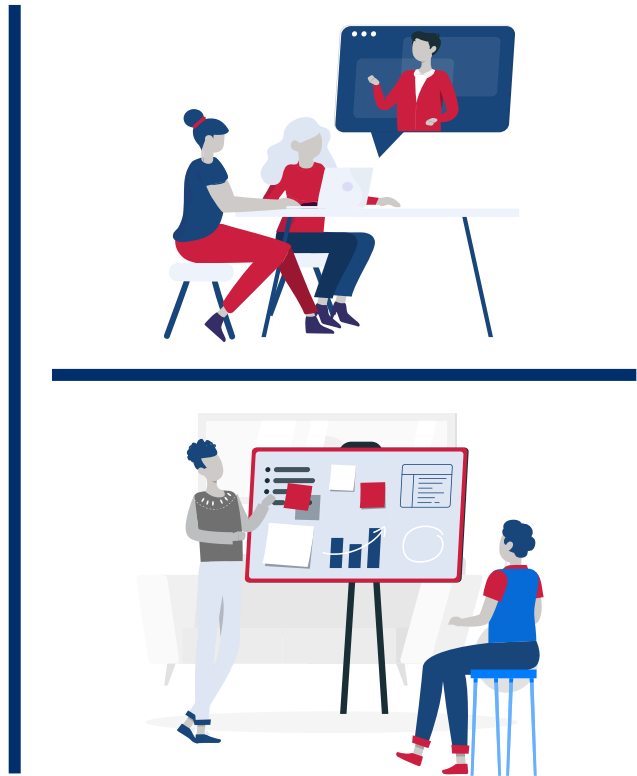




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Assessment of the Government Capacity Building Support Program Partnership Arrangements

July 26, 2021

The U.S. President's Emergency Plan for AIDS Relief (PEPFAR), through the United States Agency for International Development (USAID), produced this document for review. It was prepared by Panagora Group for the USAID/Southern Africa Bilateral Health Office and the Regional Health Office (RHO) Technical Support Services (TSS) Activity, Contract Number: 72067419C00001. The contents of this document are the sole responsibility of Panagora Group and do not necessarily reflect the views of USAID or the United States Government.

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Acronyms

ART	antiretroviral therapy
ARV	antiretroviral
ATC	Assessment Technical Committee
CCDS	Country Cooperation Development Strategy
CLHIV	children living with HIV
DPME	Department of Planning, Monitoring, and Evaluation
DSD	Department of Social Development
FY	fiscal year
HTS	HIV testing services
G2G	government-to-government
GCBS	Government Capacity Building Support Program
GoSA	Government of South Africa
KII	key informant interview
M&E	monitoring and evaluation
MERL	monitoring, evaluation, research, and learning
MOU	memorandum of understanding
MTEF	Medium-Term Expenditure Framework (DSD)
NEPF	National Evaluation Policy Framework
NPO	nonprofit organization
NSP	National Strategic Plan
ODA	official development assistance
OVC	orphans and vulnerable children
OVCY	orphans, vulnerable children, and youth
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PSC	Public Steering Committee
QDAS	qualitative data analysis software
SANAC	South African National AIDS Council
SBC	social and behavior change
SBCC	social and behavior change communication
SSP	social service practitioner
STI	sexually transmitted infection
TB	Tuberculosis
TOC	theory of change
TSS	Technical Support Services Activity
USAID	United States Agency for International Development
USG	United States Government

PEPFAR Indicators

HRH_CURR	Number of health workers who are working on HIV-related activities and are receiving any type of support from PEPFAR, as well as total spend on these workers
OVC_HIVSTAT	Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner
OVC_SERV	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV

Executive Summary

Background and Approach

The United States Agency for International Development (USAID) and South Africa's Department of Social Development (DSD) commissioned the Technical Support Services (TSS) activity, implemented by the Panagora Group, to assess the partnership arrangements adopted during the execution of the Government Capacity Building Support (GCBS) program.

The assessment identified and documented key lessons from the partnership between USAID, its implementing partners, and DSD. The assessment report presents findings on the extent to which partnership arrangements enabled or constrained effective activity implementation and the achievement of program targets and objectives and offers recommendations to inform the future structuring and management of similar international government-to-government (G2G) partnerships. The team developed the following assessment questions in consultation with program partners:

1. To what extent and how did the various partnership arrangements and partnering practices influence the effectiveness of the GCBS program, in terms of achieving program targets and objectives and the quality of services delivered?
2. To what extent and how are the various partnership arrangements and partnering practices influencing the sustainability of GCBS program outcomes?
3. To what extent did existing policy, institutional, and procedural parameters dictating the operations of GoSA at all levels of government enable or constrain the agility and effectiveness of partnerships and the program?
4. Based on the findings of preceding assessment questions, which partnership arrangements demonstrate the most promise in supporting the effectiveness and sustainability of programs like the GCBS and under which specific circumstances?

The assessment adopted a mixed-methods approach, integrating a program document and data set review, aggregated secondary data on program performance, and primary qualitative data collected through key informant interviews.

Findings

AQ1. To what extent and how did the various partnership arrangements and partnering practices influence the effectiveness of the GCBS program, in terms of achieving program targets and objectives and the quality of services delivered?

The achievement of GCBS objectives and targets depends on partners effectively fulfilling assigned program implementation and program management roles. GCBS partners fulfill roles that fall into two categories: program implementation and program management. Clearly defining, appropriately allocating, and effectively fulfilling all the identified roles is a prerequisite for program performance.

GCBS program performance against targets suggests that partners effectively fulfill their service delivery program implementation roles and that these are appropriately assigned. DSD and its network of nonprofit organization (NPO) service providers fulfill service delivery roles. In the context of evolving program priorities and district allocation, GCBS consistently achieved its PEPFAR and program-specific targets.

GCBS systems strengthening achievements suggest that partners effectively fulfill their systems strengthening program implementation roles and that these are appropriately assigned. The GCBS prime implementing partner Pact fulfills the systems strengthening role. The number and completion rates of systems strengthening activities varied by fiscal year. Impediments to

completion included COVID-19 lockdown restrictions and the delayed contributions or limited uptake of demand-driven technical assistance opportunities by DSD. Despite these impediments, DSD achieved multiple systems strengthening outcomes.

Through strategic leadership, USAID and DSD ensured that GCBS served GoSA development goals, aligned USAID priorities with DSD's mandate, and increased program acceptability with stakeholders. USAID and DSD fulfilled strategic leadership roles. The effectiveness of GCBS interventions hinged on DSD involvement. Strong DSD leadership yielded success, while limited DSD leadership compromised program acceptance and participation.

Problems with contracting and the disbursement of funds to subpartners jeopardize the performance gains achieved through improved partner management. DSD fulfilled the role of managing subpartners for service delivery, with systems strengthening support from Pact. GCBS improved DSD's overall performance management of subpartners, but several factors hindered effective partner management and compromised overall performance.

Adaptive management capacity is crucial for program performance. Pact led adaptive management in response to two significant shifts in the implementation context: a pivot from technical assistance to direct service provision, and strategies in response to COVID-19 restrictions.

GCBS partners adopted several practices that effectively drive performance and govern accountability within an emerging G2G arrangement: Strategic engagement between USAID and DSD; aligning priorities between partners that favor government-led priorities; effective and consistent governance and management structures such as the GCBS Steering Committee; MOUs to formalize partnerships by specifying roles, responsibilities, the scope of collaboration, and how to account for joint activities; and joint planning to promote successful implementation, partner uptake, and sustainability.

AQ2. To what extent and how are the various partnership arrangements and partnering practices influencing the sustainability of GCBS program outcomes?

GCBS partners utilized effective partnering practices to consolidate and sustain the systems strengthening outcomes of the program: Engagement and joint planning with DSD to review products and plan for sustainability, aligning priorities through national and provincial-level meetings and plans, and governance and management structures such as learning forums as platforms for sustained service delivery.

A lack of capacity to fulfill program implementation roles resulted in some systems strengthening initiatives being incomplete, undermining prospects for sustainability. GCBS implemented sustainability activities focused on securing sustained service delivery. Several systems strengthening outcomes may not have been sufficiently integrated to outlast GCBS.

AQ3. To what extent did existing policy, institutional, and procedural parameters dictating the operations of GoSA at all levels of government enable or constrain the agility and effectiveness of partnerships and the program?

DSD's limitations in strategic leadership, partnership management, systems strengthening, and adaptive management constrain the agility and effectiveness of partnerships and the program. DSD exercised strategic leadership to ensure that the GCBS program serves its mandate. Leadership risks threaten program performance: discontinuity as a result of leadership turnover; autonomy of leadership across government spheres that requires multilevel engagement to obtain commitment; and targeted distribution of program resources that may result in resentment by leadership in omitted areas. Pact led GCBS's systems strengthening efforts, with DSD demonstrating limited leadership capacity in this area, underscoring concerns about incomplete

systems strengthening initiatives. Systemic contracting and financial management difficulties, rooted in slow government procurement and expenditure processes, hindered partner management. GCBS relies on adaptive management, but partners demonstrate uneven capacity in this regard.

Conclusion

Based on the findings of preceding assessment questions, which partnership arrangements demonstrate the most promise in supporting the effectiveness and sustainability of programs like the GCBS and under which specific circumstances?

Findings of the GCBS partnership assessment suggest an emerging model for arranging G2G partnerships that will optimize achievement of common targets and objectives.

The partnership assessment findings suggest that effective OVC programming, measured in terms of the achievement of objectives and targets and the improvement in quality of services through systems strengthening, depends on the extent to which partners fulfill essential program implementation and program management roles, summarized in **Error! Reference source not found.** Program design must include all these roles to ensure success. In a G2G program, the extent to which the donor and government partner will assume these roles should be contingent on their demonstrated capacity to meet the obligations the roles imply. To the extent that some of these roles are outside of their current capacity, the program design should include support from an additional party.

Table 1. Essential partner program roles

Program Implementation Roles	Program Management Roles
Service delivery	Strategic leadership
Referred service delivery	Partner management
Systems strengthening	Adaptive management

A number of models exist within the USAID universe for hybrid G2G activities that include a systems strengthening service provider. These hybrid models build in a mid-program exit of the systems strengthening partner, based on the achievement of specified milestones.

In addition to roles, there are several practices that facilitate partner collaboration and enhance program performance. These practices are particularly apt for a G2G arrangement because they favor a cooperative over a contractual relationship between partners.

Recommendations

For current implementation of GCBS

- Consider expanding the scope of sustainability planning activities to embed systems strengthening functions in DSD.
- Document lessons learned from current G2G components to set up efficient processes for DSD to rapidly procure services; engage with Department of Public Service and Administration, Public Service Commission, and Treasury.
- Formulate mechanisms to preserve the continuum of care solutions implemented for CLHIV through GCBS.

For follow-on activity design

A G2G activity requires cooperative rather than contractual means of partnership management. To establish an effective partnership framework premised on cooperation, it is crucial to establish thorough terms and mechanisms at setup, and to prepare a clear path towards common objectives.

- Prioritize the detailed assessment of prospective G2G partners' capacity to assume program implementation and program management roles in the follow-on activity design process.

- Assess deficits to determine a feasible G2G model that supplements capacity gaps while continuing to build DSD's systems strengthening capacity, for an eventual transition to a more comprehensive G2G arrangement.
- Embed effective partnering practices into the follow-on activity design: Engage widely with government to raise awareness and obtain technical design inputs; engage with multisectoral partners to preserve continuum of care for CLHIV; set up governance and management structures at multiple levels to provide oversight and technical input; consider appointing dedicated personnel within DSD to support coordinated implementation; conclude MOUs during activity start-up; and meaningfully integrate joint planning to align USAID and DSD mandates and priorities.

Introduction

The United States Agency for International Development (USAID) and South Africa’s Department of Social Development (DSD) commissioned the Technical Support Services (TSS) activity, implemented by the Panagora Group, to conduct an assessment of the partnership arrangements adopted during the execution of the Government Capacity Building Support (GCBS) program. GCBS is USAID/South Africa’s orphans, vulnerable children, and youth (OVCY) activity, funded through the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), initially implemented from 2013–2018, continued through with a no-cost extension to 2020, followed by a costed extension to 2023. GCBS prime implementing partner Pact, Inc., will conclude the program in 2023, and GCBS will be succeeded by a program that adopts a government-to-government (G2G) arrangement as its primary implementation modality. The G2G model will emphasize USAID and Government of South Africa (GoSA) partnerships at the provincial and district levels, where the efficacy of services to OVCY and the households in which they are cared for is best optimized. Rather than an evaluation of the performance of the GCBS activity, this assessment prioritizes learning that will support the implementation of the succeeding activity, specifically lessons regarding partnership arrangements between USAID and GoSA, with the intent of determining which partnership arrangements are likely to prove most effective in achieving orphans and vulnerable children (OVC) programming targets and objectives in the future.

Background

Purpose

The assessment identified and documented key lessons concerning the operationalization of the partnership between USAID, its implementing partners, and the South African DSD, including all DSD offices, services, and partners at the national, provincial, and district levels of government, considering the full implementation period from 2013 to the second quarter of FY21. The assessment presents findings concerning the extent to which partnership arrangements enabled or constrained effective activity implementation and the achievement of program targets and objectives and offers recommendations to inform the structuring and management of similar international G2G partnerships in the future.

The assessment offers useful findings and recommendations to key partners, as highlighted below.

Table 2. Utility of assessment for key program partners

User Group	How Will Findings be Used?
Implementing department: National Department of Social Development (DSD)	<ul style="list-style-type: none"> To strengthen the policy environment that governs G2G partnerships in social development To guide the structure and management of future similar G2G partnerships To improve the coordinated planning and implementation of multipartner programs
Provincial DSDs	<ul style="list-style-type: none"> To inform the development of the systems and capacity necessary for optimally structuring and managing G2G partnerships at the provincial level To improve the coordinated planning and implementation of multipartner programs at the provincial level
District and subdistricts	<ul style="list-style-type: none"> To inform the development of the systems and capacity necessary for optimally structuring and managing G2G partnerships at the district and subdistrict levels

User Group	How Will Findings be Used?
	<ul style="list-style-type: none"> To improve the coordinated planning and implementation of multipartner programs at the district and subdistrict levels
DSD-funded NPOs	<ul style="list-style-type: none"> To inform the development of the systems and capacity necessary to effectively participate and deliver results in donor-funded, government-led, multipartner programs
USAID	<ul style="list-style-type: none"> To identify partnering practices that demonstrate the most promise for meeting program targets and objectives To inform the strengthening of USAID/South Africa's policies governing G2G partnerships To guide the structuring and management of future similar government-to-GoSA partnerships To improve the coordinated planning and implementation of multipartner programs where GoSA plays the prominent role
Broader audience	<ul style="list-style-type: none"> To draw on learnings from the GCBS program to inform effective partnering practices for similar programs and contexts

General Approach

The assessment team developed the following guiding questions in consultation with program partners.

- To what extent and how did various partnership arrangements and partnering practices influence the effectiveness of the GCBS program, in terms of achieving program targets and objectives and the quality of services delivered?

