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Quarterly Report

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Organization Name: Project Concern International (PCI)

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Geographic Location(s) of project: BOTSWANA

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I. PROGRAM OVERVIEW

In October 2008, Project Concern International (PCI) was awarded from USAID a three-year 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 is continuing to strengthen the role played by civil society organizations (CSOs) in the delivery of comprehensive care and support services for HIV-affected families and vulnerable youth.

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 CSO delivery of integrated HIV/AIDS services;
5. Improved documentation and sharing of promising practices and lessons learned in CSO delivery of integrated HIV/AIDS services.

To achieve these objectives PCI provides sub grants and technical assistance to 11 NGO partners (listed in Table 1), and funding support (through an MOU) and technical assistance to two umbrella organizations, BONASO and BONEPWA+. PCI continues to provide technical assistance to Botswana Retired Nurses Society (BORNUS) and Otse Community Home Based Care Trust although they are now funded through the New Partners Initiative (NPI).

PCI also collaborates with and provides technical assistance to government counterparts at NACA, MOH-Department of HIV Prevention Care and Support (DHAPC) and MLG – Department of Social Services (DSS) and Primary Health Care (PHC) at national and district level. The following table reflects current PCI Botswana NGO subgrant partners and their districts.



Table 1: PCI Botswana NGO Partners and District of location

Partner	District
Bakgatla Bolokang Matshelo(BBM)	Kgatleng District Council
BOCAIP Lesedi	Southern District Council
BOCAIP Tumelong	Kweneng District Council
Botswana Association for Positive Living (BAPL)	Gaborone City Council
Botswana Association for Psychosocial Rehabilitation (BAPR)	Lobatse Town Council
Holy Cross Hospice	Gaborone City Council
House of Hope	Palapye District
Humana Child Aid	Selibe Phikwe Town Council
Mothers Union	Mahalapye Sub-District Council
Silence Kills	Selibe Phikwe Town Council
Tsholofelo Trust	Letlhakeng Sub-District Council

II. HUMAN RESOURCE DEVELOPMENT

During the quarter, the PCI staff complement has remained the same with 19 staff. However, there have been changes in responsibilities and titles for Davies Mpofo who was formerly the Building Bridges Organizational Development Officer and is now Program Manager for the DoD-DHAPP HIV prevention program with the Botswana Defence Force that PCI was awarded in January 2010. Reggie Moatshe, formerly M&E Officer was promoted to M&E Manager because of his expanded role to manage the M&E components of both the Building Bridges Program and DoD-DHAPP program. Watipa Gogane was promoted from M&E Assistant to Officer, and will be supported by a newly created Information Systems Assistant. Kenalemodisa Tiroeng who has been Associate Program Officer was promoted to Program Officer. The table below lists current PCI staff by position held, name of individual, qualifications and start date.

Table 2: PCI Botswana Staff

Position	Employee	Start Date with PCI
Country Director	Karen Romano, MPH	17 Jan 2008
Finance & Administration Director	Arun Sharma, CPA	23 Feb 2008
Programs Director	Dorothy Tlagae, BSW,	15 July 2009



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	MADVS	
Program Manager – Building Bridges Finance & Administration Manager	Olive D’Mello, MSc PH Aucillia Letshwiti, ACCA	11 Feb 2008 06 July 2009
Program Manager- HIV Prevention with the Military (formerly Building Bridges Organizational Development Officer)	Davies Mpofo, MSW, MBA	01 Dec 2008
Program Officer -OVC	David Kanje, MA	10 Mar 2008
Program Officer- Palliative Care	Tumalano Sekoto, BA, RN/MW, FNP	1 Feb 2009
M&E Manager (formerly M&E Officer)	Reggie Moatshe, MSc Computer Science	3 Aug 2009
M&E Officer (formerly Assistant M&E Officer)	Watipa Gaogane, BA (Social Sciences)	1 Mar 2008
Program Officer (formerly Associate Program Officer)	Kenalemodisa Tiroeng BSc (formerly Kenalemodisa Pati)	1 Feb 2008
Accountant	Lethabile Modikwa, BA, CIMA stage 2	1 Feb 2008
Accountant	Kgololo Lephole, Part qualified ACCA, Part 3 ACCA	11 Aug 2008
Administration Officer	Refiloe Aphiri, MBA pending	1 July 2008
Assistant Administrative Officer	Tshepang Mothei	1 Feb 2008
Data Entry Clerk	Thatayaone Monyere (temporary)	1 Oct 2009
Receptionist	Batsile Nkgwathisang	1 April 2009
Driver	Sylvia Tshoswane	1 Feb 2008
Driver	Bofelo Moilatshimo	1 Feb 2008
Cleaner	Banyana Seforo	1 June 2009

Human Resource Management Systems

It is PCI’s vision to develop a strong team of Batswana staff who will carry forward the work of the organization into the future. Towards this end, during the quarter PCI dedicated significant time to fully implementing a Performance Management System (PMS) developed last year. This included conducting appraisals for all staff who reached their anniversary dates, developing individual workplans and setting performance objectives for the coming year. The system will help enable staff to achieve their job performance goals as well as their personal growth and development goals. In the coming



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quarter the PMS will be adapted for use by partner NGOs who do not have their own systems in place.

Staff Development

- Routine Data Quality Assessment (RDQA)

PCI M&E staff benefited from training conducted for USAID partners on routine data quality assessment. The intention was to capacitate organizations to carry out RDQA on their partners. RDQA is designed to assess the quality of data and underlying systems related to indicators that are reported to programs or donors. PCI will use the skills gained to conduct data audits for its partners in quarter 4.

- Training in Documentation of best practices

Training was conducted by the Department of Social Services (DSS) with the aim to create a pool of individuals with skills to document and communicate best practises in the areas of HIV prevention, care treatment and support for OVC. The learning objectives of the training included:

- Understanding the basic elements of documentation e.g. data collection, reports and record keeping;
- Outlining processes for developing a documentation and communication plan;
- Understanding what best practises are, and the criteria for evaluating best practises in prevention, care and support.

