



## **Botswana Comprehensive Care and Support for Orphans and Vulnerable Children**

**Annual Progress Report, FY 2019**

**(October 1, 2018 – September 30, 2019)**

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*Picture: Young mothers with their facilitator at FNB park in Gaborone having a session on GBV with a guest mentor.*

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## List of Acronyms

AIDS	Acquired Immune Deficiency Syndrome
AGYW	Adolescent Girls and Young Women
APC	Advancing Partners and Communication
ART	Anti-Retroviral Therapy
Baylor	Botswana-Baylor Children's Clinical Centre of Excellence
BBM	Bakgatla Bolokang Matsshelo
BBS	Basic Business Skills
BUMMHI	Botswana-University of Maryland School of Medicine Health Initiative
CEDA	Citizen Entrepreneurial Development Agency
CITF	Construction Industry Trust Fund
CSP	Community Service Provider
CFC	Comprehensive Family Care
CSE	Comprehensive Sexuality Education
DCD	Department of Community Development
DHIS2	District Health Information System2
DMSAC	District Multi-sectoral AIDS Committee
DREAMS	Determined, Resilient, Empowered, AIDS-free, Mentored and Safe
DSP	Department of Social Protection
ECC&EP	Early Childhood Care & Education Policy
ECD	Early Childhood Development
FP	Family Planning
GBV	Gender-based violence
GROW	Grass Root Building Our Wealth
HIV	Human Immunodeficiency Virus
HwwB	Hope WorldWide Botswana
HPP	Humana People to People
HTS	HIV Testing Services
IRs	Intermediate Results
IECD	Integrated Early Childhood Education
IGA	Income generating activity
ITECH	International Training and Education Centre for Health
IPAP	Implementing Partners and PCI
JoL	Journey of Life
KRDA	Kweneng Rural Development Association
LEA	Local Enterprise Authority
MER	Monitoring, Evaluation, and Reporting
MLGRD	Ministry of Local Government and Rural Developments
MOESD	Ministry of Education & Skill Development
MOUCC	Mothers Union Orphan Care Center
MYESCD	Ministry of Youth Empowerment Sport and Cultural Development
NAHPA	National AIDS and Health Promotion Agency
NGOs	Non-Governmental Organizations
OCA	Organizational Capacity Assessment
OVC	Orphans and Vulnerable Children
PCI	Project Concern International
PEP	post exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PET	Parent Effectiveness Training
PMTCT	Prevention of mother to child transmission
PrEP	Pre-exposure prophylaxis
Rapid I-STAR	Integrated Systems for Transformation & Accompaniment for Results
REDI	Rapport building, exploration, decision making, and implementing
SAPR	Semi-annual progress report
S&CD	Social and Community Development

SOP	Standard Operation Procedure
SRH	Sexual & Reproductive Health
SSI	Stepping Stones International
TAC	Technical Advisory Committee
TB	Tuberculosis
ToT	Training of Trainers
TWG	Technical Working Group
USAID	United States Agency for International Development
VCPC	Village Child Protection Committee
VMMC	Voluntary medical male circumcision
WE	Women Empowered

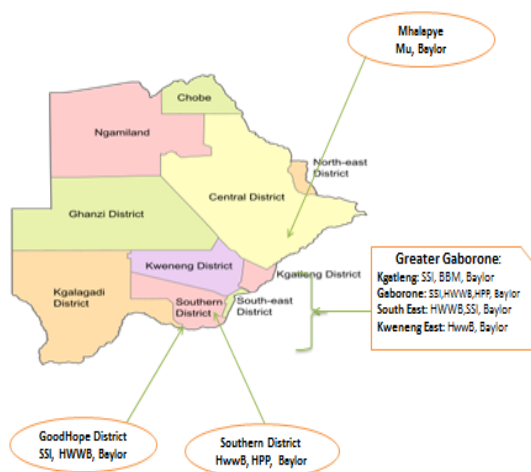
## 1. Background

In August 2016, PCI was awarded a five-year grant to implement the Comprehensive Care & Support for Orphans and Vulnerable Children (OVC) program in Botswana, funded by the President's Emergency Plan for AIDS Relief (PEPFAR) through the United States Agency for International Development (USAID).

The program aims to strengthen community agency to seek, support, and provide care to orphans and vulnerable children (OVC) affected by the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/AIDS) and their parents/caregivers through three Intermediate Results (IRs):

- **IR1:** Strengthen community and household structures to support OVC,
- **IR2:** Increase uptake of HIV/AIDS prevention, care, and treatment services among OVC households, and
- **IR3:** Improve policy implementation for the delivery of coordinated social services.
- **IR4:** Strengthened capacity of local organizations to sustain program delivery and outcomes

**Figure 1: Districts of operation and implementing partners for the OVC Care & Support Program in Botswana.**



The program is implemented in seven of PEPFAR's high priority scale-up districts: Gaborone, Kweneng East, Kgatleng, South East, Southern, Mahalapye, and Goodhope. Project Concern International (PCI) collaborates with six national and one international non-governmental organizations (NGOs): Botswana-Baylor Children's Clinical Centre of Excellence (Baylor), Humana People to People (HPP), Stepping Stones International (SSI), Hope Worldwide Botswana (HwwB), Bakgatla Bolokang Matshelo (BBM), Mothers Union (MU), and IntraHealth International, an international NGO.

At the national level, the program collaborates with the Ministry of Local Government and Rural Developments (MLGRD), the Department of Community Development (DCD), the Department of Social Protection (DSP), the Ministry of Basic Education, the Ministry of

Health, the National AIDS Coordinating Agency (NACA), and the Ministry of Youth Empowerment Sport and Cultural Development (MYESCD).

The program uses the Comprehensive Family Care (CFC) model, the Women Empowered (WE) program and other economic strengthening interventions, the Early Childhood Development (ECD), and comprehensive sexuality and life skills education to achieve program goals. Partners continue to improve financial literacy for youth through Aflateen and the WE groups. The program integrates HIV/AIDS prevention, care, and support services into all program strategies.

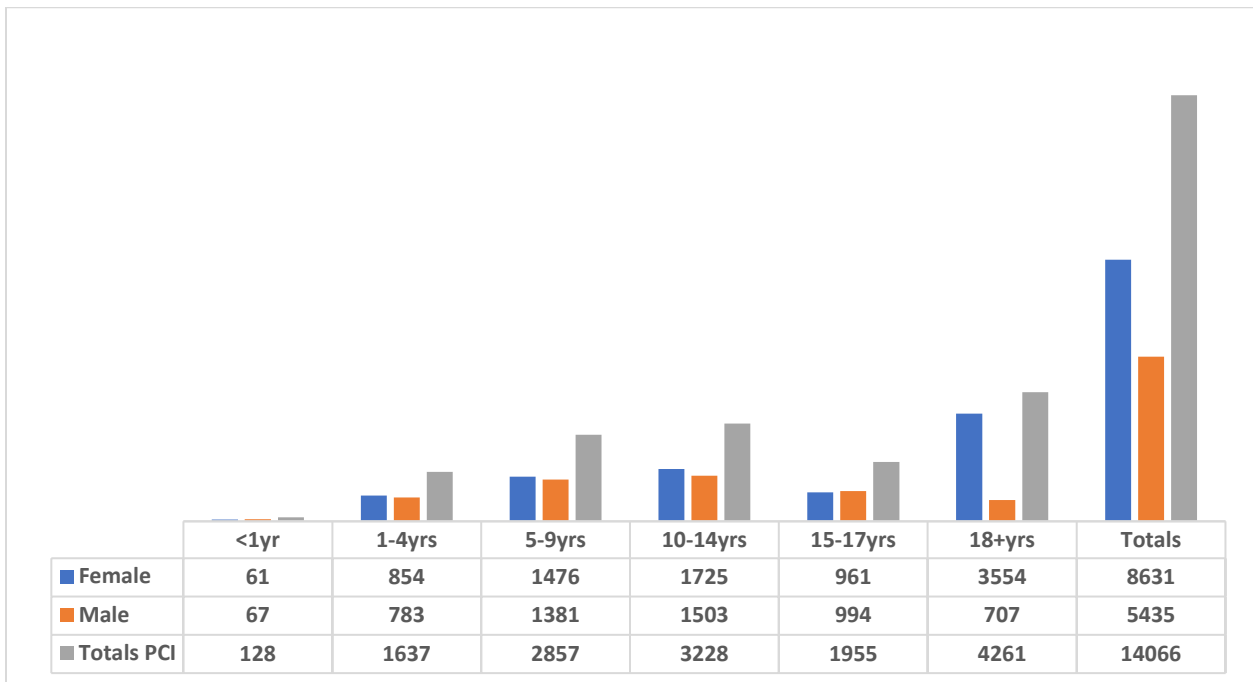
The Determined, Resilient, Empowered, AIDS-free, Mentored, and Safe (DREAMS) project was integrated into the OVC project in FY18. The progress on program implementation and annual progress report (APR) achievements by PEPFAR indicators and by program objectives are provided in this report.

## 2. Summary of Achievements at APR, FY19

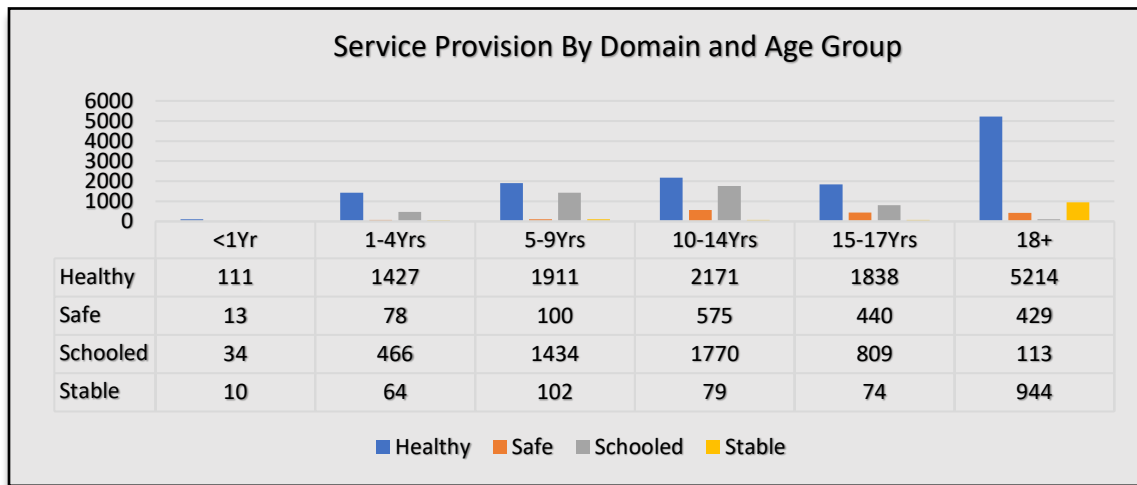
### 2.1 OVC\_SERV (Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS)

In FY19, the OVC project served 14,066 beneficiaries (8,631 females and 5,435 males) achieving 81% of the annual target of 17355. Of the beneficiaries reached, 4,261 (30.3%) were adults/caregivers, and 9,805 (69.7%) were OVC (<18 years old). Baylor was the highest performing partner this fiscal year. PCI’s District Health Information System (DHIS2), which is called IPAP (Implementing Partners and PCI), was used to track OVC beneficiaries including those who graduated, were lost to follow up, and re-enrolled into the project. During the reporting period, 885 beneficiaries exited the project for the following reasons: 221 relocated, 423 were not found in their homes or had changed schools despite several attempts to serve them, 237 opted out of the program, and 4 passed away . The chart below is a representation of the beneficiaries reached in FY 19, disaggregated by age and sex.

