



President's Emergency Plan for AIDS Relief

Quarterly Report

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Project Title: Building Bridges Program

Organization Name: Project Concern International (PCI)

Primary Contact:

Last name	ROMANO	First name	KAREN
Title	COUNTRY DIRECTOR	Telephone	(+267) 319 0198
Address	BONOKOPILA HOUSE, PLOT 53957 UNIT A OFF SAMORA MACHEL DRIVE FAIRGROUNDS, GABORONE BOTSWANA	Fax	(+267) 319 0398

E-mail kromano@pcibotswana.org.bw

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Geographic Location(s) of project: BOTSWANA

Report Prepared by: OLIVE D'MELLO **Date Submitted:** 01/31/2011

TABLE OF CONTENTS

I.	Program overview.....	3
II.	Human resource development.....	4
III.	Key activities and progress achieved.....	5
IV.	Challenges to implementation	24
V.	Next Quarter Activities.....	24



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 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) 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

Currently the Building Bridges Program has a complement of 18 staff with all positions filled. The Program Officer for Palliative Care tendered in a resignation and will be leaving PCI early next quarter. Given that this is the final year of the program and the uncertainty about the future, PCI anticipates that more staff might leave the organization before the program ends. PCI does not intend to replace staff who leave at this time, but will keep sharing out responsibilities among current staff and hire short term assistance as and when required. PCI will continue to seek new business opportunities in country and will keep staff updated so that they make informed decisions about their futures. 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
Country Director	Karen Romano, MPH	17 Jan 2008
Finance & Administration Director	Arun Sharma, CPA	23 Feb 2008
Director of Programs	Dorothy Tlagae, BSW, MADVS	15 July 2009
Program Manager – Building Bridges Program	Olive D’Mello, MSc PH	11 Feb 2008
Finance & Administration Manager	Aucillia Letshwiti, ACCA	06 July 2009
Program Officer -OVC	David Kanje, MA	10 Mar 2008
Program Officer- Palliative	now vacant	



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Care

Program Officer	Kenalemodisa Tiroeng BSc	1 Feb 2008
M&E Manager	Reggie Moatshe, MSc	3 Aug 2009
M&E Officer	Watipa Gaogane, BA, Masters pending	1 Mar 2008
Information Systems Assistant	Kgalaeng Ishmael Oarabile, BSC	1 July 2010
Grant Accountant	Lethabile Modikwa, BA, CIMA in progress	1 Feb 2008
Accountant	Kgololo Lephole, ACCA in progress	11 Aug 2008
Administration Officer	Refilwe Segwagwe, BA, Masters pending	1 Sept 2010
Assistant Administrative Officer	Tshepang Mothei	1 Feb 2008
Receptionist	Batsile Nkgwathisang	1 April 2009
Driver/Admin Assistant	Sylvia Tshoswane	1 Feb 2008
Driver/Office Assistant	Bofelo Moilatshimo	1 Feb 2008
Cleaner	Banyana Seforo	1 June 2009

III. KEY ACTIVITIES AND PROGRESS ACHIEVED

(A) Delivery of comprehensive HIV/AIDS Care and Support services at family and community level by PCI supported NGO Partners

With assistance from PCI, 11 NGO partners continued to provide HIV/AIDS care and support services to families and communities during quarter one of FY 11 (October – December 2010). PCI capacity building efforts provided mainly through onsite mentoring and coaching have led to improved and more effective approaches to service delivery. NGO partners continue to use approaches such as home visits but in a more comprehensive manner targeting all members of the family. Pre-school education, after school care and kids clubs are still key approaches being used to supporting children but now have a stronger element of involving care givers, following up children in their homes and conducting family assessments that helps the service providers understand the needs of children holistically and provide them with adequate and appropriate services.

Through training in community mobilization using the Journey of Life (JOL) methodology, NGO partners are working with communities to identify and devise means to deal with problems affecting families. The concept of Food, Nutrition and Livelihood Security (FNLS) has been embraced by vulnerable groups, and community members participating in FNLS activities have a restored sense of dignity and confidence in themselves despite the physical and psychological effects that HIV/AIDS has had on them. Groups that have embraced FNLS interventions include PLHIV support groups,



women and youth groups. Due to improved approaches which are family centred and empowering, there has been an overwhelming response from families and communities. Beneficiaries are more than ever before keen to participate in activities and seek support when they need it. Table 3 below summarizes achievements against targets set for PEPFAR required care and support indicators for Quarter One (October – December, 2010).

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

Indicator				Actual Number of Beneficiaries reached	Planned for Quarter (October – December, 2010)
C.1.1.D Total # of eligible adults and children provided with a minimum of one care service.				5609	2973
Age	Male	Female	Total		
<18	1410	1541	2951		
18+	641	2017	2658		
All	2051	3558	5609		
C2.1.D Total # of HIV- positive adults and children receiving a minimum of one clinical service.				1862	951
Age	Male	Female	Total		
<15	81	75	156		
15+	389	1317	1706		
All	470	1392	1862		
C5.1D Total # of eligible clients who received food and or other nutrition services.				1571	1273
Age	Male	Female	Total		
<18	536	656	1192		
18+	125	254	379		
All	661	910	1571		
C5.3D Number of eligible children provided with health care referral.				56	194
	Male	Female	Total		
	18	38	56		
C5.4D Number of eligible children provided with education and/or vocational training				521	329
	Male	Female	Total		
	278	243	521		



Indicator				Actual Number of Beneficiaries reached	Planned for Quarter (October – December, 2010)
C5.5D Total # of eligible adults and children provided with protection and legal services				284	99
Age	Male	Female	Total		
<18	85	99	184		
18+	17	83	100		
All	102	182	284		
C5.6D Total # of eligible adults and children provided with psychological, social or spiritual support.				3368	1158
Age	Male	Female	Total		
<18	750	880	1630		
18+	405	1333	1738		
All	870	1438	3368		
C5.7D Total # of eligible adults and children provided with economic strengthening services.				306	227
Age	Male	Female	Total		
<18	9	14	23		
18+	64	219	283		
All	73	233	306		
T1.1D Total # of adults and children with advanced HIV infection newly enrolled on ART				48	213
Age	Male	Female	Total		
<15	4	1	5		
15+	10	33	43		
All	14	34	48		
T1.2D Total # of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) Current.				1732	808
Age	Male	Female	Total		
<1	2	1	3		
<15	73	73	146		
15+	370	1213	1583		
All	445	1287	1732		
H2.3D Number of health care workers who successfully completed an in-service training program				68	510
Male		Female	Total		
19		49	68		



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For the reporting period October to December 2010, PCI NGO partners reached a total of 5609 clients (2951 children and 2658 adults) with a **minimum of one care service** against a target of 2973 set for the quarter. NGO partners have surpassed their targets because of the experience they have gained in application of the family care approach that assesses and targets all members of the family irrespective of their HIV status. The family care approach aims to provide services to all members of the family living with a vulnerable child or an individual infected with HIV, as the condition of one family member affects everyone in the home.

