



**President's Emergency Plan for AIDS Relief**

**Annual 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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**Report Prepared by:** OLIVE D'MELLO **Date Submitted:** 10/15/2009

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## **I. EXECUTIVE SUMMARY**

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 integrated palliative care, OVC support, and ART treatment support services in Botswana, and will integrate more specific prevention components particularly with HIV-positive people, as well as with vulnerable youth. The program has as special focus on the needs of children and adolescents, using a family-centered approach that builds the capacity of affected families to care for their children.

During the first year of this award (October 2008 to September 2009) PCI focused on planning and capacity building. A detailed and comprehensive work plan for year one was developed through consultation with NGO partners and key government stakeholders. PCI issued \$2,478,489 in two year sub-awards to 12 NGO partners (two of the partners transitioned to NPI funding midway through the first year. The unused sub-award funds were re-programmed to provide capacity-building support to BONASO, BONEPWA+ and a sub grant to the Botswana Association for Positive Living (BAPL). In collaboration with key Government departments, PCI has focused on technical and institutional capacity building support to the NGO partners and umbrellas.

NGO partners have reached 6059 (3835 direct and 2224 indirect) OVC beneficiaries during this reporting period. Services have included psychosocial support, education support, health care, food and nutrition support, and HIV prevention. Notably, the program has been able to reach 214 children with ART access and adherence support though this was a new area for all NGOs. In Palliative Care services, a total of 1929 clients (629 males and 1295 females) have been reached against a target of 3742 set for the period October 2008 to September 2009. The number served represents about 51% of the target. This is largely due to losing the two NGOs that were the strongest in palliative care—BORNUS and OTSE—to the NPI program and other challenges partners faced when trying to incorporate services from both the OVC and Palliative Care interventions.

Implementation challenges faced by PCI during the first year included significant time spent helping NGOs resolve problems arising from weak institutional capacity particularly in the area of governance and leadership; juggling multiple levels of program implementation and relationship building (national, district and NGO/community level); striking a balance between training and on-site mentoring; and capturing beneficiary data for non-PCI funded NGOs that participate in PCI training activities.

Lessons learned during the year include the importance of working closely with MOH, MLG and umbrella agents to identify unified approaches to deliver CSO capacity-building in the districts. Additionally, NGO partners require time and intensive skills building and mentoring in order to integrate new approaches and strategies into their



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programs. Governance/leadership continues to emerge as one of the most important drivers of NGO partners' success or failure to manage themselves and resources properly.

## II. 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 integrated palliative care, OVC support, and ART treatment support services in Botswana, and will integrate more specific prevention components particularly with HIV-positive people, as well as with vulnerable youth. The program has as special focus on the needs of children and adolescents, using a family-centered approach that builds the capacity of affected families to care for their children.

### Goal & Objectives

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

### Objectives:

1. Strengthened technical capacity of CSOs to deliver integrated HIV/AIDS services;
2. Strengthened organizational capacity of CSOs to manage and sustain integrated HIV/AIDS service delivery;
3. Strengthened collaboration and referral among government and CSOs to deliver integrated HIV/AIDS services;
4. Strengthened government capacity to support 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 provided sub grants totaling USD 2,478,489 for a period of two years (October 2008 to September 2010) to 12 NGO partners to deliver a comprehensive package of integrated palliative care, OVC, and ART treatment support services to affected families. The following table reflects current PCI Botswana NGO partners, their geographic areas of operation and amount of funding received for the period September 2008 to October 2010.

**Table 1: NGO Partners PCI Sub-grant Amount October 2008 – September 2010**

Partner	District	Amount in USD
Bakgatla Bolokang	Kgatleng District Council	227, 784



Matshelo(BBM)		
Botswana Association for Psychosocial Rehabilitation (BAPR)	Lobatse Town Council	238,829
BOCAIP Lesedi	Southern District Council	189,058
BOCAIP Tumelong	Kweneng District Council	216,921
Botswana Retired Nurses Association (BORNUS)*	South East District Council	56,815
Holy Cross Hospice	Gaborone City Council	240,119
House of Hope	Palapye	211,545
Humana Child Aid	Selibe Phikwe Town Council	241,110
Mothers Union	Mahalapye Sub-District Council	301,297
Otse CHBC*	South East District Council	76,329
Silence Kills	Selibe Phikwe Town Council	200,000
Tsholofelo Trust	Letlhakeng Sub-District Council	278,682
<b>Total:</b>		<b>\$2,478,489</b>

With PCI assistance, two of the NGO partners, BORNUS and Otse Home Based Care, applied for and succeeded in being awarded direct funding by PEPFAR through the New Partners Initiative (NPI). PCI closed out the sub awards to each group in March 2009. The unused sub-award funds are being channelled to provide capacity-building support to BONASO, BONEPWA+ and to Botswana Association for Positive Living (BAPL). PCI signed Memorandums of Understanding (MoU) that included providing capacity-building activities worth \$ 47,004 and \$36,339 respectively for the period June to September 2009. (Longer term support mechanisms will be negotiated in the new fiscal year. BAPL was awarded a sub-grant of \$102,325 for eleven months from August 2009 to April 2010 to conduct a feasibility study on the use of text messaging to support adolescents and adults in ART adherence. Total value of the BAPL project is \$258, 766, with the balance of funds provided by MASCOM and the Compton Foundation.

PCI also collaborates with and provides technical assistance to government counterparts at NACA and MOH, MLG (DSS and PHCS) at national and district level.

### III. HUMAN RESOURCE DEVELOPMENT

PCI is committed to the vision of creating a highly empowered and skilled Batswana staff, and in particular giving younger professionals a chance to achieve their potential. To that end, PCI has invested significant time and resources in staff development as well as in developing systems to manage employee performance.

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\* BORNUS and Otse signed a two years grant but received funding from PCI for only 6 months before they transitioned to NPI



During the year, PCI has grown and now has a complement of 20 staff. Key positions filled during the year include: Programs Director, Finance & Administration Manager, Organizational Development Officer and Palliative Care Officer. The M&E Officer resigned in December 2008 due to family reasons and the position took eight months to fill despite several advertisements in newspapers and head hunting efforts. This long vacancy had a negative impact on moving forward with some of the planned activities to strengthen PCI and partners M&E systems. The Finance & Administration Manager position also took many months to fill, as the level of leadership expected from this position is quite high given that the Finance & Administration Director position will be transitioning over the next few years towards 50% regional (with non-USAID funds) and 50% national. The expatriate position of Senior Capacity Building Advisor, which was intended as short-term to assist with the start-up period, is being phased out since all positions have been filled with highly qualified and experienced staff. The following table lists staff by position held, name of individual, qualifications and start date.

Table 2. PCI Botswana Staff

<b>Position</b>	<b>Employee</b>	<b>Start Date</b>
Country Director	Karen Romano, MPH	17 Jan 2008
Finance & Administration Director	Arun Sharma, CPA	23 Feb 2008
Programs Director	Dorothy Tlagae, BSW, MADVS	15 July 2009
Program Manager	Olive D'Mello, MSc PH	11 Feb 2008
Finance & Administration Manager	Aucillia Letshwiti, ACCA	06 July 2009
Senior Capacity Building Advisor (ends 30 September 2009)	Ann Fitzgerald, MPH, L.Ac.	1 June 2008
Organizational Development Officer	Davies Mpofo, MSW, MBA	1 Dec 2008
OVC Officer	David Kanje, MA	10 Mar 2008
Palliative Care Officer	Tumalano Sekoto, BA, RN/MW, FNP	1 February 2009
M&E Officer	Reggie Moatshe, MSc Computer Science	3 August 2009
Assistant M&E Officer	Watipa Gaogane, BA (Social Sciences)	1 Mar 2008
Associate Program Officer	Kenalemodisa Pati, BSc	1 Feb 2008
Accountant	Lethabile Modikwa, BA, CIMA stage 2	1 Feb 2008
Accountant	Kgololo Lephole, Part qualified ACCA, Part 3 ACCA	11 August 2008
Administration Officer	Refiloe Aphiri, MBA pending	1 July 2008
Assistant Administrative	Tshepang Mothei	1 Feb 2008



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Officer		
Receptionist	Bastile Nkgwathisang	1 April 2009
Driver	Sylvia Tshoswane	1 Feb 2008
Driver	Bofelo Moilatshimo	1 Feb 2008
Cleaner	Banyana Seforo	1 June 2009

#### PCI Human Resource Management Systems and Procedures

PCI has during the year dedicated significant time to finalizing the employee terms and conditions of service handbook as well as developing a staff Performance Management System (PMS). Finalizing the handbook required reconciling Government of Botswana Labor laws and PCI international standards of employment, as well as input and consultations with peer organizations and Human Resource experts in-country. The PMS system was finalized, staff oriented to it and supervisors trained on how to manage the system. Staff appraisals were done for those that had reached their first year anniversary dates and performance objectives set for the following year. PCI also finalized its internal salary structure which was based on the results of the salary survey that was conducted early in the year with peer organizations, and was disseminated to staff and participating organizations. PCI now has in place a complete human resource management system that will allow employees to set and meet performance targets while facilitating their professional development. PCI will further refine the system as needed based on experience using it, and will assist local partners to adapt it for their own use as part of strengthening their human resource management capacity.

