

Building Bridges Program Annual Report FY 10

Project Concern International (PCI)

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 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 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) and Primary Health Care (PHC) at national and district level. Table 1 reflects current PCI Botswana NGO subgrant partners and their districts.

Table 1: PCI Botswana NGO Sub grant 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	Gaborone City Council

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Living (BAPL)	
Botswana Association for Psychosocial Rehabilitation (BAPR)	Lobatse Town Council
Holy Cross Hospice	Gaborone City Council
House of Hope	Palapye Administrative Authority in Central District Council
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

Summary of Project Activities & Outcomes during reporting period (Oct 09- Sept 10)

a. Progress Report for: Building Bridges Program		
b. Project- Specific Financial Progress Report: Develop and attach as excel worksheet		
c. Activities To be performed to achieve project goals	d. Status <i>If other than completed, must have explanation</i>	e. Explanation
Objective 1: Strengthened technical capacity of CSOs to deliver integrated HIV/AIDS services		
1.1 Pilot training of volunteers using the draft paediatric ART access and adherence curriculum developed by PCI in collaboration with Baylor and MOH – MASA paediatrics	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed October 30, 2009 <input type="checkbox"/> postponed <input type="checkbox"/> modified	The draft paediatric ART access and adherence curriculum was piloted in November 2009, during a training of 20 community volunteers selected from NGOs. The training was facilitated by TOTs trained by PCI/Baylor in August 2009. Comments on the curriculum from both trainees and trainers were shared with Baylor and will be incorporated in the final curriculum which will be packaged in FY 11.
1.2 Roll out training of community volunteers using draft paediatric ART access and adherence curriculum	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	During quarterly technical assistance visits, PCI discovered that NGO staff who were trained in ART adherence support did not in turn pass on the knowledge and skills to community volunteers because they had not budgeted for the trainings. Working with PCI, NGOs devised cost effective ways of conducting training and seven NGOs managed to train a total of 70 community volunteers in ART

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		<p>adherence support. A follow up plan was developed with each NGO to ensure application of skills. NGOs are expected to reach more clients with ART adherence support and early identification of clients in need of ART. PCI will train volunteers from the remaining NGO, (BBM) as well as collaborate with MOH and Marang to train Marang members during FY 11.</p>
<p>1.3 Finalise the paediatric ART adherence support curriculum</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>In FY 09, PCI worked with Baylor to develop content on paediatric ART access and adherence support for NGO staff and pilot tested it with positive results. The content and training reports were presented to MOH- MASA Paediatrics unit who gave clearance to PCI to package the content into a curriculum that could be used nationally. Through interactions with MOH and Baylor, it was determined that Ministry of Health curriculum development guidelines must be followed which require development of a participants' handbook as well as the Facilitators manual. Given the increased workload, Baylor was unable to undertake the task and this activity was moved to FY 11. PCI will engage a private consultant to package the curriculum as required and Baylor will provide TA as needed.</p>
<p>1.4 Adapt Baylor teen club model for use by NGO partners</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>Four NGO partners Mothers Union, Holy Cross Hospice, BBM and BAPR have established teen clubs with 47 and 17 children for Mothers Union and Holy Cross and 7 children each for BBM and BAPR respectively. Discussions are still on-going between the management of Hospitals in Kanye and Selebi Phikwe for BOCAIP Lesedi and Humana Child</p>

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		<p>Aid to start their teen clubs. BOCAIP Tumelong has had challenges maintaining the teen club they had started because they are quite a distance away from both Baylor Clinic and Thamaga which they should be linking with. However, a new IDCC in Mmankgodi, closer to Tumelong was recently opened and PCI together with Tumelong staff have already made contact with the clinic staff to start cultivating working relationships. The teen clubs model promotes collaboration between hospitals/clinics and NGOs for synergistic follow up to promote positive living among adolescents living with HIV and to provide ART adherence support.</p>
<p>1.5 Strengthen service linkages between IDCC and CSOs in paediatric ART support</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>Collaboration and referrals between PCI supported NGOs and local IDCCs and health clinics have improved significantly during the year. At least all NGO partners have some form of documentation that shows that there is collaboration between the NGO and the clinic in form of minutes from meetings held between the IDCC and NGO, referral lists from the IDCC to NGOs of ART defaulters requiring follow up and lists of clients from the NGOs to IDCC that need to be initiated on ART and/or require medical attention. PCI will continue to support NGO partners in FY 11 to strengthen and maintain relationships with IDCC so that more clients are able to access ART services and adhere to treatment.</p>
<p>1.6 TA to BAPL for conducting feasibility study on ART support using mobile phone technology</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>BAPL in partnership with MOH, MASCOM (mobile telephone company) and PCI is implementing a program that uses SMS reminders to clients who are</p>

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		<p>on ARV for doctor appointments, prescription refills and individualized pill reminders. BAPL has recruited 230 clients (68 males & 162 females) during the year. Recruitment from the adult IDCC is currently open for only specialized clients (those identified to have adherence problems). Enrolment of adolescents for which the study targeted is still pending approval from Baylor ethics review board which is anticipated to resume soon. Follow up of study clients is continuing without any major challenges. The Study period has been extended to June 2011 to allow follow up of clients who will be enrolled last.</p>
<p>1.7 PCI OVC Officer attend Master Training in Psychosocial support and Community mobilisation using Journey of Life (JOL) tool</p>	<p> <input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed October 2009 <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>The training was sponsored by Regional Psychosocial Support Initiative (REPSSI). The objective was to train regional facilitators in order for them to build capacity and provide on-going mentorship to implementers at country and national level. The PCI Officer trained is working closely with DSS to train OVC implementers in PSS and is spearheading community mobilisation activities using JOL and has started rolling out the tool to other stakeholders.</p>
<p>1.8 Facilitate NGO peer mentoring in implementation of JOL</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>In March 2010, PCI organised a forum that brought together all the Six NGOs PCI trained in community mobilisation skills using the Journey Of Life (JOL) tool in 2009. Some of the lessons shared included how to work effectively as a District JOL team, how to lobby for funding for JOL activities and how to implement JOL in schools. Throughout the year, partners have been consulting each other in areas that their peers are</p>

