



Project Concern International

QUARTERLY PROGRESS REPORT

1 October – 31 December 2008

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By:

Karen Romano
Country Director, PCI Botswana
Bonokopila House, Plot 53957 Unit A
Off Samora Machel Drive
Fairgrounds, Gaborone Botswana
Tel: (+267) 319 0198

Fax: (+267) 319 0398

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Attachment 1: Summary of NGO Partner Data 1 Q 09

I. PROGRAM OVERVIEW

In October 2008 Project Concern International (PCI) was awarded from USAID a three-year follow-on grant of \$9,999,787 to continue and build upon work started with initial one-year funding through PEPFAR Botswana (USAID, CDC, HRSA/ITECH). The PCI Building Bridges program will continue to strengthen the role played by civil society organizations (CSOs) in the delivery of integrated palliative care, OVC support, and ART treatment support services in Botswana. Special focus will be placed on the needs of children and adolescents, using a family-centered approach that builds the capacity of affected families to care for their children.

Goal & Objectives

Goal: Improved and expanded CSO delivery of integrated HIV/AIDS services for affected/infected children and families.

Objectives:

1. Strengthened technical capacity of CSOs to deliver integrated HIV/AIDS services;
2. Strengthened organizational capacity of CSOs to manage and sustain integrated HIV/AIDS service delivery;
3. Strengthened collaboration and referral among government and CSOs to deliver integrated HIV/AIDS services;
4. Strengthened government capacity to support the delivery of integrated HIV/AIDS services;
5. Improved documentation and sharing of promising practices and lessons learned in delivering integrated HIV/AIDS services.

To achieve these objectives PCI has provided sub-grants to and is strengthening the organizational and technical capacity of 12 NGO partners to deliver a comprehensive package of integrated prevention, palliative care, OVC, and ART treatment support services to affected families. PCI is working in collaboration with and plans to provide technical assistance to three of the major CSO umbrella bodies—BONASO, BONEPWA, and Marang Trust, and to government counterparts at MOH and MLG (DSS and PHCS) at national and district level, with focus on district level.

II. ADMINISTRATION

Staffing: In this quarter PCI added two staff to the program team. A position of Organizational Capacity Development Officer was created and filled, and a the Palliative Care Officer position was filled. A Finance & Administration Manager position was created, but a suitable candidate has not been found yet. The Finance & Administration Director will transition over calendar year 2009 to the role of

Regional Finance Director, eventually transitioning to 50% national and 50% regional responsibility (with non-Botswana funds). The M&E Officer resigned due to family reasons. The position has been advertised, candidates short listed and interviews will be held early in the next quarter. An additional position of data manager has been created and candidates are currently being reviewed.

Current PCI Botswana Staff

Position	Employee	Start Date
Country Director	Karen Romano, MPH	17 Jan 2008
Finance & Administration Director	Arun Sharma, CPA	23 Feb 2008
Finance & Administration Manager	Vacant, recruiting	
Program Manager	Olive D'Mello, MSc PH	11 Feb 2008
Senior Capacity Building Advisor (short-term position through Sept 09)	Ann Fitzgerald, MPH, L.Ac.	1 June 2008
Organisational Capacity Development Officer	Davies Mpofo, MSW, MBA	1 Dec 2008
OVC Program Officer	David Kanje, MA	10 Mar 2008
Palliative Care Officer	Tumelano Sekoto, RN/MW, FNP	To start February 2009
M&E Officer	Vacant, recruiting	
Assistant M&E Officer	Watipa Gaogane, BSc	1 Mar 2008
Associate Program Officer	Kenalemodisa Pati, BSc	1 Feb 2008
Accountant	Lethabile Modikwa, BA, CIMA stage 2	1 Feb 2008
Accountant	Kgololo Lephole Part qualified ACCA Part 3 ACCA	11 August 2008
Administration Officer	Refiloe Aphiri, MBA pending	1 July 2008
Receptionist/Office Assistant	Tshepang Mothei	1 Feb 2008
Administrative Assistant/Driver	Sylvia Tshoswane	1 Feb 2008
Driver	Bofelo Moilatshimo	1 Feb 2008

III. PROGRAM PROGRESS

During this quarter, PCI signed a three year follow on agreement with USAID, participated in the Botswana PEPFAR Country Operational Planning (COP) process, renewed sub agreements with 12 NGO partners, provided technical assistance to NGO partners, started the Building Bridges work plan development process, and continued fostering relationships with Government and umbrella bodies as well as other collaborating local and international NGOs.

A. Awarding NGO partners new two-year sub-agreements

During this reporting period, PCI entered into new subgrant agreements with the current group of 12 NGOs. The two year subgrants (October 2008 – September 2010) total \$2,915,752. There will be an option to renew for a third year. The subgrants will strengthen the CSO partners' capacity to provide family-based services to people infected/affected by HIV/AIDS. The organizations work in seven districts and are concentrated in the Central and Southern areas of Botswana. The recipients were previously funded by PACT (2006-2007), then PCI (April-Sept 2008) under USAID Cooperative Agreement No. GPO-A-00-05-00013-00, CDC Grant No. 3U62PS924296-04W1, and University of Washington Contract No. 446485.

Subgrant Process

In August 2008, PCI Botswana staff distributed terms of reference and a proposal guideline to the NGO partners. Partners brought draft proposals to a two-day workshop held in September 2008. During the workshop PCI reviewed the strategies and objectives for the follow-on Building Bridges Program and gave partners the opportunity to discuss successes and challenges in integrating services during their April-September 2008 short-term grant period with PCI. PCI program staff reviewed draft proposals with each partner at the workshop. Partners then submitted a full proposal comprising program description, implementation plan and budget in October 2008 which were reviewed by PCI staff. The financial health checks conducted in March 2008 were updated to reflect partner progress in financial and management systems. Program staff then met with partners to give feedback and provide technical assistance (TA) to help partners improve their proposals. A substantial involvement clause was included in the sub-agreements requiring partners to continue to refine with PCI assistance their program descriptions, workplans and budgets during the first quarter of the program. Sub-agreement drafts were sent to PCI San Diego for review and approval. All sub-grants were processed by the end of November, 2008.