#### Staff Training:

As described below, during the year PCI dedicated resources to strengthen staff capacity in quality assurance of OVC interventions, M&E for HIV/AIDS programs, ART, palliative care and financial management.

#### i) Quality Assurance for OVC programs

In November 2008, the OVC Program Officer was invited by USAID Botswana to attend PEPFAR training on quality improvement (QI) in OVC care in Ethiopia. The training focused on creating partnerships for QI for OVC; achieving improvement of quality at service delivery points and taking stock of current programming strengths and weaknesses. The Officer briefed DSS on the training and shared the proposed country work plan drafted at the training. DSS agreed to move this forward with the rest of their stakeholders.

In March 2009, the PCI OVC Officer and the Assistant M&E Officer attended a MEASURE Evaluation/USAID training on Child Status Index (CSI) in Rwanda. CSI is a tool that has been used widely in Africa to measure the impact of OVC interventions. With the M&E unit now fully staffed, PCI will be able to work on identifying how to incorporate CSI and QI into the OVC program and will initiate discussions with DSS and interested stakeholders to work together to incorporate CSI in the national M&E framework.



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ii) Monitoring & Evaluation of HIV/AIDS programs

The PCI M&E Assistant attended a two week intensive training on monitoring and evaluation of HIV/AIDS programs in Pretoria, South Africa in February 2009. The workshop was conducted by MEASURE Evaluation in partnership with the University of Pretoria. The goal of the training was to strengthen participants' capacity to apply state of the art tools and techniques in monitoring and evaluation of HIV/AIDS programs. The M&E Assistant has used knowledge and skills gained through the course to further refine the comprehensive monitoring and evaluation plan for the Building Bridges program, and is also applying what she learned as she provides M&E technical assistance to partners.

iii) ART and Palliative Care

In February 2009, all Officers attended free of charge the Pediatric Kitso training held by Baylor Centre for Excellence. The intent was to help prepare staff to work with Baylor and MOH on developing a pilot curriculum on pediatric ART adherence for CSOs..

In May 2009, the Palliative Care Officer and the Associate Program Officer attended a three week community care Training of Trainer's course in Uganda. The training enhanced the Officers' competencies and skills for working with communities to develop appropriate care, support and prevention interventions. The training also covered leadership and management skills for sustainability of community care programs. Knowledge and skills gained from this training will be used by the Officers to provide technical assistance to NGO partners to help them strengthen their skills for planning and implementation of community-led HIV/AIDS programs.

iv) Finance Management and Administration

In February 2009, the Internal Accountant and the Administration Officer attended a US government rules and regulations training held in Nairobi, Kenya. The training empowered staff with knowledge on how to manage funds received from USAID and other federal agencies according to USG regulations.

In March 2009, the Country Director, Finance & Administration Director, Internal Accountant and Grants Accountant attended a PCI regional meeting in Lusaka, Zambia. A focus of the meeting was to share regional experiences in managing sub granting to local partners and in building the capacity of local partners to manage the sub grant they receive from PCI. At the meeting staff were trained in use of PCI's revised Sub-Award Management Toolkit. The Accountants were also trained on PCI's internal accounts payable module, a tool that helps in the maintenance and control of suppliers payments and financial reporting including budgets, grants and Field Office Financial Report (FOFR).

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

**IV. KEY ACTIVITIES AND PROGRESS ACHIEVED**



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In this reporting period, 01 October 2008 to 31 September 2009, progress was made towards achievement of CSO integrated HIV/AIDS service delivery through partnership with 12 NGOs, development of a detailed and comprehensive work plan, technical and institutional capacity building for NGO partners, strengthening collaboration with key government departments and districts, and entering into Memorandums of Understanding (MOUs) with umbrella organizations (BONASO & BONEPWA+) and beginning implementation of the same.

**(a) Delivery of integrated services through partnership with 12 NGOs**

During the design of the follow-on two year program, all the 12 NGO partners were encouraged and assisted to design more sustainable interventions that will reach more beneficiaries at lower cost. Because center-based based activities such as pre-schools and hospice services are costly and reach fewer beneficiaries, most of the NGOs have during the past year concentrated on re-organizing their staff to work more with families in their home settings. This involved helping NGOs that did not have community volunteers to identify them and begin working with them, and involved creating stronger relationships with existing community groups such as church groups, community leaders, Village Development Committees (VDC), schools, PLHIV support groups etc. Emphasis was placed on building partners' capacity particularly in community mobilization skills using the Journey of life (JOL) tool, as well as in a variety of priority technical skills such as ART access and adherence support, palliative care, psychosocial support (PSS) and orientation to OVC basics to address needs identified early in the year. These capacity building efforts are still in infancy and need continued mentoring to produce the outcome of reaching more beneficiaries with quality services at lower costs. As it is not realistic to expect community volunteers to conduct as much data collection as NGO partners are required to for PEPFAR reporting, more simplified, streamlined approaches are needed to help volunteers capture beneficiary data that can feed into Building Bridges PEPFAR reporting.

The process of helping partners evolve their intervention approaches towards lower cost, community-owned, integrated services delivered closer to the home is providing significant learning that will be valuable to Botswana as it seeks to expand service delivery through CSOs. In the next year PCI will work to translate this learning into guidelines and tools that can be used by Government of Botswana, the umbrella bodies, and others for capacitating CSOs.

(i) OVC

Progress has been made towards achievement of targets as detailed in this annual report. The program targeted **3717** OVC with direct services by the end of the first year of the grant (October 2008-September 2009). The number of OVC reported reached at the close of the reporting period with both direct and indirect services was **6,059 (3835 direct and 2224 indirect)**. In the past, partners have been collecting data only for children they case manage and give multiple services to, and the data collection tools they currently have are set up to help them do this. Yet the NGOs reach out to many more children with



different services through activities such as sports, music, drama & dance, outreach services to schools and of late through Journey of life (JOL) training with groups of people that work with children including teachers, religious leaders and the Police. Limiting targets only to clients that NGOs case-manage and provide multiple services to resulted in low targets set at the beginning of the year. In the new fiscal year, targets will take into consideration both direct and indirect beneficiaries and simple user friendly tools are being developed to assist NGOs and community volunteers to capture and report the indirect data. Below is the summary table of the OVC required PEPFAR indicators compared to numbers reached.

Table 3: Summary of PEPFAR required OVC Indicators

Indicator	No reached during this reporting period (Direct)	No reached during this reporting period (Indirect)	Expected target for this reporting period (October 2008 – September 2009)
Number of OVC served during the reporting period	<b>3835</b>	<b>2224** (no gender breakdown)</b>	<b>3717</b>
	Male	<b>1861</b>	
	Female	<b>1974</b>	
Total number of OVC receiving primary direct support (3 or more services) by OVC program	<b>2686</b>		
	Male	<b>1265</b>	
	Female	<b>1421</b>	
Total number of OVC receiving supplemental direct support (1 or 2 services) by OVC programs	<b>1181</b>		
	Male	<b>611</b>	
	Female	<b>570</b>	
Total number of OVC receiving food and nutritional supplementation through OVC program	<b>1</b>		
	Male	<b>0</b>	
	Female	<b>1</b>	
Number of providers/care takers trained in caring for OVC	<b>1023</b>		<b>1125</b>
	Male	<b>215</b>	
	Female	<b>808</b>	
Number of children provided with ART access and adherence support (this is a subset of the total number served)	<b>214</b>		<b>714</b>
	Male	<b>102</b>	
	Female	<b>112</b>	
Number of individuals trained to provide treatment access and adherence support children	<b>288</b>		<b>802</b>

\*\* Crude estimate of number of children reached with indirect services due to lack of data collection tools.



	Male	<b>48</b>		
	Female	<b>240</b>		

**Please indicate how you calculated the counts for OVC**

The counts for OVC are the total number of OVC receiving direct and indirect services. The direct services are further broken down into three or more services and number provided with one or two services.

Services provided to the children during the year include after school activities, kids clubs, psychosocial support, education support through pre-school, HIV prevention education, feeding, and life skills. Attached in Annex 1 is a list of organizations by activity and numbers reached both direct and indirect.