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		<p>performing well and have used learnings to improve JOL implementation. This approach has been effective and will continue in FY 11.</p>
<p>1.9 Train Trainers in JOL</p>	<p> <input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed April 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>In April 2010, PCI with assistance from REPSSI and consultant Dr. Jonathan Brakarsh, conducted a Training Of Trainers (TOT) workshop with 14 participants from Holy Cross Hospice, Humana Child AID, Silence Kills, Mother's Union, Mahalapye District Government departments, PCI, Marang Child Care Network and Baylor. The TOT followed successful completion of training and field practice in using the JOL package that these and other participants underwent in FY 09. Trainers were selected from the pool that was trained in FY 09 based on criteria such as ability to train others, and availability and commitment to the JOL program. The team will be a resource in rolling out JOL not only to PCI-supported NGO partners but to all organisations and institutions that require training in JOL.</p>
<p>1.10 Train six NGOs in JOL</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>PCI conducted JOL training for another set of NGOs and District Officials who were not trained in FY 09. Forty five participants attended who included DAC Officers, Social and Community Development Officers (S&CD), Public Health Officers, Teachers, DSS staff, PCI staff, Stepping Stones staff, and staff from six PCI supported NGOs namely: BBM, House of Hope, Tsholofelo Trust, BOCAIP Tumelong, BOCAIP Lesedi and Otse Community Home Based Care Trust. At the end of the training, participants formed five District teams</p>

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		<p>of Kweneng East, Kweneng West, Palapye, Kgatleng and Southern (Kanye) and developed district JOL implementation plans. Four out of five district JOL teams have conducted community workshops as required before the second (Action) workshop to be held early in FY 11. The NGOs have assisted community groups to develop action plans and will be monitoring implementation of the same during the course of the year (FY 11).</p>
<p>1.11 Monitor and provide technical assistance to NGO implementation of JOL</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>During the year, PCI staff provided technical assistance to all NGOs (those trained in FY 09 and the newly trained in FY 10) to implement their plans. Results have been achieved in Gaborone and Lobatse, where the JOL district teams secured funding from DMSAC and have continued to provide technical support to communities and schools to implement their action plans. In Phikwe, poverty was one of the problems that was identified through JOL community workshops. Nine support groups of women were formed and five registered as companies. Registration will enable them to access funding from Women Affairs Department. While still awaiting funding, the women groups have started income generating activities such as pottery, basket weaving etc. In Mahalapye, the district JOL team organised communities to start income generating activities and have provided 12 families with seedlings obtained from Ministry of Agriculture, to start vegetable gardens in their homes. PCI will continue providing TA to NGOs to support their communities and document promising practices.</p>

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<p>1.12 Develop guideline on the integrated services approach including defining the minimum package of services to be delivered by NGOs</p>	<p><input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified</p>	<p>A draft guideline was developed which builds on the existing Family Care Model (FCM) developed by Ministry of Local Government to integrate the home based and orphan care programs into a family focused support system. The guideline attempts to simplify the model by defining key concepts, outlining potential needs and services at the family level and providing guidance on how to address identified needs. The guideline also spells out linkages between NGOs, community and key Government Departments in implementation of the model. A draft is currently being field tested by NGO partners and will be shared for in put with key stakeholders to include MLG-PHC, DSS, MOH, Marang, BONASO and finalised in FY 11.</p>
<p>1.13 Develop a tool and process for NGOs to conduct comprehensive assessment of family needs</p>	<p><input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed May 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified</p>	<p>A comprehensive family assessment tool was developed and distributed to partners together with the integrated guideline that had been developed to facilitate provision of comprehensive services. In addition, all partners were assisted to adopt a filing system that ensures all family members' information is together to ease tracking of services. Each family has been assigned a number which appears on all the files of individuals in that family. The filing system is similar to how information is coded in the client database and this will ease analysis and use of information for programming purposes.</p>
<p>1.14 Identify key competencies needed by NGOs to deliver the minimum package of integrated services</p>	<p><input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified</p>	<p>This is part of the integrated guideline being refined. In addition, a skills audit has been conducted for all NGO staff through a self administered form. This will be analysed in FY 11 and</p>

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		<p>recommendations made to NGOs to inform the future direction of their NGOs.</p>
<p>1.15 Identify and support the implementation of pilot Food Nutrition and Livelihood Security (FNLS) interventions (Phikwe, Mahalapye, with PLHA support groups, teen clubs, OVC caregivers)</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>There has been progress on FNLS initiatives in the focus districts, Mahalapye and Selebi Phikwe as well as in other project districts. In Mahalapye, Mothers Union started a horticulture project with about 560 cabbage and 200 butternut seedlings (donated by MOA) planted in about one hectare. The centre is collaborating with MoA officials, agriculture teachers in government schools, and the local business community who are providing them with technical expertise and guidance. The labour is currently provided by Mothers Union staff and the beneficiaries, namely the caregivers of children the centre supports. The plan is to sell produce and pay off the workers as well to expand and diversify the projects. A local horticulturalist and business woman donated an irrigation system for the project. Another businessperson has pledged chicks for the envisaged poultry project. However, the centre will need to dig a well in order to sustain the level of water needed for the project. Mothers Union is working with PCI staff to write proposals to the Private Sector to solicit for funding for the water supply as well as scale up their garden. So far two proposals, one to Barclays Bank and the other to a local insurance company, have been submitted.</p> <p>There has been slow progress on the FNLS project in Phikwe district</p>

