



President's Emergency Plan for AIDS Relief

Quarterly Report

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Project Title: Building Bridges Program

Organization Name: Project Concern International (PCI)

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I. PROGRAM OVERVIEW

In October 2008, Project Concern International (PCI) was awarded from USAID a three-year grant of \$9,999,787 to continue and build upon work started with initial one-year funding through PEPFAR Botswana (USAID, CDC, HRSA /ITECH). The PCI Building Bridges program is continuing to strengthen the role played by civil society organizations (CSOs) in the delivery of comprehensive care and support services for HIV-affected families and vulnerable youth.

Goal & Objectives

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

Objectives:

1. Strengthened technical capacity of CSOs to deliver integrated HIV/AIDS services;
2. Strengthened organizational capacity of CSOs to manage and sustain integrated HIV/AIDS service delivery;
3. Strengthened collaboration and referral among government and CSOs to deliver integrated HIV/AIDS services;
4. Strengthened government capacity to support CSO delivery of integrated HIV/AIDS services;
5. Improved documentation and sharing of promising practices and lessons learned in CSO delivery of integrated HIV/AIDS services.

To achieve these objectives PCI provides sub grants and technical assistance to 11 NGO partners (listed in Table 1), and funding support and technical assistance to two umbrella organizations, BONASO and BONEPWA+.

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

Table 1: PCI Botswana NGO Partners and District of location

Partner	District
Bakgatla Bolokang Matshelo(BBM)	Kgatleng District Council



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

II. HUMAN RESOURCE DEVELOPMENT

Currently the Building Bridges (BB) Program has a complement of 18 staff with all positions filled. PCI has recently been awarded a project on Orphans and Vulnerable Children and Gender which started effectively in June 2011. All the current staff will be transitioned to the new project after BB closure in September 2011. The table below lists current PCI staff by position held, name of individual, qualifications and start date.

Table 2: PCI- Building Bridges Program Staff

Position	Employee	Start Date
Country Director	Karen Romano, MPH	17 Jan 2008
Finance & Administration Director	Arun Sharma, CPA	23 Feb 2008
Director of Programs	Dorothy Tlagae, BSW, MADVS	15 July 2009
Program Manager	Olive D'Mello, MSc PH	11 Feb 2008
Finance & Administration Manager	Aucillia Letshwiti, ACCA	06 July 2009
Program Officer -OVC	David Kanje, MA	10 Mar 2008
Program Officer	Kenalemodisa Tiroeng BSc	1 Feb 2008
M&E Manager	Reggie Moatshe, MSc	3 Aug 2009
M&E Officer	Watipa Gaogane, BA, Masters pending	1 Mar 2008
Information Systems Assistant	Kgalaeng Ishmael Oarabile, BSC	1 July 2010
Grant Accountant	Letlhabile Modikwa, BA, CIMA in progress	1 Feb 2008
Accountant	Kgololo Lephole, ACCA in progress	11 Aug 2008
Administration Officer	Refilwe Segwagwe, BA, Masters pending	1 Sept 2010



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Assistant Administrative Officer	Tshepang Mothei	1 Feb 2008
Receptionist	Batsile Nkgwathisang	1 April 2009
Driver/Admin Assistant	Sylvia Tshoswane	1 Feb 2008
Driver/Office Assistant	Bofelo Moilatshimo	1 Feb 2008
Cleaner	Banyana Seforo	1 June 2009

III. KEY ACTIVITIES AND PROGRESS ACHIEVED

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

During the reporting period (01 April- 30 June 2011), the 11 PCI supported NGO partners continued to provide care and support services to families and communities in need. NGO partners continue to use three main strategies to provide services namely: the comprehensive family care approach, community mobilization using the Journey of Life (JOL) methodology and Food Nutrition and Livelihood Security (FNLS). These strategies complement each other to ensure that individuals and families are able to cope and deal with their situations with support from the community, NGOs, schools and all other entities within their environment. Major activities by the partners include: providing pre-school education for children ages two and half to six; conducting home visits; after school care for primary school going children, kids clubs for children ages 10-18; teen clubs for adolescents on ART and PLHIV support groups, community mobilization and FNLS initiatives.

There has been progress in achieving targets set for the quarter for most of the PEPFAR required indicators as indicated in Tables 3 and 4. This is due to partners' continued growth and experience in provision of care and support using the Building Bridges program strategies. During the quarter, NGO partners reached a total of **7021** clients (3833 children and 3188 adults) with a **minimum of one care service** against a target of **2974** set for the quarter. The partners continue to surpass their targets for this indicator because of the experience they have gained over time in provision of comprehensive services to families. In addition, NGO partners have internalized the processes followed during service provision according to the guidelines and tools provided by PCI. The process includes conducting a family assessment, provision of services according to needs identified, and recording all services provided to the entire family. In the past, NGO staff only recorded the individual who was either an orphan or a person living with HIV even when they provided services to their immediate family members. The data base has also eased their workload and minimized errors that used to happen during collation of data which was done manually.

