TECHNICAL SUPPORT EFFECTIVENESS ASSESSMENT OF CIVIL SOCIETY AND COMMUNITY GROUPS IN BOTSWANA, LIBERIA, SIERRA LEONE, SOUTH SUDAN, SWAZILAND AND TANZANIA

BOTSWANA COUNTRY REPORT
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>BOCAIP</td>
<td>Botswana Christian AIDS Intervention Programme</td>
</tr>
<tr>
<td>BOCOBONE</td>
<td>Botswana Community Based Organisations Network</td>
</tr>
<tr>
<td>BOCONGO</td>
<td>Botswana Council of Non-Governmental Organisations</td>
</tr>
<tr>
<td>BONASO</td>
<td>Botswana Network of AIDS Service Organisations</td>
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<tr>
<td>BONELA</td>
<td>Botswana Network on Ethics Law and HIV/AIDS</td>
</tr>
<tr>
<td>BONEPWA</td>
<td>Botswana Network of People Living with HIV/AIDS</td>
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<tr>
<td>CCM</td>
<td>Country Coordinating Mechanism</td>
</tr>
<tr>
<td>CG</td>
<td>Community Group</td>
</tr>
<tr>
<td>CRG SI</td>
<td>Community, Rights and Gender Strategic Initiative</td>
</tr>
<tr>
<td>CS</td>
<td>Civil Society</td>
</tr>
<tr>
<td>CSO</td>
<td>Civil Society Organisation</td>
</tr>
<tr>
<td>COP</td>
<td>Country Operational Plan</td>
</tr>
<tr>
<td>EANNASO</td>
<td>Eastern Africa National Networks of AIDS and Health Service Organisations</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>GFATM</td>
<td>Global Fund to Fight AIDS, Tuberculosis and Malaria</td>
</tr>
<tr>
<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
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<tr>
<td>KVP</td>
<td>Key and Vulnerable Populations</td>
</tr>
<tr>
<td>LGBTI</td>
<td>Lesbian, Gay, Bisexual, Transgender and Intersex people</td>
</tr>
<tr>
<td>M&amp;E</td>
<td>Monitoring and Evaluation</td>
</tr>
<tr>
<td>NACA</td>
<td>National AIDS Coordinating Agency</td>
</tr>
<tr>
<td>OD</td>
<td>Organisational Development</td>
</tr>
<tr>
<td>PEPFAR</td>
<td>U.S. President’s Emergency Plan for AIDS Relief</td>
</tr>
<tr>
<td>PR</td>
<td>Principal Recipient</td>
</tr>
<tr>
<td>PWID</td>
<td>People Who Inject Drugs</td>
</tr>
<tr>
<td>SR</td>
<td>Sub-Recipient</td>
</tr>
<tr>
<td>SSR</td>
<td>Sub-Sub-recipient</td>
</tr>
<tr>
<td>TA</td>
<td>Technical Assistance</td>
</tr>
<tr>
<td>TB</td>
<td>Tuberculosis</td>
</tr>
<tr>
<td>TWG</td>
<td>Technical Working Group</td>
</tr>
<tr>
<td>UNAIDS</td>
<td>The Joint United Nations Programme on HIV and AIDS</td>
</tr>
<tr>
<td>UNFPA</td>
<td>The United Nations Population Fund</td>
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<tr>
<td>UNICEF</td>
<td>The United Nations Children’s Fund</td>
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ACKNOWLEDGEMENT

The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) would like to thank The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for providing the funds through the Community, Rights and Gender Strategic Initiative (CRG SI) to conduct the Technical Assistance (TA) needs assessment study for Civil society (CS) and Community Groups (CG) in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland, and Tanzania.

EANNASO appreciates the support of Dr. Jyothi Raja Nilambur Kovilakam, the Joint United Nations Programme on HIV/AIDS (UNAIDS) Botswana Country Director, for coordinating the visit in Botswana and supporting the exercise of linking the consultant to other UN agencies and implementing partners. We sincerely thank Robinson Dimbungu (Chief Programme Planning Officer, National AIDS Coordinating Agency and Executive Secretary of Country Coordinating Mechanism (CCM-Botswana), and Maatla Otsogile (Deputy Executive Secretary, CCM) for providing information on their roles in CCM and overall CS and CG engagement in the Global Fund processes.