Rationale: The response to this question will present the evidence that differentiates various partnering arrangements and practices in terms of their relative contributions to program effectiveness. It identifies partnering practices that demonstrate promise and that should be considered for future programming. Program targets and objectives are determined annually through country operational planning, and the assessment summarizes program performance in terms of its relevant PEPFAR indicators over the full implementation period in response to subquestion 1.i *To what extent and how did the various partnership arrangements and partnering practices influence the effectiveness of the GCBS program in terms of achieving program targets and objectives?* The question is also formulated in a manner that requires an attempt to explain the mechanism (how) partnering practices contributed to effectiveness.

- To what extent and how are the various partnership arrangements and partnering practices influencing the sustainability of GCBS program outcomes?

Rationale: Given that sustained strengthening of local systems and capacity is a key overarching intent of the GCBS program, understanding the extent to which partnering arrangements and practices influence sustainability, in addition to effectiveness, is critical.

- To what extent did existing policy, institutional, and procedural parameters dictating the operations of GoSA at all levels of government enable or constrain the agility and effectiveness of partnerships and the program?

Rationale: The nature and effectiveness of partnerships between GoSA institutions at each level of government and external parties, including USAID, is conditioned by existing regulations, practices, and other contextual factors. These conditions limit what is feasible in terms of partnership arrangements and the responsiveness of programming. The existing regulations, practices, and contextual factors conditioning partnerships need to be presented explicitly and their influence on partnering for program efficacy scrutinized to provide

essential context for findings and to inform recommendations for future partnership arrangements.

4. Based on the findings of preceding assessment questions, which partnership arrangements demonstrate the most promise in supporting the effectiveness and sustainability of programs like the GCBS, and under which specific circumstances?

Rationale: The inclusion of question 4 provides for directly addressing the purpose of the assessment in a defined section of the final assessment report. It frames a synthesized but more detailed than conventional conclusion to the assessment. The response to question 4 will be distilled from the findings of the three preceding assessment questions. The primary purpose of question 4 is to maximize the utility of the assessment's final product.

Technical Approach

Assessment Design and Methodology

The assessment adopted a mixed-methods approach, integrating a program document and data set review, aggregated secondary data on program performance, and primary qualitative data collected through key informant interviews (KIIs). It incorporated elements of implementation and design evaluation, as described in the National Evaluation Policy Framework (NEPF) of South Africa guidelines managed by the Department of Planning, Monitoring, and Evaluation (DPME). Given that the South African DSD is a key assessment stakeholder, a degree of conformity to DPME guidelines is appropriate. These evaluation types and their applicability to the GCBS assessment are described below.

Implementation Evaluation focuses on how a program is implemented by assessing its delivery, strategies, procedures, and processes. An implementation evaluation can answer what is happening in practice, how it is happening, and why it is happening. In this assessment, the focus will be narrowed to how partnership arrangements influenced implementation.

Design Evaluation is a rapid precautionary exercise conducted after an intervention has been designed, but ideally before it has been implemented. It can also be used for existing programs as part of an implementation evaluation to assess the effectiveness of program design. In this instance, the interest is on the effectiveness of partnership arrangements and how these might be improved in future program design.

Program Document and Data Set Review

The wealth of existing program documentation and secondary program performance data offered useful initial responses to the assessment questions.

Collection of program documents and data sets

The assessment team collected data for the document review from GCBS program proposals, theories of change, work plans, progress summaries, quarterly and annual reports, and other relevant sources and assessments. The team identified specific secondary data sources during a round of consultations with USAID, DSD, and Pact, who are each custodians of various relevant documents and data sets. The team asked USAID, DSD, and Pact representatives serving on the Assessment Technical Committee (ATC) to collect and submit electronic copies of these resources into a shared folder system prepared by TSS. The team circulated a list of submitted documents to the full ATC for review, finalized the list of documents and data sources based on committee feedback, and distributed an undated catalogue for final confirmation. [Appendix B](#) includes the final catalogue of data sources.

The team requested quantitative secondary data responsive to the assessment questions from Pact and compiled the data in MS Excel format for aggregate analysis. This secondary data previously underwent data quality review as part of Pact’s routine reporting to USAID.

Management of program documents and data sets

The assessment team organized electronic copies of secondary data sources into a shared Google Drive folder, with all documents in PDF format and all quantitative data sets in MS Excel. The final shared folder will be hosted on TSS information technology infrastructure, with access restricted to TSS personnel and ATC members.

Analysis of secondary data

The program documentation identified by and collected through submissions by the ATC and catalogued in Appendix B provided secondary data that is largely qualitative. The team imported these primary documents into Dedoose, a qualitative data analysis software (QDAS) platform, utilized offline to ensure data security. The assessment lead utilized an inferential analytical approach for content analysis—“a research technique for making replicable and valid inferences from texts (or other meaningful matter) to the contexts of their use” (Krippendorff, 2004). The assessment lead structured inductive findings according to emergent themes and formulated a coding book to document the procedures for moving unstructured data towards structured responses to the assessment questions. The analysis of secondary quantitative data included a descriptive statistical summary of program performance in terms of relevant PEPFAR indicators (OVC_SERV, OVC_HIVSTAT, HRH_CURR), over the life of the program, with a specific focus on the programming period FY17 to FY21Q2, which offers a complete set of quantitative data allowing for trend analysis. This analysis responded directly to assessment subquestion 1.i, concerned with program performance, and provided essential program context, particularly from a PEPFAR perspective.

Key Informant Interviews

The assessment lead collected primary data via KIIs with representatives of program partners, including USAID and prime implementing partners. The majority of interview subjects were DSD representatives at the national, provincial, and district levels, representatives from DSD implementing partners—specifically community-based organizations—and Pact. The purposive sample prioritized representativity across key program stakeholders, program management levels, and implementation contexts.

Selection of key informants and data collection

The assessment team held a partnership mapping exercise with the ATC to identify appropriate interviewees based on the purposive criteria. Representatives of USAID and DSD serving on the ATC submitted proposed key informant names, contact details, and a rationale for their inclusion, to the TSS assessment team. The team then circulated a list of proposed key informants to the full ATC and the Assessment Steering Committee for review. Based on committee feedback, the team finalized and distributed the updated list to committee members for confirmation. [Appendix C](#) includes the final list.

Table 3. Interview respondents

Stakeholder	KIIs
National Department of Social Development	8
Provincial Departments of Social Development	4
District Departments of Social Development	4
DSD supported NPOs (site level) managers	2
Pact national/provincial/district managers	8
South African National AIDS Council (SANAC)	1
TOTAL	27

Proposed key informants received an email invitation to participate in an interview, preceded by a notification letter signed by the acting deputy director general of DSD and the deputy mission director of USAID/South Africa. The assessment lead conducted remote interviews (Zoom or telephonic) with key informants. He initiated two rounds of invitations and scheduling, interviewing all proposed key informants who expressed willingness to participate. The assessment team reached data saturation during the second round of interviews.

Interviews were semi-structured, according to interview protocols developed for each of the stakeholder categories specified in Table 2 ([Appendix D](#)).

Management of key informant interview data

The TSS assessment team finalized and organized PDF copies of interview notes in a structured folder, including a consolidated list of key informants who participated.

Analysis of key informant interview data

The team took interview notes during each interview, supplemented and quality controlled using audio recordings where permitted, which served as the primary documents for qualitative analysis. The team imported the notes into the QDAS platform and conducted content analysis to structure inductive findings according to the assessment questions and emergent themes. The team formulated a coding book to document the procedures for moving unstructured data towards structured responses to the assessment questions.

Ethical Considerations

The assessment documents the informed perceptions of technical, management, and leadership personnel concerning specific partnership arrangements contributing to the GCBS program's effectiveness. The assessment did not require the collection or analysis of sensitive human subject data that could place individuals at risk. No aspect of the assessment design triggered a requirement for independent ethical review and approval. To elicit frank responses, the team offered key informants a guarantee of confidentiality and used appropriate protocols for data collection and management to address these ethical considerations.

Limitations

This assessment represents a largely qualitative inquiry into the contribution of partnership arrangements and practices towards program effectiveness. The effectiveness of partnering practices in supporting the achievement of targets and objectives and in delivering quality services is not a correlation subject to deliberate and routine data collection. The relationship between partnering and efficacy depends substantially on reported perspectives, with associated biases applying, including recall bias and acquiescence bias. The team structured purposive sampling to ensure representativity across key program stakeholders, program management levels, and implementation contexts. The team reached data saturation within the limited sample, suggesting that the sample was adequate to capture the partnership lessons learned. The assessment did not attribute program effectiveness to specific partnering practices, in conformity with accepted statistical methods, requiring the reliability of conclusions to be considered accordingly.

Findings

GCBS partners fulfill roles that fall into two categories: program implementation and program management. Partners must effectively fulfill their assigned roles to achieve program objectives and targets. The assessment documents the demonstrated capacity of, and challenges experienced by GCBS partners when fulfilling their program implementation and program management roles. It identifies partnering practices that better enable partners to meet program implementation and management obligations. The assessment also presents observations about how partnership arrangements and practices influence the sustainability of program outcomes, emphasizing the application of these findings in a G2G arrangement.

AQI. To what extent and how did partnership arrangements and practices influence the effectiveness of the GCBS program in terms of (i) achieving targets and objectives and (ii) improving the quality of services?

Achievement of GCBS objectives and targets depends on partners effectively fulfilling assigned program implementation and program management roles.

SUMMARY: GCBS partners fulfill roles that fall into two categories: program implementation roles, including (i) the direct delivery of services and (ii) the strengthening of systems that support service delivery; and program management roles, including (i) providing strategic leadership, (ii) managing subpartners for service delivery, and (iii) leading adaptive management efforts. Clearly defining, appropriately allocating, and effectively fulfilling all the identified roles is a prerequisite for program performance.

GCBS partners fulfill roles in two categories: program implementation and program management. **Program implementation** entails the direct delivery of services or the strengthening of systems that support service delivery. The South African DSD, its network of nonprofit organizations (NPOs), and several Pact subawardees are responsible for direct service delivery to OVC and caregiving households. Pact is also responsible for systems strengthening, implemented directly or through subawards.

Program management roles include (i) providing strategic leadership, (ii) managing subpartners for service delivery, and (iii) leading adaptive management efforts. USAID and DSD collaborate to set the strategic direction of GCBS. Pact and DSD, both USAID implementing partners in the GCBS program, manage subpartners. USAID manages the prime implementing partner (Pact) through a conventional funding agreement. However, a collaborative, rather than contractual, agreement governs USAID's relationship with the government partner, DSD. Therefore, USAID's program management role can be characterized as relationship management. While USAID and DSD determine changes in program direction through their strategic leadership roles, Pact leads adaptive management efforts. Adaptive management is the capacity to adjust program implementation in response to changes in objectives, targets, and implementation context.

Program results reflect how effectively partners fulfill their program implementation roles, as discussed in the first two findings that follow. How effectively partners fulfill their program management roles, and the challenges they face, are reflected in program documentation and themes emerging from the interview data, as presented in subsequent findings.

Table 4 summarizes the distribution of program implementation and program management roles across partners. The distribution of roles in the table suggests that USAID's prime implementing

partner, Pact, fulfills a substantive share of both program implementation and program management roles. Subsequent findings reinforce this observation.

Table 4. GCBS partnership structure, roles, and functions

Partners	Program Implementation Roles	Program Management Roles
Department of Social Development	Implementing partner: service delivery	Strategic leadership Partner management (NPOs)
USAID	Funding partner	Strategic leadership Partner management (of Pact) Relationship management (of DSD)
Pact (Prime implementing partner)	Implementing partner: systems strengthening	Partner management Adaptive management
Subpartners (NPOs)	Implementing partner: service delivery	Ad hoc
Multisectoral partners	Referred service delivery partner	Ad hoc

Future G2G programs must consider how to redistribute the essential roles filled by the prime implementing partner, given two fundamental considerations:

- Effectively fulfilling program implementation and management roles is a prerequisite for program performance.
- Future G2G programs may diminish or replace the contribution of an external prime implementing partner.

GCBS program performance against targets suggests that partners effectively fulfill their service delivery program implementation roles and that these are appropriately assigned.

SUMMARY: DSD and its network of NPO service providers fulfill service delivery roles. In the context of evolving program priorities and district allocation, GCBS consistently achieved its PEPFAR and program-specific targets. GCBS met its OVC_SERV targets from fiscal year 2018 (FY18), significantly decreased the number of beneficiaries whose HIV status was unknown by FY19 and FY20 and ensured that all HIV-positive beneficiaries are on antiretroviral treatment (ART) since FY19.

PEPFAR OVC programs track performance against two Monitoring, Evaluation, and Reporting (MER) indicators that track how many OVC and members of their households received services provided through the program (OVC_SERV), and the proportion of OVC receiving program services who have disclosed their HIV status to the implementing partner (OVC_HIVSTAT). The OVC_HIVSTAT indicator reference sheet also requires the tracking of several disaggregations that ensure that HIV positive children are enrolled in care. The indicator descriptions and key disaggregations are summarized in Table 5.

Table 5. OVC MER indicator descriptions and key disaggregations

Indicator	Description
OVC_SERV	Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV
OVC_HIVSTAT	Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner. Disaggregations: Percentage with unknown status Percentage with test not required* Percentage with known status negative Percentage with known status positive Percentage with known status positive on ART

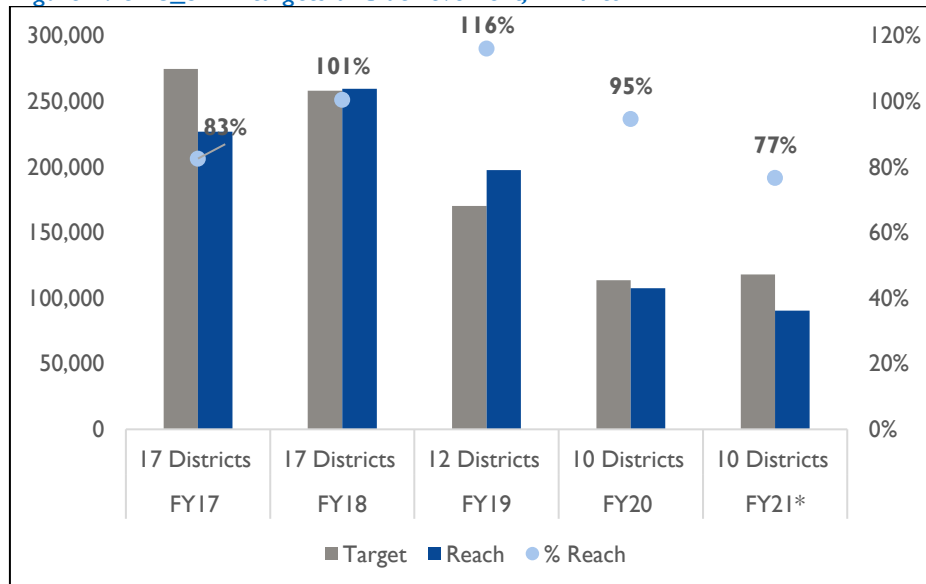
* “Test not required based on risk assessment” includes beneficiaries (OVC_SERV<age 18) who, based on a risk assessment made by the implementing partner, do not require a test during the reporting period (formerly known as test not indicated). (MER Indicator Reference Guide 2.4, pg. 115)

Targets for the OVC_SERV indicator are set annually during the Country Operational Planning process, based on estimates of the number of OVC and household members eligible for services in the geographic locations where the OVC program is active. The proportion of the target achieved for each indicator determines program performance.

