



USAID | **SOUTHERN AFRICA**

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

Annual Progress Report
(October 1, 2010 – September 30, 2011)

October 14, 2011

This publication was produced for review by the United States Agency for International Development. It was prepared by RTI International.

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

Annual Progress Report
(October 1, 2010 – September 30, 2011)

Contract GHS-1-00-07-00005-00

Prepared for
Ms. Joan La Rosa
United States Agency for International Development/Botswana
Ms. Leona Sasinkova
United States Agency for International Development/Southern Africa

Prepared by
RTI International
3040 Cornwallis Road
Post Office Box 12194
Research Triangle Park, NC 27709-2194

RTI International is one of the world's leading research institutes, dedicated to improving the human condition by turning knowledge into practice. Our staff of more than 3,800 provides research and technical services to governments and businesses worldwide in the areas of health and pharmaceuticals, education and training, surveys and statistics, advanced technology, international development, economic and social policy, energy, and the environment. RTI also employs about 1,200 term employees who support projects in more than 40 countries. For more information, visit www.rti.org.

RTI International is a trade name of Research Triangle Institute.

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

Table of Contents

	Page
List of Tables	iv
Abbreviations	vi
1. Introduction	1
2. Background of the Project	1
3. Accomplishments and Outcomes	2
3.1 Implementing Partners Project Activities.....	2
3.2 HIV-MARPs Annual Project Review Meeting.....	7
3.3 District Stakeholders Consultative Forums	8
3.4 Training Peer Educators on Data Management Processes	9
3.5 Training on Participatory social and institutional mapping to enhance referrals.....	9
3.6 Consultative Meetings on Referral Linkages and Networks.....	10
3.7 Project Continuation and Extension (RFA Process).....	12
3.8 Development of MARPS specific IEC Materials.....	12
4. Reporting on Project Performance Indicators.....	13
4.1 Data Quality Audits (DQA) for data reported to USAID	15
4.2 Data Performance and Data Quality Audits Findings per Grantee.....	16
4.2.1 Matshelo Community Development Association (MCDA)	16
4.2.2 Nkaikela Youth Group (NYG)	19
4.2.3 Tebelopele	21
4.2.4 Silence Kills.....	23
4.2.5 True Men Trust.....	24
4.2.6 BCC/KGOLAGANO.....	25
4.2.7 LCCT.....	26
4.2.8 BOFWA.....	27
4.3 Limitations.....	29
5. Barriers to Implementation	34
6. Conclusion and Way Forward	35
Annex A: Work Plan 2011/2012.....	36
Annex B: Planned Activities for the Next Quarter	38

List of Tables

Table 1: Summary of Implementing Partners Project Activities, Key Achievements and Intermediate Results (FY October 1, 2010 to September 30, 2011).....	3
Table 2: Verified Number of People Reached through HIV Prevention Messages (AB, OP, MARPS, Testing and Counseling), Number of Condom Outlets and Verified Number of Health Care workers who successfully completed a pre/in service training (1 October 2010- 30 September 2011).....	14
Table 3: MCDA Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), Number of Condom outlets (1 October 2010- 30 September 2011)	18
Table 4: NYG Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), Number of targeted condom outlets and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)	20
Table 5: Tebelopele Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)	22
Table 6: Silent Kills Summary of Verified Number of People Reached through HIV Prevention Messages MARPS), Number of targeted condom outlets and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011).....	23
Table 7: True Men Trust Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011).....	25
Table 8: BCC Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), Number of targeted condom outlets and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)	26
Table 9: LCCT Summary of Verified Number of People Reached through HIV Prevention Messages (OP), and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011).....	27

Table 10: BOFWA Summary of Verified Number of People Reached through HIV Prevention Messages (AB, OP, MARPS, counseling and testing) and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011).....	28
Table 11: Summary of Project Activities from October 1, 2010 to September 30, 2011	29

Abbreviations

AB	Abstinence and Be Faithful
APRM	Annual Project Review Meeting
BCC	Behavior Change Communication
BCC/Kgolagano	Botswana Council of Churches and Kgolagano College
BOFWA	Botswana Family Welfare Association
BONASO	Botswana Network of AIDS Service Organizations
BONEPWA	Botswana Network of People Living with HIV/AIDS
CSOs	Civil Society Organizations
CHBC	Community Health Based Committee
DAC	District AIDS Coordinator
DMSAC	District Multi-Sectoral AIDS Committee
FSW	Female Sex Workers
FY	Fiscal Year
IEC	Information, Education and Communication
HCT	HIV Counseling and Testing
IEC	Information, Education and Communication
IGA	Income Generating Activities
IP	Implementing Partners
IT	Information Technology
LCCT	Light and Courage Centre Trust
LEA	The Local Enterprise Authority
M&E	Monitoring and Evaluation
MARPS	Most-At-Risk-Populations
MCP	Multiple Concurrent Partnerships
MCDA	Matshelo Community Development Association (MCDA)
MLG	Ministry of Local Government
MOH	Ministry of Health
NYG	Nkaikela Youth Group
NACA	National AIDS Coordinating Agency
OD	Organizational Development
OP	Other Prevention Programs
PCI	Project Concern International
PEPFAR	President Emergency Fund for AIDS Relief
RFA	Request for Applications
ROCAT	Rapid Organizational Capacity Assessment Tool
SMC	Safe Male Circumcision
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
TC	Testing and Counseling
TEC	Technical Evaluation Committee
TWG	Technical Working Group
USAID	United States of Agency for International Development

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 (FY) 2011 (October 1, 2010 to September 30, 2011). 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 2012. Notable achievements and scaling-up of outreach activities during the year under review include: mobilization and reaching of different target groups such as Female Sex Workers (FSW) and their clients, truck drivers and young women between the ages of 15-29 years by project implementing partners (IPs); condom promotion and distribution; strengthening and support to district level referral networks; capacity building in the form of training (data management, participatory social and institutional mapping among peer educators, behavior change communication), mentoring and technical support to IPs; support and participation in the finalization of National Operational Framework for MARPs; development of Guidelines for Peer Educators; development of behavior change communication (BCC) materials specific for MARPs; and collection and reporting of data on HIV prevention for MARPs to stakeholders.

2. Background of the Project

RTI was awarded a five year project by United States Agency for International Development (USAID), Southern Africa that began on October 1, 2008, and will operate through September 30, 2013. The HIV-MARPS project activities are implemented in partnership with Project Concern International (PCI) and eight local civil society organizations (CSOs), and supported by Government of Botswana and community stakeholders. The project follows 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:

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

Key features of the project are:

- Developing and implementing locally appropriate BCC 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 Safe Male Circumcision (SMC) strategy and related projects, to promote message consistency.

3. Accomplishments and Outcomes

RTI is pleased to report that majority of the activities for the project planned for the year under review, have been successfully implemented. *Table 1* and *Section 4 (indicator table)* illustrate they key accomplishments during this reporting period (October 2010-September 2011)

3.1 Implementing Partners Project Activities

Table 1 below presents activities of the project’s implementing partners from October 1, 2010 to September 30, 2011. The tables also highlights the award amount for each grantee, amount received to date, progress on programmatic activities and results on the same for the current quarter for each implementing partner (IP).

Table 1: Summary of Implementing Partners Project Activities, Key Achievements and Intermediate Results (FY October 1, 2010 to September 30, 2011)