All the NGO partners have during the year attempted to identify HIV infected children and referred them for assessment and initiation on ART as well as supported them to adhere to treatment. A total number of **214** children were reached with ART support against a target of **714** set for the year. Pediatric ART support has been a new area for most of the NGOs and PCI has during the year worked with Baylor and MOH to develop a curriculum and trained NGO staff on the same. When setting the target, PCI had anticipated we would be further along in establishing two-way referral between the clinics and NGOs on pediatric ART referrals. However, more emphasis was placed on establishing the pediatric ART training program. Now that both NGO staff and government health workers have been trained together, it is anticipated that they will work more closely together in the new year on two-way referral. PCI will focus on mentoring and coaching NGO staff on application of skills acquired during training and also assist to strengthen relationships between NGOs and health facilities for effective inter referrals.

(ii) Palliative Care

Progress has also been made towards achieving the targets for palliative care services. A total of **1924** clients (**629 males and 1295 females**) have been reached against a target of **3742** set for the period October 2008 to September 2009. The number served represents about **51%** of the target set. This is largely due to losing the two NGOs that were the strongest in palliative care – BORNUS and OTSE – to the NPI program midway through the year. At meetings between USAID, PCI and AED about the transition of these partners, PCI noted that we would be unlikely to meet the annual target without these partners. It was agreed that PCI would establish with BORNUS and OTSE a percentage of their beneficiaries that could be claimed by PCI, as PCI continues to provide the technical training to these organizations. However, we were not able to accomplish this during the fiscal year.

Another challenge in meeting the palliative care target has been resistance by the formerly OVC-focused NGOs to take on “palliative care”, due to a misconception that palliative care is medical. It has been very hard to convince these partners that many of them are in fact doing palliative care without realizing it, as many of the services they already provide to parents of children in their programs are within the palliative care service definition, including referral. OVC-focused organizations such as Mothers Union,



BOCAIP Tumelong and BOCAIP Lesedi have reached fewer numbers of palliative care clients than targets they set for the year. At the same time, PCI was not able to conduct palliative care training with these partners, as we were required to use the MOH curriculum but not given MOH permission to do so until late in the year. A related challenge is that some of the NGOs that were formerly focused on palliative care, such as Silence Kills, in their zeal to incorporate OVC services focused more on recruiting new OVC clients and did not meet their palliative care targets. A last major challenge faced with this target is that it was expected that ART adherence support provided through BONEPWA+ support groups would drive up the number of clients reached. However, BONEPWA+ was not able to take on this work in this fiscal year. Below is the summary table of the palliative care required PEPFAR indicators against numbers reached.

Table 4: Summary of PEPFAR required Palliative Care Indicators

<b>Indicator</b>	<b>No reached during this reporting period</b>	<b>Expected target for this reporting period (October 2008 – September 2009)</b>
Number of individuals provided with general HIV-related palliative care during the reporting period	<b>1924</b>	<b>3742</b>
Male	<b>629</b>	
Female	<b>1295</b>	
Number of individuals trained to provide general HIV related palliative care during the reporting period	<b>383</b>	<b>1248</b>
Male	<b>67</b>	
Female	<b>316</b>	
Number of individuals provided with ART access and adherence support (this is a subset of the total number served)	<b>1071</b>	<b>1796</b>
Adult Male	<b>308</b>	
Adult Female	<b>763</b>	
Number of individuals trained to provide treatment access and adherence support to palliative care clients	<b>219</b>	<b>939</b>
Male	<b>31</b>	
Female	<b>188</b>	

**Please indicate how you calculated the counts for palliative care:**

The count for palliative care is the total number of clients served, those that are HIV positive and given a service under clinical/medical care plus a service under either of the following psychological care, spiritual care, social care and prevention care.

Together with MOH, PCI conducted the Palliative Care training with the NGO partners in August 2009. This will provide a solid base for mentoring and technical assistance in the new year to help partners reach out to more clients. PCI will also explore ways to use the JOL to not only mobilize communities for children but also adults living with HIV. NGO partners continue to report stigma in the community as a hindrance to individuals



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seeking support. In the coming year, PCI will work with BONEPWA+ to strengthen PLHIV support groups who will reach out to families and communities with testimonies and address stigma.

Progress was also made towards achievement of targets for ART access and adherence support with 60% clients reached of the target set. Though still below the target, it is still encouraging given that ART support was new to many organizations. It is expected that the training they received this year, together with mentoring to take place in the new year and on-site efforts to strengthen two-way referral with health facilities, will result in a strong positive impact on the numbers of clients reached.

### **(b) Program Management**

#### Visit by PCI President and Chief Executive Officer

In March 2008, PCI's President and Chief Executive Officer, accompanied by the VP Program Operations and VP Marketing & Development, visited Botswana. Along with PCI Botswana senior staff, the team met with the Assistant Minister of Local Government, Honorable Ambrose Masalila (now the Honorable Minister), to discuss PCI's work in the country. The Minister appreciated PCI support to partners and urged PCI to empower NGOs with skills that will enable them to engage communities to identify problems affecting them and come up with solutions that will have lasting change in their lives. In attendance were the Directors of DSS, PHCS and the Senior Social Welfare Officer/PEPFAR Focal Person from DSS. A meeting was also held with the MOH Director of HIV/AIDS Prevention & Care, during which the MOH Director emphasized the critical importance of PCI strengthening the capacity of BONASO and BONEPWA+ to eventually play the role that PCI is now playing in building the capacity of civil society in Botswana. A reception organized by PCI was graced by the presence of the US Ambassador to Botswana, the Assistant Minister of Local Government, the Permanent Secretary of Health, other high ranking officials from the MLG and MOH, the Directors of USAID and CDC, Directors of NACA, ACHAP, BONASO, BONEPWA+, BOCAIP, PCI supported NGO staff and other stakeholders. The meetings and reception raised the profile of PCI and the PEPFAR-supported Building Bridges program, has led to stronger relationships with Government and other counterparts, and has increased PCI's opportunities for networking and collaboration.

#### PCI Building Bridges Work plan Development for FY09

PCI dedicated significant time in the first quarter of the year to the development of a work plan for the Building Bridges Program. As part of the process, staff reviewed the partner capacity profiles developed in the 4<sup>th</sup> quarter of FY08, analyzed the beneficiaries reached during the first six months of the program, and outlined opportunities and challenges related to capacity building. During a two-day internal retreat in 1<sup>st</sup> quarter FY09, PCI staff refined the Building Bridges strategies, identified concrete tasks to achieve them, and identified key stakeholders and actions with each of them. Program staff then conducted TA visits to help partners refine their implementation plans for their new 2-year sub agreements. The refined partner plans then fed back into PCI's overall work plan development. At the same time, numerous meetings were held with MOH,



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DSS, PHCS counterparts, as well as with BONASO and BONEPWA+, to identify collaboration activities with these entities to incorporate in the PCI work plan. The work plan was completed and submitted to USAID in February 2009. PCI continued discussions with the key government and umbrella body stakeholders to further develop collaborative activities, and reached agreement with each entity on key partnership activities.

#### M&E Systems Development

PCI M&E staff from San Diego joined the Botswana team for 10 days in May, and assisted PCIB staff to develop a comprehensive Monitoring & Evaluation Plan for all draft indicators including refining operational definitions for key indicator terms. This framework includes both the PEPFAR indicators and supplemental capacity-building indicators that PCI plans to start using in the next year. The Botswana team is now developing data collection tools for the new indicators as well as finalizing the Indicator Performance Tracking Tool (IPPT). A decision was also made to ask partner NGOs to submit data monthly rather than quarterly in order to improve data management and quality of reporting.

#### Database Development and Management

In 2008, PCI IO M&E staff worked with the PCI Botswana team to develop a client database for the Building Bridges programs. The aim was to capture all data from partners electronically for ease of analysis and use. Data from all the partners since April 2008 was entered into the database and the process is on-going as data continues to come in on a quarterly basis. Currently the data is collected by the partners on paper forms and entered at PCIB into the database.

During the coming year the client database will be rolled out to the partners so that they can enter data directly at the source, it is hoped that this will reduce transcription errors and make the data more accurate as well as more usable for the partners. The database is currently web-based, and will have to be adapted to a stand alone PC as some of our partners do not have reliable internet services. The roll out will be done in phases and the first phase will be a pilot with two partners and thereafter rolled to the remaining eight. The MOH Nutrition Rehabilitation Unit has expressed interest in adapting the database for their program and in the coming year PCI will explore with them how to achieve this.

