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Support for the HIV Response in Botswana within the Civil Society, for HIV Prevention Interventions that Target Most-At- Risk Populations

Annual Work Plan

(October 1, 2008 - September 30, 2009)

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List of Acronyms

AIDS	acquired immune deficiency syndrome
BCC	behavior change communication
BONASO	Botswana Network of AIDS Services Organizations
BONEPWA+	Botswana People Living with HIV and
AIDS CBO	community-based organization
COP	Chief of Party
CSO	civil society organization
CTO	Cognizant Technical Officer
DMSAC	District Multi-Sectoral AIDS Committee
FBO	faith-based organization
FY	fiscal year
HIV	human immunodeficiency virus
IEC	information, education, and communication
MARP	most-at-risk population
MC	male circumcision
MCPs	multiple concurrent partners
M&E	monitoring and evaluation
NACA	National AIDS Coordinating Agency
NGO	nongovernmental organization
PCI	Project Concern International
PEPFAR	President's Emergency Plan for AIDS Relief
RFA	request for applications
RTI	RTI International
STI	sexually transmitted infection
USAID	United States Agency for International Development
VCT	voluntary counseling and testing

1 Overview of Project

The HIV-MARPS project funded by the United States Agency for International Development (USAID) will follow the President's Emergency Plan For AIDS Response (PEPFAR) guiding principles to align with Botswana's national HIV and AIDS priorities, leverage Botswana's national HIV and AIDS response by strengthening capacity and quality, and provide Botswana civil society organizations (CSOs) with technical assistance, capacity-building and key resources to support provide high-quality HIV AND AIDS related services. This project is designed to support and strengthen community-based HIV prevention interventions that target MARPs through two complimentary approaches: 1) HIV prevention interventions; and 2) Technical and Organizational Capacity Building for local CSOs. The project will be managed by RTI International, supported by Project Concern International (PCI), and will engage numerous local partners (including CSOs, subcontractors, government structures and communities) in order to deliver prevention services, improve linkages and referral networks, and build a sustainable community driven response to HIV and AIDS. HIV-MARPS is a 5-year project which began on October 1, 2008 and will operate until September 30, 2013.

The project will contribute to the realization of priority objective 1 of the National Strategic Framework for HIV and AIDS 2003-2009 (NSF), that aims to increase the number of persons within the sexually active population (especially 15-24 years) who adopt key HIV prevention behaviors, through the implementation of a minimum prevention package that includes preventing sexual transmission.

Based on these criteria, the proposed MARPs targeted in this project will include, in order of priority:

- Young women 15 – 29 years old in cross-generational and/or transactional relationships.
- Female sex workers and their clients; and
- Migrant male populations whose work separates them from their primary partners and families.

Key features of the project are:

- Developing and implementing locally appropriate behavior change communication strategies that move beyond abstinence and fidelity to motivate sustained behavior changes among the target populations.
- Engaging and mobilizing communities, including formal and informal opinion leaders, in changing behavioral norms
- Bringing services, such as voluntary counseling and testing (VCT), closer to the target populations through outreach mechanisms
- Reducing barriers to access to care, including changing provider attitudes towards the target MARPs, making services more user-friendly, creating strong referral networks, and engaging both clients and providers in defining and monitoring service quality

- Coordinating project efforts with the broader national response, including the planned Multiple Concurrent Partnerships (MCP) campaign, ongoing voluntary Male Circumcision (MC) strategy and related projects, to promote message consistency

In addition to improving the quantity and quality of HIV prevention services and strengthening referral networks to develop the prevention-to-care continuum, the project will result in specific behavior changes for each target MARPs: (1) decrease in Multiple Concurrent Partnerships (MCPs), (2) increase in correct and consistent condom use, and (3) increase in the uptake of HIV testing and clinical services, including sexually transmitted infections (STI) management.

This first annual work plan (AWP) includes a description of major activities and a timeline for implementation. It provides an overview of project management and a description of activities to be carried out under Components (1) HIV prevention interventions with MARPs and (2) Technical and Organizational Capacity Building for local CSOs. It also describes Monitoring and Evaluation (M&E) project activities while identifying critical milestones and expected results during this time frame.