A total of 1862 clients (156 below 15 and 1706 above 15 years) were reached with a **minimum of one clinical service** against a target of 951 set for the quarter. This indicator specifically targets people living with HIV. NGO partners have continued to identify people in need of ART services and referred them to health facilities for testing and initiation on ARV. In addition, NGO partners follow up clients in their homes to provide adherence counseling and support. All community volunteers from 10 NGO partners have been trained in ART adherence support and are linked to ARV clinics in their community. PCI will continue to provide on-site technical assistance to ensure provision of quality services.

NGO partners have continued to provide food mainly to children and a few adults in dire need. In quarter one, a total of 1571 clients (1192 children and 379 adults) **received food and/or other nutrition services** against a target of 1273 set for the quarter. NGO partners provide food to children who come for pre-school education, afternoon home work support and kids clubs. During home visits and other outreach activities, NGO partners provide nutrition education to families and have been encouraging families to start growing their own crops such as vegetables to supplement what they buy. NGO partners have been trained in vegetable production and will continue to assist families to improve their vegetable gardens.

During the quarter (October- December 2010), NGO partners reached 59 children with **health care referral** against a target of 194 set for the quarter. Since its recent introduction, this indicator has continued to pose challenges to NGO partners, as it has been very difficult to project how many people will be in need of referrals. PCI staff will seek guidance from the PEPFAR M&E team on this.

A total of 521 eligible children (278 males and 243 females) were provided with **education and vocational training** against a target of 329 for the quarter. Although partners surpassed their target, the numbers reached with this service are still low compared to the need in the community. Of ten NGOs supported by PCI, only four --



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BOCAIP Tumelong, Mothers Union, Holy Cross and House of Hope -- provide pre-school education to an average of about 50 children each in a year. The other numbers are reached through after school care activities that include homework support, career guidance activities and kids clubs all of which facilitate learning. PCI will do a further analysis of this indicator to determine the percentage of adolescents that are assisted to enroll in vocational institutions and work with NGO partners to increase enrollment of this particular target group into vocational institutions.

During the quarter, a total of 3368 clients (1630 children and 1738 adults) were reached with **psychological, social or spiritual support** against a target of 1158 set for the quarter. Psychosocial support (PSS) is an integral part of care and support and all the NGO partners have a strong element of psychosocial support in their programs. However, there is need to further standardize and streamline PSS so that all service providers have a common understanding of the concept and provide quality services. PCI will continue to dialogue with DSS and other key players on the need to standardize and streamline PSS.

The program has been able to reach 306 clients (283 adults and 23 children) with **economic strengthening** services against a target of 227. Although the program managed to meet the target set, NGO partners need to continue supporting families to access economic strengthening opportunities. JOL and FNLS activities have raised expectations among community members, who will get frustrated if they are not assisted to put their thoughts into action. The Women groups formed in Phikwe for example are very enthusiastic to start implementing their ideas but lack funding. Several of them registered and applied for Women's Affairs Department (WAD) grants, but there has been inadequate follow-up with WAD. PCI continues to encourage NGO partners to play an advocacy role to make sure families benefit from available Government poverty alleviation programs and other individuals in the community who may be willing to assist.

During the quarter, NGO partners reached only 48 clients with advanced HIV infection and assisted them to **get enrolled on ART** against a target of 213 set for the quarter. Of the 48 reached, only five (5) are aged below 15 while the rest (43) are aged 15 and above. There is need to ascertain whether there are children in the community in need of the service who are not being reached. A total of 1732 adults and children with **advanced HIV** were reached **with antiretroviral therapy** against a target of 808. Of these, only 149 are below 15 years of age.

There has been slow progress in meeting targets for **health care workers who successfully completed an in- service training program** with only 68 individuals trained against a target of 510 set for the quarter. NGO partners have shared that most caregivers and other groups of people that they target have been involved in the Ipelegeng program and do not turn up for organized training. PCI staff have advised partners to take advantage of available opportunities such as church, Kgotla gatherings to train their caregivers and clients.

HIV Counseling and Testing



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Four NGO partners namely BOCAIP Lesedi, BOCAIP Tumelong, Tsholofelo Trust and Silence Kills have been and continue to provide HIV Counseling and Testing (HCT) services. During the quarter, the four NGO partners reached a total of **572 individuals (251 males; 321 females) with counseling and testing services for HIV and the individuals received their test results.** PCI has in the past two years not been focusing on HCT but recognizes the importance of HCT as an entry point into care and support which is the primary focus for PCI. In that regard, PCI has been providing support in form of payment of salaries for the HCT service providers and also linking partners such as Tsholofelo Trust with Tebelopele and providing financial support for capacity building. During the quarter, PCI held a meeting with the HCT team at CDC and USAID team and agreed that HCT activities should be further emphasized given that PCI received funding for HCT activities in COP 10. As a result, PCI reviewed and included specific HCT strengthening activities in the FY 11 Annual Workplan and will be supporting the four NGO partners to strengthen HCT service delivery. Activities earmarked for the year include: assessment of the four NGO sites, training/refresher in HCT, procurement of equipment and providing on-going mentoring and support to the four NGO partners.

PCI held meetings with Tebelopele to discuss possible collaboration for implementation of HCT activities. PCI and Tebelopele will finalize discussions early in the second quarter and start implementing as per plan in the same quarter. PCI will set targets for the year after assessment of the partners.