#### Food, Nutrition & Livelihoods Security - Africa Forum 2009 in Malawi

PCI's Organizational Development Officer attended the Africa Forum 2009 in Malawi in June 2009, which was convened by Project Concern International and partners as follow-on to the successful Africa Forum 2006. The theme of the Forum was "*Sharing Integrated Solutions to HIV and Food & Nutrition Insecurity*". The goal of the Forum is to promote hands-on peer learning by practitioners from diverse African countries in simple, low-cost, effective techniques for incorporating Food, Nutrition & Livelihoods Security (FNLS) into HIV/AIDS programs. The forum used PCI's FNLS Community of Practice (CoP) model as it focused on the three thematic areas of integrating Food & Nutrition Security in HIV/AIDS programming; promoting livelihoods programs to



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support vulnerable children and families; and issues related to transitioning from “food aid” (donated food), to “food assistance”, that is, helping households achieve sustainable access to food in light of the current world food crisis. Ideas gained from the Forum that are being explored for the Building Bridges program include various techniques for integrating FNLS into HIV/AIDS programs, approaches for helping OVC acquire vocational skills, and ways to work with community groups to establish micro credit schemes.

#### FNLS Assessment in Botswana

Following the FNLS forum held in Malawi, in August 2009 PCI undertook a review of FNLS activities in Botswana to provide an analysis and recommendations that can facilitate the integration of FNLS activities into PCI’s work with NGO partners. The assessment was undertaken by a team from the PCI International Office (IO) comprised of Sean Carpenter, PCI Technical Officer for Agribusiness and Micro enterprise, and Gwenelyn O’Donnell, PCI Senior Technical Officer for Food & Nutrition Security, and the PCI Botswana Director of Programs, Dorothy Tlagae. The team met with a wide range of agencies including Government ministries and departments, PCI NGO partners, other NGOs and collaborating partners, and also visited several community projects. The assessment recommended the following groups to be targeted for FNLS programming in the coming year of PCI’s work: caregivers; older OVC; and PLHIV. Possible interventions identified include: low input backyard gardens, container and hanging gardens, fruit trees, energy saving cooking and food preservation, nutrition education, and small animal husbandry. In the livelihoods category interventions identified include the establishment of self help groups, and agribusiness and entrepreneurial skills training.

Through the assessment, it became evident that there are numerous government programs in place that CSOs can tap into to receive funding and technical support for FNLS activities, and that these are underutilized. The assessment team also identified ways in which the CSOs would need to be strengthened organizationally in order to manage FNLS services, particularly if they are embarking on business schemes. In the new year PCI will work with key collaborating partners such as; DSS Home Economic Unit, Women’s Affairs Department, BONEPWA+ to pilot test the identified interventions and assist NGO partners to roll them out. The assessment team had an opportunity to debrief on their work with the USAID Director in Botswana.

#### Visit by PCI Africa Regional Director and Regional HIV Technical Advisor

During the year, PCI Botswana hosted the PCI Africa Regional Director and Regional HIV Technical Advisor both based in Zambia. The two teams shared experiences on programs being implemented by PCI in Botswana and in other countries in Africa region. Promising practices shared included the use of recreational activities such as grassroots soccer in Zambia to reach more OVC in their communities, the savings scheme used by women groups in Ethiopia as a livelihood intervention, working with community schools in Zambia and Ethiopia to reach more children, and a volunteer-led ART adherence program in Zambia. The team visited PCI partner BAPR and one of their support groups in Peleng in Lobatse, which gave them insight into the environment PCI is working in



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Botswana and led to new ideas for ways to strengthen BAPR's programs. The outcome of the visit is improved technical support from the PCI Africa regional office, as they now have a first-hand understanding of our work in Botswana.

#### Building Bridges (BB) Workplan Development for FY10

In September 2009, PCI Botswana program staff held a retreat to develop the BB Year 2 Workplan. The objectives of the retreat were to revisit what the program would like to have achieved at the end of the three year project period; review achievements and shortcomings in year 1; set priorities for year 2; and draft program activities for year 2. The development of the work plan was preceded by the development of year 2 implementation plans (IP) with partner NGOs, which entailed reviewing individually with each of them the work done in year 1, identifying success and challenges, and developing strategies with the partners to address gaps and opportunities. Based on the partners' IPs, the program team was able to identify key priorities, challenges and areas needing technical assistance from PCI.

Key priorities identified for PCI for year 2 include:

- strengthening and rolling out provision of integrated services at family level, including working with partners and government to develop guidelines and a curriculum on integrated service delivery for CSOs;
- expanding implementation of community mobilization activities using the Journey of Life methods;
- piloting food, nutrition and livelihoods security activities;
- continued organizational development assistance for partner NGOs with emphasis on resource mobilization, governance & leadership, and human resource management, and developing guidelines and toolkits in these areas that can be rolled out through platforms such as BONASO's district coalitions;
- monitoring and evaluation training for partners on the new PEPFAR indicators and ways to collect data from community volunteers activated through community mobilization activities;
- continued support to BONASO and BONEPWA+;
- continued coordination and technical support to MOH, MLG, Districts and NACA.

Through this process the PCI team was able to review and identify strategic partnerships with different stakeholders to enhance the support provided to our NGO partners. The work plan is currently in draft stage, and the target for submission to USAID is the end of November 2009.

#### **(c) Technical Capacity Building for NGO partners**

##### OVC consultancy

In October 2008, the PCI OVC consultant (Child Psychologist Jonathan Brakarsh, Zimbabwe) together with PCI staff visited three districts (Serowe-Palapye, Mahalapye and South East) and held discussions with S&CD, Public Health staff, DAC, NGOs and



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selected households. This was to widen the scope of the assessment initiated during his visit in July 2008 to gather information on available opportunities to improve quality of service delivery to OVC and their families and increase service reach. The assessment included the views of the beneficiaries and Government service providers. Key gaps identified included: lack of knowledge about counseling and communicating with children, insufficient skills for individual and group counseling of children including play therapy, and family therapy; infrequent kid's clubs meetings and lack of standardized delivery; limited involvement of community and of children themselves in planning, implementation and assessment of programs and lack of models for integrating OVC and palliative care services. PCI in collaboration with DSS and other stakeholders organized training workshops to address key gaps identified, with focus on orientation of CSO partners to OVC basics and community mobilization skills using Journey of Life toolkit (please see below for more information on Journey of Life). As kids' clubs is a strategy used by many local organizations, and could be an effective platform for reaching children of different ages with a variety of services, PCI will work with DSS and other stakeholders to identify promising practices and develop a guideline to help CSOs strengthen their use of this strategy.

#### OVC Basics Training

Working with DSS, Marang and Hope World Wide, PCI drafted a training outline for providing basic knowledge and skills on OVC programming for the NGO partners. A five days training was developed on the following major themes: understanding children's needs and rights; understanding the situation of OVC in Botswana; different ways to care for OVC; the roles of families, communities, NGOs and Government in child care; and designing and implementation of effective OVC care interventions. Two workshops were organised and a total of 49 participants (30 from PCI supported NGOs, 10 Government staff & 9 non-PCI supported NGOs) attended the trainings. Pre test and post test results showed high levels of knowledge gain. The PCI NGO staff trained are expected to pass on the knowledge and skills to the rest of their co-workers, including volunteers, in order to improve the quality of services provided at family and community level. In the coming year, this training outline will be refined and made available to DSS and/or the networks to use for CSO capacity building.

#### Community Mobilization training

In collaboration with DSS, Childline Botswana, Marang, and REPSSI Zimbabwe, and supported by PCI's OVC consultant Jonathan Brakarsh, PCI organized and conducted two community mobilization training workshops using the Journey of Life toolkit (JOL). The JOL aims at activating the community to take voluntary action and tap into existing resources (VDC, Churches, retired professionals, small businesses, etc) to care for vulnerable children and their families. The JOL package has a series of workshops that complement each other. PCI is focussing on two of the JOL workshops, the Awareness Workshop and Action Workshop that are suitable to the Botswana needs. Training in the two packages was held in Selebi-Phikwe, one of the three districts where PCI is piloting the JOL intervention (the other two are Mahalapye and Gaborone). Two trainings, which included community practicums, were held in April and August 2009 respectively, and included fifteen participants from the following six PCI NGO partners: Humana Child



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Aid and Silence Kills (Phikwe), Mothers Union (Mahalapye), BAPR (Lobatse), BOCAIP Lesedi (Kanye), and Holy Cross and BORNUS (Gaborone). Other participants included four staff from two non-PCI supported NGOs from Phikwe who were recommended by DAC, five Government District Officers from Mahalapye and Selebi Phikwe districts, staff from PCI, DSS, Child Line, Marang and Hope World Wide.