The training was attended by the PCI M&E Officer and the Program Coordinator for PCI's partner Humana Child Aid. Other participants were mainly from OVC implementing organisations. Skills acquired will be used to improve quality of PCI reports especially documenting success stories. In the third year of Building Bridges PCI intends to help partners better document their work and strengthen their skills in this area.

III. KEY ACTIVITIES AND PROGRESS ACHIEVED

a) Delivery of integrated care and support services through partnership with 10 NGOs

PCI continues to assist 10 NGO partners to continue to provide care and support services to children and adults in an integrated manner using a family care approach. Other complementary approaches being implemented by the partners include pre-school education, after school support, kids clubs, outreach programs that include sports and drama, PLHIV support group formation and strengthening, and community mobilization using the Journey of Life (JOL) tool. Services provided vary according to needs identified but range from psychosocial support, child protection, food and nutrition support, homework support, ART adherence support, life skills building for HIV prevention, prevention with positives, economic strengthening support and referrals



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among others. All these services contribute to achievements of targets for the PEPFAR indicators as stated in Tables 3 & 4.

During the reporting period (January - March 2010) PCI had a target to reach 2720 adults and children with a minimum of one care service and managed to reach 4281 (2682 children and 1599 adults). This data is from nine of the ten PCI supported partners (Silence Kills had not submitted data by the time this report was compiled). Overall, partners are meeting their targets, though there is still room for improvement. PCI believes that the partners could be leaving many clients unaccounted for because of using a narrow definition of who can be counted (eg, someone with HIV, an orphan/vulnerable child), yet they provide care services to all family members who are affected by the HIV situation of another family member. Training in the new indicators has been conducted with NGO management staff and is beginning to cascade to the lower cadres who do the actual family assessments and service provision. PCI will continue to support training of volunteers and field workers as planned by the respective NGOs as well as coaching and mentoring during TA visits.

A total of 1638 HIV-positive clients (182 <15 and 1456 15+) have been reached with a minimum of one clinical service compared to a target of 1067 set for the period January to March 2010. As with the indicator above, this figure is missing data from one NGO partner, Silence Kills. Some NGO partners still have challenges identifying and providing appropriate services to HIV-positive children. It is expected that this will improve with continuous coaching and mentoring as well as through strengthened referral linkages between IDCCs and other HIV/AIDS care and support service delivery points. PCI has also had discussions with Baylor to strengthen teen clubs with three of PCI's NGO partners -- BOCAIP Tumelong, Mothers Union and Holy Cross Hospice -- and will form new ones through NGOs that have expressed the need and interest, including BBM, BAPR, BOCAIP Lesedi and Humana Child Aid.

The program reached a total of 2114 clients (1570 children and 544 adults) with food and nutrition services for the reporting period (January to March 2010). NGO partners provide food mostly to children through pre-school after-school activities such as kids' club sessions. Adults who receive food are those that are quite sickly and attend day care services at the NGO centre. Otherwise PLHIV are encouraged to form support groups and start projects that generate income or produce food to support their nutritional needs. The NGOs link families to the Government food basket and provide nutrition education through home visits and community gatherings, as well as training in meal preparation and proper diet especially for children and adults on ART. The challenge is how to help individuals and households take care of their own nutritional needs without reliance on these external supports. PCI is working with partners to explore ways to strengthen food, nutrition and livelihood security at family level and will pilot selected interventions this year. PCI also plans to work with MOH Nutrition Rehabilitation Unit to improve the NGO partners' skills in nutrition and their ability to counsel families on the same.

A total of 197 children were provided with health care referral during the reporting period. PCI believes that the partners are making significantly more health care referrals



for children than they are reporting, due to their misconception that they can only count referrals for HIV/AIDS related services. It is expected that more children will be reached for this indicator as NGO partners internalize it and also as they improve in provision of integrated services. The integrated services guideline PCI is developing will assist partners to assess family needs comprehensively to include needs of children under five and refer them for services such as immunization, child welfare check ups, growth monitoring etc., which have not been areas of focus among NGO partners.

Table 3 below summarizes achievements against targets set for PEPFAR required care and support indicators for quarter two (January- March, 2010)

Table 3: Summary of PEPFAR required Care and Support indicators.

Indicator	Actual	Planned for quarter (Jan 2010- March 2010)		
C1.1.D Number of eligible adults and children provided with a minimum of one care service. by sex: male, female and by age <18,18+),	4281 ¹	2720		
Age	Male	Female	Total	
<18	1300	1382	2682	
18+	408	1191	1599	
	1708	2573	4281	
C2.1.D: Number of HIV-positive adults and children receiving a minimum of one clinical service. By sex male, female and by age <15 years, 15+ years, of age.	1638	1067		
AGE	Male	Female	Total	
<15	101	81	182	
15+	371	1085	1456	
All	472	1166	1638	
C5.1.D Number of eligible clients who received food and/or other nutrition services. By age <18 and 18+.	2114	457		
	< 18 years	1570		
	18+ years	544		
C5.3D Number of eligible children provided with health care referral	197	28		
	Male	78		
	Female	119		
C5.4D Number of eligible children	Total	593	154	

¹ Data from nine of the 11 PCI partners (data missing from partner Silence Kills). Also note that data from partner BAPL is not yet included as they only began enrolling clients late 2nd quarter.



provided with education and or vocational training	Male	273	
	Female	320	
C5.5D Number of eligible adults and children provided with protection and legal aid services by age (<18,18+), By sex, male and female.		17	28

Age	Male	Female	Total
<18	4	7	11
18+	5	1	6
	9	8	17

During the reporting period, the program reached only 17 (6 adults and 11 children) with protection and legal aid services against a target of 28 set for the quarter. Services include support to families to access Social Welfare support, and coaching of caregivers to access community level support for children among others. In addition, children are assisted with birth registration. A challenge has been the slow response by the different Government service providers to referrals made by NGOs. PCI will be working more closely with key Government departments to strengthen collaboration and linkages between these departments and NGOs.