Key Issues

- Continuity of funding due to timing. The six month grants ended on September 30th with new grants scheduled to start on October 1st. The proposal submission and approval process took longer than expected. Several partners hadn't fully expended their six month grants while others had spent everything and needed new funding. This required coordination and consultation and partner sub-award modifications to avoid any break in services to the beneficiaries.
- Capacity Building during the proposal submission and approval process. While partners' skills for writing project designs have improved, they still are weak and required significant technical assistance to properly capture program strategies, activities and deliverables, and to budget properly. Part of the problem arose from PCI's challenge to the partners to incorporate strategies to reach more beneficiaries at lower cost. Many struggle to see how they can reach more people without increasing their expenses significantly; PCI has tried to encourage them to think of more

volunteer-based, low cost initiatives that could help their funds go further. There were often also disconnects between NGO partners' program descriptions, implementation plans and budgets. Partners were also coached in how to make sure what they present responds to proposal guidelines. Budgeting TA focused on planning personnel and benefits strategies. For example, most of the partners were either not budgeting for staff benefits at all, or budgeting improperly. During this round of proposals partners showed progress having program and finance staff work side by side in budget development, which did help improve the quality of budgets submitted.

- **Governance Challenge:** Two of the grantees, Silence Kills Support Group (SKSG) and House of Hope, were experiencing significant Board and management problems that jeopardized their organizational health and PCI's ability to give them sub-awards. PCI worked out intervention strategies and provided TA to both of them on their most pressing challenges to enable them to receive funding, and is continuing to work closely with them and monitor progress.
- **NPI:** During the previous quarter PCI provided technical assistance to help two grantees – Botswana Retired Nurses Society and Otse Home Based Care- submit proposals to the USAID New Partners Initiative (NPI) Round III. In December, both partners received confirmation that their applications were approved for funding. PCI is working with the grantees, USAID and AED to clarify the way forward in supporting the successful implementation of these programs, which represent a major increase in funding for both organizations and in administrative responsibility.

NGO Partners PCI Sub-Grant Amount October 2008-September 2010

Partner	District	Amount in USD
Bakgatla Bolokang Matshelo(BBM)	Kgatleng District Council	224,356
BOCAIP Lesedi	Southern District Council	173,086
BOCAIP Tumelong	Kweneng District Council	213,410
Botswana Association for Psychosocial Rehabilitation (BAPR)	Lobatse Town Council	238,829
Otse CHBC	South East District Council	338,992
Botswana Retired Nurses Association (BORNUS)	South East District Council	260,433
House of Hope ¹	Palapye	211,545
Silence Kills	Selibe Phikwe Town Council	200,000
Humana Child Aid	Selibe Phikwe Town Council	241,110
Mothers Union	Mahalapye Sub-District Council	301,297

¹ Entered into initial partnership with PCI in July 2008.

Holy Cross Hospice	Gaborone City Council	240,119
Tsholofelo Trust	Letlhakeng Sub-District Council	272,576
Total:		\$2,915,752

B. Financial management capacity building

During the quarter, PCI assisted partners to develop their new two year budgets and reviewed their budget submissions; assisted partners to manage cash flow by entering into no cost extensions to allow them to continue to spend from left-over funds from their six-month sub-grants; and conducted in-house financial training for the new finance staff from BOCAIP Tumelong, House of Hope and Humana as well as coaching and developing their skills during their monthly reporting cycles.

The main challenge has been with Mothers Union finance staff who continues to struggle with the handling of the internal financial affairs and preparation of the monthly financial reports. Despite our best efforts to coach the concerned staff over a period of 10 months, we have not found any significant improvement in her performance. PCI has recommended to Mothers Union to find a higher caliber person to handle their finances, and Mothers Union has initiated steps to seek a suitably qualified and experienced person.

C. Technical Assistance visits to NGO partners

During the quarter, PCI undertook two rounds of TA visits to NGO partners. The first round was targeted to two NGO partners (Silence Kills and House of Hope) that had governance challenges which threatened continued funding. The second round of TA visits was to provide post-award TA to help partners continue to refine their strategies, implementation plans and budgets in line with the Building Bridges program objectives.

First round TA visits: October 2008

Silence Kills Support Group: PCI provided technical support to Silence Kills Support Group to hold a special general meeting, elect a new executive committee, and to develop an action plan to enable them to be eligible to receive a two year subgrant from PCI. PCI hired a local labour expert to assist in resolving an issue related to how SKSG handled the firing of their Centre Coordinator, which brought to light problems with SKSG's constitution, board composition, and internal management processes. PCI met with the newly appointed Executive Committee to calendar tasks that needed to be completed before SKSG could receive funding, based on the meetings and recommendations from the labor expert. SKSG successfully completed the tasks and was greatly strengthened by the process.

A joint meeting including DAC, PCI, BONEPWA and Silence Kills Support Group was held on October 13th. Participants drew up a plan of action to strengthen SKSG and

integrate them fully into activities in the district activities. The DAC in Selibe Phikwe plans to assess local NGOs organizational capacity and provide training in organizational development. PCI offered to support that effort as appropriate.

Another joint meeting was held with NGO partners SKSG and Humana Child Aid to identify areas of overlap in service delivery and to determine how they can work in coordination. Both work in the same geographic area of Selibi Phikwe, and as they move to integrated programming this creates duplication of effort as well as duplication of beneficiaries served. It was resolved that the services provided by each agency are complementary; and that the two agencies can work hand in hand through referrals -- SKSG can refer their OVC clients to Humana, and Humana can refer palliative care patients to SKSG. The two will hold regularly scheduled meetings to collaborate and they will share their models in order to learn from each other. Partners were also reminded that they must report data regularly to DAC, something that they hadn't been doing.

House of Hope: PCI held a meeting with the HOH Board to share concerns about HOH ability to oversee a PCI subgrant and identify ways forward. PCI program officers held a subsequent meeting in December with the Chairman of the Board. It was concluded that HOH will receive a limited grant for one year. Further funding depends on their ability to strengthen their management team and the Board. The Board to review and revise their constitution due to the fact that their current activities are no longer relevant to the current constitution, and PCI will assist them with this. The Board Chair agreed to have the board meeting to review and approve recommended candidates for the Centre Coordinator, Project Officer and Social Worker positions.

Second round TA visits: November-December 2008

Technical assistance was provide to eleven (11) of the twelve (12) partners. The objectives of the TA visits were to:

- Discuss and refine the targets, and implementation strategies for the period October 2008 – 2010;
- Identify capacity building needs of partners;
- Review available training materials;
- Introduce PCI Building Bridges program to the NGO boards or executive committees

Process

Participatory meetings, facilitated by PCI program teams, were held with Board members, management and staff, volunteers, care givers and beneficiaries. Refining of targets and strategies was guided by the framework of the Building Bridges strategies, namely, integration of palliative care, orphans and vulnerable children, and anti-retroviral therapy support services through the family care approach; community mobilization to foster greater involvement of community members in helping to meet the needs of infected/affected families; an expanded role of PLHA groups in providing palliative care,

positive living support, and nutrition/livelihood opportunities; and focused interventions for vulnerable adolescents that include both life skills and livelihoods.

To inform the discussions, home visits were conducted to selected households. This allowed for interaction between the PCI team, volunteers, individual clients, their caregivers and families.