(B) Technical Capacity Strengthening for 10 PCI supported NGO Partners

PCI has during the quarter continued to strengthen capacity of 10 NGO partners to provide quality and sustainable comprehensive HIV/AIDS care and support services using a family care approach. PCI continues to focus on three technical strategies, Comprehensive Family Care Model, Community Mobilization using Journey of Life (JOL) methodology and Food Nutrition and Livelihood Security (FNLS). Training and technical assistance visits to the partners were conducted during the quarter.

i) Training

Training in Beekeeping

PCI in collaboration with Botswana College of Agriculture conducted training for four NGO partners namely BBM, Humana Child Aid, Mothers Union and Tsholofelo Trust. These NGOs had shown interest in bee keeping and BBM had experience in bee keeping with positive results. PCI chose to support this initiative on realisation that, there is national shortage of honey, and the Government of Botswana (GOB) is encouraging beekeepers to form associations and share bee keeping technologies in order to maximise production and promote commercial beekeeping projects. BBM is part of a bee keepers association in Mochudi supported by the Department of Agriculture with plans to have one market where all the locally produced honey will be collected and sold. The organisations are working with families, PLHIV support groups, care givers, youths



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groups in this initiative and will scale up and support families/groups of people to have their own beekeeping equipment once they acquire the necessary skills and experience.

Training in Vegetable Production

During the quarter, PCI also worked with Botswana College of Agriculture to train selected NGO staff and beneficiaries in vegetable production skills. A total of 42 participants from 10 NGO partners completed the training. Participants included volunteers, caregivers, support group members and NGO staff. The training aimed to strengthen skills in vegetable production for all NGO partners given that they are all involved in vegetable growing initiatives at different levels. NGOs are growing vegetables at their centers, groups of beneficiaries such as PLHIV support groups have communal gardens, and individual families have backyard gardens. The initiatives are meant to improve the nutritional status of individuals and families as well as contribute to income generation.

Training in Journey of Life (JOL) Methodology – Action Workshop

Training on the JOL Action Workshop was a follow on to training provided on the JOL Awareness Workshop held in FY 10 for DAC Officers, Social and Community Development Officers (S&CD), Public Health Officers, Teachers, DSS staff, PCI staff, Stepping Stones and staff from five PCI supported NGOs namely: BBM, House of Hope, Tsholofelo Trust, BOCAIP Tumelong and BOCAIP Lesedi (the other NGO partners were trained in FY 09). The district officers came from the same districts with the NGO partners and the aim was to create district JOL teams comprised of Government and CSO staff. A total of 42 participants attended.

During the training, participants had the opportunity to share experiences in implementing the JOL Awareness Workshops. From the sharing, it was apparent that JOL was making a difference in improving coordination for service delivery at community level. They noted improved referrals between CSOs and Government, improved and strengthened collaboration between communities and service providers. They also noted the enthusiasm of communities to implement their action plans and that some districts teams such as Kgatleng (BBM, Stepping Stones) had managed to get funding for JOL activities from DMSAC, while others had managed to get their plans incorporated into the annual district HIV/AIDS plans. The JOL teams emphasised the importance of follow up of community action plans and documentation of activities done. The main challenge shared was lack of funding for JOL activities and time for team members to come together and undertake planned activities. PCI staff will continue to provide technical assistance during implementation as required.

Training for BBM Volunteers in Pediatric ART Support Skills

PCI trained 19 volunteers from BBM (volunteers from the other 9 NGO partners were trained in FY 09 and FY 10) in pediatric ART access and adherence support using a family care approach. The training strengthened skills of community volunteers to facilitate early identification of children in the community in need of ART, link them to health facilities for ART, follow up on non-adherers, and provide ongoing psychosocial



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and adherence support to all who need it. The importance of working closely with IDCC staff was emphasized. In the next quarter, PCI staff will follow up on application of skills and will support BBM to strengthen relationships with the local clinics and IDCC

Client Database Training and Roll out

In November 2010, PCI M&E unit conducted training for all NGO partners on how to capture, store and generate reports using the client database application built by PCI. The training targeted two users from each NGO partner and selection was based on staff involved in managing data and compiling reports, who in most cases were Program Officers. The training was divided into two groups, that is 10 participants per group which facilitated learning as this was a hands-on training. During the training, participants had the opportunity to test if the application was relevant to their needs and its usefulness, and give feedback to make the system more useful.

Following training, the PCI M&E team installed the application onto each of the partner's PCs, mentored staff on usage and assisted them to get comfortable using the application in their offices. The trainees were required to submit quarter one reports using the application and 8 of the 10 successfully submitted using the new application. The trainees will be expected to pass on the skills to other staff members and PCI staff will provide on-going support to ensure that the tool is maximally utilized.

ii) Technical Assistance Visits

As part of capacity building for NGO partners, PCI staff provide on-going technical assistance through field visits, meetings, telephone conversations as and when required. In addition, staff conduct routine quarterly field visits to all NGO partners to check on and assist with progress of implementation, application of skills and quality of service delivery. PCI staff administer a monitoring tool whenever they go out for routine quarterly visits, as well as a follow-up action plan tool which is used to monitor compliance by partners to addressing issues identified during field visits. During field visits, PCI staff interact with beneficiaries, community leaders and district government staff to seek input for improving program implementation and get feedback on quality of service delivery. Below are findings from the quarterly visits conducted between November and December 2010.

Status on overall implementation of activities and meeting targets as per NGO implementation plans

All the NGO partners were on track on overall implementation of planned activities for the quarter and were spending according to agreed budgets. Being a new year almost all the NGO partners had re-registered their on-going clients and were continuing to provide them with services as well as recruiting new ones. In addition, the concept of comprehensive care and support for the family is beginning to bear fruit as most of the homes visited testified that all family members are being involved in issues concerning an individual in the family who may be a vulnerable child or a person living with HIV and a range of services are provided directly or through referrals. However, most NGO partners shared that they were encountering challenges conducting group training activities and home visits due to the Government Ipelegeng program which involves most



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of the unemployed community members who form majority of the NGO clientele. As explained earlier in this report, PCI staff advised NGO partners to be flexible in their approaches and use available opportunities such as Kogtla meetings and church gatherings to conduct group activities. They were also advised to conduct home visits in the afternoon since most of the Ipelegeng activities happen in the mornings.