We thank Ms. Cindy Kelemi, Nana Gleeson, and Felistus Motimedi of Botswana Network on Ethics Law and HIV/AIDS (BONELA), who hosted the consultant in Botswana and helped in setting up appointments.

EANNASO thanks UNAIDS Botswana and BONELA for making the TA Effectiveness study in Botswana a success. Their time spent working with the consultant is deeply appreciated.

We thank our consultant, Dr. Francis Mhimbira, for his support in preparing the research tools, conducting the field work in all six countries, and writing the reports. We thank all the stakeholders who set aside their time to respond to the invitation and to participate in the TA Effectiveness Study. The valuable contributions of all involved is greatly appreciated.

We thank EANNASO’s team, especially Olive Mumba and Yvonne Kahimbura, for supporting the efforts in documenting CS and community experiences in the six selected countries.
EXECUTIVE SUMMARY

Introduction:
In 2016, Botswana had an estimated population of 2.3 million people. In 2016, HIV prevalence for adults (age 15-49 years) was 21.9%. Botswana notified that there were approximately 5,400 TB patients in the year 2016. Botswana is a low malaria transmission country and reported about 716 malaria cases in 2016.

An effective response to the AIDS, TB, and malaria epidemics needs to address the barriers related to human rights, gender and other inequalities and exclusions by involving capacitated civil society (CS) and community groups (CG). Therefore, CS and CG need the right capacities to assume such roles as planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in Global Fund processes. Since 2014, the Global Fund and its partners have been providing short-term technical assistance (TA) to CS and CG to support engagement in Global Fund-related processes.

Aim:
To assess the effectiveness of TA to CS and CG as they engage in the national and Global Fund processes in Botswana. The results will then help to improve the TA delivery to CS and CG in Botswana.

Methods:
The TA effectiveness study was done in Gaborone, Botswana on the 15th and 16th of February, 2018. CS and CG, UN agencies, implementing partners, and TA providers were involved in the study through Key Informant Interviews (KIIs). We used online survey tools (SurveyMonkey), KIIs and Focus Group Discussions to gather data on TA effectiveness. A validation meeting was held on the 16th of February to present the findings to stakeholders working with CS and CG responding to HIV, TB, and malaria epidemics.

Summary of findings:
CS and CG are the main stakeholders as they are being involved in addressing HIV, TB, and malaria epidemics in Botswana. The findings related to the TA in Botswana are as follows:

- Community, Rights and Gender Strategic Initiative (CRG SI) funding has been accessed before by CS and CG in Botswana. However, most of the CS and CG were not aware of the existence of such resources for capacity building.
- The organisations that accessed short-term TA under CRG SI, reported that the TA transformed the organisation capacity in areas such as governance, and financial and human resource management.
- The other components of the CRG SI relevant to the CS, which is long-term capacity development and meaningful engagement of key and vulnerable populations, was not accessed by the CS and CG in Botswana.
- TA accessed through the CRG SI is limited; only one of the six organisations interviewed had received TA through this channel. TA is predominantly being provided by the Principal Recipient (PR) to sub-recipients (SR) and sub-sub-recipients (SSR).
- TA by SRs to other CS and CG who are non-implementers is limited, as SRs need to focus on the targets set forth by the PR. In addition, the number of CS and CG to be capacitated through the grant is small because of budget limitations.
- CS and CG need TA in proposal development as well as project management. This will improve their engagement during Global Fund writing processes.
- CS and CG need TA that will help them to better implement projects.

[1] WWW.UNIAIDS.ORG
**Recommendation:**
The following are recommendations to improve TA access and effectiveness:

- Botswana should conduct regular TA needs assessments, using a tool that will help in developing a tailored TA plan.

- A mentoring programme by the TA provider to CS and CG may improve the utilisation of the knowledge and skills gained through the TA. Furthermore, mentoring can help to measure the change in performance of the CS and CG after the TA.

- Develop the capacity of local TA providers by regional and international TA, especially through networks to which CS and CG subscribe, so that they can train their constituencies.