Outputs: As a result of the TA visits, partners revised their implementation plans and budgets. These refined plans and targets have been important for developing the Building Bridges October 2008 – September 2009 workplan. The PCI team was also able to collect training materials used by partners to train their volunteers; this will be used to conduct a systematic review of partner training quality. Information gathered during the TA visits about partners' strengths and challenges will be used to update their capacity profiles and assist PCI in developing capacity-building strategies.

Program Implementation Challenges

- The partners need capacity strengthening in governance and leadership, and continued strengthening in financial management.
- There is need for skills building in volunteer management- namely: recruitment, training, motivation and retention of volunteers. Involvement of people living with HIV/AIDS as volunteers appears to be a more sustainable and effective model than engaging non-PLHA volunteers.
- There are challenges in referral processes between NGOs and local government structures that hinder integrated service delivery.
- The importance of engaging the whole community in identifying, prioritizing and finding solutions to issues that concern their community (community mobilization) was reaffirmed in areas such as Peleng in Lobatse, Botsabelo in Selibe Phikwe and Kumakwane. These are semi-urban areas with high rates of teenage pregnancies, alcohol abuse, school drop outs, unemployment all of which increase the risk to HIV infection and adherence challenges for those on ART.

D. OVC Consultancy

In FY08, PCI Botswana engaged an OVC expert from Zimbabwe to assist with the development of strategies that will reach more children in a more cost-effective way. The consultant made a return visit in this quarter. Three districts were visited (Serowe-Palapye Sub-district, Mahalapye Sub-District and South East District). PCI program staff and the consultant held discussions with NGO partners and their clients, as well as Government Social Workers and Public Health staff at the districts. The discussions enriched findings from the consultant's first visit. The consultant and PCI staff worked over a two-day period to summarize findings including key gaps in partner service delivery, intervention strategies, and next steps.

Key gaps in partner services

- Lack of knowledge about counseling and communicating with children (especially in palliative care organizations). Insufficient skills for individual and group counseling of children including play therapy, and family therapy.
- Infrequent kid's clubs meetings and lack of standardized delivery
- Limited involvement of community and of children themselves in planning, implementation and assessment of programs
- Lack of models for integrating OVC and palliative care services.

Strategies to be further developed and implemented:

- Mobilizing the community for children: Help communities to identify and prioritize needs and problems of children in the community and identify families at risk and resources to help children
- Strengthening families: to include caregiver support groups; income generating activities (IGA); life skills for parents and children; support groups for parents living with HIV; home based HIV testing; child protection groups (includes inheritance education, community watch groups for CSA)
- Life opportunities for vulnerable adolescents: vocational and livelihoods training; linkages with microfinance; life skills; relationship skills training.
- Community based child protection: community advocacy to strengthen government services at the community – especially health, education, and police.

E. PCI OVC Officer Trip to Ethiopia

During the quarter, the PCI OVC program officer attended a workshop organized by USAID on Quality Improvement (QI) for OVC programs in Africa. Sixteen countries were represented. The workshop focused on three areas of the QI Road Map, namely:

1. Creating a Partnership for QI for OVC programs which includes
 - Building constituencies and commitments for quality OVC care(identifying champions, stakeholders and developing organizational structure and plan)
 - Defining Quality: Establishing consensus about service standards(agreeing on service delivery standard components, consensus-based service delivery standards, vet for feasibility, evidence based standards and communication and commitment)
2. Achieving improvement of quality at the point of service delivery
3. Taking stock (checking progress and assumptions, and make course corrections)

At the end of the training all country teams came up with implementation plans for the year, which they are to follow up and present findings at the next QI workshop. For Botswana, the PCI OVC Officer was the only participant at the workshop. He drafted a country workplan which he will share with Government and other stakeholders for further refinement and implementation.

The OVC Officer used this opportunity to visit two PCI supported programmes in Ethiopia. One of the projects visited was the Ehtimamachoch Self Help Group (SHG) which is regarded by its beneficiaries as successful because it has improved the lives of its members in different ways. The group lends money to its members at 4% interest to meet their needs such as schools fees, uniforms for their children and they repay the loans over a period of six months on a weekly basis. By the time of this visit, 10 members had benefited from the scheme.

Members have also realised social benefits from this self help group, for example the group was able to help cover funeral costs for their late member and helped her orphaned child to be adopted since she had no living relatives. The SHG also provides psychosocial support to its members, through their discussions. The meetings provide members the opportunity to share their problems and advise each other. Some of the issues discussed at the meetings include HIV transmission and prevention and through these discussions some members together with their families have been able to go for VCT and continue to discuss issues of HIV prevention within their communities.

The Officer also visited the urban agriculture project which PCI started in March 2008. The objective of the project is to engage beneficiaries in food production for improved house hold nutrition. The project beneficiaries are people living with HIV and OVC caregivers. Currently, the program has 100 beneficiaries registered. They are provided with skills training on vegetable production, poultry farming and sheep rearing. They are also provided with start up capital, such as seeds, farm tools etc. For gardening, beneficiaries use two types of farming: Container growing in where there is shortage of land, wherein PCI provides containers in which beneficiaries grow their vegetables; backyard gardens, where people grow vegetables in their back yards.

Some beneficiaries visited shared that they have already started selling their vegetables and this is helping them meet their basic needs. The challenge was with PLHIV who, due their frequent sickness, cannot continuously tend to their gardens and therefore have less produce. However they, like the OVC care givers, appreciated that these projects are therapeutic because they keep them busy and have less time to think about their own problems.

PCI will, on a pilot basis, use the learnings from Ethiopia and the study tour with BONEPWA to Imbita in Swaziland (see V. Other Stakeholders below) to initiate and strengthen nutrition and livelihood interventions among adolescents and PLHA support groups.

F. PCI Building Bridges Workplan development

PCI dedicated significant time this quarter to the development of a work plan for the Building Bridges Program. Using the partner capacity profiles developed in the 4th quarter of FY08, staff reviewed these profiles, analyzed the beneficiaries reached during the first six months of the program and outlined opportunities and challenges related to capacity building. During a two day internal retreat in October, PCI program staff refined Building Bridges strategies, identified concrete tasks to achieve them, identified key stakeholders and actions with each of them. A one day follow-up workshop was held in November with the entire staff to further refine the outputs and sequence the workplan activities. Program staff then conducted TA visits to help partners refine their implementation plans under the new sub agreements. The refined partner plans then fed back into PCI's overall workplan development. PCI maintained discussions with key stakeholders to further develop activities and timelines. In this quarter, this included BONASO, BONEPWA; MLG DSS; and district officials in Selibi Phikwe, Mahalapye, Palapye, and Southeast districts.