Status on partner Food, Nutrition and Livelihoods Security (FNLS) activities

Progress was made in implementation of planned FNLS activities by NGO partners. The four NGO partners who received bee keeping equipment as well as training, had all embarked on collecting bees to start up their bee keeping hives. Three of the partners were given ten beekeeping boxes. One, Tsholofelo Trust, was given 25 as they assist four PLHIV support groups each of which were given five boxes, with the remaining five given to TT. TT has had challenges filling their boxes, and one of their support groups succeeded in filling all five boxes, but the bees from four boxes escaped. By the time of the TA visits, Mothers Union had six hives colonised with bees, BBM had four, while Humana had only one. The groups are all gaining experience and have been advised to involve District Agriculture Officers in the exercise so that they do not experience such in the future.

PCI introduced the idea of starting a horticulture project to grow vegetables and herbs at BOCAIP Tumelong which was embraced by management of the centre. This was because of the location of the organisation which is considered strategic (near the city) with easy access to a ready market for their produce. PCI assisted them with some supplies and planting is expected to begin in the next quarter in time for the rains. PCI has been in discussion with Somaralang Tikologo to support BOCAIP Tumelong to kick start their horticulture project. Tumelong identified a piece of land and their support group members will be working on the land in order to learn about vegetable production, and will then in turn start their own gardens in their homes. The project is expected to start in quarter two.

The Women's groups formed by Humana Child Aid in Phikwe continue to be active despite the challenges the organisation has had in securing funding for a borehole for communal gardening and livestock rearing in the piece of land leased to them by an individual. The PCI team that went to Phikwe met with representatives of the different groups and discussed ways they can be supported to secure funding for their desired FNLS initiatives which ranged from gardening to chicken rearing, piggery, and others. Twelve groups had been registered and three assisted to write funding proposals to WAD while one applied to Y-Care. PCI has been encouraging Humana staff to continue to link these groups to funding institutions and advocate for them to access funding.

Most of the FNLS activities in the NGO partners' implementation plans for FY 11 are not being funded by PCI but through private sector donations and funding. NGO partners have developed positive relationships with members of their community, Government departments, and local businesses which have resulted in a number of donations of materials including seedlings and gardening equipment.



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Status on Partner JOL activities

The six NGO partners that were trained in FY 09 namely: Silence Kills; Humana Child Aid, Mothers Union, Holy Cross Hospice, BAPR and BORNUS continued to implement JOL activities in their communities. By the end of the quarter, the Phikwe JOL Team (Silence Kills, Humana and the government District Officers) had held two workshops out of the six planned for FY 11 targeting caregivers of adolescents living with HIV. BAPR integrated JOL into their caregiver and support group trainings. The remaining JOL teams continued to provide support to groups trained during the year to implement their action plans. During the implementation of JOL activities, NGOs partners have been seeking each other's support which has facilitated sharing experiences and peer learning. NGO partners namely Silence Kills, Humana Child Aid, and BAPR have managed to get their JOL and other activities into the district HIV/AIDS annual plans. BORNUS has also been able to access funding from DMSAC which it will use to implement JOL activities in quarter two, while Holy Cross and Mothers Union are encouraged to continue lobbying for support from DMSAC for their activities.

Of the six newly trained NGO partners, only House of Hope conducted JOL awareness workshop in Khurumela ward and reached 35 children and 41 adults. The remaining five that is BBM, BOCAIP Lesedi, BOCAIP Tumelong and Tsholofelo Trust have all planned their JOL activities for quarter two. The six newly trained partners have demonstrated a lot of interest in implementing JOL and PCI staff will continue to provide the necessary TA as and when required. PCI will also encourage peer mentoring especially from the team that was trained first.

The challenges encountered by both teams in implementation of JOL during the quarter are similar and include: lack of follow up on community action plans developed as a result of the JOL workshops; lack of time especially on the part of Government staff who are part of the District JOL Teams; documentation of the process; and lack of funding for JOL activities for some NGOs. PCI staff advised partners to take stock of all workshops held so far and provide the needed follow-through before embarking on new activities. PCI will hold a peer learning forum in the next quarter to address the identified gaps and share promising practices in implementation of JOL.

Status on teen club activities

PCI assists its NGO partners to start up teen clubs in partnership with Baylor and the local hospital/clinic, using Baylor's teen club model. Club activities for HIV positive adolescents are continuing smoothly at Mother's Union and BBM. There are currently 38 adolescents participating in the club at Mothers Union and the organization has requested the DHT Matron Mahalapye to assist with recruitment from the rest of the clinics in the area. Currently Mothers Union recruits teen clients from the Hospital only. BBM continued to work in partnership with Stepping Stones to implement teen club activities and have so far recruited eight adolescents into the club. BAPR teen club which is run in partnership with Anthlone Hospital has had challenges continuing with activities due to movement of staff at the hospital. BAPR will hold a meeting with hospital management to agree on how best to run the club. Humana Child Aid and BOCAIP Lesedi are expecting to launch clubs in early 2011. Discussions between Holy Cross Hospice and



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Baylor are nearly complete to set up a club at Holy Cross for children who cannot make it to Baylor due to distance. Holy Cross currently refers the adolescents living with HIV they identify in their communities to Baylor for on-going support and the turn up has not been consistent.

