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HIV Prevention Intervention for Most-at-Risk Populations (HIV-MARPS)

Annual Progress Report
(October 1, 2008 – September 30, 2009)

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The author's views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Abbreviations

AED ..... Academy for Educational Development
BCC ..... behavior change communication
BNYC ..... Botswana National Youth Council
BOCAIP ..... Botswana Christian Intervention Programme
BONASO ..... Botswana Network of AIDS Service Organizations
BONEPWA+ ..... Botswana Network of People Living with HIV/AIDS
COP ..... Chief of Party
CSOs ..... civil society organizations
CTO ..... Cognizant Technical Officer
DAC ..... District AIDS Coordinator
DMSAC ..... District Multi-Sectoral AIDS Committee
FSW ..... female sex workers
FY2009 ..... fiscal year 2009
IEC ..... information, education and communication
M&E ..... monitoring and evaluation
MARPS ..... Most-At-Risk-Populations
MC ..... male circumcision
MCP ..... multiple concurrent partnerships
MOH ..... Ministry of Health
NACA ..... National AIDS Coordinating Agency
PCI ..... Project Concern International
PEPFAR ..... President Emergency Fund for AIDS Relief
RFA ..... request for applications
RTI ..... RTI International
TEC ..... technical evaluation committee
USAID ..... United States of Agency for International Development
VCT ..... voluntary counseling and testing
YOHO ..... Youth Health Organization

1. Introduction

This report presents results of activities implemented by RTI International's (RTI) HIV Prevention Interventions for Most-at-Risk Populations (HIV-MARPS) project for the fiscal year 2009 (FY2009; October 1, 2008 – September 30, 2009) to be submitted to USAID/Botswana. The report highlights on achievements and/or accomplishments for the year under review with regard to key activities undertaken, some of the challenges to implementation and lessons leant as well as the next steps for the project in its second year. Key results include, but not limited to, rapid mobilization and recruitment of project staff, establishment of RTI legal presence in the country, consultations with key stakeholders, site visits to selected districts, and request for applications process with the actual selection of grantees being conducted through the technical evaluation committee (TEC).

2. Overall Summary of the Project

RTI was awarded a 5 year project by USAID/Southern Africa that began on October 1, 2008, and will operate until September 30, 2013. The HIV-MARPS project is managed by RTI and supported by Project Concern International (PCI) as a sub-contractor, and plans to engage numerous local partners (including CSOs, subcontractors, government structures, and communities). The project follows the President's Emergency Plan for AIDS Relief (PEPFAR) guiding principles to align Botswana's national HIV and AIDS priorities as captured in the country's HIV/AIDS National Strategic Framework (NSF); leverage Botswana's national HIV/AIDS response by strengthening capacity and quality; and provide Botswana civil society organizations (CSOs) with technical assistance, capacity building, and key resources to support provide high-quality services related to HIV and AIDS.

Project Goal: The overall project goal and strategy focuses on providing support for HIV response in Botswana through civil society for HIV prevention interventions that target MARPS, developing CSOs capacity, improving service quality, and promoting a sustainable continuum of prevention to care through national and local collaboration.

Target Population: Selection of target populations is consistent with the Botswana National HIV/AIDS Strategic Framework 2003-2009 and the goal of the National Operational Plan for Scaling up HIV Prevention in Botswana (2008-2010), and these include:

a) Young women 15-29 years old in cross-generational and/or transactional relationships.
b) Female Sex Workers (FSWs) and their clients; and
c) Migrant male populations whose work separates them from their primary partners and families.

Key features of the project are:

- Developing and implementing locally appropriate behavior change communication strategies that move beyond abstinence and fidelity to motivate sustained behavior changes among the target populations.

