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

Annual Progress Report
(October 1, 2009 – September 30, 2010)

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

Quarterly Progress Report
(October 1, 2009 – September 30, 2010)

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Abbreviations

AEET	Action for Economic Empowerment Trust
BCC.....	Behaviour Change Communication
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
FY	Fiscal Year
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

1. Introduction and Summary of the Project

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 (FY) 2010 (October 1, 2009 to September 30, 2010). The report highlights achievements, success stories and lessons learned during the year under review as well as the next steps for the project in FY 2011. Notable achievements during the year under review include--mobilization and reaching of different target groups by project implementing partners; condom promotion and distribution; strengthening and support to district level referral networks; support and participation in development of National Operational Framework for MARPs, and; collection and reporting of data on HIV prevention for MARPS.

RTI was awarded a 5 year project by United States Agency for International Development (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 activities are implemented in partnership with Project Concern International (PCI) and 8 local civil society organizations (CSOs), and supported by Government of Botswana and community stakeholders. The project follows the United States President's Emergency Plan for AIDS Relief (PEPFAR) guiding principles to align Botswana's national HIV and AIDS priorities; leverage Botswana's national HIV/AIDS response by strengthening capacity and quality; and provide Botswana civil society organizations 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

2. Accomplishments and Outcomes

RTI is pleased to report that majority of all the critical activities for the project planned for the year under review, have been successfully implemented. During the reporting period the following were key accomplishments as presented in *Table 1* and *Section 8*.

2.1 Implementing Partners Project Activities

The tables below (*Table 1*) present activities for the project implementing partners from January to September 2010. The tables highlights on the grant obligated for each grantee, amount received to date, progress on programmatic activities and plans for the next quarter for each IP.

Table 1: Summary of Implementing Partners Project Activities, Key Achievements and Results: FY beginning October 2009 up to September 2010

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate results
Project Concern International (PCI)	Date Sub-contract signed: 12/16/2008 Total sub-contract amount: Funding duration: \$351,079.00 Funded amount to date: \$84,150.00	<ul style="list-style-type: none"> - Support development of referral systems and ongoing organizational development assistance 	Consultative meetings conducted in all projects sites <ul style="list-style-type: none"> - Initial assessments conducted in all sites – indicating referral system existence but not properly functional - Draft Service Directory developed for MARPs in all sites - Common understanding amongst key stakeholders on the need to strengthen referral system
Matshelo Community Development Trust (MCDA)	Date sub-agreement signed: 11/16/2009 Total grant award: BWP 699,500.00 Funding duration: One year Funds advanced to date: BWP 480,435.89	<ul style="list-style-type: none"> • Technical support field visits • Identification of more condom distribution sites • Behaviour Change Education (BCC) training to be conducted • Partnership and network building with local DMSAC • Peer educators weekly meetings • Gender training for peer educators - Procuring of IEC materials 	<ul style="list-style-type: none"> • Due to RTI's support MCDA has outstanding management and planning capacity for MARPs • Targeted area(s) mapping conducted, also changes noted in terms of behaviours amongst some sex workers (reductions in number of partners) • Improved conflict management within the MARPs • Peer educators recruited and oriented on the goal and objectives of the project • Peer educators' training conducted, improvement realised in data

			<p>management</p> <ul style="list-style-type: none"> • Increased levels of motivations for alternative livelihoods strategy, skills and activities - IGAs • Outreach activities conducted, condom distribution and referrals done • Peer educators' weekly meetings held and emerging challenges and issues noted
True Men	<p>Date sub-agreement signed: 11/16/2009 Total grant award: BWP 699,906.00 Funding Duration: One year Funds advanced to date: BWP 536,039.00</p>	<ul style="list-style-type: none"> • Continue with partnership building meetings at district level (government and trucking companies) • Recruitment of an M&E Officer • Upscale outreach (field visits) to truckers and FSW • Conduct monitoring and supervisory visits in the field • Conduct programme monthly meetings 	<ul style="list-style-type: none"> • Project staff recruited (Social Worker) resulting in improved staff complement to drive the project (however, M&E officer not hired, plan is to engage a consultant on a part time basis in the mean time) • Project equipment procured (2 desktops and 2 printers), enhancing project data management and reporting processes. • Improved partnerships and networking with Trucking companies, Central Transport Organization, Veterinary Department, Francistown Weighbridge Management Team and Wellness Committee, Shell Oil Botswana, Petrol Logistics, IHAWU Holdings and Ward Committees • Peer educators (12) and team leaders (2) recruited and trained to continue with <ul style="list-style-type: none"> ○ Initial outreach to FSW and truck drivers conducted ○ Condom distribution to selected sites done ○ Health talks conducted at the above stated trucking companies
Light and Courage Centre Trust (LCCT)	<p>Date sub-agreement signed: 12/03/2009 Total grant award: BWP 700,000.00</p>	<ul style="list-style-type: none"> • Procurement of office furniture and supplies • Conducting monthly project meetings 	<ul style="list-style-type: none"> • Key project staff identified and engaged (4 peer educators' supervisors, 2 professional nurses, social