GCBS performance against OVC_SERV targets

Figure 1 presents GCBS performance against OVC_SERV targets from FY17 to FY21. GCBS only achieved 83 percent of the OVC target in FY17. GCBS exceeded OVC_SERV targets in FY18 (101 percent of target) and FY19 (116 percent of target). In FY20, GCBS achieved 95 percent of the target, even as it responded to GoSA COVID-19-related restrictions. By the middle of FY21, GCBS had already achieved 77 percent of the OVC_SERV target and was on track to fully achieve or exceed its target for the reporting period.

Figure 1. OVC_SERV targets and achievement, FY17 to FY21



*FY21 is a partial year: October 2020 to March 2021

The program made several changes that contributed to reaching and exceeding OVC_SERV targets.

- **Realigned program priorities:** GCBS pivoted its focus from technical assistance to incorporating direct service delivery components (see section on
- Adaptive management capacity is crucial to program performance.).

- Reduced implementation zone:** Between FY18 and FY20, the program reduced the number of implementation districts from 17 to 10, with commensurate reduction of OVC_SERV targets.

GCBS performance against OVC_HIVSTAT targets

As per PEPFAR guidance, OVC programs should target children living with HIV (CLHIV) as a priority subpopulation for recruitment, ensuring that they enroll in and continue in care. The OVC_HIVSTAT indicator measures the percentage of OVC (<18 years old) that reported their HIV status to an implementing partner.

Figures 2 through 5 present GCBS performance on OVC_HIVSTAT. Figure 2 and Figure 3 show that the proportion of beneficiaries with unknown HIV status dropped significantly, from the majority of <18s enrolled in GCBS in FY17 and FY18, to under 10 percent in FY20 and FY21.

Figure 2. Proportion of beneficiaries with unknown HIV status, FY17 to FY21

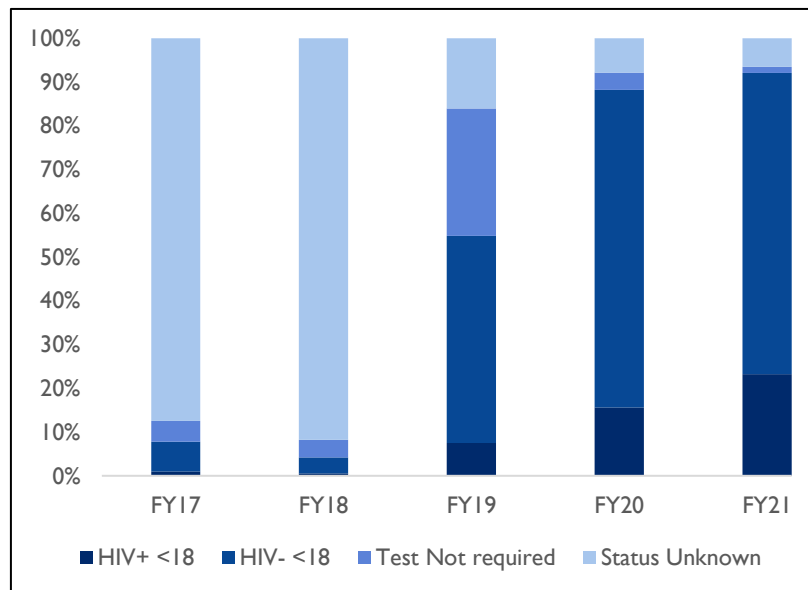


Figure 3. GCBS beneficiaries by OVC_HIVSTAT status, FY17 to FY21

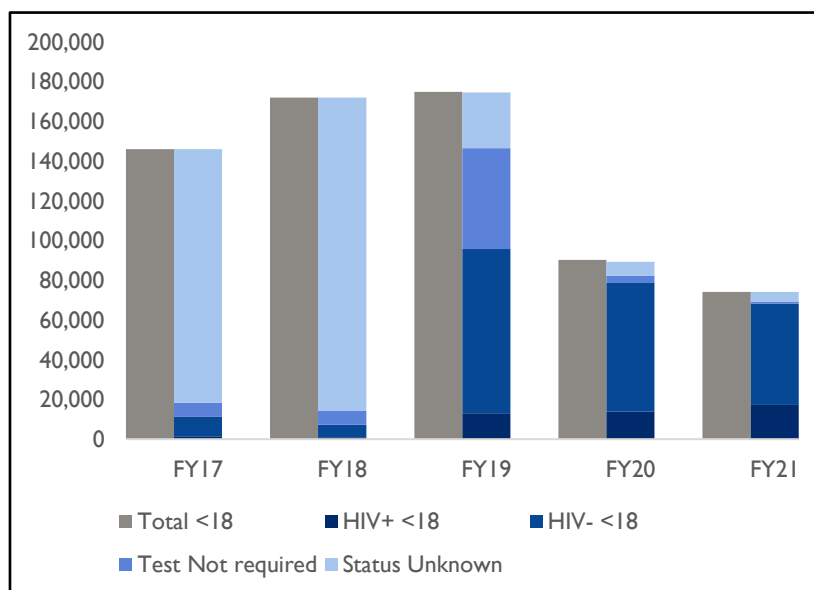
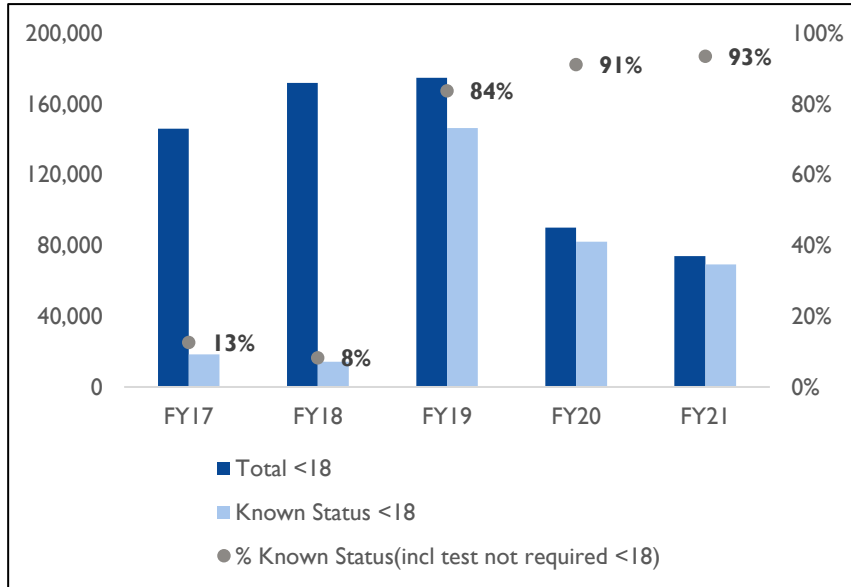


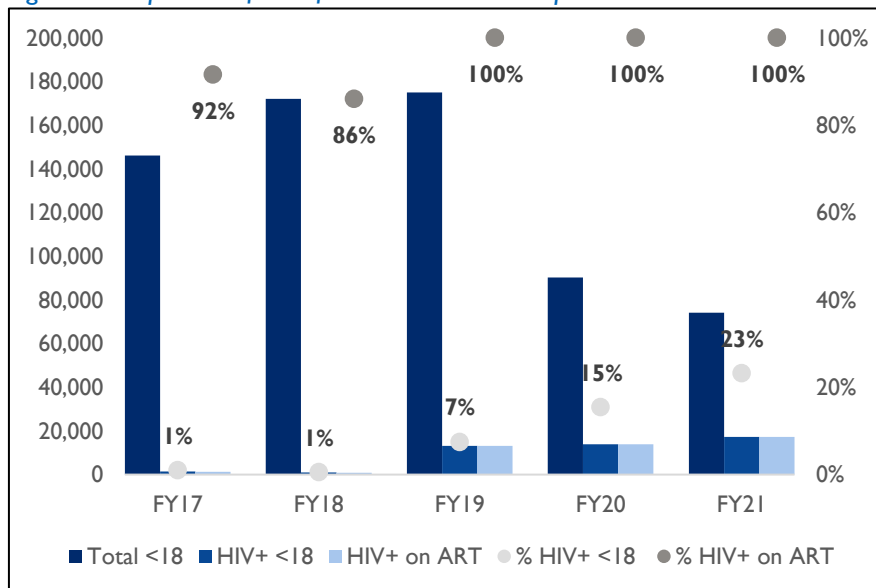
Figure 4. Proportion of beneficiaries with known HIV status per reporting period



The proportion of HIV-positive OVC receiving services through GCBS increased from 7 percent in FY19 to 23 percent in FY21 (Figure 4). This increase demonstrates the success of efforts to prioritize the enrolment of CLHIV.

The program has been able to ensure that all CLHIV are enrolled in care since the FY19 (Figure 5).

Figure 5. Proportion of beneficiaries who are HIV positive and enrolled in ART



The improvement in GCBS performance against OVC_HIVSTAT also demonstrates the program’s contribution to improving the quality of services. Key informants confirm that prior to GCBS, social service practitioners (SSPs) at DSD service points and NPOs did not routinely identify CLHIV who accessed services and did not provide the appropriate support to this highly vulnerable group.

“For most of them (SSPs), it was not really structured in and like I was saying, they were not really focusing on HIV services.” (National DSD partner)

“We had to start focusing on HIV services and this was never really a focus at the time. We had to add it, this was a very key intervention. We had to go and show

them [DSD] what was needed for HIV services, for every child, for example, to know their status ... and those who are positive, what then becomes of them? Are they enrolled or not?" (Implementing partner)

Identifying, supporting HIV status disclosure, and managing CLHIV care requires training, specialized case management tools, and supportive supervision of SSPs. GCBS integrated appropriate support to CLHIV, precipitating a cascade of systems strengthening interventions to enhance overall service quality by standardizing and targeting services to the appropriate vulnerable subpopulation.

"We provided the training for them. But then we go a step further. There was the [HIV testing services] HTS guidelines that were developed, so we looked at how do we implement those guidelines to support the social worker in identifying the [HIV positive] child, assessing them and referring them and providing them with support. Because that was a huge gap within DSD." (Implementing partner)

GCBS systems strengthening achievements suggest that partners effectively fulfill their systems strengthening program implementation roles and that these are appropriately assigned.

SUMMARY: GCBS prime implementing partner Pact fulfills the systems strengthening role.

GCBS planned 60 to 90 systems strengthening activities per year, with a completion rate ranging from 68 to over 75 percent. Several factors impeded the completion of planned activities, including COVID-19 lockdown restrictions and the delayed contributions or limited uptake of demand-driven technical assistance opportunities by DSD. DSD achieved multiple systems strengthening outcomes, including developing and deploying a core package of OVCY services to be provided at DSD service points and NPO sites, HTS guidelines for SSPs, a supportive supervision framework for managing and mentoring SSPs, and two targeted behavior change communication programs. GCBS also augments the service delivery workforce by appointing technical staff that are seconded to DSD service points and NPO sites.

The GCBS Theory of Change (TOC) recognizes that by partnering with DSD, USAID can utilize PEPFAR funding to maximize DSD's reach and resources, contributing to South Africa's OVC response at the national, provincial, and local government levels. GCBS assigned a systems strengthening program implementation role to Pact, the prime implementing partner, to support the service delivery program implementation role assigned to DSD and its network of NPOs, in line with DSD's mandate. The TOC assumes that systems strengthening will contribute to improving the quality of services. While testing this assumption is beyond the scope of this partnership assessment, the report presents evidence in support of the conclusion that quality of services has improved.

In FY18, GCBS began reporting aggregate performance of systems strengthening in terms of the proportion of planned activities completed within the reporting period. The number of activities planned per year ranges from 60 to 90, with a completion rate ranging from 68 percent to over 75 percent. While it is imprecise to consider each activity as an equivalent unit of effort, the drop in activity volume across the years reported does track the reduced number of districts supported by GCBS, while the number of activities reported in FY21 reflects the substantial change in program structure in anticipation of transitioning activities to DSD. Several consistent factors impeded the completion of planned activities across the reporting periods: COVID-19 lockdown restrictions, and the DSD's delayed contributions or limited uptake of demand-driven technical assistance opportunities. These results are summarized in Table 6.

Table 6. Completion of planned systems strengthening activities per reporting period

Period	Planned Activities	Achievement	Range of Activities
FY18	90 activities	62 (68%) were fully completed	Not reported
<i>Accounting for Performance:</i> GCBS dropped 8 (9%) activities due to partner delays contracting service providers and the realignment of program priorities to focus on direct service implementation.			
FY19	60 activities	More than 75% completed	Not reported
<i>Accounting for Performance:</i> Performance varied by province, with activities tailored to the technical support requests of DSD. Challenges experienced in implementing national-level activities included delays in working with the national DSD office during an election period (Q1–Q3).			
FY20	86 activities	More than 75% completed	Systems strengthening sustainability Direct site-level support
<i>Accounting for Performance:</i> Performance varied by province, with activities tailored to the technical support requests of DSD. Some activities could not be achieved due to the COVID-19 lockdown and resulting restrictions, mainly activities related to the rollout of social and behavior change (SBC) interventions, writing up interventions, and completing the GCBS evaluation.			
FY21*	24 activities	79% initiated	Systems strengthening sustainability Direct site-level support
<i>Accounting for Performance:</i> Performance varied by province, with activities tailored to the technical support requests of DSD. Some activities could not be achieved due to the COVID-19 lockdown and related site-level challenges, mainly activities where NPOs and SPs worked in shifts, reducing contact with beneficiaries.			

* These activities are reported for FY21 Q1-2 (October 2020-March 2021).

GCBS achieved several systems strengthening outcomes through these planned activities, including the development and deployment of:

- (i) A core package of OVCY services provided at DSD service points (sites where DSD mandated services are directly delivered by DSD staff) and NPO sites
- (ii) HTS guidelines for SSPs
- (iii) A supportive supervision framework for managing and mentoring SSPs to deliver the core package of services
- (iv) Two targeted behavior change communication programs
- (v) A sector funding policy, capacity assessment, and support framework for NPOs
- (vi) A SSP workforce planning and management framework that includes workload management guidelines, a performance management and development system, and a sector-wide demand and supply model for evidence-based and demand-led workforce projections.

Additionally, GCBS augments the service delivery workforce by appointing technical staff that are seconded to DSD service points and NPO sites to provide service delivery support. Staff placements supplement pre-existing human resource deficits, confirmed by applying the workforce planning and management framework. Seconded staff ensure that the tools, guidelines, practices, and products delivered through GCBS systems strengthening activities are embedded in DSD processes. These deployed cadres benefit from intensive capacity development, including regular training and continuous support from GCBS, reinforcing their systems strengthening contribution. Interview respondents recognized and remarked on their contribution.