- Engaging and mobilizing communities, including formal and informal opinion leaders, in changing behavioral norms
- Bringing services, such as voluntary counseling and testing (VCT), closer to the target populations through outreach mechanisms
- Reducing barriers to access to care, including changing provider attitudes towards the target MARPs, making services more user-friendly, creating strong referral networks, and engaging both clients and providers in defining and monitoring service quality
- Coordinating project efforts with the broader national response, including the planned Multiple Concurrent Partnerships (MCP) campaign, ongoing voluntary Male Circumcision (MC) strategy and related projects, to promote message consistency

***Expected Results*:** The following results are anticipated from the activities carried out under this project;
In addition to improving the quantity and quality of HIV prevention services and strengthening referral networks to develop the prevention-to-care continuum, the project will result in specific behavior changes for each target MARP such as:

- Decrease in MCPs,
- Increase in correct and consistent condom use, and
- Increase in the uptake of HIV testing and clinical services (particularly early screening and treatment of sexually transmitted infections).
- More women exiting sex work

3. Narrative

3.1 Accomplishments and Outcomes

RTI is happy to report that majority of all of the key activities planned for the year under review, have been successfully implemented. Similarly, it is also important to note that implementation of certain activities contained in the annual schedule of activities were dependent on selection of implementing partners/grantees (refer to section on challenges to implementation). Since grantees were only selected during the last quarter of the fiscal year, activities which entirely depended on participation of grantees were not be carried out and will be undertaken in the next reporting period (summary of activities undertaken in FY2009 are found in **Table 4**). During the reporting period the following were key accomplishments:

a) Office Set-Up and Establishment of Legal Presence:

This activity was successfully accomplished by the end of the third quarter. Related sub-activities includes; mobilization and recruitment of project staff, official registration of RTI in Botswana as an external company, opening of bank account locally, procurement of furnisher and other office equipment, acquisition of office space resultant lease agreement. Initially during the first two quarters of FY2009, RTI program activities were temporarily managed from BONEPWA+ office grounds, however with acquisition of office space during the 2nd quarter, normal project operations was achieved.

b) Finalization and Approval of Key Project Documents:

One of the contractual obligations to be met by RTI in this contract with USAID was to submit key project documents to guide and monitor implementation and include: Annual Work Plan (AWP), Implementing Plan for the life of the project and Monitoring and Evaluation (M&E) plan. However, after the initial submission in December 2008, revisions were requested by the USAID CTO- in particular the M&E Plan to ensure that the indicators selected were in keeping with the overall project goals and objectives. RTI also held discussions with the USAID cognizant technical officer (CTO), regarding budget re-alignment and this was subsequently submitted end of January 2009, and on March 13, 2009, the revised AWP and M&E plans and realigned budget were approved by USAID.
In addition to the above, RTI was able to submit to USAID- RTI's Grant Management Manual; documentation for the Request For Applications (RFA) that also comprised of Management systems Questionnaire, Grant Application and Award Form, Standard Cost Reimbursement Grant and the terms of reference for the TEC. These documents were reviewed and approved for use by RTI in identifying local CSOs that will receive grants towards the development and management of HIV preventions interventions for MARPS.

c) Consultative Meetings with Key Stakeholders

RTI at the beginning of this project appreciated and recognized the need for consultation at all levels (both national and district) with the view of soliciting buy-in from key stakeholders as well as getting advice and suggestions from the same. To this end, RTI during the first and second quarter of the period under review carried out this activity. Initial meetings were held with Ministry of Health (MOH), Ministry of Local Government (MLG), National AIDS Coordinating Agency (NACA), Ministry of Works and Transport, as well as CSO networks. The process started in the first quarter and follow up meetings were carried out in the second quarter. RTI received feedback from these various partners in the form of suggestions and in certain instances divergent opinions on certain areas of the project such as project sites, inclusion of males, Men who have Sex with Men and prisoners as the target population. RTI has reached a common understanding with all the key stakeholders on the priority populations and how in subsequent years, additional target audiences can be included in the project activities; subject to availability of funds and discussions with USAID.

d) Site Visits to Selected Districts

Selected sites for this project are Gaborone, Tlokweng, Selibe Phikwe, Francistown and Chobe. The selection of project sites was primarily based on the reported high HIV prevalence rates in each district and as well as location on the main transport corridor from Johannesburg to Zambia and East Africa. One of the key activities in the AWP was to carry out initial visits to these areas, and these were undertaken during the third quarter.

The purpose of the visits was three-fold:

i. To introduce RTI at the district level having done the same to national structures
ii. To identify potential partners who could be supported to implement HIV prevention interventions targeting MARPS.

iii. To carry out a rapid assessment of CSOs in the selected districts with the view of establishing baseline data for HIV-MARPS project.