Participants formed five teams according to their districts and developed action plans and budgets to implement JOL. These were shared with PCI and District AIDS Multisectoral Committees (DAMSAC). Two of the teams received funding from DAMSAC and the rest from PCI. All teams are being encouraged to work within available resources to support implementation of community workshops, and in particular to seek funds from the DMSACs, as funds are available and district Government staff who have been trained in the techniques will be co-implementing in their districts alongside the NGOs. A team of potential JOL Trainers has been identified from the trainees and will be trained as trainers in January 2010. In future these cadres of TOTs will help facilitate and oversee the roll out of JOL in the country. PCI will work with the TOTs to train the rest of NGO partners supported by PCI and will form peer mentoring groups to share promising practices and lessons learned. In the new fiscal year PCI will continue to work closely with DSS, Marang, HWW and other members of the OVC Technical Working Group to identify how the JOL can be adopted as a national model for empowering communities to take action to meet their own needs, including studying together the outcomes and lessons learned from the pilot sites.

#### Psychosocial Support (PSS) Training

PCI Botswana in collaboration with DSS conducted a two weeks training in PSS for 28 participants, 13 of whom were from PCI-supported NGOs, six Officers from Department of Youth Services, and eight staff from non-PCI supported NGOs that work in partnership with DSS, and one staff from PCI. The training took place in Francistown from June 29-July 11, 2009. Training was conducted using the new PSS training package that was developed by DSS, and was facilitated by a team of five trainers drawn from DSS, PCI, and BOCAIP Tumelong. Participants developed skills in child-focussed techniques that facilitate identification of children in difficult circumstances and how to help them. The PSS training complements the OVC basics orientation that NGO partners received during the year.

#### Pediatric ART Access and Adherence Curriculum Development and Training

Through collaboration between Baylor and MOH MASA Pediatrics, and with input from PCI NGO partners, PCI supported the development of a curriculum on pediatric ART adherence for CSOs. Previously, there was no training package on this available for CSOs, and CSOs identified this area as a critical gap in their capacity to help infected children and families. As a first step, all PCI technical staff attended the Pediatric KITSO training held by Baylor in February 09, to facilitate a common knowledge base that the partnership of PCI, Baylor and MOH could build upon for developing and implementing the CSO training program. This was followed by curriculum development and a pilot training of staff from six of the twelve PCI-supported NGOs, as well as representatives from Light & Courage, Hope World Wide and Stepping Stones (these



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three organizations participate in Baylor's Teen Clubs, which PCI intends to collaborate with for adolescent ART support activities in future). The second group of NGO staff trained in April 2009 included Nurses and Social Workers from districts where PCI supports NGO partners. The aim of including the Government staff was to strengthen collaboration between CSOs and local health facilities in ART access and adherence. It is important that both the CSOs and government workers agree on basic concepts and "speak the same language" regarding pediatric ART support in order to work as partners in these efforts. A total of 40 participants were trained (24 staff from PCI NGO partners, six from other NGOs namely: Light & Courage, Hope World Wide, Stepping Stones and 10 Government staff).

From the two trainings, 17 individuals (13 from PCI NGO partners and 4 Government Officers from Selebi-Phikwe, Palapye, South East and Kweneng East districts) were selected and trained as trainers from August 11-13, 2009. The newly trained Trainers, together with MOH MASA pediatrics, Baylor, and PCI, have formed a reference group that will spearhead the development and roll out of the pediatric ART access and support curriculum for volunteers and other frontline workers at the community level. This process will continue in the new fiscal year. A plan for post-training technical assistance is being developed, alongside a plan for strengthening referral and case-management partnerships among the trained NGOs and the health facilities in selected districts (prioritizing districts where Baylor has been training clinic staff in pediatric HIV). In the new year PCI will also work with MOH, Baylor and Harvard to identify how the new curricula can be adopted as a national model.

#### Palliative Care Training

As agreed in the work plan with MOH, PCI provided technical assistance to the roll-out of the MOH Palliative Care Training Curriculum to NGOs in partnership with the Gaborone City Council (District Health Team) Palliative Care Trainers. The Palliative Care Training for Allied Health Professionals (social workers, teachers, counselors, FWEs etc) was held for PCI NGO partners from August 17-21, 2009 in Gaborone. A total of 24 participants from PCI NGO partners and 4 from the BONEPWA+ COEs attended the training. In the next fiscal year, PCI will follow up trained NGO staff to ensure application of knowledge and skills acquired.

Technical Assistance Visits to NGO Partners: During the year, there were two major rounds of technical assistance visits to partners, the first in November 2008, to discuss and refine implementation strategies for the period October 2008–September 2010 and identify capacity building needs, and the second in March 2009 to monitor progress on implementation. Progress was noted in implementation of new strategies e.g., strengthening the family care focus through intensified home visits, liaising with community resource people to promote community involvement, establishment of PLHIV support groups and working with adolescents through kids' clubs and other social events such as sports. At that time, basic skills were still lacking such as skills for working with children, providing ART adherence support, and conducting community mobilization. For the remainder of the year (April-Sept), PCI undertook the activities described in the narrative above to develop and deliver training and technical assistance



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to enhance the basic skills of the partners in these areas, as well as to address other emerging needs such as governance issues which threaten the survival of the NGOs and the services they deliver in the community. While heavy emphasis was placed on training in this fiscal year, in the next fiscal year higher priority will be given to on-site mentoring and coaching to ensure that acquired skills are put in practice.

#### NGO partners sharing forum and planning meeting for FY 09/10

All 10 PCI NGO partners met for two days, June 17-18, 2009 to review progress made in program implementation in the first six months of FY 09 and to plan for the following year. They shared experiences regarding creative approaches they have used to increase reach to more families with children and PLHIV in need of support services at lower cost and higher quality. For example, almost all organizations reported to have engaged new volunteers in service delivery. House of Hope and BOCAIP Tumelong decentralized their kids clubs from the centre (NGO office) to community based premises such as churches, VDC buildings. These are run by youth with support from NGO staff. BBM identified church women volunteers and then trained them to provide care and support services to OVC during Sunday School activities. Similarly, Holy Cross Hospice formed coalitions with women's groups in the community who were also trained in service delivery. Tsholofelo Trust in Letlhakeng and BAPR in Lobatse formed PLHIV support groups who, in addition to helping themselves to live positively within their groups, will be trained to provide services to families in their communities. Following training in the Journey of Life (JoL) toolkit, Mothers Union in Mahalapye, Silence Kills and Humana Child AID in Selebi-Phikwe started working with guidance and counseling teachers and youth groups in schools within their communities. PCI will continue to organize such gatherings to facilitate peer learning and mentoring, and will begin in the new fiscal year to document some of these partner experiences and translate into guidelines for other CSOs to learn from.

#### **(d) NGO Institutional Capacity Strengthening**

##### Resource Mobilization Assessment

During the year, PCI engaged a consultant to conduct a rapid assessment of resource mobilization opportunities for PCI partners in Botswana. The assessment was conducted between December 2008 and March 2009. Interviews were held with a sample of private sector companies, PCI partners, development partners and independent foundations. A total of 36 corporate entities participated in the assessment. The assessment identified a number of success factors and challenges in resource mobilization in Botswana. Success factors included: existence of good governance and leadership; strategic thinking, effective use of technology; quality of internal management systems such as administrative and financial management procedures. Common challenges identified included: lack of coordination among current and potential funders; lack of a central information source for CSOs to learn about available and potential funding sources; lack of clear criteria and processes to access such funding. PCI will use the findings of the



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assessment to develop a resource mobilization strategy for PCI partners which will be one of the major priorities in the coming year.

At the same time that PCI was about to embark on this assessment, AED also was planning to undertake a similar assessment. The two consultants collaborated with each other, and each produced separate but complementary reports with AED's focused more on case studies of NGO successes in fundraising. In the new fiscal year, AED and PCI plan to work together to identify how learning from these studies can be used to develop strategies and tools to enhance CSO resource mobilization that could be rolled out through platforms such as BONASO's district NGO coalitions.

#### Training in Governance & Leadership

Recognizing the critical role that governance and leadership plays in organizational development and growth, PCI in partnership with BONASO organized a training workshop for partner organizations in these skill areas. The training took place from 25-29 May 2009 in Palapye and was attended by 35 participants (30 from PCI supported NGOs, 3 from BONASO and 2 from BONEPWA+)

This workshop brought together NGO board members and management staff to help them appreciate each others' roles through sharing experiences and learning from each other. Topics covered included defining governance and leadership, roles and responsibilities of the Board, common civil society challenges in governance and leadership in Botswana, basic organisational management functions, financial management, human resource management, including Botswana labour laws' requirements, resource mobilisation and sharing lessons learned from implementation of the Building Bridges program. The outcome of the workshop was action plans developed by participating organizations which outlined priority activities they could undertake for strengthening their governance and leadership. Priority activities were identified under four thematic areas: Governance, Human Resources Management, Resource Mobilization and Financial Management. PCI will follow up on the activities and include them in individual NGO capacity building plans developed following a rapid organizational capacity assessment (ROCA). (Please see below for more description on the ROCA activities.) As AED has also been conducting training in governance for their NGO partners, PCI and AED intend to collaborate in the new year on the development of guidelines and training tools in this area that could be rolled out through platforms such as the BONASO district NGO coalitions.