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate results
Project Concern International (PCI)	Date Sub-contract signed: <i>12/16/2008</i> Total sub-contract amount: \$351 079.00 Funding duration: 3 years Obligated funded amount to date: \$299,643	<ul style="list-style-type: none"> Refer to updates on referral network and linkages in <i>Table 3</i>. RTI and PCI jointly agreed that after the current sub-contract period ends in December 2011, this contract will not be renewed. Formal communication has begun to begin this close-out process. 	<ul style="list-style-type: none"> Peer educators from 4 out of 8 IPs trained on participatory social and institutional mapping to assist them identify and map all referral institutions in the respective districts. Peer educators also gained skills in using participatory analytical tools (e.g. social mapping, institutional analysis and cause and effect analysis) to assist them to work effectively within their communities.
Matshelo Community Development Association (MCDA)	Date old sub-agreement signed: <i>11/16/2009</i> Total grant award: <i>BWP 699,500.00</i> Funding duration: 1 year Total expenditure from 2008 to 12/8/2010: BWP 626,986 Date current sub-agreement signed: <i>03/14/2011</i> Total new grant award: <i>BWP 1,099,904</i> Funding duration: 2 years Funds advanced to date: BWP 324, 631	<ul style="list-style-type: none"> Continued outreach activities by peer educators in selected spots in Francistown Started process of establishing a drop-in counselling centre. Completed shadow visit to BCC and Nkaikela projects Continued weekly meetings for peer educators to share field experiences conducted 	<ul style="list-style-type: none"> MCDA has retained full retention of peer educators since 2009. This effective management of peer educators has ensured continuity and stability within the project Establishment of the drop in counselling centre provides the project with an opportunity to scale up prevention activities by improving access and increasing the number of persons reached with prevention services. The shadow visit enabled MCDA staff to learn and share experiences from BCC/ Kgolagano and NYG.
True Men Trust	Date old sub-agreement signed: <i>11/16/2009</i> Total grant award: <i>BWP 699,906.00</i> Funding Duration: 1 year Total expenditure from 2008 to 12/3/2010: BWP 637,311 Date current sub-agreement signed: <i>03/24/2011</i> Total new grant award: <i>BWP 1,159,990</i> Funding Duration: 2	<ul style="list-style-type: none"> Continued outreach activities by peer educators to hot spots Conducted health education sessions with truck drivers Conducted condom promotion activities and distributed condoms to truck drivers, FSW and their clients. Referrals to clinical services for some of the above groups reached 	<ul style="list-style-type: none"> True Men Trust performed well during the first six months of the fiscal year reaching set targets; this number dropped during the third quarter due to some management challenges with peer educators (41 sex workers reached). The project plans to increase the number of peer educators to be able to increase coverage. The project also used former sex workers to help in mobilising FSWs and this approach was very effective. The project worked with local

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate results
	<p><i>year</i> Funds advanced to date: BWP 286, 005</p>		<p>trucking companies to target truck drivers and as a result it managed to reach 1,148 truck drivers and distributed 19,878 condoms despite some periods of condom stock out in the districts.</p>
<p>Light and Courage Centre Trust (LCCT)</p>	<p>Date old sub-agreement signed: <i>12/03/2009</i> Total grant award: <i>BWP 700,000.00</i> Funding Duration: 1 <i>year</i> Total funded amount from 2008 to 11/22/2010: <i>BWP 501,955.98</i> BWP 412,494 (only spent)</p> <p>Date sub-agreement signed: <i>04/22/2011</i> Total new grant award: <i>BWP 1,180,010</i> Funding Duration: 2 <i>years</i> Funds advanced to date: BWP 280, 174</p>	<ul style="list-style-type: none"> • House to house mobilization campaign for young women involved in transactional relationships conducted • Condom promotion and distribution done with additional condom outlets identified now making a total of 11 condom outlets. • School based outreach/talk shows conducted during the quarter 	<ul style="list-style-type: none"> • The grantee has revised its project scope to no longer include school-based outreaches as a result of the challenges that LCCT experienced accessing in-school youth. • 8 New peer educators recruited after some old ones left the project. • Continued community outreach going on with peer educators disseminating prevention information and distributing condoms. • Increased number of condom outlets from 6 to 11 thereby improving availability and access to condoms by MARPS.
<p>Botswana Council of Churches and Kgolagano College (BCC/Kgolagano)</p>	<p>Date old sub-agreement signed: <i>11/27/2009</i> Total grant award: <i>BWP 700,000.00</i> Funding Duration: 1 <i>year</i> Total expenditure from 2008 to 12/3/2010: BWP 588,988</p> <p>Date sub-agreement signed: <i>03/14/2011</i> Total new grant award: <i>BWP 1,200,030</i> Funding Duration: 2 <i>years</i> Funds advanced to date: BWP 428, 949</p>	<ul style="list-style-type: none"> • Continued outreach activities by peer educators carried out. • Condom procurement, demonstration and distribution conducted (female and male condoms). • Recruitment of new peer educators to replace those who had resigned. • Training of new peer educators • Alternative livelihood skills; there is an on-going programme where 20 FSW have been enrolled for IT and catering) • Collaborated with Tebelopele to come and do HCT on FSW and their clients during quarter 1 & 2; resulting in 66 people tested. • Held a collaborative meeting with Local Enterprise Authority (LEA), Barclays Bank, and 	<ul style="list-style-type: none"> • Project recruited and trained 11 new peer educators after old ones left the project. • The hosting of MCDA staff facilitated learning and sharing of experiences between project staff and volunteers. • The project has noted improvement in outreaches with 24% increase in the number of FSW reached from FY10 to FY11. • Recruitment of an experienced Project Officer has helped shape the project and improve outreaches as well as the psycho-social counselling. • The skills-based training provides a vehicle for exit from sex work by those who voluntarily want to quit and look for jobs or start small business projects based on the acquired skills. • Collaborative networks created with both the private

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate results
		<p>Ministry of Agriculture to request support for IGAs.</p> <ul style="list-style-type: none"> Held a meeting with BOFWA to discuss referral of FSW to BOFWA Clinic. Hosted MCDA staff from Francistown to share lessons learned and experiences. 	<p>sector and relevant government departments with a view to strengthen the alternative livelihoods component of the project.</p>
Nkaikela Youth Group (NYG)	<p>Date old sub-agreement signed: <i>11/19/2009</i> Total grant award: <i>BWP 700,000.00</i> Funding Duration: 1 year Total expenditure from 2008 to 12/8/2010: BWP 700,000 (disbursed)</p> <p>Date sub-agreement signed: <i>03/18/2011</i> Total new grant award: <i>BWP 1,300,000</i> Funding Duration: 2 years Funds advanced to date: BWP 462,179</p>	<ul style="list-style-type: none"> Outreach activities by peer educators in selected sites continued to provide health education to sex workers and their clients on safer sex behaviour. Condom promotion activities and distribution. Distribution of existing IEC material and development and distribution of new IEC materials starting in the second quarter. -Conducted review meeting with bar owners and bar attendants to enhance their participation in condom promotion and distribution. Conducted sensitization and review meetings with Law Enforcement Officers to address issues of harassment of FSWs by Law Enforcement officers during in Quarters 1 and 3. 	<ul style="list-style-type: none"> Meetings with Law Enforcement officers to discuss sex work and related issues were remarkable achievement for the project. Sex work specific STI materials were developed with the assistance of MoH. Reaching out and dialoguing with bar owners and bar attendants helped with the distribution of condoms among FSWs and clients including truck drivers; 1,218 FSW and 2,146 truck drivers and male clients reached.
Tebelopele	<p>Date sub-agreement signed: <i>12/10/2009</i> Total grant award: <i>BWP 1,716 867.00</i> Funding Duration: 3 Years Funds advanced to date: BWP 554, 403</p>	<ul style="list-style-type: none"> Outreach activities by peer educators at the weighbridge in Kazungula. Continued provision of VCT to FSWs and their clients in Kazungula. Condon promotion and distribution including the female condom. Provided HCT to MARPs Participated in the 16 Days of Activism Campaign on Violence against women and children. 12 Peer educators and FSWs received training on how to develop business plans. 	<ul style="list-style-type: none"> The project outreach activities have helped reach 551 FSWs and their clients and distribution of condoms; resulting in an increase in demand for the female condom by FSW. There has been a notable increase in the number of referred clients to various services. Training on business development has motivated peer educators and increased interest to project activities by FSWs. Tourists and members of the community have expressed interest and have started buying the crafts produced.