Table 1: CSOs visited in the selected HIV-MARPS project implementation districts

Gaborone	***South East (Tlokweng)***	***Silebi Phikwe***	***Francistown***	***Chobe (Kasane)***
Botswana Network of AIDS Services Organizations (BONASO)	Nkaikela Youth Group	Silence Kills	Matshelo Community Development Association (MCDA)	YOHO (Chobe Satellite Office)
Botswana Network of People Living with HIV and AIDS (BONEPWA+)	Botswana Retired Nurses Association	Positive Living Helper Cells	Light and Courage Centre	Lebone Support Group
Women in Action		Men, Sex and AIDS (MENSA)	Catholic Relief Services	Foot Steps Support Group
Youth Health Organization (YOHO)		Ministers Fraternal	Ghetto Artists Production	Cross Border Support Group
Botswana Christian Council (BCC)		Children, Women and AIDS	Bopaganang Basha	Kazungula Children's Ark Support Group
Botswana Christian AIDS Intervention Programme (BOCAIP)			Community HIV/ AIDS Resource Centre (Gerald Estate)	Pakalemasa Support Group
Botswana National Youth Council (BNYC)			Ultimate Youth With Destiny	Lebandla Support Group

Major findings during site visits:

Gaborone/ Tlokweng:

- Most CSOs are legally registered and have offices they are operating from
- There are more national/umbrella bodies with affiliates in the districts examples are BNYC, BONASO, BOCAIP, BONEPWA, YOHO, etc.
- High dependency on donor support, hence no sustainability plans beyond donor funding
- Limited capacity in many areas, such as, project management, governance, financial management, project proposal writing skills, report writing, etc

Francistown:

- The majority of the CSOs are youth based organizations but also have HIV and AIDS programs that the general population as well and not only the youth.
- There is evidence of collaboration among the groups and the district multi-sectoral AIDS committee (DMSAC).

- Some challenges include- lack of financial resources, inadequate long term planning and sustainability, lack of vision and direction due to the nature of the leadership- that is made up of young and often inexperienced individuals

Selibe Phikwe:

- All but one of the CSOs visited had permanent, paid staff; most are managed by volunteers who are paid an allowance by African Comprehensive HIV/AIDS Partnerships (ACHAP) on a monthly basis**.**
- Lack of policies and procedures and project resources such as vehicles
- There is severe funding problems, both for activities and payment of volunteer input
- Skills base appears to be low amongst volunteers
- Willingness and enthusiasm seems to be mainly driven by the spirit of volunteerism at the community level.

Chobe (Kasane):

- Majority of the CSOs in the district are based in Kasane and each small village in the district has a PLHIV support group.
- Also most CSOs are support groups with many newly registered and others in the process of registering
- High dependency on volunteers to run their activities; there are no full time paid staff
- Majority have never managed large sums of donor funding and there was little evidence to indicate that mechanisms are in place to manage donor funds
- Some groups do not have office space, e.g. Cross Border, Lebandla, Lebone Support Groups

Cross Cutting Issues Emanating from the Site Visits

The following are the common issues that were identified and through technical assistance and provision of small grants to CSOs, the HIV-MARPS project team plans to address some of these challenges through capacity building.

i Project activities are run by volunteers with few permanent and/or paid staff
ii Lack adequate financial resources due to poor resource mobilization skills and expertise
iii Sustainability is a major problem with heavy reliance on donor funding
iv Lack project resources such as office space, equipment and vehicles
v There is evidence of little or no organization policies and procedures in place required to effectively manage identified projects
vi Lack of legal registration; particularly in Kasane.

e) Request for Applications Process

This process can be simply summed into three main categories, namely advertisement in the print media, orientation meetings/ workshops and the evaluation process achieved through the TEC. The following is a description of the activities and achievements:

i ***RFA Advertisement:*** RTI developed an RFA advertisement with the overall objective of inviting applications from local CSOs in the selected districts to start developing proposals for submission and consideration by RTI. The RFA was opened for 30 days from 15th June to 13th July 2009. The advertisements were placed in the following papers; *Mmegi* on9/06/09, *The Botswana Gazette on* 10/06/09, *Daily News* on 25th and 30/06/09, and *Botswana Guardian* on 19/06/09. The applications were expected first to be submitted through the district AIDS coordinator's (DAC) office in each of the five sites and all necessary documentation was made available by RTI to the DACs.