- Explore social contracting concepts to increase resources for TA for CS and CG. UNAIDS is supporting the initiative which is led by two civil society organizations (CSOs) in Botswana.

- The Regional Platform for Communication and Coordination for Anglophone Africa should increase the visibility of TA resources on its website and through other online communications, as well as through in-person engagement fora.

**Conclusion:**
Short-term TA to CS and CG can immensely transform organisations’ ability to engage in the national responses. However, the two other components of the CRG SI have not been fully exploited by CS and CG in Botswana. A more deliberate effort to maximise resources from the CRG SI needs to be done by CS and CG, with the support of other stakeholders in Botswana.
1. INTRODUCTION

In 2016, Botswana had an estimated population of about 2.3 million people. In 2016, HIV prevalence for adult (15-49 years) was 21.9% with an estimated 360,000 adults and children were living with HIV. Botswana notified that there were about 5,400 TB patients in the year 2016. Botswana is a low malaria transmission country and reported about 716 malaria cases in 2016.

To effectively respond to AIDS, TB, and malaria there is a need to also address the barriers related to human rights, gender, and other inequalities and exclusions by involving equipped civil society (CS) and community groups (CG). The Global Fund has supported Botswana since 2004, addressing gaps in health care delivery, including financial management, procurement, supply and management of medical and pharmaceutical products, health information systems, monitoring and evaluation, and service delivery. To date, the summary of the achievements of Global Fund in HIV, TB and malaria in Botswana are shown in the box below.

The Global Fund funding cycle revolves around three-year allocation periods (see Figure 1). Each country has a CCM, which is a national committee, to oversee the Global Fund application and implementation in Botswana. The CCM has representatives from all sectors such as government, development partners, people living with and affected by the three diseases, key populations, media, academia, the private sector, CS and CG.

Summary of GF achievements in Botswana

- **HIV/AIDS:**
  - People currently on antiretroviral therapy — 10

- **TUBERCULOSIS:**
  - Laboratory-confirmed pulmonary TB detected and treated (cumulative) — 6,090

- **INVESTMENTS:**
  - To date in health — US$ 36,345,944

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[1] WWW.UNIAIDS.ORG
As indicated, CS and CG are important stakeholders in the national responses especially for HIV, TB, and malaria. CS and CG require long- and short-term TA and capacity development initiatives to enable them to effectively take on the roles of planners, programmers, implementers, and representing constituencies on the national CCMs and watchdogs in the Global Fund processes.

In November 2016, the Global Fund Board approved $15 million for the Community, Rights and Gender Strategic Initiative (CRG SI) for the period 2017-2019, to support the following three components:

1. Short-Term Technical Assistance Program;
2. Long-Term Capacity Development and Meaningful Engagement of Key and Vulnerable Populations; and
3. Six Regional Platforms for Communication and Coordination

The TA to CS and CG may include, but not be limited to, the following areas (see Figure 2)
1.1 CS & CG PROFILES IN BOTSWANA

The national responses for HIV, TB, and malaria need action from multiple stakeholders, which include CS and CG. Botswana has one of the highest HIV prevalence rates in the world. The government and CS efforts have invested in controlling the HIV epidemic, and while significant progress has been made, rates of new infections remain persistently high, despite intervention. A brief overview of the CS and CG in Botswana is as follows:

- The CS and CG in Botswana are tasked with advocacy and provision of certain health services, especially for key and vulnerable populations (KVPs).
- The CS and CG beneficiaries include people living with HIV, and other KVPs such as lesbian, gay, bisexual, transgender, and intersex people (LGBTI), men who have sex with men (MSM), female sex workers (FSW), and prisoners.
- Nationally, umbrella organisations (networks) in Botswana help to harmonise and coordinate the CS and CG activities. The membership to each network is dependent on the areas of focus of CS and CG, and geographical coverage. Botswana has several CS and CG coordinating bodies/organisations: Botswana Network on Ethics Law and HIV/AIDS (BONELA),[1] Botswana Network of AIDS Service Organisation (BONASO), Botswana Christian AIDS Intervention Programme (BOCAIP),[2] and Botswana Network of People Living with HIV/AIDS (BONEPWA),[3] BOCOBONET (Botswana Community Based Organisations Network)[4] and Botswana Council of Non-Governmental Organisations (BOCONGO).
- The major challenges threatening the sustainability of CS and CG is access to funding,[5] and also spatial, institutional and socio-cultural dynamics of operationalisation.[6]