	<p>Funding Duration: One year Funds advanced to date: BWP 414,704.75</p>	<ul style="list-style-type: none"> • Mobilization of various target groups, e.g. students, out-of-school youth • Form and support anti-AIDS clubs in school settings and peer groups for out-of-school youth • Orientate project staff on M&E and reporting requirements for the project. Documentation, HIV prevention, community mobilization, sexual reproductive health are other areas to be covered in the orientation session • Implementation of the client referral tool 	<p>worker, monitoring and evaluation (M&E) Officer, Finance Officer, Project Coordinator, Administration Assistant and a Driver) resulting in improved staff complement to drive and integrate the project</p> <ul style="list-style-type: none"> • Peer educators (17) for the project recruited based on a set criteria - improved outreach and data collection • Peer education training conducted in conjunction with RTI and other Francistown based grantees – improved knowledge base • Distribution of male and female condoms conducted
<p>Botswana Council of Churches and Kgolagano College</p>	<p>Date sub-agreement signed: 11/27/2009 Total grant award: BWP 700,000.00 Funding Duration: One Year Funds amount to date: BWP 599,315.00</p>	<ul style="list-style-type: none"> • Training of peer educators • Skills Based Training feasibility assessment to be conducted • Mobilization and outreach to the target group by peer educators • Demonstration and promotion of condom use-both male and female • Provision of psycho-social support to FSW to start this quarter • Regular briefing meetings with key stakeholders to continue 	<ul style="list-style-type: none"> • All project personnel recruited in January (Coordinator, Project Officer, Project Assistant and General Duties person) resulting in improved staff complement to drive the project • Established Hope alive Centre to serve as the Drop in Centre {procured furniture, IEC materials obtained from Ministry of Health (MoH)} • Recruitment of peer educators done (10) in number - Mobilization of FSW with 20 recruited • Consultation meetings with key stakeholders conducted (DMSAC, BONELA and MoH) - MARPs project acceptance and increased support • Weekly meetings with FSWs conducted – continued identification of emerging issues
<p>Nkaikela Youth Group</p>	<p>Date sub-agreement signed: 11/19/2009 Total grant award:</p>	<ul style="list-style-type: none"> • Gender dialogue meetings • Training of peer educators • HIV prevention training for bar 	<ul style="list-style-type: none"> • Recruitment and engagement of key project personnel (Project

	<p>BWP 700,000.00 Funding Duration: One Year Funds amount to date: BWP 562,021.76</p>	<p>owners and attendants</p> <ul style="list-style-type: none"> • Consultative meetings to introduce the referral tool • Formation of peer support group and provision of on-going support • Development of IEC material 	<p>Coordinator, Counsellor, finance officer) resulting in improved staff complement to drive the project</p> <ul style="list-style-type: none"> • Mapping of the targeted area done – informed/improved project interventions • Improved Field visits, outreach to project sites and follow ups • Condom distribution conducted in the identified condom sites
Tebelopele	<p>Date sub-agreement signed: 12/10/2009 Total grant award: BWP 1,716 867.00 Funding Duration: 3 Years Funds amount to date: BWP 267,561.60</p>	<ul style="list-style-type: none"> • Filed visits targeting sex workers and truckers to continue at Kazungula weighbridge • Train peer educators on pottery jewellery making • Bi-monthly meetings with peer educators • Condom distribution at selected spots to continue 	<ul style="list-style-type: none"> • Recruitment and orientation of peer educators done (11) – improved outreach • Training the above on peer education (and teamwork) – improved team coherence and follow through • Community sensitization of the project through kgotla meeting (162 people in attendance) - MARPs project acceptance • HIV testing was promoted at the above meeting • Briefing meetings with district stakeholders conducted – improved MARPs project acceptance • Condom distribution at designated spots
Botswana Family Welfare Association	<p>Date sub-agreement signed: 11/19/2009 Total grant award: BWP 2,099,982.00 Funding Duration: 3 Years Funds amount to date: BWP 563,290.00</p>	<ul style="list-style-type: none"> • Form/ strengthen and maintain strategic partnerships with stakeholders at the district level • Conduct support visits • Conduct peer learning sessions • Conduct community dialogues (health educational talks) • Conduct construction site-based condom distribution • Form and support community based groups 	<ul style="list-style-type: none"> • Conducted baseline survey that yielded key findings • Recruitment of project staff and volunteers (1 nurse, 6 community based resource persons and 6 peer educators) • Procured equipment in particular the vehicle, strengthen outreach to remote project sites and access to HIV prevention services • Peer education training conducted through support of RTI , that strengthened community services
Silence Kills Support	<p>Date sub-agreement signed:</p>	<ul style="list-style-type: none"> • Staff orientation to be 	<ul style="list-style-type: none"> • Recruitment of project

Group	<p><i>02/09/2010</i> Total grant award: BWP 481,329.39 Funding Duration: <i>One Year</i> Funds amount to date: BWP 328,320.45</p>	<p>conducted</p> <ul style="list-style-type: none"> • Peer education training to be conducted • A focus group discussion with the target group planned • VCT outreach condom distribution to be carried out • Outreach by peer educators to be initiated in this quarter and sustained for the period of the project 	<p>personnel completed and adding value to the project and organisation (Senior Finance Officer, Senior Programs Officer and VCT Attendant)</p> <ul style="list-style-type: none"> • Targeted area mapping exercise conducted, guiding planning • Partnership building meetings held with the following (Botswana Defence Force, Men Sector, Botswana Prisons Service and Tribal Administration) – MARPs introduced and agenda set • Project space in town, through government department, has been secured where HIV prevention services can be provided conveniently to truckers
Total amount disbursed to grantees by end of September 2010	BWP 3, 403, 644.14		

3. Capacity Building Activities for Local Implementing Partners

3.1 Grantees Orientation Workshop

HIV-MARPS project team conducted an orientation workshop for grantees on the 8th – 9th December 2009 in Francistown. Eight grantees; represented by two representatives from each. Organizations were in attendance; for a total number of participants of fifteen . The main objectives of the orientation workshops were as follows;

- Highlight on the roles and responsibilities and expected commitments from both RTI and IPs
- Highlight important principles with the view to enhance the understanding of the HIV-MARPS project by all participants
- Strengthen the relationship and create a better understanding between RTI and IPs in order to share a common goal at the end of the workshop
- Orientate the IPs on the data collection and reporting processes for the project
- Receive feedback from IPs regarding the tools proposed
- Receive feedback from the IPs regarding their immediate capacity needs to enable them to implement the MARPS Project

Results:

- An improved understanding of what the project is and wants to achieve by IPs
- Roles and responsibilities defined with each party well aware of expectations and deliverables

- Project data collection and reporting tools explained and described in detail to IPs and this is expected to enhance the quality and timeliness of reports submitted
- Capacity needs requested by the IPs informed the development of capacity development plans

3.2 Peer Education Training Workshops

The HIV-MARPS Peer education training is guided by the MoH standard guidelines. During the training sessions, local implementing partners were given a guide on how to select candidates for training. The purpose of peer education was to enable participants to:

- Generate a better understanding of knowledge of peer education and HIV & AIDS
- Develop a common understanding on how to refer MARPs for various HIV services in the district
- Develop a common understanding on how to mobilize communities to demonstrate care and compassion towards individuals and families infected and affected by HIV/AIDS)

The training was a collaborative effort between RTI, Ministry of Local Government and National AIDS Coordinating Agency (NACA). The Ministry of Local Government (District Health Team and the District AIDS Coordinator's office) provided technical assistance in facilitating health related topics and other district related issues such as the referral structures, etc. These are/ were combined trainings for each district except for Kasane where a separate training was conducted for each IP. The table below shows the training schedule and dates for the trainings.