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		<p>following a set back the project suffered after a community member who had committed to donate land changed her mind. PCI's partner Humana Child Aid, who is leading this initiative, identified another community member who donated land and signed a 15 years lease. Humana Head Office acquired funds to fence the plot and PCI is working with Humana staff to mobilise resources for drilling a borehole and to start developing the land.</p> <p>In the rest of the districts, NGO partners are expanding their FNLS initiatives for food production to supplement their feeding programs as well as for income generation for the NGOs. BBM, House of Hope, Silence Kills, BOCAIP Tumelong, BOCAIP Lesedi, Holy Cross Hospice and BAPR all have vegetable gardens of varying sizes at their centres. PCI staff has been encouraging NGO partners to expand their gardens, to network with government departments such as MOA for technical assistance to improve on production, to involve caregivers and children so that they can learn growing skills, and to support them to start their own gardens in their homes. Tsholofelo Trust has supported five PLHIV support groups to start income generation projects and two of the five have promising vegetable gardens. PCI will continue to assist the NGOs as well as their support groups to scale up their initiatives in order improve beneficiaries' nutrition and income opportunities.</p>
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<p>1.16 Organizational capacity building activities to help NGOs manage Food Nutrition and Livelihood Security interventions</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>Six of the NGO partners - BBM, BAPR, BOCAIP Tumelong, Holy Cross, House of Hope and Mothers Union - provide meals to children when they come for pre-school or for after school care. During TA visits, PCI staff observed that the partners did not have any guidance and/or reference on food choices for the children, and the nutritional content of meals was in some cases inadequate. In response, PCI worked in collaboration with Ministry of Health, Nutrition Rehabilitation Program to train NGO staff in nutrition and food preparation. Each NGO sent two cooks and one officer responsible for purchasing and /or general management of food items. Training focussed on understanding the nutritional requirements of children, dangers of malnutrition, the relationship between good nutrition and HIV, menu planning, proper food preparation methods, food safety and hygiene. Participants were given an opportunity to do practical cooking sessions. A total of 18 participants were trained. PCI will work with the Nutrition Rehabilitation Program to develop a simple checklist to ensure trainees are performing to the standard presented in the training. The trainees will also be expected to pass on the skills to caregivers during their interaction with them as part of NGO efforts to improve the food and nutrition status of vulnerable families.</p> <p>PCI, in partnership with Enterprise Botswana (EB) conducted entrepreneurship development training for a total of 13 participants from 5 PCI supported NGO partners: BBM, BOCAIP Tumelong, Mothers Union, Humana</p>
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		<p>Child Aid and Tsholofelo Trust; Pinagare- a support group (under BONEPWA+). The purpose of the training was to equip officers with entrepreneurial knowledge and skills so that they are able to run their FNLS activities with a business perspective. Participants developed business plans for their organisations and PCI will work with EB to finalise and oversee implementation of the business plans. The other 5 NGOs will be trained in FY 11.</p> <p>PCI plans to procure beekeeping equipment for 4 of its partners (Mothers Union, BBM, Tsholofelo Trust and Humana) who have identified honey production for their income generation.</p>
<p>Objective 2: Strengthened organizational capacity of CSOs to manage and sustain integrated HIV/AIDS service delivery</p>		
<p>2.1 Review and update NGO partners constitutions</p>	<p><input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified</p>	<p>Partners have been given a Government template that guides them in the review of their constitutions. BAPR completed the review process and will present and finalise their constitution in October 2010. BBM is still in the process of reviewing their constitution. PCI staff will continue to monitor and provide technical assistance to BBM to complete the review process and support the rest of the NGOs on a case by case basis as and when necessary.</p>
<p>2.2 Assist NGO partners to develop resource mobilisation strategies</p>	<p><input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified</p>	<p>During the year, PCI developed and piloted skills building series on Resource Mobilization for local NGO partners. The series were in three parts, with the first workshop focusing on Media, followed by workshops on Private Sector and Grants Programs.</p>

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		<p>All the three workshops took place. Six NGO partners were prioritized based on the likelihood of them using the skills right away to improve their financial sustainability (MU, SK, BBM, BOCAIP-Lesedi, BAPR and Pinagare Support Group under the BONEPWA Centre of Excellence). Each NGO team comprised the Centre Coordinator, Finance Officer, and a Board member. The series feature intensive writing and other practical sessions combined with presentations and discussions with guest speakers from media, private sector, and other potential donors. Guest speakers from private sector were targeted based on the potential for proposals produced during and after the workshops to get funded. During FY 11, PCI will support NGO partners to finalise and implement their individual resource mobilisation plans and will implement the skills series with the remaining NGO partners.</p>
<p>2.3 Conduct the rapid Organisational Capacity assessment with remaining 2 partners (BBM & Holy Cross)</p>	<p> <input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed October 2009 <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>Assessment reports were produced and used to develop individual capacity building plans for the two NGOs. The ROCA process identified priority capacity building areas for implementation during 2009 – 2010 which include: revision of constitutions, strategic plans, updating job descriptions and ensuring that contracts were consistent with job descriptions. These were discussed with the two partners during TA visits and priorities set for the year.</p>
<p>2.4 Finalise NGO capacity building plans (to incorporate findings from ROCA, financial audit, IT reports & IPs)</p>	<p> <input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed December 2009 <input type="checkbox"/> postponed </p>	<p>PCI worked together with the partners & consultant to finalize individual capacity building plans. The plans are based on results of the capacity</p>