“And maybe the other thing that I need to report is that a lot of social workers that were acting social workers or supervisors, and were part of the GCBS program, all of them were appointed supervisors.” (Provincial DSD partner)

Table 7. Number of GCBS-supported cadres deployed for direct site support annually

Cadres	FY17	FY18	FY19	FY20	FY21
Social auxiliary workers	-	-	-	2	-
Social workers	86	86	55	56	33
Social work coordinators	14	14	12	7	-
Social work supervisors	-	-	-	-	4
Referral and linkage officers	-	-	-	-	11
Referrals and linkage specialists	-	-	-	-	4

Through strategic leadership, USAID and DSD ensured that GCBS served GoSA development goals, aligned USAID priorities with DSD’s mandate, and increased program acceptability with stakeholders.

SUMMARY: USAID and DSD fulfilled strategic leadership roles.

Ensuring GoSA-led development: DSD and USAID, informed by the overarching Country Development Cooperation Strategy, provide strategic leadership to GCBS that prioritizes GoSA development goals.

Aligning USAID PEPFAR priorities and DSD mandates: the strategic leadership function is necessary to ensure that GCBS implementation converges on objectives common to the respective priorities and mandates of the two organizations.

Joint strategic leadership benefits and risks: The effectiveness of GCBS interventions hinged on the extent that DSD fulfilled a strategic leadership function. When DSD took a strategic lead, program effectiveness improved. Limited DSD leadership compromised GCBS integration, the beneficial impact of DSD officials’ contextual knowledge, and meant the program was perceived as less relevant to South African priorities.

Ensuring GoSA Led Development

According to USAID/South Africa’s Country Cooperation Development Strategy (CDCS), the USG’s official development assistance (ODA) to South Africa follows two overarching principles:

1. Development efforts must occur in partnership with the GoSA by striving to further South Africa’s development goals, supporting South Africa’s core development priorities, and contributing to South Africa’s chosen development path.¹
2. Given that USG ODA accounts for less than 1 percent of the national budget of South Africa, its value should be realized through strategic investments that enable the host country to use its own resources more effectively.

USAID/South Africa’s ODA focuses on developing South African capacity to innovate approaches that enhance service delivery. USAID/South Africa emphasizes the quality rather than the quantity of programs supported with ODA, in accordance with GoSA guidelines.² The application of these two principles reinforces South Africa’s leadership role in driving its own development. South Africa’s DSD and USAID provide GCBS with strategic leadership that prioritizes GoSA’s development goals, informed by the overarching CDCS commitment to a GoSA-led partnership.

¹ USAID, Country Cooperation and Development Strategy, South Africa, 2013–2019.

² Government of South Africa. *Policy Framework and Procedural Guidelines for The Management of Official Development Assistance: 1st Edition*, October 2003.

Aligning USAID Priorities with DSD's Mandate

In addition to ensuring adherence to the principle of GoSA-led development, the strategic leadership function ensures that GCBS implementation converges on common objectives of USAID and DSD's respective mandates. The CDCS includes USAID's primary five-year development goal, **South Africa's continued transformation into an equitable, effective, and exemplary nation**, with three Development Objectives (DOs), including DOI. Health outcomes for South Africans improved.³ DOI is governed by the *Partnership Framework in Support of South Africa's National HIV and AIDS and Tuberculosis (TB) Response (2012/13–2016/17)*, signed between the South African Minister of International Relations and Cooperation and the United States Secretary of State on December 10, 2010. The Partnership Framework commits the signatories to collaborate to prevent new HIV and TB infections; increase life expectancy; and improve the quality of life for people living with and affected by HIV and TB. The Partnership Framework Implementation Plan is guided by the South Africa National Strategic Plan (NSP) for HIV, Sexually Transmitted Infections (STIs), and TB 2012–2016 and funded through PEPFAR. Consequently, USAID's mandate with regards to DOI is largely focused on control of the HIV epidemic.

In contrast, DSD has a much broader mandate to ensure protection against vulnerability by “creating an enabling environment for the provision of a comprehensive, integrated, and sustainable social development service.”⁴ The DSD typically prioritizes increasing access to social assistance, strengthening community participation, improving household access to food and nutrition, reforming and standardizing the social welfare sector, expanding social development services, and protecting and promoting the rights of children in its annual planning. DSD seeks to integrate programs like GCBS into its broader mandate.

“And we want to make it different because we understand better how to resolve issues. Of course, you [GCBS] provide quite a lot of international expertise based on working models and so forth, but to complete it, we should be given an opportunity to relate it to the whole transformation agenda.” (National DSD partner)

Despite its broad mandate, some interview respondents from implementing partner organizations regarded the DSD as initially preoccupied with social assistance provided through grants. This is unsurprising, considering that approximately 95 percent of the Department's annual proposed budget comprised past, current, and future allocations for social assistance in the Medium-Term Expenditure Framework (MTEF).⁵ Respondents attributed DSD's early resistance towards GCBS in part to hierarchies of social services within DSD. DSD gives primacy to social assistance, which narrowed the strategic understanding of DSD's full mandate.

“I don't think they are at a point where they really understand their strength as a department. Because Social Development only sees itself mainly through SASSA [the South African Social Security Agency], the approach is very welfare. There needs to be strength also in the developmental approach, and which is what GCBS is bringing. The match between the welfare and the developmental approach, how we match those because they shouldn't be competing.” (Implementing partner)

The GCBS project offered an opportunity for DSD leadership to embrace its broader mandate beyond social assistance to additional service provision. This became apparent as GCBS became more accepted and embedded in DSD over time, and as DSD supported expanded services during the implementation period.

³ DOI. Health outcomes for South Africans improved; DO2. South African resource effectiveness advanced in targeted sectors; and DO3. South African impact on African development enhanced.

⁴ GCIS, South Africa Yearbook 2015/2016, Social Development

⁵ MTEF Vote 17, Proposed Social Development Budget, 2019 to 2022

Risks and Benefits of Cultivating Joint Strategic Leadership

Interview respondents in all key informant categories repeatedly mentioned DSD’s strategic leadership as key to ensuring the effectiveness of partnership arrangements and program implementation at all levels of government (national, provincial, and district). USAID and Pact carefully cultivated DSD leadership at the national level but did not pursue joint leadership at the provincial level to the same degree. With limited provincial DSD leadership, GCBS integration met resistance, was perceived as less relevant to South African priorities, and was compromised by not benefitting from the contextual knowledge of DSD officials.

“But the attitude in terms of how this is implemented becomes really important, so that we’re able to embrace it properly, to say we [GoSA] are still in charge, so that you are able to see that this is our cause.” (National DSD partner)

Key informants frequently mentioned the increased effectiveness of program components when DSD took a strategic lead, such as the Department’s involvement in the development and dissemination of the social behavior change communication (SBCC) curricula as an illustration of the effective leadership of DSD.

“They helped design the modules because they wanted to shape the program to be in line with the outcomes of the NSP. They also wanted NAC involved because I think that it benefits from NAC’s many partnerships, indeed it has benefited from exposure in the main (HIV) sector.” (Multisectoral partner)

Problems with contracting and the disbursement of funds to subpartners jeopardize the performance gains achieved through improved partner management and systems strengthening interventions.

SUMMARY: DSD managed subpartners for service delivery, with systems strengthening support from Pact.

GCBS improved DSD’s performance management of subpartners by supporting the development of a sector funding policy for NPOs, a baseline costing model for fund allocation, an M&E framework to dictate and assess performance criteria, targeted technical assistance to DSD officials to track the implementation of case management and the core package of services by NPOs and DSD service points (SPs); and technical site level support to DSD personnel overseeing contracted partners implementing relevant SBCC programs.

However, two factors hindered effective partner management of subpartner NPOs and compromised overall program performance: short-term contracting periods and the inconsistent timing and fragmented disbursement of funds.

GCBS supported service delivery to OVC and their households at DSD service points or through DSD’s network of NPO service providers. Together, Pact and DSD fulfilled the partner management role for GCBS by selecting, appointing, and funding NPOs to deliver services and managing the performance of NPO service providers.

Initially, DSD’s process and criteria for appointing NPOs to support service delivery varied markedly across provinces and between annual implementation cycles, while contracting terms did not routinely link budgets to service mandates or performance provisions. Pact consulted with DSD to develop a sector funding policy for NPOs—a baseline costing model to inform fund allocation to contracts and an M&E framework that dictates performance criteria for contracts.

Respondents acknowledged the necessity of these interventions as a basis for an outcomes-driven approach to NPO partnership management.

“It can also assist with regard to how we review contracting in terms of an itemized budget that we are giving to NPOs, where we’re specifically zooming into giving a budget for 1-2-3-4 services. Currently it’s spent mostly 80 percent on salaries and a very little on product.” (Provincial DSD partner)

However, two persistent issues hindered effective partner management of NPOs. Firstly, GoSA currently only allows for one-year contracting periods with annual renewals. This short-term contracting horizon results in NPOs operating on insecure terms, discourages inclusion of NPOs in multiyear systems strengthening interventions, and results in staff attrition that poses a material risk for these organizations.

“And that is a problem, it does not make them to feel secure. Sometimes you may build capacity of these facilitators who may go because their contracts are just coming to an end. Clearly, you’ve lost money that you’ve invested there. It would be lost money, but (personnel) contracts are yearly, because they (NPOs) also get money yearly from government.” (Multisectoral partner)

Secondly, DSD’s disbursement of funds is inconsistent and fragmented. This suspends the activity of smaller NPOs that cannot deliver services without fund disbursement and compromises the quarterly achievement of program targets.

“They divide the money into quarters. They started with funds for April, May, June. They give us some funds. But now for this quarter there is no funds. We can’t do everything; we are still waiting.” (NPO partner)

Even larger partners, with the means to sustain a moderate level of activity while waiting for delayed disbursements, may need to awkwardly stagger activities, resulting in uneven performance.

“Materially where the problem lies, is that the funds get disbursed at the last minute. Therefore, it didn’t enable us to spend very well. For instance, for 2015/16, the funds will be disbursed in March, and they have to be spent (by April) for the whole previous year. So, there was an issue with the disbursement of funds. It would be late, very late.” (Multisectoral partner)

While contracting and funds disbursement remain persistent challenges, GCBS partner performance management is more effective. Under GCBS Objective 1, Pact facilitates the development of a capacity assessment and support framework for NPOs and provided training and ongoing support to DSD officials to implement NPO capacity assessments, develop improvement plans, and provide mentoring. Pact also provides targeted technical assistance to DSD officials to track the implementation of case management and the core package of services by NPOs and DSD service points; and technical site level support to DSD personnel overseeing contracted partners implementing relevant SBC programs. Under Objective 3, Pact provides ongoing mentoring and support to DSD service points and NPOs to utilize data for decision-making and resource allocation.

NPOs respond positively to DSD-led performance management and express appreciation for the support from officials.

“They [DSD] come once a month. And they check what is going on for the organization. We want them all to come.” (Implementing partner)

DSD’s strengthened capacity to manage partner performance is evident in how it oversees its subaward to the South African National AIDS Commission (SANAC). SANAC and DSD jointly produce an annual work plan to implement the subaward. SANAC acts as a prime implementing partner to the DSD, appointing NPO subpartners to deliver SBCC interventions. National and provincial DSD offices participate in NPO selection and appointment. The NPOs implement a repertoire of seven standard interventions, with the option of including additional activities. However, the NPO must specify additional activities in an updated annual work plan because DSD’s funding commitment and performance management are based on work plan commitments.

“So, what DSD does, they disburse yearly funds to us to support these NPOs that we would select together with DSD. Then we would have our partnership arrangements structured around this business plan that we would have developed at the beginning of the year, say it will have been submitted in January for the year that starts in April.”
(SANAC respondent)

The SANAC subaward demonstrates the DSD’s capacity to manage partner performance. However, SANAC’s work plan focuses on implementation of a specific activity—the delivery of SBCC interventions. DSD’s partner management of this NPO cannot be considered representative of the broad and complex partner management required for the broader GCBS program.

DSD’s partnership management of SANAC has been flexible, with DSD making several critical decisions through responsive email correspondence. However, DSD uses a cumbersome process to approve work plan and budgetary adjustments, requiring written justifications and approvals. This demonstrates the challenge DSD faces in financial management of subpartners. Additionally, several limiting factors hampered the SANAC subaward: late disbursement of funds, no adequate provision for subawardee capacity development and supportive supervision, no opportunities to coordinate with other GCBS NPOs, and no learning forums.

Adaptive management capacity is crucial to program performance.

SUMMARY: Pact led adaptive management in response to two significant shifts in the implementation context. First, GCBS pivoted from an exclusive focus on technical assistance to direct service provision at the district level. This pivot in FY15 to FY16 corresponded with the release of PEPFAR 3.0 guidelines and the impact action agenda outlined in its guidance. Second, in 2020, GCBS responded to the sudden and severe restrictions imposed due to the COVID-19 pandemic by devising strategies to manage risk and preserve service continuity; for example, by developing a remote counselling guideline to assist social workers.

Adaptive management is defined in ADS 201.6 as “an intentional approach to making decisions and adjustments in response to new information and changes in context,” and refers to the capacity for rapidly and effectively modifying program implementation in response to emerging demands.⁶ Each implementation cycle demanded adaptive management in response to guidance from the Office of the U.S. Global AIDS Coordinator (OGAC) and the evolving developmental priorities of GoSA, at times resulting in substantial changes to GCBS across implementation cycles. Pact successfully led an adaptive management response to two significant shifts in the GCBS implementation context.

GCBS made a major pivot between FY15 and FY16, coinciding with the release of PEPFAR 3.0 guidelines that outlined an impact action agenda. GCBS shifted from an exclusive focus on providing technical assistance to a broader program mandate to rapidly strengthen and roll out district-level direct services to OVCY. GCBS developed provincial implementation plans through consultations held in March and April 2015. The program increased the number of implementation districts from 9 to 16 to promote saturation of priority districts (eventually increasing to 17 districts from FY17 to FY19, later reduced from 17 to 10 in FY20). This pivot to direct service provision compelled GCSB to complete a comprehensive overhaul of program design, work plans, and resourcing.

The GCBS program structure shifted substantially from FY20 to FY21. The program went from three strategic objectives with six components to two strategic objectives with five strategies.