Status on linkages with IDCC for ART access and adherence support

Progress was made in strengthening linkages between IDCC and NGO partners for ART access and adherence support. NGO community service providers identify children and adults in need of ART and refer them to IDCC for testing, assessment and enrolment on ART. The IDCC in turn identifies clients on ART who are having adherence challenges and refers them to NGO partners for follow up. For this to be successful, there needs to be strong partnership between the two players. This partnership is reported to be working well for Phikwe district, Mochudi and Lobatse. In Phikwe for example, Humana Child Aid field staff are reporting to the local clinics about their daily activities and have also been asked to conduct education talks at the clinics on selected topics. However, other NGOs are still having challenges in forming linkages with IDCC and other clinics. These include slow response by the health workers to NGO referrals as well as lack of cooperation in counter referrals (from health facilities to NGOs). PCI has discussed this issue with MOH Clinical Advisor on Paediatrics who will address it through monitoring of the sites and will also write a letter to officially introduce and endorse the NGOs that have been trained to provide community ART support services. NGOs on their part also have a tendency to limit themselves to only one health facility that is easily accessible to them, which compromises their ability to reach more clients. PCI has advised NGO partners to reach out to clinics that provide HIV counselling and testing services as well as PMTCT sites for identification of clients that may require on-going support.

Linkages with District Government Departments

District departments reported improved collaboration and networking between themselves and the NGO partners. Key Government departments working closely with NGOs include DAC, S&CD, DHT, department of Agriculture, Department of Women Affairs and Youth. Eight of the NGO partners participated in district planning meetings and three of the NGO partners have reported that their activities were included in the plan. A number of the districts had not finalized the process and NGO partners continue to be hopeful that they will get some funding. In districts such as Phikwe, PCI supported NGOs are taking leadership in coordination of district CSO activities. With leadership from Silence Kills Coordinator, Phikwe district has taken initiative to form a district CSO coalition which will be coordinating all CSO activities and lobbying for support. Humana Child Aid Project (Phikwe) is also spearheading the adaptation of a referral tool between CSOs and Government departments. The tool was developed by Humana Child Aid and Government departments felt it would be appropriate to adapt it for all CSOs in the district. Similarly, Mothers Union in Mahalapye is also working with the district departments to adopt a common referral tool for use by all CSOs in the district. PCI staff will continue providing support to accomplish these processes.

The district JOL teams comprised of Government departments namely S&CD, DHT and DAC and NGOs are working together to develop plans and implement district JOL



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activities. This has enhanced general working relationships and also improved referrals between the two (Government departments and NGOs)

(C) Institutional Capacity Strengthening for NGO Partners

As part of institutional capacity building efforts, PCI facilitated a Rapid Organisational Capacity Assessment (ROCA) in FY 09. As a result, a capacity building plan based on gaps identified was developed for each NGO partner. Most of the activities in the plan are the responsibility of the Board and management of the organisations to implement. Given that many boards are still struggling, there has been slow progress in implementation of activities in the plan. In the final year of implementation, PCI is now more deliberately assisting partners to implement the most critical organizational development (OD) activities that will contribute to sustainability of the organization. Such activities include: development of new Strategic Plans; ensuring that basic Human Resource Management systems are in place with emphasis on Performance Management Systems; compliance to GOB labour requirements; and resource mobilization. PCI staff will conduct these activities directly with the partners as well as continue to assist partners on a case by case basis to implement other activities in their OD capacity building plans.

Status on FY 11 Priority OD Activities

Development of individual Strategic Plans for partner organizations

PCI is in the process of recruiting a short-term consultant to assist NGO partners to develop Strategic Plans. To assist the Strategic Planning process, PCI designed and piloted use of a strategic planning template with Silence Kills Support Group from 22 – 27 November 2010. The template was finalized based on the experience at Silence Kills Support Group and will be adapted as needed for use with the other NGO partners. Development of Strategic Plans will be informed by, among others, the Rapid Organizational Capacity Report (ROCA, 2009), individual organizational capacity building plans based on the ROCA report, respective District HIV/AIDS Plans, the OD Checklist developed by PCI which is used to regularly update the status of NGO OD requirements. Individual Strategic Plans will include long-term sustainability strategies for organizations.

Development of Performance Management System for NGO partners

During FY 09, PCI worked with Resource Logic, a local human resource consultancy firm, to develop a PMS specific to the Botswana context. In FY10, Resource Logic assisted with adapting the system for use by PCI NGO partners and other local civil society organizations. Resource Logic worked with two partners, BBM and Tsholofelo Trust, to develop and pilot the system. The process was consultative and involved different cadres of staff and volunteers, who recommended that the manuals be translated into Setswana. The translation was completed in quarter one and will be pre-tested in the next quarter. Resource Logic will provide assistance to the two organizations in the initial implementation of the system and roll it out to five of the remaining NGO partners. (the two BOCAIP partners and Humana Child Aid are using systems from their Mother organizations). The roll out will begin in quarter two of FY11.



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Assisting NGO Partners to Mobilize Resources

Following the completion in FY10 of the Resource Mobilization Skills Series development and implementation by PCI with six NGO partners (Mothers Union, Silence Kills, BBM, BOCAIP Lesedi, BAPR and Pinagare Support Group a BONEPWA Centre of Excellence), partners were assisted to develop comprehensive resource mobilization plans with targets. PCI staff are following up with partners to assist them in implementing their RM plans. The Resource Mobilization Skills Series will be conducted with remaining partners over the 2nd-3rd quarters.

During the quarter, PCI embarked on a range of activities to create private and alternative support opportunities for its NGO partners. These activities ranged from accessing in-kind support, to speaking to industry groups in an effort to promote corporate social responsibility. PCI introduced its partners to funding mechanisms such as the European Union Non-State Actors grant program and the US Ambassador's Self Help program, and facilitated relationships with several potential private funders. The services of a local, award-winning photographer were sought to develop photo libraries for NGO partners, which they can use to promote their work and attract supporters. Highlights of achievements this quarter include:

- Through a series of presentations, meetings and a facilitated site-visit, PCI succeeded in securing support (approximately BWP 700,000) from Botswana Insurance Holdings Ltd to help BBM establish a "Food for Life" program. This will include drilling a much-needed borehole, as access to water is a challenge in the area. The Food for Life initiative, developed by PCI, involves establishing a center-based garden used as a demonstration/learning site to teach clients how to grow their own vegetables. Clients will then be assisted to establish backyard gardens. Food produced at the centers will be used for feeding programs and for sale to local markets; similarly backyard gardens will provide nutritious food for clients and an opportunity to sell surplus.
- As a result of the Resource Mobilization Skills Series, BBM succeeded in soliciting and securing a vehicle donated from a company in Japan. The vehicle was transported free of charge to Southern Africa. The only cost incurred by the partner was taxes. It is hoped that other partners can benefit from the learning and also pursue having a vehicle donated if they need one.
- Lapologa youth magazine gave PCI space worth BWP 54,000 in a special HIV/AIDS edition. PCI provided stories and photos about its NGO partners and the people they support, as well as gave a brief overview about HIV in the 15-34 age bracket. PCI also facilitated the distribution of the safe sex message by getting 3000 condoms donated from PSI and distributed free through the magazine.
- PCI secured a donation of fruit trees and seedlings from a local indigenous nursery for one partner. An on-going relationship has been established with the



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management of the nursery who has offered to grow seedlings for other partners. On a more individual level, PCI partners have developed positive partnerships with members of their community which has resulted in donations of a variety needed materials.