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	<input type="checkbox"/> modified	<p>assessment which involved the boards, staff and stakeholders with guidance from the consultant. Once the consultant had finalised all the consultations with partners the plans were distributed to all NGO partners. PCI staff worked with Board members to set priorities for FY 10 implementation.</p>
<p>2.5 Assist NGO partners to implement capacity building plans</p>	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>Progress has been made in implementation of activities in the individual capacity building plans of NGO partners. All NGOs have sound financial management systems, and have implemented some aspects of their human resource management systems such as updating staff contracts using a template provided by PCI. BBM developed their performance management system, while Silence Kills developed their employee handbook. Eight NGOs managed to secure some form of funding to implement activities in their plans which did not have sufficient funding. However, two of the NGO partners: BOCAIP Tumelong and Mothers Union remain a challenge particularly regarding roles and responsibilities between the national office and local management committees. PCI will continue to assist these NGOs to dialogue with the national offices to clarify the functions of the different structures. PCI has identified specific OD areas of focus for FY 11 that will assist NGOs to remain viable and sustain service delivery at community level. These include development of strategic plans, development of Performance Management Systems, development and implementation of resource</p>

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		mobilisation plans and assisting NGO partners to comply with Government regulations such as registration for tax as required by law.
BONASO		
2.6 Develop new plan for PCI support to BONASO (for beyond Jan, 2010)	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>PCI worked with BONASO to develop a “survival plan” following the pull out of their main funder Forum Syd in quarter two. As a result of this loss, BONASO is currently down to two staff at the national office, and a staff person in Palapye, funded through PCI support, who oversees the MaSeBoBo Regional NGO Coalition (Mahalapye, Serowe, Bobirwa and Bobonong). PCI has held consultations with the BONASO board and with other funding partners (FHI, Forum Syd, and SAFAIDS) to try to find a workable solution. PCI extended its MOU with BONASO to September 2010 to enable BONASO to complete planned activities towards strengthening the Regional Coalition, which is going strong despite BONASO’s challenges at national level as well as the completion of the website design and database. PCI will in FY 11 continue providing support to BONASO MaSeBoBo to roll out their capacity building plans for MASEBOBO members. PCI will extend support to another BONASO structure, NCONGO (Ngamiland Council of NGOs) to train their members on JOL and link them up with Tourism Private Sector partners for resource mobilisation.</p>
2.7 Organise orientation of key staff to USG rules and regulations and grant management	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed February 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>Three separate orientation sessions were conducted, one for PCI staff, one for partner NGO management staff, and one for BONASO and BONEPWA+. For BONASO and BONEPWA, the</p>

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		orientation aimed at helping them understand the USG requirements as they are aspiring to get direct funding from USG and to also prepare them for future sub granting.
2.8 Conduct capacity assessment of BONASO's MaSeBoBo District HIV/AIDS coalition member organisations	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input checked="" type="checkbox"/> modified	This activity was modified and the MaSeBoBo Coordinator has undertaken the assessment of each of the member organisation of the coalition.
2.9 Develop reference guidelines on Human Resource Management , Governance & leadership , Finance Management, strategic planning	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>A draft guideline on Governance and leadership was developed by PCI and AED, and circulated to the core team consisting of PCI, AED and BONASO for review. The team has agreed to finalize the guidelines by December 2010, distribute to BONASO, BONEPWA+, PCI and AED partners for piloting before final production and mass distribution.</p> <p>During the year, PCI developed human resource management templates and distributed to NGO partners. These will be packaged and distributed to stakeholders and umbrella organizations for sharing with members.</p>
2.10 Continue to strengthen information management capacity (website, database, kiosk, data management and filing, IT skills)	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	The design of the website and database was completed by partner NIIT BOTHO College (National Institute of Information Technology) and the maintenance plan developed. The website is live and PCI continues to support its hosting and maintenance. BONASO staff were trained in database use but unfortunately all of them left due to funding challenges that the institution faced during the year. PCI in partnership with NIIT/BOTHO college is supporting MaSeBoBo to set up a resource information kiosk with an

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		internet café in Palapye. The Kiosk will keep a number of information materials including magazines, journals, reading materials as well as provide internet services for MASEBOBO affiliates. The internet café will also be open to the public for income generation to contribute to the sustainability of activities of the coalition.
2.11 Improve the existing GOB constitution template for use by member CSOs	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input checked="" type="checkbox"/> postponed <input type="checkbox"/> modified	Postponed to FY 11, in which BONASO will work with PCI to hold consultations with relevant Government offices to provide feedback on the template based on experiences from the partners.
2.12 Conduct regular technical and mentoring visits	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	PCI staff provided on-going technical support as needed.
BONEPWA+		
2.13 Meeting with BONEPWA+ funders and BONEPWA+ to coordinate support and inform development of PCI support plan	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	PCI held discussions with AED on how to leverage support for BONEPWA+, the two are cost sharing Centres of Excellence Coordinators for Kang, Radisele and Kasane. A meeting with other funders is scheduled to take place early in FY 11.
2.14 Develop new plan for PCI support to BONEPWA+ (for beyond 2010)	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed July 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified	PCI worked with BONEPWA+ to transition them from an MOU to a sub award for July 2010-June 2011, with focus on institutional development and technical capacity building in services for HIV positive people and affected families. This process included developing an implementation plan and budget, conducting a financial health check, identifying priority financial management risk areas and actions needed to help BONEPWA+ successfully manage the funds, and seeking