Chart 1: Number of beneficiaries served disaggregated by age and sex FY 19



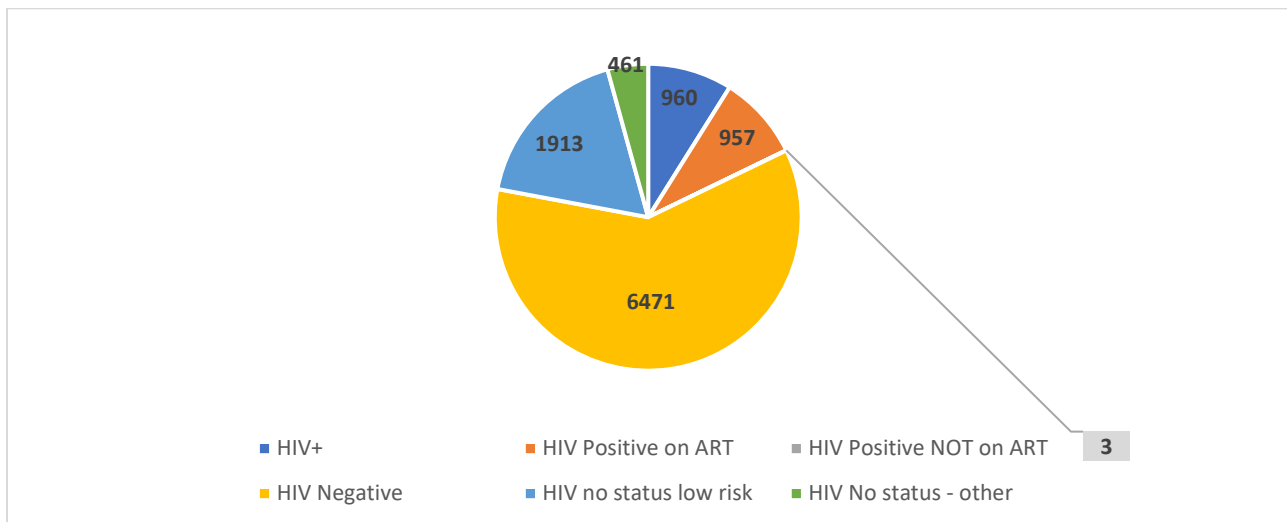
**Chart 2. Services provided to beneficiaries in the reporting period**



**2.2 OVC\_HIVSTAT** (Number of beneficiaries with HIV status reported to implementing partners)

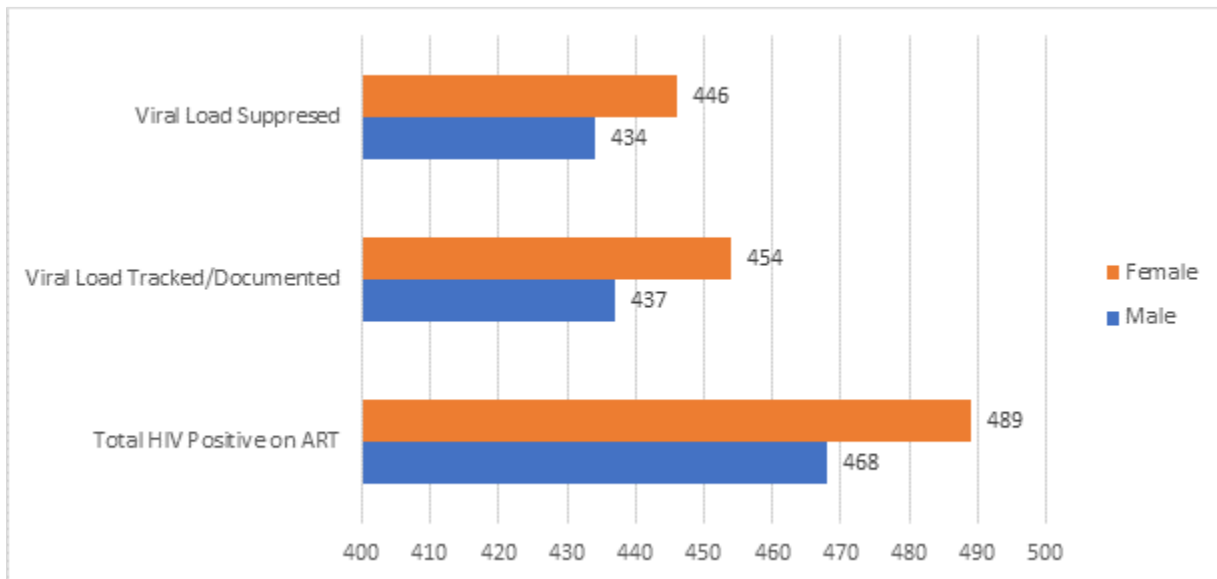
All 9,805 OVC served had their HIV status and/or testing needs documented. Of the 9,805 OVC, 65.9% (6471) were documented as HIV negative, 9.8% (960) were HIV positive, 1,913 (19.5%) did not require a test based on risk assessment and are assumed to be HIV-negative, 222 (2.3%) were recorded as high risk and requiring a test, and the remaining 239 (2.4%) are still undergoing the risk assessment process, as some beneficiaries are not willing to instantly go through the assessment and some needs parent consent, etc., . Chart 3 below illustrates HIV status by positive, negative, and unknown.

**Chart 3: OVC\_HIVSTAT: Number of beneficiaries with HIV Status reported to implementing partners**



In addition to other services provided to HIV-positive beneficiaries, PCI tracks the viral load status. Of the 957 HIV positive beneficiaries who are on ART, 891 (93.1%) have their viral loads tracked and 66 (6.9%) don't know their viral load. CSW are working with these beneficiaries to ensure their viral load is tracked at the earliest possible time. Of the 891 viral load tracked; (98.7%) 880 of beneficiaries on ART have suppressed viral loads and 11 (1.2%) have a detectable viral load. Most of the clients with detectable viral loads have adherence challenges and are being counseled and supported by the Community Service Providers to adhere to treatment.

**Chart 4: Viral Load Status Analysis for 0-17 HIV-Positive Beneficiaries in FY19**



**2.3 PP\_PREV** (Number of beneficiaries served by PEPFAR OVC programs for children and families affected by HIV/AIDS)

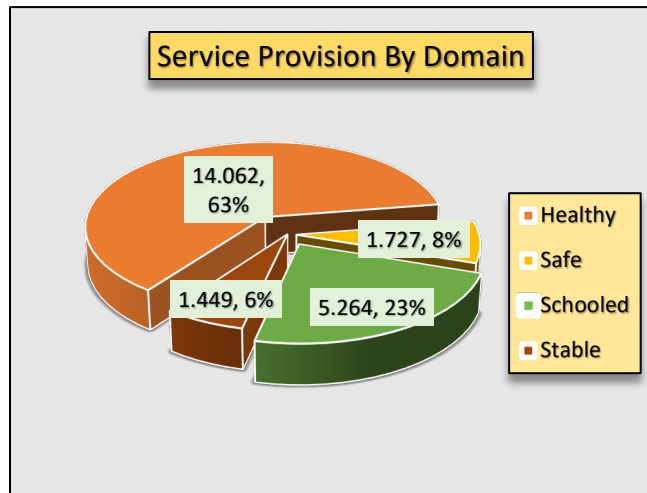
A total of 15,957 beneficiaries (8,965 females and 6,992 males), 122% of the annual target of 13064 were reached with the standardized, evidence-based interventions designed to promote the adoption of HIV prevention behaviors and service uptake in the reporting period. After providing HIV and violence prevention education, including gender-based education, referrals were initiated for all beneficiaries who do not self-identify as HIV-positive using a referral card for HIV testing or other relevant services. The HTS referrals were done in accordance with the Life Skills+ guide and feedback regarding the referrals for DREAMS beneficiaries were tracked accordingly. PCI has fully integrated the DREAMS activities into the comprehensive OVC project. The Life Skills+ Guide, which was adapted from the UNESCO Comprehensive Sexuality Education curriculum, was used as the core curricula for HIV and Violence prevention education. In terms of priority population reported under the PP\_PREV indicator, PCI predominately served and reported adolescent girls and young women (AGYW), additionally adolescent boys and a few young men.



### 3. Achievements and Progress of Activities Implemented by Objectives

PCI, through its implementing partners, provided services to OVC project beneficiaries, both children and caregivers, in accordance with the following four domains: healthy, safe, schooled, and stable. Consistently throughout fiscal year 2019, the healthy domain remained the most commonly serviced, followed by schooled, and safe. During household visits, community service providers (CSPs) made it a priority to service HIV-positive or exposed OVC beneficiaries, while facilitators working through the school management approach focused their efforts in ensuring that adolescents received health related services including HIV services, schooled services as well as services that contributed to their safety.

**Chart 5: OVC services provided during FY19 by service domain**



#### 3.1. Strengthen Household and Community Structures to support OVC



*Family conferencing in Kopong conducted by HwwB facilitators*

Part of strengthening household and community structures involved improving family communication and socio-economic stability to provide a nurturing and responsive environment for orphaned and vulnerable children. It included refining parent-child communication and parenting skills, as well as delivering a household economic strengthening package of services. Another key component was school completion, and providing social assets, livelihoods, and employment skills to reduce HIV risk amongst vulnerable adolescent girls and young women.

##### 3.1.1. Child Protection and Child Safeguarding

During the period, 1,206 OVC beneficiaries (598 females and 608 males) received services from the safe domain. PCI and its implementing partners continued throughout FY19 to collaborate with the Department of Social Protection (DSP), especially at the district levels, across all implementing sites to ensure that children's rights were known and those in need of social services were assessed and referred accordingly. Implementing partners participated in the monthly and quarterly District Multi-Sectoral AIDS Committee (DMSAC) meetings which discussed issues pertaining to children. Following the development of child safeguarding policies by PCI with implementing partners in the previous year, the latter were technically assisted in FY19 to cascade these policies to all staff members through in-service training.

### 3.1.2 Structured family group conferencing

Structured family group conferencing and structured psychosocial support related to family conflict mitigation were two key services the project provided to ensure a safe family environment, consistent with the MER guidance for FY19. Both the Journey of Life (JoL) and Parent Effectiveness Training (PET) methodologies were adapted to carry out these services. These methodologies have been used by PCI over the past years. PET is a communications strategy aimed at strengthening the relationship that exists between a child and their caregiver, and this model is used in only non-DREAMS beneficiaries, while JoL is a mobilization method that challenges people to self-reflect to address issues within their community. Conversations focused on child neglect, rape cases, substance abuse, poor communication, and low involvement of men. In FY19 a total of 2737 OVC caregivers (1744 women and 993 men) received this service and implementing partners followed up, working with appropriate partners, upon identification of critical abuse cases.

### 3.1.3. Household economic strengthening packages

In FY19, 245 OVC caregivers and adolescents participated in different economic strengthening initiatives. PCI collaborated with Peace Corps Botswana (through the Food Security and Nutrition Initiative Committee) to deliver the permaculture training July 22<sup>nd</sup> – 24<sup>th</sup> 2019 in Gaborone targeting 26 officers (16 women and 10 men) from all implementing partners. Permaculture is a

*Caregiver practicing Perma Garden-germination*



creative agricultural design process based on whole-systems thinking informed by ethics and environmental consciousness and design principles that feature The Food Security and Nutrition Initiative exists to empower communities to eat a healthy, balanced, and sustainable diet through community-based educational efforts that help in increasing

availability of nutritious food; a key factor in the fight against HIV and AIDS. In FY19, 65 caregivers (84 women and 9 men) as well as six youth (5 girls and one boy) were trained. This is in addition to 18 youth (12 girls and 6 boys) who were placed with brigades such as the Construction Industry Trust Fund (CITF) to receive vocational training in January 2019. Of the package of services that were provided to 245 OVC beneficiaries (220 women and 25 men) this reporting period, the Savings Group package was the more common due to participation in Women’s Empowerment Groups.

**Table 1: Economic strengthening packages received by OVC beneficiaries in FY19**

<b>Economic strengthening Approach</b>	Female	Male	Total
<i>Financial Literacy training (Aflateen)</i>	4	3	7
<i>Entrepreneurial training and support (ready to work entrepreneurship pathway)</i>	8	2	10
<i>Women’s economic empowerment (business skills training)</i>	33	3	36
<i>Soft skills training (job readiness, career planning, ready to work employment pathway, etc.)</i>	10	6	16
<i>Agribusiness training</i>	28	1	29
<i>Savings group members</i>	438	18	456
<i>Linkages to formal financial institutions</i>	13	4	17
<i>Participated in small business support</i>	1	-	1
<i>Total</i>	220	25	245

### 3.1.4. Linkages to Vocational Training

Construction Industry Trust Fund (CITF) and Brigades continued to provide placement opportunities for the project's OVC. In January 2019, 18 (12 females and 6 males) MU clients, who were previously assisted in their applications to vocational institutions, enrolled and started their courses at Madiba and Shoshong brigades. The adolescents are enrolled in a 3 year course and will be completing their training in year 2021.

