comprehensive report of all findings. This document will be primarily for internal use at CINDI, Partner organisations and USAID levels and will be freely available to external technical specialists through the CINDI Program.

Suggested Evaluation Report Format:

- Cover page
- Table of Contents
- Acronyms used in the report

- Executive Summary: includes the major findings of the evaluation and summarised conclusion and recommendations.
- Introduction : background to the program evaluated
- Evaluation Purpose and Methods
 - Literature review
 - Purpose and Guiding Questions
 - Methodology and data collection techniques
 - Limitations
- **Findings:** findings of the of the Evaluation
- **Conclusions:** should be clearly based on evaluation findings and include their implications for future interventions
- **Recommendation:** should be clearly related to conclusions, should be practical and if necessary divided up for various actors or program partners
- **Appendices:** schedule, list of people interviewed, questionnaires, TOR, bibliography and list of documents reviewed

12. Timeframes/ level of effort

The evaluation activities are expected to be undertaken between October 2011 and February 2012. Estimated level of effort is 60-70 consultant days depending on the final agreed evaluation plan. This timeframe will cover the full range of evaluation processes.

13. The Evaluation Budget

The total estimated cost for this evaluation is between \$40,000 and \$50,000. Consultants will be expected to submit detailed budgets as part of the evaluation proposals for consideration. The estimation includes Consultants time, costs of data collection, and the logistical support and travel costs during the evaluation process.

14. Submission of Proposals

The outline of the technical proposals should include the following:

1. Introduction
2. Key Evaluation Questions
3. Proposed Evaluation Approach and Design
4. Sampling Strategy
5. Plan for data acquisition
6. Data analysis Plan
7. Evaluation Team (brief Resumes; provide detailed CVs in Appendix). The detailed CV should include the names and contact numbers of the

staff/consultants assigned to the project. A summary of the role and responsibility of each staff person/consultant and estimated time to be spent by each staff person/consultant; CVs must address all key elements in the evaluation matrix included below.

8. Team members time commitment and availability over the evaluation period
9. Evaluation work plan reflecting proposed time frames and outputs/deliverables (including Gantt chart)
10. Budget - detailed budget including daily fees for each staff person/consultant and breakdown of all other costs to be charged to the contract. The prospective service provider must submit an **all-inclusive price** for all activities proposed in the application.

15. Evaluation of Proposals

- The proposals received will undergo a technical evaluation by a selection committee;
- The selection committee reserves the right not to accept the lowest bid, as the elements listed in the evaluation matrix below will play a major role when evaluating proposals;
- In order to ensure meaningful participation and effective comparison prospective service providers are requested to furnish detailed information in substantiation of compliance to the technical evaluation criteria.

16. Proposal Scoring Criteria

The review of proposal submitted by potential evaluators will be based on the following allocation of points.

ELEMENT	Range
Evaluation Design (suitability & rationale)	(0-20)
Data Collection Strategy including sampling (methods, process & involvement of key stakeholders)	(0-25)
Evaluation team (range of skills and experience)	(0-35)
Availability and commitment of required level of effort (LOE) by key staff over the duration of evaluation	(0-10)
Cost Efficiency (budget versus proposed output)	(0-10)
Total	(0-100)

17. Proposal Submission Details

All proposals should be submitted by email to rfp@pactsa.org.za by 24th August 2011, at 5pm South African time. Late submissions will not be considered. Please ensure the subject line states “Application – Evaluating the Outcome of Children in Distress Network (CINDI) May’khethele OVC Program”.

In accordance with US Government regulations on free and fair competition, all prospective service providers must have access to the same information. Therefore all enquiries regarding these terms of reference should be directed to rfp@pactsa.org.za. Pact will create a distribution list and periodically send answers to questions and updates to all prospective applicants. Please note, Pact cannot commit to providing answers to all questions asked. Pact will do its best to source answers, but can only commit to making the same information available to all prospective applicants via this question and answer forum.