PCI trained and mentored six NGOs and government staff from two districts in community mobilization skills. Trainees have started mobilizing communities and early results show community members beginning to develop ideas for how to protect children in their communities. In Phikwe for example, the JOL activities with children brought up issues of child sexual exploitation by their own care givers. These issues have been presented to the district leadership and the follow-up will include putting child protection measures in place to address them. Strong partnerships between communities and other key stakeholders are also at the centre of the community mobilization strategy. Such partnerships will also increase beneficiary access to Government services including protection and legal services. PCI will work with partners to assist them to document such interventions and report them appropriately.

Progress has been made towards achievement of ART specific indicators as stated in Table 4. A total of 48 clients (3 ages <15 and 45 ages 15+) with advanced HIV infection were supported to get enrolled on ART against a target of 98. The achievement is lower compared to the target set for the quarter because partners are still working to understand this new indicator, and because the ART support skills-building program launched by PCI and Baylor is in process of cascading to NGO volunteers and other field workers. PCI expects that numbers reached under this indicator will increase with continued mentoring and coaching of partners in ART adherence support skills as well as through continuing to strengthen linkages with government HIV/AIDS service providers.

NGO partners continue to provide adherence support to adults and children on ART as needed. During the reporting period, a total of 1436 clients were reached against a target



of 1222 set for the quarter. ART adherence and support services are mainly provided through home visits and on a small scale through centre-based support. Partners have improved skills in this area after training in ART adherence support conducted by PCI in collaboration with Baylor. PCI included Government clinic staff in the training as they will be working hand-in-hand with NGO staff to ensure reach and quality of service provision.

During the reporting period (January to March 2010), 243 health care workers received training against a target of 798 set. The challenge is that partners mainly conduct individualized skills-building with families during home visits and with other community groups during outreach activities, which do not qualify to be counted as training under the PEPFAR definition. Formal trainings are costly and NGO partners can only afford a few trainings in a year. PCI will work with partners to re-think their targets and set more realistic targets for the year given the restrictions of the PEPFAR definition.

Table 4: Summary of other PEPFAR required Care and Support indicators.

Indicator				Actual	Planned for quarter (Jan 2010- March 2010)
C5.6D Number of eligible adults and children provided with psychological, social or spiritual support by age (<18, 18+), sex, male and female.				1538	514
Age	Male	Female	Total		
<18	360	417	777		
18+	193	568	761		
All	553	985	1538		
C5.7D Number of eligible adults and children provided with economic strengthening services by age (<18, 18+), by sex, male and female.				238	313
Age	Male	Female	Total		
<18	4	1	5		
18+	47	186	233		
All	87	187	238		
T1.1.D Number of adults and children with advanced HIV infection newly enrolled on ART. BY sex male and female, by age <1, <15, 15+				48	98



Age	Male	Female	Total
<1	0	0	0
<15	1	2	3
15+	11	34	45
Total	22	36	48

T1.2.D Number of adults and children with advanced HIV infection receiving antiretroviral therapy (current) 1436 1222
BY sex male and female, by age <1, <15, 15+

Age	Male	Female	Total
<1	0	2	2
<15	100	92	192
15+	297	945	1242
Total	397	1035	1436

H2.3.D Number of health care workers who successfully completed an in service training program. 243 798

b) Program Management

Program review and documentation retreat

In February 2010, PCI program staff dedicated four days away from the office to review program activities and documentation of major initiatives that have been undertaken through Building Bridges, and which in future could be shared as lessons learned or promising practices. Documentation was started on the following initiatives: community mobilization using Journey of Life; integration of services using a family care approach; Food, Nutrition and Livelihood Security (FNLS); and the district approach, which entails working with district agents to develop and implement a strategy for strengthening CSO government referral/collaboration systems. Drafts were presented and discussed which will be used as internal documents first and later on to be refined and packaged into guidelines or promising approaches that will be shared with other stakeholders. During the same week, tools used by PCI staff with NGO partners were refined, such as the quarterly program monitoring tool and the monthly financial monitoring tool. PCI staff also reviewed performance of the NGO partners and identified issues that needed follow up during the next round of TA visits. PCI staff felt that taking sufficient time out of office to take stock and reflect on work done was important as it helped staff discuss challenges, revisit their plans and where necessary change approaches. PCI plans to hold quarterly mini-retreats for this purpose.

Development of NGO guidelines on the family-centered approach to providing integrated services



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Following training conducted in FY 09 on the different components that make up the integrated care and support package (OVC care, palliative care, ART adherence support), PCI identified the need to simplify and bring together key information into one user friendly guideline. This guideline will assist NGO personnel, including volunteers, counselors, lay counselors and professionals, to assess the needs of the entire family, provide services where possible and make effective referrals. During the quarter, PCI began developing the guideline with a desk review of available information both locally and regionally, and consulted selected NGO staff for input. The guideline builds on the Family Care Model (FCM) developed by Ministry of Local Government. The guideline PCI is developing will simplify the model by defining key concepts, outlining potential needs and services at the family level and providing guidance on how to address identified needs. The guideline also describes linkages between NGOs, community and key Government departments in implementation of the model. A draft is being refined and will be field tested by NGO partners in May 2010. The future plan is to present it to key stakeholders for finalization and also develop an integrated curriculum for training NGO staff in provision of integrated care and support services at the family level.