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate results
Botswana Family Welfare Association (BOFWA)	Date sub-agreement signed: <i>11/19/2009</i> Total grant award: <i>BWP 2,099,982.00</i> Funding Duration: <i>3 Years</i> Funds advanced to date: <i>BWP 937, 690</i>	<ul style="list-style-type: none"> • Conducted outreach visits in the three villages (Muchenje/Mabele, Kavimba and Kachikau) providing HCT outreach services to construction/migrant workers. • Conducted condom promotion activities and distribution to residents of the Mabele, Kavimba and Kachikau villages (total population size of 2508). • Conducted 67 community dialogues in the three villages reaching 1 961 people during the first half of the year • Conducted 11 peer learning sessions at the work place for construction workers during the first quarter. • Condom promotion and distribution amongst the migrant workers. • Revised the scope of work following completion of construction of Mabele-Kachikau Road. 	<ul style="list-style-type: none"> • By the end of the road construction project, there was an improved support from the construction as peer educators were now allocated time to do their job as peer educators. • There has been recognition of the good work that BOFWA was doing in the district resulting in the organization being invited to go and address the full Chobe District Council Meeting. • With the completion of the road construction project, focus of the project is now on the larger community along the newly constructed road particularly the vulnerable young females. Sensitisation activities are currently on-going. • The community dialogues have also assisted to gain support for the project from community leaders as well as general community members.
Silence Kills Support Group (Silence Kills)	Date old sub-agreement signed: <i>02/09/2010</i> Total grant award: <i>BWP 481,329.39</i> Funding Duration: <i>One Year</i> Total expenditure from 2008 to 12/20/2010 <i>BWP 441,315.46</i> Date sub-agreement signed: <i>03/09/2011</i> Total new grant award: <i>BWP 999,960</i> Funding Duration: <i>Two Years</i> Funds advanced to date: <i>BWP 293, 549</i>	<ul style="list-style-type: none"> • Outreach activities in the community included a community drive through approach with a vehicle carrying posters with messages on prevention. • Stakeholders meeting conducted to sensitise community members on sex work, MARPs, and HIV/AIDS prevention. • VCT outreach to MARPS • Identified additional condom distribution outlets • Conducted condom promotion activities and distribution • Conducted life skills workshop to equip FSWs with various 	<ul style="list-style-type: none"> • Peer educators continued to reach to their peer to impart HIV prevention messages and the project continued to record the high numbers of MARPS reached. • Community sensitisation and condom distribution have continued. • The project has continued training FSWs on income generation to increase their options of generating income. • Training on alternative livelihoods facilitated by local funding and related institutions including LEA, CEDA, BURS, FNB, WAD. • Advocacy with the district to

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate results
		entrepreneurial skills to widen their options for income generation opportunities. <ul style="list-style-type: none"> • Conducted the routine weekly review meetings with peer educators • Fortnightly spot checks done for data quality assurance. 	enrol FSW in vocational institutions ongoing.
Total amount disbursed to grantees from October 2010 to September 2011	BWP 3, 978, 791 <i>(For Grantees excluding PCI)</i>		

3.2 HIV-MARPs Annual Project Review Meeting

At the beginning of the fiscal year, the RTI Team initiated a project formative evaluation process through the Annual Project Review Meeting (APRM), conducted on the 25th – 28th October 2010. This review meeting was a platform for developing the project’s Year 3 overall strategy. The meeting focused on the technical and management issues relating to but not limited to: project status; budget (costs); schedule; adherence to guidelines (direction and control); and future plans and existing opportunities.

The goal of the meeting: To review annual implementation and progress of the Botswana HIV-MARPs Project.

Within this overall goal, the meeting analyzed the project implementation and management from the project’s inception in September 2010. The IPs also had an opportunity to share their experiences, achievements, challenges, lessons learned, and recommendations since they came on board, and to discuss opportunities and practical strategies to sustain HIV prevention with MARPs beyond the life of the project. The second part of the meeting was dedicated to assisting IPs in their applications and plans for the next two years of the project. RTI provided feedback and guidance to IPs.

Observed Immediate Results

- Establishment of common understanding among IPs about the status of HIV-MARPs Project, processes and expectations including: achievements, challenges, tools, lessons learned, and recommendations;
- Sharing of experiences on project implementation with enhanced participation of all IPs in the HIV-MARPs Project implementation, processes review, collective planning and reporting cycle;

- Identification of implementation challenges experienced by IPs. Examples include: unfavorable legal/policy environment surrounding sex work, security of peer educators operating at night, lack of transport, and high staff and peer educator turnover;
- Review and approval of RFA applications, resource requirements, and annual work plans amongst all IPs for FY2011.

3.3 District Stakeholders Consultative Forums

RTI conducted district stakeholders' consultative forums within project sites. These forums are part of the project's strategy to enhance community partnerships, concerted dialogue, collective approaches, accountability and scaling up of services to MARPs. The forums focused on two strata of the community where the project was implemented: village/community level engagement and buy-in from beneficiaries, and district level referral networks and key service providers.

The goal of the consultative forums: To anchor district level support and sustainability of services for HIV prevention with MARPs.

The specific objectives of district consultative forums included the following:

- To provide the district with an update on importance of MARPs Project; highlighting achievements and challenges from FY2010 and to seek district stakeholders input as the project maps the way forward in FY2011;
- To increase appreciation and understanding of MARPs issues within districts and discuss how best to incorporate them into the districts planning processes;
- To stimulate interest among stakeholders on MARPs to enhance advocacy for increased access to services among the MARPs.

Observed Immediate Results:

- Increased number of referrals of MARPs to various services. Thereby indicating stimulated and sustained interest among stakeholders at district level, increased coverage, and improved access to service by MARPs. As evident from the increasing number of referrals of MARPs to various services;
- Sharing of specific challenges and unique situations within each district such as condom supply shortages;
- Empowerment of the district authorities to provide the necessary leadership in addressing the issues of MARPs.

3.4 Training Peer Educators on Data Management Processes

Noting the importance of peer educators as a major critical success factor, the RTI Project Team devised a strategy to address their capacity gaps and requests for training. Trainings conducted include: data management, refresher courses on HIV/AIDS, and onsite work improvement processes. The latter is a twinning model to equip IPs with knowledge and skills, as well as support them in generating project results and community strengthening linkages. In particular, training of IPs in Data Management is intended to continuously improve the quality and accuracy of data and information collected across all levels of the project. The training enabled peer educators to understand their role and responsibility in the generation and management of data and information for the HIV-MARPS project. Eighty-four peer educators attended the training from six implementing partners: Tebelopele, BOFWA, Silence Kills, True Men Trust, LCCT, and MCDA.

3.5 Training on Participatory social and institutional mapping to enhance referrals

An HIV-MARPS project objective is to increase access of MARPS to HIV and AIDS prevention services through the strengthening of referral systems in the five districts where the project operates. In order to achieve this objective, various methods are used to engage IPs, peer educators and other stakeholders in dialogue and to establish coordination mechanisms to improve the referral network. The training on participatory social and institutional mapping was an interactive process between the peer educators and the RTI team that equipped peer educators with skills to identify and assess organizations that they can work with successfully in their districts. Role plays and group participatory exercises were used. Examples of exercises include: peer educators selecting a community problem and analyzing its causes and effects using idea cards they developed, and the drawing of community resource maps. The training was conducted among four implementing partners including Tebelopele, BOFWA, Silence Kills, and MCDA. The total number of peer educators trained was 54.

Specific Objectives for the Training:

- To introduce some participatory techniques to peer educators to enable them to effectively work with community members and to analyze specific causes and effects of identified community problems;
- To introduce and enhance skills on participatory social and institutional mapping among peer educators to enable peer educators to identify and assess the organizations that they can work with in and around of their community;
- To identify and map through a participatory process all organizations that peer educators can refer their clients to for various services;
- To identify through participatory exercises, all the organizations that peer educators and FSWs perceive to be not MARPs friendly;

- To identify and map areas that are important to the work of peer educators to target (e.g., hotspots, condom distribution points, shebeens).

Key Results and Observations

- Peer educators were able to develop the maps of their local area as they see it and identify linkages between this and their work with the HIV-MARPS project;
- Peer educators were able to identify organizations where they can refer MARPS and those that are not MARPs friendly. They also identified and plotted all hot spots, condom outlets in their catchment areas and locations where the peer educators can work to facilitate coordination amongst themselves;
- Peer educators acquired participatory skills in identifying community problems and analyzing the problems using tools such as the cause and effect analysis and idea cards.

Lessons Learned

- Participatory methods and tools can be used by everyone including those with less formal education;
- Participatory methods can be used as a planning tool. For example, use of a social map visually shows the nearest MARPs friendly referral point within a catchment area, and assists peer educators to plan areas to target based on the concentration of hotspots and the dynamics of MARPs activities;
- Use of participatory methods increases communication and dialogue among peer educators. These activities also bring out important ideas from participants that are usually reserved and/or less vocal. This method is interactive and a good tool for team building.

3.6 Consultative Meetings on Referral Linkages and Networks

One of the main objectives of the HIV-MARPs Project is to strengthen referral systems in the five project sites. Various organizations and governments have their own referral systems and tools for clients. However, the existing systems are program specific and not integrated. For example, the Community Based Health Committee (CHBC) and Orphans and Vulnerable Children and Tuberculosis programs, as well as other health programs, in the districts have their own referral procedures. Thus, a number of CSOs experience losses to follow-up of their clients along the referral continuum. To this end, in collaboration with the districts RTI planned the consultative meetings that were held in Kasane and Selibe Phikwe on 15th November and 15th December 2010 respectively; based on the success of the meeting in Francistown last year. Follow-up meetings were held on 25th January and 23rd March 2011 for Kasane; 10th February 2011 for Francistown; and 2nd March 2011 for Selibe Phikwe. Similar meetings were planned for

Tlokweng and Gaborone but did not take place due to unavailability of District AIDS Coordinators (DACs); these are planned for during the first quarter of FY2012.