2 Overview of Main Activities for Fiscal Year 2009

The main activities for FY09 will be mobilizing project staff, establishing and maintaining strategic relationships with national & district government stakeholders and CSOs, identification and training of sub-grantees to be implementing partners, and development and implementation of training programs and technical assistance plans for CSOs (refer to Annex A).

3 Project Management

3.1 Staffing and Project Mobilization

During the proposal stage, RTI proposed a highly qualified team of Botswana national professionals for all positions, however, upon award notification, the Chief of Party (COP) and Monitoring and Evaluation Officer were no longer available for this assignment. RTI has already recruited and proposed excellent replacement candidates for these two positions and have received the required USAID approval

Key personnel positions include:

- COP, Mr. Segolame Ramothlwa
- HIV Prevention Advisor, Ms. Kushatha Mosienyane
- Organizational Capacity Building, Ms. Dorcas Taukobong

Other project positions critical to the project team are the Finance & Grants Manager- Ms. Gofaone Rantshilo and M&E Officer- Mr. Gaoakanye Tapeng. The Office Manager position remains vacant and plans are already underway to identify a suitable candidate. All project staff will be on board by end of January 2009 (refer to Annex B for project staff brief scopes of work).

As detailed in our fully executed subcontract with PCI, will hire a full-time project staff on/around April 2009 for the first 3 years and based in the project office. S/he will be knowledgeable about the PCI/Building Bridges project, including the models and mapping strategies, and will have a solid understanding on how to assist project implementing partners in the development of the referral systems in the selected districts.

All approved project staff have been issued Short Term Business Associate contracts until the office registration process is finalized and they can be officially hired. The team has begun meeting other US government funded projects for a better understand of their program activities and to seek out potential areas of collaboration and platforms conducive for information sharing. Introductory meetings with government stakeholders- Ministry of Health, Ministry of Local government and the National AIDS Coordinating Agency (NACA) were held in January 2009. Some of the key recommendations that were made during these initial meetings and could be incorporated into the project implementation plans were:

- HIV-MARPS project should coordinate and collaborate with other government ministries such as Works and transport, Education, Labor and Home Affairs, with respect to reaching the target population with comprehensive package of HIV prevention services.
- Consider providing focused HIV prevention interventions for other MARPS namely inmates and men who have sex with men (MSM)
- Project must clearly demonstrate how capacity building efforts will be sustained beyond the project life

RTI has already initiated the process of local company registration with the Botswana Registrar of Companies. Once the registration is complete, RTI will immediately establish a project office and open a project bank account. In the meantime, BONEPWA+ has kindly agreed to provide temporary office space for the HIV-MARPS project staff for the first 3-6 months of the project.

3.2 Budget Overview

The annual budget for year one is \$2,183,000.00 of which \$486,400.00 is expected to be dispersed to local partners, selected in consultation with USAID, through the project grants mechanism.

3.3 Grants Management

RTI has a long and successful track record of operating large and small grants programs in compliance with USAID regulations and will manage the grants under this project by providing technical support and monitoring program progress of identified grantees. RTI's office of International Contracts and Grants oversees administration of all grant programs under its USAID contracts and cooperative agreements. This grant management team has over 20 years of USAID contracts and grants administration, and has experience in providing oversight and training of RTI grant managers and staff.

The final selection of local implementing grantees will be carried out in collaboration with other stakeholders and the USAID CTO. We propose a grantee selection process from local organizations already involved in HIV prevention activities for MARPs in Botswana. We will

review reports of assessments that have already been conducted with the network organizations and their affiliates to better understand the scope of HIV prevention activities in which the organizations are engaged and ultimately to finalize a comprehensive grantee selection criteria. The selection criteria will include technical merits, cost effectiveness, and cost realism of the application, and past performance of the applicant. We will organize and convene the Technical Evaluation Committee that will oversee the competitive review of sub-awards, guarantee efficiency and transparency in resource allocation, and be responsible for reviewing all applications and making the final recommendation for award to the USAID CTO who will approve all grant awards.