#### Finance Training and Technical Assistance

PCI held a second round of training in Pastel accounting software for the finance officers of the twelve NGO partner organizations in February 2009 (PCI purchased Pastel for its 12 NGO partners in the previous year). Three officers received training for the first time and the rest reinforced their understanding of the Pastel system. The training focused specifically on the accounts payable and payroll management modules of the software. The evaluations were very positive; participants were tested on their knowledge and all but one participant passed the test. Training is complemented by one-on-one technical support through review of financial reports and feedback sessions with NGO finance



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department staff. Over the year, there has been satisfactory progress on the monthly financial reporting from NGO partners except for two, who are still submitting their reports late with some errors and missing supporting documents due to problems with the skill level of their Finance Officers. A major challenge that remains is proper budget planning and monitoring of budget execution by NGO Management which will be addressed through continued technical assistance to clarify management and Board roles and responsibilities.

#### Dissemination of Human Resource (HR) Management Guidelines

During the year, PCI developed and disseminated generic HR procedures to partners. These included guidance on recruitment processes, handling grievances, raising awareness about labour requirements in Botswana and recruitment of volunteers. In the past there have been inconsistencies and lack of reference points in regard to human resource management by the partners. Partners have reported to PCI that these procedures have been very helpful to them in handling their day-to-day HR needs. The procedures have been shared with PCI regional office in Zambia and they intend to disseminate them to other partners in the region that need such support. Similarly, generic job descriptions outlining the core functions of key positions of coordinator, finance and program manager were developed and disseminated to partners. PCI continues to provide ongoing one-on-one technical assistance to the NGO partners according to needs arising. For example, Mothers Union, Mahalapye was assisted to review and revise its constitution. With this support, it is hoped that NGO partners will be more stable and be able to sustain service delivery in their communities. PCI will work with BONASO in the coming year to develop HR templates and guidelines that can be disseminated through their district coalitions and website.

#### Rapid Organizational Capacity Assessment (ROCA)

The ROCA tool which was developed and tested in the last fiscal year with four of the twelve NGOs was adapted with minor revisions and used with all the 10 NGO partners through a local consultancy in September 2009. The purpose of the ROCA was to determine the existing organizational and technical capacities of all 10 partner organizations. Findings were used to inform the development of individual NGO capacity building plans, and development of a consolidated capacity building plan that compiles critical capacity building needs across all the 10 partners. Priority areas included governance and leadership; human resources management, financial management and resource mobilization. A skills audit of partner technical competencies will follow, which will further inform capacity building plans for individual partner organizations for the remainder of the project.

#### IT Assessment and Procurement of Hardware

As part of the institutional capacity strengthening plan, in August 2009 PCI engaged an IT specialist company to assess IT infrastructure of all the PCI NGO partners. Findings from the survey indicated a range of IT needs that included hardware, software and networking. Needs were prioritized, and PCI purchased hardware, Microsoft office 2007 and antivirus software for the partners. In October arrangements will be made for



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delivery and installation of the equipment which will be followed by on-site training and mentoring.

**(e) PCI's work with key government stakeholders**

Technical Assistance to DSS to Establish District Child Care Forums

The Child Care Forums are a DSS initiative in response to an assessment conducted by DSS that identified the following needs: inadequate networking amongst NGOs working with children, inadequate information sharing resulting in duplication of efforts; lack of community needs driven interventions and strained relationships between NGOs and Government service provision departments. Establishment of District Child Care Forums is intended to facilitate coordination and networking towards improving NGO service quality. District Child Care Forums are committees that are comprised of NGOs working with children and Government departments of S&CD, Public Health and DAC. Two forums for Gaborone district were established in March 09 and six for Chobe, Ngami, Boteti & Okavango and Kgatleng and Kweneng district in July and September 2009 respectively, bringing the total of established Forums to eight in the fiscal year. The PCI OVC Officer played a key role with the DSS working group in preparation and facilitation of these workshops. PCI will continue to provide technical assistance to these activities in the new fiscal year. PCI will also work with DSS and BONASO to see how the DSS Child Care Forums and BONASO's district NGO coalitions can be brought into one integrated, complementary strategy.

Other Technical Assistance to DSS

During the year, PCI has worked in close collaboration with MLG-DSS to implement activities that were agreed upon during the work plan discussions held early in the year. Planned activities included providing technical assistance to the following DSS initiatives: the establishment of district NGO Child Care Forums, PSS training roll out, strengthening OVC M&E systems and developing methods for monitoring OVC program quality based on the national OVC guidelines; development and piloting of the community mobilization for children strategy; development of the Community Carers strategy; and development of standards, guidelines and training materials. PCI accomplishments this year include: assisting DSS to establish district NGO Child Care Forums in eight locations; conducting the PSS training with NGO partners; and developing and piloting community mobilization training using the Journey of Life toolkit. Later in the year DSS and PCI discussed in more depth how PCI could assist with the development of the Community Carers strategy, and work will begin in the new fiscal year. PCI also plans to strengthen OVC-focused M&E systems as part of our pilot activities in three districts in the next fiscal year, including incorporating the use of the Child Status Index. PCI will continue to provide technical assistance to DSS in development of standards and guidelines and other identified areas in the next fiscal year.

Ministry of Health Department of HIV/AIDS Prevention and Care (DHAPC)

PCI and MOH DHAPC agreed to work together to train PCI NGO partners, and provide guidance in the training of other CSOs as feasible, using the MOH Palliative Care Training Package and the Comprehensive HIV/AIDS manual for CHBC volunteers (this



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manual has not yet been released). It was also agreed that PCI would work with MOH MASA pediatrics to develop a curriculum and implement a pilot training program in pediatric ART access and adherence for CSOs, and would support two MOH officers to go for an intensive training in Palliative care at Mild May in Uganda. Accomplishments during the year include: training of 24 staff from PCI supported NGO partners and four from BONEPWA+ Centres of Excellence (CEOs) in palliative care; providing technical assistance during the training of health professionals in palliative care; and development of pediatric ART adherence curriculum for NGO staff and training on the same. PCI will provide technical assistance to the completion and roll out of the comprehensive HIV/AIDS training manual for community volunteers which is still pending. PCI will in the coming year work with MOH MASA pediatrics and Baylor to finalize the pediatric ART adherence curriculum version for community volunteers and identify how the training materials can be adopted as a national model.

#### Ministry of Local Government – Primary Health Care (PHC)

Areas of collaboration agreed between PCI and MLG-PHC during work plan discussions included: support to the district departments of S&CD and DHT to strengthen service integration and referral partnerships among CSOs and Government in pilot site Phikwe; working with district M&E teams to ensure PCI NGO partner data collection and reporting feeds into district data needs; operationalisation of the MLG Family Care Model by CSOs in partnership with S&CD and DHT; review of District HIV/AIDS plans for opportunities for PCI assistance and collaboration; providing technical assistance to efforts by DSS to establish District Child Care Forums and by BONASO to establish District NGO Coalitions, including helping to harmonize these and ensure they are linked with DAC/DMSACS; development and implementation of community mobilization strategy for children in support of MLG goals of increasing community initiative and engagement in HIV/AIDS and OVC support.

Trainings conducted during the year involved both district and central Government officers and NGO staff with the aim to strengthen collaboration and referral between Government departments and CSOs (in particular, the community mobilization/Journey of Life, palliative care and ART access and adherence support). PCI provided technical assistance to DSS in the establishment of District Child Care Forums, and began later in the year providing some capacity building support to the BONASO district NGO coalition strategy. The Community Carers model which PCI will assist DSS to develop in the new year is a step towards operationalizing the MLG Family Care Model, as is the development of an integrated curriculum for CSOs which PCI plans to develop with Government and BONASO in the coming year. PCI will continue work started this year to harmonize NGO partner data collection and reporting with district needs. In the next fiscal year, PCI will also continue to work closely with district Government and with BONASO and BONEPWA+ to further define areas where PCI can contribute to strengthening district-approaches to capacitating CSOs.