Similarly, the NGO partners were able to reach a total of **1828** clients (142 below 15 and 1686 above 15 years) with a **minimum of one clinical service** against a target of **951** set for the quarter. All the NGO partners have gained experience in provision of ART adherence support to families and also improved linkages with IDCC. The IDCC refer clients who are not adhering to treatment to NGO partners for follow up in their home, while NGOs identify individuals in communities and refer them for testing so that they



access ART service. Four of the NGO partners: Mothers Union, Humana Child Aid, BBM and Holy Cross have continued running teen clubs for adolescents living with HIV and BAPL was able to enroll 44 adolescents (12 females and 32 males) in the feasibility study of how to use short message services (sms) to improve adherence. This is in addition to 212 adult clients (151 females and 61 males) they enrolled in the study in October 2010 and have been following up till June 2011. The text messaging reminds clients of their doctor appointments, prescription refills, and sends individualized pill reminders.

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

Indicator				Actual No. reached (April 2011– June 2011)	Target for quarter	Planned for Year (October 2010 – June, 2011)
C.1.1.D Total # of eligible adults and children provided with a minimum of one care service.				7021	2974	11894
Age	Male	Female	Total			
<18	1714	2119	3833			
18+	1060	2128	3188			
All	2774	4247	7021			
C2.1.D Total # of HIV- positive adults and children receiving a minimum of one clinical service.				1828	951	3804
Age	Male	Female	Total			
<15	65	77	142			
15+	429	1257	1686			
All	494	1334	1828			
C5.1D Total # of eligible clients who received food and or other nutrition services.				3218	1273	5094
Age	Male	Female	Total			
<18	899	1177	2076			
18+	328	814	1142			
All	1227	1991	3218			
C5.3D Number of eligible children provided with health care referral.				63	25	100
	Male	Female	Total			
	21	42	63			
C5.4D Number of eligible children provided with education and/or vocational training				531	330	1318



Indicator				Actual No. reached (April 2011– June 2011)	Target for quarter	Planned for Year (October 2010 – June, 2011)
	Male	Female	Total			
	270	261	531			

During the reporting period, NGO partners continued to **provide food and /or other nutrition services** to **3218** clients (2076 children and 1142 adults) against a target of **1273** set for the quarter. NGO partners continue to surpass their target due to change in approach of service delivery. NGO partners such as House of Hope, Mothers Union and BOCAIP Lesedi have decentralized kids clubs for example and they meet with the children in schools, at the Kogtla, community centres, and in churches. In the past, fewer children attended kids clubs which were held at the offices of the NGOs due to transport challenges. During kids’ clubs meetings, children are provided with sexual reproductive health education, life skills education and they are involved in sports and drama to develop their talents. In addition, children are given a healthy snack whenever they come for kids clubs. Four NGO partners (Mothers Union, House of Hope, BOCAIP Tumelong and Holy Cross Hospice) have also continued to provide food to pre-school children who attend at their centres. Provision of food has been one of the activities supported under the BB program. The challenge the partners are facing now is continuity of this service after BB. PCI is working with Choppies Super Market on a proposal to provide food stuffs and is encouraging partners to also contact other super markets and private sector to get them committed to make in-kind donations or donate money towards meeting nutritional requirements of pre-school children. As mentioned in previous reports, many families are benefitting from FNLS interventions such as trainings in vegetable production, bee keeping, and small stock rearing which NGO partners have continuously organized for beneficiaries in conjunction with the Department of Agriculture. These interventions improve nutritional status and livelihoods of families either through direct consumption of the produce or sale and purchase of nutritious food.

A total of **531** eligible children (270 males and 261 females) were reached with **education and vocational training** against a target of **330** set for the quarter. Four NGO partners (BOCAIP Tumelong, Mothers Union, Holy Cross and House of Hope) continue to provide pre-school education to children ages 2.5 - 6. PCI continues to encourage House of Hope to put measures in place to increase enrollment of pre-school children given that their facility is still under utilized. House of Hope requires more teachers to run the additional classes. PCI staff have advised House of Hope to open up the facility and include children from families that can afford to pay a small fee to facilitate payment of salaries for extra teachers required. House of Hope is liaising with local leaders, churches and also encouraging families through home visits to send eligible children to the pre-school. The rest of the numbers under this indicator are reached through after school care activities that include homework support, career guidance activities and kids clubs all of which facilitate learning. In addition, NGO partners identify children who are



out of school for different reasons and assist them to get re-integrated in school or to join vocational training institutions.