1.2. LEGAL AND POLICY FRAMEWORK OF CS & CG

The CS and CG are legally registered in the country and required to follow the constitution and other rules and regulations. The registration of all civil society is guided by Botswana Societies Act Chapter 1801.[7]

There have been some improvements in recent years related to the registration of organisations working with KVPs. Equal access to health and social support is supported by the country’s plans and frameworks[8] which ensures inclusion of all, regardless of race, creed, religious or political affiliation, sexual orientation, or socio-economic status.

In 2014, the government of Botswana agreed to register LGBT organisations.

This was a step towards ensuring equal access to all for health and social services.

[1] HTTP://WWW.BONELA.ORG/
1.3. CS & CG ENGAGEMENT IN NATIONAL PROCESSES

The CS and CG have diverse disease focus addressing the needs of the communities in areas of HIV, TB, and malaria. However, of the three diseases, CS and CG are involved in the HIV response to a greater degree than TB and malaria. This disproportionate focus could be due to high prevalence of HIV, at 21.9% in Botswana[^1^], compared to a lower burden of TB and malaria.

CS and CG in Botswana are engaged in the national responses for HIV/AIDS, TB and malaria, and are considered key stakeholders in decision-making, programme implementation and monitoring. CS and CG are engaged in both national and Global Fund processes in Botswana.

**National processes:** CS and CG: i) are involved in the development of the National Strategic Frameworks, ii) serve in various committees and Technical Working Groups (TWG), and iii) are involved in the development of the Country Operational Plans (COPs) for the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR).

**Global Fund processes:** CS and CG are engaged extensively in the Global Fund processes, from developing national funding requests, engaging in ongoing country dialogue, and performing grant oversight. However, it should be noted that none of the organisations interviewed for this project are engaged in community monitoring activities. CS and CG are also engaged as CCM members as well as implementing partners. The African Comprehensive HIV/AIDS Partnerships (ACHAP) and BONELA serve as PR and SR, respectively, for the country’s current HIV grant[^2^].

[^1^]: [HTTP://WWW.UNAIDS.ORG/EN/REGIONSCOUNTRIES/COUNTRIES/BOTSWANA](HTTP://WWW.UNAIDS.ORG/EN/REGIONSCOUNTRIES/COUNTRIES/BOTSWANA)
[^2^]: [HTTP://WWW.ACHAP.ORG/](HTTP://WWW.ACHAP.ORG/)
2. OBJECTIVES

2.1. BROAD OBJECTIVE

To assess effectiveness and innovations in provision of TA to CS and CG in the implementation of Global Fund grants to end HIV, TB, and malaria in Botswana.

2.2. SPECIFIC OBJECTIVES

1. To evaluate if the TA that has been provided to civil society has supported CS and CGs involved in country processes related to GFATM including NSP review and development, GFATM funding request development and grant-making process, grant implementation, and as CS/CG representatives on their CCMs in Botswana.

2. To identify existing knowledge, challenges or gaps, and lessons on technical support and capacity building delivered to CS and CG in Botswana.

3. To make recommendations for improving TA to civil society and community groups to support them to engage in the implementation phase of Global Fund grants in Botswana.

4. To identify TA needs and opportunities to support improved engagement of CS and CG in GF processes in Botswana.

5. To document national case studies in Botswana on how CS and CGs have been able to access TA and its effectiveness in country GFATM-related processes.