3.3 Behavior Change Communication (BCC) Training

This training was adopted from the Botswana National Behavior Change Interventions and Communication (BCIC) curriculum (See *Table 2* for the training schedule).

Training objectives: The overall purpose of the BCC training was to explore communication strategies aimed at changing risky behaviours and to assist participants in understanding the role of behaviour change and communication in preventing the spread of HIV among the project's target groups with Peer Educators. A total of 108 peer educators successfully completed a five day training program from all the eight implementing partners.

Topics covered: Trends in HIV & AIDS in Botswana; role of behavior change and communication in the national HIV response; program planning for and promoting BCC; community mobilization; advocacy; gender and HIV/AIDS; steps in planning for behavior change, audience segmentation, message development and pre-testing, and; selecting appropriate communication channels.

Facilitation: The training was a joint collaboration between RTI and NACA. The last training day was dedicated to an exchange/study visit to different service providers in the selected MARPs project sites. The purpose of the exchange visits was to expose peer educators to services available for most-at-risk populations, such as, sexually transmitted infections (STI) screening and treatment, prevention of mother to child transmission (PMTCT), HIV counseling and testing (HCT), isoniazid prophylaxis therapy sexual reproductive health including family planning as well as other HIV & AIDS related services. During the visits, participants were also familiarized with referral system in their districts. They were shown condom outlets as well as organizations that distribute IEC materials.

Expected results/Impact of Behavior Change Training for Peer Educators: The expected results from BCC for MARPs is that the beneficiaries have increased demand for information

and services on prevention of HIV transmission, care and support, adoption and sustenance of positive behaviors, facilitation and promotion of access to care and support services. Peer educators have been equipped with skills to educate their peers on behavioral topics such as multiple concurrent partnerships, the importance of partner reduction and correct and consistent condom use in order to reverse the spread of HIV.

3.4 Organizational Development Training for Implementing Partners

Organizational Development (OD) and capacity building continues to be promoted as key strategy to enhance the effectiveness of HIV Prevention, efficiency of programming and sustainability of NGOs implementing the HIV MARPs project. Consequently, OD initiatives and interventions that target IPs have been planned and implemented in phases, throughout the project life cycle in view of the evolving nature and needs of CSOs.

For this reporting period, the 1st phase of Organizational Development process was initiated through a one week training workshop held on the 13th – 17th September 2010. This initiative introduced IPs to the body of knowledge and practice that enhances organizational performance, individual development, systems approach and strategic alignment.

The following are the objectives of the OD workshop and interventions, in the context of HIV MARPs;

1. To support and strengthen CSOs' systems and methods for enhanced service delivery and accountability
2. To build the capacity and competence of CSOs in the application of project management skills, tools and techniques for improved project performance and governance.
3. To facilitate and anchor application of organizational development concepts and practices as a strategy for organizational success, growth and sustainability

Target Group: Three (3) key persons from each of the implementing partners were drawn as workshop participants, i.e. a representative from the Board, the project manager and a program officer or peer educator that are directly involved in the implementation of the HIV-MARPS project. As a result a total of twenty four persons were attended the OD training, and this groups makes up a cohort that will be followed-up as part of the ongoing HIV-MARPS OD interventions at organizational level.

Immediate Outcomes: The following were the immediate outcomes of the training;

- Understanding of the purpose (scope, focus) and benefits of OD to CSOs in the context of the national response and the HIV MARPs Project
- Describe the process of OD in relation to organisational strategy, programmes and projects(including service delivery and membership)
- Awareness of the internal and external forces (stakeholder analysis) influencing organization's projects and programming
- Awareness on the process managers should employ in undertaking holistic OD, as well as monitoring and evaluating the planned actions
- Understand project initiation - response to environmental stimuli, birth of project as drivers of change (growth) and strategic alignment

- Awareness on key elements of projects success, project teams and communication, networking and resource mobilization, monitoring, evaluation and reporting (including process documentation)

Undoubtedly CSOs implementing HIV MARPs project, to some extent, fulfill their obligations and address many unmet needs of beneficiaries at community levels. Nonetheless, evaluation studies will be needed to clearly understand and document methods that support their efforts.

Table 2: Summary Table for All Trainings during 2009-10

Type of Training	Date(s) of Training	Venue/ Project Site	Total number of Participants
Orientation workshop	8 to 9 December 2009	Francistown	15
Peer education training	22 to 26 February 2010	Francistown	33
	8 to 19 March 2010	Chobe	26
	12 to 16 April 2010	Gaborone and Tlokweng	26
	19 to 23 April 2010	Selibe Phikwe	32
Sub-Total			132
Behavior Change Communication	13 to 17 September 2010	Francistown	30
	9 to 20 August 2010	Chobe	29
	5 to 9 July 2010	Gaborone and Tlokweng	20
	26 to 30 July 2010	Selibe Phikwe	29
	Sub-Total		
Organizational Development	13 to 17 September 2010	Francistown	22
Grand Total			240

3.5. Training on Finance and Grant Management for Implementing Partners

During the reporting period, all grantees were provided with orientation of financial and grant management as well as financial tracking and reporting tools, by RTI's Senior Finance and Grants Manager. IPs have been submitting monthly budgets, details of how disbursed funds are liquidated with requisitions for additional funds