As indicated in Table 4 below, NGO partners were able to reach a total of **171** clients (115 children and 56 adults) with **protection and legal services** against a target of **99** set for the quarter. As explained in previous reports, services provided by NGO staff under this indicator include facilitating the national registration process for children, referrals to social services in case of abuse and property grabbing. The JOL methodology has the potential to raise awareness amongst communities to come up with actions that protect children and PCI staff have been emphasizing this during trainings and on-site mentoring. However, the JOL Action training manual currently has no specific activity directly addressing child protection issues. Child protection issues are implied in other activities. The JOL package has been undergoing a review by REPSSI and during consultations with PCI, it was recommended that REPSSI develops a module to address child protection needs at the community level.

Table 4: Summary of PEPFAR required Care and Support indicators

Indicator				Actual No. reached (Oct-2010 – Mar 2011)	Target for quarter	Planned for Year (Oct 2010 – June, 2011)
C5.5D Total # of eligible adults and children provided with protection and legal services				171	99	394
Age	Male	Female	Total			
<18	55	60	115			
18+	16	40	56			
All	71	100	171			
C5.6D Total # of eligible adults and children provided with psychological, social or spiritual support.				3429	1158	4631
Age	Male	Female	Total			
<18	792	1054	1846			
18+	439	1144	1583			
All	1231	2198	3429			
C5.7D Total # of eligible adults and children provided with economic strengthening services.				274	227	908
Age	Male	Female	Total			
<18	3	0	3			
18+	55	216	271			
All	58	216	274			
T1.1D Total # of adults and children with advanced HIV infection newly enrolled on ART				232	213	852
Age	Male	Female	Total			



Indicator				Actual No. reached (Oct-2010 – Mar 2011)	Target for quarter	Planned for Year (Oct 2010 – June, 2011)
<15	16	17	33			
15+	78	121	199			
All	94	138	232			
T1.2D Total # of adults and children with advanced HIV infection receiving antiretroviral therapy (ART) Current.				1479	808	3232
Age	Male	Female	Total			
<1	0	1	1			
<15	47	45	92			
15+	363	1023	1386			
All	410	1069	1479			
H2.3D Number of health care workers who successfully completed an in-service training program						
Male		Female	Total			
140		302	442			

During the reporting period NGO partners reached **3429** (1846 children and 1583 adults) with **psychological, social and spiritual support services**. NGO partners continue to provide Psychosocial support (PSS) as an integral part of all care and support that they provide. All trainings that PCI NGO partners have undergone such as Basics in OVC care, palliative care and ART adherence support put strong emphasis on psychosocial support. In addition, a good number of NGO staff have been trained as counselors at different levels, which all facilitate provision of the service. Like mentioned before in previous reports, there is need to standardize and streamline PSS so that all service providers have a common understanding of the concept and provide quality services. PCI has made this recommendation to DSS and other key players and will continue to provide technical guidance on how this can be achieved.

The NGO partners were able to reach **274** clients (3 children and 271 adults) with **economic strengthening** services against a target of **227** set for the quarter. NGO partners continue to support families to initiate FNLS interventions geared to not only improve their nutritional status but also generate income for self sustenance. Young people through JOL activities are also very enthusiastic about starting income generating activities, the challenge has been lack of start up capital and PCI continues to encourage NGO partners to assist such groups to access funding through available national and district programs.

A total of **232** clients (33 under and 199 above 15 years) **with advanced HIV infection** were assisted to get **enrolled on ART** against a target 231 set for the quarter. Similar to indicator C1.1.D in Table 3, NGO partners have gained experience in working with families to support access to ART by individuals who need it as well assist them to adhere to treatment. The program also reached a total of 1479 clients (93 children and



1386 adults) with **advanced HIV with antiretroviral therapy** against a target of **808** set for the quarter. This progress could also be attributed to improved skills in ART adherence and reporting as explained under indicator C1.1.D above.

The program has been able to reach **442 health care workers who successfully completed an in- service training program** against a target of **188** set for the quarter. During the quarter, PCI staff worked with NGOs to ensure that partners completed all activities in their implementation plan including training. Most of the partners who were not able to conduct training during the first and second quarters, which are always interrupted by the Christmas holidays, were able to conduct the trainings in Quarter Three.

HIV Counseling and Testing

Four NGO partners namely BOCAIP Lesedi, BOCAIP Tumelong, Tsholofelo Trust and Silence Kills continued to provide HIV Counseling and Testing (HCT) services. During the reporting period the four NGO partners reached a total of **340 individuals** (203 males; 137 females) **with counseling and testing services for HIV and the individuals received their test results** against a target of **500** set for the quarter. The breakdown of individuals tested by partner is given in Table 5 below.