### 3.1.5. Women Empowered (WE) – Grass Roots Building Our Wealth (GROW)

In FY19, a total of 49 WE-GROW groups were formed across all implementing sites with 456 members (438 women and 18 men). PCI worked to train 10 WE coordinators and facilitators (7 women and 3 men) on basic business skills (BBS), which was geared towards helping the WE-GROW beneficiaries start and improve income-generating activities (IGAs) with the potential to improve household food security and receive external funding for the growth of their IGAs. This resulted in 142 OVC beneficiaries (138 women and 4 men), some of whom were young mothers, trained in BBS. The training ignited interest in members, accruing to 87 OVC beneficiaries engaged in either a group IGA (8 groups) or individually (34 caregivers).

Of the 456 WE-GROW members, 297 have been linked to a business or financial institution such as the Local Enterprise Authority (LEA), formal banks, or Citizen Entrepreneurial Development Agency (CEDA), while 51 were linked to an educational institution, and 31 successfully enrolled into the Kweneng Rural Development Association or CITF. The 49 groups formed have resulted in 24 groups and individuals opening group or personal savings accounts. Most of the caregivers were women who previously were unbanked and had never interacted with the formal banking institution. The groups saved a reported P73,286.00 in this reporting period with 164 loans, amounting to P46,987.00, (4,698US\$) issued.

**Table 2: WE-GROW Group Monitoring Data for FY19**

	<b>Totals</b>
Total numbers of groups formed	49
Total female members	438
Total male members	18
Total members	456
Total savings (BWP)	P73286
Number of loans given	164
Total amount loaned (BWP)	46987
Number of individual IGAs started	34
Number of group IGAs started	8
The number of beneficiaries engaged in a Group IGAIGA's	87
Number of Group / Individual Savings Accounts Opened	24

Number of members who have linked with businesses or financial service providers	289
Number of members who have been linked with educational services	51
Number of members who have been enrolled with educational services	31

FY19 has seen interesting developments in the integration of services across interventions and programs. WE-GROW participants were identified through different platforms in the OVC and DREAMS project including the Families Matter Program, young mothers, IECD groups, PET sessions, and home visits. This work closed the gaps identified through initial assessments that these beneficiaries needed economic strengthening approaches.

WE-GROW has offered participants a platform through which they can graduate and practice the learnings offered in other programs. The caregivers across all sites were trained on parent-child relationships, alcohol and substance abuse (especially among young mothers), issues of gender based violence, child protection, HIV prevention, and proper condom use. The young mothers in the WE-GROW groups received training on the importance of HIV testing, prevention and treatment, breast-feeding, and the legal rights of their children in the case of absent fathers. Orange Botswana, through the Orange Foundation Group and in collaboration with PCI and HwwB, launched the Women’s Digital Business Centers named Mme Thari, whose aim was to foster women’s empowerment through the delivery of basic training modules based on their needs, supported by digital tools. This digital center approach was ideal to complement existing PCI initiatives, providing important material support vital to the success of the OVC and DREAMS project. PCI proposed a partnership with Orange Foundation to enhance the Women Empowered (WE) and Ready-to-Work (R2W) programs, which have been integrated into the PCI Botswana OVC Care Project. Women are challenged in using and accessing digital devices, including to create livelihoods for themselves and their children using the digital world. The Mme Thari Orange Digital Centre is housed within HwwB in Molepolole and has so far trained 93 women between the ages of 18-35 on basic computing. These computing lessons build the beneficiaries’ skills and confidence in use of technology as it is vital to communicate, learn, and develop. Integrating BBS into the training schedule, the Mme Thari center boosted the skills of participants who use technology in advancement of their business. From the 93 trained, 30 young women completed Ready-to-Work, resulting in four work placements, and 20 young women enrolled for further education.



*Mme Thari participants receiving Basics Training in Computing in Molepolole*

### **3.1.6. Activities Improving School Completion through IECD and Homework Clubs**

Due to dwindling resources for the IECD implementing partner, Mothers’ Union sought assistance from the Ministry of Local Government, Department of Community Development (DCD), United Congregational Church of Africa (UCCSA) Church, First National Bank (FNB), and the Ministry of Infrastructure and Housing in financial and in-kind contributions to sustain their ECD Centre.



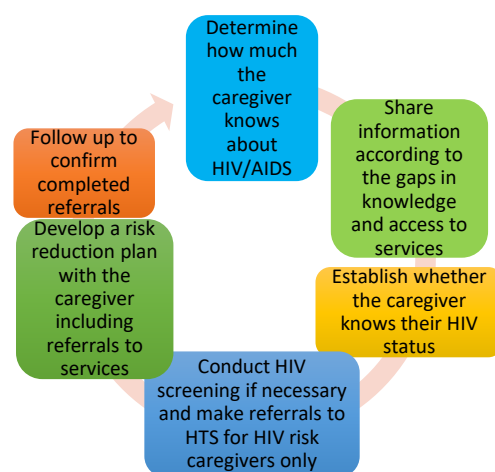
PCI implementing partners had 605 children (316 girls and 289 boys) who received IECD services. PCI, in collaboration with DCD, the Ministry of Health and Wellness (MOHW), and the Ministry of Basic Education (MOBE) worked towards the review and finalization of the national guidelines for playgroup stimulation, expected to operationalize earlier in the next fiscal year. This resource includes a toolkit for training teachers who provide ECD, especially in rural communities, working to support the developmental needs of HIV exposed children. The guidelines were piloted in January and February 2019 in the Kgatleng, Southern, and North West districts. A training was provided to 25 representatives from Kgatleng, Mabutsane, North West, and Okavango districts (22 women and 3 men) on the ECD toolkit. The training also included PCI implementing partners from organizations providing ECD, mainly HwwB, Mothers' Union, and BBM.

In FY19, 191 OVC beneficiaries (114 girls and 77 boys) participated in homework clubs in schools (two in Mahalapye and one in Mochudi). As reported in quarter 3, implementing partners have introduced the concept of Homework Clubs at some of the collaborating schools in an effort to improve school performance, attendance, and retention. These students constitute a pool identified as struggling or slow learners by the guidance and counselling teachers from the participating schools. Others are identified by the CSPs during their routine client's assessment. Although this service is still new, students and teachers alike have already touted it as a worthy initiative that would help improve students' performance in schools. In the coming quarter, implementing partners intend to equip their facilitators with further skills in coordinating the Homework Club model in order to improve the quality of their service delivery.

### 3.2. Increased uptake of HIV prevention, care, and treatment services among OVC households

With the continued support of PEPFAR/USAID, PCI provided various services to OVC and AGYW who were identified and enrolled into DREAMS. These services included HIV prevention, treatment, and care in an effort towards achieving an AIDS-free generation. Working closely and in partnership with local service providers, such as clinics and hospitals, as well as PEPFAR funded service providers, PCI through its implementing partners continued to prioritize the provision of HIV related services in all districts during FY19. These HIV services were delivered mainly through three platforms: schools, out of school group activities, and household case management. To warrant quality services officers and community service providers (CSPs) from implementing partners received critical training to ensure that they fully understood the services they needed to provide for HIV prevention, treatment, and care in line with the revised MER Indicator Reference Guide 2.3 published in September 2018. The training that took place October 30<sup>th</sup> - November 9<sup>th</sup>, 2019 focused on the standard operating procedures that were developed as part of a handbook for community service providers to facilitate caregivers of OVC households to obtain age-appropriate HIV prevention support. It

*Figure 3: Household HIV Prevention Support*



also explored risk avoidance and risk reduction strategies and challenges and lessons learned from conducting HIV risk assessments. The risk reduction strategies included both behavioral and biomedical prevention strategies. The training introduced CSPs to a nationally approved method called RDI (rapport building, exploration, decision making, and implementing) aimed to help caregivers obtain age-appropriate women's health counseling and/or products.

To strengthen service provision for school management, 51 facilitators (45 women and 6 men) were trained in comprehensive sexuality education November 6<sup>th</sup> – 22<sup>nd</sup> 2018 and on the continued provision of HIV prevention education and prevention services for priority populations (PP\_PREV) January 14<sup>th</sup> – 25<sup>th</sup>, 2019. The training included educational sessions on Pre-exposure Propylaxis (PrEP), (PEP), contraceptive method mix, and post-GBV care referral from FHI360's Advancing Partners and Communication (APC) project.

### 3.2.1. HIV Prevention

#### 3.2.1.1. Evidence-based interventions to prevent HIV and violence and reduce sexual risk using Life Skills+

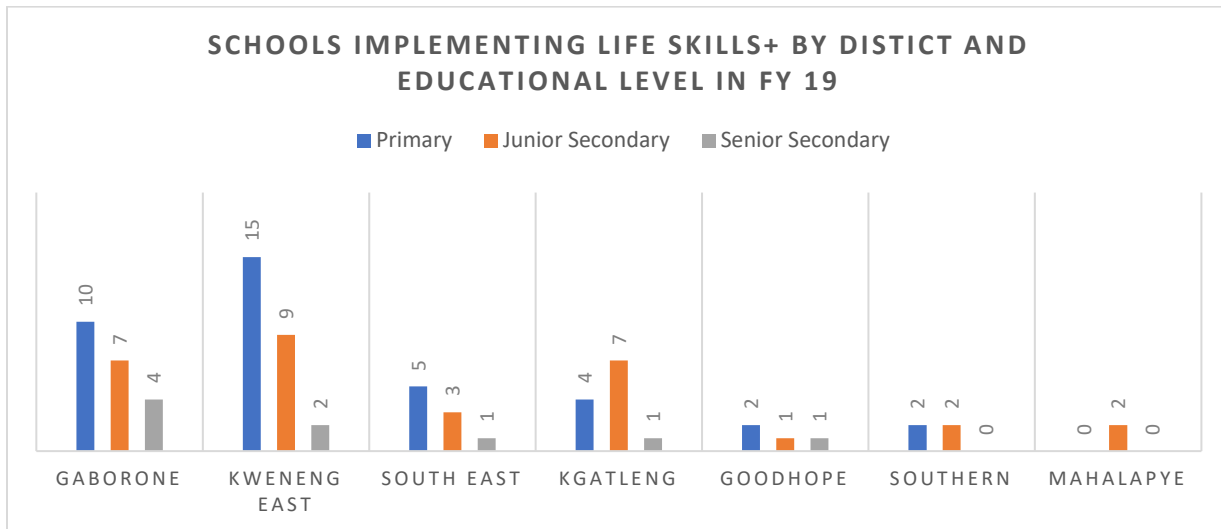
In FY19, a total of 15,957 beneficiaries (8,965 girls and 6,992 boys) were provided with HIV and violence prevention education and referred for HTS through Life Skills+ contributing towards the PP\_PREV indicator. The school management approach enabled HIV and violence prevention education to be executed through an evidence-based Life Skills+ package targeting both adolescent girls and young women (AGYW), OVC, and their peer communities.