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		authorization from USAID to enter into a sub agreement. The grant was signed off in July 2010 and since then BONEPWA+ has been able to recruit three District Support Group Coordinators. PCI will continue to work with BONEPWA+ to implement the plan.
2.15 Continue to strengthen information management capacity (website, database, data management and filing, IT skills)	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	Development of the website and upgrading of the database was done. BONEPWA+ staff were trained in the maintenance of the database. NIIT/BOTHO college will provide technical assistance to ensure the database is fully functional in Y 11.
2.16 Conduct technical and mentoring visits	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	PCI staff provide on-going technical support as needed.
Objective 3: Strengthened collaboration and referral among government and CSOs to deliver integrated HIV/AIDS services;		
3.1 Formal introductions of PCI to remaining districts (Kanye, Lobatse, Kweneng and Gaborone)	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed December 2009 <input type="checkbox"/> postponed <input type="checkbox"/> modified	Meetings were held with DAC, DHT, S&CD and District Councillors. District management was aware of activities of the NGOs supported by PCI and appreciated their contribution. Most of the NGOs participated in DMSAC meetings as well as in the annual district planning meetings. However, a few of the partners were included in the district plan and budgets. Discussions held with the DACs indicated potential for NGOs to be included in the district plans and budgets. PCI advised partners to actively participate in district planning activities, share their work plans and budgets as well as reports. District courtesy calls are now part of quarterly TA visits to partners.

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<p>3.2 Work with district agents to develop and implement a strategy for strengthening CSO government referral/collaboration systems (priority districts- Phikwe and Mahalapye)</p>	<p><input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified</p>	<p>Discussions were held with Phikwe and Mahalapye districts and apparently there are no standard referral tools in both districts. PCI's partner Humana in Phikwe has a referral form that is used and acceptable by all Government depts in Phikwe. In FY 11, PCI will identify activities to strengthen the referral system using the Humana tool as a basis and will use lessons learned to support Mahalapye district to develop their own.</p> <p>During the year, PCI on invitation by RTI attended a meeting with Francistown district referral committee to learn from them how their referral system works. Francistown has a tool which was developed by the district but lack systems to manage the referrals. PCI and RTI offered to support Francistown to develop a fully fledged system that would support effective referrals. PCI will use experiences to improve on current initiatives in Phikwe and Mahalapye.</p>
<p>3.3 Explore with DAC opportunities to leverage funding for NGO partner organisations</p>	<p><input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified</p>	<p>Please see explanation under 3.1</p>
<p>3.4 Assist DSS and BONASO/BONEPWA+ to link and harmonise their district CSO coalition strategies</p>	<p><input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified</p>	<p>PCI began dialogues with the senior leaders of both BONEPWA+ and BONASO on how their district Centre of Excellence and regional/district NGO Coalitions strategies could be functionally linked. This dialogue will continue and be expanded to include other district stakeholders in FY 11. Note that this is also being addressed through the National CSO Capacity Building Strategy exercise being undertaken by BONASO & NACA with PCI/USAID support.</p>

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Objective 4: Strengthened government capacity to support CSO delivery of integrated HIV/AIDS services		
4.1 Provide technical and financial assistance to the development and implementation of the National Strategy for CSO Capacity Building	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>In FY 10, PCI was requested by NACA to provide financial and technical support to the development of a CSO capacity building strategy. PCI worked closely with BONASO, NACA and other stakeholders to develop the CSO strategy. The Technical Working Group (TWG) finalized the draft strategy document and was reviewed by the Reference Group and presented at a National Stakeholders meeting in August 2010. Recommendations made at the stakeholders meeting have been incorporated into the draft strategy. NACA has also requested PCI to facilitate the development of a strategy that will be costed and incorporated into the NSF II operational plan.</p>
4.2 Undertake BOTA certification for requirements for Master Trainers	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input checked="" type="checkbox"/> postponed <input type="checkbox"/> modified	<p>Postponed to year 3 after completion of all scheduled trainings and practicums e.g. JOL</p>
4.3 Provide technical assistance to DSS in developing the community carers model	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>Consultation meetings were held with DSS in Quarter 1 and 2. Both DSS and PCI had agreed to undertake a benchmarking exercise by sending a team made up of DSS, S&CD, Marang and PCI in the region to inform the development process. Later on, it was agreed that thorough consultations be done locally first with other key ministries involved which include MOH-Primary Health Care Unit and Local Government- HIV Coordination Unit. Outcomes of the consultations will determine the way forward. PCI will continue to support DSS in the process.</p>

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<p>4.4 Work with DSS and other key stakeholders to streamline psychosocial support with JOL methodology</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>Two meetings were held during the year to explore the potential for using JOL to harmonize and strengthen all care and support approaches geared to families. Stakeholders represented included: ARK and Mark, Kings Foundation, Ministry of Education, Marang Child Care Network, Olive Leaf, <i>Hope World Wide</i> and PCI. The team agreed that JOL is a powerful, appropriate and sustainable approach for delivering a comprehensive package of services, including PSS, to families with communities at the centre of service delivery.</p> <p>The meeting acknowledged that human resource capacity had been built in JOL in country by REPSSI but lacked follow up to apply skills learned. Similarly government also trained Social Workers, NGOs and others on PSS although there are gaps at implementation level. Participants agreed to conduct an inventory of all resource persons trained and the different training packages used, and to identify a pool of resource persons at different levels who will be strengthened according to their needs, to improve the quality of services. Participants also acknowledged the readily available structures at different levels such as the District NGO coalitions and caregivers support groups that can be re-activated and empowered to take the lead in implementation of JOL. The participants will continue working together in FY 11 to develop these ideas fully and develop a plan detailing out activities, timelines and responsible organizations of how to roll out JOL as a national model.</p>
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4.5 Work with MOH-MASA paediatrics to finalise ART curriculum	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	See explanation under 1.3
4.6 Support MOH CHBC staff to attend palliative care training in Uganda	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed November 2009 <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>PCI staff Mr. K. Tiroeng and Mrs. Dorcas Magwamba Kanyevu and Mrs Esther Ntsayagae both of Ministry of Health, DHAPC, Palliative Care Unit attended training at Mild May, Uganda. The aim of the course was to empower health care providers with knowledge and skills to provide effective and efficient holistic care services to PLHIV and their families in the community. The trained officers will use skills gained to improve their work</p>
Objective 5: Improved documentation and sharing of promising practices and lessons learned in CSO delivery of integrated HIV/AIDS services.		
5.1 Work with PEPFAR team to clarify new indicators	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed October 2009 <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>A meeting was held between PCI and PEPFAR team to introduce new indicators. PCI staff continue to provide coaching and mentoring to NGO partners on interpretation and reporting on the new indicators.</p>
5.2 Revise data collection tools to reflect new PEPFAR indicators and set targets	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed December 2009 <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>Training was conducted for NGO staff during which partners were oriented to new indicators data collection tools were revised according to new indicators, and targets set. Partners in turn also organised training for their volunteers who are the primary data collectors and PCI provided TA during the trainings on request.</p>
5.3 Work with PEPFAR to determine how to establish and document indirect targets	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed May 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified	<p>PCI held a meeting with PEPFAR Strategic Information (SI) team and clarified the definition of indirect targets. PCI has throughout FY 10 continued to assist partners to understand the concept and devise means of capturing the data.</p>