Table 5: Individuals provided with HIV Counseling and Testing services by NGO Partner in Q 3

NGO Partner	Total tested	Male	Female
BOCAIP Tumelong	93	37	56
Tsholofelo trust	67	27	40
Silence kills	10	09	01
BOCAIP Lesedi	170	130	40
Total tested	340	203	137

There was reported shortage of testing kits in Selebi Phikwe which could have contributed to the low numbers reached by Silence Kills. However, there was a general observation with all the partners about the centre based approach which all the HCT service providers are currently using, whereby they wait for clients to drop in at their centres and do not reach out to clients in the community or take advantage of organized activities to extend the service to communities. This issue was discussed at length with individual organizations during the technical support visits conducted by the CDC HCT Advisor and PCI staff, and was also addressed during the trainings that PCI in collaboration with MOH conducted during the quarter.

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

PCI has during the quarter continued to strengthen capacity of 10 NGO partners to provide quality and sustainable comprehensive HIV/AIDS care and support services using a family care approach. PCI continues to focus on three technical strategies,



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Comprehensive Family Care Model, Community Mobilization using Journey of Life (JOL) methodology and Food Nutrition and Livelihood Security (FNLS). Given that this was the last quarter of implementation by the partners, PCI focused on completing capacity strengthening activities that started in the previous quarters and to assist partners to complete activities in their implementation plans.

HCT Training

During the quarter, the HCT Advisor, CDC-BOTUSA visited the four PCI supported NGO partners providing counseling and testing services (BOCAIP Lesedi in Kanye, BOCAIP Tumelong in Kumakwane, Silence Kills in Selebi Phikwe and Tsholofelo Trust in Lethlakeng). The aim of the visits was to familiarize her with the general environment within which the NGOs provide the service, identify opportunities to improve quality and scale up HCT service provision and provide technical assistance to NGOs to improve service delivery. From discussions with the partners, the CDC Advisor observed that the family care approach that was being used for provision of care and support to families presented an opportunity to reach out to all family members with HCT services. Most of the NGO partners provided HCT services on-site which greatly affected the number of individuals reached with the service. Many of the service providers did not have any deliberate activities geared to increase the number of clients reached and did not even have targets set. The Advisor noted that HCT services could also be provided during home visits since most of the NGOs had already won the trust of families they were working with and advised NGO partners to be more pro-active to reach out to communities with the service. Other observations the Advisor made were similar to findings from the assessment conducted by Tebelopele which included the need for training on couple counseling and testing, quality assurance, refresher in rapid counseling and testing, certification of the service providers by Ministry of Health and procurement of some key equipment that include fridges for storage of test kits, sharps containers and hand washing equipment for infection control.

To address the gaps identified, PCI in collaboration with Ministry of Health - HIV Counseling and Testing Unit, organized two trainings in Couple Counseling and Testing and Rapid Counseling and Testing and 14 and 08 participants attended respectively. The facilitators used the trainings to also address other related issues such as quality assurance and discussed innovative ways NGOs can reach more people in need of the service. The training also provided the opportunity for NGO partners to establish a direct working relationship with MOH which opens doors for NGOs to benefit from future HCT programs.

Partnership with Somarelang Tikologo on FNLS

PCI continued to collaborate with Somaralang Tikologo to provide technical assistance to BOCAIP Tumelong to implement the horticulture project to grow vegetables and herbs which started in Quarter Two. Following the training of Tumelong staff and clients in organic farming which took place in quarter two, Somarelang worked with PCI to procure the necessary equipment such as shedding nets, digging equipment and water troughs in Quarter Three. Currently, the net shading is being erected and planting is expected to start early in Quarter Four. BOCAIP Tumelong management and staff are



committed to this initiative as they see it as one of the ways they could generate some income to support the organisation and they will continue to work with Somaralang Tikologo to see this project through even after Building Bridges Program closes in September 2011. The project is funded through resources mobilised by PCI Headquarters from a private funder the Richard Taylor Foundation.

Implementation of JOL activities by NGO Partners

During the quarter, PCI continued to provide technical assistance to NGO partners to implement the community mobilisation strategy using the JOL methodology. Four districts namely Kanye, Mahalapye, Phikwe and Palapye conducted JOL workshops as listed in Table 6 below.