ii ***RFA Orientation Meeting/Workshops:*** RTI project team conducted workshops in all the sites to orientate potential applicants from CSOs on the RFA process. The DAC's in all the five sites were part of the participants in the workshops since they were to play a crucial role of initial screening of the applications hence the need to have a good understanding of the whole process. The workshops were held on the 15th June 2009 in Gaborone/ Tlokweng (combined) and the rest held on the 18th June 2009 (ref **Table 2**). Specific objectives of the workshops were as follows:

- To meet representatives of organizations supporting HIV activities for MARPS in the selected district that were interested in submitting grant applications
- To explain the RFA and grantee selection process
- To maximize and or increase the success rate of or likelihood of successful applications from civil society organizations (CSOs).
- To get feedback from CSOs on the RFA document and process for future use and or improvement.

Table 2: Attendance of HIV-MARPS bidders' workshops

Date(s)	*Location*	*Attendance*	*No. of CSOs Represented*
15/07/09	Gaborone/ Tlokweng	20	9
18/07/09	Selibe Phikwe	19	9
18/07/09	Francistown	16	11
18/07/09	Chobe	19	11
Total		***74***	***40***

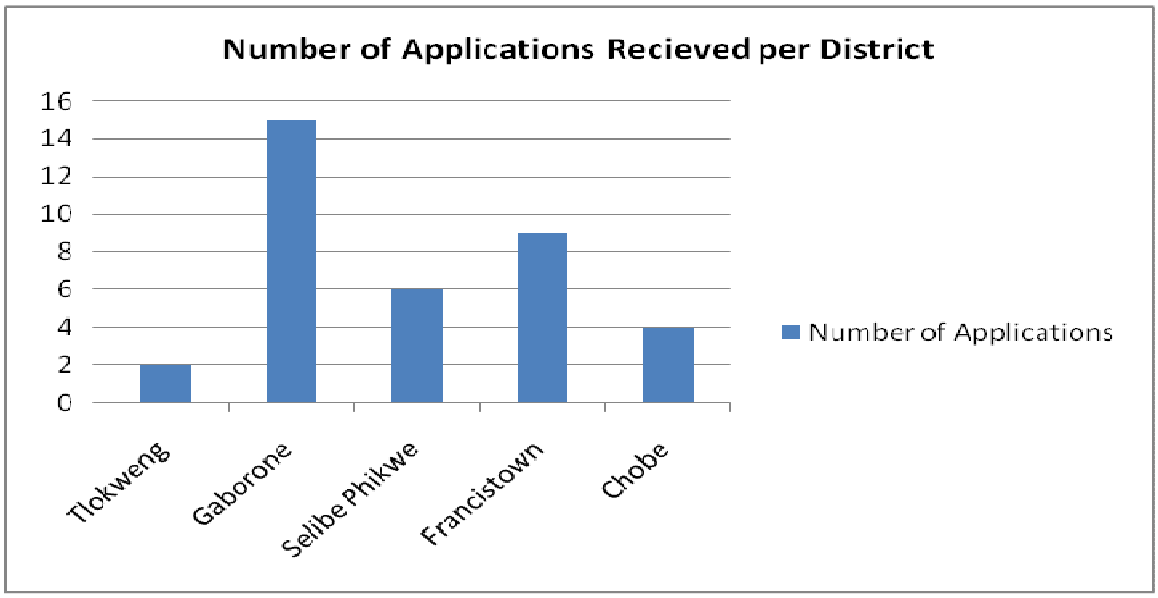
Achievements and Findings

At the end of each workshop, participants were asked to fill an evaluation sheet. Results from the evaluation exercise show that the workshops achieved what they were intended for in terms of attendance and meeting set objectives. In addition, based on responses from the evaluation exercise, it was reported that there was an increased understanding of the HIV-MARPS project objectives and how CSOs can position themselves to take a part in the project as well as a have better understanding of the application process. Based on these findings, RTI's expectation was that an increased understanding and familiarity with the application process will increase success rate of applications to be submitted hence an

increased likelihood of more CSOs supported to carry out HIV prevention interventions targeting MARPS.

iii ***Technical Evaluation and Selection of Grantees:*** It was reported in the semi-annual report that RTI has assembled a Technical Evaluation Committee whose purpose is to review and evaluate all applications by CSOs in response to an RFA issued by RTI International. The committee comprises of representatives from MOH, MLG, NACA, BONASO, BONEPWA+ and RTI. The TEC met on the 24th and 25th August 2009 to evaluate applications from CSOs in the five selected districts and a total of 36 applications were received (**ref figure 1**) and results of the TEC evaluation process is depicted in **table 3**.