Specific Objectives of the Meetings:

- To understand how the referral system works in the respective districts and agree on the required improvements;
- To discuss the implementation of the HIV-MARPs Project with district authorities and see how best to incorporate the needs of MARPs in the district referral systems and the district health planning processes;
- To agree on the way forward with regards to the creation of MARPs friendly services that ensure MARPs are accessing the needed services in the districts.

Officers representing various organizations, including government and CSOs, attended the meetings chaired by DACs. Presentations were made from various organizations describing the referral processes, the RTI Team made presentations on the HIV-MARPs Project and the need to incorporate MARPs needs into the district referral systems. The meetings were followed by discussions to identify and agree on what works, what needs improvement, and ways to strengthen the referral system in each districts.

In addition to the consultative meeting with district authorities, a separate meeting with peer educators and FSW from Silence Kills Support Group was conducted to understand how peer educators refer client, and to understand the challenges they face with regard to referral issues. The RTI Team motivated peer educators to refer clients using the existing referral tools. FSWs also participated and gave testimonies of how they are benefiting from the project through the peer educators.

Key Results and Observations

- Various organizations in Kasane and Selibe Phikwe use peer educators to carry out activities but there is little coordination across organizations, thereby creating a potential for duplication of activities;
- Losses to follow-up with MARPs referrals present an urgent challenge. Based on the presentations by organizations based in Chobe and Selibe Phikwe, there is inadequate attention to incorporate the needs of MARPs at the facility level. This may be due to the fact that MARPs are not perceived as a special interest group in HIV prevention, but rather as general members of the public.
- Peer educators still have operational challenges in the field, such as scheduling their activities and coordinating amongst themselves and with their supervisors.

In Chobe, Francistown, Selibe Phikwe districts, referral committees have been established and are working. In addition, existing Community Service Inventories have been developed and are awaiting publication by the respective districts. The HIV-MARPs Project will support their initial publication and provide technical assistance with the goal being to ensure that financial support for periodic updates will be included in the districts annual plans. The district stakeholders are also reviewing the existing and recently developed referral tools.

3.7 Project Continuation and Extension (RFA Process)

During the first year of working with IPs in the HIV-MARPs Project, utilizing a competitive RFA process, RTI offered six out of the eight IPs, one year sub-awards. After successful implementation of the first year's grant, selected IPs could be engaged over a longer period of time if they proved themselves. Two other IPs met RTI's requirements and were given three year sub-awards. Based on their first year of performance, RTI management made a decision to continue funding the six IPs utilizing a non-competitive RFA process. This also provided continuity in the HIV-MARPs Project implementation as well.

The original format of the RFA was used, and the IPs had to justify their reasons for the need to continue with the project. The RFA process and timeline were discussed with the concerned IPs. This process was overseen by the RTI Grants Manager. The RTI Team developed the criteria for reviewing the applications. Following submission of applications, a thorough review was conducted and feedback was given to each IP on the status of their application including recommendations for revisions. During the APRM, RTI met with each IP to provide input and support towards finalization of the revised applications. Based on these final versions, sub-awards were developed for execution. All the six IPs were awarded two year grants effective February 2011 as indicated in Table 1 of this Report.

3.8 Development of MARPS specific BCC and IEC Materials

Since the RTI HIV-MARPS project is the first project in Botswana to target these groups, there were very limited information, education and communication (IEC) materials that specifically targeted these populations. Thus, RTI commissioned a consultant to lead the process of developing these materials that would address behavior change challenges specific to the MARPs community.

Specific Objectives of the Consultancy:

- To conduct an in-depth literature review, focus group discussions and in-depth interviews to inform IEC material for FSW and their clients;
- To design and facilitate a participatory material development workshop in which the target groups, gatekeepers and stakeholders would be engaged in the

development and production of IEC material prototypes using data from the field, personal experience and social BCC theories and techniques;

- To pre-test, polish and produce final HIV prevention IEC material prototypes including production of the consultancy report and submission of the tools developed.

Key Results and Observations:

- Formation of a Reference Committee with representatives from NACA, MoH, MLG, BONEPWA, BONASO, NYG and BCC/Kgolagano that met five times during the IEC materials development to guide the process. Members of the Reference Committee also attended the IEC Materials Development Workshop.
- The consultant has conducted focus group discussions with the target groups, including FSW, miners, youth and key stakeholders, at NYG, BCC/Kgolagano and Silence Kills;
- Inception report highlighting the current status/ gaps, challenges and way forward has been presented to the Reference Committee;
- A four day IEC Materials Development Workshop took place in Francistown from the 4th – 7th July where all the IPs were represented;
- Prototype IEC materials have been produced with full participation of IPs, peer educators and sex workers; the produced materials have been subjected to field testing at all the five project sites;
- A Dissemination Meeting for key stakeholders from both government and civil society was held on 24th August 2011; arrangements are being made to print limited quantities of the produced IEC materials for a more extensive field testing and piloting. The final report on the activity is now in the final review process

4. Reporting on Project Performance Indicators

The table below presents summary of Verified Number of People Reached through HIV Prevention Messages (AB, OP, MARPS, Testing and Counseling), Number of Condom Outlets and Verified Number of Health Care workers who successfully completed a pre/in service training (1 October 2010- 30 September 2011)

Table 2: Verified Number of People Reached through HIV Prevention Messages (AB, OP, MARPS, Testing and Counseling), Number of Condom Outlets and Verified Number of Health Care workers who successfully completed a pre/in service training (1 October 2010- 30 September 2011)

	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total		Target FY2011
ALL (IPs & RTI)	P8.1 Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	M	383	M	273	M	289	M	260	M	1205	5,000
		F	433	F	385	F	702	F	509	F	2029	
		TOTAL	816	TOTAL	658	TOTAL	991	TOTAL	769	TOTAL	3,234	
	P8.2D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	M	0	M	0	M	12	M	3	M	15	5,000
		F	0	F	0	F	29	F	7	F	36	
		TOTAL	0	TOTAL	0	TOTAL	41	TOTAL	10	TOTAL	51	
	P8.3 Number of MARPS reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are	M	2,525	M	2,232	M	2,327	M	1,855	M	8,939	10,000
		F	2,191	F	1,720	F	1,484	F	1,201	F	6,596	
		TOTAL	4,716	TOTAL	3,952	TOTAL	4,006	TOTAL	3,105	TOTAL	15,779	

	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total		Target FY2011
	based on evidence and/or meet the minimum standards required											
	P8.4.D Number of targeted condom outlets	TOTAL	100	TOTAL	60	TOTAL	0	TOTAL	22	TOTAL	182	200
	Number of Condoms distributed	TOTAL	32,410	TOTAL	42,918	TOTAL	60,820	TOTAL	112,030	TOTAL	248,178	N/A
	P11.1.D Number of individuals who received Testing and Counseling (TC) services for HIV and received their results	M	0	M	0	M	10	M	32	M	42	N/A
		F	0	F	0	F	10	F	40	F	50	
		TOTAL	29	TOTAL	34	TOTAL	20	TOTAL	72	TOTAL	155	
	H2.2.D Number of health care workers who successfully completed a pre-service program within the reporting period.	M	0	M	0	M	0	M	0	M	0	50
		F	0	F	0	F	11	F	0	F	11	
		TOTAL	0	TOTAL	0	TOTAL	11	TOTAL	0	TOTAL	11	
	H2.3.D Number of health care workers who successfully completed an in-service program within the reporting period.	M	0	M	4	M	0	M	2	M	6	300
		F	0	F	16	F	74	F	44	F	134	
		TOTAL	0	TOTAL	20	TOTAL	74	TOTAL	46	TOTAL	140	

4.1 Data Quality Audits (DQA) for data reported to USAID

RTI conducted DQAs during the months of August and September 2011, with all eight IPs to ensure that data reported to USAID was in compliance with PEPFAR M&E requirements. Data audits for Q1 and Q2 were conducted by USAID office in partnership with RTI, and the RTI M&E team conducted audits for Q3 and Q4. The data quality audits involved an examination of availability of source documents and if activities reported and data recorded focused on HIV prevention as per PEPFAR guidelines. Each IP reported indicators per quarter were verified using source documents such as registers, daily activity diaries and reports. Individuals were only counted as reached, if their names were in the register, and were within the project's target audience. For instance, if the project target audience was women between the ages of 15-29, only those within that age

range were counted as reached. Furthermore, only those reached in individual and small group (less than 25 participants) interventions were counted.