Through a district based approach, RTI will issue a request for applications (RFA), soliciting submissions from all interested organizations in the selected districts where project activities will be implemented. The District Technical Advisory Committees (DTAC) under the District Multi- sectoral AIDS Committees (DMSAC) will play a key role in coordinating the district RFA process and ensure that proposals are submitted to the technical evaluation committee. At a minimum, the RFA will include: a general description of the scope of activities to be supported through the grants; the selection criteria that will be used to evaluate the applications; a statement that the grant will be administered in accordance with the applicable USAID regulations; an estimate of the funds available and the number of awards; requirements for cost-sharing; expected duration of support; program indicators; requirements for monitoring and reporting; application submission deadline; and other requirements (e.g. certifications, application format).

The Finance and Administrative manager will be trained in RTI and USAID grant management procedures so that she can successfully monitor and ensure financial fiscal discipline and associated administrative compliance of disbursed funds to the grantees.

4 Designing and implementing community-based prevention interventions targeting MARPs

The RTI team will use a common methodology for all three target populations:

- Identifying the most appropriate community-based prevention and referral models for each population, based on a combination of existing efforts to describe successful efforts in Botswana and adapting/piloting new approaches based on international best practice
- Expanding successful models through a consortium of local NGOs/FBOs/CBOs, supported by the RTI team with targeted technical and managerial training and the provision of educational and behavior change materials
- Careful monitoring of implementation to enable continuous feedback to programmatic decision-making complemented by discrete evaluations

4.1 Identification of the most appropriate community-based prevention and referral models for each population

The RTI team will carry out the following activities in order to expand and build upon successful prevention and referral models for MARPs in Botswana:

- Conduct analysis of existing and collection of new punctual data on young women and mobile men and identify “drivers” of desired and non-desired behaviors
- Conduct dialogue meetings with community to identify needs, understand perceptions on HIV transmission as well as finding solutions to the identified challenges
- Review institutional capacity and formative assessment recently conducted (*e.g.* “Needs Assessment & Capacity Building Plans for selected NGOs working in partnership with ACHAP”, “HIV needs assessment of FSWs in major towns, mining towns, and along major roads in Botswana”) and address identified gaps regarding HIV prevention and capacity building activities for MARPs.
- Identify local intervention models that could be scaled up or have not yet been implemented in Botswana.
- Develop and/or adapt at least two (2) models of best approaches to achieving behavior change among each of the target populations
- Develop and/or adapt models of best approaches to enhancing referral systems between prevention and care/assessment services
- Develop and/or adapt models of the best management and operational approaches to scaling- up a comprehensive community-based response

4.2 Implementation of activities targeting MARPs

The implementation of activities will combine the expansion of successful existing efforts and the rollout of the models that have been assessed and shown to work. In light of the differing needs of each of the target populations, interventions will differ by group and will include the following:

- Set up project monitoring structure to systematically track indicators based on women's (15-29 yrs) opportunity, ability, and motivation to engage in MCPs
- Adapt REFLECT methodology (Zambia), as appropriate, to address BCC related to MCPs
- Identify and disseminate BCC materials already in existence or in development, with targeted messages incorporating benefits of condom use, reducing MCPs, reducing alcohol use, MC, early STI screening and treatment.
- Conduct orientation sessions on the use of BCC/IEC tools through workshop with local partners
- Assist in the dissemination of MC national guidelines to the MARPs networks through implementing partners and district health teams
- Mobilization and reaching out to MARPs community by forging partnerships with other organizations involved in providing services for MARPs (*e.g.*, income generation initiatives, women’s empowerment programs, in and out of school-based information/education/communication programs, clinical services);

- Develop or identify appropriate models for HIV prevention and effective messages and implement a pilot program to test models, and thereafter scale up interventions from lessons learned
- Develop/adapt a peer education training program and associated job aids for target population that includes information and skills building in counseling and testing, stigma reduction, as well as basic knowledge on utilization of referral services
- Promoting and disseminating information on voluntary MC to the target groups

4.3 Technical assistance and training to strengthen and formalize referral systems

The HIV-MARPS project will engage local partners to facilitate district-level collaboration by leveraging their already developed strong relationships with national networks to identify, assess, and strengthen or develop referral systems and linkages among NGOs/CBOs/FBOs serving MARPs and key government counterparts. RTI project team will provide technical assistance that incorporates at a minimum group training, mentorship and individualized on job training, peer to peer consultation (on site and through periodic workshops), as well as model and material development and dissemination (e.g., peer educator handbooks, job aids).