G. World AIDS Day commemoration

PCI participated in World AIDS Day commemoration to demonstrate its commitment to supporting Government efforts in the fight against HIV/AIDS in the country. The venue was in Selibe Phikwe, one of the districts where PCI is currently supporting two partners: Silence Kills Support Group and Humana Child Aid. PCI and its two partners put up stalls and participated in other activities of the day such as the match past. In addition, Silence Kills in partnership with BONEPWA participated in a week-long HIV/AIDS awareness events prior to the commemoration. PCI will continue to use such opportunities to strengthen relationships with district officials in its areas of operation.

H. New MARP prevention program with RTI

PCI was awarded a three-year subcontract on the five-year USAID award to RTI for "HIV Response in Botswana within the Civil Society for HIV Prevention That Targets Most-At-Risk Populations" (MARPs). During this quarter PCI and RTI finalized the strategy for collaboration in the program. It was agreed that PCI will support the implementation of selected activities under components one and two of the program. These components involve TA and training to strengthen and formalize the referral systems and prevention programming. PCI participated in the development of the program's annual workplan in November. In addition it was agreed that PCI will identify and recruit a full time staff person to work with RTI implementing the PCI SOW under this contract. This program will expand PCI's work under Building Bridges to strengthen district referral systems and integrated programming at the district level by systematically including prevention as a component.

I. Collaboration with Peace Corps

PCI staff met with Peace Corps to propose potential sites for the next Peace Corps Volunteer group. PCI received requests for Peace Corps Volunteers from Otse Home Based Care, Silence Kills Support Group, BOCAIP Tumelong, and House of Hope. Mother's Union Centre in Mahalapye currently has a PCV. Peace Corps representatives explained that there are only 10 positions available and they use specific criteria to assign volunteers. They will conduct site visits in April 2009 in order to select spots for the incoming group. They added our requests to the list. Those at the meeting were not aware of any sources of funding for PCV housing coming out of NACA.

IV. OTHER STAKEHOLDERS

A. Government Stakeholders

District Government

During this quarter, PCI focused government partnership efforts on building relationships with the districts where PCI has NGO partners. MLG PHCS and DSS assisted PCI with making introductions to key government officials in four of the seven districts PCI works in. During the period 13-20 October 2008, PCI held meetings with Town Clerks, District Officers, DACs and their staff, and joint meetings with DHT and S&CD. Outcomes of these meetings are: relationships established with district government; PCI awareness of district priorities, and district awareness of what PCI can offer; opportunities for assisting district government HIV/AIDS priorities identified. Another key outcome was the opportunity to identify where PCI NGO partners are not working well with district government and to try to bridge that gap, as was the case with Silence Kills Support Group (SKSG) in Selebi-Phikwe.

Selebi-Phikwe presents the strongest opportunities for PCI to assist with CSO capacity building, as a well as with strengthening referral partnerships among CSOs, DHT and S&CD. This is due to the close alignment between the District HIV/AIDS plans and the Building Bridges program priorities, the enthusiasm of the government representatives there for this work, and because PCI is assisting two of the seven HIV/AIDS NGOs in the district.

A summary of government and NGO partner meetings held during the 11-20 October 2008 fieldwork is presented below.

I. Selebi-Phikwe, 11-14 October 2008		
Meeting	Purpose	Outcome
Silence Kills Election	Assist Silence Kills in holding election (with BONEWPA)	New Board members will bring strength to SKSG.
Meeting with DAC &	Introduce PCI &	• Established relationship.

staff	Building Bridges program to district; understand district priorities; identify areas for collaboration.	<ul style="list-style-type: none"> • Agreed the Building Bridges program is in line with District priorities. • Agreed PCI will work with DAC to extend capacity-building to other NGOs in district as feasible, not just PCI's 2 partners. • PCI to provide assistance in Palliative Care. • To explore working together on District NGO Coalition idea with BONASO, BONEWPA, DSS, others. • PCI to present to DMSAC next opportunity.
Meeting with DAC & District Officer	Introduce PCI; discuss Silence Kills challenges.	PCI welcomed to district, encouraged to continue helping SKSG despite their challenges.
Meeting with Chief Public Health Officer & Matron	Introduce PCI; prepare for joint meeting PH and S&CD	<ul style="list-style-type: none"> • Established relationship • Agreement on holding the joint PH and S&CD meeting.
Meeting with Chief Public Health Officer & Deputy Director for Technical Services	Introduce PCI	PCI welcomed to district.
Joint meeting: DAC & staff; Silence Kills Support Group; PCI; BONEPWA	Discuss challenges faced by SKSG and how DAC, BONEPWA & PCI can work together to assist. Strengthen SKSG & District relationship.	<ul style="list-style-type: none"> • Commitment made by SKSG to work closely with the DAC, including reporting data. • Commitment by BONEWPA, PCI and DAC to assist SKSG as they try to resolve internal challenges threatening their survival.
Silence Kills Support Group Board Meeting	Present Building Bridges to newly elected Executive Committee. Discuss actions the Committee must take for SKSG to continue receiving PCI funds.	<ul style="list-style-type: none"> • Commitment by SKSG to update their constitution and clarify roles of Board and Centre staff, with help from BONASO and PCI • Commitment by SKSG to reintegrate into DAC activities after 2-year absence.
Joint meeting: PH staff;	Discuss challenges and	<ul style="list-style-type: none"> • Identified some of the issues

S&CD staff; Humana Child Aid; PCI	opportunities in referral linkages within the public health system, among PH and S&CD, and among government and NGOs.	<p>related to referral and collaboration</p> <ul style="list-style-type: none"> • Agreed importance of strengthening linkages among the govt depts and CSOs • Invitation for PCI to assist with this.
Joint meeting: SKSG & Humana Child Aid	Resolve challenges arising from working in same community and attempting to integrate services (offer both OVC & Palliative care)	<ul style="list-style-type: none"> • Agreed Humana Child Aid's strength with children/OVC • Agreed SKSG strength with HIV+ people, palliative care • Agreed will foster integration by working in partnership rather than both trying to offer both sets of services.
II. Palapye 15-16 October 2008		
District Officer	Attempted to meet but D.O. was out.	
Meeting with Asst DAC & PCV (No DAC)	Introduce PCI & Building Bridges program to district; understand district priorities; identify areas for collaboration.	<ul style="list-style-type: none"> • Established relationship. • Agreed the Building Bridges program is in line with District priorities. • Asst DAC to see where PCI could fit in the district plan and we will discuss further. • PCI to present to DMSAC next opportunity.
Joint meeting: PH and S&CD	Discuss challenges and opportunities in referral linkages within the public health system, among PH and S&CD, and among government and NGOs.	<ul style="list-style-type: none"> • Identified some of the issues related to referral and collaboration • Agreed importance of strengthening linkages among the govt depts and CSOs • Will discuss further where/how PCI can assist with this.
House of Hope Board Meeting	Discuss PCI concerns with HOH ability to oversee subgrant and identify ways forward.	<ul style="list-style-type: none"> • Agreed to one year restricted funding on condition that HoH strengthen management team and the Board. • Commitment by HoH to review and revise