⁶ <https://www.usaid.gov/sites/default/files/documents/201.pdf>

Table 8. GCBS strategic objectives and components, FY17 to FY20

SO1: Strengthen coordination, management, and oversight of community care service structures
Component 1: Strengthen the health and social welfare system coordination and integration for improved service delivery
Component 2: Support improved management and program evaluation
Component 3: Strengthen social and individual behavior change to prevent HIV infection
Component 5: Support and strengthen the child protection response framework
Component 6: Strengthen the management of the South African social services workforce serving children
SO2: Strengthen intersectoral integration and coordination between DSD and other departments (DoH, DBE); strengthen national and provincial-level systems towards supportive multisector environment.
Component 1: Strengthen the health and social welfare system coordination and integration for improved service delivery
SO3: Improve timely availability of reliable data on program performance and information on the social effects of HIV and AIDS and other vulnerabilities faced by children.
Component 4: Strengthen DSD's M&E systems and enhance the knowledge base for cost-effective outcomes for vulnerable children

Table 9. GCBS strategic objectives and strategies, FY21

SO1: Strengthen service delivery, management, and oversight of community care service structures that protect OVCY and their families
Strategy 1: Improve the provision of services to OVCY through a standardized prevention and early intervention core package of services (CPS)
Strategy 2: Support DSD to maintain, scale up, and implement SBC components of the CPS, with a specific focus on improved HIV knowledge, and prevention and early intervention for gender-based violence (GBV)
Strategy 3: Support DSD to improve efficient planning, oversight, and expansion of community care/site-level structures
SO2: Improve timely availability of reliable data on program performance, monitoring and evaluation, and information on the social effects of HIV and AIDS and other vulnerabilities faced by children
Strategy 4: Build systems and capacity for the collection, analysis, and utilization of information to improve decision-making, implementation, and measurement of services for vulnerable children
Strategy 5: Establish and implement mechanisms for documenting, communicating, and sharing best practices, learning, and results from GCBS-supported activities.

In 2020, Pact responded to sudden and severe COVID-19-related restrictions to service delivery by devising strategies to manage risk and preserve service continuity. For example, Pact developed a remote counselling guideline to assist social workers to conduct counseling calls. The tool provided clear guidance on COVID-19 risk screening, ensuring that all CLHIV accessed their treatment, and providing general psychosocial care and support based on individual family needs. In addition, the guideline provided procedures to report and link beneficiaries exposed to GBV or other forms of child abuse, neglect, and/or exploitation to relevant services.

Partners' capacity for adaptive management equips them to adopt a grounded approach to implementation, apply a diagnostic perspective to systems strengthening in difficult contexts, accurately analyze a problem, and engage with other partners to devise suitable solutions. As an implementing partner respondent put it:

“I said to them—Guys, we are not consultants. The gaps and the challenges, we work together with you to find solutions. We don't come with readymade solutions. Something may not work the first time. We're developing it with you as we go along.

Don't be frustrated when we introduce something and it doesn't work. It's because that's how the GCBS is designed.” (Implementing partner)

Pact led GCBS’s systems strengthening efforts, demonstrating the ability to manage quick pivots and successfully adjust to shifting PEPFAR MER requirements for OVC and AGYW. DSD demonstrating limited leadership capacity in this area, underscoring concerns about incomplete systems strengthening initiatives.

GCBS partners adopted practices that effectively drive performance and govern accountability within an emerging G2G arrangement.

SUMMARY: GCBS partners adopted several practices that show some efficacy in facilitating mutual accountability and driving program performance.

Strategic engagement between USAID and DSD provided a productive partnership at the senior level but was an insufficient basis for GCBS to gain entry into DSD at the technical and operational levels. Engagement needs to be replicated with directorates in the national department and DSD officials at provincial and district levels, with consistent support from systems strengthening partner staff.

Aligning priorities: Strategic leadership ensures the alignment of partner mandates and favors government-led development priorities. This strategic alignment also needs to be operationalized at the technical level, with the integration of program work plans and DSD annual performance plans, program indicators and DSD annual performance indicators, and program support to strengthen technical operational systems. Demonstrating the value of GCBS interventions to achievements against DSD performance plans also generated support among government partners.

Instituting governance and management structures: The contribution of the GCBS Steering Committee’s oversight to program effectiveness was attributed to the seniority of its members, ensuring their consistent participation, and avoiding exclusive association with a directorate or technical program. The Steering Committee was considered a vehicle to extend the influence of GCBS into the provinces by replicating the structure at provincial level or by inviting provincial heads of department to participate in Project Steering Committee (PSC) meetings on a limited number of occasions. In addition, DSD’s technical contribution should be enhanced through management structures such as technical working groups and dedicated management positions within DSD that are required to coordinate program operations.

Formalizing partnerships through MOUs: MOUs are essential. Without formal endorsement, government officials may resist collaborating on program activities. MOUs specify roles, responsibilities, the scope of collaboration, and how to account for joint activities; MOUs can help mobilize multisectoral collaboration and encourage actors to recognize their responsibility to contribute to a service intervention.

Joint planning: At a technical level, committed joint planning presages success in GCBS, like the success observed with SBCC interventions and anticipated in sustainability planning. It also promotes uptake of interventions by participating partners and unlocks technical expertise.

GCBS partners adopted several practices to facilitate mutual accountability and drive program performance. These practices include engagement, aligning priorities, instituting governance and management structures, formalizing partnerships through MOUs, and providing for joint planning. Interview respondents highlighted the demonstrated utility of these practices, and their potential for elaboration in future iterations of the GCBS program, particularly with expanded G2G features.

Engagement

The Partnership Framework in Support of South Africa’s National HIV and AIDS, and TB Response (2012/13–2016/17), specifies the terms of the GoSA/USG partnership, and by extension the partnership between DSD and USAID, by reiterating the principle of GoSA-led development, and committing both parties to sustainability, mutual accountability, multisectoral engagement and participation, and fostering a collaborative, non-contractual relationship. Any proposed partnership model must fit within the terms delineated by these principles. Engagement should be a foundational program management practice of any G2G arrangement between USAID and DSD that favors a collaborative, non-contractual approach.

Respondents, particularly government interviewees, noted that USAID and DSD engaged productively at the national (senior) level through the Steering Committee. However, a comprehensive campaign is needed to target national-level directorates and DSD officials at the provincial and district levels to replicate this success at technical and operational levels.

“Anita engaging with our acting DG, and they find it useful and that's it, you know, there should be some motivation, there needs to be an assertive series of workshops to sell importance of these things before principals append their signatures.” (National DSD partner)

This recommendation is especially pertinent, considering the resistance initially encountered at the provincial level. The national level partnership needs to be re-articulated to acknowledge provincial authority and prioritize the developmental agenda at that level.

“Provincial departments pose quite a bit of a challenge in terms of getting their cooperation. Provinces have the notion that they are independent, or autonomous. When decisions are made for us as the GCBS partnership, it's a partnership entered into at national level. The provincial authority needs to be taken into account.” (National DSD partner)

Comprehensive engagement would be critical to avoid isolating the program in departmental silos and ensuring that there is broad buy-in, beyond DSD.

“The communication aspect of this is very important for me. As more people get to know about it, there could be people in the department who will ask about GCBS, even if you change it to G2G, people who will still not understand it. You really need to get it integrated, and figure in all our plans and be included within our systems. I think for me, that's quite critical.” (Multisectoral partner)

In addition to engaging at all levels of government, the success of the GCBS program requires a sufficient number of skilled and consistent program managers from the systems strengthening partners to provide sustained engagement. The experience of an engaged program manager was telling for several government respondents.

“I remember the initial structure where they had a provincial program manager. Yes, it worked very well. Because communication was flowing. And then for a very long time that post was not filled, they were only working with the national program manager. And that's when we see gaps in terms of communication flow. And they then appointed again, and then the person was there for a short period, the person left and then from there, there was a lot of turnover, then now I know that they've restructured and then they've changed the titles of the positions. At this point, I'm confused.” (Provincial DSD partner)

Aligning Priorities

The strategic leadership program management role ensures that partner mandates are aligned and converge on a common set of objectives for the OVC program. Government interview respondents expected the alignment to favor government-led development priorities and DSD’s mandates.

“Built within the aspirations of our plans, and what we seek, and our commitments, will be the clear alignment between our priorities and how you can assist us in terms of technical systems to provide the services better. This is our expectation.” (DSD provincial partner)

USAID shared this expectation, which was foundational from program initiation. The GCBS FY14 Annual Report stated:

“It was agreed upfront that the success of the GCBS program is dependent on how the activities under GCBS can positively influence the strategic goals and objectives of DSD. With this in mind, an activity was undertaken to map key DSD strategic documents, their goals, objectives, and outcomes in relation to those of the GCBS program. In conducting this activity, Outcome 13 of the NDP, DSD Medium-term Strategic Framework, and DSD National Annual Performance Plan (APP) were studied, and a document was developed identifying common activities in relation to the GCBS program. This document was used as a foundation document to guide DSD and the Pact consortium in the development of the first-year program work plan.”

Strategic convergence also needs to be operationalized at the technical level. Government key informants have explicit expectations about what operationalized alignment entails: integration of program work plans and DSD annual performance plans, program indicators and DSD annual performance indicators, and program support to strengthen the technical operational systems.

“The integration aspect of this is important, it's only amongst those that are affected or who are able to include this in their performance reports, where GCBS will be taken up. It must fit feasibly in their annual plans and within our systems. That's quite critical.” (National DSD partner)

Implementing partner respondents noted that demonstrating the value of GCBS interventions in achieving performance plans generated support among government partners.

“And then we give them not only quarterly reports, but we also give them semiannual reports, as well as our annual reports. These things are basically meant to make sure that, in terms of the way we work with DSD, our systems help them with data to report on their performance and make sure that they actually buy into the program. Now they support everything we do, and they support our interventions.” (Implementing partner)

Alignment of GCBS priorities led to a seamless alignment of effort. Program partners capitalized on the existing service pipeline and identified PEPFAR priority subpopulations within DSD beneficiaries already being served. This integration of services avoided imposing additional targets on the DSD, such as community outreach. Respondents noted the appeal and ease of this integration.

“The OVC are literally within the service points and are being serviced within DSD. So, they are not targets that PEPFAR brings on board. And then we have to go look for children that are in communities. These are children who are already on the database of DSD, who are being served by DSD.” (DSD provincial partner)

Governance and Management Structures

Several respondents confirmed the contribution of the GCBS Steering Committee's oversight to program effectiveness. Respondents cited a balance of seniority and the consistent participation and availability of committee members for this success, in contrast to initiatives with faltering participation in governance structures. GCBS made provisions to ensure the consistent participation of Steering Committee members, including assigning members to specific and individualized roles.

“Because they're always having these crazy schedules, attendance becomes a challenge. So, the principal in the department, my predecessor, appointed me as

second, almost a co-chair or a proxy, based on the strategic location of my position, my proximity to the DG.” (National DSD partner)

The seniority of Steering Committee members also ensured that the program didn’t get subsumed into a directorate or specific technical program, thereby losing its department-wide relevance.

“Because you don’t want this to go to a specific program, because then it might appear as relevant only to that level and leaving out other community-based interventions, for example.” (Provincial DSD partner)

Respondents view the Steering Committee as a potential vehicle to extend the influence of a future version of the GCBS into the provinces, either by replicating the structure at the provincial level or by inviting provincial heads of department to participate in PSC meetings on a limited number of occasions each year.

“I think rather, the PSC for the project steering committee. Yeah. Could be extended to include as much as possible provincial heads of department (HODs), because these are not regular meetings. Yes, you find that meetings take place once or twice a year.” (National DSD partner)

In addition to governance structures, respondents suggested strengthening DSD’s technical contribution, potentially through management structures such as a technical working group with representation from all relevant directorates. A technical level of integration would strengthen ownership and unlock technical resources and leadership in the DSD.

“There’s not been an opportunity to really get into a space where technical issues are presented, and decisions are made. Yes, there are reports produced for noting, but does this work for making space for technical people at DSD to make decisions? And are we really driving this if our [DSD’s] participation is at that high strategic level only?” (National DSD partner)

Additionally, in anticipation of a future G2G-oriented activity, respondents suggested providing management positions within DSD to coordinate program operations, such as dedicated managers within the director/deputy director generals’ offices, within relevant directorates, and in the Special Projects Unit. Respondents recognized that the current GCBS program utilizes dedicated human resources from the prime implementing partner, and also acknowledged the implementation challenges related to limited availability of DSD personnel.

“I think we can have someone that could be employed on a contract in effect to support the office of the DDG strategy, so that is someone that arranges [Steering] Committee meetings, she or he becomes the glue of all the activities within different components; you need to have that resource that will manage the coordination of operational entities.” (Multisectoral partner)

Formalizing Partnerships Through MOUs

Interview respondents unanimously confirmed the necessity for memorandums of understanding (MOUs) to ease program implementation. In the absence of formal endorsement, government officials will likely resist collaborating on program activities. This is not just the case for cross-sectoral collaboration, but also occurs within the DSD and across levels of government.

“It was a struggle before the MOU. Officials were afraid to move and offend the HOD. She had to approve everything and meet everyone. Before the MOU, no one had permission.” (Implementing partner)

MOUs between sector authorities are not only necessary for granting permission. They also specify roles, responsibilities, the scope of collaboration, and how to account for joint activities.

“I think MOUs are extremely important. Why? Because, you know, different government departments have their own priorities. So, if you come now to promote the social and behavior change programs, our funded NGOs are struggling to access children from the schools. Because you remember that target for most of these SBC programs, our children go to school. So then without this MOU, it becomes a little bit of a challenge for schools to get a buy in, in terms of partnering with access to the children. So, it becomes the issue if you want to implement a program, but then who's going to report him, so it becomes an issue of priorities.” (Implementing partner)

MOUs are also seen as tools to mobilize multisectoral collaboration, where actors do not recognize their responsibility to contribute to a service intervention.

“So, clarifying the roles for all the partners also will help in including everyone, because they also can easily shift altogether and say, no, it's not our responsibility, social development and health, we don't have a role to play as education, for example.” (Provincial DSD partner)

Respondents view MOUs as an opportunity for the government partner to assert strategic leadership.

“[In the MOU], the department needs to assert itself in the agreements and have a well-formulated position for itself in terms of its role and leadership. And so that when it comes to the agreement, those things are all provided for explicitly.” (National DSD partner)

Joint Planning

GCBS achieved notable outcomes through committed joint planning at a technical level. In addition to the successful SBCC program component, the current sustainability planning process is a standout example of joint planning.

DSD respondents consistently assert the importance of joint planning, echoing the importance placed on participation in technical matters discussed in the preceding section on governance and management structures. DSD representatives insist that greater participation from other partners in planning would enhance the uptake of GCBS and the value of its outputs.

“We are the policymakers, the program developers, and implementers. I think GCBS needs to be a bottom-up approach. We need to spend more time in terms of these areas of consultation, you want to solicit all the inputs on how to begin to shape the partnership. [It must be informed] by a shared intention and what is happening on the ground.” (Multisectoral partner)

Respondents emphasized the importance of evidence-based planning at the technical level to tailor interventions to the implementation context. This emphasis is a complement to the emphasis on GoSA-led development in accordance with national developmental priorities.

“And ensure there's enough evidence as well, for this decision-making so that whatever decisions we're making are not just emotional but based on or what we think needs to happen, supported by evidence of what is happening on the ground.” (Multisectoral partner)

AQ2. To what extent and how are partnership arrangements and practices influencing the sustainability of outcomes?

GCBS partners utilized effective partnering practices to consolidate and sustain the program's systems strengthening outcomes.

SUMMARY: GCBS is employing the effective partnering practices it has cultivated over the program's implementation period to accomplish its sustainability objectives.

Engagement and joint planning: Working with DSD at various levels to review GCBS-supported tools, guidelines, practices, and products and plan the key steps towards integration, transition, and implementation of these in a sustained way.