4. HIV-MARPS Operational Framework Action Plan Development

RTI, Ministry of Health and other stakeholders have identified the need to develop a framework for MARPS in Botswana. It is based on the above that during the year under review that at least two workshops were convened. The first workshop was held in Selibe Phikwe during the period 24-26 March 2010. The workshop was organized by the Ministry of Health, through the Department of AIDS Prevention and Care, in collaboration with RTI, World Health Organization (WHO), and I-TECH. RTI sponsored two days of the workshop. WHO participated as consultants while UNAIDS also provided a resource person. Other workshop participants came from representatives either actively involved in HIV-MARPS activities or with interest in the same including NACA, MLG, Ministry of Transport, Ministry of Education, Botswana Police, Botswana Defense Force, civil society organizations/other local development

partners such as BONEPWA and Nkaikela Youth Group. A total of thirty-two (32) participants (including resource persons) attended the workshop. The overall objective of the workshop was to develop a 2-year HIV-MARPS Operational Plan including a M&E Framework with the associated costs.

Specific objectives:

- To design appropriate HIV prevention strategies for key MARPS populations
- To outline coordination mechanism, collaboration and linkages among organizations
- To develop a draft M&E Framework

Expected outcomes:

- Draft 2-year HIV-MARPS Operational Framework Plan
- Key prevention strategies for key MARPS Populations
- Coordination Mechanism clearly defined

Achievements and consensus:

- The overall goal and objective of the MARPs national strategy was agreed upon
- Strategic/specific objectives of the Operational Framework Plan
- Log framework with key activities, indicators, targets, and some critical assumptions

It was not possible to complete all that needed to be done to have a final document within the timeframe of the workshop. For example, some work still needed to be done on the Log Framework while on the other hand the issue of defining Coordination Mechanism was not really discussed. Given this situation, it was agreed that the HIV-MARPS Technical Working Group should tidy-up the work that had been done and organize, share it with the rest of the group before organizing another workshop to complete the remaining work.

Once this initial process/work is completed, another process of developing a long term (+5years) Operational Framework Plan will start. It is expected that a significant part of the work being done now will be carried over to the longer term plan.

The second workshop to develop an HIV-MARPS Operational Plan was held at Boehringer Ingelheim Training Centre in Gaborone during the period 28-30 June 2010. The overall objective of this second workshop was to--(1) complete the remaining part of the Operational Framework Action Plan which was left uncompleted during the first workshop held at Selibe Phikwe in March 2010 and (2) further refine what came out of the first workshop. The specific objectives of the Operational Framework Action Plan are to- design appropriate HIV prevention strategies for MARPs, outline coordination mechanisms at national and district level as well as collaboration and linkages among organizations, and lastly to provide a draft M&E Framework

At the end of the workshop, the following were achieved:

- The overall goal and objective of the strategy were confirmed as developed during the Selibe Phikwe workshop.
- Strategic/specific objectives of the Operational Framework Plan were reviewed and adjusted where necessary
- Log Framework with more key activities, refined indicators, targets, and some critical assumptions were concluded during the workshop

- A deliberate effort has been made to propose the inclusion of a National MARPS Coordination Mechanism in the Operational Framework.

The final draft framework is currently being reviewed and edited by the Ministry of Health together with the MARPs Technical Working Group (TWG) following the recent review of the document by a WHO Consultant engaged by the same Ministry of Health; it is expected that the document will be finalized soon before the end of 2010. Once this initial process/work is completed, another process of developing a long term (+5 years) Operational Framework Plan will start. The Operational Framework Plan is expected to be the basis for the longer term national strategic plan for HIV prevention interventions for MARPS.

5. RTI Collaboration with Network Organizations

RTI held a series of consultative meetings with Botswana Network of AIDS Services Organizations (BONASO) and Botswana Network of People Living with HIV/AIDS (BONEPWA+) to develop a conceptual framework on how the HIV-MARPS project can form collaboration with the CSO networks. The basis for the envisaged collaboration is that the HIV-MARPS grantees/implementing partners (IPs) that are members of one or both of these networks. This being the case, RTI is of the view that, as part of capacity building of local CSOs, the umbrella bodies (CSO networks) should also be brought on board so that they understand the objectives and activities under the HIV-MARPS project so that they can effectively support their members who are involved in the project as well as their other members/affiliates who may want to be involved in future project activities. USAID has since approved the proposal from RTI for collaboration with BONASO. RTI is now working with BONASO on the envisaged 3 year collaboration agreement based on the the budget and conceptual framework that describes collaboration with BONASO and RTI submitted to and approved by USAID. Discussions with BONEPWA are still on-going.

6. Incorporating Gender Considerations into HIV-MARPs project

In June 2010, RTI in partnership with Action for Economic Empowerment Trust (AEET) submitted a concept paper to USAID/Botswana in response to the PEPFAR Gender Challenge Fund. The proposed scope of work was to develop and implement project activities that would reduce gender violence and coercion as well as increasing women's access to education, income and productive resources. RTI and AEET proposed to support the design of micro-economic projects for vulnerable women in the HIV-MARPS project and to provide training as well as ongoing capacity building for effective management of the developed alternative livelihoods. USAID/Botswana approved these additional activities that would strengthen the gender component of the HIV-MARPS Project by incorporating activities that address women's vulnerability due to gender imbalances and inequities into the existing HIV-MARPS project. Proposed activities will be implemented over a 3 year period (until 2013); over the life of the current HIV-MARPS project. A Memorandum of Understanding between RTI and AEET is being developed and reviewed before activities can commence. Additionally RTI has already begun drafting a work-plan for these activities and is in the process of discussing with USAID/Botswana how existing project funds can be leveraged for these gender-based activities.

7. Technical Support Site Visits for Implementing Partners

As part of the overall on-going technical support provided by RTI technical staff during the course of the year carried out technical site visits.