Progress on Food, Nutrition & Livelihoods Security (FNLS) initiatives in Phikwe and Mahalapye Districts

In February 2010, PCI staff discussed a concept for an FNLS initiative with the Phikwe DAC office, S&CD and the District Administrator who pledged full support. This initiative is intended to provide livelihoods opportunities for vulnerable families in Phikwe through a vegetable gardening and small animal husbandry. Working with PCI staff, Humana Child Aid staff contacted Ministry of Agriculture (MoA), District Officers who carried out soil analysis at the identified plot which was donated by a community member and developed a bill of quantities for the envisaged production at the site. The team developed a concept note about the initiative and presented it to a meeting attended by Humana Support Committee, key stakeholders who included Tebelopele, Women Affairs, Youth Department, Tribal Administration, BDF, and Botswana Police. The project idea was welcomed by all. BDF offered to clear the land once all the necessary legal processes had been finalized. PCI staff worked with Humana to write a funding proposal to Barclays Bank for this initiative. Work on the piece of land has not yet started due to the delay in finalizing the lease agreement. (Although the land donor originally agreed to lease it to the project free of charge, there is now some wavering.)

Meanwhile Humana is pursuing another offer of free land from one of its volunteers as a back up since the land acquisition process on the original plot is delaying. PCI is following up with Humana on this so that BDF can clear the land as promised. Similarly in Mahalapye, a series of discussions have been held between the Kgosi, stakeholders and Mothers Union local management committee regarding an FNLS project in the district. Mothers Union Centre has a piece of land which they have agreed to dedicate to the initiative. PCI staff are working with Mothers Union to develop a concept note which will be used to mobilize local resources for the initiative in the district.

Progress on formation of partnerships for FNLS and potential training and mentoring opportunities



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The success of FNLS initiatives depends on the input and active involvement of multiple stakeholders. PCI followed up with key stakeholders in the two pilot districts of Selebi Phikwe and Mahalapye to establish relationships and discuss the possibility of technical assistance from stakeholders to the PCI NGO partners. Stakeholder meetings were organised in the two districts and included MoA, Women Affairs, Dikgosi, Youth Department, BDF and Botswana Police. Selected departments presented about various programs they are running and shared how community groups could access support. In Phikwe for example, the five community volunteers groups formed as a result of Journey of Life and follow-up activities conducted by Humana Child Aid could benefit from programs offered by the Women Affairs Dept, Youth and Agriculture. PCI is following up with Humana to assist these groups to access such support for their projects.

Most of the NGO partners are already doing some form of FNLS either at the centre, in the community as groups (for example PLHIV support groups) or in the homes of clients. For example, Tsholofelo Trust has had success in working with PLHIV support groups for income generation, three of which have initiated viable economic strengthening projects in catering and vegetable gardening that have the potential to grow if provided with appropriate technical support and funding. In addition to starting new FNLS initiatives with selected NGOs in the pilot districts (Phikwe and Mahalapye), PCI plans to provide technical assistance to all the NGOs to improve on the FNLS projects they already have. To this end, PCI has been in contact with a Permaculturalist to explore this unique technique of farming and possibly extend it to one of its partners for a pilot. A visit to the Maruapula site where this technique is being implemented has been made and plans are in place to conduct a similar visit to Somarelang Tikologo who are also utilising the technique.

PCI also plans to conduct entrepreneurship training for NGO partners to enhance their skills in mentoring and monitoring clients conducting FNLS activities. Discussions are ongoing between PCI and Enterprise Botswana who are expected to conduct this training during quarter three. PCI will also draw on the MoA departments' scheduled trainings in areas such as vegetable production, bee keeping and small livestock etc and will also meet with Local Enterprise Authority (LEA) to seek training and mentorship opportunities for NGO staff. PCI hopes to have finalised discussions with all potential key players in FNLS and to develop a training/implementation plan that will guide FNLS interventions by end of April 2010.

Progress on ART Curriculum

During the quarter, progress was made towards getting clearance from the Ministry of Health- MASA pediatrics for the review, finalization and adaptation of the pediatric ART curriculum developed by PCI and Baylor as a national training document. A meeting between the MASA Pediatric Clinical Advisor and PCI was held and the proposed content for the ART adherence curriculum presented. The Advisor promised to share the content with the Training Coordinator in his department to review it against the Expert Patients Model curriculum that was earlier developed to ensure the two documents are in sync. The advisor granted PCI a go ahead to start organizing the content into a curriculum format and pledged that his department will provide the necessary leadership to put



together a technical working group that will review and finalize the document. PCI will be working with Baylor to package the content into a curriculum format and to incorporate a new section on TB as recommended during the volunteer training workshop in October 2009. A meeting with the technical working group to review the draft will be scheduled in May 2010.

PCI /Baylor collaboration on formation of teen clubs among NGO partners

Among the NGO clients are a number of children living with HIV who are reaching their teens, and who need specialized care and support to enable them to deal with challenges of their status and teenagehood. Two of the NGO partners, Mothers Union and BOCAIP Tumelong, are already working with Baylor and have established teen clubs. Similarly, Holy Cross Hospice children are involved in teen club activities that take place at Baylor, but there has not been any follow up activities with the children during activities taking place with the Hospice.

NGO partners need ongoing technical support to link the Baylor teen club initiatives with other support activities provided by the NGOs. PCI has during the quarter held discussions with Baylor on how to strengthen the teen club initiatives as well as roll out the model to Humana Child Aid, BAPR and BOCAIP Lesedi. There is also great potential for BBM which will be linked with Stepping Stones that is already conducting teen clubs. Baylor has secured funding from NACA/BNAPS to establish teen clubs and will work with PCI staff to support the initiatives among PCI partner NGOs. Humana Child Aid and BOCAIP Lesedi have been introduced to Baylor and shared materials to guide them on how to establish teen clubs. In the next quarter, a meeting will be arranged between Baylor and the partners to brief them on how teen clubs operate to be followed by training of NGO staff who will be overseeing the club activities.

Progress on community mobilisation activities using Journey of Life (JOL)

During the quarter PCI partners conducted community mobilisation workshops using JOL tool. There are two sets of workshops, one set called “Awareness Workshops” that focus on sensitizing adults and children about problems facing children, and “Action Workshops” that address specific issues identified through the Awareness Workshops to include community parenting, life skills for children and death and bereavement. PCI organised an experience-sharing meeting for its partners for them to learn from each other as peers about how they have been using JOL and ways forward. Five district teams Phikwe, Mahalapye, Kweneng East, Gaborone and Lobatse presented on JOL workshops conducted, number of people who attended, issues arising from the community workshops and follow up actions. The table below summarises what was presented.