- Mothers Union was assisted to secure BWP 55,000 funding from Barclays Bank which they will use to purchase a water pump, net shade and other garden implements. In addition, Mothers Union was the recipient of a grant of BWP30,000 from Y-Care Botswana. Y-Care is an NGO which disperses funds throughout Botswana to worthy causes.
- PCI facilitated a number of visits to NGO partners by the governments of the United States and Australia to partners in order to explore funding possibilities. The US government has several funds, including the Ambassador's Special Self Help Fund, which are administered locally and which can provide up to USD 25,000 for capital expenditure projects, water, sanitation and social services. The response from the visits by the US Grants Manager was very positive. Similarly, the Australian government representative was very impressed with the NGO partners' work. The Australian government has two grant programs that could be suitable for the NGO partners, with a ceiling of BWP 350,000. The money can be used for non-capital expenditure only. Both government representatives expressed strong interest, and PCI staff will assist with follow-through.
- Discussions were held with a representative of an international law firm Snr Denton, who has a charity trust. The aim of the discussions was to have one of PCI's partners nominated to receive support from the trust. Materials were provided to the representative and visits to two partners (BAPR and Tsholofelo Trust) are planned to take place in January 2011. Another international law firm, Slaughter and May, was approached through a mutual contact and have expressed interest in supporting one of PCI's partners.

Building Bridges Program close out process and compliance to GOB labour requirements by NGO Partners

Given that FY 11 is the final year of Building Bridges Program implementation, PCI would like to make sure that partners manage the close out process effectively. During the quarter, PCI met with boards and management of three of the NGO partners to discuss the close out process and the implications it might have on administration as well as staffing. PCI explained to the board that program implementation will end June 2011 and therefore most staff salaries paid by PCI will end in June. PCI requested the Board members to nominate three key personnel that will be remunerated for an extra two months for them to participate in the financial close out, program evaluation and end of project report writing. PCI proposed the position on Centre Coordinator/Manager, Finance Officer and Program Officer. In addition, PCI cautioned the NGO boards and management to ensure that all administrative issues are handled according to GOB labour laws. These include, ensuring that gratuity for staff is available, contracts are updated and staff supported through PCI funding is officially notified about the end of the program well in time. PCI will meet with the remaining seven NGOs early in quarter two.



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Guidelines on NGO Governance and Leadership

Development of the Governance Guidelines has been a collaborative effort between PCI, AED and BONASO. The guidelines aim to strengthen the capacity of CSO managers and governing boards to utilize governance structures to better lead, guide and support their organizations. The intention is to package these guidelines in form of a toolkit with useful templates that can be easily adapted, and includes documentation of success stories/case studies on governance from local organizations in Botswana. A draft guideline was developed in-house by the partners in September 2010, and a consultant is now being sought to help finalize the guidelines and develop them into a toolkit. The plan is to complete the guidelines in quarter two.

(D) Support to Botswana Association for Positive Living (BAPL)

PCI, in partnership with MOH and MASCOM (mobile telephone company), continues to provide technical and financial support to BAPL to implement a program that uses cell phone short message service (sms) reminders to clients who are on ARV for doctor appointments, prescription refills and individualized reminders. During the quarter, BAPL succeeded in getting Baylor IRB approval, which was needed to commence the consent and enrollment process at Baylor clinic. This was a break-through as BAPL had for a long time had a challenge of recruiting adolescents due to pending approval from Baylor ethics review board. BAPL plans to hold a meeting early in quarter two with Kgakololo Study Advisors and Baylor to discuss logistics and procedure for enrollment of adolescents. Enrollment of adult clients was completed in October with a total of 227 adults (158 females and 69 males). To date, 115 six-months follow-ups have been completed, which means that these patients have completed the study but will be kept on, at their request, until the end of the study. BAPL plans to start enrollment of adolescents in February 2011 and envisages a more efficient process informed by the experience gathered during the time so far spent on the study.

(E) PCI's work with Umbrella Organizations

BONASO

BONASO has continued to experience financial challenges following the pull-out of their major funder Forum Syd which happened in FY10. During the quarter, BONASO was assisted to develop a "survival" plan, and PCI has been working with NACA and BONASO to secure emergency funding to keep the BONASO secretariat functional while efforts continue to secure longer-term funding. PCI supported BONASO to conduct a financial audit for 2008/2009 and 2009/2010. The audit will form one of the main agenda items at the upcoming Annual General Meeting (AGM) planned to take place in March 2011. In addition, the AGM will select a new board as well as review and endorse the recommended new structure and function of BONASO as proposed in the National CSO Capacity Building Strategic Framework. Working with BOTHO College, PCI continues to support BONASO to ensure that their website and IT systems remain operational.



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BONASO's MaSeBoBo (Mahalapye, Serowe, Bobirwa and Bobonong) Regional Coalition is still growing stronger despite the challenges BONASO is having at the secretariat. PCI will continue to extend support to the coalition under its Memorandum of Understanding (MOU) with BONASO. A draft Implementation Plan for FY 2011 was submitted and reviewed by PCI in November 2010. The Plan aims to strengthen CSOs and Village Multi-Sectoral AIDS Committees (VMSACs) to promote behavior change at community level, disseminate updated information on HIV/AIDS targeting young people and sustainability of community efforts. In addition, PCI plans to work with BOTHO College to strengthen the information kiosk at the MaSeBoBo office (Palapye) where CSOs in the area can access information easily, and add a component of an internet café that would be open to the public and serve as an income generation scheme. The Plan will be finalized early in the second quarter.