3. METHODS

3.1. SETTING AND STUDY POPULATION

The TA effectiveness study country-visit in Botswana was done in Gaborone, Botswana on the 15th and 16th of February, 2018. The online data collection was conducted between the 1st of February and the 31st of March, 2018. The participants of the TA effectiveness study came from CS, CG, UN agencies, Ministry of Health, and implementing partners, among other key stakeholders. The list of study participants interviewed are shown in Appendix 1. The collated findings of the TA effectiveness study in Liberia were collected from the SurveyMonkey, KII and FGD participant responses. The consultant shared the preliminary findings of the TA effectiveness study in a validation meeting with stakeholders on the 16th of February, 2018, in Gaborone. 10 KIIs were conducted.
3.2. DATA COLLECTION AND MANAGEMENT

Capturing of quantitative and qualitative data was achieved through the use of several data collection tools.

Table 1 below summarises the data collection tools, and the target population.

<table>
<thead>
<tr>
<th>Type of data collection tools</th>
<th>Description</th>
<th>Target population</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONLINE SURVEY (SURVEYMONKEY)</td>
<td>The tool was circulated to CS and CG identified by the coordinating organisation.</td>
<td>TA Provider, TA users (CS &amp; CG), Technical partners</td>
</tr>
<tr>
<td>KEY INFORMANT INTERVIEWS (KIIS)</td>
<td>KIIs were done and the findings are presented in this report.</td>
<td>TA Provider, TA users (CS &amp; CG), Technical partners, CCM secretariats</td>
</tr>
<tr>
<td>FOCUS GROUP DISCUSSION (FGD)</td>
<td>The FGD was conducted with CS or CG to further explore the TA assistance experience.</td>
<td>TA users (CS &amp; CG)</td>
</tr>
<tr>
<td>VALIDATION MEETING</td>
<td>Presented the summary of preliminary findings</td>
<td>TA Provider, TA users (CS &amp; CG), Technical partners</td>
</tr>
</tbody>
</table>

Table 1. Summary of data tools and target population in Botswana

3.3. DATA ANALYSIS

We used mixed-methods approach to analyse the collected data:

Qualitative data: we used both thematic and content analysis of the data.

Quantitative data: we used Stata version 14 to produce frequency tabulation tables. In addition, we used Microsoft Excel to create figures.

3.4. STUDY LIMITATION

The TA Effectiveness Study employed several data collection tools to minimise the bias in selection of the CS and CG group. However, we would like to mention the following limitations attributed to our methods:

Sampling bias: The KII and CG and CG were only included based on their availability to take part in the study. Therefore, we might have missed other stakeholders who might have different experience with TA, particularly those living in rural areas.

Organisational development TA: The current study has not looked at the organisation development (OD) of CS and CG but rather focused on the processes. Therefore, TA addressing OD is not strongly presented in this study.
4. FINDINGS

4.1. GENERAL FINDINGS

The results of the SurveyMonkey online consultation tool are written in a separate report entitled “Technical Assistance Needs Assessment of Civil Societies and Community Groups in Botswana, Liberia, Sierra Leone, South Sudan, Swaziland and Tanzania: Summary of Findings from Online Consultation Tool.” The report combines the responses of the CS and CG in Anglophone Africa.

We interviewed 10 individuals in Botswana as shown in Figure 3. The validation meeting involved all the stakeholders, and additional views and opinions on TA in Botswana were collected.

![Figure 3. Number and Category of Participants Interviewed for the TA Effectiveness Study in Botswana](image-url)
4.2 BOTSWANA CS & CG ACCESS TO TA

TA that is provided to CS and CG is more biased towards the implementation of the programmes/project compared to other Global Fund processes. It is worthwhile to note, the TA provided were not necessarily intended for organisations implementing Global Fund programmes.

“We get our TA from various partners who work with us. Often times, we do not plan for these TA, but only receive them for a specific project to be implemented” - comment by one CS representative

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description of the TA</th>
</tr>
</thead>
<tbody>
<tr>
<td>UN AGENCIES</td>
<td>UNAIDS [1] overall is hugely involved in the TA provision to the CS and CG for their engagement in the HIV response.</td>
</tr>
<tr>
<td>MINISTRY OF HEALTH</td>
<td>The National AIDS Coordinating Agency (NACA) provides HIV-related TA. Similarly, TB and malaria programs offer TA related to TB and malaria, respectively. TB and HIV programs also offer joint TA to CS and CG.</td>
</tr>
<tr>
<td>CCM</td>
<td>The CCM offers orientation of the CCM members on the Global Fund processes. The CCM also offers orientation in the gender and human rights perspectives of the Global Fund programmes.</td>
</tr>
<tr>
<td>IMPLEMENTING PARTNERS</td>
<td>Implementing partners offer various TA to CS and CG. For instance, ACHAP offers TA related to project implementation.</td>
</tr>
</tbody>
</table>