Aligning priorities: GCBS established a national sustainability task team and collaboratively developed a sustainability plan. GCBS also participates in DSD provincial-level planning meetings to operationalize alignment by writing the specific practices, products, tools, and guidelines that provinces decide to adopt into their annual performance plans and budgets.

Governance and management structures: GCBS established supervisor learning forums and developed their functionality, aiming to ensure that they serve as platforms for sustainably implementing GCBS work plan activities.

Since FY20, GCBS included activities in its work plan to institutionalize key interventions and learning within DSD through sustainability planning and related activities, including providing technical support to embed, track, and document GCBS's overall sustainability indices and to strengthen the DSD's planning processes at the national, provincial, and district levels. To accomplish its sustainability objectives, GCBS employs the effective partnering practices it has cultivated over the program's implementation period.

Engagement and Joint Planning

GCBS initiated a comprehensive process to engage and jointly plan for the sustainable transition of services in anticipation of a predominantly G2G follow-on arrangement. The approach is to work with DSD at various levels to review GCBS-supported tools, guidelines, practices, and products, to plan the key steps towards integration and transition, and to implement these in a sustained way. The emphasis is on the core package of OVCY services, the HTS guidelines for social services practitioners, targeted SBCC programs, workforce skills development needs analysis, and demand and supply modelling. The approach will prioritize the transition of GCBS-supported initiatives, including immediate and long-term actions and measures needed by DSD and stakeholders, so they are institutionalized and enhance service delivery.

Aligning Priorities

The program established a national sustainability task team and collaboratively developed a sustainability plan. Ensuring that provinces can identify and include key GCBS interventions in their planning and budgeting processes is key to sustainability. In support of this, GCBS continues to participate in DSD provincial-level planning meetings to provide insight into program interventions, tools, and models and to help the DSD to operationalize alignment by including GCBS interventions in its annual performance plans and budgets.

Governance and Management Structures

Supervisors are key to the sustainability of GCBS-aided programmatic interventions because they allocate workload to supervisees and quality assure the work through supervision. Supervisor learning forums are a platform to communicate key policies, guidelines, and programs to supervisors, who will cascade knowledge to social service practitioners. In FY18, GCBS established supervisor learning

forums in North West, Mpumalanga, Gauteng (City of Johannesburg and City of Tshwane), and Free State Provinces. In FY19, GCBS initiated the Ekurhuleni Supervisor Forum in Gauteng Province. As the prime GCBS systems strengthening partner, Pact set up and facilitated the forums, aiming to strengthen forum functionality at the provincial and district levels to serve as sustainable platforms for implementing GCBS work plan activities.

Supervisor learning forums offer a platform to reinforce provincial and district programming commitments for sustainability planning activities with the social service practitioner workforce. These forums include training, planning for service points and NPO sites, and the preparation of relevant tools and guidelines. Supervisor learning forums are designed to outlast the GCBS program, becoming institutionalized as a management structure.

A lack of capacity to fulfill program implementation roles has resulted in some systems strengthening initiatives being incomplete, undermining prospects for sustainability.

SUMMARY: GCBS implemented sustainability activities focused on securing sustained service delivery. Several systems strengthening outcomes may not have been sufficiently integrated to outlast GCBS: capacity development for NPOs, further development of integrated, multisectoral models of service delivery, preserving the multisectoral arrangements instituted by GCBS for the care of CLHIV (including placement of linkage and referral officers at health facilities and MOUs with PEPFAR care and treatment partners), and ensuring sufficient human resource personnel to offer sustained supportive supervision to SSPs.

While the sustainability activities being implemented through GCBS focus on securing sustained service delivery, some respondents from government and implementing partners raised the concern that several systems strengthening outcomes may not have been sufficiently integrated to outlast GCBS. More pointedly, a G2G arrangement may dilute systems strengthening functions.

“So far, as the way that technical assistance has been done, and how that then gets integrated into the department, I’m not sure about. I know there is a process of transition, if I may call it that, but that must be enough to make sure they hand it all over (including technical assistance).” (National DSD partner)

Evidence gathered during KIIs confirms that systems strengthening is incomplete and that systems strengthening interventions will continue to be required to strengthen DSDs’ service delivery. For example, several respondents across all categories pointed out the need for continuous capacity development within DSD, as well as within the network of NPO service providers. While the capacity development of social service practitioners will continue to benefit from the extensive work done in completing the supervision support framework, respondents raised questions about the extent to which DSD human resources can completely absorb staff responsible for supervision. Additionally, respondents indicated that service delivery through NPO sites is insufficiently mature for transition.

“The manner in which there is inconsistent supervision and monitoring of these NPOs that are offering these services to DSD. It’s not at an adequate level. For me, that is another challenge, where if you give him money for somebody to implement on your behalf, you still need to have resources and systems in place to make sure that you can monitor, not only for them to report but also look at the quality of the work that they are supposed to do. Unfortunately, there isn’t.” (Provincial DSD partner)

The incomplete development of integrated, multisectoral models of service delivery is another area of concern for systems strengthening. GCBS implemented several solutions to strengthen linkages and referrals through multisectoral coordination and can cite examples of solutions that gained traction at the ward level. However, several respondents point out that these are not integrated into a system-

wide solution that is governed by formal mechanisms for coordination, adopted at all levels of government, across DSD departments or even across directorates.

“I’ve been asking these guys at national and provinces, but they’re failing dismally. It’s really funny because all these multisectoral teams, they are working well on the ground, but they’re not working well at the provinces and we don’t have great systems at national that is supposed to, you know, trigger this working together.”
(Implementing partner)

Integration solutions serving CLHIV have proven more effective, including the placement of linkage and referral officers at health facilities, and securing services for CLHIV through signed MOUs with PEPFAR care and treatment partners. It remains unclear how these interventions will persist in a G2G model.

AQ3. To what extent did existing policy, institutional, and procedural parameters of GoSA at all levels of government enable or constrain the agility and effectiveness of partnerships and the program?

DSD’s limitations in strategic leadership, partnership management, systems strengthening, and adaptive management constrain the agility and effectiveness of partnerships and the program.

SUMMARY: DSD exercised strategic leadership to ensure that the GCBS program serves its mandate. However, a number of leadership risks threaten program performance—discontinuity as a result of leadership turnover; the relative autonomy of leadership across spheres of government that requires engagement at multiple levels to obtain commitment; and the targeted distribution of program resources that may result in resentment by leadership in omitted areas.

Concerns about incomplete systems strengthening initiatives are underscored by Pact’s leadership of GCBS’s systems strengthening efforts. DSD currently demonstrates limited capacity to assume the lead in systems strengthening activities.

The contracting and financial management difficulties hindering partner management are systemic, rooted in slow government procurement and expenditure processes that already challenge current G2G initiatives. DSD issued a subaward to Pact to manage the SBCC startup and implementation for FY21/Q1 when it was unable to rapidly contract NPOs in compliance with procurement regulations, demonstrating that while adaptive management capacity is inherent to GCBS, it is not equally endowed across all GCBS partners.

While DSD’s strategic leadership ensures that the GCBS program serves its mandate, interviewees raised leadership-related risks concerning DSD strategic and operational program management. Leadership turnover was the most frequently mentioned risk, which leads to discontinuities in leadership that affect GCBS implementation, most detrimentally at the provincial level.

“The change in leadership affects the momentum that has been built. Because new politicians, new leaders will come. In DSD, there’s been that lack of consistent leadership, even at the DG level.” (National DSD partner)

Discontinuity not only manifests as leadership turnover, but also as fragmented DSD leadership across levels of government. DSD national strategy does not always translate to a provincial political vision, and GCBS faced significant difficulties navigating the provincial sphere at times.

“We then struggled in the province because there were new people, new personalities who were really not interested in GCBS at all. And not interested in the

work that we do. They were not against what we are doing but they were really not keen. For them, it wasn't a priority.” (National DSD partner)

Respondents shared a sense of inequity related to the perceived unfair distribution of program resources. This inequity, exacerbated by a perceived disconnect between political spheres, has potential political consequences for DSD principals.

“But the challenge is that for the political principal and the MEC, their constituents will say but how do you remove something or not give us something? Yes, there other political dynamics and other areas of consideration.” (Provincial DSD partner)

GCBS did not address several systems strengthening needs, although they are prioritized. A key gap is the glacial pace of institutionalizing an integrated multisectoral services model for OVC. The challenge is not only across sectors, but also across DSD directorates.

“The referral does not work, not because the referrals does not make sense. But because there are challenges within DSD that make it difficult for the referrals to be effective.” (Implementing partner)

Respondents' concerns about incomplete systems strengthening initiatives are underscored by the fact that GCBS's systems strengthening efforts have been led by the prime implementing partner, with DSD demonstrating little capacity to implement systems strengthening activities in Pact's stead.

Significant limitations challenge the effectiveness of DSD's partnership management. Systemic contracting and financial management difficulties, rooted in government procurement and expenditure provisions, are visible in the GCBS SBCC component. This was designed to be an exclusively G2G arrangement. However, DSD issued a subaward for Pact to manage the SBCC startup and implementation of the FY21/Q1 work plan, including the review and appointment of NPO service providers, because DSD did not have procurement processes in place to make those appointments in a timely manner.

While adaptive management capacity is inherent to GCBS, it is not equally endowed across all GCBS partners. Overall, DSD effectively managed SANAC's subaward. However, SANAC faced frustration when attempting to supplement program activities to take advantage of emerging opportunities.

“You find we have to be writing motivations, all these requests to them (DSD), to spend so much funds for this activity. Sometimes it is even they who requested for us to do something, for example on International Youth Day.” (SANAC respondent)

These encounters with inflexibility are cited when expressing reservations as to the feasibility of an exclusively G2G arrangement for future OVC activities.

“Will they be able to implement in the manner that we expect or is expected of them to implement through a G2G program? I do not think so. The value of having external partners that are able to implement and run with it is the fact that the NGO bureaucracy is not debilitating. We are able to adapt and show the importance of adapting and changing the system in response to the problem.” (Implementing partner)

Conclusion

Assessment question 4 is intended to distill the key observations made in response to the preceding questions and offer a summary of optimal partnership arrangements and practices with applicability for predominantly G2G programs.

AQ4. Which partnership arrangements demonstrate the most promise in supporting the effectiveness and sustainability of programs like the GCBS?

The assessment findings suggest an emerging model for arranging G2G partnerships that will optimize achievement of common targets and objectives.

The partnership assessment findings suggest that effective OVC programming, measured in terms of the achievement of objectives and targets and the improvement in quality of services through systems strengthening, depends on the extent to which partners fulfill essential program implementation and program management roles, as summarized in Table 10. Program design must include all these roles to ensure success. In a G2G program, the extent to which the donor and government partner will assume these roles should be contingent on their demonstrated capacity to meet the obligations the roles imply. To the extent that some of these roles are outside of their current capacity, the program design should include support from an additional party.

Program Implementation Roles: In preparation for a G2G arrangement, GCBS invested in embedding sustainable service delivery practices. However, this partnership assessment reveals that the systems strengthening program implementation role, such as currently held by Pact, is essential. This role, or an equivalent, is not sufficiently provided for in sustainability planning. The imperative to offer constant systems strengthening, in response to evolving needs, will persist. This roles-based model offers a basis for assessing G2G readiness, determining any deficits, and providing for them in a G2G activity, as well as planning for the transition out of those provisions as progress towards an ideal G2G arrangement is made.

Program Management Roles: The partnership assessment suggests that the formal basis for framing collaborative strategic leadership between partners, especially between USAID and DSD, is in place. Partners exercise this role effectively to ensure PEPFAR priorities and DSD mandates align, facilitating effective service delivery. However, DSD has not demonstrated the capacity for adaptive management that has been key to GCBS success, such as the rapid response to preserve the continuity of OVC services during COVID-19 restrictions. Pact led the GCBS adaptive management response. DSD has not needed to respond to adaptive management needs without systems strengthening support from GCBS. While DSD has demonstrated growing capacity to manage service delivery partners, it continues to face significant challenges around contracting, disbursing finances, and fully implementing performance management of service providers.

Table 10: Essential partner program roles

Program Implementation Roles	Program Management Roles
Service delivery	Strategic leadership
Referred service delivery	Partner management
Systems strengthening	Adaptive management

In addition to roles, several practices facilitate partner collaboration and enhance program performance. These practices are particularly apt for a G2G arrangement because they favor a cooperative over a contractual relationship between partners. G2G mechanisms should integrate these practices as a matter of routine, as they replace the conventional PEPFAR agreement and partner performance management procedures and become the modalities to manage the partnership between prime parties.

Recommendations

For current implementation of GCBS

Consider expanding the scope of sustainability planning activities to embed systems strengthening functions in DSD.

The current focus of sustainability planning is to embed the tools, guidelines, practices, and products developed during GCBS that resulted in service delivery gains. While this should remain a priority, the assessment demonstrates that systems strengthening will continue to be necessary. GCBS already includes several systems strengthening efforts for sustainability, including the establishment of supervisor learning forums and absorbing seconded human resources. However, DSD must have the capacity to identify persistent or emerging challenges, and to design and implement solutions to maintain and continue to expand effective service delivery.

Document lessons learned from current G2G components to set up efficient processes for DSD to rapidly procure services; engage with Department of Public Service and Administration (DPSA), Public Service Commission (PSC), and Treasury.

The current G2G SBCC activities managed through a subaward to Pact, demonstrate the persistent difficulties that hamper DSD's effective partner management. However, this example also presents an opportunity to scrutinize the root causes of service procurement bottlenecks and potentially engage with Treasury, the DPSA, and the PSC to devise procurement solutions that comply with regulations.

Formulate mechanisms that will preserve the continuum of care solutions implemented for CLHIV through GCBS.

The program implemented initiatives to attend to the care needs of CLHIV receiving GCBS-supported services. These solutions involve collaboration with multisectoral partners, including PEPFAR care and treatment partners, and placement of staff at health facilities, such as linkages and referral officers. Sustaining these solutions is beyond the remit of DSD. Planning to preserve these arrangements, especially during the transition to the GCBS follow-on activity, is essential for continuity in care, adherence, and the wellbeing of CLHIV.

For the follow-on activity design

A G2G activity requires cooperative rather than contractual means of partnership management. To establish an effective partnership framework premised on cooperation, it is crucial to establish thorough terms and mechanisms at setup, and to prepare a clear path towards common objectives.

Prioritize the detailed assessment of prospective G2G partners' capacity to assume program implementation and program management roles in the follow-on activity design process.

This partnership assessment identified the roles required to ensure an OVC activity achieves targets and objectives and quality improvement of services. The assessment also documents observations concerning the capacity of partners to fulfill those roles. A more granular assessment that documents the extent of deficits is necessary to inform the design of the follow-on activity, both to determine which roles prospective partners (USAID and DSD) are not currently able to fulfill and that need to be provided, as well as to inform systems strengthening activities that the follow-on activity should include to build partners' capacity, progressing towards a more comprehensive G2G arrangement.