		Constitution.
House of Hope staff meetings with OVC consultant & PCI	Conducted review of HoH's OVC strategies and discussed opportunities for reaching more children cost-effectively.	<ul style="list-style-type: none"> • Better understanding of HoH's strengths and challenges in service delivery • Ideas for reaching more children and families identified for incorporation in HoH implementation plan. • Better understanding of technical assistance needs.
Visit to House of Hope beneficiary home	To learn more about House of Hope's client families and hear from the client about services they receive from House of Hope.	<ul style="list-style-type: none"> • Better understanding of situation and needs of HoH clients. • Ideas for additional services HoH could provide.
III. Mahalapye 17 October 2008		
Meeting with Asst DAC, PCV, M&E Officer, SW	Introduce PCI & Building Bridges program to district; understand district priorities; identify areas for collaboration.	<ul style="list-style-type: none"> • Established relationship. • Briefed on district priorities and challenges. • Asst DAC had just started, will need to return to look more closely at where PCI can fit in.
Mothers Union staff meeting with OVC consultant & PCI	Discussed opportunities for reaching more children cost-effectively.	<ul style="list-style-type: none"> • Ideas for reaching more children and families identified for incorporation in HoH implementation plan. • Better understanding of technical assistance needs.
Meeting with Mother's Union beneficiary	To learn more about House of Hope's client families and hear from the client about services they receive from House of Hope.	<ul style="list-style-type: none"> • Better understanding of situation and needs of HoH clients. • Ideas for additional services HoH could provide.
IV. South East District 20 October 2008		
No DAC or Asst DAC		
Joint meeting with PH, S&CD, PCV, M&E Officer	Discuss challenges and opportunities in referral linkages within the public health system, among PH and S&CD, and among government	<ul style="list-style-type: none"> • Identified some of the issues related to referral and collaboration • Agreed importance of strengthening linkages among the govt depts and

	and NGOs.	CSOs <ul style="list-style-type: none"> • Will discuss further where/how PCI can assist with this.
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MLG

On 8 October 2008 the PCI Country Director met with the Director of DSS to introduce the PCI Building Bridges program, update her on PCI interactions with DSS to date (including support to the NGO Child Care Forum), and discuss how PCI and DSS can work together in future. Key agreements from the discussion are described below. It was agreed that Mma Sejoe at DSS would serve as PCI's DSS point of contact to coordinate on these items.

- Community Development Strategy: PCI can assist as needed as DSS develops this new strategy for strengthening community self-help initiatives, and with piloting the approaches in PCI project sites.
- Family Care Model: PCI can assist with operationalizing the national model in the project sites, including identifying ways to strengthen the tools and how they are implemented.
- Food/Livelihood Security: PCI can assist with identifying which models have promise in the Botswana context and to help pilot these with some of our NGO partners, particularly the ones already implementing strategies like kitchen gardens and small animal husbandry. (PCI has significant experience in integrating Food/Nutrition Security for families affected by HIV/AIDS in a variety of settings.)
- Community Carers: PCI can assist with strategy development and pilot testing approaches that involve NGOs in deploying and supervising this cadre of community volunteer in PCI project sites.
- Strengthening Umbrella Bodies: PCI will look for every opportunity to provide capacity building to relevant umbrella bodies working with OVC within the limits of PCI's funding, as well as to collaborate with them in project implementation.
- Under-served Areas: DSS's preference for PCI, should PCI take on new NGO partners, would not be to focus on Francistown but rather to focus on the underserved areas such as Chobe, Ghanzi, and the Kgalagadi. PCI will discuss with our funders.

MOH

On 10 October 2008 the PCI Country Director, at the request of DHAPC, met with the Director HIV/AIDS Prevention and Care, B. Mudanga, DHAPC/Palliative Care Unit; P. Makueretsa; DHAPC/Palliative Care Unit G. Mogorosi, DHAPC/Palliative Care Unit.

Key Points:

- Dr. Seipone expressed concern regarding how PCI would be working with the umbrella bodies, and shared the importance of the umbrella body strategy to the GOB.
- PCI Country Director shared the following:
 - PCI fully supports the GOB's goal to strengthen the umbrella bodies to serve as the main providers of CSO capacity-building in Botswana, and will do everything we can to ensure our work contributes to this goal. PCI has worked with such bodies in other countries and believes in this strategy.
 - PCI came to Botswana with a one-year funding commitment from PEPFAR. In October 2008 PCI signed a 3-year agreement with PEPFAR. Up to that point, we weren't sure what our funding situation would be beyond the first year, hence was difficult to take on new initiatives or make longer-term plans.
 - The new funding is close to the same level as our start-up year funding, and is enough to keep the 12 grantees funded and provide capacity-building. There isn't enough for significant subgrants to BONASO or BONEPWA.
 - We did carve out some resources to provide strategic capacity-building to BONASO and a small grant and capacity-building to BONEPWA to strengthen support groups.
 - We have had preliminary discussions with BONASO & BONEPWA about helping them develop & strengthen district NGO coalitions as a mechanism for providing capacity-building closer to the NGOs. This strategy would link BONASO's goal to decentralize their NGO CB services, and BONEPWA's Center of Excellence strategy for capacitating support groups. We expect to work closely with BONASO, BONEPWA & the DACs, as well as DSS who is also keen to develop district NGO coalitions, to determine how best PCI can contribute to this work.
 - We will look at how to utilize the NGOs we are funding directly to support this strategy in each district, and to serve as capacity-building arms to other CSOs for the technical areas they were strong in.
- Dr. Seipone expressed support for these ideas and encouraged us to move forward with them.
- PCI shared that we had been talking with AED about possibly organizing a workshop on civil society capacity building in Botswana, to help move us all

towards a shared vision of how this should be done. It would involve the umbrellas, the major funders, and the international orgs like PCI, AED, FHI, and others building CSO capacity in Botswana. Dr. Seipone seemed supportive of this idea.

- PCI will touch base with Dr. Seipone again as the strategies evolve to keep her informed.

B. Umbrella Bodies

BONASO

A meeting was held 31 October 2008 at the PCI offices with BONASO Executive Secretary Daniel Motsatsing, Program Coordinator Matong Matong, and M&E Officer Tapeng Gaoakanye; PCI Country Director Karen Romano, Senior Advisor for Capacity Building Ann Fitzgerald, and Program Manager Olive D'Mello.