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5.4 Develop data collection tools for capturing indirect data	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	PCI developed a tool for capturing indirect data which forms part of the NGO's quarterly reports. The indirect data has been included in this report under indicator C 1.1D- Total number of eligible adults and children provide with a minimum of one care service.
5.5 Develop indicators for JOL and incorporate into the PCI PMEP	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed May 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified	Draft indicators were developed during a meeting with the JOL district implementation teams and refined during the TOT training in April 2010 and incorporated into the PCI PMEP.
5.6 Conduct partner data audits	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input checked="" type="checkbox"/> postponed <input type="checkbox"/> modified	Findings from TA visits indicated that while partners had made significant improvements in M&E, their record keeping and documentation systems continued to require strengthening. PCI M&E Unit assisted all partners to improve their data quality and have proper filing systems in place. Partner data audit will be done in FY 11.
5.7 Provide TA to help partners strengthen data quality, including organisation/maintenance of data files	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	Please see explanation in 5.6
5.8 Harmonise NGO partner reporting with DAC reporting needs	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	NGO partners report to DAC. PCI established that the district variables are not the same as the indicators that the NGOs are reporting on. PCI will continue to work with the districts to ensure that the partner reports do feed into the DAC.
5.9 Pilot test implementation of child status index (CSI) with selected partners	<input type="checkbox"/> in progress <input type="checkbox"/> completed <input checked="" type="checkbox"/> postponed <input type="checkbox"/> modified	PCI held discussions with DSS about piloting the child status index with selected partners however it has not taken off due to the movement of staff in the Department. Given that PCI BB II is in the last year of implementation, it will not be possible to undertake this activity but will encourage DSS to

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		incorporate it their M&E activities.
5.10 Update of program performance indicators	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed July 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified	During the year, the program received support from PCI's Vice President, Strategic Information to update its overall M&E plan with special focus on non-PEPFAR indicators including measurement of capacity change. She also assisted with conceptualizing documentation activities for Building Bridges, and the final evaluation of the program. PCIB will identify appropriate consulting help and conduct the evaluation in FY 11.
5.11 Develop a plan for producing case studies, lessons learned, other project experience documentation	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	PCI embarked on a process of documenting promising practices of major program approaches used to include the family care approach, community mobilisation using JOL methodology, FNLS as well as organisational capacity development. A documentation plan was developed and a consultant hired to start the process. By the end of FY 10, a draft case study on community mobilisation was developed and is currently being reviewed. This process will continue throughout FY 11 and dissemination activities have been planned.
Program Management		
5.12 Partner monitoring and technical support visits	<input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed Nov 2009, March & June 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified	Three quarterly monitoring visits were conducted. Almost all the partners were on target in activity implementation as well as meeting targets set. Activity implementation processes and challenges were shared during the visits and Technical Assistance (TA) provided to improve quality implementation of programs. TA visits have proved to be the best approach to strengthening skills of

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		<p>CSOs as they provide opportunity to focus on specific challenges facing the organisation as well as provide adequate time to discuss measures to address challenges. In addition, PCI staff Program Officers provide on-going one on one support which allows for coaching and mentoring of NGO partners.</p>
<p>5.13 Development of FY11 Partner Implementation Plans & Budgets</p>	<p> <input type="checkbox"/> in progress <input checked="" type="checkbox"/> completed Sept 2010 <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>PCI supported NGO partners to develop implementation plans and budgets for FY 11. A five day meeting was organised for the partners to reflect on their performance in FY 10 and vision for FY 11 and beyond. Each organisation did a self assessment and presented to all partners. PCI also requested selected NGO partners who had promising practices/approaches or models to share with the group so that others could learn from such experiences. The process provided an opportunity for peer learning and mentoring. Given that FY 11 is the final year of the Building Bridges Program, partners were advised to plan and budget for nine months only to allow time for close out of their grants and the program. Individual plans and budgets were submitted to PCI, reviewed, finalised and modifications to the two years' grant agreement done extending the grant end period from Sept 2010 to June 2011.</p>
<p>5.14. Development of PCI FY11 Work plan</p>	<p> <input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified </p>	<p>In September 2010, PCI staff held a retreat to develop a workplan and budget for FY 11. Staff reflected on FY 10 performance and visioned for FY 11 bearing in mind that FY 11 was the final year of the program. Priority was given to: completing processes started in FY 09 & 10; consolidating achievements of</p>

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		FY 09 and 10, working with partners to develop sustainability plans; documenting lessons learned and dissemination. The output of the meeting was a draft workplan that will be reviewed and submitted to USAID in October 2010.
5. 11 Participation in PEPFAR COP process	<input checked="" type="checkbox"/> in progress <input type="checkbox"/> completed <input type="checkbox"/> postponed <input type="checkbox"/> modified	PCI staff participated in four technical working group meetings: ART, Palliative care, OVC and capacity building.