Table 3: Community Mobilisation Activities using JOL by District

District Team	Type of community activity done	No of people reached	Issues arising from community activity	Follow up actions
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1. Phikwe (Humana Child Aid and Silence Kills)	1 awareness workshop with community	40 adults	Spirit of self help re-activated among adults and formed 5 groups with intention of accessing support for socio-economic strengthening	- The groups are being linked to Women Affairs and Cooperatives for them to access support - Phikwe team to continue providing necessary support for the projects to take off
	3 awareness workshops with Mojamorago Community Junior School	120 children	Revealed risky behaviours that children are engaged in (un protected sex, drug abuse, planned teenage pregnancies, irresponsible care givers etc)	- need for JOL with care givers and other community members to raise awareness to challenges children are facing and develop action plans on how to protect children in their community - need for a district wide approach to clarify roles of different departments working with children
2. Mahalapye (Mothers Union, DSS and DHT)	1 awareness workshop for children conducted	51 children	- Children opened up and started sharing their stories and family backgrounds. - JOL has strengthened the working relationship between Mahalapye hospital, S & CD, Education and DMSAC.	-plan to conduct more activities with churches, community leaders and key stakeholders working with children e.g. teachers, caregivers, police etc
3. Gaborone (Holy Cross Hospice & BORNUS)	Awareness workshop for children targeting Circles of Support for Ithuteng Primary school and students Awareness workshop for OVC stakeholders	43 adults, 15 children 14	All participants liked the participatory style used for conducting the workshop as it allowed them to share their views.	-Follow up on trained groups to develop action plans of what they are going to do to support vulnerable children and their families in the



	(Teachers, social workers, health workers, police, community leaders, VDC) JOL awareness workshop for Orphans and Vulnerable children (Girls)	45 Girls	JOL is also commended for its simplicity and use of picture codes that appeal to different people regardless of education background.	community. - Need to monitor community groups and provide technical assistance where necessary to enable them to conduct activities in their action plans.
	Awareness workshop for community members (Dikgosi, councilors, VDC, Health Community Members) and children	23 adults, 19 children		
	Awareness Workshop for caregivers	41 care givers		
	Workshop on helping children to understand death	19 BORNUS volunteers		
4. Kweneng East (BOCAIP Lesedi)	Awareness workshop for youth	23 youth	Alcohol abuse, culture and modern ways of parenting came out as challenges faced by youth and how peers can support each other to address those challenges	- The centre will ensure that action plans are developed from the community groups trained and provide on-going technical support in implementation of the same.
	Action workshop on Community parenting	37	Issues of bereavement and death were discussed and how communities can support affected individuals and families	



5. Lobatse (BAPR)	Awareness workshop with community leaders (VDC, elders, church leaders) focus on high HIV rates among females 15-19 years	24 community members	Issues that came out included crime, drug abuse, lack of recreational activities that lead to undesirable behaviour especially during school holidays, weak community support structures etc	<ul style="list-style-type: none"> - developed a community action plan which included consultations with children and teachers on type of support children need, make appointment with Town Clerk to seek permission to use Peleng community centre for youth activities, starting a football club, conduct day camps during school holidays etc. - One of the sisters is attached to BAPR and is working with children that come to the centre - Sisters participate on Saturdays with the teen support group meetings - Sisters have also provided a piece of convent land to BAPR for vegetable growing to feed needy children
	Awareness workshop with aspiring Nuns at St. Theresa Church, Lobatse	10 females	Using reflections on their own childhood, participants were able to identify needs of children, which included material things such as food, clothing and non-material e.g. love and care.	

From the presentations above, it is clear that there has been tremendous progress by the NGOs to mobilize communities using JOL. These initial experiences have demonstrated that JOL is an effective tool that can be used to mobilize communities in Botswana to take action in support of children and their families. Progress has also been made in getting the District administration to support JOL. In Lobatse, DMSAC has funded most of the JOL activities so far undertaken by BAPR. The District teams have been advised to include the district leadership in JOL activities to solicit support, work with communities to develop action plans and assist them in implementation of the action plans.

PCI is working with the NGO partners to finalize a standard reporting format for JOL, data collection system and indicators. PCI has already started getting requests from stakeholders such as Stepping Stones for training in JOL and has scheduled a training of trainers workshop in JOL to take place in April 2010. This team will be responsible for rolling out JOL to the rest of PCI supported NGOs and other interested stakeholders and



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partners. The follow up JOL awareness training for the remaining PCI partner NGO, district partners and Stepping Stones will be held in May 2010.

Progress on M&E Tools Development and Targets

During the quarter, PCI staff worked with NGO partners to review and develop new tools that reflect the integrated services provision at the family level that will replace the previous ones that assessed clients as individuals. The new tools developed include the Integrated Family Assessment Tool and the Individual Service Provision Sheet. The Integrated Family Assessment Tool assesses the family as a whole, and services are only provided to members of that family whose needs have been identified during the assessment process. The Individual service provision sheet records the services as they are given to each individual in a family. NGO partners will be oriented to the new tools during the next quarter as part of the integrated service provision guidelines that PCI is finalizing. In response to findings by the USAID Regional Inspector General Auditors during their visit in November 2009, PCI has been working with the partners to strengthen the quality of data. This will continue in quarter 3 with site visits to each partner to help them improve their record keeping and data management systems.

Progress on governance and leadership guideline

Progress has been made on the development of the guidelines on governance and leadership that PCI started working on in collaboration with AED during the first quarter. The first draft was circulated to the core team consisting of PCI, AED and BONASO for review. Comments from the core team will be incorporated and the second draft will be circulated to other relevant stakeholders in government (e.g. NACA & MOH) and the civil society sector (e.g. BONEPWA & BOCONGO) for their input as well. PCI and AED plan to distribute the guidelines in May to BONASO, BONEPWA+, and PCI and AED NGO partners for pilot-testing before final production and mass distribution.

