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Project Concern International

QUARTERLY PROGRESS REPORT

1 January – 31 March 2009

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By:

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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 PEFPAR 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 continues to strengthen 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 will 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. The Palliative Care Officer assumed duty on February 01, 2009 and the M&E Data Assistant Manager position was filled. PCI still has two positions vacant: the position of Finance & Administration Manager and M&E Officer. Adverts have been run in the newspapers but suitable and affordable candidates have not been found yet. In addition to adverts, PCI



will use word of mouth through its local networks to find suitable candidates for those positions. The following table lists the current PCIB staff by position held, name of individual, qualifications and start date.

Table 1: 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	Tumalano Sekoto, BA, RN/MW, FNP	01 Feb 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
Assistant Data Manager	Boipelo Molomo, BA	To start 1 April, 2009
Receptionist/Office Assistant	Tshepang Mothei	1 Feb 2008
Administrative Assistant/Driver	Sylvia Tshoswane	1 Feb 2008
Driver	Bofelo Moilatshimo	1 Feb 2008

PCI Human Resource Management Systems and Procedures

PCI has during the second quarter of the financial year dedicated significant time to finalizing the employees' terms and conditions of service handbook as well as developing a staff Performance Management System (PMS). Finalizing the handbook required several consultations that include reconciling Government of Botswana Labor laws and PCI HQ standards of employment, PCI national and international staff reviews, and input and consultations with peer organizations and Human Resource experts in-country. The PMS system has been finalized, staff oriented to it and supervisors trained on how to



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manage the system. PCI will begin implementing the PMS in the next quarter, and will further refine as needed based on this initial experience. PCI will then make the system available to local partners, and will assist them to adapt for their own use as part of strengthening their human resource management capacity.

III. HUMAN RESOURCE DEVELOPMENT:

During the reporting period, PCI has dedicated resources to strengthen staff capacity in technical and financial areas to in turn better assist the NGO partners.

In February, 2009, all program officers attended a five days Pediatric Kitso training at Baylor Centre for Excellence in preparation for the development and delivery of Pediatric ART and Adherence training.

The Accountant (internal) and the Administration Officer attended a US rules and regulations training held in Nairobi, Kenya in February 2009. The training was to empower staff with skills on how to manage funds received from USAID and other federal agencies and ensure that PCI staff and partners follow the set guidelines on a day-to-day basis.

The PCI M&E Assistant attended a two week intensive training on monitoring and evaluation of HIV/AIDS programs in Pretoria, South Africa in February 2009. The workshop was conducted by MEASURE Evaluation in partnership with the University of Pretoria. The goal of the training was to strengthen the participants' capacity to apply state of the art tools and techniques in monitoring and evaluation of HIV/AIDS programs. The M&E Assistant used these skills to further refine a comprehensive monitoring and evaluation plan for the Building Bridges program.

In March 2009, the PCI OVC Officer and the Assistant M&E Officer attended a MEASURE Evaluation/USAID training on Child Status Index (CSI) in Rwanda. CSI is a tool that has been used widely in Africa to measure the impact of OVC interventions. PCI will brief DSS and interested stakeholders and work together to incorporate it in the national M&E framework. Once PCI fills its vacant M&E Officer position, we will be able to move forward with identifying how to incorporate CSI and QI into our OVC program.

In March 2009, the Country Director, Regional Finance and Administration Director and the accounting team attended an internal PCI regional meeting in Lusaka, Zambia. The meeting was about sharing lessons in programming, visioning and laying strategies for the future as well as disseminate the revised PCI sub grant management tools. The accountants were trained on PCI's internal accounts payable module, a tool that helps in the maintenance and control of suppliers payments and financial reporting including budgets, grants and Field Office Financial Report (FOFR). The meeting/training was attended by other PCI staff from different offices including the CEO and four Vice Presidents from PCI's International office in San Diego.



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A staff assessment conducted in September 2008 identified lack of computer skills as a key area of improvement for PCI Botswana staff. During the quarter, PCI staff received training in outlook software package to help them manage their e-mails, contacts, tasks and set calendars for improved management of their day-to-day work. More trainings are scheduled in Microsoft Office applications during the remainder of the fiscal year.