RTI introduced registers to be used with daily activity diary in April 2011, therefore for Q1 and Q2 registers were not used for verification but rather daily activity diaries. However, BCC/Kgolagano was already using registers, and they were used for verification purposes. Additionally, registers without beneficiaries signatures were accepted, given the target audiences were afraid to sign as sex work is not legal in the country. However, in order to be included as reached, beneficiaries names /and phone numbers needed to be recorded. For trainings, signed training registers were used for verification. Individuals were counted as reached if they attended at least 80% of the training. Individuals trained on participatory social and institutional mapping and data management process were counted once as this was a combined training and the same individuals were trained. A total of 54 participants attended and completed this training.

DQA issues

The most common problem identified during this DQA process was that some IPs' peer educators did not differentiate new from repeats correctly. When asked to explain the difference, peer educators stated that they considered individuals new if it is their first time to see that individual, even if that individual had been reached by other peer educators. This resulted in inflated results of number of individuals reached through the project. An additional challenge was that often registers could not be used to find duplicated names as sex workers gave different names to peer educators since they did not want to be implicated in illegal activities. Therefore the method to estimate the real number of reached was for peer educators to estimate how many of their last contacts were new. A discount method was then applied based on this estimate. This method was applied to three grantees; the other IPs correctly differentiated between new and repeats in their data collection. Though this method has limitations, it provided a means to report more accurate measurement for PEPFAR indicators for the year. A detailed breakdown of discount method by IP is provided in section below.

4.2 Data Performance and Data Quality Audits Findings per Grantee

4.2.1 Matshelo Community Development Association (MCDA)

Programmatic Overview

MCDA provides small group and individual level HIV prevention targeting FSW and their male clients. Peer educators conduct sessions in selected hotspots in Francistown (e.g., bars, hotels). Communication guides on HIV prevention, consistent condom use, STIs and BCC tools are used during sessions to ensure consistent and quality delivery of messages. MCDA also distributed condoms to targeted outlets which included but were not limited to bars and hotels where FSW can easily access them.

Data Quality Audit Findings

Data quality findings showed that all project forms such as daily activity diaries and registers were used accurately. Starting in April 2011 registers were used to count number of people reached per month disaggregating by gender. However, some numbers were not included/discounted because the topic covered was not recorded, thus the DQA could not establish if the message delivered was HIV prevention messaging. Also registers which did not state if the individual was “new” or “repeat” or the names of the participant were discounted. Though peer educators did not have problems using the tool to distinguish between new and repeats their interpretation of how to record who is new and “repeat” was incorrect. For instance, when asked what was new all stated that they perceive someone to be a new reach if it was the first time that particular peer educator is reaching that individual. This was despite the fact that the individual reached had stated that he/she had previously seen another peer educator. This error holds true for the other IPs as well that the DQA identified as recording new reaches incorrectly. When asked “how many FSW out of 10 new reaches, have been seen by other peer educators,” peer educators responded that about four (on average) FSW were not new. Based on this average, it was assumed that from October 2010 until September 2011, about 40% of new FSW reached were actually repeats.

Month	# of FSW Reported (verified) as "new"	# of FSW “repeats” reported as new after discount	Actual "new" FSW after discount
Oct	187	75	112
Nov	202	81	121
Dec	135	54	81
Jan	114	46	68
Feb	131	52	79
Mar	113	45	68
Apr	133	53	80
May	44	18	26
Jun	50	20	30
Jul	39	16	23
Aug	26	10	16
Sept	103	41	62
Discounted Total			766

Further, when peer educators stated that of all male clients reached, four (on average) of six were actually buying sex. When asked how this was determined, MCDA peer educators responded that they knew the men personally or they were referred to those male clients by some of the FSW that they had reached. Based on this, it is assumed that out of the number of male reached only 66.6% of them were actually male clients. This 66% was reported under the MARPS indicator while the rest were reported under the general population indicator. Below is a breakdown after the discount.

Month	# of MC Reported as "new"	# of Males reported as buying sex	Actual # of Males buying sex after discount
Oct	129	86	43
Nov	118	79	39
Dec	78	52	26
Jan	105	70	35
Feb	77	51	26
Mar	102	68	34
Apr	86	57	29
May	35	23	12
Jun	36	24	12
Jul	36	24	12
Aug	23	15	8
Sept	100	67	33
Discounted Total			309

Table 3: MCDA Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), Number of Condom outlets (1 October 2010- 30 September 2011)

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
MCDA	P8.1 Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	M	217	M	189	M	104	M	106	M	616
		F	0	F	0	F	0	F	0	F	0
		Total	217	Total	189	Total	104	TOTAL	106	Total	616
	P8.3 Number of MARPS reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	M	108	M	95	M	136	M	101	M	440
		F	314	F	215	F	53	F	53	F	635
		TOTAL	422	TOTAL	310	TOTAL	384		203	TOTAL	1,319
	P8.4.D Number of targeted condom outlets	Total	0	Total	0	TOTAL	0	TOTAL	20	Total	20
	Number of Condoms distributed	Total	0	Total	6,610	Total	7,213	Total	2,020	Total	15,843

4.2.2 Nkaikela Youth Group (NYG)

Programmatic Overview

NYG provides small group and individual level HIV prevention targeting FSW and their male clients. Male clients include mostly truck drivers in transit. Peer educators, conduct session in selected hotspots such as bars, hotels, shebeens, and brothels (i.e., hostels where FSW live and rent small rooms) in Tlokweng. Communication guides on HIV prevention, consistent condom use, STIs and BCC tools are used during sessions to ensure consistent and quality delivery of messages. NYG also distributed condoms to selected condom outlets which included bars, truck stops and sheebens.

Data Quality Audit findings

NYG records were well organized and neatly filed with all source documents available, such as daily activity diaries and registers. All the forms were filled, however when analyzing the documents, some of the numbers were discounted especially those reported under the general population indicator: young women. This was mostly because when peer educators reached FSW who were between the ages of 15-29 years, they were reported under the general population indicator and MARPS indicators. This reporting led to double counting. When asked “how many FSW out of 10 new reaches, have been seen by other peer educators,” peer educators responded that about five (on average) FSW were not new. Based on this average, it was assumed that from October 2010 until September 2011, approximately 50% of new FSW reached were actually repeats.

Month	# of FSW Reported (verified) as "new"	# of FSW "repeats" reported as new after discount	Actual "new" FSW after discount
Q1	893	447	447
Q2	428	214	214
Apr	130	65	65
May	124	62	62
Jun	150	75	75
Jul	69	35	35
Aug	48	24	24
Sept	72	36	36
Discounted Total			958

Peer educators stated that, most male clients reached were men who buy sex from FSW. They stated that they knew this because they were referred to these men by some of their regular FSW, and some of the males approached NYG peer educators to buy sex as there were at a hotspot. Since most of the men reached were also truck drivers, they are MARPs targeted by the project. Since truck drivers are a transient population, no discount rate was applied as there was a low probability of reaching the same men again. Furthermore, the men gave their names freely thus the repeats were correctly recorded.

Table 4: NYG Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), Number of targeted condom outlets and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
NYG	P8.1 Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	N/A		N/A		N/A		N/A		N/A	
		M	0	M	0	M	0	M	0	M	0
		F	65	F	36	F	36	F	36	F	101
		Total	65	Total	36	Total	36	Total	36	Total	101
	P8.3 Number of MARPS reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	M	781	M	281	M	638	M	446	M	2,146
		F	447	F	214	F	404	F	153	F	1,218
		Total	1228	Total	495	Total	1042	Total	599	Total	3,364
	P8.4.D Number of targeted condom outlets	Total	18	Total	0	Total	0	Total	0	Total	18
	Number of Condoms distributed	Total	13,412	Total	4,383	Total	14,430	Total	20,711	Total	52,936
	H2.3.D Number of health care workers who successfully completed an in-service program within the reporting period.	M	0	M	0	M	0	M	0	M	0
		F	0	F	0	F	0	F	21	FA	21
		Total	0	Total	0	Total	0	Total	21	Total	21

NYG also conducted a two day training targeting FSW and peer educators. The aim of the training was to promote positive behavior on safer sex practices and to increase knowledge and awareness among sex workers on the STIs minimum prevention package.