Graph 1: Showing number of Applications Received per District



Gaborone had the highest number of applications and Tlokweng the least. This could be explained by the fact that Gaborone in general has the highest number of CSOs. On the same note the above results will inform HIV-MARPS project on prioritization to make as far as capacity building is concerned and in particular the component on resource mobilization and proposal writing.

Table 3: Showing short listed applications per district

Name of District (Site)	*Number of Grant Applications*
Tlokweng	1
Gaborone	1
Selibe Phikwe	1
Francistown	3
Chobe	2
Total	**8**

iv Submission of Short-Listed CSOs to USAID

Upon recepit of recommendations from the TEC, RTI technical staff embarked on negotiations (or Memorandum of Negotiations) with short-listed applicants with the view of ironing out and/or seeking clarification on certain points in the applications. Only 8 out of the total 36 (22%) appplications were shortlisted and submitted to USAID for final grants approval.

f) Capacity Building Initiatives (In-Service Training)

During the year under review RTI technical staff attended two trainings and these are i) Finance and Grants management and ii) Next Generation PEPFAR indicators.

Finance and Grants Training

This RTI facilitated training workshop was held from the 29th July to 4th August 2009, and was attended by all RTI staff members in-country. The purpose of the training was to orientate and build skills of RTI project staff on grant management. Major topics covered were solicitation, pre-award survey, evaluation process, types of grant awards, execution of grant award, grant administration and monitoring and grant close-out. At the end of the training there was a post-training assessment whose results indicated that staff members demonstrated a good understanding and knowledge of the grant management process. .

Training on PEPFAR Next Generation Indicators

This training was conducted on the 8-9 September 2009, and the RTI M&E officer attended. The training was facilitated by Dr. Rodger Myrick from CDC, Atlanta. The aim of the workshop was to orientate in-country partners on the new PEPFAR indicators; expected to be implemented during the first quarter of 2009/10 fiscal year. This training came at the right time since implementation of activities by the HIV-MARPS project grantees is due to commence very soon. In addition to the above and as a result of the training, the RTI M&E Officer was able to acquire more knowledge on the different types of indicators; in particular HIV prevention ones, PEPFAR vs national indicators, as well as a better understanding of the issues relating to the minimum set standards for each target group(s) within the program specific area.

Table 4: Summary of Project activities and accomplishments during FY2009

Activities	Progress / Outcome	Brief Comments
Project Start-Up		
1. Deploy all project personnel	Key personnel in place to drive the project	All project personnel recruited by the 4th Quarter, however in the same period Capacity Building Officer resigned, RTI has already started the recruitment process to fill the position as soon as possible.
Establish legal presence in Botswana and open project office in Botswana	RTI was officially registered in Botswana March 3, 2009. Local bank account was opened March 30th. Office space has been acquired and a lease agreement has been drawn up and duly executed.	Fully operational office in place.
2. Conduct internal kick-off meetings led by COP	Done	
3. Hold introductory meetings with MoH, MLG, NACA and other development partners to introduce HIV-MARPS project	Meetings have been held with a number of key partners and these are; NACA, MoH, MLG (Department of Primary Health Care), PCI, YOHO, Tebelopele, Futures Group (Health Policy Initiative), AED, John Hopkins University (Gender Initiatives on Girls Vulnerability) and BONEPWA+ .	Follow-up meetings held with MoH, MLG, NACA to debrief and finalise on technical details of the project based on feedback from the initial meetings
4. Select districts where project will be implemented and conduct site visits	Sites (districts) where project will be implemented selected primarily based on HIV prevalence, these are Tlokweng, Gaborone, Selibe Phikwe, Francistown and Kasane (not in any order). The other factors considered was the corridor used by truckers from Tlokweng through F/Town to Kasane which has invariably promoted sex work.	During national level consultations there were divergent views from the initial list by RTI with different stakeholders advising to the contrary, however in the final analysis these five sites were unanimously agreed on.
5. Select local implementing partners/ grantees in consultation with USAID	Implementing partners have been selected and submitted to USAID for final approval	USAID approval expected any time P1 139 134.00.of the grants fund committed; P1292 866.00 to be committed by September 2010.
6. Conduct site visits to selected districts where project will be implemented	Site visits conducted during the 3rd quarter to all the above sites.	A report for the site visits compiled and lessons leant documented and follow up visits conducted during the 4th quarter.
7. Develop and submit project branding implementation and marking plan in consultation with USAID	Branding plan in place	
8. Finalise scope of work and sub-contract with PCI	Contract in place and signed. Implementation of the agreement has long started.	An officer has been employed by PCI and seconded to RTI as Technical Advisor in accordance with the agreement.
9. Submit AWP, M&E plan and Implementation plan for the life of the project in consultation with	All these key documents have been submitted to USAID	M&E plan was reviewed during the second quarter in conjunction with USAID