*Students in groups during Life Skills+ lesson*

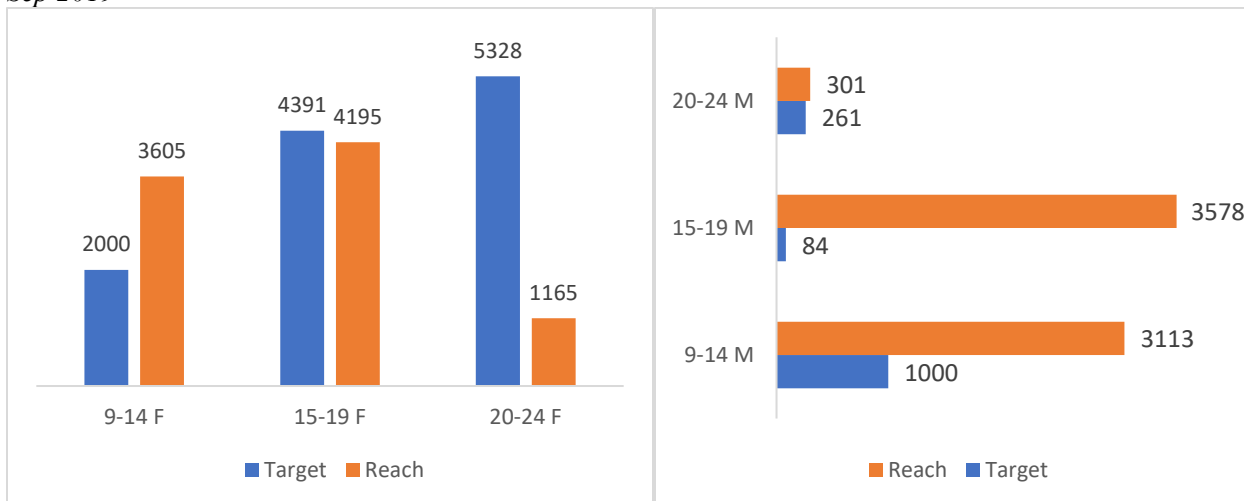
Life Skills+ is ideal for youth group interventions because it emphasized dialogue among peers of the same social group, enabling a relaxed learning environment without any fear of judgment. A total of 78 schools implemented Life Skills+ across the districts supported by PEPFAR, through PCI, during this reporting period. Below is a representation showing the school-based program's coverage by education level and by district. Due to the DREAMS program, implementation of Life Skills+ has been predominately in Gaborone and Kweneng East. Almost 100% of children aged 7-9 years in Botswana were enrolled in primary school and over 80% of adolescents aged 16 years enrolled in secondary school (Statistics Botswana, 2013) making schools ideal for Life Skills+.

Chart 6: Schools that have been implementing Life Skills+ in reporting period



Life Skills+ was not only designed to be implemented through schools in collaboration with the Ministry of Basic Education, but also through out-of-school groups to build protective assets amongst adolescents and youth, including DREAMS beneficiaries.

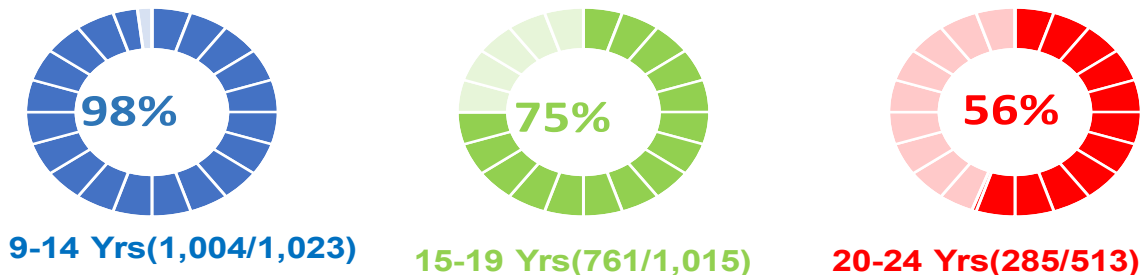
Chart 7: Total Number of Beneficiaries that have completed PP\_PREV services by Age and Sex; Oct 2018-Sep 2019



In FY19, PCI and implementing partners reached more than 100% of the set target for boys in all age categories (See chart 6). This was mainly due to successful delivery of HIV and violence prevention education through schools. The variance bulk amongst young women could be found in the age band 20-24 years, mainly reported from Kweneng East. Most of the youth in Kweneng East commuted to Gaborone in search of work or educational opportunities though they resided in Kweneng East, making them unavailable to complete all the sessions necessary to meet the minimum quality standards. PCI is discussing this challenge with the beneficiaries to come up with agreeable solution.

HIV and violence prevention education was provided to a subset of 2,050 AGYW who were identified as eligible and interested and enrolled into DREAMS. Please see chart 8 for further breakdown of target vs achievement for each age band.

**Chart 8: DREAMS girls that have completed HIV and violence prevention education by age in FY19**



Those who have yet to complete all sessions will do so in the next fiscal year. Incorporating a socio-economic strengthening component (Ready-to-Work) to the provision of HIV and violence prevention education for young adults was effective in retaining attendance throughout the sessions, especially in Gaborone. This methodology will be scaled up in FY20 to retain and recruit older AGYW. The approach also enabled opportunities for condom distribution, coupled with risk reduction counseling, which is provided in partnership with Tebelopele Counseling and Testing Centers. Prevention education is critical to curbing the spread of HIV and instrumental in demand creation for biomedical prevention services such as VMMC and PrEP. To receive biomedical prevention services, it is necessary to take an HIV test. Biomedical prevention services are provided to HIV negative beneficiaries as a prevention program priority.

**3.2.1.2. Structured safe spaces intervention established for DREAMS**

In addition to the provision of Life Skills+ for HIV and violence prevention education, the AGYW who were most vulnerable to HIV were linked to a mentor. Mentors who are running safe spaces aim to reduce AGYW’s risk for HIV and violence by building their social assets through DREAMS. This initiative is led by PEPFAR and implemented in partnership with the government of Botswana in the Gaborone and Kweneng East districts. In collaboration with FHI360’s APC Program, International Training and Education Centre for Health (ITECH), and Botswana-University of Maryland School of Medicine Health Initiative (BUMMHI), PCI provided community-based protective asset building, (to 1,821AGYW) mentorship, and safe spaces to DREAMS beneficiaries, referring them to the other DREAMS implementing partners for biomedical and other HIV prevention interventions. The aim was to help vulnerable AGYW develop into determined, resilient, empowered, AIDS-free, mentored, and safe women.



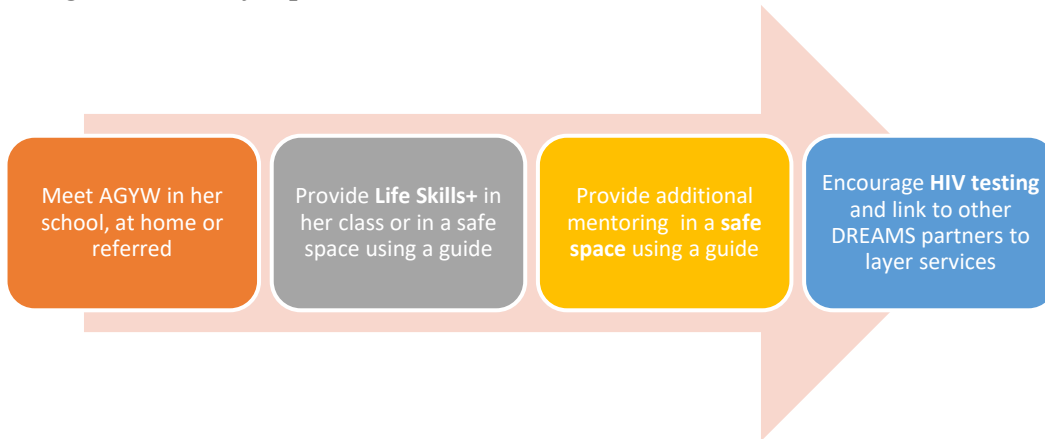


*DREAMS girls creating vision boards at their wish list activity at Athela Gardens in Notwane*

Safe spaces hosted by mentors provided the opportunity for AGYW to engage with their peers in a safe place of their choosing to discuss issues that were important to them, following a safe space guide adopted from Life Skills+. Virtual safe spaces were introduced in FY19 to mitigate the challenge of mobility of the 20-24 year AGYW age group.

*DREAMS girls creating vision boards at their wish list activity at Athela Gardens in Notwane*

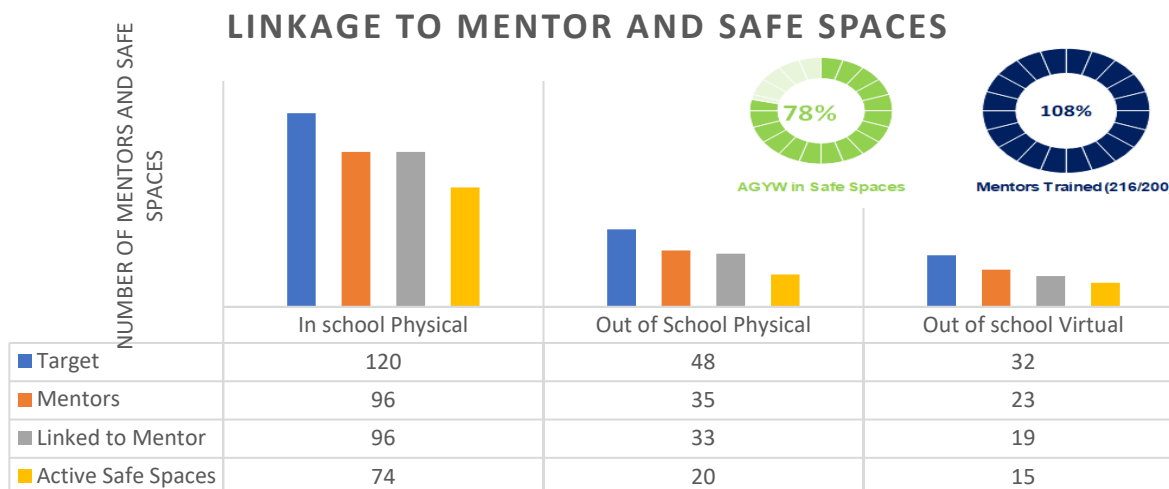
**Figure 4: The Safe Space Intervention Process**



**Physical Safe Spaces** - The location of a physical safe space is in the walkable community of the AGYW, such as a school, community hall, church, kgotla, etc. AGYW attended these safe spaces twice a month for an hour for adolescents and 2 - 4 hours for young adults, in accordance with the safe space guide and nationally adopted SOPs developed by PCI.

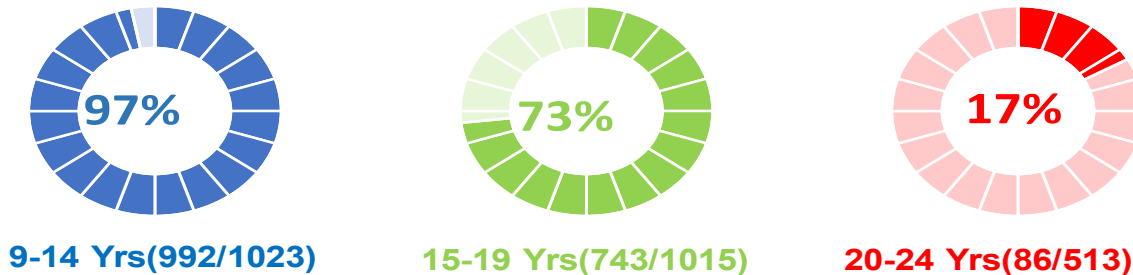
**Virtual Safe Spaces** – Mentors use a social media platform such as WhatsApp to form virtual safe space groups. AGYW who have access to this service are invited to join groups set up for them by mentors. At least weekly, a mentor chats with her group in accordance with the safe space guide to provide social asset building. Mentors can use broadcasting to check-in with inactive group members or to follow up on service provision. Broadcasting allows the mentor to contact each AGYW separately, like an SMS. Each month, the mentor organizes a face-to-face meeting with the group to provide either HIV services or socio-economic strengthening approaches. Please refer to chart 9 for number of mentors and safe spaces with further analysis.

**Chart 9: Safe spaces (Physical & Virtual)**



In FY19, 1,821 AGYW were placed into 109 safe spaces in the DREAMS districts, where they received social asset building and were linked to clinical services in accordance with their needs. Before their three-day training, 216 mentors were assessed for communication and basic soft skills required for mentorship. Mentors were then supported through biweekly supervision meetings conducted by program supervisors, and received mentoring to debrief, brainstorm solutions to challenges faced, improve safe space facilitation, and discuss special cases. In addition to the healthy relationships PCI and its implementing partners have with schools, it is the relationships that the AGYW build with their mentors that lead to the success of social asset building. Not all AGYW linked to a mentor were provided with social asset building because AGYW in Kweneng East were too dispersed, even with the introduction of virtual safe spaces. Kweneng East has a large geographical location with 41% social media penetration amongst enrolled DREAMS girls in comparison to Gaborone’s 87%. Not all DREAMS girls receiving social asset building would complete the service in FY19, especially those who were enrolled after July 30, 2019 since it takes at least three months to complete the social asset building service. Most of the older girls were mobilized by PCI and implementing partners during the last two quarters of FY19 as a result of dwindling referrals from DREAMS clinical partners that previously provided community HTS before it was ceased. Please see chart 10 for detail information on Social Asset Building participation by age category.