4.2.3 Tebelopele

Programmatic Overview

Tebelopele provides small group and individual level HIV prevention targeting FSW and their male clients. Male clients include mostly truck drivers on transit in the Kasane and Kazungula area. Peer educators, conducted session in selected hotspots such as bars, hotels, shebeens, and weigh bridge/truck stops. Communication guides on HIV prevention, consistent condom use, STIs and BCC tools are used during sessions to ensure consistent and quality delivery of messages.

Data Quality Audit Findings

Data quality findings showed that project forms such as daily activity diaries were used accurately including the daily registers introduced in April 2011. However, some numbers were discounted since topic covered was not provided, thus the project could not verify if the message delivered was indeed on HIV prevention. Also registers which did not state if the individual was new or repeat, or that did not have their name were discounted. Though peer educators did not have problems using the tool to distinguish between new and repeats. However, starting from October 2010 until July 2011, peer educators were targeting all the women (aged 15-29 years) but registering them as FSW.

Peer educators estimated that only three out of ten (on average) of the women they targeted during the above mentioned periods were FSW. Therefore, based on this, it is assumed that out of the number of women reached only 30% of them are actually FSW. This 30% was reported under the MARPS indicator while the rest were reported under the general population indicator. Below is a breakdown after the discount. However, when the new project officer discovered this in July and the peer educators started targeting only FSW as this was the program target audience. FSW were specifically targeted starting in August thus no discount needed from August forward.

Month	# of FSW Reported as "new" (verified)	# of FSW reached	General population women reached
Q1	328	98	230
Q2	493	148	345
Apr	105	32	74
May	182	55	127
Jun	149	45	104
Jul	151	45	106
Discounted Total		423	986

Table 5: Tebelopele Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
TEBELOPELE	P8.1 Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	M	0	M	0	M	0	M	0	M	0
		F	230	F	345	F	305	F	106	F	986
		TOTAL	230	TOTAL	345	TOTAL	305	TOTAL	106	TOTAL	986
	P8.3 Number of MARPS reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	M	302	M	678	M	870	M	632	M	2,482
		F	98	F	148	F	131	F	174	F	551
		TOTAL	400	TOTAL	826	TOTAL	1001	TOTAL	806	TOTAL	3,033
	P8.4.D Number of targeted condom outlets	TOTAL	7237	TOTAL	0	TOTAL	0	TOTAL	0	TOTAL	7,237
	Number of Condoms distributed	TOTAL	0	TOTAL	0	TOTAL	22199	TOTAL	38931	TOTAL	61,130
	H2.3.D Number of health care workers who successfully completed an in-service program within the reporting period.	M	0	M	0	M	0	MA	0	MA	0
		F	0	F	0	F	12	FA	0	FA	12
		TOTAL	0	TOTAL	0	TOTAL	12	TOTAL	0	TOTAL	12

Tebelopele conducted training for MARPS peer educators in Q3. The aim of the five day workshop was to train peer educators on how to develop business plans and marketing strategies. This training was conducted in conjunction with LEA, an entity with a mission to promote and facilitate entrepreneurship and enterprise development in Botswana.

4.2.4 Silence Kills

Programmatic Overview

Silence Kills provide small group and individual level HIV prevention targeting FSW and their male clients in the Selebi-Phikwe area. The program provides comprehensive HIV prevention efforts utilizing the peer education approach. Peer educators, mostly former commercial sex workers conduct session in selected hotspots such as bars, hotels and shebeens. Communication guides on HIV prevention, consistent condom use, STIs and BCC tools are used during sessions to ensure consistent and quality delivery of messages.

Data Quality Audit Findings

The DQA showed that source documents were correctly used to collect data. The program started using daily registers in April 2011 that were the source of verification for Q3 and Q4. Only one-on-one sessions and small group of less than 25 people per intervention were counted. Forms with no topic of discussion were not counted as reached. Peer educators knew how to distinguish new versus repeats and this data was clearly captured in the source documents. Silence Kills verification rate was in the range of 97%-102% which is exceptionally good. No discount percentage was applied as all numbers could be verified by source documents and peer educators were able to distinguish new versus repeats.

Table 6: Silent Kills Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), Number of targeted condom outlets and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
SILENT KILLS	P8.3 Number of MARPS reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	M	492	M	487	M	454	M	290	M	1,723
		F	579	F	444	F	517	F	430	F	1,970
		TOTAL	1,071	TOTAL	931	TOTAL	971	TOTAL	720	TOTAL	3,693
	P8.4.D Number of targeted condom outlets	TOTAL	16	TOTAL	48	TOTAL	0	TOTAL	2	TOTAL	66
	Number of Condoms distributed	TOTAL	4,185	TOTAL	11,733	TOTAL	786	Total	13,971	TOTAL	30,675

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
	H2.3.D Number of health care workers who successfully completed an in-service program within the reporting period.	M	0	M	0	M	0	M	0	M	0
F		0	F	0	F	14	F	0	F	14	
TOTAL		0	TOTAL	0	TOTAL	14	TOTAL	0	TOTAL	14	

Silent Kills also conducted an entrepreneurship workshop for FSW in the Nana Peer Clubs during Q3. These clubs consist of FSW who are willing to exit commercial sex work and venture into running a business as an alternative means of livelihood. The objective of the workshop was to equip participants with entrepreneurial skills such as the legalities of registering and running a business and business plan writing skills.

4.2.5 True Men Trust

Programmatic Overview

True Men Trust provide small group and individual level HIV prevention targeting FSW and truck drivers in Francistown. The program provides comprehensive HIV prevention efforts utilizing the peer education approach. Peer educators, mostly former commercial sex workers conduct session in selected hotspots such as bars, hotels, shebeens, and weigh bridges/ trucks' parking spots. Communication guides on HIV prevention, consistent condom use, STIs and BCC tools are used during sessions to ensure consistent and quality delivery of messages.

Data Quality Audit Findings

The DQA showed that source documents were correctly used to collect data. The program started using daily registers in April 2011, and they were used as a source of verification for Q3 and Q4. Only one-on-one sessions and small group of less than 25 people per intervention were counted. Forms with no topic of discussion were not counted as reached. Most of the registers did not have names, but gender or location; therefore we could not verify the people reached. However data collection improved in August with the hiring of the new project officer in June. Peer educators did not have any problems distinguishing new versus repeats; this information was clearly documented in the source documents. No discount percentage was applied as all numbers could be verified by source documents and peer educators.

Table 7: True Men Trust Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
TRUE MEN TRUST	P8.3 Number of MARPS reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	M	377	M	225	M	169	M	377	M	1,148
		F	195	F	101	F	17	F	109	F	422
		TOTAL	572	TOTAL	326	TOTAL	186	TOTAL	486	TOTAL	1,570
	P8.4.D Number of targeted condom outlets	TOTAL	13	TOTAL	0	TOTAL	0	TOTAL	0	TOTAL	13
	Number of Condoms distributed	TOTAL	4,630	TOTAL	6,660	TOTAL	4,062	TOTAL	4,526	TOTAL	19,878

4.2.6 BCC/KGOLAGANO

Programmatic Overview

BCC/Kgolagano provides small group and individual level HIV prevention targeting FSW and their male clients in Gaborone. The program provides comprehensive HIV prevention efforts utilizing the peer education approach. Peer educators, mostly former commercial sex workers, conduct session in selected hotspots such as bars and hotels. Communication guides on HIV prevention, consistent condom use, STIs and BCC tools are used during sessions to ensure consistent and quality delivery of messages. The program also provides condoms to condom outlets and beneficiaries.

Data Quality Audit Findings

The DQA showed that source documents were correctly used to collect data. Daily register and daily activity diaries were used for verification purposes. Only one-on-one sessions and small group of less than 25 people per intervention were counted. Further, documents with no topic of discussion (i.e., communication guide title) were not counted as reached. Peer educators did not have any problems distinguishing new versus repeats and this information was clearly documented in the source documents thus no discount methods was used.

Table 8: BCC Summary of Verified Number of People Reached through HIV Prevention Messages (MARPS), Number of targeted condom outlets and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
		M	F	M	F	M	F	M	F	M	F
BCC / KGOLAGANO	P8.3 Number of MARPS reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	M	0	M	0	M	25	M	5	M	30
		F	84	F	195	F	354	F	282	F	915
		TOTAL	84	TOTAL	195	TOTAL	379	TOTAL	287	TOTAL	945
	P8.4.D Number of targeted condom outlets	TOTAL	2	TOTAL	7	TOTAL	0	TOTAL	0	TOTAL	9
	Number of Condoms distributed	TOTAL	2,600	Total	4,503	TOTAL	5,144	TOTAL	4,844	TOTAL	17,091

4.2.7 LCCT

Programmatic Overview

LCCT provide small group and individual level HIV prevention targeting young women aged 15 to 29 years and their partners. The program provides comprehensive HIV prevention efforts utilizing the peer education approach. Peer educators, conduct small group and one-on-one discussions at workplace, homes, bars, schools and sports fields. Communication guides on HIV prevention, consistent condom use, STIs and BCC tools are used during sessions to ensure consistent and quality delivery of messages. The program also provides condoms to condom outlets and beneficiaries.