#### Building Relationships with Government Departments in PCI districts

During the reporting period, PCI focused Government partnership efforts on building relationships with the districts where PCI has NGO partners. MLG PHCS and DSS



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assisted PCI with making introductions to key government officials in four of the seven districts where PCI works namely: Selebi-Phikwe, Palapye, Mahalapye and South East. PCI held meetings with Town Clerks, District Officers, DACs and their staff, and held joint meetings with DHT and S&CD to discuss challenges and opportunities in referrals among DHT, S&CD, and CSOs. Outcomes of these meetings are: relationships established with district government; PCI awareness of district priorities, and district awareness of what PCI can offer; opportunities for assisting district government HIV/AIDS priorities identified; PCI understanding of some of the challenges in referral partnerships. Another key outcome was the opportunity to identify specific cases where PCI NGO partners are not working well with district government and to try to bridge that gap, as with Silence Kills Support Group (SKSG) in Selebi-Phikwe.

Selebi-Phikwe presents the strongest opportunities for PCI to assist with CSO capacity building, as a well as with strengthening referral partnerships among CSOs, DHT and S&CD. This is due to the close alignment between the District HIV/AIDS plans and the Building Bridges program priorities; the enthusiasm of the Government representatives there for this work; and because PCI is providing sub-grant and capacity-building support to two of the strongest of Phikwe's seven HIV/AIDS NGOs. PCI used these opportunities to pilot a community mobilization for children model using Journey of Life, for which district resources are being leveraged, and will build on these activities to work with the district and the umbrella bodies to develop a package of integrated CSO services to be piloted in selected districts.

#### Support to NACA for development of CSO National Capacity Building Strategy

At the request of NACA, PCI is contributing financial and technical support to selected costs and activities related to the development of a National CSO Capacity Building Strategy. The development of the strategy is a multi-partner effort initiated by NACA and UNAIDS in collaboration with the NGO Donor Technical Working Group, and is now spearheaded by the partnership of BONASO and NACA. The overall objective of this work is to achieve a coordinated approach to building the capacity of civil society to provide comprehensive and quality prevention, treatment, care and support services, in line with the new national strategic framework (NSF II; 2010 -2016). The strategy is intended to address an important gap in Botswana, namely the lack of a clear vision or framework for the role of civil society organizations in HIV/AIDS response at different levels, and the lack of a roadmap for how to build CSO capacity to play this role.

PCI is a member of the CSO Capacity Building Strategy Technical Working Group (TWG), along with NACA, UNAIDS, MOH, MLG, ACHAP, Forum Syd, BONEPWA+ and USAID, for which BONASO serves as secretariat. The TWG provides technical direction to the consultant assisting the process. The work of the consultants was halted on 20 Aug 09 by the TWG after it was felt that the deliverables were of an unacceptable standard (Inception Report, Rapid Assessment Report). The TWG is considering how best to move forward and the activity is expected to be back on track early in the new fiscal year.

#### **(f) Botswana Association for Positive Living (BAPL)**



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During the year, PCI requested and received authorization to provide a sub-grant to the Botswana Association for Positive Living (BAPL) to complete the Kgakololo Project (which is Setswana for “to remind”). The project started in July 2009 and is piloting the use of text messaging to support PLHA (adolescents and adults) in ART adherence. Partners to the project are the Ministry of Health/MASA program, MASCOM (a local cellular company), and the Compton Foundation from the USA. The eleven month study will enroll 550 patients half of whom are adolescents. The project is housed in the Ministry of Health’s MASA program office. As BAPL is a new and youth-led organization, significant efforts were made by PCI during the first few months to help them with administrative start-up, including helping them enter into a sub-agreement properly, helping them with legal issues related to HR and setting up basic HR processes, establishing an effective constitution, and technical assistance in accounting. BAPL is expected to begin enrolling patients and begin the study early in the year.

PCI is considering submitting a concept paper on the Kgakololo project to the USAID GDA program in the new fiscal year, as the program represents a promising public-private partnership that could be built upon to achieve stronger impacts in the use of telecommunications for HIV/AIDS service delivery

#### **(g) BORNUS and Otse Community Home Based Care Trust**

BORNUS and Otse started receiving funds from New Partners Initiative (NPI) in April 2009. As agreed with USAID Botswana and AED, PCI will continue to provide technical assistance to the two organisations in palliative care, OVC and ART programming. During the year, BORNUS and Otse have benefited from trainings in community mobilisation using Journey of Life tool, ART adherence and access support, orientation to OVC basics, psychosocial support and governance and leadership. PCI will track the technical support to BORNUS and Otse under its capacity building indicators which will be refined and shared with USAID and will also identify mechanisms for capturing the number of beneficiaries they reach through PCI’s technical support efforts (indirect beneficiaries).

#### **(h) PCI’s work with umbrella organizations**

##### BONASO

Building on discussions held between BONASO and PCI in FY08, two key areas for PCI assistance were identified: selected interventions to strengthen overall institutional capacity, and interventions to strengthen the district NGO coalition platform for delivering capacity building to NGOs. A Memorandum of Understanding was signed for 25 May – 30 September 2009, with the assumption that PCI support would continue into the next fiscal year through either a continuing MOU or a sub-grant mechanism. (Note that funds have not been given to BONASO, rather PCI pays for all agreed activities directly; staff hired with PCI support are paid through PCI and seconded to BONASO.) Activities under the MOU include: membership website development and improving database management capacity; assisting BONASO to establish IT-based information



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kiosks at the MASEBOBO district coalition base in Palapye; hiring and seconding a District NGO coalition coordinator; assisting BONASO to train selected member organizations in governance; including key BONASO staff in any training conducted by PCI with NGO partners; sponsoring 2 staff to attend USG Rules & Regulations training; conducting a financial health check of BONASO in preparation for possible sub-grant mechanism in future; assisting BONASO to conduct a capacity assessment of members in the MASEBOBO Coalition. (Note MaSeBoBo is an abbreviation for the coalition that comprises **M**ahalapye, **S**erowe/, **B**oteti and **B**obirwa. PCI has four NGO partners in this geographic area.)

Key achievements during the four months include: assessment of the IT infrastructure; creating an interactive membership website and upgrading the database; funding a position for a short-term Coordinator for the development of CSO National Capacity Building Strategy; funding the position of the District Coalition Coordinator; setting up the MASEBOBO Coalition Coordination Office in Palapye and procurement of office equipment for the Coordinator's Office. Together BONASO and PCI organized and facilitated two training workshops on governance and leadership in May and September 2009. Challenges to the partnership includes weak internal management and financial systems within BONASO, as well as continually competing demands placed on the handful of BONASO staff by having "multiple concurrent partners".

PCI is working with BONASO to extend the MoU through January 2010 to complete the remaining planned activities, which include: conducting a financial health check of BONASO; supporting training for BONASO senior staff on USG rules and regulations (note that PCI is considering bringing a USG rules and regulations trainer to Botswana to train several partners and staff at the same time, rather than sponsoring individuals to attend the international trainings); conducting a capacity assessment of BONASO coalition members in Selebi Phikwe, Boteti, Palapye, Serowe-Palapye and Mahalapye.

Discussions will be held with BONASO to determine the way forward in the new year (e.g. continued use of MOU, use of sub-grant mechanism, priority activities, etc). Activities PCI expects to help BONASO with in the coming year include identifying minimum competencies for CSOs (organizational and in key technical areas), developing templates, guidelines and tools to help them capacitate CSOs in these areas through the District Coalitions, and continuing to help BONASO use IT to manage its membership and provide capacity-building. Areas of focus will include the same focus areas PCI is prioritizing for its 12 NGO partners, which include Resource Mobilization, Governance & Leadership, Human Resource Management, and Integrated Service Delivery. PCI plans to collaborate with AED in the development of these toolkits.

#### BONEPWA+

Meetings were held in April and May with BONEPWA+ to determine specific areas of collaboration, resulting in an MOU for the period 25 May – 30 September 2009. The short-term MOU was signed with the assumption that PCI assistance would continue into the next fiscal year through either a continuing MOU or a sub-grant mechanism. (Note that funds have not been given to BONEPWA+, rather PCI pays for all agreed activities



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directly; staff hired with PCI support are paid through PCI and seconded to BONEPWA+.) BONEPWA+ and PCI committed themselves to improve the quality, availability, and accessibility of care and support services in the community through PLHIV support groups and by strengthening the technical skills of the Coordinators at BONEPWA+'s Centres of Excellence (COE). To date there are four COEs: Kasane, Nlaphkwane, Radisele and Kang. There are four more COEs in the planning stages: Lentswelatau, Maun, Tshabong and Good Hope. Each COE coordinator manages the operation of the Centre, and supervises volunteers who carry out community work in home based care, economic empowerment, prevention education, advocacy, community mobilization and ARV treatment literacy. The vision of BONEPWA+ is for these COEs to serve as capacity-building agents for other support groups in their geographic areas. At the Secretariat level, PCI agreed to support a National Training Coordinator position, and an IT consultant to audit their current system and help them develop an association-focused database and update the database. For both BONASO and BONEPWA+, PCI is working with the National Institute of Information technology (NIIT), which uses a combination of senior staff and advanced students to provide services, which helps to keep the costs low, while giving students a chance to gain first-hand experience.