Progress on resource mobilization planning

During this quarter PCI assisted by a consultant developed a series of skills-building workshops on resource mobilisation to help partners improve their financial sustainability. The workshops will enable partners to build skills in how to promote their organisations and how to succeed in attracting funding from the private, parastatal and the public sectors. The format for the workshops will be highly interactive, with teams from each organization working together to produce usable products, as well as to interact with representatives from various potential funding and other resource organizations. At the end of each workshop, participants will identify key actions they will take to apply what they have learned, and will receive mentoring from PCI to help them achieve planned activities. Over the course of the three workshops, each organisation will be assisted to develop a comprehensive resource mobilization plan with targets. The first workshop will be held in the May.

c) Capacity strengthening for NGO Partners

Orientation on USG Rules and Regulations



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In February 2010, PCI organized workshops for PCI staff, NGO management staff, BONASO and BONEPWA+ on USG rules and regulations. The orientations were conducted with support from PCI Headquarters who provided facilitation led by Jenny Choi-Fitzpatrick, Africa Regional Desk Officer. The aim of the workshops was to provide a practical orientation on the rules and regulations that govern the management of USG funds. There were three separate workshops: one for PCI staff, one for NGO management staff, and one for BONASO and BONEPWA+. Each orientation was tailored to meet the needs of the target audience, for example, the training for PCI staff was tailored to help them understand the terms and conditions of the agreement between USAID and PCI and also rules and regulations that govern management of sub-agreements with NGO partners. Similarly the orientation for NGO partners was to help them understand the terms and conditions of their sub-agreement with PCI and provided tips on how to identify what is allowable and not allowable within the USG context. For BONASO and BONEPWA+, the orientation aimed at helping them understand the USG requirements with special emphasis on what it takes to be a sub-grant recipient as well as to provide sub-grants to other organizations.

Training of two NGO partners in data collection and reporting

Two NGOs namely Humana Child Aid and Silence Kills requested for support to train their field workers who are mainly volunteers in data collection and reporting. The training covered the new PEPFAR indicators as well as the reporting requirements. Issues of new and on-going clients as well as referrals were clarified. Most of the volunteers were conversant with data collection procedures, however lacked knowledge on data collation and report writing. Training was provided to them on these two areas. The training benefited mostly new volunteers in the field and those working with PEPFAR reporting requirements for the first time. One lesson learned is that coordinators and senior staff that have been trained in data collection have not been able to successfully pass on the skills to the rest of the team. The challenge has been the misconception that every training requires funding and also lack of confidence in people trained when it comes to M&E issues. PCI staff encouraged NGOs to do on-the-job training as well use opportunities available to pass on a skill even without a budget for formal training. PCI will continue to identify ways to assist NGO partners in ensuring that all staff and volunteers involved in data collection and reporting have the requisite skills.

Mentoring and coaching of NGO partners in finance management

During the quarter, PCI trained three Finance Officers from Tsholofelo Trust, Mothers Union and BAPL. Two of these were new and one needed a refresher as she was still having challenges using Pastel. The training lasted three days and PCI will continue to provide on-going coaching and mentoring to ensure the three Officers catch up. BOCAIP Tumelong that was reported last quarter as having financial reporting challenges has made progress on meeting the reporting deadlines and there is improvement in the control system. For example, they now submit authorized documentation of payments made. However the quality of reports submitted remains poor. PCI has held further discussions with the Board on this and asked them to come up with a plan how to strengthen their finance office which PCI is willing to support.



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Quarterly technical assistance (TA) visits

Technical Assistance visits were conducted to all NGO partners between March 15 and 30, 2010. The objectives were to monitor implementation progress, provide on-site technical assistance and seek the views of beneficiaries and other stakeholders on services provided by the NGOs. Findings revealed that all the organizations are on track with implementation of activities as stated in their implementation plans as well as reaching their year targets, save for Silence Kills and Mothers Union which were behind schedule and run the risk of not meeting their targets. Much as Silence Kills has made big strides towards building their organization with a very enthusiastic and determined board as well as a forward looking manager, conflicts still exist amongst lower cadre staff that hinder progress of certain activities. During the visit, PCI staff took time to review a draft Employees hand book that Silence Kills had put together, and it is hoped that the policies and procedures will in future help to prevent and resolve such unnecessary conflicts among staff. For Mothers Union, the challenge is planning and managing community activities. They have recruited community volunteers but have not clearly outlined their roles and responsibilities. PCI will work with Mothers Union to organize an exchange visit to BBM or Otse to copy best practices in volunteer management.

During the visits, PCI staff held discussions with partner NGO Boards. Four out of ten NGO Boards (BOCAIP Tumelong, House of Hope, Holy Cross and Mothers Union) still have challenges in leading the organizations as evidenced by lack of scheduled meetings and failure of elections for new boards. As a result, there has not been any progress in implementing activities in their individual capacity building plan. PCI staff plan to meet with the Anglican Church leaders in Gaborone to discuss issues pertaining to Holy Cross and Mothers Union. A meeting with BOCAIP national office was held during the quarter and PCI is awaiting the BOCAIP Annual General Meeting (AGM) to take place in July 2010 that will discuss and resolve governance and management issues of BOCAIP Tumelong.

Similarly, PCI staff met with District Officers, Dikgosi and other stakeholders in Palapye about the state of affairs at House of Hope. The community indicated their commitment to ensuring HOH survives and expressed that the organisation provides much needed support to children in the community. It was resolved that the current board whose term of office has long expired should come up with a handover report to be presented to the new board that was planned to be elected on the April 12 2010. PCI held a briefing meeting on HOH with MLG- DSS to find out about the recent assessment that was done by government on HOH. DSS informed PCI that the assessment was on the request of Office of the President (OP) and a report is being finalized, however DSS confirmed that no drastic actions will be taken with HOH as they believe the challenges they are having can be resolved, therefore the department will be keeping an eye on the organisation to ensure that the governance issues are sorted out. DSS and PCI agreed to ensure that HOH is helped to transition through this challenging phase. PCI will continue to provide technical support and monitor the situation. DSS will in turn keep OP up to date with the progress made at the organisation.