Table 2. List of organisations and a range of TA provided to CS and CG in Botswana

[1] WWW.UNAIDS.ORG
4.3. CHALLENGES & GAPS IN TA

There are several reasons that have been attributed to building the CS and CG capacity. The findings are gathered from KIIIs and the FGD.

1. **Funding**: small and mid-sized CS and CG are often unable to access the TA, as it is not built into the project grant budgets at the outset.
   - “The funding we get for projects is meant to achieve the targets of a project, and we can’t repurpose it to providing TA to CS who we work with and have critical TA needs. It is a setback and there is nothing we can do about this.” CS representative and TA provider.
   - TA is needed, but generally regarded as too expensive. As a result, CS and CG rely on the support of various partners to build their capacity.
   - “Botswana is considered a middle-income country, and hence receives less funds from donor agencies. Despite the status, the government has still fewer resources to capacitate CS and CG even if they help in providing services in certain KVP where the government does not reach.” These views were expressed by CS working with KVP in Botswana.

2. **CRG SI visibility**: One organisation interviewed had accessed CRG SI funding to build their organisation’s capacity. The rest of the CS and CG who were interviewed shared the following sentiment; “I do not know where to get TA funding now. I have just heard today about the CRG SI initiative. Please do let us know where to get such funding opportunities and who can provide the TA we need.”

3. **Not being involved in TA process**: “If TA is given to the CS and CG, often times they are being called to attend rather than an objective assessment of what the CS and CG need.” The challenge to this is that the TA may not necessary address the much-needed TA by the organisation.

“Global Fund and PEPFAR and any other planning processes are very technical and take a long time to complete, they demand patience and technical know-how from CS and CG. We ensure they are involved and present all the way, and we support so they don’t get left behind. We support the CS and CG to engage in the different processes in Global Fund, COP18 for PEPFAR. UNAIDS is at the forefront in providing TA to CS and CG. We have a very good presentation and active CS and CG in the CCM.”

UNAIDS Country Director - Botswana
4.4. CS & CG TA NEEDS

The participants in the TA effectiveness study in Botswana all agree that TA is a critical component of effective responses by the CS and CG. Referring to the Global Fund application process, we have categorised the needs into:

4.4.1 GRANT APPLICATION

Grant application is an important step in getting the right programme to respond to the three epidemics. Such TA needs are important as observed to be below standard, as one of the CS representative said during the FGD.

“When we submitted the proposals for the Global Fund, we were told by the CCM-Botswana that our proposals were below standard, and we were asked to rewrite the proposal or get disqualified for SR role altogether.”

CS representative during FGD.

The CCM members also reaffirmed this observation and said:

“We were not happy with most of the proposals submitted by CS and CG. Because we could not go ahead with country Global Fund proposal submission, we had to orient the CS and CG, and gave them a second chance to write their proposals.”
### 4.4.2 GF IMPLEMENTATION TA NEEDS

Global Fund programme implementation is demanding in terms of capacity required to deliver and offer value for money. The key aspects that need to be considered during grant implementation are highlighted in the box below.

**GF implementation TA needs**

- Lack of capacity on various areas outlined in Table 2 has reduced the number of CS and CG to be involved in GF implementation as they do not qualify, as per SR requirements.
- A National TA Plan could be a useful resource to address the TA gaps of CS and CG in Botswana.
- Proper TA could transform CS and CG into PRs, as they may address the systems needs and operational needs.

“Lack of capacities to implement programmes separates us (them) from International NGOs who have capacities with established systems in areas like governance, fiscal management, Monitoring and Evaluation (M&E), project management, and disease specific knowledge. We start the race at a more disadvantaged position.”

CS representative and Technical partner on their views of the what makes CS and CG different with international NGOs.