Data Quality Audit Findings

Data quality audits showed that source documents were correctly used to collect data and were used as the primary source of verification. Only one-on-one sessions and small group of less than 25 people per intervention were counted. The audits revealed that all school interventions had more than 25 individual therefore the numbers were not counted as reached. Further, forms with no topic of discussion were not counted as reached. Young women who were not within the target age range of 15-29 years were not counted as reached. Peer educators did not have any problems distinguishing new versus repeats and this was clearly documented in the source documents. Yet, there was a large

difference between the numbers reported in Q1 and Q2, but the new program officers could not explain this discrepancy.

Table 9: LCCT Summary of Verified Number of People Reached through HIV Prevention Messages (OP), and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
LCCT	P8.1 Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	M	166	M	84	M	140	M	116	M	506
		F	203	F	40	F	284	F	313	F	840
		TOTAL	369	TOTAL	124	TOTAL	424	TOTAL	429	TOTAL	1,346
	P8.4.D Number of targeted condom outlets	TOTAL	6	TOTAL	5	TOTAL	0	TOTAL	0	TOTAL	11
	Number of Condoms distributed	TOTAL	464	TOTAL	3,340	TOTAL	2,566	TOTAL	9,959	TOTAL	16,329
	H2.3.D Number of health care workers who successfully completed an in-service program within the reporting period.	M	0	M	0	M	0	M	0	M	0
		F	0	F	0	F	14	F	0	F	14
		TOTAL	0	TOTAL	0	TOTAL	14	TOTAL	0	Total	14

LCCT conducted a peer educator refresher training in Q3, with the aim to increase knowledge and skills of peer educators on HIV and AIDS prevention. Further, the training was also aimed at addressing some of the issues and challenges faced in the field.

4.2.8 BOFWA

Programmatic Overview

BOFWA project initially provided HIV prevention among migrant workers in the villages of Kachikau, Mabele, and Kavimba. These villages are located along the Kachikau-Ngoma construction road. The program provided comprehensive HIV prevention intervention utilizing the peer education approach. Peer educators, conducted small group and one-on-one discussions. Communication guides on HIV prevention, consistent condom use, STIs and BCC tools were used during sessions to ensure consistent and quality delivery of messages. The program also provides condoms to condom outlets and beneficiaries. However, the road construction has been completed

and the majority of the migrant workers, their primary target, have gone back to their respective villages. However, there are still some migrant workers that continue to live in the area that the program will target. Furthermore in addition to HIV prevention, the program provides testing and counseling to the target audience. The counseling and testing is conducted at the project site during outreaches or at the BOFWA offices in Kasane.

Data Quality Audit Findings

The DQA showed that source documents were correctly used to collect data and were used as the primary source of verification. Only one-on-one sessions and small group of less than 25 people per intervention were counted. Interventions that were conducted in-school and focused on abstinence were reported under the AB indicator. Intervention in the community where condoms were distributed were counted as OP. For in-school interventions, individuals who did not fall within the age range of 15-29 years were not counted as reached (i.e., students aged 14 years old were not counted). The BOFWA program officer did not understand project indicators well. Thus there was inconsistency in the numbers reported. However, adjustments were made during the audit to ensure that numbers were reported under the relevant indicator. Furthermore, though the program provided testing and counseling, these testing numbers were not reported in the Q1, Q2 and Q3 submitted to USAID. No discount percentage was applied as all numbers could be verified by source documents and peer educators were able to distinguish new versus repeats

Table 10: BOFWA Summary of Verified Number of People Reached through HIV Prevention Messages (AB, OP, MARPS, counseling and testing) and Verified Number of Health Care workers who successfully completed an in service training (1 October 2010- 30 September 2011)

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
BOFWA	P8.1 Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required	M	0	M	0	M	45	M	38	M	83
		F	0	F	0	F	48	F	54	F	102
		TOTAL	0	TOTAL	0	TOTAL	93	TOTAL	92	TOTAL	185
	P8.2D Number of the targeted population reached with individual and/or small group level HIV prevention interventions that are primarily focused on	M	0	M	0	M	12	M	3	M	15
		F	0	F	0	F	29	F	7	F	36
		TOTAL	0	TOTAL	0	TOTAL	41	TOTAL	10	TOTAL	51

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative Total	
	abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required										
	P8.3 Number of MARPS reached with individual and/or small group level HIV prevention interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards required	M	465	M	466	M	35	M	4	M	970
F		474	F	403	F	8	F	0	F	885	
Total		939	Total	869	TOTAL	43	TOTAL	4	Total	1,855	
	P8.4.D Number of targeted condom outlets	Total	10	Total	0	TOTAL	0	TOTAL	0	Total	10
	Number of Condoms distributed	Total	7119	Total	5689	Total	4420	Total	17068	Total	34,296
	Number of individuals who received Testing and Counseling (TC) services for HIV and received their results	M	0	M	0	M	10	M	32	M	42
		F	0	F	0	F	10	F	40	F	50
		Total	29	Total	34	TOTAL	20	TOTAL	72	Total	155

4.3 Limitations

There was limitation in the methodology used during the adjustment for double reporting. RTI asked peer educators to recall the last contacts reached and based on this, ratio for discounting was calculated. Since the discounting results in estimation a 100% accuracy cannot be ensured. However, due to factors such as time and capacity, this method was an essential compromise to ensure that accurate data is reported this reporting period.

Table 11: Summary of Project Activities from October 1, 2010 to September 30, 2011

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 multiple concurrent partnerships (MCP), and working group on safe male circumcision (SMC).	On-going.	Monthly health sector HIV prevention meetings continue to take place. RTI is also a member of the MARPS Technical Working Group, a committee that is charged with the responsibility of overseeing the MARPS needs assessment to generate baseline information regarding the location and size of the sub-populations of sex workers, men having sex with men and injecting drug users in Botswana, as well as the establishing baseline information on

Activities	Progress/Outcome	Brief Comments
		incidence and prevalence of HIV and sexually transmitted infections among these groups. The survey will also generate information on the behaviors that put these groups at higher risk of contracting infections.
Disseminate BCC materials already in existence, with targeted messages incorporating benefits of condom use, MC, early STI screening and treatment.	On-going activity.	Though there are no targeted BCC materials specifically for MARPS, the project has benefited from the messages developed for the general public. The RTI Project IPs can access the existing materials through the District Health Management Teams.
Assisting implementing partners to disseminate newly developed SMC National guidelines.	On-going activity.	All HIV prevention materials, though not specific to MARPS, are disseminated to the target populations by peer educators during outreach activities.
Identify training needs for IPs and conduct refresher courses.	A pre-service training for BCC/Kgolagano was conducted in May and 11 people were trained as peer educators. Capacity gaps were also identified	<p>The peer educators who trained at the commencement of the project had all left. Capacity gaps identified as follows:</p> <ul style="list-style-type: none"> • Refresher training for peer educators; • Safer sex practices and condom negotiation skills; • Risk perception. <p>There is a low risk perception by sex workers and their clients. A comprehensive risk reduction assessment training for the target group will be developed to increase their risk perception. For example, sex workers and their clients often offer 2 prices when negotiating for sex (i.e. a higher price for sexual encounter without a condom and a lower price with a condom). There are also reports of condom with more than one client among these groups. This shows that there is low risk perception by both the sex workers and their clients.</p>
In partnership with IP, develop MARPS specific BCC/IEC materials including communication guided for peer educators.	Through the guidance of the Reference Committee, the consultant has completed the assignment of developing IEC materials targeting sex workers and their clients. A participatory process was used with the target group to develop the materials. Participant's interviews, focus group discussions as well as a 4 day workshop, all helped the target groups to understand the process of developing IEC materials addressing their specific needs. 11 prototype messages were developed which were later pre-tested	The comments from the launch seminar assisted RTI to refine the messages. Out of the 11 prototypes, 5 messages were selected for printing and dissemination. The initial printing will be at a small scale in order to assess acceptability of the messages since there has never been any IEC materials targeting sex workers and their clients.