Annex A: Additional Questions Relevant to the Evaluation

Components of the program which we would like to learn more about	Questions we have that we would like answered	What data do we have to help us analyze this question?	What further data do we need?	Who should be involved?
<p>School based approaches to providing care and support to OVC HIV - prevention education, OVC educational support, Psychosocial and Child Protection Support</p>	<ul style="list-style-type: none"> ▪ What have been the benefits of accessing HIV counseling and testing services and knowing one's status? ▪ Has there been change in HIV/AIDS related knowledge? ▪ Has there been a change in sexual practices among target beneficiaries? ▪ How has the educational support received from the program improved school attendance and performance? ▪ What, if any change did access to care and support in schools have on educational outcomes such as attendance and performance? ▪ Has the OVC emotional wellbeing improved? Has the program in any way helped to improve self-esteem? ▪ Has the program helped in accessing legal protection in case of need? ▪ How well did the program address the need for acquiring legal documents; like birth registration or ID? ▪ How well has the program facilitated access to services to children which were denied legal status? ▪ Has the program helped access to HIV related health care services including ART? 	<ul style="list-style-type: none"> ▪ Information from the program database on services provided to children ▪ Program process evaluation reports ▪ Program performance reports 	<ul style="list-style-type: none"> ▪ Key respondents in survey ▪ School attendance and data from class registers ▪ Progression report cards/stats from school ▪ Key respondents in individual in-depth interview and Focus Group Discussions 	<ul style="list-style-type: none"> ▪ Sampled beneficiaries ▪ Program Staff ▪ School principals, teachers, caregivers, parents,

Components of the program which we would like to learn more about	Questions we have that we would like answered	What data do we have to help us analyze this question?	What further data do we need?	Who should be involved?
Training of OVC care givers	<ul style="list-style-type: none"> ▪ Was the training effective in improving skills and knowledge among care gives ▪ How does the approach to and model of training compare with others in terms of delivering the intended results ▪ Did the training enhance good family functioning (relationship between the OVC and their primary caregiver)? ▪ Have the parents/primary care givers improved their parenting skills? ▪ Have care provider attitudes' improved? 	<ul style="list-style-type: none"> ▪ Program performance data 	<ul style="list-style-type: none"> ▪ Key respondents in survey ▪ Feedback from stakeholders ▪ Document review of other training programs (formal/informal; accredited versus non-accredited) for care givers 	<ul style="list-style-type: none"> ▪ Primary caregivers/parents ▪ Stakeholders ▪ Program staff

APPENDIX 7 - BIBLIOGRAPHY

CINDI, 2008. PowerPoint presentation May'khethele: My dreams - My future. Available at:

<http://www.cindi.org.za/files/MaykhetheleProgramme20080522.pdf>

International HIV/AIDS Alliance, 2003. Building Blocks: Africa-wide briefing notes - Resources for communities working with orphans and vulnerable children.

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<http://www.cpc.unc.edu/measure/our-work/program-areas/ovc/ovc-program-case-studies/ovc-case-studies-sa/Hope%20WorldwideSA-%20SR-842-H3.pdf>

National Action Plan for Orphans and Other Children made Vulnerable by HIV/AIDS in South Africa 2009-2012. 2009. Available at: [http://www.cindi.org.za/files/nap_2009-](http://www.cindi.org.za/files/nap_2009-2012_v8_final.pdf)

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<http://www.tremendoushearts.org/content/south-africas-ovc-crisis>

USAID. 2008. Orphans and Vulnerable Children in High HIV-prevalence Countries in Sub-Saharan Africa. Available at: http://pdf.usaid.gov/pdf_docs/PNADM647.pdf

Yeziqane Network. 2010. Some Facts about the Situation of Children in Kwa-Zulu Natal. Available at:

http://www.childrensrightscentre.co.za/site/files/6592/Prov_Prof_KwaZulu%20Natal.pdf

APPENDIX 8 – LIST OF DOCUMENTS REVIEWED

CINDI May'khethele OVC Programme 2010 annual progress report to PACT SA
CINDI May'khethele OVC Programme 2009 annual progress report to PACT SA
CINDI May'khethele OVC Programme 2008 annual progress report to PACT SA
May'khethele process evaluation report 2009
May'khethele process evaluation report 2008
CCP HIV prevention education manual
YFC HIV prevention education manual
Lifeline HIV/AIDS manual for participants
Lifeline programme description and implementation plan
Lifeline VCT process
SASI manual, April 2011
May'khethele indicator information sheet (PEPFAR year 4)
Programme quality assessment tool – YFC, Lifeline
CINDI stakeholder list
Organograms – CINDI, CCP, YFC, Lifeline
Evaluation planning workshop presentations – CINDI, CCP, YFC
Database framework
May'khethele information form
Child profile form
Referral and monitoring form
Revised data quality management procedures
List of May'khethele high schools