The purpose of the meeting was to identify specific areas of technical assistance that PCI can provide to BONASO and opportunities for collaboration. Below are summarized key areas identified for future collaboration. Follow-up meetings will be scheduled to develop detailed activities for each of these.

- District HIV/AIDS NGO Coalitions: PCI can provide technical assistance to BONASO to help strengthen the role of the District HIV/AIDS NGO Coalitions for building the organizational and HIV/AIDS service delivery capacity of NGOs/CBOs/FBOs. Initial focus could be on the Palapye-Serowe Coalition which covers Phikwe, Palapye, Mahalapye – all areas where PCI has NGO partners. PCI & BONASO will look for creative ways to leverage the funding we have earmarked for building the capacity of our NGO partners in this geographic area to extend capacity building services to a broader array of NGOs through the Coalitions.
 - A related idea is to strengthen OVC services provided by NGOs in the pilot Coalition area through partnership among BONASO, Marang and PCI, and to strengthen palliative care/positive living services through partnership among BONASO, BONEPWA, and PCI. Some of the NGOs PCI is supporting in this geographic area could be supported to assist in strengthening OVC and palliative care/positive living services delivered by other Coalition members.
- NGO Governance Capacity Building: Several of PCI's partners face governance challenges that include outdated and ineffective Constitutions, lack of proper role differentiation between project staff and Board Members, and weak Boards. PCI and BONASO could work together to develop and deliver specific interventions with PCI's partner NGOs, which BONASO could then use with its other members. PCI will follow-up with BONASO on Silence Kills, as this partner has already contacted BONASO for governance help and has urgent needs in this area.

- Subgrant Management: PCI could assist BONASO to assess its past history and current capacity in managing subgrants, and could providing training and ongoing TA in subgrant management using PCI's subgrant toolkit.
- Resource Mobilization for CSOs: PCI is about to contract with a local consultant to conduct a scan of the funding environment for our partner NGOs, including identifying barriers and successes these NGOs have had in fundraising and what can be learned from these experiences. PCI could undertake this consultancy in partnership with BONASO.
- Coordination among development partners in strengthening the role of the umbrella bodies: PCI and AED have been discussing the need for a dialogue on this topic among the umbrella bodies, government, donors, and development partners such as international NGOs implementing PEPFAR projects. The purpose of the dialogue would be to ensure that the efforts of all those who are supporting CSO response to HIV/AIDS in Botswana are working from a common vision regarding the role of the umbrella bodies, and that efforts are coordinated in a way that maximizes effectiveness. To be discussed further.

BONEPWA

On 27 October 2008 PCI & BONEPWA met to move our partnership discussions further. In attendance from BONEPWA were: David Ngele; Dorcas Taukobong; Lorato Moalusi-Sakufiwa. From PCI: Karen Romano Country Director; Ann Fitzgerald; Olive D'Mello.

Key Points from Discussion

- PCI is interested to work with BONEPWA to build capacities of the PLHA support groups working with the NGOs that PCI assists.
- BONEPWA's priorities are to see PLHA leading ART adherence activities, and to provide livelihood and food production support for PLHA. BONEPWA would like to do more to empower PLHA to improve their quality of life.
- There are two levels of PLHA support groups – ones who are more established like Silence Kills and able to manage subgrants, and then the smaller ones that need more help. BONEPWA's Centre of Excellence (COE) strategy would build up a more capable PLHA support group to provide capacity-building to other smaller support groups. This is how BONEPWA would like to decentralize their capacity-building services. Forum SEED provides some support to the COE strategy. COEs have been started in Kang, Kasane, Radisele, and Nhlaphkwane.
- Kasane and Kang COEs would be BONEPWA's highest priorities (PCI is not at present working in these districts but could explore feasibility depending on costs). BONEPWA would also like to strengthen presence in the North -- the Radisele COE serves Phikwe, Palaype and Mahalapye. This would fit well with

PCI's program as PCI has a number of partners in these sites including Silence Kills Support Group.

- Livelihood support - given the changing needs of PLHA due to ART, BONEPWA could build on what was learned during the PCI-supported study trip to Imbiza in Swaziland to make BONEPWA's existing chicken rearing projects more comprehensive and empower PLHA to take charge of their own needs.
- How can we strengthen ART adherence support among support groups? PCI & Baylor planning to collaborate on training curriculum for child/family ART adherence for NGOs, could adapt/extend for support groups.

Way forward:

- BONEPWA to think about priorities and ideas discussed today, and draft a brief concept paper & costing for areas of partnership with PCI. This will be the starting point for negotiating a sub-agreement.
- The concept can include ideas such as helping BONEPWA strengthen one COE; assisting BONEPWA to deliver capacity-building to PLHA support groups in livelihoods/food production, ART adherence, and other areas as needed; other priority capacity-building BONEPWA would like from PCI that we did not discuss today.
- PCI would like to finalize a subagreement with BONEPWA early in the new year.

BONEPWA & BONASO

To have real impact it will be important to link together BONASO's District NGO Coalition strategy and BONEPWA's Center of Excellence approach in a meaningful way, and to link these civil society initiatives with the government structures such as the DAC and DMSAC and initiatives such as DSS's vision for district-level NGO Children's Coalitions. PCI will continue to dialogue with the umbrella bodies and government to identify how strategies could come together and to provide capacity-building to these efforts. Initial focus will likely to be on Mahalapye-Palapye-Phikwe areas, through the BONASO Serowe-Palapye District NGO Coalition, and the BONEPWA Radisele Center of Excellence.

BONEPWA/PCI study trip to Swaziland

BONEPWA undertook a study tour in October 2008 to the organization Imbita in Swaziland to learn ways to strengthen socio-economic status of OVC and PLHA in their constituencies. Participants included BONEPWA Executive Director David Ngele, Programme Officer Dorcas Taukobong; Board Treasurer Onie Phuthe; Ms. Mokgothu, PLHA support group member Letlhakeng (associated with PCI partner Tsholofelo Trust), and PCI staff member Kenalamodisa Pati, Assistant Program Officer.

Imbita was established in Swaziland to address poverty, strengthen and improve livelihoods and related challenges that were facing women and children in the country. It

works through Self Help Groups of marginalized segments of the population who come together and are supported to access micro-finance to meet their day to day needs.

Specific objectives of the tour were to: learn about the approaches used to establish and operate Imbita Micro Financing for low income women and those who are HIV+; learn first-hand practical experiences in the day to day operations of the system; learn about the software used for the transactions made (deposits, withdrawals etc); exchange information on OVC projects with the Swaziland Network of People Living with HIV and AIDS.