Table 6: NGO Partner JOL Activities for Quarter 3

District JOL Team	¹Type of Workshop	Number trained	Number of Action Plans developed
Kanye	Awareness	21 female care givers	1
Mahalapye	Awareness	15 participants (social Workers, Teachers and Police Officers.	1
	Action	Same as above	1
Phikwe	Action	22 teachers from both Primary and Secondary schools (2 males & 20 females)	0
	Awareness	32 primary school children trained (11 boys and 21 girls)	1
Palapye	Awareness	19 adults, (2 males and 17 females)	1

PCI staff have continuously emphasised the importance of follow up of participants who go through the awareness and action workshops to make sure that they implement their action plans, for without implementation of the action plans, JOL trainings become more of awareness raising rather than action oriented to change or improve a prevailing situation in the community. Community mobilisation (JOL) activities have been included in some of the District budgets and the District JOL team members will continue to look out for any opportunities to support implementation of JOL activities in their districts. PCI on the other hand has been a member of the National Technical Working Group

¹ The JOL package being implemented by PCI in Botswana focuses on two types of workshops: the Awareness and Action Workshops. During the awareness workshops, participants are taken through what it takes to bring up a child and the most pressing problems children in their communities face. The Action workshops focus on three action areas that communities can do in certain circumstances. These include community parenting, Death and Bereavement and Life Skills Education.



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developing a National Community Mobilisation Strategy and recommended JOL as one of the promising methodologies that could be adapted. In addition, PCI worked with other stakeholders to include DSS, Marang Child Care network, Child Line Botswana, Baylor during the training of the JOL methodology. These organisations have demonstrated interest in continuing to implement the strategy and the current District JOL Teams provide a platform for scale up of the methodology. PCI is also in the process of finalising a JOL case study that explains the potential that the methodology has to create lasting change in communities. This will be disseminated to all key stakeholders in country and will be posted on the PCI website.

Update on data base

During the quarter, PCI continued to provide technical assistance to the NGO partners to ensure that their database is fully functional and that they can ably navigate it to give them the information and data they need for reporting and planning. During the Quarter Two Technical Assistance (TA) visits, partners reported that their systems were not printing out quarterly reports; some complained that the database was giving wrong results for their quarterly reports yet others needed additional functionalities. The PCI Information Systems Assistant (ISA) visited all the partners in Quarter Three and addressed all the challenges reported. Some of the challenges were technical which included the Microsoft technology engine used as a backend and database being full while partners still have to get more clients into the system. Additional functionalities requested by the partners included: being able to run a report showing a list (full names) of clients who have been provided with a service in a selected period of time; to check if the clients already exist in the system during registration to avoid repetition of clients in the system. This check had been there before, but only for those with Identity Numbers, so the new check caters for those without ID Numbers (Omang number) yet, especially children. A functionality to show all the services that have been provided to an individual was updated to work across all Microsoft Windows Versions. Originally, the database was more for storage of data and running generic quarterly reports, but as partners get used to the system, they are manipulating it to produce specific data for example, by age-group, by name etc.

The PCI ISA also continues to attend to problems like correcting errors entered in the system like misspelled names, wrong Date of Birth (DOB), attend to system crashes that may have been caused by other PC usages and mentoring new users who have been assigned to use the system. PCI staff continue to encourage partners to follow the manual that was provided to them during training and make sure they abide by recommendations there in, such as having periodic backups. PCI will continue supporting partners with the data base in Quarter Four and link them to available IT resources in the district for continuous support. PCI has also brokered a relationship with BOTHO College which will be an opportunity for partners to receive graduate interns as part of their training. This is a life line opportunity to support NGO partners with their IT needs.

(c) Organizational Capacity Strengthening for 10 PCI supported NGO Partners



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Development of individual Strategic Plans for partner organizations

During the reporting period, PCI worked with a consultant to assist NGO partners to develop their strategic plans. A two days workshop was held in May 2011 and was attended by the Board Chairpersons, Program Managers/Coordinators and Finance Officers of the NGO partners. The workshop was used to introduce the concept to the partners, build their skills in the SWOT analysis, draw a strategic planning roadmap and identify key stakeholders to be interviewed. The workshop was followed by field interviews with key stakeholders using an interview guide that was developed by PCI during the pilot of the same process with Silence Kills in November 2010. The consultant provided on-site technical assistance to all the partners during the interview process and assisted them to compile a draft document which was submitted to PCI and to the consultant for review. This process will be finalized in Quarter Four, with PCI staff and the Consultants reviewing the draft plans and working with each partner on a one to one basis to incorporate all the comments and finalize the documents. Six NGO partners namely: Holy Cross, House of Hope, BBM, BAPR, BOCAIP Tumelong and Mothers Union are involved in this activity. The remaining three have up-to-date strategic plans which they developed individually with support from Building Bridges Program and Humana Child Aid does not require its own since it is governed under a national NGO.