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In all the districts PCI staff had the opportunity to meet with beneficiaries in their homes, community and district leaders all of whom were satisfied with services provided and the district and community leadership acknowledged the contribution of the NGOs in improving the lives of individuals and families within the districts. However, PCI staff observed that the integrated family care approach is still a challenge to many partners in provision of services. Some partners still focus on individual clients and are inclined to one service area depending on the background of the organization and service provider e.g., organizations that were focused more on children tend to have social workers on staff who continue to focus on children, while organizations that were more focused on HBC and have nurses on staff tend to focus on adults living with HIV. PCI is working towards completing the guidelines for provision of integrated care and support at the family level and will orient all NGO staff including volunteers.

Another major challenge observed among NGO staff is lack of advocacy skills to establish and manage linkages with local resources (for example, business community and Government departments). From discussions with the District Officials and other stakeholders, there are many opportunities especially in livelihood strengthening which NGOs could tap into and assist families to access support in terms of training and funding. During discussions with families, PCI staff observed that clients are willing to engage in income generating activities if only they are helped to plan. For instance some families already have small projects that could be improved with training and/or additional funding. There is need to educate the NGO partners that service provision goes beyond counseling, and that referrals and linkages are important services too. PCI will continue to work with partners through mentoring and coaching to strengthen them in provision of comprehensive and integrated services.

d) Botswana Association for Positive Living (BAPL)

During the quarter, BAPL made progress in starting implementation of the feasibility study on use of cell phones to enhance ART treatment adherence among youth and other ART clients. Several meetings were held with stakeholders including the Ministry of Health, Mascom and PCI to discuss final steps which included seeking approval from the Princess Marina Hospital Superintendent, finalizing important documentation that will guide the project such as consent forms and client communication protocol, staff training in patient recruitment and consenting as well as to familiarize them with the Access enrollment database being used for the study. By the end of the quarter, 52 clients (4 males and 48 females) had been recruited in just a period of 10 working days. (Please note this data is not yet included in data reported by PCI for the quarter; PCI is working with BAPL to ensure data is incorporated in the next quarter report.) On recruitment, clients are entered into a system that sends reminders for their medication, doctors' appointments, and dates to pick lab results as well as entertainment content such as horoscopes, inspirational quotes and random facts. Some clients have asked for Bible verses as their reminder and BAPL has updated the system to reflect this request. Clients enrolled so far have expressed satisfaction with the support. Many have mentioned that although they do not usually forget to take their medication on time, they appreciate that



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there is a system catered towards providing them support, information and entertainment. Recruitment will continue in the next quarter and the target for the study participants remains 500 clients. Additionally during the quarter, some clients will reach the three month mark of enrollment and a questionnaire will be given to them for feedback on the services which information will be used to further enhance the service.

e) PCI's work with key Government stakeholders

MOH

PCI continues to work closely with Ministry of Health to support national initiatives. PCI Program Officer- Palliative Care participated in the inaugural meeting for the Adolescent HIV Care Technical Working Group (TWG) hosted by the DHAPC. The aim of the working group is to develop a comprehensive adolescent care package to provide quality care to HIV infected and affected adolescents. PCI will be a sitting member of the TWG. In the coming quarter, PCI will work with MOH on finalization of a national roll-out version of the pediatric ART adherence curriculum developed by PCI and Baylor. PCI will also consult with MOH for their inputs on the guidelines on provision of integrated services at the family currently being developed by PCI, as well as on the governance and leadership guidelines for NGOs being developed by PCI and AED.

DSS

PCI continues to hold consultations and technical support with DSS in areas such as PSS, JOL and identifying strategic ways to strengthen interventions for children. In this quarter PCI held discussions with DSS to develop the community carers model. A team made up of DSS, Marang, S&CD and PCI will be undertaking a benchmarking exercise in the region to learn about how other countries have rolled out the model. The community carers will be a pool of volunteers who will work with Social Workers at community level to ensure that children and their families receive quality care and support.

Progress on national CSO HIV/AIDS capacity-building strategy development

PCI has continued to assist BONASO and NACA to develop the CSO strategy. A new consultant was identified and work re-commenced after being suspended due to poor performance of the previous consultant team. A core team comprising NACA, BONASO, UNAIDS and BONEPWA+ are leading these efforts with assistance from PCI. A Technical Working Group (TWG) was also constituted comprising MOH, NACA, AED, BONEPWA+, BONASO, CDC, USAID, MLHA-Women's Affairs Department, UNAIDS, Marang, Masiela Trust Fund and BNYC. A two day "write-shop" was held in March during which TWG members began drafting the strategy. Strategy development is being organized around four key themes of Human and Institutional Development; Resource Mobilisation; Coordination and Networking; and Advocacy. The TWG team is currently reviewing the zero draft strategic framework in preparation for a follow-up write-shop to take place in the next quarter. PCI will continue to work with BONASO and NACA in the next quarter to develop the next version of the strategy document for presentation to the broader Reference Group of stakeholders.



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f) PCI's work with Umbrella Organizations

BONASO

BONASO submitted to PCI its workplan for continued support beyond the original MOU period. The proposed workplan consisted of organizational development (OD) activities to be carried out at Secretariat level and at Regional Coalition level. Proposed activities at national level comprise reviewing BONASO constitution; conducting the 2008/09 audit; updating BONASO human resource and financial procedures and supporting a National CSO Strategy Coordinator position. At the Regional Coalition level, the proposed activities consist of conducting a capacity assessment of MaSeBoBo (Mahalapye, Serowe, Bobirwa and Bobonong) affiliates; developing an implementation plan based on the findings of the assessment; and finalizing the Terms of Reference of MaseBoBo. The workplan and budget has not been finalized because of serious funding challenges BONASO is currently facing for their running costs due to unexpected termination of funding from their main funder. PCI is assisting the BONASO board to develop a "survival plan" along with other funding partners, and will revise the MOU and budget based on the outcome of these discussions.