The Botswana team's conclusion was that the inclusion of similar micro-finance activities in BONEPWA's program would enable it to realise the organisation's objective of "engaging in empowerment and enterprise development activities that will improve the quality of life for PLWHA." They also observed that this would be a good avenue for reducing government grant schemes which in most cases do not succeed because people do not have ownership and are less accountable. This move would also bridge the gap of inaccessible loans from most financial institutions such as CEDA and commercial banks. Furthermore, it will also help PLWHA to avoid borrowing money from unscrupulous moneylenders which target low income groups and charge high interest rates.

V. NGO PARTNER BENEFICIARY TARGET ACHIEVEMENTS

Orphans and Vulnerable Children (OVC): NGO partners made progress towards achievement of targets for the quarter. The program targeted 918 OVC with direct services in three months (October- December 2008). The actual number reported with direct services is 1402 (687 males and 715 females) with 1029 classified as primary direct and 373 as supplemental direct. Services provided include feeding, homework support, pre-school education, psychosocial support, vocational training and life skills. (Please refer to Attachment 1: Summary of NGO Partner Data 1 Q 09.xls)

The 53% increase in number of OVC reached against the target set, is explained by the effort that all the 12 NGOs have demonstrated to increase reach to OVC. Discussions of strategies that can reach more children during the program development process have also opened up ways for NGOs to reach more children than it has been in the past. This trend needs to be observed further and where necessary the program will re-set targets for OVC.

The program did not meet its targets for number of caregivers trained in caring for OVC (158 trained against 332 as target set). This is because most trainings are done under a workshop setting and these did not happen due to the later than expected signing of sub-agreements and therefore the late disbursement of funds to partners and the holiday season.

Summary of PEPFAR required OVC Indicators

Indicator		Actual	Planned for Quarter 1 (Oct – Dec 08)
Number of OVC served during the reporting period		1402	918
	Male	687	
	Female	715	
Total number of OVC receiving primary direct support (3 or more services) by OVC program		1029	
	Male	492	
	Female	537	
Total number of OVC receiving supplemental direct support (1 or 2 services) by OVC programs		373	
	Male	195	
	Female	178	
Total number of OVC receiving food and nutritional supplementation through OVC program		8	
	Male	2	
	Female	6	
Number of providers/care takers trained in caring for OVC		158	332
	Male	26	
	Female	132	

Palliative Care: During the reporting period, a total of 870 adult clients (275 males and 595 females) were reached against a target of 920 set for the period October to December 08. The 5% shortfall could be due to the fact that about three of the twelve NGOs did not report any services provided to adult palliative care patients. The three NGOs (BOCAIP Tumelong, House of Hope and Mothers Union) are inclined more to working with children than adults. PCI will continue to build skills and encourage all partners to try and reach out to families with integrated services.

As with OVC, the program did not meet targets set under training of care givers (161 caregivers trained against 312 target set), again due to late signing of agreements and late disbursement of funds, coupled with the holiday season.

Summary of PEPFAR required Palliative Care Indicators

Indicator		Actual	Planned for Quarter 1 (Oct – Dec 08)
Number of individuals provided with general HIV-related palliative care during the reporting period		870	920
	Adult Male	275	
	Adult Female	595	

Number of individuals trained to provide general HIV-related palliative care during the reporting period	161	312
	Male	36
	Female	125

ART access and adherence support: Progress has been made towards achieving targets for ART access and adherence support. A total of 774 clients (682 adults and 92 children) were reached against a target of 618. For adult clients the target for ART support was exceeded by about 55% (682 clients reached against 439 target) which trend needs to be studied and where necessary adjust the targets. However numbers for children on ART reached with services are still low (92 children reached with ART support against 179 target set). PCI is in dialogue with Baylor on training NGO staff and volunteers in pediatric HIV/AIDS including ART adherence skills for working with children and families, as well as on creating direct links between ART clinics and NGOs in districts both organizations are working in.

Summary Table for ART support services provided to adults and children

Indicator	Actual	Planned for Quarter 1 (Oct – Dec, 08)
Total number of individuals provided with ART access and adherence support (this is a subset of the total number of palliative care and OVC clients served) ²	774	618
	Adult Male	223
	Adult Female	459
	Children Male	46
	Children Female	46
Total number of individuals trained to provide treatment access and adherence support to adult palliative care clients	88	235
	Male	24
	Female	64
Total number of individuals trained to provide treatment access and adherence support to children	121	210
	Male	26
	Female	95

VI. IMPLEMENTATION CHALLENGES

NGO partner governance issues: During the quarter, PCI dedicated significant time to support three of the twelve NGO partners Silence Kills Support Group, Mothers Union and House of Hope to resolve issues with the boards. Governance issues continue to

² Adult clients provided with ART support are a subset of total number of clients who received palliative care services while Children clients provided with ART support are also a subset of total number of OVC served.

affect effective implementation of programs with some organizations, however PCI will continue working with the districts, BONASO and BONEPWA to find lasting solutions to these problems.

Implementation of planned activities against the budget: NGO partners have in the past not been relating their workplans and budgets, such that most of activities planned were not costed. This could have been due to limited resources but also limited program design skills. PCI program staff have worked with partners to align their workplan with the budget and will dedicate more time in the next quarter to closely monitor NGO progress on planned activities in relation to spending and provide TA as necessary.

Timely financial reporting: Despite the training and TA provided, partners have continued to submit their financial reports late. This affects implementation of planned activities and leads to unused funds at the end of the granting period.. PCI will continue providing TA but also put measures in place to ensure partners abide by the agreed dates of submission in their contracts. These issues will also be raised with the NGOs boards and executive committees during the planned trainings.

Access to MOH and DSS training packages: MOH has a new palliative care training curriculum, and DSS has a psychosocial support training curriculum. In order to strengthen NGO partners in these areas, PCI needs access to these curricula and needs to have a select number of PCI and NGO partner staff trained as TOTs to assist with roll-out. It has been very difficult to move this agenda forward with both ministries and to move to a concrete action plan, which is delaying PCI's ability to provide skills to partners in these areas according to GOB standards.

VII. PLANS FOR NEXT QUARTER

Program/technical

- Finalize and submit PCI Building Bridges Workplan to USAID and to other Stakeholders for feedback and strengthening.
- Analyze findings from the PCI staff TA visits and update the capacity profiles for each NGO.
- PCI and Baylor to develop and begin implementation of a pediatric ART adherence training program for NGOs. PCI staff to attend pediatric KITSO training.
- Translate findings from OVC consultancy into an action plan for PCI staff, NGO partners and other stakeholders to implement to continue strengthening reach and quality of OVC services. To include forming a reference group to identify tools and training needs. Hold meetings with AED to map out a technical assistance plan to the NPI sub partners (Otse and BORNUS)
- Follow-up with Tebelopele and MOH on rollout of rapid testing to partner NGOs.
- Follow up with Peace Corps Director on the availability of funds to support volunteer housing for placing PCVs at PCI NGO partner sites.