IV. PROGRAM PROGRESS

In this reporting period, 01 January to 31 March 2009, progress has been made towards putting mechanisms in place to manage and implement the new three year USAID grant, through development of a detailed and comprehensive work plan, capacity building for NGO partners to ensure delivery of quality services and strengthening collaboration with key government departments and umbrella organizations.

PCI Building Bridges Program Management

PCI Building Bridges work plan development: Building on the process started in quarter one, PCI continued to hold internal discussions to refine the work plan and submitted the first draft to USAID on February 28, 2009 for review and comments. However, the first draft workplan did not contain key stakeholders' activities because discussions of how PCI would collaborate mainly with BONASO, BONEPWA+, MOH and MLG (DSS, PHC) were still on-going. In March 2009, PCI dedicated significant time to meeting with individual stakeholders to identify and agree on areas of collaboration, develop activities and timelines. The work plan will be complete with key stakeholders input and presented in a stakeholders meeting scheduled for 29 April 2009.

Capacity building for NGO partners

Through collaboration between Baylor, MOH MASA Pediatrics, PCI, and with input from PCI-supported NGOs, a curriculum for pediatric ART support was developed. To develop their skills to contribute to pediatric ART adherence support, all PCI program staff was first trained in Pediatric KITSO in Feb 09. This was followed by curriculum development, and a pilot training of staff from six of the twelve PCI supported NGOs. This first training also included representatives from Light & Courage, Hope World Wide and Stepping Stones. PCI expects to collaborate with the Baylor Teens Club to develop specific adolescent focused ART support interventions. The second group of NGO staff will be trained in April 2009. For this training, PCI is inviting Nurses and Social Workers from PCI supported districts to strengthen collaboration between CSOs and local health facilities. From the two groups, individuals will be identified and trained as Trainers of Trainers. These, together with MOH MASA pediatrics, Baylor, and PCI will form a reference group to develop a curriculum for volunteers and other frontline workers at the community level. This process will continue in the next two quarters. A plan for post-training technical assistance is being developed, alongside a plan for strengthening referral and case-management partnerships among the trained NGOs and the health facilities in selected districts (prioritizing districts where Baylor has been training clinic staff in pediatric HIV).



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Technical assistance visits to NGO partners:

In March 2009, PCI staff visited each of the 12 NGO to monitor progress on implementation. Progress is being made by NGOs partners to catch up on implementation, given that most of them lost time during the first quarter due to delays in finalizing sub-awards and therefore the release of funds. Targets are being met mainly through intensified home visits to complement centre-based activities. However, NGOs are still struggling with implementation of “new” strategies, for example community mobilization, ART adherence strategies, and working with PLHA support groups. PCI appreciates these shortfalls and has during the last quarter started to implement the technical capacity building plan that involves training in pediatric adherence support and planning for the community mobilization training. PCI staffs have also used the findings from the TA visits to develop individual NGO capacity building plans which also highlight more creative ways of addressing technical and organizational challenges identified with each NGO.

Resource mobilization assessment

PCI engaged a consultant to conduct a rapid assessment of resource mobilization opportunities for PCI partners in Botswana. The assessment was conducted between December 2008 and March 2009. Interviews were held with a sample of private sector companies, PCI partners, development partners and independent foundations. A total of 36 corporate entities participated in the assessment. The assessment identified a number of success factors and challenges in resource mobilization in Botswana.

Critical success factors required of the civil society organizations to mobilize resources were identified as: existence of good governance and leadership; strategic thinking, effective use of technology; and availability of internal management systems such as administrative and financial management procedures. Common challenges were identified as: lack of coordination among current and potential funders; lack of a central information source for CSOs to learn about available and potential funding sources; lack of clear criteria and processes to access such funding. PCI will use the findings of the assessment to develop a long –term resource mobilization strategy for PCI partners. Development of the strategy will begin during quarter three.

Rapid Organizational Capacity Assessment (ROCA)

The ROCA tool that was developed and tested in the last FY with four of the twelve NGO partners has been adapted and revised using other available Organizational Capacity Assessment Tools (OCAT), notably, the Care Initiative and AED OCAT tools, and is now more comprehensive. It will be administered to all NGOs in quarter four. The findings of ROCA will form a basis for the organizational capacity building plan of PCI NGO partners and will be used as a tool to be used periodically to qualitatively assess growth of the NGOs throughout the granting period.