Based on our current knowledge of the key areas for CSOs that will need technical support during year 1 include:

- Leverage support from DMSAC in collaboration with national networks such as BONASO, and BONEPWA+ to identify, assess, and strengthen and develop referral services
- Facilitate the development of simplified referral procedures for MARPs
- Train implementing partners on the use of the referral tools and the reporting systems
- Facilitate the development and use of a quality improvement verification checklist (QIVC)
- Conduct semi-annual project review meeting with implementing partners, government stakeholders and other development partners to discuss program progress and challenges to inform the next implementation phase
- Convene regular district-level meetings at selected sites, to promote sharing of "MARPs best practices"

4.4 Coordination of prevention interventions for MARPs

The HIV-MARPS project will support the coordination of MARPs prevention activities at national and district level. This will entail ensuring coordinating and reporting on the project's activities with the National AIDS Coordinating Agency (NACA) and other relevant governing bodies, and will participate in regular USAID coordination/update meetings. Activities will be coordinated through the DMSAC to ensure joint planning and implementation of district HIV/AIDS action plans.

5 Strengthening technical and organizational capacity of Botswana civil society organizations to support the implementation of MARPs prevention strategies

The HIV-MARPS project will work with local institutions implementing HIV prevention activities in Botswana and provide technical and organizational capacity building assistance and approaches to help them address the numerous organizational development challenges faced. Challenges include insufficient numbers of people with the necessary foundation of education and skills; governance structures that do not always function effectively, particularly the boards of NGOs; inadequate skills to mobilize resources, become financially sustainable, and manage the change that comes with growth; lack of appreciation on the part of organizational leaders of the need for coherent strategies; inadequate monitoring and evaluation (M&E) capacity and the failure to use program data to make management decisions and to inform and improve implementation; and lack of capacity to manage or leverage funding. The project will employ a five-step institutional development approach:

5.1 Selection

- Conduct an assessment of local CSOs involved in prevention activities targeting MARPs
- Collaborate with USAID to select grantees in accordance with transparent selection criteria
- Collaborate with other Botswana USAID funded capacity building projects to ensure a strong and collective response

5.2 Organizational Assessment

- Conduct desk review of existing assessment reports and if gaps identified, conduct a follow-on participatory capacity assessment for each grantee
- Develop individualized capacity development plan with each grantee

5.3 Technical Assistance and Targeting Training

- Conduct periodic technical assistance training workshops with grantees
- Develop/adapt training curricula for various capacity-building needs of grantees
- Develop sustainability plans along with grantees
- Conduct on-the-job training, coaching, and mentoring with grantees
- Adapt, train, and disseminate high quality BCC/IEC material
- Identify and develop the capacity of champions

5.4 Identification, Adaptation, and Dissemination of Capacity Building Best Practices

- Develop a tool/assessment criteria for identification of best practice (BP)
- Disseminate best practices and lessons learned through district workshops
- Develop capacity-building champions to accelerate dissemination and application of BP tools
- Develop plans for and disseminate the best practices at the district level

5.5 Investment in Lead HIV Institutions and District Networking

- Review the capacity development prioritization plans for network organizations from the recently conducted institutional capacity assessment and then consult with USAID and Ministry of Health to develop a strategy for strengthening these network organizations
- Provide technical assistance and capacity building to network organizations to further strengthen their role as intermediaries providing grants and capacity-building assistance to CSOs

6 Monitoring and Evaluation

The RTI team will collect, analyze and report M&E data on the project's performance indicators to inform USAID, and all partners of the project on the progress and results of planned activities. The information collected within the M&E plan is used to inform project decisions. As we learn lessons from project challenges and successes, we will regularly adjust implementation strategies, understanding of achievable goals, and resource allocations. Indicators may occasionally need to be revised or refined to ensure they are useful in their role as results feedback tools. This M&E plan will continually support ongoing improvements to project implementation through empirical feedback on results achieved, even as the goals and targets may be modified over the life of the project.