Specific objectives of the visits were as follows:

- Participate and follow-up on discussions towards finalization of the MARP referral system in Francistown and use the output for recommendation to other supported districts
- Provide feedback and lead the IPs to complete and provide more detail in their work plans (both annual work plan and organizational development plans)
- Review IP activities of the previous quarter and provide support and technical guidance to their programmes
- Assist IP further refine their M&E plans as well as carry out data quality assessments (DQAs)
- Provide support and guidance to grantees towards finalization of success stories and good practices documentation in HIV prevention for MARPS in Botswana.

Key Results and Observations:

- All IPs visited have adopted a peer education approach to accelerate HIV prevention for MARP and all of them are experiencing challenges managing and addressing peer educators expectations of stipends and allowances. This is likely to be a threat to the project as there may be an increased attrition rate among peer educators if their expectations are not properly and timely addressed.
- With regards to M&E issues, IPs are at different levels of utilizing the HIV-MARPS project recommended data collection and monitoring tools due to different institutional capacities. However, overall the M&E processes especially with regards to documentation and timely reporting of quality data needs more attention and ongoing project technical support.
- M&E training for all staff members of Light and Courage Centre was facilitated by HIV-MARPS project staff. The purpose of the training was to orientate and equip LCCT staff and some of their sub-partners on basic M&E principles, indicator definitions, developing M&E plans, and data management processes.
- Organizational development issues remain a challenge for IPs. For instance, most IPs had not yet completed their annual work plans; others still seem not to have a clear understanding of OD--they interpret it to mean training in technical skills such as M&E, project management, resource mobilization etc. This is evidenced by their submissions of proposed organizational development gaps. Such issues as governance and development of organizational cultures are usually overlooked. There is need to for the HIV-MARPS project team to mentor IPs in the use and interpretation of the Rapid Organizational Capacity Assessment Tool that they were provided at the inception of their activities.
- A comprehensive meeting was conducted with Francistown DAC and her staff coordinating the strengthening of the referral system in the district. An update of status of this initiative was discussed i.e. where they are currently and what needs to be done. Based on this, a meeting was proposed in July with various stakeholders to orientate them on the system and to solicit for their input and buy-in to the strengthening of the system. As a result of the meeting with the DAC it was also realized that IPs are not in regular contact and reporting their activities to the DACs-- this is being addressed by the HIV-MARPS team.

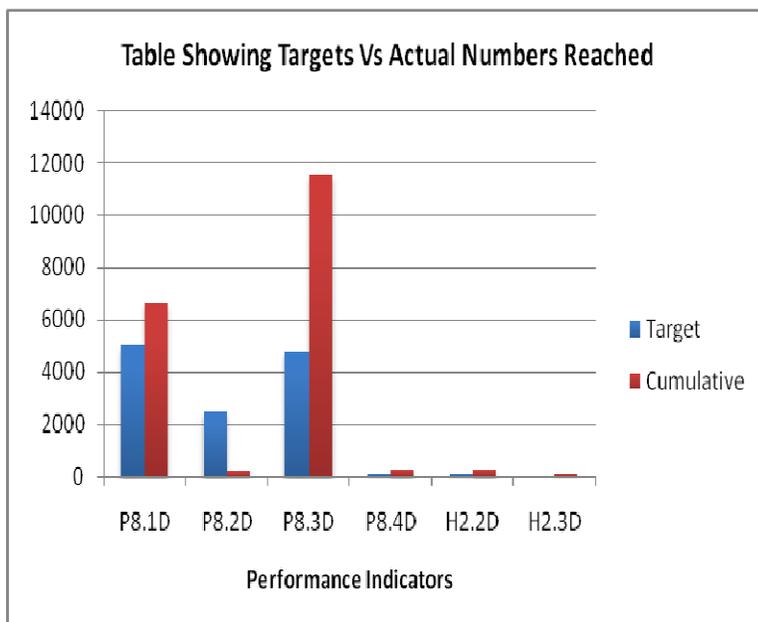
8. Reporting on Project Performance Indicators

The table below presents M&E data collected and reported on each of the listed project performance indicators for the period January to September 2010. Additional information on the indicators is found in *Annex B*.

Indicator Number	Indicator	Disaggregation	Target FY 2010	Actual ¹ (Jul, 1 –Sept, 30)	Cumulative Figure(s)
P8.1.D	Number of the targeted population reached with individual and/ or small group level preventive interventions that are based on evidence and or meet the minimum standards required	<i>Females only aged 15-29 yrs)</i>	5,000	3,458	6,667
P8.2.D	Number of targeted population reached with individual and or small group level preventive interventions that are primarily focused on abstinence and or being faithful, and are based on evidence and or meet the minimum standards required	<i>Females only (aged 15-29 yrs)</i>	2,500	118	232
P8.3.D	Number of MARPS reached with individual and/ or small group level interventions that are based on evidence and/ or meet the minimum standards required	Disgreg by MARP type: FSW= 1,965 Truckers and clients of FSW=1,862 (all males) Migrant workers=207	4,825	3,995	11,529
P8.4.D	Number of targeted condom outlets	By Sex (Male, Female)	121	68	289
	Number of condoms distributed to MARPS (this indicator is a sub-set of P8.4.D)		-	46,281	114,294
H2.2.D	Number of community health and para-social workers who successfully completed an pre-service training program	Disaggregated by sex (M, F) M=6 F=111	98	117	117

¹ Results exclude Tebelopele for all the indicators but H2.2D

H2.3.D	Number of health workers who successfully completed an in-service training program	By sex (M,F) and specific type M=19 F=111	-	130	130
PI 1.0 A	Number of MARPS referred to the following services:				
	HIV Counseling and Testing (HCT)	Disaggregated by sex (M, F)	80% of those targeted	336	653
PI 1.1 A	Antiretroviral treatment (ART)	Disaggregated by sex (M, F)		9	
PI 1.2 B	STI screening	Disaggregated by sex (M, F)		202	
PI 1.3 C	Prevention of Mother to Child Transmission of HIV (PMTCT)			10	
	Sub-total			561	
PI 1.4 D	Number of CSOs awarded grants to support HIV prevention interventions for MARPS		8	8	8
PI 2.0 B	Number of organizational development plans drafted		8	7	7



The results in the table above and the adjacent graph illustrate that the HIV-MARPS project has exceeded set targets in a number of indicators. However, reaching young women (15 to 29 years), particularly in-school youth has been challenging.