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Finance training

PCI held a second round of training in PASTEL accounting software for the finance officers of the twelve NGO partner organizations in February 2009. Three officers received training for the first time and the rest reinforced their understanding of the Pastel system. The training focused specifically on the accounts payable and payroll management modules of the software. All twelve finance officers were trained. The evaluations were very positive. Participants were tested on their knowledge and all but one participant passed the test. That participant will receive individual technical support.

Preparation for OVC basics and community mobilization training using Journey of Life (JOL) tool: Following interaction with partners during the proposal review process and technical assistance visits, one of the gaps identified is basics of OVC programming among NGOs. Additionally it is apparent that communities are not adequately involved in identifying and finding solutions to issues affecting children in their communities. Working with DSS, Marang and Hope World Wide, PCI has drafted a training outline that will provide basic knowledge and skills on OVC programming for the NGO partners as well as build skills in community mobilization for children. The first pilot training will be held in April 2009 in Phikwe district. Participants will include six of the PCI supported NGOs, S&CD, DHT and DAC representatives from Phikwe and Mahalapye districts and two non-PCI supported NGOs in Phikwe to be identified by the DAC office. Facilitators will be derived from DSS, Marang, HWW and PCI. Lessons learned from this training will be used to improve on the content outline and further develop a training package that will facilitate learning and skills building of NGOs working with children.

New Partners Initiative supported NGOs (BORNUS and OTSE)

With PCI assistance, two of the PCI supported partners, BORNUS and Otse Home Based Care, applied for and succeeded in being awarded direct funding by PEPFAR through the New Partners Initiative (NPI). PCI will closeout the sub awards to each group once they have received funds from NPI. These funds quadruple their current budgets and allow them to expand their delivery of services to new geographic areas. The Academy for Educational Development (AED) is tasked to provide TA to NPI sub awardees in Botswana. Several meetings were held with BORNUS, OTSE and AED to work on the transition of technical assistance. It was agreed that PCI will continue to provide technical support in Palliative Care, OVC and ART Adherence programming, while AED will focus on organizational development and general sub-award management. The partners will meet in April to review the OCAT assessment completed under NPI and finalize a technical assistance strategy to the partners. The next step is to agree on what data PCI will report on to USAID on the joint technical venture. The unused sub-award funds will be channelled to provide a broader program of support to BONASO and BONEPWA, as requested by MOH, as well as to potentially bringing on another NGO partner. With PCI support, Otse and BORNUS were reaching large numbers of OVC and Palliative Care clients; their transition to NPI will significantly impact PCI targets in the current fiscal year.



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PCI's work with key government stakeholders

In March PCI's President & Chief Executive Officer, accompanied by the VP Program Operations and VP Marketing & Development, visited Botswana, and along with PCI Botswana senior staff met with the Assistant Minister of MLG, Honorable Ambrose Masalila (now the Honorable Minister), to discuss PCI's work in the country. The Minister appreciated PCI support to partners and urged PCI to empower NGOs with skills that will enable them to engage communities to identify problems affecting them and be able to come up with solutions that will have lasting change in their lives. In attendance were the Directors of DSS, PHC and the Senior Social Welfare Officer from DSS. A meeting was also held with the VP Program Operations, the PCI Country Director, and the MOH Director of HIV/AIDS Prevention & Care, during with the MOH Director emphasized the critical importance of PCI strengthening the capacity of BONASO and BONEPWA to contribute to capacity building of civil society in Botswana. A reception organized by PCI was graced by the presence of the US Ambassador to Botswana, the Assistant Minister Ministry of Local Government, the Permanent Secretary Ministry of Health, the Directors of USAID and BOTUSA; Directors of NACA, ACHAP, BONASO, BONEPWA, BOCAIP, PCI supported NGO staff and other stakeholders. The meetings and reception raised the profile of PCI in the country and will create more opportunities for networking and collaboration.

Technical assistance to DSS to establish District Child Care Forums for Gaborone district: The child care forums are a response to an assessment that was conducted by DSS and identified the following needs: inadequate networking amongst NGOs working with children, inadequate information sharing which resulted in duplication of efforts; lack of community needs driven interventions and strained relationships between NGOs and Government service provision departments. Establishment of District child care forums is regarded as one strategy that will facilitate coordination, networking, and leverage on capacity building and quality improvement standards. District Child care forums are composed of NGOs working with children and Government departments of S&CD, Public Health and DAC. Two forums were established in March 09 and the PCI OVC Program Officer played a key role in preparation and facilitating these workshops. This process will continue in the rest of the districts. PCI will invest more time and resources in districts where PCI NGO partners operate in the current financial year.