The RTI team, in consultation with USAID and the in-country PEPFAR team, is proposing an M&E approach that takes into account the importance of strengthening the usefulness and availability of strategic information for HIV prevention program for MARPs. We also consider M&E systems crucial to good project management, continuously using M&E information to support program decisions and efficient resource allocation. This approach uses data to track project activities, identify problems, and make informed design, implementation, and management decisions in a timely manner. Thus, we will regularly collect, analyze, and report M&E data internally and externally to inform implementing partners, USAID, the Ministry of Health, and other key stakeholders on the progress and results of project activities. We will support the implementation of effective, participatory M&E systems including: building consensus among partners on data and indicators most useful to inform management decisions; efficient streamlined systems to report routine data as cost-effectively as possible; locally appropriate and sustainable information and communications systems and rational use of technology; capacity built across project staff and local partner institutions to understand M&E data use and the value of performance

monitoring; and regular feedback on the data and information provided from project staff and partners.

All project partners will contribute to M&E through a system designed to operate at multiple levels to understand progress toward results and address the spectrum of stakeholders' information needs. We will use benchmarks to track the progress of achievements and extension of the project's reach to the targeted populations. The program data that are captured and reported on will help inform staff, USAID, and key stakeholders of the extent to which planned activities are implemented and their impact on increasing MARPs' access to services in the focus communities. These results will be reported every six months to USAID and other partners. We will build capacity of district health teams and local organizations in order to improve implementation of M&E systems. Strengthening of systems and skills supporting the use of data for decision making will yield flexible but reliable M&E practices that respond to program needs. Our team will combine selected appropriate technical support with hands-on capacity building efforts while keeping data quality monitoring as close as possible to data collection and primary utilization points.

Annex A. Implementation Plan

	Timeframe			
	1st Quarter 10/1/08– 12/31/08	2nd Quarter 1/1/09– 3/31/09	3rd Quarter 4/1/09– 6/30/09	4 th Quarter 7/1/09 – 9/30/09
Project Start-up				
1. Deploy all project personnel	X	X		
2. Establish legal presence in Botswana and open a project office in Gaborone	X	X		
3. Conduct project internal kick-off meeting led by Chief of Party		X		
4. Hold introductory meetings with Ministries of Health and Local Government, National AIDS Coordinating Agency (NACA) and other development partners to introduce the HIV-MARPS project	X	X		
5. Select districts where project will be implemented and conduct site visits	X	X		
6. Select local implementing partners/grantees in consultation with USAID	X	X		
7. Conduct site visits to selected districts where project will be implemented	X	X		
8. Develop and submit project Branding Implementation plan and Marking plan in consultation with USAID	X			
9. Finalize scope of work and sub-contract with Project Concern International	X			
10. Submit Annual Implementation Plan, Monitoring & Evaluation Plan and Implementation plan for life-of the project in consultation with USAID	X			
Component 1: Designing and implementing community-based prevention interventions targeting MARPs				
1. Conduct desk review of previous work on HIV prevention for MARPs in Botswana (<i>formative assessment research studies</i>)	X			
2. Participate in the national technical working groups such as National Technical Advisory Committee on HIV Prevention, MCP, and MC	X	X	X	X
3. Identify and disseminate BCC materials already in existence or in development, with targeted messages incorporating benefits of condom use, reducing MCPs, reducing alcohol use, MC, early STI screening and treatment		X	X	X
4. Assist implementing partners disseminate newly developed MC national guidelines		X	X	X
5. Identify HIV training needs for implementing partners		X	X	
6. Conduct BCC training for Implementing partners			X	X