9. Summary of Project Activities from October 1st 2009 – September 30, 2010

Activities	Progress / Outcome	Brief Comments
Designing and Implementing Community-Based Prevention Interventions Targeting MARPS		
Participate in National Technical Working Groups on HIV prevention, Working Group on MCP, and Working Group on MC.	<p>Enhanced appreciation of MARPs at national level</p> <p>Policy Dialogue and MARPs issues on the national agenda (Health Sector HIV Prevention Advisory Committee held quarterly)</p> <ul style="list-style-type: none"> • Draft Short Term Operational Plan for MARPs developed • Criteria on who constitute MARPs developed and discussed • Decision to conduct MARPs Needs Assessment study 	<p>Currently the Health Sector HIV Prevention Advisory Committee is the only one that meets on regular basis. The same committee has spearheaded the development of the Short Term Operational Plan for MARPs. The committee has developed criteria for who should be considered as most-at-risk in Botswana based on (high risk behaviour, limited access to services, high incidence/prevalence than that of the general public). With the technical guidance from a UNDP consultant, the plan will be finalized soon. A Needs Assessment Study to determine groups considered as MARPs, areas of concentration, and access to services addressing their needs will be commencing soon.</p> <p>The Working Groups on MCP and SMC have not been active.</p>
Disseminate behaviour change communication BCC materials already in existence, with targeted messages incorporating benefits of condom use, SMC, early STI screening and treatment	Improved levels of awareness that led to the need to develop MARPs specific materials (STI materials are provided by the STI Clinic, MC materials by MoH)	Currently the materials available are for the general public and not specific to MARPs. For example, the existing materials on safe male circumcision and early sexually transmitted infections screening and treatment have been disseminated through IP.
Assist implementing partners to disseminate newly developed safe male circumcision (SMC) national guidelines	SMC materials collected from MoH and distributed to all the implementing partners	. The implementing partners have also been linked to the District Health Teams for regular supply of all HIV & AIDS related materials
Provide technical assistance to implementing partners to develop a criteria for selection of trainees to participate in the peer educator training program	Selection criteria developed in consultation with stakeholders (on who should be trained as a peer educator).	A standard peer education training curriculum based on MoH standards and BOTUSA was developed. In collaboration with implementing partners, RTI has trained 59 peer educators from February – April in all the project sites. The implementing partners further conducted their own peer education training (True Men, Light and Courage, Matshelo Community Development Association, Silence Kills Support Group)
Conduct behavior change communication (BCC) training for IPs	<p>Tailor made BCC training developed for IPs and aligned to national BCIC framework.</p> <p>108 Peer educators trained on BCC and aware of the critical roles and linkages to (Peer</p>	<p>During the training, participants were taken through a process of developing IEC materials that address t their needs. <i>Tablebelow and attached pictures show some of the materials that address then the use of condoms by sex workers,</i></p>

	<i>educators strategically selected by IPs)</i>	<i>partners reduction by some of the most-at-risk groups under the project.</i> Some of the materials will be refined further with the groups and external experts before printing for a wider dissemination.
Strengthen referral linkages for MARPS in the selected districts	Available clinical services mapped at district levels, through consultative meetings (This will aid in addressing the need to formalise this process, develop directory of services providers and Referral Networks)	The two districts that need assistance in developing directories and strengthening of referral linkages are Gaborone and Tlokweng. Tlokweng has begun to compile the service providers' directory and will be assessed by RTI to see if it covers services for MRPs. Gaborone DMSAC has requested RTI to assist them in strengthening their referral linkages as well as the service providers' directory. RTI's role will be to ensure that problems of MARPs are addressed in these two initiatives.
Develop technical assistance plans on HIV prevention activities for each selected IP	Technical Assistance plans developed and implemented on continuum basis. Emerging results <ul style="list-style-type: none"> - Improve HIV prevention services at Drop in centres - Fast track development of IEC materials for HIV MARPs 	RTI has further refined the prevention package for MARPs to cover activities on condom promotion and distribution, STI screening and treatment, HCT, peer education outreach, risk reduction activities and counselling, strengthening usage of data for data driven prevention programming, MARPs Drop In centres, target group driven IEC material development, referrals for substance abuse, strengthening linkages to family planning, reproductive health and PMTCT, linkages to HIV & AIDS treatment, care and support, linkages to post-exposure prophylaxis (PEP), linkages to vulnerable children and linkages to psycho-social and legal support. All these activities will inform this year's plans for the IPs.
Provide support to IPs to mobilize target populations through various techniques		Technical support to IP on reaching out to the target population is given on continuous basis. With technical assistance from other stakeholders, a communication guide for peer educators will be developed to assist their outreach programs
Strengthening Technical and Organizational Capacity of Botswana Community Supported Organizations (CSOs) to Support the Implementation of MARPS prevention strategies		
Develop technical assistance plan on OD activities for each selected implementing partner and facilitate continuous update of the plans	OCAT Exercise undertaken amongst all grantees <ul style="list-style-type: none"> • Organisational capacity gaps identified and 	The common organisational capacity gaps identified include strategic planning, project design, planning and management, monitoring and evaluation, governance, financial management.