**Chart 10: DREAMS girls that have completed Social Asset Building by Age in FY19**

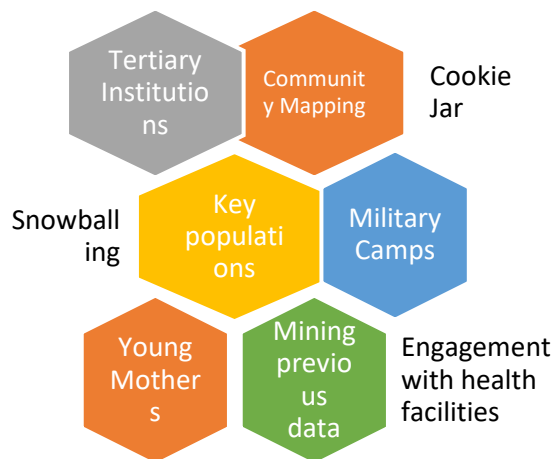


Parental consent for DREAMS girls eligible and interested from boarding schools was a key challenge for AGYW aged 15-19 years. Two senior schools in Kweneng East, especially Mogoditshane Senior Secondary, were affected by the lack of parental consent leaving 1,170 AGYW (78%) eligible for DREAMS. PCI will continue to seek parental consent for the 330 (22%) of the girls. About 59.9% of those eligible for DREAMS had parents living outside the DREAMS districts. PCI, working with NAHPA, has advocated for matrons to foster guardianship for consent. Amongst the older AGYW aged 20-24 years, the two key challenges were the geographical dispersion of Kweneng East and AGYW providing incorrect numbers to avoid further contact after clinical services. To mitigate this challenge, PCI began working with other DREAMS implementing partners and NAHPA to develop protocols for warm handover processes and used Ready-to-Work as a demand creation anchor to attract AGYW into DREAMS.

Through safe spaces, 880 OVCs (551 Gaborone and 329 Kweneng East) and 64 young mothers (24 Gaborone and 37 Kweneng East), who were identified as DREAMS’s girls received social asset building. Amongst the AGYW aged 20-24 years, 475 have been trained in Ready-to-Work. As young people set out to find employment or create self-employment, they need skills that will help them to transition from the world of education into the world of work. Ready to Work provides learning material that will help young people develop work skills, transferable skills, financial skills and entrepreneurial skills. After completing this economic strengthening approach, seven young mothers started small-scale businesses and two obtained employment, while three enrolled into the national government scheme “Tirelo Sechaba” (national service program) to gain work experience aimed at poverty eradication.

The age group 20-24 years is generally challenging to reach. Most young

**Figure 5: Recruitment strategies for 20-24 aged**



women are found seeking income generating opportunities due to youth unemployment, which has made this age group highly mobile and difficult to retain. They commute seeking jobs, extended family support, and relationship opportunities. To mitigate the recruitment challenges, PCI and implementing partners began intensifying recruitment using strategies outlined below during Q3. A key focus was mining OVC data to identify 20-24 year-old AGYW and engage military camps, in addition to working with young mothers, and engaging with health facilities. Mining data from government stakeholders such as the Ministry of Youth Empowerment, Sport and Cultural Development (MYESCD) was also effective in retaining youth since it is the ministry responsible for issuing youth grants and other monetary incentives. PCI looks forward to intensifying the use of these strategies in FY20 to identify young women for DREAMS.

To support demand creation and retention of AGYW in DREAMS, PCI supported NAHPA to develop the communications strategy as a key member of the communications TWG. In addition, PCI assisted NAHPA to set up a task force responsible for demand creation and communication standardization. In FY19, PCI generated content, identified DREAMS ambassadors and mentors to go to the co-founded radio show called “The Catch”. PCI also generated content and developed editorials for DREAMS that were placed in the Daily News to encourage caregivers to engage with DREAMS.



*DREAMS ambassadors and mentors during the Saturday RB2 radio show for DREAMS called ‘The Catch’*

### **3.2.1.3. Caregivers participated in an evidence-based parenting intervention to prevent and reduce violence and /or sexual risk of their children through Families Matter.**

The Families Matter Program (FMP) is an evidence-based, parent-focused intervention designed to promote positive parenting and effective parent-child communication about sexuality and sexual risk reduction, including risk for child sexual abuse and GBV. Since the first wave of groups began sessions in FY19, 453 caregivers (415 women and 38 men) have completed and graduated from the program.



*FMP Facilitator observing a role plays during FMP session*



**Table 3: Total number of beneficiaries that have completed specific lessons in FY19**

District	Sex	Total Recruited	Attended Lessons						
			1	2	3	4	5	6	7
KE	Female	324	276	277	276	250	242	213	203
	Male	24	19	19	17	16	16	14	14
GC	Female	52	48	44	42	42	42	42	42
	Male	4	4	4	4	4	4	4	4

Most caregivers were introduced to FMP through the collaborative partnerships that exist with the schools in Gaborone and Kweneng East. Local community leaders also played an instrumental role in advocating for caregivers to enroll in the program and provided venues for sessions.

These elements contributed to the program’s successful establishment, though a number of challenges were faced throughout the fiscal year. Caregivers registered in large numbers but failed to consistently attend sessions.

The main challenge was the residential dispersion of caregivers, which made it difficult to secure a neutral venue for meetings that would make them easily accessible to all. Social commitments exacerbated poor attendance, as sessions needed to continue in a structured progression. Session five also proved a challenge during school days since it required the attendance of children,



*The Mogonono FMP group graduating from their sessions in Molopolole*

especially for caregivers who were unable to attend sessions over the weekends. Most caregivers faced with social challenges were followed up with, in collaboration with guidance and counseling teachers, in schools assisting with recruitment. Caregivers who completed FMP were also used as champions to advocate with other caregivers.

Due to the decline in attendance for FMP in all groups over the seven sessions, PCI and implementing partners received technical assistance in April 2019 to address the structure of the program and its delivery, reviewing it to be more conducive to the societal environment faced by

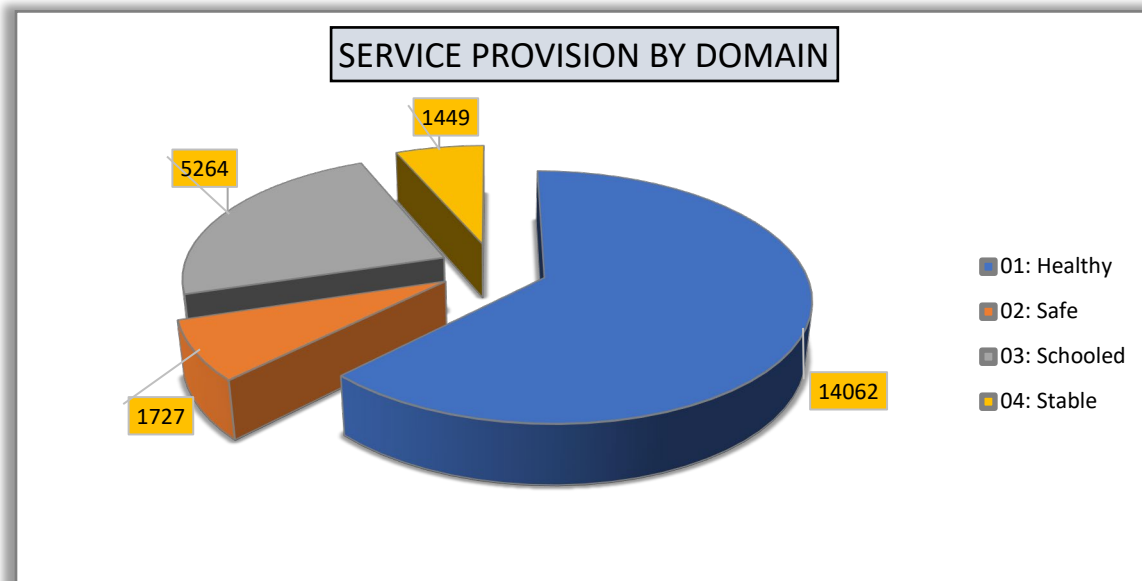
caregivers of DREAMS girls. Modifications were made to better address the challenges identified through FMP:

- Introduction of a revised approach that allowed caregivers to attend sessions on alternating days most convenient for them.
- Introduction of two sessions a week instead of the initial one per week.

HIV prevention continued to be one of the most imperative services offered to caregivers, adolescents, youth, and the OVC through the OVC project in FY19. During the period, 460 OVC caregivers (375 women and 85 men) received HIV prevention, care and support education at households to support the health and well-being of OVC in their homes. These services included

age-appropriate treatment literacy for children living with HIV, age-appropriate counseling and HIV disclosure support, and referral for STI treatment, HTS and infant diagnosis, and TB. Below is a breakdown of the health services that were provided by CSPs through household case management, the more popular HIV related services being HIV adherence support (counseling, accompaniment, tracking, etc.). HIV prevention was delivered to 776 OVC (390 females and 386 males). Methods that have proven to be effective, such as abstinence and consistent and correct condom use, were supported by biomedical prevention strategies.

**Chart 11: Healthy services provided by CSPs through household case management in FY19**



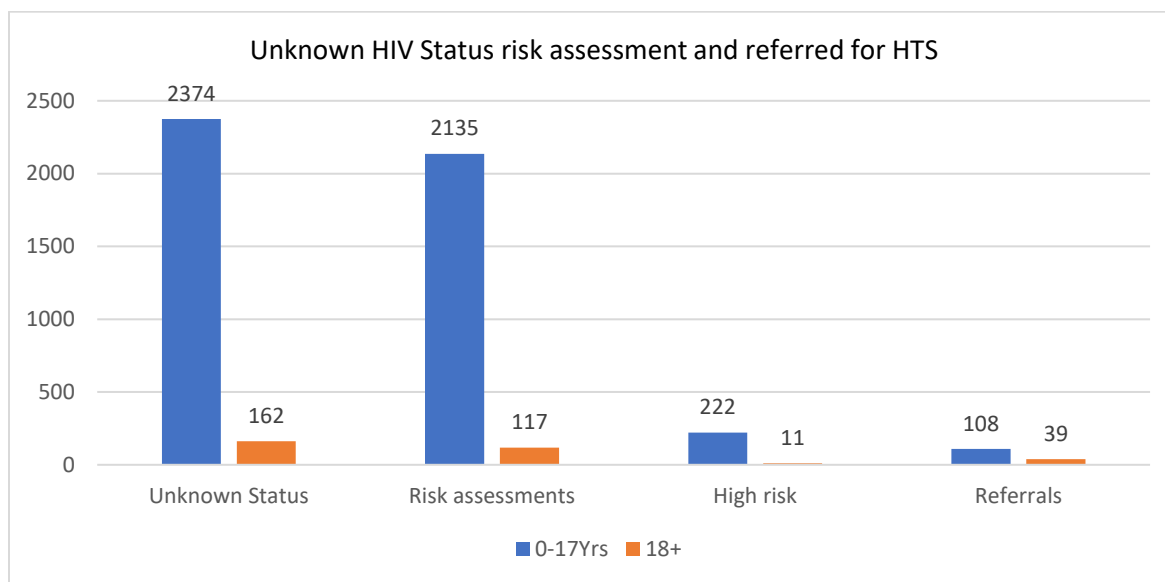
The chart above shows service provision by the four domains, Healthy, Safe, Schooled and Stable. About 14062 beneficiaries were provided with services in the Healthy domain. This includes services such as HIV adherence support, referrals for HIV testing and Counseling services and tracking of milestones in HIV affected households. 5264 beneficiaries were provided with services under the schooled domain, which include but are not limited to services such as monthly school attendance monitoring, Play and stimulation and regular assistance for homework. The Safe domain provided services to 1727 beneficiaries. Services provided include Psycho-social support, and sessions with protection officers. Services such as Succession planning, savings group and evidence-based food security intervention are among other services that make up the stable domain, and these were provided for 1449 beneficiaries.