USAID		
Designing and Implement Community-Based Prevention Interventions Targeting MARPS		
10. Conduct desk review of previous work on HIV prevention for MARPS in Botswana (*formative assessment research studies)*	All relevant documents have been reviewed	The project is guided by the national policies such as National Operational Plan on Scaling Up HIV Prevention, 2008-10.
11. Participate in National Technical Working Groups such as national advisory committee on HIV prevention, MCP, and MC	Technical staff participating in different committees such as Health Sector HIV Prevention Technical committee, MCP campaign committee and PEPFAR prevention partners meetings	Ongoing monthly meetings for the Helath Sector HIV Prevention committee and MCP campaign committee.
12. Identify and disseminate BCC material already in existence, with targeted messages incorporating benefits of condom use, MC, early STI screening and treatment	In progress, BCC materials from NACa and MoH have been identified, sourced and ready for dissemination upon final approval of grantees.	RTI is strategising on modalities to disseminate materials since the District Health Teams (DHT) have some of the materials as well. Only those CSOs who are not able to access the same through DHT will be assisted.
13. Assist implementing partners to disseminate newly developed MC national guidelines	MC guidelines will be disseminated to all implementing partners in the five selected districts	MoH has developed the guidelines and RTI is awaiting contact with the districts. A dissemination strategy will be devised after contact with the districts has been finalised.
14. Identify HIV training needs for implementing partners	On-going	Finalisation of this activity awaiting final organisational assessments during site visits to approved grantees.
15. Conduct BCC training for implementing partners	Not done, scheduled for first quarter of 2009/10.	Implementing partners were selected just before the end of the fourth quarter of 2008/2009
16. Develop/ update directory of service providers for strengthening of referral linkages for MARPS in selected districts	On-going, most districts have service directories and these are Francistown, Selibe Phikwe, Gaborone and Tlokweng.	Only Kasane will be assisted to update their service delivery directory.
17. Develop technical assistance plans on HIV prevention activities for each selected implementing partner	Not done, scheduled for first quarter of 2009/10.	Implementing partners were selected just before the end of the fourth quarter of 2008/2009
18. In collaboration with implementing partners develop a peer education training program for target groups	Done, training program has been developed using the national guidelines by MoH and BOTUSA manuals	Awaiting final approval of grantees to finalise the training program.
19. Provide technical assistance to implementing partners to develop a criteria for selection of trainees to participate in the peer education training program	RTI has adopted MoH guidelines for selection criteria of trainees for peer education.	Upon actual implementation by grantees RTI will provide the criteria to them to assist in recruitment and retention of peer educators.
20. Mobilize target populations through various techniques	Not done	Applicants have indicated different strategies that will be employed to mobilise their target populations and RTI will provide technical assistance on the same.
21. In partnership with sub-contractors and implementing partners, identify, assess, develop and strengthen referral services	In progress, during the site visits referral systems/ networks identified and reviewed for possible strengths and weaknesses.	This process will be completed with grantees upon their input on the status of referral networks for MARPS.