Assess deficits to determine a feasible G2G model that supplements capacity gaps while continuing to build DSD's systems strengthening capacity for an eventual transition to a more comprehensive G2G arrangement.

USAID is currently implementing several hybrid G2G models. Their applicability to the GCBS follow-on should be considered. Two key features are the inclusion of a technical assistance partner that can fulfill partnership roles that USAID and the host government counterpart do not have the capacity to assume, and a systems strengthening drive by the TA partner to build the necessary capacity and to

exit those roles, often by midway through the implementation period. Additionally, the GCBS experience offers potential mechanisms for a hybrid model, such as DSD subcontracting the systems strengthening/technical assistance function or considering a more extensive staff placement intervention that supports instituting technical coordination capacity within DSD.

Embed effective partnering practices into the new design.

- Engage widely across directorates, provincial, and district offices to raise awareness and obtain inputs into design from DSD technical resources.
- Engage with multisectoral partners to devise a component in the follow-on program design that preserves continuum of care for CLHIV.
- Set up governance and management structures at the national and provincial levels that provide oversight and meaningful technical input into program design and implementation; and consider the recommendation by stakeholders to appoint dedicated personnel within DSD to support coordinated implementation.
- Conclude MOUs with national directorates, provinces, districts, and multisectoral service providers during activity start-up as the concrete outcome of a comprehensive engagement campaign.
- Integrate joint planning into the follow-on activity, considering how to meaningfully align country operational planning and DSD annual planning.

Appendices

Appendix A: Detailed Description of the GCBS

Description of the problem and context

South Africa has the largest HIV epidemic in the world, with an estimated 7.2 million people living with HIV in 2017 (UNAIDS, 2018). Incident cases here account for a third of all new HIV infections in Southern Africa (UNAIDS, 2017). In 2017 alone, there were 270,000 new HIV infections and 110,000 South Africans died from AIDS-related illnesses (UNAIDS, 2018). However, the country has the largest antiretroviral therapy (ART) program in the world. In 2015, the country invested more than \$1.34 billion for ART programming, and life expectancy in the country rose from 61.2 years to 67.7 years from 2010 to 2015 (South African National AIDS Council [SANAC], 2017). HIV prevalence remains high, at 18.9 percent in the general population, but varies between regions (UNAIDS, 2017), from 12.2 percent in KwaZulu-Natal (KwaZulu-Natal Provincial AIDS Council, 2017) to 5.6 percent in Western Cape (Western Cape Provincial AIDS Council, 2017).

More than 2 million children have been orphaned by HIV and AIDS in South Africa. Tuberculosis (TB) also contributes significantly to the mortality in the country. An estimated 18 percent of all children in South Africa have experienced the loss of one or both parents. Almost half of all orphans in South Africa reside in KwaZulu-Natal and the Eastern Cape, and close to half (46 percent) of all orphans are resident in the poorest of households (UNICEF, 2016).

Orphans are particularly vulnerable to HIV because of economic and social factors; they face elevated risk of sexual exploitation and become sexually active earlier on average than other children (UNICEF, 2016). Existing research highlights the linkages between orphanhood and HIV risk. Young people affected both by AIDS orphanhood and having a caregiver living with HIV are three times more likely than others to experience emotional and physical abuse and six times more likely to take part in transactional sex. The combination of familial AIDS, food insecurity, and abuse also raise transactional sex risk among girls from 1 percent to 57 percent. In addition, depression, anxiety, and post-traumatic stress disorder have been found to persist over a four-year period among children orphaned by AIDS (UNICEF, 2016).

The GCBS activity was initiated to enhance the GoSA, specifically the DSD, in supporting OVC. The GCBS strengthened the DSD's response in addressing the social and structural barriers that increased the vulnerability of OVC to HIV, sexually transmitted infections (STIs) and TB, and address specific constraints hampering the health and social welfare system to achieve better outcomes for OVC and other vulnerable children.

As a result of the partnership above, the HIV epidemic among children in the country shows signs of improvement, but troubling gaps in treatment access and uptake persist. In 2017, an estimated 280,000 children aged 0 to 14 were living with HIV in South Africa, only 58 percent of whom were on treatment (UNAIDS, 2018). New infections have declined among South African children, from 25,000 in 2010 to 13,000 in 2017 (UNAIDS, 2018), principally due to the success of prevention of mother-to-child transmission programming (UNAIDS, 2018).

Description of the partnership

The GCBS activity embraces the goals and activities of the USG/GoSA Partnership Framework. It aligns with the GoSA's strategies and priorities that support, protect, and strengthen vulnerable children, families, and communities and contributes to achieving the strategic objectives of the recently announced 2012–2016 NSP. The objectives, activities, and expected results of this activity have been developed in consultation and collaboration with the DSD.

This activity combines targeted technical assistance with pilot interventions and operational research and assisted the DSD to effectively use its own considerable resources to make a measurable reduction in the vulnerability of children infected and affected by HIV and AIDS and other vulnerable children.

The anticipated technical assistance and capacity development within DSD was to strengthen the national OVC response through system strengthening at the national and provincial level. The areas of focus included promoting coordination and harmonized planning and implementation of gender- and age-sensitive OVC services through a multisectoral response, bolstering social welfare human resources and building management information systems for OVC reporting. Emphasis was placed on improved management capacity within DSD using reliable and regular information, strengthening service delivery through improved management and oversight of delivery models, improved social services workforce policies, strengthening financial systems and development of manager's capacity to plan and implement priority activities to achieve planned objectives.

Services were provided in a variety of areas that include monitoring, evaluation, and reporting; the use of data for strategic decision-making; and support to facilitate access to quality care for OVC and their families through a functional integrated referral system. Illustrative examples of assistance included technical assistance support for monitoring, evaluation, and reporting, development of an integrated national OVC reporting system, multisector integration and coordination, and the ability to cascade that coordination from the national to the provincial and to the community level, quality assurance/quality improvement for uniform service delivery, and integration of social and individual behavior change and community HIV prevention.

This activity was to provide support to DSD in a variety of areas to improve workforce planning, build strong management information systems, and support the implementation of baselines and impact evaluations to provide evidence for wider implementation of successful interventions. In addition, technical assistance may be provided to assess and update policies and facilitate policy dialogue for improved multisector coordination or workforce planning.

The GCBS activity was to focus on capacity building, strategic information usage, institutional sustainability, integration, and coordination of service delivery for vulnerable children across the social cluster. Most of the interventions were to focus on providing technical assistance and capacity development which may concentrate on the development of tools and strategies designed to address key issues listed below (from the FY17 to FY19 program strategy):

Strategic Objective 1: Strengthen coordination, management, and oversight of community care service structures that protect and care for the most vulnerable children and families

- **Component 2:** Support improved management and evaluation of programs for the most vulnerable children
- **Component 3:** Strengthen social and individual behavior change to prevent HIV infection in children and youth
- **Component 5:** Support and strengthen the child protection framework
- **Component 6:** Strengthen the management of the South African social service workforce serving children

Strategic Objective 2: Strengthen intersector integration and coordination between DSD and other GoSA departments, such as health and education, and build a supportive multisectoral environment for vulnerable children led by Dept. through systems strengthening at national and provincial level

- **Component 1:** Support and strengthen the health and social development system coordination and integration for improved service delivery for OVCY services

Strategic Objective 3: Improve timely availability of reliable data on program performance, M&E, and information on the social effects of HIV, AIDS, and other vulnerabilities faced by children

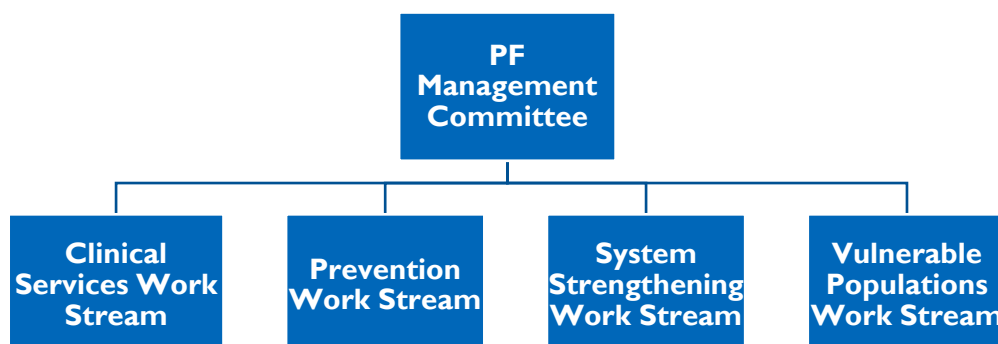
- **Component 4:** Strengthen DSD's M&E system and enhance the knowledge base for cost effective outcomes for vulnerable children

Description of the intervention to be assessed and partnership framework

PEPFAR was launched in 2003 and was modeled as an emergency response to the HIV and AIDS epidemic. This was the largest commitment by any nation to combat a single disease internationally. With its explicit focus on OVC, PEPFAR elevated its attention and investment to meeting the needs of this population through programs and services that are informed by evidence. These programs would address the needs of OVC within the context of the increasing HIV infection, as it is central to achieving an AIDS-free generation and preventing child deaths and vulnerability.

Therefore, partnerships were critical between the USG and partner countries to ensure that the program was sustainable. This would enable development of a shared vision, optimize financial and technical resources, and reduce duplication of program effort. As a result, in 2008, PEPFAR bilateral support formalized into **Partnership Frameworks**. This was the basis for a shared vision and mutual accountability for program achievements in the new **PEPFAR Country Health Partnerships**.

In 2010, the GoSA-USG Partnership Framework was signed, and the implementation of the South Africa's National Strategic Plan for HIV, STIs, and TB began. The Partnership Framework Implementation Plan for the South African Government and United States Government Management Structures is illustrated in the diagram below:



The main objective of the Partnership Framework Implementation Plan was to:

1. **Strategically focus prevention**
 - Focus on geographic areas and key populations with high HIV incidence and expand coverage of highly effective prevention interventions
2. **Care and treatment program support**
 - Strengthen capacity within the South African national health system to continue expansion of HIV treatment and care services
3. **Mitigate the impact of HIV on OVC**
 - Shift from direct service delivery to system strengthening supporting the government and local organizations for improved services for children
4. **Strengthen health and community systems**
 - Build upon PEPFAR successes in developing a strong lab system, safe blood supply, and preservice training for doctors and nurses in supporting the GoSA's expansion of integrated HIV/TB care and treatment services
5. **Focused comprehensive service delivery**
 - Evidence based interventions
 - Innovative and sustainable community responses
 - Community capacity building for supportive environment for OVCY
6. **Systems strengthening**
 - Supporting the Child Protection Response Framework
 - Coordination, management, and oversight of community care service structures that protect OVC
 - Linkages and referrals for health care
 - Intersectoral integration and coordination between DSD, DoH, and DBE
 - Social welfare workforce development and management support, including child and youth care workers
 - Improving M&E data systems for children
 - Strengthen social and individual behavior change to prevent HIV infection for children under 18
7. **Operations research**
 - Document evidence-based practices and approaches and incorporate into programs (longitudinal research, biannual surveys, etc.)

Pact SA was among the many partners that were awarded by PEPFAR to work on GCBS. Pact SA was expected to deliver targeted technical assistance to assist the DSD to improve coordination, management, and planning for OVC:

- **Task 1:** Support and strengthen health and social welfare system coordination and integration for improved OVC services
- **Task 2:** Support improved management and outcome evaluations of programs aimed at the most vulnerable children
- **Task 3:** Support and strengthen social and individual behavior change to prevent HIV infection for children under 18 years
- **Task 4:** Support and strengthen DSD's M&E systems and build the research base for cost effective outcomes for vulnerable children
- **Task 5:** Support and strengthen the child protection response framework
- **Task 6:** Strengthen the management of the social welfare workforce

Component 1: Strengthen the health and social welfare system coordination and integration for improved service delivery for OVC.

Deliverables/expected outcomes/illustrative indicators:

- Referrals, linkages, and support for access to ART treatment for orphans and other vulnerable children under 18 years measurably improved.

- GoSA competencies to coordinate, implement, manage, and evaluate strategic coordination and integration of OVC services measurably improved.
- DSD linkages and referrals system to mitigate the social and health impact of HIV and AIDS, STIs, and TB on children infected and affected by AIDS measurably improved.
- Resource base for effective OVC programming measurably increased.
- Extent to which promising evidence-based best practices and approaches have been disseminated through knowledge management activities.

Component 2: Support improved management and evaluations of programs for the most vulnerable children.

Deliverables/expected outcomes/illustrative indicators:

- Results-based DSD program monitoring and evaluation approach implemented and monitored annually.
- DSD coordination and management and oversight of community care service structures measurably improved.
- Extent to which promising evidence-based best practices and approaches for the most vulnerable children have been disseminated through knowledge management activities.
- Costing and expenditure analysis for services to vulnerable children completed and disseminated through knowledge management activities.
- Evidence-based improvement in national/provincial/district technical and management capacity in targeted areas completed and disseminated.
- Annual “Lessons Learned” meeting held in collaboration with national and provincial DSD to review and assess how activities are being implemented and share achievements and results.

Component 3: Strengthen social and individual behavior change to prevent HIV infection for children under 18 years.

Deliverables/expected outcomes/illustrative indicators:

- Improved enabling environment to institutionalize HIV prevention as a key component of DSD basket of services, including the development of a compendium of social and individual behavior change programs for vulnerable children and their families.
- DSD and implementing partner competencies to design, implement, manage, and evaluate strategic communication measurably improved.
- Extent to which quality community strengthening tools and social and behavior change communication (SBCC) materials are being used by DSD and partners at the national, provincial, and community levels.
- Compendium of standardized tools to measure psychosocial wellbeing developed and disseminated through knowledge management activities.
- Annual “Lessons Learned” meeting held in collaboration with national and provincial DSD to review activities, achievements, and results.

Component 4: Strengthen DSD’s M&E systems and enhance the knowledge base for cost effective outcomes for vulnerable children.

Deliverables/expected outcomes/illustrative indicators:

- GIS mapping and strategic data usage on the impact of various factors, including age and gender, that contribute to children’s, especially girls’, vulnerability to HIV and AIDS completed and used for measurable strategic decision-making.
- Improved management and use of information and data within DSD to ensure the data on vulnerable children is current and is used to make measurable implementation shifts.

- Measurable documentation of evidence for strategic and cost-effective decisions that benefit children.
- Functional DSD database linked to other available government data sets that provide current information on children services.
- Extent to which promising evidence-based practices to have been disseminated through knowledge management activities.
- National Action Plan for Children infected and affected by HIV updated annually and includes and reports on National Strategic Plan (2012–2016) indicators.

Component 5: Support and strengthen the child protection response framework.

Deliverables/expected outcomes/illustrative indicators:

- Measurable functionality of the child protection system to prevent child abuse, neglect, and exploitation documented.
- Measurable improvements in DSD child protection interventions, including interventions focused on protecting girls, at the national, provincial, and district levels documented.
- Extent to which innovative, evidence-informed national communication interventions on child protection interventions have been developed and rolled out.
- Extent to which quality community strengthening tools for child protection are being used at the community-level.
- Functional child protection framework implemented and systematically measured and monitored.
- Annual “Lessons Learned” meeting held in collaboration with national and provincial DSD to review and assess how activities are being implemented, share achievements, and model approaches and results.