Progress in attaining performance measures/indicators

5. Q 1, 2, 3 & 4. Annual Performance Progress Report for Reporting Period October 01, 2009 – September

Building Bridges Program

5a. Indicator	5b. Annual Target as set in COP		5c. Annual Numerical Achievement		5d. Activity Reference associated activity number(s) in Section 4.		5e. Exp for on, u achievement meeting (Narrati consider a word
	Type I.	Type II.	Type I.	Type II.	Type I.	Type II.	
C.1.1.D Total # of eligible adults and children provided with a minimum of one care service.	10880		9711	3273			
Age	Male	Female	Total				
<18	2366	2971	5337				
18+	1618	2756	4374				
All	3984	5627	9711				
C2.1.D Total # of HIV- positive adults and children receiving a minimum of one clinical service.	4266		3404				
Age	Male	Female	Total				
<15	310	255	565				
15+	762	2113	2875				
All	1072	2368	3440				
C5.1D Total # of eligible clients who received food and or other nutrition services.	1825		4552				



Age	Male	Female	Total						
<18	1548	1772	3320						
18+	312	920	1232						
All	1860	2692	4552						
C5.3D Number of eligible children provided with health care referral.				112		624			
	Male	Female	Total						
	284	340	624						
C5.4D Number of eligible children provided with education and/or vocational training				614		1198			
	Male	Female	Total						
	557	641	1198						
C5.5D Total # of eligible adults and children provided with protection and legal services				109		294			
Age	Male	Female	Total						
<18	70	101	171						
18+	35	88	123						
All	105	189	294						
C5.6D Total # of eligible adults and children provided with psychological, social or spiritual support.				2054		4424			



Age	Male	Female	Total						
<18	1100	1236	2336						
18+	479	1609	2088						
All	1579	2845	4424						
C5.7D Total # of eligible adults and children provided with economic strengthening services.				1232		706			
Age	Male	Female	Total						
<18	74	78	152						
18+	100	454	554						
All	174	532	706						
T1.1D Total # of adults and children with advanced HIV infection newly enrolled on ART				939		652			
Age	Male	Female	Total						
<15	29	47	76						
15+	141	435	576						
All	170	482	652						



T1.2D Total # of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) Current.				3415		3064				
Age	Male	Female	Total							
<1	0	2	2							
<15	167	198	365							
15+	811	1886	2697							
All	978	2086	3064							
H2.3D Number of health care workers who successfully completed an in-service training program				3191		1833				
Male		Female	Total							
429		1404	1833							



Narrative describing direct results

C.1.1.D Total # of eligible adults and children provided with a minimum of one care service.

PCI NGO partners continued to provide HIV care and support services to children and adults in an integrated manner with focus on the family. Services provided are determined by the needs identified and the capacity of the NGO staff to provide the service. NGO staff work closely with local Government and other service providers through referral networks to ensure that appropriate services are delivered to clients. PCI has continued to strengthen capacity of NGOs through program design, training and mentoring to ensure quality and efficient service delivery. During the year, PCI developed a guideline on provision of comprehensive family care services and is currently being piloted by the NGO partners.

During the reporting period (October 09- September 2010) the program targeted to reach a total of 10800 adults and children with a minimum of one care service and managed to reach 9711 (5337 children and 4374 adults). Whereas there has been training and mentoring of PCI partners on the new PEPFAR indicators and new data collection tools as well as the comprehensive family care guideline, PCI feels that NGO staff especially volunteers who are the primary data collectors have not quite internalised the total care concept and tools. PCI feels that the partners could be leaving many clients unaccounted for because of their past understanding of eligibility of clients to be counted as only those who were living with HIV and OVC and yet they provide care services to all family members who are affected by the HIV status/ condition of another family member. PCI will continue to provide technical assistance to partners in the implementation of the comprehensive family care model which involves assessment, identification of needs, prioritisation, provision of services according to needs identified and reporting of services provided to the entire family

C2.1.D Total # of HIV-positive adults and children receiving a minimum of one clinical service

A total of 3404 clients have been reached against a target of 4266 set for the period October 2009 to September 2010. There have been multiple interventions that PCI focussed on during the year to improve ART access and adherence support. These include training of volunteers in ART access and adherence support, establishing and strengthening teen clubs for adolescents living with HIV/AIDS as well as strengthening of referral networks especially between IDCC and NGOs. In addition, BAPL, an NGO supported by PCI, MOH and MASCOM to use short message services (sms) managed to recruit about 230 clients whom they send reminders about their medication refills, doctors' appointments and individualised pill reminders all contributing to meeting targets under this indicator. PCI anticipates increase in numbers reached under this indicator in the coming year as partners become more confident in application of knowledge



and skills acquired during trainings. PCI will intensify follow ups of NGO staff trained and continue to support NGOs to strengthen linkages with IDCC.

C5.1D Total # of eligible clients who received food and/or other nutrition services

The program reached 4552 clients with food and nutrition services against a target of 1825 for the reporting period (October 2009 to September 2010). NGO partners provide food mostly to children through pre-school, after school as well as during kids' club sessions. Adults who receive food are those that are quite sickly and attend day care services at the NGO centre. In addition the NGOs link families to the Government food basket and provide nutrition education to families through home visits and community gatherings as well as training in meal preparation and proper diet especially for children and adults on ART. NGOs have acquired knowledge and skills in menu planning and meal preparation as a result of the training they received from MOH Nutritional and Rehabilitation Unit during the year. As part of their FNLS interventions, NGOs are encouraging their clients to grow their own food to enable them to meet their nutritional requirements and to engage in activities that generate income. NGOs are providing seedlings to families and engaging them in projects at the centre/community level for acquisition of skills on how to grow and manage backyard gardens. All the ten NGO partners have vegetable gardens and four of them (Silence Kills, Mothers Union, BOCAIP Tumelong and Tsholofelo Trust) are already providing families with seedlings to start backyard gardens in their own homes.