Development of Performance Management System (PMS) for NGO partners

Building on work started in Quarter Two, PCI worked with Resource Logic a local human resource consultancy firm, to develop PMS specific to NGO's contexts. Resource Logic followed a similar process like it used when piloting the system with BBM and Tsholofelo Trust in FY 10. The process was consultative and involved different cadres of NGO staff and volunteers. Two trainings were conducted for each partner, one for Supervisors and the other for Supervisees. The Setswana version of the manual was used for staff that were not comfortable with the English version, most of who were support staff and volunteers. At the end of the training, each NGO partner was given Supervisors PMS Manual, Support Staff PMS Manual (both in Setswana & English), Performance Appraisal Forms, Performance Development Plan and Performance Improvement Plan.

NGO staff including volunteers were excited about the system as they regarded it as a tool that will assist them manage their work better. However, for the system to be fully functional, the NGOs will require technical support to start implementing it. They will also need assistance to develop clear job descriptions for volunteers and make sure they are within the requirements of the GOB Labour laws regarding working with Volunteers. Supervisors will also need specific training in management/supervisory skills and of course successful implementation of the system will require commitment of both management and staff of the NGOs. PCI will share these recommendations with the NGO Boards and Management and urge them to include operationalising PMS in their future organizational development plans. Seven of the NGO partners namely: Mothers Union, Silence Kills, House of Hope, Holy Cross, BAPR, BBM and Tsholofelo Trust have been supported by PCI to develop the system, the two BOCAIP partners and Humana Child Aid are using systems from their Mother Organizations.



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Guidelines on NGO Governance and Leadership

There has been slow progress on finalizing the Governance and Leadership Toolkit that PCI has been working on in collaboration with AED and BONASO due to other commitments by the team working on this. The guideline aims to strengthen the capacity of CSO managers and governing boards to utilize governance structures to better lead, guide and support their organizations. The intention is to package these guidelines in form of a toolkit with useful templates that can be easily adapted, and includes documentation of success stories/case studies on governance from local organizations in Botswana. A draft guideline was developed in-house by the partners in September 2010. PCI is working closely with AED to finalize this process which will be completed in Quarter Four.

Assisting NGO Partners to Mobilize Resources

During the reporting period, PCI conducted the last of the three Resource Mobilization Skills Series with NGO partners which were not covered in FY 10. These include: House of Hope, BOCAIP Tumelong, Holy Cross Hospice, Tsholofelo Trust and MaSeBoBo Coordination Office. These were also assisted to develop comprehensive resource mobilization plans with targets just like their counterparts who were trained in FY 10. PCI also continued to follow up on commitments made by private companies and other Stakeholders to include Botswana Insurance Holdings Limited (BIHL), the US Ambassador's Self Help Program and Choppies Super Store.

During the reporting period, BIHL provided funds to BBM to start drilling a borehole to support the organizations' Food for Life initiative. The Food for Life initiative, developed by PCI, involves establishing a center-based garden used as a demonstration/learning site to teach clients how to grow their own vegetables. Clients are then be assisted to establish backyard gardens. Food produced at the centers will be used for feeding programs and for sale to local markets; similarly backyard gardens will provide nutritious food for clients and an opportunity to sell surplus. PCI will continue to work with BBM to lobby BIHL to make a commitment to fully fund the whole project and not just the borehole drilling.

With support from PCI, two organisations BAPR and BBM successfully applied for the US Ambassador Self Help Fund. The fund procured a porta cabin for BAPR to be used for children activities, feeding and trainings. The Ambassador's fund also made a commitment of USD 25,000 as a contribution to construction of pre - school classrooms for BBM. BBM is currently in discussions with First National Bank soliciting for additional financial support that will enable completion of the entire structure.

PCI also contacted Choppies Super Store as part of the Resource Mobilization Series. Choppies Management asked PCI and the NGO partners to submit a proposal to covering all organizations with a children feeding component of their program. The proposal has since been submitted to Choppies and a follow up meeting is scheduled for August 2011. The gist of the proposal is to show Choppies that by supporting NGO partners' Children's feeding programs, they are investing in future customers as well as ensuring that vulnerable children receive the right nourishments that they need to grow.



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Additionally as part of the Resource Mobilization series, PCI has been working with partners to develop brochures about their organization as a tool for making their services known and also for resource mobilization. Brochures for all the ten NGO partners were completed during the quarter, printing of which will take place in Quarter Four. PCI will support printing for a few copies and will provide soft copies to partners so that they can print the brochures whenever they need to. PCI is also continuing with the process of packaging the information used during trainings into a tool kit that CSO partners can use as reference to continue mobilizing resources. This will also be shared with stakeholders and others interested in learning and implementing resource mobilization interventions. The toolkit will be completed in Quarter Four.