***HIV risk assessment***

An HIV risk assessment is a key instrument used to identify one’s risk level to HIV infection by CSPs and Life Skills+ Facilitators in school programs. Project beneficiaries are educated on the importance of knowing one’s HIV status through HIV testing and the risk assessment results are used to determine whether a beneficiary’s behavior is putting them at high or low risk of contracting HIV. All beneficiaries who did not know their HIV status, or who were unwilling to disclose, underwent an HIV risk assessment and those deemed high risk were referred for HIV testing services (HTS) at local health facilities. Facilitators followed up on referrals and stressed

the importance of testing to beneficiaries. Those who were HIV-positive but not on treatment were referred for HIV treatment services, and those who self-reported as HIV negative were supported to develop an HIV risk reduction strategy. A total of 2,135 risk assessments among OVC were conducted; of these, 222 were high risk, and 108 were referred for HTS and the CSPs will continue referring others.

**Chart 12 Risk Assessments and their resulting actions in FY 19**



### 3.2.2. HIV Care and Treatment

In addition to HIV prevention services, one of the other most important services offered to caregivers, adolescents, and youth through the OVC and DREAMS project was HIV treatment and care education, and referrals for services. Access to ART is key to HIV treatment and care after a person tests HIV-positive. It encompasses adherence to treatment, which leads to viral suppression and helps people cope with the challenges of living with HIV/AIDS.

The service provision SOPs for CSPs ensured that services offered to beneficiaries were uniform, especially for those living with or affected by HIV. During service provision, the CSPs reminded beneficiaries of their appointments with doctors and that their viral load should be consistently checked to promote positive adherence. Any cases that were beyond the CSPs’ capability were referred to program officers with improved intervention strategies. CSPs and supervisors hold meetings on a weekly basis to clarify care and treatment interventions and to conduct quality assurance checks to verify if the services provided meet the minimum requirements and are appropriate for the beneficiary’s situation.

#### 3.2.2.1 HIV Adherence Support

A total of 932 HIV-positive children (469 females and 463 males) and 1,944 HIV-positive adults (1633 females and 311 males) were provided with HIV adherence support in FY19. CSPs provided adherence support at the household level to HIV-positive beneficiaries to retain all patients on

treatment and improve viral load (VL) suppression rates. The service was given to all beneficiaries on ART with CSPs tracking and confirming that the beneficiaries had recent viral load checks. If they were outside the six-month period, the beneficiaries were referred to the appropriate health facility for viral load monitoring. For younger children, adherence support was given to caregivers, who were in turn expected to incorporate the knowledge in the general care of their children. Beneficiaries whose viral loads were not suppressed were visited more regularly and referred to other service providers, such as social workers and psychologists, for further intervention. Caregivers were also invited to attend parenting effectiveness training sessions to assist with the HIV management of their children. Services provided included treatment literacy, age-appropriate counseling, and HIV disclosure support. Table 4 below shows HIV adherence support services provided to OVC and caregivers.

**Table 4: HIV Services for OVC and Caregivers**

<i>HIV SERVICES FOR OVC AND CAREGIVERS</i>	<i>F</i>	<i>M</i>
Age appropriate treatment literacy for children living with HIV	338	335
Age appropriate counselling and HIV disclosure support	245	190
Structured PLHA support group	5	7
HIV adherence support (counselling, accompaniment, tracking, etc.)	2116	776
Referral: ART initiation/re-initiation or related opportunistic infection treatment or care	156	136
Referral: HIV Testing and Counselling Services (HTS)	170	155
Referral: Early infant diagnosis	1	3
Referral: CD4 & viral load	6	
Regularly tracked developmental milestones in HIV affected, HEU and infected infants and young children	368	356
Facilitated: Age appropriate HIV prevention support including PrEP, condoms, VMMC	767	472
Facilitated: Age-appropriate women’s health counselling (FP, birth control and/or products, including condoms etc.)	449	12

During the reporting period, HIV-positive OVC received age-appropriate HIV treatment literacy either through teen clubs or during home visits. The focus was education on the importance of treatment and its linkage with the immune system and the viral load. Disclosure support was also provided to 330 HIV-positive OVC (177 females and 153 males). The service involved identifying HIV-positive children who had not been informed of their status and educating caregivers on the benefits of disclosure. In some cases, where the caregivers were reluctant to disclose the OVC’s status, the CSP became more proactive in facilitating disclosure. Disclosure support was also provided to 105 caregivers for HIV-positive children (68 females and 37 males), who received support because they either had not disclosed their HIV status or had not disclosed to a child that the child was HIV-positive. Through home visits, CSPs continued to support beneficiaries living with HIV to adhere to their medication and live a healthy lifestyle.



**Table 5: OVC beneficiaries living with HIV and AIDS who are on treatment**

**OVC Beneficiaries living with HIV on treatment by District, Age, Sex**

Total 2962	Female						Male					
	<1	1-4	5-9	10--14	15-17	18>	<1	1-4	5-9	10--14	15-17	18>
Gaborone	0	9	32	32	53	327	0	6	20	32	42	96
Goodhope	0	1	7	7	14	112	0	2	8	7	15	18
Kgatleng	0	3	18	28	24	254	1	5	16	25	34	47
Kweneng E.	0	11	22	31	44	348	0	3	22	27	46	69
Mahalapye	0	6	18	24	28	362	0	1	19	29	38	44
South East	0	0	6	12	9	96	0	0	3	11	9	22
Southern	0	2	14	13	21	186	0	1	9	22	18	21
Total	0	32	117	147	193	1685	1	18	97	153	202	317

**3.2.2.2. Regular tracking of developmental milestones in HIV affected, HIV-exposed uninfected (HEU)**

Regularly tracking developmental milestones in HIV-affected or HIV-exposed uninfected children is a critical component of HIV epidemic management through OVC services. To ensure this service in the OVC project, PCI and implementing partners monitored all mother-infant pairs identified through household case management. 21 mother-infant pairs were served in the reporting period. The pregnant women were educated on HIV prevention and referred to women’s health services, and the CSP reviewed whether or not an HIV-affected or infected infant or young child met their developmental milestones. CSPs ensured the child’s developmental stages were on track by reviewing the child welfare card and asking the caregiver relevant questions to establish the child’s growth patterns.

The Young Mothers’ Support Group was used to equip HIV-positive young mothers with the life skills to enable them to care for themselves and their children, and to engage in informed SRH decision-making. In addition to scheduled educational meetings, the young mothers received individualized services at the household level such as adherence support, disclosure support, women’s health counseling, and Parent Effectiveness Training (PET), and they were referred for other relevant services.

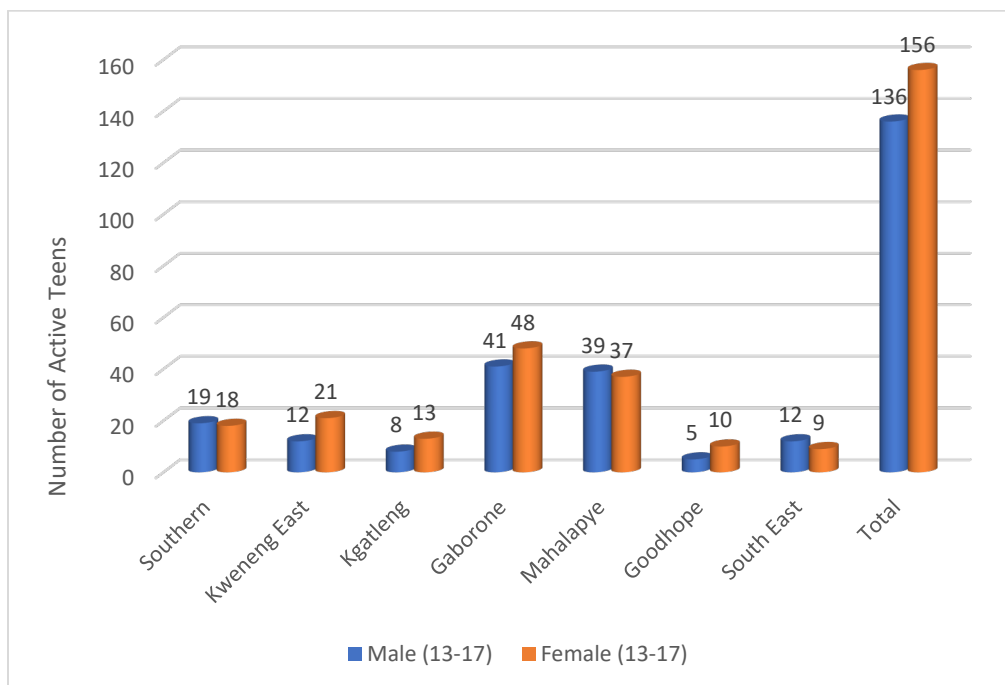
The previously stated challenges affecting young women during this fiscal year also affected young mothers enrolled in the OVC program, impacting their attendance to scheduled group

sessions. Mobilized mothers cancelled late due to transportation-related issues and socio-economic commitments. Efforts that have been earmarked for FY20 to mobilize young women for DREAMS would also be used for young mothers of the OVC program. This will include the provision of support groups and mother-infant related services during home visits.

### 3.2.2.3. Structured PLHA support group through Teen Club

Teen Club is a peer psycho-social approach attended by HIV positive teenagers between the ages of 13 - 17 years, who are fully disclosed about their HIV status and consented for by caregivers to enroll into Teen Club. A curriculum, implemented through activity guides, spans 11 months based on monthly topics. The purpose of Teen Club was to offer a platform where adolescents living with HIV amass life skills needed to confront challenges related to adherence, disclosure support, mental health, sexual reproductive health, and culture. Facilitation is handled by PCI implementing partner Botswana-Baylor. During the reporting period FY19, 292 HIV-positive teenagers (156 women and 136 men) attended the Teen Club sessions.

**Chart 13: Number of beneficiaries who attended Teen Club sessions in FY 19 by district and sex**



The numbers of teenagers attending the sessions are lower than expected due to some teens attending school on Saturdays. The following strategies were explored to address attendance at all sites:

- Continued quality improvement efforts to increase attendance of Teen Clubs at all sites.
- Engaged Teen Leaders to influence activities carried out during Teen Clubs.
- Issue feedback slips to teens to submit their input on variables such as the sessions interests them, quality of sessions, the quality of facilitators, provision of snacks, and other components. Teens tend to prefer diverse topics facilitated with captivity and outings with a provision of snacks. Many Teen Clubs advocated for going out to camps.

- Lobbied for support from the health facilities.
- Worked on logistics to ensure teens from hard-to-reach areas within districts such as Goodhope and Mahalapye can attend Teen Club sessions.

### **3.2.3. Finalization of GBV Standard Operation Procedures (SOPs)**

For this reporting period, USAID tasked PCI with finalizing the GBV SOPs that were previously developed by the Gender Affairs Department in collaboration with Measure Evaluation and Management Science for Health (MSH). The GBV SOPs, were intended for use by the Botswana Police Services, the Department of Social Protection (DSP) for Social Workers, and the Department of Special Support Services for Guidance and Counseling Teachers in the Ministry of Basic Education (MOBE). To finalize the SOPs, PCI facilitated the following process with participants from the Botswana Police Services, DSP and MOBE:

- Three initial review consultative meetings with 44 participants (30 women and 14 men) February 25<sup>th</sup> – 26<sup>th</sup> 2019, March 4<sup>th</sup> – 5<sup>th</sup> 2019, and March 6<sup>th</sup> – 7<sup>th</sup> 2019.
- A second round of three review consultative meetings with 27 participants (17 women and 10 men) on the March 12<sup>th</sup>, 13<sup>th</sup>, and 15<sup>th</sup> 2019.
- Finalization of the GBV SOPs consultative meeting with 29 participants (21 women and 8 men) April 2<sup>nd</sup> – 4<sup>th</sup> 2019.

Following the series of meetings, a task team comprised of PCI and the three mentioned stakeholders finalized the three ministerial SOPs. The task team then adopted a Training of Trainers (ToT) schedule, which would result in a series of cascade trainings lead by the trained trainers to assimilate the SOPs to suit each ministerial need and context.