BONEPWA+

BONEPWA+ has made progress in implementation of activities in their implementation plan as planned. A Training Of Trainers (TOT) workshop in Pediatric ART access and adherence support using a family care approach was conducted for BONEPWA+ staff comprising of 6 District Support Group Coordinators (Kang, Kasane, Maun, Radisele, Goodhope & Masunga) and 5 Centre Of Excellence (CEO) Coordinators (Kgalagadi, Radisele, Masunga, & Kasane) between November 8-12 2010 in Mahalapye. In addition, selected BONEPWA+ staff participated in the JOL Action Workshop training conducted by PCI in October 2010, which is a follow-on to the JOL Awareness Workshop training which the same BONEPWA+ staff attended in FY 10. BONEPWA+ staff now have received the full package of JOL training. BONEPWA+ staff trained in ART adherence and JOL are expected to train their fellow staff both at the secretariat and in their satellite offices. Roll out of ART training to Kang catchment area has been planned under this grant and will take place in quarter two. BONEPWA+ will mobilize resources to roll out ART and JOL training to the rest of their members.

The website design for BONEPWA+ was completed and awaits a domain name which is to be bought from an Internet Service Provider (ISP). Quotations were sought and PCI will expedite the process to ensure the website is live in quarter two. The database is currently working but will need to be re-worked once the data base is live. Through collaboration between PCI and BOTHO College, BONEPWA+ continues to get hardware support and will receive on-going support on website maintenance once it is live.

(F) PCI's work with Key Government Stakeholders

Department of Social Services (DSS)

PCI continues to work closely with DSS in implementation of JOL. Two DSS staff participated in the JOL Action Workshop training that took place in October 2010. Discussions on streamlining PSS and linking it with JOL are still on-going and a meeting was held in October 2010 between PCI, DSS, Kings Foundation and ARK Foundation. At that meeting a smaller group of people from organisations represented was nominated and tasked to write a concept paper and propose a process to be followed to developing a



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national PSS frame work using various approaches. The write up will be reviewed and shared in a meeting in the next quarter and next steps will be determined.

Ministry of Health (MOH)

PCI held two meetings with Department of Pediatrics and Family Care Model Unit to discuss technical issues regarding packaging of the ART curriculum and adaptation of the Comprehensive Family Care guideline developed by PCI respectively:

- Department of Pediatrics

A meeting was organized to discuss and agree on the process of packaging for national use, the ART curriculum that was developed by PCI in partnership with Baylor and MASA-Pediatrics. The meeting was held between PCI staff, the Clinical Advisor – Pediatrics (Dr. Haruna Baba Jibril), and was attended by the Consultant who is assisting with the packaging of the manual. The meeting proposed key institutions/organizations that will form a technical working group to review the manual to include: Baylor, Botswana Harvard, CDC/USAID, MOH- NGO Coordination Office, MOH Department of Home Based Care, MOH- HCT and PMTCT departments, District Clinics, selected NGOs and two “Expert Patients” from Francistown and Tsamaya. A meeting will be held early in the next quarter to review the draft documents (A Trainers Manual and Participants Handbook).

- Family Care Model (FCM) Unit

In December 2010, two meetings were held between PCI and FCM Unit staff. The purpose of the first meeting was to introduce a Comprehensive Family Care guideline which PCI developed and piloted with NGO partners with positive results. The guideline is a simple and user friendly document that attempts to operationalise the Family Care Model for use by CSOs at the community level. The guideline was presented to the Coordinator, Primary Health Care Division, Dr. Lebelonyane, and key members of staff who all agreed on the value of the guideline. One of the challenges the FCM staff shared was that although they had held FCM training in 14 districts for government staff (teachers, nurses, doctors, social workers, health education assistants), the model was not being implemented. Meeting participants agreed that collaborating on bringing the two “models” together – the FCM focused more on government providers, and the PCI model focused on CSO providers – could help GOB to achieve their goals in promoting a family care approach and strengthening referral systems to support this.

At a second meeting, PCI and FCM Unit Technical Officers discussed ways the model could be used to effectively reach intended beneficiaries. This includes targeting community workers who are at the helm of reaching beneficiaries directly, an approach PCI has been using with positive results. PCI also shared experience of Journey Of Life which targets both Government and CSOs and has resulted in strengthened working relationships between Government departments and CSOs, and could be adapted for successful implementation of the FCM. PCI noted that some of the districts trained by MOH-FCM unit were the same ones where PCI supported NGOs were already



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implementing the model. These districts provide an opportunity to link Government and CSOs to implement a family care approach more collectively and effectively. The team agreed that this was an area that needed urgent intervention and agreed to hold a follow up meeting in January 2011 to come up with a concrete plan.

PCI has also been working closely with Ministry of Health, as a member of the Technical Working Group tasked to develop the Adolescent Care Package; in the review of the Health Sector Strategic Plan and in the translation of the comprehensive HIV/AIDS Care Package for Community Volunteers to Setswana. PCI will continue participating in the above processes in the next quarter.

Support to National CSO Capacity Building Strategy Framework Operational Plan OP)

PCI has in the past quarter continued to support BONASO and NACA to finalize the National CSO Capacity Building Strategy Framework and develop its corresponding Operational Plan. NACA has agreed to integrate the OP for this framework into the operational plan and budget currently being developed for NSFII. The operational plan will be finalized in the 2nd quarter.

(G) Strategic Partnerships and Networking

PCI continues to form strategic alliances with other development partners. In the past quarter the PCI Director of Programs was nominated by ACHAP to sit on their Advisory Group on HIV prevention for young women in Botswana. The Advisory Group is made up of key strategic partners in the national response and will be providing guidance to ACHAP in their design of a program to address HIV prevention among young women aged 15-29 years, to be implemented in their second phase of implementation 2010-2014.