Organizational Development

- Conduct a Rapid Organizational Capacity Assessment (ROCA) with eight of the twelve remaining partners.
- Assist partners to develop selected program management tools (emphasis on HR and Financial Procedures).
- Conduct assessment of private sector fundraising opportunities for NGO partners.
- Develop a long term resource mobilization strategy
- Refresher training in Pastel Accounting and Payroll software for the Partners' finance staff, who attended the software training in August 2008;
- Pastel Accounting and Payroll software training for the new finance staff from BOCAIP Tumelong, House of Hope and Humana;

Key Stakeholders

- DSS: Support DSS with formation of district child care NGO Forum in Gaborone. Assist DSS with evaluation of ARK for Children for national scale out.
- MOH: strategize with DHPAC on roll-out of new Palliative Care training curriculum with PCI NGO partners. Follow-up with Dr. Jibril MOH Pediatrics regarding Expert Patient model findings and potential for roll-out through PCI NGOs. Follow-up with MOH & Tebelopele on rollout of rapid testing to partner NGOs.
- Districts: Schedule presentations to DMSACS; follow-up on action plan with Selebi-Phikwe DAC.
- BONASO: formalize partnership and develop timeline and next steps for implementation
- BONEPWA: assist to develop proposal and budget to form basis for subaward and TA plan between PCI and BONEPWA.





PCI NGO Partners Data by Program Area

<i>Palliative Care</i>				
<i>Name of Sub partner</i>	<i>Total adults</i>	<i>Male</i>	<i>Female</i>	<i>Activities</i>
<i>BAPR</i>	69	16	53	Counselling, support group care and referrals.
<i>BBM</i>	103	33	70	Counselling, feeding, support group care and referrals.
<i>BOCAIP Lesedi</i>	30	2	28	Counselling, support group care and referrals.
<i>BOCAIP Tumelong</i>	0	0	0	Counselling, HIV prevention and referrals.
<i>BORNUS</i>	103	28	75	HIV symptoms and pain management, feeding and counselling.
<i>HOLY CROSS</i>	83	34	49	HIV symptoms and pain management, feeding and counselling.
<i>HOUSE OF HOPE</i>	0	0	0	Counselling, HIV prevention and referrals.
<i>HUMANA CHILD AID</i>	14	3	11	Counselling and referrals.
<i>MOTHER'S UNION</i>	0	0	0	feeding, counselling, and referrals
<i>OTSE</i>	263	98	165	Feeding, counselling, HIV symptoms and pain management, activities of daily living and referrals
<i>SILENCE KILLS</i>	110	30	80	Feeding, counselling, HIV symptoms and pain management, activities of daily living and referrals



<i>TSHOLOFELO TRUST</i>	95	31	64	Counselling, material support, support group care and referrals.
TOTAL	870	275	595	

ART							
Name of sub partner	Total Children	Male	Female	Total adults	Male	Female	Activities
<i>BAPR</i>	0	0	0	66	16	50	Pill counting, referral for CD4 count, ART education, adherence counselling
<i>BBM</i>	15	11	4	87	26	61	Pill counting, referral for CD4 count, ART education, adherence counselling
<i>BOCAIP LESEDI</i>	5	0	5	21	2	19	Referral for CD4 count, ART education, adherence counselling
<i>BOCAIP TUMELONG</i>	8	4	4	0	0	0	Referral for CD4 count, ART education and adherence counselling
<i>BORNUS</i>	9	4	5	88	24	64	Pill counting, referral for CD4 count, ART education, adherence counselling
<i>HOLY CROSS</i>	8	7	1	67	30	37	Pill counting, referral for CD4 count, ART education, adherence counselling
<i>HOUSE OF HOPE</i>	31	13	18	0	0	0	Referral for CD4 count, ART education and adherence counselling
<i>HUMANA CHILD AID</i>	1	1	0	13	3	10	Referral for CD4 count, ART education and adherence counselling
<i>MOTHER'S UNION</i>	0	0	0	0	0	0	Referral for CD4 count, ART education, and adherence counselling
<i>OTSE</i>	9	4	5	194	73	121	Pill counting, referral for CD4 count, ART education, adherence counselling



<i>SILENCE KILLS</i>	1	0	1	83	24	59	Pill counting, referral for CD4 count, ART education, adherence counselling
<i>TSHOLOFELO TRUST</i>	5	2	3	63	25	38	Pill counting, referral for CD4 count, ART education, adherence counselling
TOTAL	92	46	46	682	223	459	

<i>Name of sub-partner</i>	OVC			<i>Activities</i>
	<i>Total</i>	<i>Male</i>	<i>Female</i>	
<i>BAPR</i>	118	51	67	feeding, counselling, homework assistance, play therapy and referrals.
<i>BBM</i>	61	39	22	Feeding, material support, counselling lifeskills and referrals
<i>BOCAIP LESEDI</i>	65	27	38	Feeding,counselling, homework assistance, lifeskills and referrals
<i>BOCAIP TUMELONG</i>	138	64	74	Lifeskills, feeding,counselling, social services registration, preschool education and referrals.
<i>BORNUS</i>	102	41	61	Feeding,material support,counselling, homework assistance, lifeskills and referrals
<i>HOLY CROSS</i>	102	61	41	Feeding,counselling, homework assistance, education and vocational training,material support, lifeskills and referrals
<i>HOUSE OF HOPE</i>	89	39	50	Feeding,counselling,pre-school education and referrals.
<i>HUMANA CHILD AID</i>	299	157	142	counselling,education and vocational training,homevisits and referrals.
<i>MOTHER'S UNION</i>	219	100	119	Feeding,counselling,education and vocational training,lifeskills and material support and referrals.



<i>OTSE</i>	101	49	52	feeding, birth-registration assistance,counselling, education and vocational training,vocational training for caregivers and referrals.
<i>SILENCE KILLS</i>	43	22	21	Feeding,homevisits,counselling, education and vocational training,social service registration and referrals.
<i>TSHOLOFELO TRUST</i>	65	37	28	counselling, nutritional assessment, garden projects and referrals.
TOTAL	1402	687	715	

<i>CUMULATIVE TOTAL</i>	<i>774</i>
Male	269
Female	505

Note:

1.Children who receivedART services also received other services under OVC and are thus a subset of total number of OVC served.

2. For Direct and indirect services, PCI follows the PEPFAR definition:

Direct OVC support: direct recipients of support are OVCs whose status is regularly monitored across the six core service areas and whose needs are addressed accordingly through PEPFAR and partner interventions.

Indirect OVC Support: indirect recipients of support are OVC who are NOT individually monitored but who collectively benefit in some way from system strengthening or other interventions e.g policy change



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