	Timeframe			
	1st Quarter 10/1/08– 12/31/08	2nd Quarter 1/1/09– 3/31/09	3rd Quarter 4/1/09– 6/30/09	4 th Quarter 7/1/09 – 9/30/09
7. Develop/update directory of services providers for strengthening of referral linkages for MARPs in the selected districts		X	X	
8. Develop technical assistance plans on HIV prevention activities for each selected implementing partner			X	X
9. In collaboration with implementing partners develop a peer-education training program for target groups			X	X
10. Provide technical assistance to Implementing partners to develop a criteria for selection of trainees to participate in the Peer educator training program			X	X
11. Mobilize target populations through various techniques such as 'snow-balling', road shows, peer-to-peer in venues such as youth recreational facilities, bars, shebeens, truck stops and border crossings		X	X	X
12. In partnership with sub-contactors and implementing partners, identify, assess, develop and strengthen referral services for MARPs- VCT, STI screening and treatment, MC, HIV palliative care and ART			X	X
Component 2: Strengthening technical and organizational capacity of Botswana civil society organizations to support the implementation of MARPs prevention strategies				
1. Review assessment reports to identify organizational development (OD) gaps of selected Network organizations and their affiliated CSOs	X			
2. Develop technical assistance plan on OD activities for each selected implementing partner			X	X
3. Identify local institutions that will conduct and/or or facilitate organizational development training	X	X		
4. Conduct OD training to network organizations and their member organizations		X	X	X
5. Conduct training on participatory methodologies to Implementing Partners optimal for community dialogue		X	X	
6. Facilitate the development/update of organizational administrative and financial policies and procedures for CSOs		X	X	
7. Facilitate development of Strategic Program plans for CSOs that reflects the organizations' mandate		X	X	X
8. Train CSOs on how to develop sustainable resource mobilization strategies		X	X	X
9. Develop capacity-building champions to accelerate dissemination and application of Best Practice tools			X	X
10. Provide technical assistance to Network organizations in grant management		X	X	X

	Timeframe			
	1st Quarter 10/1/08– 12/31/08	2nd Quarter 1/1/09– 3/31/09	3rd Quarter 4/1/09– 6/30/09	4 th Quarter 7/1/09 – 9/30/09
Coordination and Reporting				
1. Convene annual district-level meeting to review program progress and promote sharing for "MARP best practices"				X
2. Conduct mini-launches with government service providers to promote the minimum district HIV package			X	X
3. Participate in USAID Capacity Building Technical working Group	X	X	X	X
4. Report project interventions and activities regularly to USAID and NACA	X	X	X	X
Monitoring and Evaluation Plan				
1. Submit M&E plan for approval by USAID	X			
2. Design monitoring system for identified CSOs to use during project implementation and train CSOs in its use		X	X	
3. Develop a Standard Operating Procedure for Data Quality Assurance		X	X	
4. M&E system in place and operating.			X	X
5. Train CSOs on data collection and reporting tools for routine quarterly reports			X	X

Annex B. Summary of Project Staff Scopes of Work

Name/Position	Brief Scope of Work
Chief of Party	Serves as RTI's key liaison to USAID, government counterparts, local organizations, and program partners. Responsible for providing overall technical vision and leadership to the program. Develops and implements annual program work plans and performance milestone plans and negotiates an agreement of those plans with USAID, counterparts, and partner organizations; Leads project advocacy efforts and policy dialogue on MARPs
HIV prevention Advisor	Provides oversight of results for activities falling under component 1: HIV prevention Interventions for MARPs. Participates in work planning activities and reporting on HIV prevention activities. Responsible for providing Technical assistance and on-site mentorship to implementing partners in HIV prevention and as well as facilitating BCC training sessions.
Organizational Capacity Building Officer	Provides oversight of results for activities falling under Component 2: Technical and Organizational Capacity Building. Participate in work planning of activities and reporting on Organizational Development activities. Responsible for Organizational Development capacity building technical assistance provided to local implementing partners. Applies Organizational Development approaches including sustainability, enhanced civil society participation, support to policy and advocacy development, and transparency of decision-making.
Finance and Administrative Manager	Responsible for overall project financial management and prepares and submits financial statements and other cost accounting reports. Oversees grants management process & subcontracts for local organizations, including the grant proposal tracking, review, and approval process. Provides technical assistance as required to build capacity of local partners & grantees
Monitoring and Evaluation Officer	Provides oversight for project results reporting & management in collaboration with Chief of Party & project technical staff. Provides M&E technical assistance capacity building for local partner organizations. Develops standardized reporting, performance monitoring, and evaluation among implementing partners and undertakes analyses of program data to derive lessons for improvement and make recommendations.
Office Manager	Working under supervision of the Finance and Administrative manager performs routine administrative tasks including preparation of travel documents and assisting obtaining travel concurrence and country clearances for visiting project personnel. Assists in coordinating meetings and organized trainings. Assist preparing field financial reports as required