	prioritised in consultation with IPs	
Conduct OD training on network organizations and their member organizations on governance and leadership, human and financial management.	Organisational planning tools developed and shared to all IPs. <ul style="list-style-type: none"> • 7/8 IPs developed OD plans using the tool. • OD Training plan and Intervention schedule developed (including plans for mentorship and coaching) 	The next step is to work with each IP to systematically review progress, document results and develop plans for specific capacity gaps identified
Facilitate the development/ update of organizational administrative and financial policies and procedures for CSOs	Two key strategic NGO networks identified and consultative meetings held with them (2 lead networks - BONASO and BONEPWA+) <ul style="list-style-type: none"> • The niche of each network identified in relation to the HIV MARPs project • Common agreement between parties to coin support for MARPs in the next FY around these areas (as well as policy influence, NGO capacity building and networking at district level) Two OD training and capacity building activities conducted. <ul style="list-style-type: none"> • An orientation for all IPs on OD participants attended. • 1st phase of 3 tier OD Training conducted - 22 participants attended (refer to the narrative section for detailed analysis of the results) 	Collaborative initiatives with Networks are going on with one MOU with BONASO being prepared. In the next FY, OD activities will focus on developing individual IPs capacities as well as those of the networks in commonly agreed areas
Provide technical assistance on OD activities for selected IPs	8/8 IPs received training on financial procedures	Administrative procedures and polices yet to be developed for each IP. Refresher financial training will be conducted with all IPs in the next quarter.
Coordination and Reporting		
Design monitoring system for identified CSOs to use during project implementation, and train CSO in its use	On-going	The design stage of the system has been completed with all the components in place, these are; the M&E plan, data collection and reporting tools/ forms, SOPs (full) for data quality assurance. However, to ensure effectiveness and

		efficiency, the system will be reviewed and necessary changes effected during the course of the project
Finalise standard operating procedures for data quality assurance	Done	SOPs for data quality assurance document finalised and input sought and incorporated from other technical team members. This document is expected to assist IPs to enhance the quality of data emanating from the service delivery sites.
M&E system in place and operating	Done	The project is at a stage where we can safely say that the system is in place and operating as data from the service delivery sites is periodically collected, analysed and reported to USAID.
Train CSOs on data collection and reporting tools for routine quarterly reporting	On-going	M&E technical visits have been conducted almost every quarter. The purpose of the visits were to; provide feedback to IPs on Quarter 2 reports, assist IPs finalize M&E plans, carry out data quality assessments amongst others. This activity has undoubtedly increased RTI visibility at the project sites as well as enhancing programming with IPs provided with technical assistance on OD issues, M&E and others.
Provide on-going M&E technical assistance to implementing partners	On-going	This is an on-going activity throughout the life of the project. Since the second quarter of FY 2010 RTI has been able to collect and report HIV prevention data to USAID.
Collect and report on HIV prevention data for MARPS from CSOs	On-going	HIV prevention with MARPS is continuously collected from the service delivery sites and reported to USAID. Performance indicators for all the critical components of the project have been agreed on and finalised with USAID with estimated targets (see data indicator <i>Table 3</i> above)

10. Barriers to Implementation

The following are some of the key challenges encountered during project implementation in FY2010:

- Late submission of program progress report by implementing partners continues to be a problem and RTI will continue addressing this issue with the IPs.
- 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. However, RTI plans to develop target specific IEC material for MARPs.
- Some implementing partners have reporting challenges posed by lack of transport and as a result outreach activities by peer educators are hampered including supervision and

monitoring on the field by project staff. RTI project team will work closely with the IPs to review their FY2011 budgets to ensure that transport issues are reasonably addressed.

- Stipends and/or allowances for peer educators will need to be reviewed and sustainable solutions developed and adopted to avoid high attrition.

11. Conclusion and Way Forward

In conclusion, the HIV-MARPs project recorded notable successes for instance the number of FSWs reached far exceeded the target, a fairly good number of condoms were distributed, and a lot of effort was put in by HIV-MARPS project staff to conduct and facilitate capacity building trainings in peer education, BCC and OD. Equally, the project had challenges as far as reaching young women (15-19 years) is concerned; in and out-of-school, referrals for other HIV services were very low, and availability of relevant IEC material remains one of the biggest challenge.

To ensure continuity and expansion of the HIV-MARPS project, program challenges and critical activities will be prioritized in the new FY to include—the implementation of evidence-based gender initiatives, introduction of income generation projects through partnership with AEET, repackaging of the MARPs HIV prevention interventions and strengthening HIV prevention approaches, ongoing provision of both technical and financial support to HIV-MARPS National Operational Framework, size estimation for FSW in all the project sites, and continuing to work collaboratively with other USAID/PEPFAR Partners and stakeholders in the national HIV/AIDS response.

Annex A: Planned Activities for the Next Quarter

List all planned activity for the quarter (Disaggregated as per Annual Work Plan)		October				November				December			
		1	2	3	4	1	2	3	4	1	2	3	4
Component 1: 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	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	X
3	Assist implementing partners to disseminate newly developed MC national guidelines	X	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	X	X	X	X	X	X
5	Strengthen referral linkages for MARPS in the selected districts	X	X	X	X	X	X	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	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	X	X	X	X	X	X	X	X
8	In partnership with sub-contractors and implementing partners, identify, assess, develop and strengthen referral services for MARPS-VCT, STI screening and treatment, MC, HIV palliative care and ART	X	X	X	X	X	X	X	X	X	X	X	X
9	In partnership with IP, develop MARPS specific BCC/IEC materials including communication guides for peer educators									X	X	X	X
10	Conduct a continuous assessment of the impact of BCC and peer education training					X	X	X	X	X	X	X	X

11	Implement activities on gender based violence and coercion <ul style="list-style-type: none"> • Conduct literature review and Needs Assessment on gender based violence • Develop gender training curriculum for incorporation into HIV prevention activities 									X	X	X	X
Component 2: Strengthening Technical and Organizational Capacity of Botswana Community Supported Organizations (CSOs) to Support the Implementation of MARPS prevention strategies													
1	Systematic review of organizational capacity assessment needs for selected IPs and update the baselines				X	X	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	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	X	X	X	X	X
4	Provide support and technical assistance to NGO networks (BONEPWA+ and BONASO) to sustain support for HIV MARPs	X	X	X	X	X	X	X	X	X	X	X	X
5	Training Peer Educators on basic data management processes (OD cross cutting issue – enhancing results and project performance)					X	X	X	X	X	X	X	X
6	Convene MARPS project annual review meetings and stakeholder consultative forum				X	X	X	X	X				
7	Provide technical assistance on OD activities for selected IPs	X	X	X	X	X	X	X	X	X	X	X	X
Coordination and Reporting													
1	Participate in USAID capacity building TWG	X	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	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	X	X	X	X	X	X	X	X
2	Review and finalization of project indicators	X	X	X	X	X	X	X	X				
3	Develop standard operating procedure for data quality assurance	X	X	X	X	X	X	X	X				
4	M&E system in place and operating	X	X	X	X	X	X	X	X	X	X	X	X