for MARPS-VCT, STI screening and treatment, MC, HIV palliative care and ART		
Strengthening Technical and Organizational Capacity of Botswana Community Supported Organizations (CSOs) to Support the Implementation of MARPS prevention strategies		
22. Review assessment reports to identify organizational development (OD) gaps of selected network organizations and affiliate CSOs	Done	Past assessments reports on networks and some of their affiliates assessed and RTI developed a document to present a summary of the findings of these assessments. These assessments were done by AED/ ACHAP and PACT.
23. Develop technical assistance plan on OD activities for each selected implementing partner	Ongoing; to be finalized with implementing partners	
24. Identify local institutions that will conduct Organization Development (OD) training	In progress, relevant institutions identified are IDM, University of Botswana, Xpert, NIIT	To be finalised with grantees after identification and consensus with CSOs on programmatic gaps. Only then will trainers be engaged. However, common capacity gaps identified through review of available assessment reports have been identified as follows; lack M&E skills and infrastructure, poor governance and leadership, review of financial policies and procedures, lack of HR, lack resource mobilization strategies.
25. Conduct OD training for networks (BONEPWA+ and BONASO) and their member organizations	Not done/put on hold	Other partners (Forum Syd, AED and UNAIDS) currently supporting OD in these organisations and RTI will later discuss with these networks which areas to support.
26. Conduct training on participatory methodologies for implementing partners	Not done	Training will start during the first quarter of 2009/2010 when implementing partners are in place.
27. Facilitate the development of organizational administrative and financial policies and procedures for CSOs	Not done	This could not be done before selection of projects implementing partners
28. Facilitate the development of strategic program plans for CSOs and reflect the organizations' mandate	Not done	This could not be done before selection of projects implementing partners
29. Train CSOs on how to develop sustainable resource mobilization strategies	Not done	This could not be done before selection of projects implementing partners
30. Develop capacity building champions to accelerate dissemination and application of Best Practice tools		This will only become feasible towards the end of implementation of projects at sites
31. Provide TA to networks (BONASO and BONEPWA+) in grant management	Initial discussions held with networks	Follow up meetings have been planned in the next quarter to further discuss on the needs the networks
Coordination and Reporting		
32. Convene annual district-level meeting to review program	Not done	This could not be done before final selection and approval of grantees.

progress and promote sharing of "MARPS best practices"		
33. Conduct mini-launches with government service providers to promote the minimum district HIV package	Not done	RTI will liaise with relevant government and districts service providers to establish whether such a 'package' exists.
34. Participate in USAID capacity building TWG	On-going activity	RTI has been included in the Technical Working Group on Civil Society Capacity Building facilitated by USAID
35. Report project interventions and activities regularly to USAID and NACA	On-going activity	COP regularly briefs NACA and USAID on progress relating to the project.
Monitoring and Evaluation		
36. Submit M&E plan for approval by USAID	Done	M&E plan submitted in the first quarter and a revised during the second quarter with the permission of USAID.
37. Design monitoring system for identified CSOs to use during project implementation, and train CSO in its use	Ongoing activity	M&E plan, data collection tools and reporting forms all in place and grantees will be trained on the use of the tools in the first quarter.
38. Develop SOPs for data quality assurance	In progress	A draft of SOPs developed and will be finalised in the first quarter 2009/10.
39. M&E system in place and operating	In progress	This will be achieved in the first quarter of 2009/10.
40. Train CSOs on data collection and reporting tools for routine quarterly reports	Not done	To be done during the first quarter of 2009/10 upon official confirmation of grantees.
41. Collect and report on HIV prevention data for MARPS from CSOs	Not done	Implementation at the level of the grantees has not resumed pending official confirmation and awarding of grants.

3. Barriers to Implementation

The following are some of the key challenges encountered during project implementation in FY2009:

- Official registration of RTI in Botswana was initially expected take place the first two weeks of January 2009. However, this process took longer than expected and delayed moving into the new office space, opening of bank account and related project operational matters.

- The RTI project team for the first two quarters of FY2009 operated from a temporary limited office space provided by BONEPWA+ due to the above delays, and this also resulted in some operational challenges. RTI only managed to move into project office space by the third quarter.