The TA needs, however, are broad and have been summarised in Table 3. It was communicated that, CS and CG with no such capacities are not selected to implement the GF programs.

<table>
<thead>
<tr>
<th>Priority ranking</th>
<th>Grant writing &amp; monitoring</th>
<th>GF implementation</th>
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<tr>
<td><strong>HIGH PRIORITY</strong></td>
<td>Project management</td>
<td>Organisational development</td>
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<td>Disease specific</td>
<td>Governance</td>
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<td>grant management</td>
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<td>M&amp;E</td>
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<td>Proposal writing</td>
<td>Absorption capacity</td>
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<td><strong>LOW PRIORITY</strong></td>
<td>M&amp;E</td>
<td>Advocacy</td>
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<td></td>
<td>Proposal writing</td>
<td>Resource mobilisation</td>
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<td>Documentation e.g. assessments or evidence</td>
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<td></td>
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<td>Disease specific needs such as drug resistant TB</td>
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<td>Policy development and analysis</td>
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<td>Operational research</td>
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*Table 3. TA needs and prioritisation for CS and CG in Botswana for GF processes*
5. RECOMMENDATION ON IMPROVING TA TO CS & CG

The current TA (capacity building) to CS and CG is not formalised and needs some concrete action steps. The following are proposed recommendations to improve TA to CS and CG in Botswana.

<table>
<thead>
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<th>Priority</th>
<th>No.</th>
<th>Category</th>
<th>Descriptions of possible outcomes</th>
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</table>
| HIGH PRIORITY | 1 | Conduct an objective assessment of TA needs of CS and CG | • Conduct an objective assessment of the TA needs based on the robust tool developed (adapted) from other tools.  
• Develop a tailored TA workplan. |
| | 2 | Increase the number and access to local, regional and international TA providers | • Disseminate the list of TA providers, especially that produced by EANNASO for Anglophone Africa.  
• Build capacity to local CS and CG to provide TA to another CS and CG. |
| LOW PRIORITY | 3 | Establish a mentoring programme | • The mentoring programme should be included in the priority tailored TA workplan. The mentoring programme will ensure TA is utilised by the CS and CG. |
| | 4 | Engage with regional platform | • The CS and CG need to engage with the regional platform for Anglophone countries coordinated by EANNASO (www.eannaso.org). Through the platform, the CS and CG will know and have access to TA providers and have access to additional information that may be useful in TA resources. |
| | 5 | Empower national networks to be local TA providers | • National networks like BONELA, BOCAIP, BONEPWA and BONASO could be capacitated to be local TA providers.  
• Explore modalities through which this could be functional and cost-effective. |
| | 6 | Explore options for social contracting mechanisms | • The concept of CS and CG being contracted to provide services on behalf of the government should be explored.  
• This will increase the necessary resources for CG and CG to finance the TA in a more sustainable way, and maintain the systems necessary to qualify for SR and PR. |

Table 4. Prioritised recommendations to improve TA to CS and CG in Tanzania
5.1. TA PRIORITIES FOR CS & CG IN GLOBAL FUND PROCESSES

The need to improve access and delivery of TA is key to capacitate CS and CG in Botswana. The current study was a focused assessment of CS and CG on their capacity and technical needs to enable them to engage fully in Global Fund-related processes. Improving TA to CS and CG will enable:

- Productive dialogue during the funding request writing
- Submission of a good quality funding request to the Global Fund
- Increase the number of CS and CG with the capacity to implement Global Fund grants
- Effective implementation of Global Fund grants
- Facilitate growth and sustainability of CS and CG in the national response

5.2. GENERAL RECOMMENDATIONS

The following recommendations are ranked by priority for CS and CG in Botswana. The recommendations are directed to government and other stakeholders that work with CS and CG including UN agencies and implementing partners.

The implementing partners, CS and CG recognise the importance of government support in improving CS engagement in national response by increasing their capacity through TA. The political commitment should be reflected in the following areas:

1. **Funding:** CS and CG to explore funding from the government to fund the National TA Plan in order for it to capacitate the CS and CG to engage in the national response and Global Fund-related processes.