C5.3D Number of eligible children provided with health care referral

A total of 624 children were provided with health care referral against a target of 112 set for the reporting period. As this was a new indicator, there were problems setting meaningful targets for FY 10. PCI worked with partners during planning for FY 11 and set more reasonable targets for this indicator based on experience and improved understanding of the indicator. In addition, the comprehensive family care guideline that PCI developed and is currently being piloted is also assisting partners to assess family needs comprehensively to include needs of under five children and refer them for services such as immunization, child welfare check ups, growth monitoring etc which have not been areas of focus among NGO partners.

C5.4D Number of eligible children provided with education and/or vocational training

The program reached 1198 children with education and or vocational training against a target of 614. Eight of the NGO partners supported under PCI provide education to children through one of or a combination of activities that include: pre-school education, after school activities and kids clubs sessions that include homework support. Vocational training is done through referrals. A number of children also receive education support service through activities such as JOL in schools, sports and drama events and other outreaches that are aimed towards helping them stay in school. These numbers are captured under Type II indicators (indirect services).



C5.5D Total # of eligible adults and children provided with protection and legal services

A total of 294 children and adults were reached with protection and legal services against a target of 109 set for the reporting period (October 2009 – September 2010). Services include support to families to access grants and Social Welfare support, coaching of caregivers to access community level support for children among others. In addition, children are assisted with birth registration. A challenge has been the slow response by the different Government service providers to referrals made by NGOs. PCI will continue to work more closely with key Government departments to form and strengthen collaboration and linkages between these departments and NGOs.

C5.6D Total # of eligible adults and children provided with psychological, social or spiritual support

During the year, the program reached 4424 clients (2336 children and 2088 adults) with Psychosocial, social or spiritual support against a target of 2054 set for the reporting period (October 2009 – September 2010). Psychosocial support is part and parcel of all services provided to families and there is possibility that some clients are not being counted. In the past, service providers' understanding of psychosocial support (PSS) was only limited to counselling and yet PSS is more than counselling. PCI staff continue to assist partners through mentoring and coaching to understand PSS and streamline it in all their activities. In addition, PCI has held two meetings with key stakeholders at national level to re-define and simplify PSS and promote JOL as a tool for provision of PSS. The team will be developing a plan in FY 11 detailing out the process of how to re-package PSS and link it to JOL.

C5.7D Total # of eligible adults and children provided with economic strengthening services.

A total of 706 adults and children have been reached with economic strengthening services against a target of 1232 set for the year. A number of groups such as PLHIV support groups, women and youth groups have been formed, some as a result of JOL. Some of them have been assisted to register as companies with the intention of helping them to access funding. Nine groups of women in Phikwe for example, were formed and seven of them registered as companies. These have started small income generating activities such as pottery. PCI will work with NGO partners to assist these groups to access funding and strengthen their income generation projects. PCI has also made tremendous progress in assisting NGOs to start projects for income generation, which include vegetable production and bee keeping for NGOs and their beneficiaries. PCI will continue to liaise with Ministry of Agriculture, Department of Women and Youth for continued technical as well as lobby for financial support from the private sector.

T1.1D Total # of adults and children with advanced HIV infection newly enrolled on ART

The program has been able to reach a total of 652 adults and children with advanced HIV infection and supported them to get enrolled on ART against a target of 939. All NGO staff including volunteers have been trained in ART adherence support which emphasises early identification of children and adults eligible for ART. NGO partners identify clients in need of ART through home visits, linkages with PMTCT, VCT sites and other HIV/AIDS service organizations. Four of the NGO partners currently provide VCT services (BOCAIP Tumelong, BOCAIP Lesedi,



Tsholofelo Trust and Silence Kills) which facilitate early identification of clients in need of ART. However, these organizations have challenges in logistics and quality assurance. PCI held a meeting with the Counselling and Testing unit of the Ministry of Health who agreed to include PCI NGO partners in capacity building activities that will ensure quality service provision. It is anticipated that the numbers reached under this indicator will increase as NGO staff internalise and fully apply the skills gained during the trainings and follow up actions. PCI will also follow up with MOH to ensure that NGOs receive assistance to strengthen their counselling and testing services as well as improved referrals and linkages with other service providers.

T1.2D Total # of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) Current

NGO partners continue to provide adherence support to adults and children on ART as required. During the reporting period, a total of 3064 clients were reached against a target of 3415 set for the year. PCI has invested heavily in ART adherence support over the past year through training of NGO staff, strengthening of linkages between NGOs and IDCC as well as forming teen clubs for HIV positive children to enhance adherence. Numbers reached have been growing steadily throughout the quarters (1414 in quarter 1; 1436 in quarter 2 and 1954 in quarter 3- this includes on-going and new clients throughout the quarters) and are expected to grow in FY 11.

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

During the reporting period (October 2009 to September 2010), 1833 health care workers received training against a target of 3191 set. The challenge is that partners do a lot of hands on training with families during home visits and other community groups during outreaches which do not qualify to be counted as training under the PEPFAR definition. In addition, formal trainings are costly and NGO partners can only afford a few trainings in a year. PCI will work with partners to re-think their targets and set more realistic targets for the coming year.

Narrative describing indirect results

NGO partners reached 3273 beneficiaries with indirect services. These are beneficiaries whom NGO partners come in contact with once in a while and provide a service but do not case manage them. These beneficiaries are usually reached through community outreach activities, school events such as drama, sports and JOL workshops, as well as kids' club activities.