Meetings with DSS to discuss PCI support and translate into workplan

PCI held two meetings with DSS to discuss possible areas of collaboration to be reflected in the PCI work plan. The first meeting was in February, where officers from the two organizations agreed on areas of collaboration, which include: establishment of district NGO child care committees, PSS training roll out, strengthening OVC M&E systems and developing methods for monitoring OVC program quality based on the national OVC guidelines; support DSS to develop and pilot community mobilization for children strategy; assist DSS to develop the care of carers strategy and provide TA to develop standards, guidelines and training materials. In the second meeting, the draft work plan was reviewed and finalized. This will be presented in the PCI stakeholders meeting scheduled for 29 April 2009 and signed off as the guiding document for the partnership.



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Meetings with MOH DHAPC to discuss PCI support and translate into workplan

PCI and MOH DHAPC held two meetings to consolidate and finalize plans of collaboration. The final agreement is that PCI will: assist MOH with rollout of MOH Palliative care training package; work with MOH to rollout the Comprehensive HIV/AIDS manual for CHBC volunteers; work with MOH MASA pediatrics to develop and implement a pilot training of the Pediatric/ Family ART Adherence support program for CSOs; and support two MOH officers to go for training in Palliative care in Uganda for 3 weeks in October 2009. The work plan will be presented at the Stakeholders meeting to be held on 29 April 2009.

Meetings with MLG PHC to discuss PCI support and translate into workplan

PCI and MLG PHC staff met to discuss areas of collaboration to be included in the PCI work plan. Given the mandate of PHC, most of the activities will be supported through the districts. Suggestions include: introduce PCI to remaining districts (3 of 7); work with the district departments of S&CD and DHT to strengthen service integration and referral partnerships among CSOs and Government in pilot site- Phikwe; work with district M&E team to ensure that CSO data collection feeds into district data needs; support the operationalisation of the Family Care Model by CSOs in partnership with S&CD and DHT; review District HIV/AIDS plans for opportunities for PCI assistance and collaboration; provide technical assistance to efforts by both DSS & BONASO to establish District NGO Forums/Coalitions and link with DAC/DMSACS; development and implementation of community mobilization strategy for children in support of MLG goals of increasing community initiative and engagement in HIV/AIDS and OVC support.

PCI's work with umbrella organizations

BONASO

Building on discussions held between BONASO and PCI during the last FY on possible areas of collaboration, BONASO submitted a revised Capacity Building Plan to PCI in March 2009. This was followed by a meeting to discuss the plan. Agreement was reached on two key areas of support during the current fiscal year. 1) Strengthening the institutional capacity of BONASO and 2) improve NGO coordination at the district level to strengthen OVC and palliative care interventions.

Specific activities will seek to strengthen the capacity of BONASO secretariat to effectively manage and coordinate membership activities; training BONASO member organizations in governance, financial management and grant management and develop a database for OVC and palliative care service organizations. To strengthen capacity of the District NGO forum (MASEBOBO), a district – based BONASO structure whose core function is to coordinate the activities of local civil society organizations, PCI will work with BONASO to conduct needs assessment for MASEBOBO and come up with a capacity building plan. BONASO is finalizing the work plan to include costing and timeframe. Implementation of the activities will commence during the quarter three and will continue through FY 2010.



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BONEPWA+

Building on discussions held between BONEPWA+ and PCI during the last FY on possible areas of collaboration, PCI met with BONEPWA+ on 10 February 2009. BONEPWA+ explained that they were in the midst of an intensive organizational development consultancy sponsored by UNDP and NACA through May 2009, and is therefore not able to commit time to developing a plan with PCI or to receive sub grant assistance from PCI at present. PCI has been in regular communication with BONEPWA+ as they move through the assessment, and expects to be able to develop a partnership strategy with them once they finish the intensive stage of the organizational development consultancy. A meeting is scheduled in early April to continue the dialogue on how PCI may be able to assist BONEPWA+.