- Many national IEC/ BCC materials have been produced, but there is none with specific messages targeting MARPS. Designing and producing national IEC materials is an expensive venture and the project has limited resources. This being the case, the RTI project team will ensure that existing IEC materials with HIV prevention information are

distributed through the implementing partners. RTI also plans to work with the identified implementing partners to develop simple messages that can be promoted at district level.

- The RFA process was very lengthy and took almost four (4) months to complete; from June to September 2009. As a result the process of selection of grantees was delayed. Once USAID approves selected grantees, RTI will rapidly begin to implement activities with the partners.

4. Conclusion and Way Forward

In conclusion, a lot of progress was made to ensure successful project start-up. There have been important implementation experiences acquired during- initial consultative meetings with key USAID, government officials, and in country development partners, site visits and interactions with district stakeholders as well as the development and finalization of the RFA process. RTI is currently developing and finalizing the 2009/2010 annual work plan which will be submitted to the CTO shortly for consideration/approval. However the following key activities are planned for in the next quarter (1st quarter of fiscal year 2010): pre-award orientation meeting(s); training grantees on data collection and reporting tools for routine quarterly reports and financial reporting; rapid identification of HIV and organizational development (OD) training needs for implementing partners; selection of trainees for the peer education training program; development of OD technical assistance plan for grantees, and; initiate the formation and strengthening of clinical and non-clinical referral linkages.

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Annex A: Planned Activities for the 1st Quarter in FY2010

	List all planned activity for the quarter (Disaggregated as per draft Annual Work Plan)	**October**				**November**				**December**			
	Week Number	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**	**1**	**2**	**3**	**4**
Designing and Implementing Community-Based Prevention Interventions Targeting MARPS.													
1	Participate in National Technical Working Groups on HIV prevention, Working Group on MCP, and Working Group on MC.	X	X	X	X	X	X	X	X	X	X	X	
2	Disseminate BCC materials already in existence, with targeted messages incorporating benefits of condom use, MC, early STI screening and treatment	X	X	X	X	X	X	X	X	X	X	X	
3	Assist implementing partners to disseminate newly developed MC national guidelines	X	X	X	X	X	X	X	X	X	X	X	
4	Identify HIV training needs for implementing partners						X	X	X	X	X	X	
5	Strengthen referral linkages for MARPS in the selected districts						X	X	X	X	X	X	
6	Provide technical assistance to implementing partners to develop a criteria for selection of trainees to participate in the peer educator training program					X	X	X	X	X	X	X	
7	Provide support to implementing partners to mobilize target populations through various techniques such as 'snow-balling', road shows, peer-to-peer in venues such as youth recreational facilities, bars, shebeens, truck stops and border crossings.					X	X	X	X				
Strengthening Technical and Organizational Capacity of Botswana Community Supported CSOs to Support the Implementation of MARPS prevention strategies													
1	Finalize organizational capacity assessment needs for selected IPs					X	X	X	X	X	X	X	
2	Develop technical assistance plan on OD activities for each selected implementing partner					X	X	X	X	X	X	X	
3	Facilitate the development/ update of organizational administrative and financial policies and procedures for CSOs					X	X	X	X	X	X	X	
4	Convene MARPS project annual review meetings				X	X	X						
5	Provide technical assistance on OD activities for selected IPs					X	X	X	X	X	X	X	
Coordination and Reporting													
1	Participate in USAID capacity building technical working group	X	X	X	X	X	X	X	X	X	X	X	
2	Report project interventions and activities regularly to USAID and NACA	X	X	X	X	X	X	X	X	X	X	X	
Monitoring and Evaluation													
1	Design monitoring system for identified CSOs to use during project implementation, and train CSO in its use					X	X	X	X				

2	Review and finalization of project indicators					**X**	**X**	**X**	**X**	**X**	**X**	**X**	
3	Develop standard operating procedure for data quality assurance	**X**	**X**	**X**	**X**								
4	M&E system in place and operating									**X**	**X**	**X**	
5	Collect and report on HIV prevention data for MARPS from CSOs									**X**	**X**	**X**	
6	Train CSOs on data collection and reporting tools for routine quarterly reports						**X**	**X**	**X**	**X**	**X**	**X**	
7	Provide on-going M&E technical assistance to implementing partners									**X**	**X**	**X**	