To date, 186 trainers (149 women and 37 men) were trained on these SOPs. Following the ToT training, South East S&CD managed to successfully conduct cascade training for various service providers in the district. In total, 101 participants (67 women and 34 men) were reached through this cascade training. In attendance were area councilors, dikgosana, teachers, nurses and NGOs operating in South East. Gaborone City Council and Maun Town Council (both S&CD) have shown interest in cascading this training soon. PCI is still awaiting training dates.

### **3.3. Improve policy implementation for delivery of coordinated, quality social services**

This objective is focused on promoting implementation of policy to ensure efforts are well coordinated and linked in delivery of social services to most vulnerable children and their families. The government of Botswana is driving a robust policy framework that facilitates articulation and provision of comprehensive OVC programs. The Ministry of Local Government and Rural Development's (MLGRD) through Department of Community Development (DCD) and Social Protection (DSP) is supported to spearhead policy interventions geared towards increasing opportunity of OVC to access a range of basic Social Protection Services. In addition, DCD is helped to define IECD policy initiatives that are sensitive to the needs of most vulnerable children and increase their access to IECD services. The support of these two ministry departments is essential to providing policy guidance aimed at harmonized implementation of OVC services at district level through the function of Department of Social and Community Development (S&CD).

During the first quarter of FY19, PCI/Intrahealth engaged the Child Protection Coordination Team in the consultative and planning processes to ensure the smooth implementation of planned OVC interventions. The team met on the October 2018, and developed an FY19 work plan which prioritized key activities to include: the dissemination of the report on assessment of the existing system for OVC access to basic social protections services and rolling out its recommendations to Districts, the review of Early Childhood Development (ECD) registration criteria, and the development of partnership framework between the government of Botswana (GoB) and Civil Society Organization (CSOs) to strengthen Social Workforce capacity in provision of OVC services.

In the subsequent reporting periods PCI /Intrahealth supported and witnessed the Child Protection Coordination Team grow their planning and consultation role for implementing FY19 policy activities. This included: a complimentary planning meeting with DSP January 11<sup>th</sup> - 14<sup>th</sup> 2019 to synchronize the FY19 implementation schedule with GoB's planning circle which runs from April 1<sup>st</sup>, 2019 to March 31<sup>st</sup>, 2020. In addition, a pivotal DSP/PCI/Intrahealth Implementing Partners meeting was held April 26<sup>th</sup> 2019 which resolved to fast track dissemination and roll out of assessment findings to high level bodies at national and district levels. The next step involved a consultation meeting May 26<sup>th</sup> 2019 between DSP Management and PCI Information Systems/ M&E team to address OVC reporting and database management gaps established by the assessment report. These efforts resulted in the successful preparation of the DSP Management Retreat held from June 24<sup>th</sup> - 27<sup>th</sup> 2019 in Maun Cresta Lodge, which focused on the need to address reporting gaps observed in the OVC and social welfare systems. As a follow up, an internal consultative meeting was convened on August 9<sup>th</sup> 2019 to coordinate the implementation of recommendations from the DSP Management Retreat. In light of planning activities, PCI/Intrahealth technical support prioritized efforts to strengthen Ministry capacity to provide systematic monitoring of policy implementation, comprehensive documentation, and reporting of OVC services.

### **LLR 3.3.1: Improved efficiency of social protection to ensure that all eligible children are assessed, registered and receiving effective social protection benefits, in line with the Children's Act**

#### *3.1.1 Assess the existing system of enrolling children to social protections/welfare services:*

The Compilation and consolidation of the assessment report was completed during Q1 of FY19, followed by the design and roll-out of the plan for implementing the recommendation: Key activities under the roll out plan were implemented throughout the different reporting phases of the year as discussed below:

#### *3.1.2 Presentation and sharing of the Assessment Report Findings with DSP and DCD:*

From December 5<sup>th</sup> - 6<sup>th</sup>, 2018 at least 25 participants, including representations from the Ministry of Local Government's Strategic Management, DSP Acting Director, DCD Deputy Director, PCI (Chief of Party, OVC Project Manager and OVC M&E Manager), Heads of Divisions and Seniors Policy Makers of two departments, attended the sessions.

To ensure effective OVC policy and program reforms at the national and district levels, participants recommended development of response plan with priorities to include:

- Disseminate report findings to the Senior Management Forum (SMF), Ministerial Performance Improvement Committee (MPIC) of the Ministry of Local Government and Rural Development, including the National Council for Children,
- Strengthen systems of referral, reporting, and documentation of best practice as well as Monitoring and Evaluation, and
- Comprehensively and systematically engage CSOs and other stakeholders in OVC programming

*3.1.3 Roll-out of the implementation plan:* Assessment findings were translated into an action plan to guide the development of interventions addressing gaps found in the system of service delivery targeting most needy children. The roll out priority area focused on the following:

- Development of OVC database and M&E Tools: To expedite this action, PCI Monitoring and Evaluation team held meeting on May 24<sup>th</sup> 2019 with the DSP Director and his management staff for DHIS2/IPAP demonstrations customized for OVC management database.
- Review and Realigning of DSP Divisional Roles: An immediate response plan was put in place to conduct the DSP Management Retreat from June 24<sup>th</sup> -27<sup>th</sup>, 2019. This was meant to afford DSP a comprehensive platform for addressing coordination challenges perceived likely to disrupt roll out and reform efforts at district level.
- OVC Policy Draft Review: PCI/Intrahealth continues to support the ongoing review of OVC policy draft of 2008 and its finalization. The current planning and consultation processes continue to generate data that is relevant to inform the revised policy draft. At this juncture PCI/Intrahealth technical assistance monitors this policy conversation to ensure necessary response to introduce district level reforms for strengthening the efficiency and effectiveness of systems for OVC service delivery.

*3.1.4 DSP Management retreat:* The Management Retreat, convened June 24<sup>th</sup> - 27<sup>th</sup>, 2019 at Maun Lodge, marked a high-level consultative exercise to implement assessment recommendations, in particular to address challenges associated with role conflicts and duplication within DSP. As previously stated, the overall goal of the retreat was to address factors at the national level with potential to disrupt the roll out and successful implementation of policy initiatives targeting effectiveness of systems of OVC service delivery at the district level

The main objectives of the retreat were to reflect on the mandate of DSP and its linkage to the Ministerial Strategic Plan 2018-2023, assess the functions of each division and how they fit into the DSP mandate, identify linkages, overlaps that exist, and programming gaps between divisional functions, and determine how identified overlaps and programming gaps impact service delivery.

Key observations from discussions raised a number of concerns, mainly:

- Role overlaps and fragmented implementations between DSP divisions disrupting smooth coordination and delivery of service to disadvantaged groups including OVC.
- Poor coordination and professional supervision of S&CD OVC service providers by DSP,
- Poor data management and reporting at DSP and District S&CD offices,
- Separation of DSP and DCD functions at the national level complicate coordination of their complimenting mandates, and
- Policies/programs developed without an implementation plan and tracking mechanisms incur delays in review of policies, guidelines, and programs

Action Plan: An action plan to implement the retreat recommendation was developed which prioritized activities in FY19, particularly interventions to address reporting and data management gaps, including:

- Review of DSP processes to clarify the roles and responsibilities of job holders,
- Realigning DSP objectives with MLG&RD Strategic Plan Objectives,
- Establishing data management system and M&E structures, and
- Developing partnership framework between GoB/DSP/DCD and CSO.

*3.1.5. Development of Reporting Mechanism:* Both the assessment and DSP Management Retreat raised the need to address reporting gaps which affect the efficiency and effectiveness of current systems for delivery of OVC services within the Ministry of Local Government, Department of Social Protection, and Department of S&CD at the district level. This gap was attributed to a number of factors, mainly:

- Data does not flow amongst all DSP structures in a cohesive or standardized manner, which leads to gross data gaps and poor data quality often leading to under reporting of the overall department's performance.
- Occasionally information presented in the performance reports is inconsistent with what happens on the ground, making it difficult to establish accurate performance trends.
- Some of the performance indicators may not necessarily track the required results, presenting a challenge with regard to monitoring performance and evaluating the effectiveness of OVC policies, programs, projects, and processes

*3.1.6. Development of Standardized Data Collection Tools:* On the basis of the above observations, the development of DSP standardized data collection tools was considered the best response option to ensure, consistent, systematic data collection and coherent reporting, credible data and accurate reporting on various DSP mandate and OVC Service, and data management and information sharing among OVC service stakeholders.

On August 5<sup>th</sup> 2019, a committee composed of representatives from DSP Reforms Division, Research Unit and PCI M&E/IT was created to oversee the process of developing standardized data collection tool. This committee facilitated a series of joint planning and consultation meetings held August 9<sup>th</sup> -12<sup>th</sup> , August 20<sup>th</sup> – 21<sup>st</sup>, and September 5<sup>th</sup> 2019. The main aim was to determine relevant approach determining and developing appropriate data collections tools. The outcomes of these sessions assisted to carry out a number of exercises before the actual development of data collection tools. These include:

- Mapping out of DSP data and reporting needs
- Determining required data management and analysis system for data capturing, storage and information sharing,
- Developing DSP divisional program indicators, and
- Establishing how the PCI OVC data management system could interact and compliment the Single Social Registry System (SSS), which was recently, introduced in DSP for social benefits services.

The next action point in this process will be to build consensus around DSP key data and reporting needs and determine the type of tools to be developed and implemented.

**3.3.2. Coordinate with DCD/MOESD and other stakeholders to review the Early Childhood Development (ECD) registration criteria:** The Department of Community Development (DCD) has a mandate to provide IECD services and to reach the most vulnerable children in remote communities. To execute this mandate effectively, DCD is supported in reviewing the qualifying criteria for registration of ECD services to better reach the most vulnerable boys and girls. PCI/Intrahealth technical assistance to the Ministry of Local Government and Rural Development is focused on ECD interventions that give every child early stimulation and learning opportunities from birth onwards to include provision of clear standards that effectively regulate activities of CSOs providing ECD services to children in economically and socially marginalized communities.

Bilateral discussions were done with DCD in the Ministry of Local Government and Rural Development. During Q1, a meeting was held with division heads on October 16<sup>th</sup> 2018 to carry out a preliminary review exercise, evaluating ECD registration criteria established by the Early Childhood Care and Education Policy (ECC&EP). ECC&E Policy provided a range of ECD interventions with specific registration criteria that is sensitive to vulnerable children from needy families and communities. The major gap was in the implementation of registration criteria, characterized by a lack of adequate guidelines and technical capacity to enforce policy compliance and to ensure ECD registration is fully aligned to ECC&E policy. Therefore, the meeting resolved to prioritize guidelines that facilitate registration of various ECD initiatives provided under the existing ECC&E policy, strengthening the capacity of CSOs to increase their participation in ECD service delivery, and social and community development personnel at district level to provide direction in implementing ECD programming that largely achieves inclusion of most needy children. In FY20 Quarter one, partners will implement planned ECD review activities, including a desk review gathering data to inform drafting guidelines for the overall implementation of ECD registration as stipulated in the ECC&E Policy. This will pave a way to clarify ways to reach the significant population of most needy children and families.

During quarter two and three, a rapid review of DCD program reports was undertaken to establish IECD programming gaps and how they affect marginalized children's access to ECD services. A number of factors were observed confirming feedback from program staff. These included incomplete implementation of registration criteria as stipulated in the ECC&E Policy, and inadequate guidelines and technical capacity to enforce compliance with ECD policy registration provisions. PCI/Intrahealth support will leverage the outcomes from piloting of the Play and Stimulation Guidelines designed to reach most vulnerable children with ECD services. In quarter 4, DCD and PCI program staff discussed ways to maximize the use of Play and Stimulation Guidelines to sensitize DCD to scale up the reach of most vulnerable children and families with IECD Services. As of now, the planning trends are aimed at promoting the integration of IECD Services with the implementation of Play and Stimulation Guidelines targeting most needy children and communities.

### **LLR 3.3.3: Social Workforce Capacity Improved by Establishing Effective Partnership between GOB and Civil Society Stakeholders**

#### **National Level Intervention:**

The agenda for strengthening Social Workforce capacity is critical for providing comprehensive services to most vulnerable children and their families. At the national level PCI/Intrahealth



intervention seeks to promote policy compliance by GoB for increased involvement of CSOs as partners in the delivery of services to OVC. The report findings from OVC systems assessment, presented at the DSP and DCD workshop December 5<sup>th</sup> - 6<sup>th</sup> 2018, helped to inform the approach to conceptualize the development of partnership framework between GoB and CSOs as a way of empowering OVC service providers.