2. **Platform for CS and CG:** BONELA, BONEPWA, BONASO AND BOCAIP should i) strengthen their coordination role for CS and CG especially in TA, and ii) be a source of information for TA funding resources in Botswana.

3. **Increase TA to Sub-Sub-Recipient (SSR):** In the implementation of Global Fund grants, the PR should strike a balance between SR targets and building capacity of SSRs.
6. CASE STUDY ON TA - BONELA

6.1. BONELA

The Botswana Network on Ethics, Law and HIV/AIDS is a non-governmental organisation committed to integrating an ethical, legal, and human rights approach into Botswana’s response to the HIV/AIDS epidemic. [1]

BONELA received a grant from the Alliance to assess its capacity needs, develop a TA plan and measure the impact of such TA on its engagement to national and Global Fund processes.

BONELA received TA from International HIV/AIDS Alliance[2] in 2014 to review its internal audit report on several aspects.[3] Some of the aspects covered in this TA included:

- Financial management
- Programme management
- Governance arrangements
- Procurement and supply management systems
- Human resource systems

The practical recommendations that improved BONELA implementation of the Global Fund programs include:

- Detailed financial and consolidated budgetary control reports, showing the overall financial position (actual versus budget) should be produced on a periodic basis and shared with the Executive Committee
- Risk management that is embedded into the organisation, and a formal risk management strategy and approach should be developed
- The processes for the procurement of consultants should be strengthened
- More robust IT arrangements should be implemented as a matter of urgency

The approach that was used by International HIV/AIDS Alliance highlights key methodological approaches involving:

1. Assessment of the BONELA capacity needs
2. TA plan addressing gaps
3. Mentoring programme by BONELA which was followed up on, monthly, for at least three months by the field programme. If there were no changes, the International HIV/AIDS Alliance was alerted for any deviations.

[1] HTTP://WWW.BONELA.ORG/
7. CONCLUSION

CS and CG in Botswana are engaged in the national and Global Fund processes, though there is room for improvement. TA is provided on an ad hoc basis, by various government ministries, development partners and grant implementers. An effective short-term technical assistance programme to CS and CG has the potential for immense transformation of the ability of organisations to engage in the national responses to the three diseases. However, the two other components of the CRG SI (long term capacity development of key and vulnerable population networks [Component 2] and the regional platform for communication and coordination [Component 3]), have not been fully exploited by CS and CG in Botswana.

A more deliberate effort to maximise resources from the CRG SI needs to be done by CS and CG, with the support of other stakeholders in Botswana.

UNAIDS’ initiative, in partnership with some of the CS and CG, to develop social contracting mechanisms to increase resources to CS and CG is commendable. Social contracting may address the decrease in funding to CS and CG and could support a more sustainable model of built-in TA provided by local partners and funded by the national disease programmes. Such an initiative could be adapted and adopted in other countries.

NOTES
### 8. APPENDICES

#### 8.1. LIST OF PARTICIPANTS IN THE STUDY IN BOTSWANA

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<tr>
<th>S. NO</th>
<th>ORGANIZATION</th>
<th>CONTACT PERSON</th>
<th>CONTACT</th>
</tr>
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<tbody>
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<tr>
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<tr>
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<td>9</td>
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The Eastern Africa National Networks of AIDS and Health Service Organizations (EANNASO) is a regional network bringing together civil society and community voices to inform policies and improve the programming of HIV, TB, malaria and other health issues present in our communities.

As of September 2017, EANNASO was re-selected by the Global Fund Community Rights and Gender Strategic Initiative (CRG SI) to host the Regional Communication and Coordination Platform for Anglophone Africa for the period of December 2017 to December 2019 covering 25 Anglophone African countries.

The regional platform for communication and coordination has a key role in engaging civil society organizations and community networks in Global Fund processes. It is responsible to foster regional dialogue, exchange knowledge and good practices among civil society and community actors and networks, as well as to disseminate information on technical assistance opportunities across all Anglophone countries where the Global Fund has grants countries.

CONTACT THE REGIONAL PLATFORM

Regional Platform for Communication and Coordination for Anglophone Africa
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Facebook: www.facebook.com/eannaso.org | Twitter: @eannaso