Key achievements include funding a consultancy to create an interactive website and upgrade a database; funding a National Training Coordinator position to train and mentor Centre of Excellence (COE) Coordinators in Kasane, Nlaphkwane, Radisele and Kang; including BONEPWA+ Board members. Staff from BONEPWA+ have participated in PCI organized trainings on governance and leadership, palliative care, ART adherence and support as well as orientation to OVC basics. IT equipment for the National Training Coordinator's Office has also been procured.

The MOU will be extended through January 2009 to complete planned activities, and discussions will be held to determine the way forward in the new year (e.g. continued use of MOU, use of sub-grant mechanism, priority activities, etc).

#### **IV. IMPLEMENTATION CHALLENGES**

NGO partner management issues: Weak institutional capacity in governance/leadership, human resource management and financial management continue to have a negative impact on the implementation of their planned activities. Although there has been improvement in many aspects, significant time is spent helping NGOs resolve internal issues and problems caused by weak systems. PCI will continue working with the districts, BONASO and BONEPWA+ to find lasting solutions to some of these problems.

Striking a balance between funds allocated by NGOs for service delivery and for running costs including staff remains a challenge. Staff are needed to deliver services and run the organization, however without multiple sources of funding, too large a percentage of the PCI sub-grants go towards running costs. The NGOs require multiple sources of funding to balance the two, while also learning to use volunteers more effectively rather than staff and paid volunteers. PCI will continue to explore resource mobilization opportunities from the private sector, strengthen linkages between CSOs and districts and assist



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selected NGOs to incorporate income generating activities as part of their resource mobilization strategy.

Juggling multiple levels of program implementation- national, district and NGO (community) level: Managing relationships with key government ministries and other stakeholders at national and district level while providing adequate support to the NGO partners without compromising output at each level is a challenge. As PCI becomes more recognized in country, more demands are made on staff time to participate in central government initiatives, while demand is also being generated to assist more in the districts and include more district NGOs in capacity building activities. At the same time, the 10 NGO partners receiving sub grants as well as the 2 NPI grantees also need ongoing technical assistance and mentoring. To avoid spreading too thin, PCI will work to better prioritize activities and find ways to bring them together into unified strategies. For example, developing an integrated services toolkit will help consolidate training activities across the technical areas. Putting more focus on helping to build and utilize district structures such as the BONASO NGO coalitions as channels for capacity building may help streamline some of this work in the longer term. Joining forces with BONASO and other key international agencies like AED and RTI can help with packaging capacity building approaches and helping BONASO to spread skills, tools, materials etc to more NGOs, rather than PCI trying to provide capacity-building directly to more NGOs ourselves.

Phasing the training and technical assistance activities without overwhelming the NGO partners. Finding the right mix of training and technical assistance to support the partners to implement their work plans continues to be a challenge. In the past year, despite efforts to phase in trainings with different partners to not overwhelm them, there were too many training activities and not enough time spent on post-training mentoring to help partners apply what was learned. In the next year, emphasis will transition away from training workshops to on-site technical assistance and mentoring.

Capturing beneficiary data for non-PCI supported NGOs.

As PCI is asked by Government and other stakeholders to include other district NGOs in trainings we conduct, we are challenged to develop systems for capturing beneficiary data for these NGOs. As they are not receiving sub grant funds, it is not realistic to expect them to implement the full set of PEPFAR data collection and reporting tools sub grant partners are required to complete. PCI discussed approaches to capturing “indirect” beneficiaries with our technical officers at USAID and CDC Botswana, and are in the process of establishing these. This challenge also applies to our technical capacity building work with the two NGOs now funded directly through NPI, as well as our support to the umbrella bodies. Our concern is that many more organizational and individual beneficiaries are being reached with PCI assistance but are not making it into the PEPFAR reporting on project beneficiaries. We will continue to work with USAID and CDC Botswana to identify the most appropriate way capture and report this data.

## **VI. LESSONS LEARNED**



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- Governance/Leadership continues to emerge as one of the most important drivers of NGO partners' success or failure to manage themselves properly, manage resources effectively, deliver quality services, and grow. Assisting NGOs to establish effective Boards, clear roles and responsibilities between Boards and management staff, and constitutions that reflect the reality of the organization, are among the most important interventions needed to strengthen the NGO sector in Botswana.
- Integration of HIV/AIDS services in the Building Bridges program has focused on three technical areas: orphans and vulnerable children, palliative care and ART access and adherence support. Each of these technical areas requires specialized skills, and to date the tendency has been to have separate guidelines and curricula on each of these. To achieve integrated community services, aspects of each of these service areas must be brought into one unifying framework and calibrated to an appropriate level for delivery by NGO staff and volunteers to the family. This requires clearer identification of the services the NGO staff and volunteers will offer themselves in contrast to what they will help the family access through referral to Government and other services. This could be facilitated by the development of an integrated HIV/AIDS services guideline and toolkit geared towards CSOs, and in particular community volunteers. Without such a framework, there is danger of “overkill” when providing training to CSOs—perhaps more than the trainees need to know in a particular content area—and the concern that the CSOs may still lack a clear way forward for integrating the various skills into one program.
- NGO partners take time to appreciate new program and organizational concepts and translate them into activities. Significant time is needed for post-training individualized mentoring to help partners understand new approaches sufficiently, to incorporate them effectively into their plans and budgets, to implement them, and to gather monitoring information on them. PCI expectations for partners to run with new ideas introduced in the first year may have been too high, and we are now better able to determine how much time the NGOs will need to test, embrace, and institutionalize new approaches.
- PCI's work over the past year with MLG, MOH, the umbrella bodies, and the districts has shown us the importance of working very closely with these agents to identify unified approaches to deliver capacity-building out in the districts. At present there are too many parallel and often competing CSO capacity-building initiatives moving forward in country through various agents, resulting in lost opportunities for leveraging strengths and achieving sector-wide impact. The DSS and BONASO efforts towards creating district CSO coordination mechanisms is a step in the right direction towards creating unified platforms for delivering capacity building to the CSO sector. The efforts by NACA and BONASO to develop a National CSO Capacity Building Strategy is also a step in this same direction that deserves the full support of all players to ensure that an effective strategy is produced and ultimately implemented.



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- Linking CSOs to existing capacity building structures in the district such as trained trainers developed by MOH and MLG/DSS is also key to enhancing collaboration between Government departments and NGOs and paves the way for sustained technical support in the future.

## VII. SUCCESS STORY

### **Helping Connect a Mother and Vulnerable Child to Services HOUSE OF HOPE - PALAPYE**

An eleven year old girl who is epileptic, physically and mentally challenged lives with a single mother and young brother. She had been subjected to neglect and was discovered by one of the House of Hope Volunteers during a home visit. The child was discovered locked in a house by herself. The volunteer reported the child to the House of Hope Social Worker who also conducted a home visit to talk to the mother. During the counseling sessions, it was discovered that the mother had no option but to lock the child up as she looked for work to support the family. As a result, she had stopped taking the child to Cheshire Foundation in Mogoditshane for physiotherapy. She did not have any support system around her and no source of income. During the initial encounter with House of Hope staff, the mother was stressed, frustrated and felt helpless and seemed uncooperative. With on-going counseling, the mother opened up and arrangements were made with the District Rehabilitation Officer to take the child to Motswedi Rehabilitation Centre in Mochudi for assessment and possible admission. Unfortunately the child was not eligible for admission because of her age (she was over age).

House of Hope resolved to admit the child to their pre-school though she was beyond the age limit for pre-school temporarily, while trying to find her an appropriate school. At the preschool, the child has been exposed to stimulation and interaction with other children as opposed to staying in isolation. So far progress regarding finding her an appropriate school/institution has been futile since no institution is willing to admit her because of her age and inability to do anything for herself.

The child started attending classes at House of Hope this term (August 2009) and comes twice a week. This is a trial which will be evaluated on the basis of the child's performance and progress. According to the child's Teacher when the child first came in she did not respond to any stimuli, she was withdrawn, quite and did not show any interest in her surroundings. After a month of exposure, the child is now more responsive, makes sounds in recognition of songs sung by her classmate and is responsive to them when they interact with her. With the limited expertise this is what House of Hope has been able to do for the little friend and family. The story illustrates the important work of



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volunteers at community level in identifying vulnerable children and ensuring that they and their families are assisted to access the services they need.

*One of the classrooms at House of Hope Centre- Palapye*