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

PCI, in partnership with MOH and MASCOM (mobile telephone company), continues to provide technical and financial support to BAPL to conduct a feasibility that uses cell phone short message service (sms) reminders to clients who are on ARV for doctor appointments, prescription refills and individualized reminders. During the reporting period, BAPL started enrolling adolescents into the study following the approval from Baylor ethics review board that BAPL received in February 2011. BAPL completed the enrollment of adolescents into the study on June 30, 2011 with a total of 44 adolescents (12 females and 32 males) enrolled. These will be followed for a period of three to six months after which data will be analyzed together with the adult clients' data and a report will be shared with key stakeholders. BAPL enrolled and followed up a total of 212 adults (151 females and 61 males) for three to six months. This number has been fluctuating between quarters as some clients are not kept steadily on the study.

(e) PCI's work with Umbrella Organizations

BONASO

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

PCI continued to extend support to BONASO's MaSeBoBo (Mahalapye, Serowe, Bobirwa and Bobonong) Regional Coalition during the quarter up to June 2011 when the MOU came to an end. During the quarter the MeSeBoBo Coalition Coordinator received



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training in resource mobilization and in collaboration with BOTHO College PCI supported the procurement of equipment for the resource centre that would be open to the public for information giving and income generation. PCI believes that the regional coalition serves as a strong platform for capacity building of CSOs because it is easily accessible to NGOs and collaborates with the district leadership who influence decisions that promote NGO work. PCI strongly recommends that future programs should invest in strengthening these platforms.

BONEPWA+

PCI continued to provide technical and financial support to BONEPWA+ during Quarter Three. PCI focused on assisting BONEPWA+ to complete implementation of activities in their plan because their agreement with PCI was coming to an end in June 2011. BONEPWA+ had challenges implementing activities as agreed in the implementation plan due to staffing challenges with the resignation of the Training Coordinator who was responsible for many of the activities in the PCI supported implementation plan. PCI assisted BONEPWA+ to develop a plan to ensure that all the planned activities are implemented including development of their strategic plan and guidelines on management of support groups.

During the quarter, PCI continued to work with BOTHO College on logistics to make sure the BONEPWA+ website goes live and managed to accomplish the task. The BONEPWA+ website is currently live at www.bonepwa.org. The database was also re-worked and is fully functional. Through collaboration between PCI and BOTHO College, BONEPWA+ continued to get on-going support on website maintenance.

(f) PCI's work with Key Government Stakeholders

Department of Social Services (DSS)

PCI continued to work closely with DSS during the quarter through one-on-one consultations with technical staff and through organised activities by either party. During the quarter, the PCI OVC Officer participated in the first technical working group meeting to organise for the annual NGO Forum meeting due to take place in September 2011 and also participated in the development of the National Child Protection Guidelines which DSS is undertaking. PCI will continue to provide technical assistance to DSS during such meetings/forums in Quarter Four.

Ministry of Health (MOH)

Similar to DSS, PCI continued to work in close collaboration with MOH during the quarter. Several meetings were held between PCI and MOH - HIV Counseling and Testing Department in preparation for training of partners in couple counseling and testing and rapid counseling and testing. Discussions have also been on-going between PCI and the Advisor on Pediatrics on the packaging of the ART manual. The consultant, who is packaging the ART Manual, submitted a second draft of the manual in May 2011 after incorporating all comments from the technical working group in March 2011. It was agreed that a core group of four people from MOH, PCI and Baylor review the second



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draft and provide the final input into the manual. The manual will be completed in Quarter Four.

There was slow progress on reviewing the comprehensive family care approach guideline developed by PCI, a process which had started in the previous quarters between PCI and MOH. This was due to the transition that was taking place at the FCM unit in the MOH. PCI and MOH had agreed to review the guideline and adapt it to operationalise the Family Care Model (FCM) developed by then Ministry of Local Government now MOH, to be used by CSOs at the community level for provision of comprehensive services to families. PCI will follow up with MOH in the next quarter and agree on how to finalize the guideline.

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

During the reporting period, PCI continued to support BONASO and NACA to finalize the National CSO Capacity Building Strategy Framework. A corresponding Operational Plan was developed, reviewed by the TWG and will be presented to National Stakeholders early in Quarter Four. The operational plan is aligned to the NSF II NOP, with activities linked up to ensure there is close coordination as part of the national response.