Discussions of the assessment findings and recommendations revealed a glaring gap between social welfare workforce and CSOs OVC service providers. OVC interventions lack adequate coordination and joint planning to monitor implementation and reporting. Following consultation workshops with DSP management and stakeholders. A follow-up plan was made with the Division of Child Protection Services to share the assessment findings and recommendations with additional DSP key OVC CSOs stakeholders including Heads of Social and Community Development who are the lead implementing agency at the district level and to consult with CSO implementing partners who have signed an MoU with GoB/DSP. A three-day workshop was convened to that effect February 14-17 2019 involving service providers from S&CD and CSOs having MoU with DSP. The workshop objectives were:

- Receive updates on the status of child initiatives implemented by CSOs, in collaboration with DSP,
- Review progress and gaps encountered in the delivery of services provided by CSOs based on the Memorandum of Understanding with DSP,
- Present and discuss findings on the Assessment of Existing System for OVC Access to Basic Social Protection Services, and
- Determine strategic ways to strengthen the existing partnership framework between GOB (DSP) and CSOs to address emerging OVC service access gaps identified by the report at the national and district level.

The updates on the status of OVC initiatives implemented in partnership with DSP revealed crucial program and service delivery challenges, despite clear roles and responsibilities for partners in the MOUs. Social workers expressed feeling overwhelmed by growing childcare responsibilities under the institutional environment with diminishing resources and technical capacity that is not upgraded, to match the complexity of OVC case management. Poor monitoring of OVC placed in institutions including lack of care plans and follow up by social workers was observed to compromise OVC welfare. Inefficient management of licensing CSOs working with Children by DSP including lack of role clarity between DSP at National level and S&CD in the District regarding this function. Poor coordination of CSOs to facilitate referral amongst themselves. Lack of reporting on CSOs interventions by S&CD despite working with OVC at community level. Lack of clear communication lines between DSP/S&CD and CSOs who signed MoU with DSP. Expectations were not cleared whether reporting to DSP should include S&CD at district level. DSP failure to reintegrate into families and communities OVC placed in institutional care as they are left to overstay without further intervention. Inadequate supervision and support of S&CD by DSP remains a challenge to Social Workers delivering OVC mandate at district level.

In light of the observed capacity gaps within the social work force system, it is imperative PCI/Intrahealth strengthen technical assistance to fortify public and CSOs sectors to exert partnership effort in supporting household and community structures to care for OVC and their families. Embarking on a proactive consultative step to review the current GoB/CSOs MoU



model, PCI/Intrahealth is engaged in a process of guiding the development of a comprehensive Partnership Framework between GOB/CSOs. During this quarter, at the Child Protection Program review meeting July 9<sup>th</sup>, 2019, NGO coordinators drew attention to the financial and technical limitations constraining effective reach of OVC by CSOs, and inadequate supervision of CSOs, including licensing challenges which frustrates both parties.

The current plan is to continue to conceptualize a multiple interventions arrangement, clarifying the need for increased CSOs participation through improved financial and technical resource allocation. In addition, partners will articulate the urgent need for establishing monitoring and reporting mechanisms to ensure accountability in documenting OVC implemented initiatives and provision of quality services among government and CSO program providers. As part of PCI/Intrahealth technical support to foster country context partnership efforts, this approach is aligned to the revised National Policy Guidelines on Support to NGOs published by Ministry of Finance and Development Planning in 2018.

#### **Lessons Learned:**

- The ministry of Local Government and Rural Development has specialized functions to support DSP policy design efforts through research and M&E interventions which requires facilitating engagement of the two bodies. Ministry participation at the retreat forum has helped to fast track dialogue and conversation of the two organs within the Ministry. This exercise has moved to provide a platform for such engagement and activate plans that were underway and not yet implemented.
- Assessment reports were viewed as an internal tool to help DSP provide guidance where technical support is required to strengthen system for OVC service delivery at the national and district level. This remains a strategic direction for ensuring a systematic way of delivery of initiatives under policy objective.
- Internal consultation and coordination of efforts with DSP to implement Assessment findings continue to draw enthusiasm to address issues of role clarity with DSP, CSOs, and other key stakeholders providing service to OVC. The emphasis ensuring implementation of policy to guide service provision willingness to accept and address role clarity.

#### **District Multi-Sectoral Teams.**

In FY19, PCI district coordinators and implementing partners participated in some district-based meetings, such as the Technical Advisory Committee (TAC) Meetings, District Council meetings, (DMSAC) activities, and others, all of which worked toward improving service delivery to the project's beneficiaries. Throughout the four Quarters PCI implementing partners and District coordinators attended TAC meetings. District Coordinator for Mahalapye District and implementing partners actively participated in the Month of Youth Against AIDS activities on March 21-22, 2019. PCI and (MOUCC) also addressed the full council meeting of Mahalapye Sub-District Council about what the OVC project is doing in Mahalapye District, including information about PEPFAR/USAID as the funders. The PCI OVC Manager, the Mahalapye District Coordinator, and the MU Centre Coordinator presented and participated in the meeting. In Gaborone District, the District Coordinator participated in the launch of the Greater Gaborone Stakeholders and Partners Forum on the March 21, 2019 in Gaborone. The new forum serves as a coordination platform for health services for residents of Gaborone, Mogoditshane, and Tlokweng.

#### **4. Local Capacity Strengthening – transition process and organizational capacity building**

PCI Botswana was awarded a Modification Agreement from USAID dated March 22, 2019: Cooperative Agreement Number AID-674-A-16-00006 to strengthen the capacity of local organizations to sustain program delivery and outcomes. This had a specific timeline for PCI to have transitioned the first of the three identified partners by October 2019, and the subsequent two partners transitioning in FY20. Efforts in FY19 were focused on Phase 1 Transition activities, which were designed on preparing partners’ organizational systems and structures to reduce risk and demonstrate readiness to receive and manage USAID funds, their legal and organizational structures (including governance) and systems for financial management and internal control, procurement and human resource management.

Strengthened capacity of local organizations to sustain program delivery and outcomes

##### ***The Transition Process Achievements;***

1. Initial planning and sensitization meetings were held with SSI, the first partner planned to transition, to walk through proposed process, activities, and timeline and get buy in and consensus on the process and approach.
2. The initial assessment conducted with Stepping Stones International (SSI) in April 25 – May 10, 2019 was adapted from USAID’s Non-US Organization Pre-Award Survey (NUPAS). In recognition and appreciation that USAID uses this NUPAS to assess areas of risk and determine whether a local organization has sufficient financial and managerial capacity to manage USAID funds in accordance with US Government and USAID requirements. The NUPAS assessment categories includes a sub-set of capacity areas that are deemed critical and are part of USAID’s due diligence process with its non-US applicants. PCI has extensive experience in conducting similar due diligence process before sub-granting to a local organization. Based on the results of this initial assessment with SSI, a readiness implementation plan was developed to target capacity strengthening around specific areas of risk. Following the development of this plan, PCI then provided tailored technical assistance to the local organization to develop, strengthen or reinforce systems to address weakness or risk areas in critical readiness areas such as Financial management and internal control systems; Procurement systems; and Human resource systems which was mainly addressed with the review of the existing Financial and Administration Policies.
3. PCI subsequently issued a notification of the organizations readiness to transition letter on Monday July 8th, 2019 to USAID, to initiate a process for the commencement of Phase 2 whereby the partner is supported with proposal development skills and knowledge.
4. In September 9th -10th and 11th - 12<sup>th</sup>, 2019 USAID conducted its own two-day pre-award assessment with Stepping Stones International and Hope worldwide Botswana respectively, resulting in a Notice of Funding Opportunity (NOFO) to SSI on September 23<sup>rd</sup>, since their assessment status had since been completed by PCI.
5. Following the release of the NOFO targeting SSI by USAID, PCI continued with Phase 2 of the transition to support SSI with the proposal development for the fixed amount award from USAID to commence sometime in quarter 1 of FY20.
6. A successful 4 four-day USAID Assistance Rules and Regulations for Non-US Organizations Training was also completed by PCI in September 16 – 20, 2019, with a participation of 35 participants from PCI, SSI, HwwB and HPP.

## PCI Organizational Capacity Support to Non-Transition Partners

PCI continues to support the non-transitioning partners namely Baylor, MU and BBM with organizational capacity development. In 2017-2018 PCI assess these organizations using the organizational development tools entitled OCAT and I-STAR. With PCI support the partners assessed their organizations and developed organizational improvement plans, which PCI continues to monitor. From the assessments the partners had weaknesses in the following areas:

**BBM:** through PCI’s support BBM managed to recruit a competent Finance Manager this period. The Finance Manager was necessary to ensure complete and appropriate documentation and running of the administrative and financial management systems, and to establish suitable control procedures within the organization.

In order to have an organizational capability to coordinate programs and enhance a participatory planning process with stakeholders, BBM was linked to a Vocational Training Team of six American resource mobilisation experts who conducted a three-day resource mobilisation training and received two days of one-on-one consultation and support from one of these experts.

**Baylor:** to ensure provision of OVC Quality Services that are delivered in a standardized manner across all service delivery points according to documented guidelines/SOP’s, PCI facilitated a 3-day SOP training on February 28 – March 1, 2019.

**Mother’s Union Centre:** With PCI support and close mentoring MU has developed and completed their draft organizational policies, the resource mobilization plan, and the appraisal system which will be put to use at the end of the year. Mother’s Union has also developed a new logo for the organization and for the preschool in order to upscale their branding process

### 5. Challenges / Solutions and Action Taken

Challenge	Solutions and Action plan
It was difficult to adhere to agreed upon timelines and phases for the transitioning partners to USAID due to existing current demands on Programming and the Sole Sourcing process.	PCI will apply the lessons learned and best practices from SSI’s experience, which has now progressed to the Proposal Development Process (Phase 2 of the 3 phases) Current gaps highlighted by HwwB Pre-Award assessment, will be addressed end of October, 2019. The PCI program team will adhere strictly to use the current agenda items and timeframe and closely monitor timely smooth transition.
Reaching 20-24 age band in the DREAMS project has been difficult at the beginning of the year. However, the project gained momentum in reaching the 20 - 24 age group towards the end of FY19.	Strategies discussed in this report have been streamlined for reaching the 20 - 24 age group and would be scaled in FY20.

Introduction of new changes in program and M&E slowed program implementation create delay in timely implementation of program and subsequently achieving the targets.	PCI will strengthen its technical assistance to its implementing partners and will ensure mentoring of Community service providers in implementation of new approaches and standards is provided timely.
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#### Program Quality Support:

In an effort to establish the direction for the PQST and define the basis of next steps for building a Quality Assurance and Improvement methods a draft document was developed. PCI will continue with the implementation of a list of activities that will contribute and strengthen the development of quality assurance tools. PCI will continue to implement the SOPs for each intervention areas to ensure the quality service provision to its beneficiaries.

### 6. Activities Planned for the Next Quarter

1. Introduction and acceleration of Faith Communities Initiatives (FCI) to all partners and sites with special focus on Kweneng East and Gaborone
2. Provision of training of the FCI components
3. Finalize transition of SSI and kick start HwwB transition process
4. Conduct Project Management Team (PMT) with implementing partners' management.
5. Conduct senior management partner mentoring visits (Finance, Monitoring and Evaluation, and Programs).
6. Approval of the Play and Stimulation Guidelines and Toolkit in partnership with the DCD, DSP, MOHW, Ministry of Basic Education, and School Development by the TWG.
7. PMC meetings to be held in all districts.
8. Cascading of the GBV SOPs with the DSP, Police and Education
9. Scaling up of DREAMS safe spaces and the Families Matter program activities.
10. Conduct continuous quality standard checks in the operationalization of SOPs on service provision standards with MER.
11. Update and Finalize the MER SOPs including revisions based on MER2.4
12. Work with the DSP to implement the recommendations and roll out the social welfare system reforms to the district level.
13. Development of a partnership framework between the DSP/DCD and civil society organizations.
14. Incorporation of DREAMS data in DHIS2/IPAP.