5	Collect and report on HIV prevention data for MARPS from CSOs	X	X	X	X	X	X	X	X	X	X	X	X
6	Train CSOs on data collection and reporting tools for routine quarterly reports									X	X	X	X
7	Provide on-going M&E technical assistance to implementing partners	X	X	X	X	X	X	X	X	X	X	X	X

Annex B: Progress in Attaining Performance Measures/ Indicatorsⁱ

Indicator Reference Number	M&E narrative on each indicator	Brief Description of USG supported activities that contributed to results	Challenges/ Success Stories per Indicator	Explanation <small>For under or over achievement in meeting targets (Narrative).</small>
P8.1.D	This indicator measures number of females aged 15-29yrs (engaged in transactional and cross-generational relationships) reached with preventive interventions based on evidence and minimum standards.	<ul style="list-style-type: none"> - Outreach by peer educators to target group (both small groups and individuals level sessions) - Formation of peer support groups - Condom promotion and distribution - Community entry meetings/ dialogues 	Data quality from this indicator was verified using RDQA tool	The estimated target for the year has been exceeded by at least 30%. The main reason for over-achievement is the fact that the target group is easy to reach both at individual and group level.
P8.2.D	Only Light and Courage Centre reported on this performance indicator. Data is collected on activities targeting females in-school aged 15-21 yrs primarily focusing on abstinence and be-faithful (AB).	<ul style="list-style-type: none"> - Consultation meetings with schools authorities and communities where project will be hosted - Recruitment and training of peer educators - Formation of Anti-AIDS clubs/ abstinence clubs - Conducting and supporting abstinence clubs meetings - Conducting school-based health talks 	The greatest challenge working with this indicator is the difficulty of entering and working within school setting. The major part of the last two quarters was spent mainly on consultation meetings with schools in the area of Francistown and seeking permission to work with female youths.	There is under-achievement on this indicator recorded in the last year under review as reported during the course of the year because the target group is mainly in-school youth and consultations as well as feasibility assessments of working in schools is still on-going.
P8.3.D	Indicator measures number of MARPS (FSW and their clients, Truck drivers and migrant workers) reached with preventive interventions. Six IPs report on this indicator.	<ul style="list-style-type: none"> - Outreach activities by peer educators (individual/ small group level sessions with target groups) - Procurement and distribution of condoms - Establishment of drop in centers to dispense information, provide referral linkages and psycho-social support - Offering of clinical services in some service delivery sites (BOFWA in Kasane) 	As reported last there seems to be less challenging to reach other MARPS such groups such as FSW, truck drivers and migrant workers, however as shown by the numbers recoded clients of FSW seems to still pose challenges in attempts to reach them and provide HIV prevention interventions. Data quality assessment carried out with all IPs reporting on this indicator inclusive of fourth quarter results	The annual estimated target has been exceeded by more than 50%. This is a combined number of FSW, clients and migrant workers. Over-achievement is mainly attributed to peer educators as conduit to the target groups have become familiar with their environments and further identified additional hot spots where the target group(s) can be found. Also the additional PE trained by some IPs have added more bodies on the ground and contributed to an increase in results.

P8.4.D	Indicator measures the number of condom outlets within the project localities.	<ul style="list-style-type: none"> - Identification of condom outlets sites - Procuring condoms from suppliers (DHTs/ Central Medical Stores etc) - Engagement of personnel (peer educators) to distribute the condoms 	One of the main challenges working with this proxy indicator is that number of outlets reported does not give a good indication of the actual number of condoms distributed. RTI has however added an additional project indicator (as a sub-set this indicator) on the actual numbers of condoms distributed to MARPS. Data quality assessments were conducted in each of the quarters to verify the numbers provided.	The estimated target for the year has been exceeded mainly because during the implementation phase additional condom distribution sites were identified and this contributed. In addition to this indicator, RTI has an sub-indicator on condoms measuring the actual number of condoms distributed and over a nine months period over 100,000 condoms were distributed majority of which was the male condom.
H2.2.D	This indicator measures the total number of community health and para-social workers who successfully completed pre-service training.	<ul style="list-style-type: none"> - Selection of trainees/ participants - Development of training manual - Selection and requesting for - Conducting training workshops - Purchase of training material - Payment for conference facilities 	The indicator presents mainly three challenges when working with it, these are (1) the indicator tracks numbers of those given pre-service training only and does not measure in-service as an on-going capacity building activity within organizations (2) the target group is only community and para-social workers and excludes health professionals such as nurses. Some grantees have nurses and they are and or have received pre-service training (3) last the quality of trainings conducted by IPs on their own is not guaranteed.	Annual target on this indicator has been exceeded. The total numbers trained for the combined quarters is 118 against an annual target of 98. The results show over-achievement mainly due to IPs conducting additional trainings on their own and the need to also carry out additional trainings due to resignations by some peer educators (e.g Tebelopele).
H2.3D	The indicator measures the total number of health workers who received in-service training.	<ul style="list-style-type: none"> - Selection of trainees/ participants - Development of training manual - Selection and requesting for - Conducting training workshops - Purchase of training material - Payment for conference facilities 	This indicator was added during the course of the year. There is a problem of definition and interpretation of the indicator as far as the HIV-MARPS project is concerned. The question of including peer educators in the category of health workers could be problematic. However the figure recorded is for in-service training for peer educators.	Since the indicator was not initially planned for a target was not set at the beginning of the year. Hence it is not easy to say there is over or underachievement. However, relating it to the above indicator on pre-service training a conclusion can be made that the results obtained are very good.

¹ Above analysis provided only for PEPFAR indicators