(g) Program Management

Documentation of promising practices

PCI continued to work on finalizing the JOL case study, and reviewed the first draft of the Comprehensive Family Care (CFC) service delivery approach case study. The JOL case study has been finalized and given to a designer for lay out, while the CFC case study is with the consultant incorporating comments following a review of the first draft by PCI staff. The case studies were developed through interviews with PCI staff, NGO partners, key stakeholders at national and district level and focus group discussions with beneficiaries on effectiveness of the two strategies implemented under the Building Bridges Program. Documentation through case studies is one of the ways PCI intends to share processes and lessons learned in implementation of PCI strategies with other implementers in and outside the country to improve HIV/AIDS programming.

Building Bridges Program close out preparations

During the quarter, PCI focused on assisting NGO partners to complete implementation of activities in their plans and also spend the money in their budgets. One on one discussions were held with partners to prioritize activities and further strengthen strategies in which partners had a comparative advantage through mentoring. NGO partners managed to complete their plans as per priorities set, by June 30, 2011. Notification of closure letters were sent to the partners as well as the close out tool kit which provides them with specific guidelines, templates and forms to assist them with the process and to ensure compliance with post-award requirements as per PCI and USAID regulations. To enable them to fulfill the requirements of the close-out, PCI extended their sub award for another two months, July and August 2011, and a modification of the



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grant was done. Under the modification, only key staff required for the close out, that is, the Program Manager/Coordinator, the Finance Officer and one Program Officer, are being remunerated by PCI. PCI also committed itself to cover operational costs (rent, water, electricity, and water) and a two months budget was agreed upon by the two parties. PCI expects all the applicable closeout administrative actions and required work to be satisfactorily completed by August 31, 2011, following which the partners' sub-awards will be officially closed and they will be notified in writing. PCI staff will support the partners to complete the close out process in Quarter Four.

Final Building Bridges Program Evaluation

PCI engaged an external consultant to evaluate the Building Bridges Program. This was not a requirement by USAID under the Cooperative Agreement but PCI felt the need to evaluate the program and draw lessons learned to inform future programming by PCI and other stakeholders working with CSOs in and outside the country. Working with PCI staff, the consultant developed an evaluation plan that detailed out the process to be followed during the evaluation including the methodology and tools. The respondents included key stakeholders: Ministry of Health and DSS at national level; the Donor: USAID, international NGO partners: Baylor, Umbrella organizations: BONASO and BONEPWA+, District counterparts: DAC, DHMT, S&CD, Department of Agriculture, all 11 NGO partners (staff and volunteers) and beneficiaries (children, caregivers, PLHIV). Individual In-depth Interviews and Focus Group Discussions were held. During the process, PCI adapted a tool from existing organizational capacity assessment tools such as the COACH developed by AED and the ROCA tool used by PCI during the initial assessment of the NGO partners. The tool aimed at measuring progress in the partners' organizational capacity development and it was administered separately with NGO Boards and management. The data gathered from the field will be triangulated with available information and data from PCI quarterly and annual reports to the donor. The consultant is analyzing findings and a draft report will be ready for review early in Quarter Four. PCI will share the final evaluation report with stakeholders at a dissemination event planned for September 2011, before closure of the program.

IV. IMPLEMENTATION CHALLENGES

- NGO staff low morale and anxiety about BB program closure

There has been a lot of anxiety among NGO staff and management about the future of the organizations after PCI BB program closes. PCI assisted partners to develop comprehensive resource mobilization plans but this will take some time to yield results. However, NGO partners remain positive and are continuing to mobilize resources using different approaches. A good number of them have applied for the Government Alcohol Levy Grant, others are getting ready to apply for the next round of BNAPS funding while others have organized fundraising activities. Some NGO partners have a few of their activities included in the District HIV/AIDS plans and also continue to write proposals to different donors. PCI will continue lobbying with NACA, the private sector and donors for support for the NGO partners.



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- Getting the private sector to appreciate the need to fund operational costs for NGOs

Many of the Private Sector Partners who NGO partners are approaching for support are not willing to support salaries of NGO staff that provide much of the needed services to communities. Most of the Private Sector Partners provide once off support such as purchase of a vehicle or support construction of a building, but not long term support. This remains a challenge for CSO work in Botswana which calls for concerted efforts of all relevant stakeholders to have a dialogue on this. PCI continues to encourage NGO partners to have multiple sources of income such as their own income generation activities which will support what may not be supported by some funders.

V. MAJOR ACTIVITIES PLANNED FOR NEXT QUARTER

- Finalize the ART Trainers Manual and Participants notes
- Finalize documentation of JOL and CFC case studies
- Finalize NGO partners Strategic Plans
- Finalize BB Evaluation Report
- Organize and conduct a final dissemination event for the BB program
- Close out NGO partners grants
- Prepare for close out of the BB program
- Transition of BB staff to the new OVC&G program