Delivery of integrated services through partnership with 12 NGOs

During the design of the follow-on two year program, all the 12 NGO partners were encouraged and assisted to design more sustainable interventions that will increase reach to more beneficiaries at low cost. Because centre-based activities are often more costly and reach fewer beneficiaries, most NGOs have during the first half of the FY concentrated on re-organizing their staff to work more with families and communities. This involved identifying community based volunteers for those that did not have, identifying and creating relationships with existing community groups such as church groups, community leaders, Village Development Committees (VDC), schools, PLWHA support groups etc. This process will continue throughout the year and will be followed by capacity building for service provision and data collection.

i) Orphans and Vulnerable Children

Progress has been made towards achievement of targets as detailed in this quarterly report. The program targeted 930 OVC with direct services for quarter two (January-March 2009). The number of OVC reported reached at the close of the quarter with direct services was 1950 (948 males and 1002 females) with 1523 OVC classified as primary direct and 427 as supplemental direct beneficiaries. Services have included psychosocial support, education support, health care, food and nutrition support, and economic opportunity strengthening.

All 12 NGO partners are trying to strengthen their family/community based approach through home visits and other community based activities. After school activities, kids clubs and day care for pre-scholars have continued at six NGOs, most of whom were originally OVC-only service providers. The family/community based approach has increased reach to beneficiaries doubling the OVC target set for quarter two. However, quality of services provided by NGOs is still a challenge for PCI to measure. With the training that PCI staff received in CSI, PCI has agreed to work with DSS to develop ways to monitor service. The summary table of the OVC required PEPFAR indicators compared to numbers reached is below.



Table 2: Summary of PEPFAR required OVC Indicators

Indicator	Actual	Planned for the quarter (Jan 09 – March 09)
Number of OVC served during the reporting period	1950	930
	Male	948
	Female	1002
Total number of OVC receiving primary direct support (3 or more services) by OVC program	1523	
	Male	735
	Female	788
Total number of OVC receiving supplemental direct support (1 or 2 services) by OVC programs	427	
	Male	213
	Female	214
Total number of OVC receiving food and nutritional supplementation through OVC program	1	Not set target.
	Male	0
	Female	1
Number of providers/care takers trained in caring for OVC	293	281
	Male	60
	Female	233

Compared to quarter one where only 158 OVC caretakers were trained against a target of 281, there has been progress on reaching the target for care takers trained in caring for OVC in quarter two. 293 caretakers for OVC have been trained against 281 target set for the quarter. Due to delay in release of funds during the first quarter, majority of trainings were carried forward to the remaining quarters. It is hoped that there will be increased numbers of people trained in the third and fourth quarter to meet the target set for one year (October 2008- September 2009).

There has been progress made in reporting period (January – March 09) on how PCI can work with DSS to train NGO staff using the new PSS curriculum and the training will be conducted in the next quarter. This will translate into improved quality services delivery as well as appropriate skills transfer from NGOs to OVC caregivers among others. Similarly, the PCI/DSS joint venture to train NGOs in community mobilization skills for children, scheduled in the next quarter (April-June 09), using the JOL tool will increase the OVC care givers numbers since they will be part and parcel of the trainings in the community.



ii) Palliative care

Progress has also been made towards achieving the targets for palliative care services. A total of 1034 clients (297 males and 737 females) have been reached against a target of 920 set for the period January to March 2009. The 12% increase in number served is an effort to catch up on number of clients not reached in the first quarter (870 served against 920 target set). Two of the NGOs, Mothers Union and House of Hope have not reported any services provided to adult palliative care services despite setting targets and one (BOCAIP Tumelong) had relatively fewer numbers served compared to target set. PCI with support from MOH will conduct training of all 12 NGOs in palliative care services using the new curriculum in the second half of the current financial year.

Below is the summary table of the palliative care required PEPFAR indicators against numbers reached.