BONEPWA+

BONEPWA+ submitted its proposed workplan including a budget for review by PCI. A series of meetings have been held and activities agreed on include: development of guidelines on PLHIV support group formation and management; training of 12 support group members as trainers in pediatric ART adherence support; and technical assistance to the training coordinator who will in turn provide technical assistance to the District Support group Coordinators as required. It is expected that the MOU, workplan and budget will be finalized by April 2010 and implementation will start thereafter.

g) Strategic Partnerships and Networking

PCI continues to explore strategic partnership opportunities with different stakeholders nationally and internationally. In this reporting period PCI held consultation meetings with BNAPS program team at NACA. The objective of the meeting was to share experiences on our work with the intention to find strategic ways to support the partner NGO's that have received funding from BNAPS, as well as to identify ways to work together on CSO capacity building on a broader scale. It was a productive meeting with both parties acknowledging the need for collaboration in our work.

Another consultation meeting was held with MOH- DHAPP NGO coordination office, to discuss progress on the work PCI is doing with the NGOs and Networks. The DHAPP team was also assisted with technical guidance on how the health sector can strategically place itself to provide policy and programmatic guidance to NGO's. The Department plans to hold consultations with CSO networks to identify strategic partnerships with some of the NGOs in service delivery.



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As part of efforts to strengthen the resource mobilisation capacity of NGO partners, PCI held consultations with American Embassy Public Affairs Office (PAO) to request for technical support in training the NGO partners on how to promote their organisations through working with the media. This will be one of the workshops in the resource mobilization skills building series that is planned for quarters 3 and 4. PCI plans to use the PAO contacts with the local media houses to assist NGO partners to form lasting partnerships with the media in order to promote their work and PEPFAR work. In line with the resource mobilisation goal PCI held consultations with Barclays Bank to explore funding opportunities for the NGO partners. Four of the partners (Mother Union, Tsholofelo Trust, Humana Child aid and House of Hope) were assisted to respond to the Barclays call for proposals. The proposals covered a wide range of projects from male involvement in counseling and testing; livelihoods initiative through music for children, vegetable and small livestock enterprise. PCI will continue to explore other alternative ways for our NGO partners to access resources.

IV. IMPLEMENTATION CHALLENGES

- Striking a balance between providing sufficient mentoring and coaching to NGO partners and focusing on other program management responsibilities

NGO partners have various programmatic and organizational challenges that require intense mentoring and coaching. Programmatic challenges range from understanding the different strategies, effective implementation of planned activities and follow up, monitoring and data collection. Organizational challenges include governance and leadership, human resource management, financial management etc. Each NGO requires intense support in many areas some of which require resident (in their area) individuals or institutions to support every step of a given activity. PCI plans to identify such individuals or institutions with specialized skills to provide the kind of ongoing support needed to complement the technical support provided by PCI staff.

- Governance and leadership issues

Some NGO partners are not making progress in implementing their organizational individual capacity building plans because of either the dysfunctional boards or lack of the technical capacity of the board members to carry out their responsibilities. NGOs take time to appreciate the need for change and to make changes, which will continue to affect their performance. In collaboration with AED and other stakeholders, PCI is developing a governance and leadership guideline which will help reinforce efforts to strengthen NGOs in this area. PCI is also creating stronger linkages between district government and Dikgosi and the NGOs experiencing governance difficulties to help provide ongoing support especially where there is need to reconstitute boards.

- Program data quality

Low literacy levels of people at the source of data collection, combined with the complexities of PEPFAR data collection requirements, continue to affect the quality of



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data. PCI staff spend significant time on back and forth communication with partners verifying and cleaning up data. PCI encourages all NGO partners to have one staff dedicated to M&E and will continue to look for ways to make it easier for less educated staff and volunteers to collect quality data. .

V. MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER

- Finalize integrated services package to include integrated family assessment tool and orient NGO partners to it.
- Conduct the first technical working group meeting to discuss the content and format for the national roll-out version of the pediatric ART adherence support curriculum.
- Work with Baylor to design plan for supporting teen club activities for two NGO partners already implementing the model, brief other potential partners on how teen clubs operate, and develop a plan for training them.
- Provide support to NGO partners to train their volunteers in pediatric ART adherence support and assist with establishing/strengthening linkages with IDCC and other HIV/AIDS service providers in their areas.
- Train NGO partner staff as trainers in JOL and provide TA to implement action plans arising from JOL.
- Finalise consultations with all potential key stakeholders for FNLS initiatives and develop an implementation plan that will guide FNLS interventions.
- Technical assistance visits to NGO partners to follow up on issues discussed in quarter 2 as well as to monitor progress on implementation of planned activities.
- Continue enrollment of clients into the cellphone-based ART adherence study under BAPL and monitor progress of clients.
- Develop M&E tools for capturing PCI non-PEPFAR indicators including capacity building indicators and community mobilization indicators.
- Assist partners to re-organize their data and conduct proper records maintenance; assist partners to train volunteers on new assessment tools
- Continue discussions with Phikwe district on ways to harmonize data from NGO partners into the district reporting system.

Organizational Capacity Building

- Follow up partners on progress with implementation of their capacity building plans and provide technical assistance where required.
- In collaboration with BONASO, AED and other stakeholders, finalize the governance and leadership guideline.
- Continue to provide ongoing TA to select organizations to resolve governance, management and other issues arising.
- Continue assisting partners who are now receiving funds from multiple sources (e.g., partners who were awarded RTI, NACA/BNAPS or EU subgrants) to implement effective multiple-grant accounting & reporting systems.

Key Stakeholders



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- Finalize workplans and Budgets for BONASO and BONEPWA+, sign MOUs and assist them to implement
- Continue to work with BONASO, NACA and other stakeholders to finalize the national CSO capacity-building strategy and vet it to the reference group.