(H) Program Management

Development of FY 11 Work plan and Budget

PCI developed and submitted FY 11 annual work plan to USAID in October 2010. FY 11 being the final year of Building Bridges Program implementation, activities are focused on completing processes started in FY 09 & 10; consolidating achievements of FY 09 & 10, assisting partners to increase their sustainability; ; documenting and disseminating project models and lessons learned.. USAID, CDC and PCI held a meeting to review the work plan. The main issue raised concerned omission of specific HIV Counseling and Testing activities in the workplan. PCI revised the work plan accordingly and re-submitted to USAID. The workplan was approved and will guide implementation in FY11.

Documentation of promising practices

During the quarter, PCI embarked on a process of documenting promising practices of the Building Bridges program, which include: Comprehensive Family Care, Community Mobilization using Journey of Life methodology and Food, Nutrition and Livelihood Security (FNLS). PCI hired a consultant who is completing this work in phases. Phase one focused on developing a case study on Community Mobilization using JOL



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methodology. The consultant interviewed PCI staff, NGO partners, key stakeholders at national and district level and held focus group discussions with beneficiaries on the approach and effectiveness of the methodology. The first draft of the documentation was submitted in November 2010 and was reviewed by PCI staff. This will be finalized in quarter two. Documentation through case studies is one of the ways PCI intends to share processes and lessons learned in implementation of PCI strategies with other implementers in and outside the country to improve HIV/AIDS programming. This process will continue in the next quarter.

Development of tools for collecting data on additional PCI indicators

A checklist was developed to capture data from partners on additional indicators that were internally developed by the PCI team. These are mainly capacity building indicators that are not a PEPFAR requirement but are necessary to determine achievement of intended program objectives. The indicators follow the results framework that has been guiding PCI's work. These indicators are intended to be tracked annually and the tool was administered for the first time in November/December 2010 during TA visits with all partners. The data is currently available from all partners and will be analyzed in quarter two. Results will be used to inform the final evaluation of the program.

USG environmental screening for PCI Projects

As required by USAID, PCI completed an environmental screening form (ESF) for its vegetables gardening projects and submitted to USAID Botswana, who asked for further description on some items, which PCI will submit next quarter. PCI found the forms challenging to complete particularly how to apply the definitions of low, medium or high risk.

Social Welfare Workforce Strengthening Conference- Capetown.

The PCI OVC Program Officer was invited by USAID to attend the Social Welfare Workforce (SWW) Strengthening workshop in Capetown from November 15-18, 2010. The conference was also attended by other representatives from different organisations in Botswana to include USAID, DSS, Marang and UNICEF. The workshop was organized by USAID and drew participants who were mainly Social Workers from different countries in Africa. The objectives of the workshop were to:

- Contribute to the growing body of knowledge regarding components of a functioning social welfare system and social welfare workforce
- Examine systems approaches to addressing workforce problems
- Identify specific promising practices for strengthening the social welfare workforce
- Identify critical resources, tools, and sources of support for social welfare workforce strengthening initiatives
- Dialog and identify next steps for in-country and regional efforts to strengthen the social welfare workforce

Country teams worked in groups to identify workforce challenges, possible solutions and develop an action plan on priority areas. The Botswana team identified challenges facing



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the Social Welfare workforce which were mainly policy and administrative challenges. These included: Lack of clear definition of who makes up the social welfare workforce; Small numbers of Social workers who often cover multiple villages and are overwhelmed by the needs of communities; professionals being responsible for administrative work, such as giving out hand-outs, at the expense of their professional duties leading to inadequate services and loss of knowledge and skills; absence of standards and protocols which leads to poor quality among others.

The team identified two critical action areas for Botswana: the need to improve human resource management practices to strengthen the SWW for efficient service delivery in light of multiple employers, absence of an accreditation system and HRIS and the need to achieve quality standard operating procedures for coordinated and comprehensive service delivery in light of multiple players to service delivery. The team came up with suggestions of processes to address the identified needs and presented them to DSS departments. The team will follow up on the discussions with DSS in quarter two.

IV. IMPLEMENTATION CHALLENGES

- NGO staff attrition and low morale

Two Finance Officers from Mothers Union and House of Hope have left their organizations for other jobs. PCI has invested heavily in key staff at the NGO level to include Finance Officers who are central to effective and efficient operations of the NGOs. In addition, Finance Officers will be key in the close out process and the time left may not be sufficient for organizations to hire new staff and bring them up to speed to carry out their functions as expected. PCI has written to NGO Board members and asked them to nominate key staff who will be remunerated for an extra two months after June 2011 when the grants end with the partners. It is hoped that an extra two months of job security might give them some level of motivation to continue with their work in addition to continuing to assist the NGOs to find alternative sources of funding. Staff turnover has always been common with NGOs due to low salaries offered by NGOs as compared to other employers. However, PCI anticipates a high staff turn over this year because of the funding uncertainty that many of the organizations are facing. PCI is putting in all efforts to link partners to available funding opportunities at least to maintain key positions in the organization to keep them afloat as they continue struggling to find other funding options.

- Local Consultants

It is becoming increasingly difficult to find local consultants who do quality work. PCI prefers working with local consultants because they understand the local context and are lower cost than international consultants. Efforts to secure local consultants have led to delays in completion of some materials and activities. For the ART manual, the decision was made to recruit regionally after unsuccessful local recruitment; however the project cannot afford to use international consultants for all of the remaining activities that were intended for local consultants. PCI will continue to explore alternatives for completing this work to the desired quality level given budget limitations.

V. MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER



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- Conduct JOL training for Ngamiland Coalition of NGOs (NCONGO)
- Conduct Resource Mobilization Skills Series for remaining NGO partners
- Hold peer learning meeting with NGO partners to share experiences in implementing JOL and FNLS
- Conduct partner data audits
- Complete packaging of the ART Trainers Manual and Participants notes
- Continue meetings with MOH – FCM unit on use of the Comprehensive Family Care guideline developed by PCI
- Conduct assessment and training for four NGO partners providing HCT services
- Continue with documentation of project models and lessons learned
- Assist NGO partners to develop Strategic Plans
- Roll out PMS system to at least 3 of the 5 NGO partners planned
- Continue providing technical assistance to NGO partners to implement activities in their plans as well as provide quality services to beneficiaries