Table 3: Summary of PEPFAR required Palliative Care Indicators

Indicator		Actual	Planned for the quarter (Jan – March 09)
Number of individuals provided with general HIV-related palliative care during the reporting period		1034	920
	Male	297	
	Female	737	
Number of individuals trained to provide general HIV related palliative care during the reporting period		115	312
	Male	19	
	Female	96	

Similar to quarter one, numbers of caregivers trained for palliative care services remained low in this reporting period with only 115 individuals trained to provide general palliative care against 312 target set for the quarter. Three of the NGOs (Mothers Union, House of Hope and BOCAIP Tumelong) have not reported on this indicator for both quarter one and two and yet they set targets. Using the draft new curriculum being developed by MOH for training volunteers, PCI will identify appropriate topics and initiate trainings for caregivers in the following two quarters to meet the target set. Additionally, PCI staff will use the OVC community workshops which involve caregivers to integrate palliative care issues with emphasis on caring for children living with HIV/AIDS.

iii) ART access and adherence support

Progress has been made towards achieving targets for ART access and adherence support especially for adults with 647 clients served against 449 target set for the quarter. There has been improvement in numbers of children reached with ART adherence support during the second quarter compared to numbers reached during the first quarter (134 and 92 respectively). PCI appreciates that this is a new area for many NGOs and requires



specialized skills. PCI in collaboration with Baylor has developed a curriculum for training NGO staff in pediatric ART adherence support. The first training of six NGO partners was done in March 2009 and the objective is to train all NGO staff including volunteers based on their roles in the community. The numbers of children identified is expected to increase as the partnership is strengthened between health centers and CSOs for referral and collaborative case management of children/adolescents with HIV.

Similar to training of caregivers under palliative care services, numbers of individuals trained to provide treatment access and adherence support to both adults and children are low. Lack of training materials for these groups of people have been a hindrance and the situation should improve in the next reporting period with the partnership between PCI, MOH, District Health teams and Baylor Centre of Excellence. The summary table for ART access and adherence support services provided to adults and children is below.

Table 4: Summary Table for ART access and adherence support services provided to adults and children (Subsets of Palliative Care and OVC indicators).

Indicator	Actual	Planned for the quarter (Jan– March 09)
Total number of adults provided with ART access and adherence support (this is a subset of the total number of palliative care clients served)	647	234
Male	238	
Female	409	
Total number of children provided with ART access and adherence support (this is a subset of the total number of OVC clients served)	134	179
Male	71	
Female	63	
Total number of individuals trained to provide treatment access and adherence support to adult palliative care clients	110	235
Male	19	
Female	91	
Total number of individuals trained to provide treatment access and adherence support to children	100	210
Male	48	
Female	52	

V. IMPLEMENTATION CHALLENGES

NGO partners take a long time to appreciate new program concepts and translate them into activities. Intensive skills building is needed to help partners understand new approaches sufficiently to incorporate them properly into project plans and budgets, and implement them.



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Coordination with key stakeholders in reaching agreement on areas of collaboration (MOH, MLG, BONASO, and BONEPWA) has been a long process.

Staffing- The M&E Officer and the Finance & Administration Manager positions are vacant. The best candidates identified are working with agencies that pay much higher than PCI can afford to; we are therefore looking at a second tier of candidates that are not as highly qualified but more in keeping with PCI's salary structures.

VI. PLANS FOR NEXT QUARTER

Program/technical

- In collaboration with Baylor, conduct second training in pediatric ART adherence support for the remaining six partners and District Health Teams as identified by MLG- PHC in consultation with MOH.
- Work with Baylor to come up with follow up plan of trained NGO staff to ensure application of knowledge and skills in the field.
- Work with Baylor to identify and train TOT from NGO staff and together develop curriculum and plan of how to cascade pediatric ART adherence support training to volunteers.
- Work with DSS to orient NGO partners to OVC basics and conduct training in community mobilization skills for children as recommended by the OVC consultancy.
- Form an OVC reference group to come up with a follow up mechanism to ensure application of knowledge and skills in community mobilization for children.
- OVC reference group to compile information from the OVC basics and community mobilization training and come up with appropriate content outline for training NGOs in OVC basics and community mobilization.
- Identify opportunities for linkages between community mobilization for children workshops and age appropriate pediatric ART adherence support to ensure a holistic approach to OVC needs.
- Hold meetings with AED to map out a technical assistance plan to the NPI sub partners (Otse and BORNUS)

Organizational Development

- Assist partners to develop selected program management tools (emphasis on HR and Financial Procedures).
- Conduct trainings for members of the board for the 12 NGOs.

Key Stakeholders

- Conduct stakeholders' meeting (MOH, MLG DSS, MLG PHC, BONASO, BONEPWA+) to present workplan, reach agreements and start implementing according to workplan.
- Districts: Schedule presentations to DMSACS; follow-up on action plan with Selebi-Phikwe DAC