Component 6: Strengthen the management of the South African social services workforce serving children.

Deliverables/expected outcomes/illustrative indicators:

- Measurable improvement in standardized training for the social service professional workforce serving children.
- Measurable improvement in the operating model for service delivery to children.
- Measurable improvement in the management and supervision of the social welfare workforce serving children.
- Increased number of new/updated DSD systems, evidence-based policies, and processes for improved functionality of the social service workforce implemented and their impact measured.
- Annual “Lessons Learned” meeting held in collaboration with national and provincial DSD to review and assess how activities are being implemented, share achievements, and model approaches and results.

Theory of Change

GCBS is targeted at beneficiaries served either directly or indirectly by the South African DSD, in six of its nine provinces. While focusing on outcomes for OVCY (under 18), the program, through strategic objective one, primarily supports caregivers of this target population by strengthening their ability to deliver psychosocial support services to enhance the sustainability of their OVCY health outcomes. Child development evidence indicates that for children to thrive, they require comprehensive support.⁷ This is achieved through supporting the provision of psychosocial support to OVCY through a comprehensive standardized package focusing on child protection, including HIV

⁷ Dzirikure, 2011; O'Donnell, 2004; Roper, 2012, 2017.

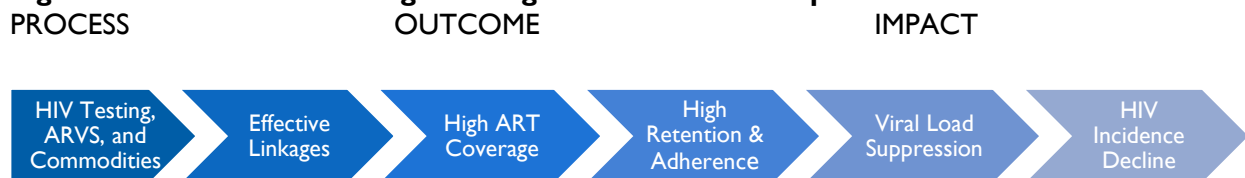
and AIDS-related interventions, including prevention (comprehensive social and behavioral change package of services including testing support), care and support CLHIV (counseling, antiretroviral [ARV] initiation, retention, and adherence support) resulting in OVCY within the DSD’s reach receiving the required support to reduce their vulnerability, strengthen their resilience, and improve their health outcomes.

Due to DSD’s public administrative role in the delivery of these services to OVCY, the program also focuses on strengthening the oversight and management systems of the DSD through policy, program, and intervention development; implementation and monitoring with interventions focusing on efficient planning, management, and capacity development contributing to effective case management.

The second strategy objective of the program aims at improving the timely availability and use of reliable data on program performance (MERL) by building systems and capacity for the collection, analysis, and use of program performance information resulting in improved decision-making, planning, implementation, and measurement of services provided to OVCY. Supplementary to this, the program assists the DSD in establishing and implementing mechanisms for documenting, communicating, and sharing best practices, lessons learned, and results from interventions supporting OVCY. This enhances the achievement of strategy objective one and collectively they contribute to the overall goal of the program “to reduce vulnerability, strengthen resilience, and improve health outcomes for OVCY and their families served by the DSD.”

The GCBS program theory is embedded in the PEPFAR model below that illustrates that providing HIV vulnerable individuals with access to HIV testing and counselling services, enabling them to understand the importance of knowing their status and either remaining negative, through receiving ongoing prevention knowledge and counselling, or accessing ARVs and other necessary commodities immediately if testing positive, through the support of a network of relevant supporting organization (linkages) as well as continuously practicing healthy behavior contributes to a high ART coverage, retention, and adherence of HIV positive individuals. Achieving this outcome over an extended period results in more HIV positive individuals with undetectable viral loads (suppression) further contributing to the desired impact of a decline in new infections (incidence decline).

Figure 1: PEPFAR Monitoring: Getting from Process to Impact⁸



The GCBS program theory is based on several critical assumptions, one of which is the social, political, economic and health climate remaining resilient to destabilization. This assumption has been tested under the coronavirus disease (COVID-19) pandemic in 2020, resulting in the program managing to adapt and continue implementation under very difficult circumstances. The program theory also assumes that GCBS will continue to be sufficiently funded (resourced and structured), supported, and sustained over the contracted period. This support extends to that of the DSD assuming that it will be sufficiently government-funded (resourced and structured), supported, and sustained, not only over the lifespan of GCBS but beyond, to maintain the sustainable gains that the program has contributed.

Project or Activity Monitoring, Evaluation, and Learning Plan

The GCBS program has undergone a number of changes since inception. The program was first designed as a national capacity building and support program. During much of the first two years, the program focused on supporting the National DSD. In Year 3, there was a shift towards site level

⁸ MER 2.4. 2019 page 9

interventions with district and provincial level oversight support. The work plans were adjusted to reflect this change. A revised monitoring, evaluation, research, and learning (MERL) plan was developed in 2020. There was no baseline evaluation undertaken during the initial phase of this program. An evaluation commissioned in 2016 was terminated prior to data collection. This will be the first partnership evaluation of the GCBS program and will not use baseline data. Outcomes will, however, be assessed to the best ability possible.

The table outlining the GCBS Indicator Matrix as revised in 2017 under the revised MERL Plan for the GCBS Program:

Updated GCBS Program Indicator Matrix (2017)

Indicator		Component	Results type	Disaggregation	Source	Frequency of reporting to USAID
PEPFAR indicators						
1	OVC_SERV: Number of active beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS (by service areas)	All comp	Output	Gender, age group; district; type of OVC service provided; status: active vs. graduated, LTFU, transferred.	GCBS program data and DSD M&E data	Semi-annual
2	OVC_HIVSTAT: Percentage of orphans and vulnerable children (<18 years old) with HIV status reported to implementing partner (including status not reported), disaggregated by status type	Comp 1	Outcome	Gender, age group; district, status	GCBS program data	Semi-annual
3	HRH_CURR: Number of health worker full-time equivalents who are working on any HIV-related activities, including prevention, treatment, and other HIV support, and are receiving any type of support from PEPFAR at facility and sites, community sites, and at the above-site level	Comp 2 & 6	Output	District, gender, cadre, reporting level	GCBS program, HR, and financial records	Annual
Program-specific indicators						
4	% of beneficiaries (adult and children) with unknown HIV status who have been referred for HTS after a risk assessment	Comp 1	Outcome	Gender, age group, district, caregiver vs children	GCBS program data	Semi-annual
5	% of HIV positive beneficiaries who are known to be on treatment	Comp 1	Outcome	Gender, age group, district, caregiver vs children	Case management records	Semi-annual
6	% of referrals for HTS completed	Comp 1	Outcome	Gender, age group, caregiver/children, district, type of referral	Referral logs and case management records	Semi-annual

Indicator		Component	Results type	Disaggregation	Source	Frequency of reporting to USAID
7	# of GCBS NPOs assessed with improvement plans developed	Comp 2	Outcome	District	GCBS Program reports	Annual
8	% of GCBS-assessed NPOs who demonstrate progress on their improvement plans.	Comp 2	Outcome	District	GCBS program reports	Annual
9	# of tools and guidelines reviewed/developed to strengthen NPO management and oversight	Comp 2	Output	National provincial; and guidelines tools;	DSD / GCBS program reports	Annual
10	% of SSP receiving competency-based skills development & training through GCBS project support	Comp 2	Output	Gender, age group; SSP category; district	DSD-HR Data / GCBS / NPO	Semi-annual
11	% of youth (10-14, 15-24 years) completing a SBCC intervention who express more positive attitudes toward gender norms, relationships, and sex.	Comp 3	Outcome	Gender, age group, district, type of SBCC intervention	Pre-post comparison of questionnaires for SBCC interventions (YOLO, ZAZI)	Semi-annual
12	# of improvement initiatives in which DSD officials having analyzed, reviewed, and/or used data to address program or quality improvement during the reporting period.	Comp 4	Outcome	District, service point	GCBS program reports	Annual
13	# of targeted studies/technical reports/briefs completed	Comp 4	Outcome	N/A	GCBS program documents	Semi-annual
14	# of technical tools and guidelines (such as XXX) developed through GCBS support to strengthen child protection services	Comp 5	Output	National provincial; and guidelines tools;	DSD / GCBS program reports	Annual
15	% of service providers implementing the core package of services	Comp 5 & 1	Outcome	Provincial district and	DSD / GCBS program reports	Annual
16	# of technical tools (such as demand and supply model, skills development plans, supervision checklist, supervision guidelines, SOPs for self-study) developed through GCBS support to strengthen workforce planning, management, and development	Comp 6	Output	National provincial; and models; plans; tools; guidelines	DSD-HR data / GCBS / NPO	Annual

The GBCS program learning agenda identifies themes to be developed and implemented that enable the documentation, dissemination, and communication of project activities and results, including lessons learned from site-level implementation, quality improvement initiatives, action research, and special studies. The agenda will help to document various aspects of service delivery, systems and quality improvement interventions and demonstrate how, through the support of the GBCS project, these influence improvements in OVCY support, reach, and service quality. The purpose is to support DSD with evidence for taking policy to action, based on program outputs and results. Methods of documentation will vary depending on the topic and will include technical and policy briefs, case studies, abstracts, reports, presentations, and best practice applications.

Appendix B: Catalogue of Sources for Secondary Data Analysis

GCBS Communication Plan Final
Memorandum of Understanding Signed Doc
GCBS DSD USAID MOU Addendum Final
GCBS Model 2015 before pivot
Technical Proposal-GCBS Contract Extension 2018 to 2020
GCBS Work Plans
Work Plan Oct 20 to Sep 21
Work plan Oct 2014 - March 2015
Work plan April 2015 to Sep 2016
Work plan April 2015 to Sep 2016 update
Work Plan Oct 2016 to Sep 2017
Work plan Oct 2017 to Sep 2018
Work plan Oct 2017 to Sep 2018
Work plan Oct 2019 to Sep 2020
GCBS Semi-Annual Reports
Semi-Annual Report FY14Q1
Semi-Annual Report UGMP FY14Q1
GCBS SAPR Report Final 29 April
Semi Annual Report 2016
Semi-Annual Report FY16Q1
Semi-Annual Report FY17Q1
Semi-Annual Report FY17Q4
Semi-Annual Report FY18Q1
Semi-Annual Report FY18Q4
Semi-Annual Report FY19Q1
GCBS Annual Reports
Annual Report FY14
Annual Report FY15
Annual Report FY16
Annual Report FY17
Annual Report FY19
GCBS Workplan FY19 11 Sept FINAL
Annual Report FY20
GCBS Workplan FY20 Update 10 November
Other Documents
South African Yearbook 2015 -2016 Social Development
Concept note SW Appointment at District Level Sep 2015
DDG Presentation 21st February
HOD Presentation July 2017
PSC Presentation May 2017
Learning Event Report July 2019
USAID CDCS South Africa December 2019
Vote 17 Social Development Budget Vote 2019

Appendix D: Key Informant Interview Protocols

Interview Protocol Item Pool for GCBS Assessment Key Informant Interviews

Introductory Questions

Interviewer Instruction: Introduce yourself and brief the respondent on the purpose of the interview, referring to the invitation letter they received to participate in the partnership assessment. Remember to emphasize that the focus of the assessment is how well the partners were able to work together, NOT the effectiveness of the GCBS program.

1. Please describe your role in your organization
2. Could you describe briefly your involvement with the GCBS program?

Topic: Impact of Partnership Arrangements on Program Results

AQ1. To what extent and how did the various partnership arrangements and partnering practices influence the effectiveness of the GCBS program, in terms of achieving program targets and objectives and the quality of services delivered?

3. Which of the GCBS partners did you work with?

Prompts: Did you work with USAID; National, Provincial, or District Department of Social Development (DSD); Pact; nonprofit organizations providing DSD services; other government departments or government services (like health, education, police); other NGOs?

4. How well were you able to work with these partners?

Interviewer Instruction: Refer to the specific partners named in response to Question 4. Focus on extent to which partnership was experienced as positive vs. negative, whether working together was effective vs. ineffective, efficient vs. inefficient **overall**. The detail will be explored in subsequent questions.

Prompts: Was the working relationship a positive experience overall? Did working together make you more effective overall? Were you able to work together efficiently overall? Was it easy or difficult to work together?

5. How did working with these partners improve outcomes for children and their caregivers?

Prompts: For example, were you able to reach more children and caregivers because you worked together? Could you reach children and caregivers with more or better services by working together? Explain how the partnership helped you achieve better results?

Topic: Factors Enabling of Constraining Partnership

AQ3. To what extent did existing policy, institutional, and procedural parameters dictating the operations of GoSA at all levels of government enable or constrain the agility and effectiveness of partnerships and the program

6. What factors made the partners work well together?

Prompts: For example, were there formal agreements between partners and how did this help? Were there forums for discussion and coordinating the program that worked well? Were there specific people or positions that managed relations between partners? Or any other factors that come to mind that made the partnerships work?

7. What specific challenges did you experience in working with these partners?

Prompts: For example, were there differences in working patterns that made it difficult for partners to work together? Did the priorities of the different partners clash? Were there communication challenges, expectations that were not met, or even personality issues that made working together difficult? Or any other factors that come to mind that made working together difficult?

8. Were any of these challenges in working together successfully dealt with or overcome? If so, can you explain how these were overcome?

Interviewer Instruction: Refer to some of the specific challenges mentioned.

Prompts: For example, you mentioned that xx has made working with xx partner challenging? Is this still as much of a challenge? How were you able to deal with it? Are there other examples of challenges that you've successfully dealt with that come to mind?

Topic: Sustainability

AQ2. To what extent and how are the various partnership arrangements and partnering practices influencing the sustainability of GCBS program outcomes?

9. How are partners working together to make sure that improvements that were made through GCBS will last after the program is over?

Interviewer Instruction: Refer to some of the specific program outputs mentioned by the respondent.

Prompts: GCBS partners have worked together to produce frameworks, SBCC curricula, guideline, tools, etc.? Are the partners doing enough to make sure these things are taken up permanently to serve children and caregivers?

Topic: Optimizing Partnerships for G2G

AQ4. Based on the findings of preceding assessment questions, which partnership arrangements demonstrate the most promise in supporting the effectiveness and sustainability of programs like the GCBS and under which specific circumstances

10. How can partners work together optimally to ensure the best results for children and caregivers?

Prompts: You've mentioned things that helped partners work well together and you've mentioned challenges that prevent partners from working well together.? Now that you have this experience, what would you put in place to make sure you use what works well and avoid doesn't work well? What would you recommend?

11. Does DSD still require the support it has received through the GCBS program, or can it deliver the services without further support from GCBS?

Prompts: Are there specific areas in which DSD still needs the kind of support it received from GCBS? Are there areas in which DSD still needs strengthening that GCBS did not address? Are there any activities that Pact was doing in GCBS that DSD cannot yet take over?