Activities	Progress/Outcome	Brief Comments
	<p>in Gaborone, Tlokweng, Francistown and Kasane. A seminar to launch the materials was held with 46 representatives from the five districts, government, civil society organizations and development partners.</p>	
<p>Strengthen referral linkages for MARPS in the selected districts.</p>	<p>Referral committees established in 3 out of 5 districts to spearhead the activities aimed at strengthening the referral linkages in the project's districts.</p> <p>Through the district referral committees, community services directories have been reviewed in 3 out of 5 districts.</p> <p>A conceptual framework on referral systems has been developed and is now being used and referred to in 3 out of 5 districts.</p> <p>Conducted training on participatory social and institutional mapping for strengthening referrals among peer educators from 6 projects (Tebelopele, BOFWA, MCDA, LCCT, True Men Trust and Silence Kills).</p>	<p>These committees are represented by various stakeholders from each district and they meet quarterly.</p> <p>The RTI technical team, IPs and district based stakeholders participated in the review of the community services directories.</p> <p>This participatory exercise was meant to engage peer educators in identifying organisations and institutions within their catchment areas that are important in the referral process of MARPS. During training peer educators identified institutions and organisations that are potential referral points for MARPS; where they actually refer MARPS; they think are not MARPS friendly. This exercise will lead to dialogue and training of the identified institutions to make them more MARPS friendly organisations.</p> <p>Peer educators also received additional participatory tools such as the cause and effect analysis tool to enable them facilitate participatory analysis of various problems related to HIV and AIDS among MARPS in their communities.</p> <p>Further social and institutional mapping exercises will be conducted with the 2 remaining IPs (NYG and BCC/Kgolagano peer educators). A meeting with the new district AIDS coordinator for Gaborone was held to spearhead the collaborative work on strengthening referral linkages in the district. A wider stakeholders meeting was tentatively planned for October 2011. Efforts to engage the Tlokweng DAC have not been successful because there is no one representing this office in the</p>

Activities	Progress/Outcome	Brief Comments
		district at the moment.
Develop technical assistance plans on HIV prevention activities for each IP.	Technical assistance offered to the IP continuously.	During the technical support, it was noticed that some peer educators find it difficult to use the communication guides because of the English language. Hence the need to translate them into a user friendly language such as Setswana.
Provide support to IPs with mobilization of target populations.	Support to the IPs is given on –going basis.	<p>The project has adopted outreach approach through peer educators.</p> <p>The Communication Guides have enabled the peer educators to meet with the target group on one-on-one or small group sessions to achieve some of the project's expected results including that of reducing multiple concurrent partnerships (MCP); increase in consistent and correct condom use; increase STI screening and treatment HCT and referrals.</p>
Strengthening Technical and Organizational Capacity of Botswana Community Supported Organizations (CSOs) to Support the Implementation of MARPS prevention strategies		
Facilitate the development/ update of organizational administrative and financial policies and procedures for CSOs.	<p>Conducted one-on-one training on financial reporting and management for finance officers and their assistants in all the 8 IPs.</p> <p>Provided technical assistance via email and phone when the need arises and any updates in financial reporting are communicated with all IPs through email. (e.g., the release of the revised Botswana Employment Tax effective July 2011).</p>	<p>Review of financial reports is done on a monthly basis. Training on financial policies and procedures including reporting was based on the following findings:</p> <ul style="list-style-type: none"> • Some expense reports submitted without all the necessary supporting documents (e.g. missing timesheets, stamped bank statements); • Late submission of expense reports by some IPs (i.e. after the 15th day of every month as agreed); • Occasional computational errors in some expense reports or advance requests as a result of the figures having been manually calculated. <p>It has been observed that there is a tendency by IPs to request to re-direct funds after the annual budget has been approved. Further consultation with the IPs will be conducted to ensure that this is not the case in the next financial year and that IPs follow and manage according to their approved budget line items.</p>
Develop technical assistance plan on Organizational Development (OD) activities for each selected IP and facilitate continuous update of the plans.	Technical assistance plans developed for all 8 IPs.	The technical assistance plans were developed following a capacity gap assessment conducted using a rapid organisational capacity assessment tool (ROCAT). In the next quarter a comprehensive OD plan will be developed to reflect emerging OD needs of each IP. The plan will also reflect the sustainability needs of each IPs.
Provide technical assistance on OD activities for selected IPs.	This activity is done on an on-going basis	Technical assistance to IPs is provided primarily during field visits and through

Activities	Progress/Outcome	Brief Comments
		telephone conversations and via e-mail.
Train IPs in resource mobilisation.	Preparations for this activity have started. Desk review and identification of workshop materials and information is completed.	The training on resource mobilization has been rescheduled and will be conducted in Q1 FY 2012.
Conduct an APRM with all IPs to share and learn from the experiences of the previous fiscal year.	The APRM was conducted and represented by all IPs.	The APRM highlighted some successes, challenges, and lesson learnt by IPs. It also reflected on what worked well with the project and identified areas that needed improvement. A detailed report of the review was compiled for reference.
Conduct stakeholders consultative meeting in the site districts to share the results of the project with district stakeholders	6 out of 8 stakeholders consultative forums were conducted and project results and future plans shared	The stakeholder's consultative forums provided a good opportunity for IPs to give feedback to district stakeholders on the MARPS project results. Most stakeholders who participated in the forums appreciated the initiative and expressed interest and willingness to participate in future project activities.
Review of funding proposals among 6 IPs to enable them sign 2 year sub-agreement with RTI	Funding proposals from 6 IPs were reviewed and each IPs signed 2 year sub-agreement with RTI	The proposal review process was used a capacity building exercise to coach and mentor IPs on how to develop successful funding proposals. The process also brought out some of the common challenges that IPs experience when soliciting for funds through proposal writing.
Conduct refresher training for peer educators on information management and data capturing	Refresher trainings conducted with peer educators from 6 out of 8 IPs	The refresher training enhanced an understanding of the importance of collecting and recording accurate information among peer educators. It also highlighted the important role of peer educators in the information and data gathering process of the project.
Coordination and Reporting		
Participate in USAID capacity building TWG.	Ongoing	
Report project interventions and activities regularly to USAID and NACA.	Ongoing; quarterly reports submitted.	
Monitoring, Evaluation		
Design monitoring system for identified CSOs to use during project implementation, and train CSO in its use.	On-going	The just concluded audits revealed gaps in the M&E system thus the need to: <ul style="list-style-type: none"> Review of data collection tools; Develop guidance documents for project indicators, data management process and reporting tools;
Finalise standard operating procedures for data quality assurance.	On-going	Though the SOPs for data quality assurance document has been finalised, it needs to be reviewed to incorporate some feedback from the DQA. Further, it need to be disseminated to all grantees. 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.	On-going	The project is at a stage where we can

Activities	Progress/Outcome	Brief Comments
		safely say that the system is in place and operating as data from the service delivery sites is regularly collected, analysed and reported to USAID. However, periodic review is essential.
Train CSOs on data collection and reporting tools for routine quarterly reporting.	On-going	Individualized training and technical assistance needed.
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.

5. Barriers to Implementation

The following are some of the key challenges encountered during project implementation for this fiscal year:

- Release of project funds to some IPs was delayed during the first six months of the reporting period due to processing of new sub-award agreements to the six IPs. This delay affected implementation of some activities by those IPs;
- Condom supply and availability from government depots in some districts was a problem during this reporting period, some districts had acute shortages;
- High staff turn-over in with LCCT and True Men Trust IPs and the RTI Gaborone office;
- Attrition of peer educators remains a challenge for the project and some of the IPs experienced it during this FY;
- Inadequate feedback for referred clients due to poor referral systems within districts;
- Inaccurate capturing and reporting of data by some IPs and peer educators;
- Continued complaints from target population about the poor quality of condoms, thus threatening the uptake of condoms;
- Inadequate technical skills by project personnel and IPs in areas such as reporting writing, basic IT, supervision of peer educators, information management and M&E.

6. Conclusion and Way Forward

Notable achievements for FY 2011 for the HIV MARPs Project include: increased mobilization of MARPs for HCT; a total of **248,178** condoms were distributed to MARPs; establishment of two drop-in centers; a lot of effort was put into capacity building trainings and mentoring in peer education, BCC, and OD for IPs; development of guidelines for peer educators; development, piloting and finalizing of the first ever IEC materials for MARPs in Botswana; increased sensitization of the respective communities, including law enforcement officers, on the issues of MARPs; development of a Health Sector Operational Plan for HIV/STI Targeting MARPs 2010-2012 (formerly the HIV-MARPS National Operational Framework) in collaboration with the Ministry of Health and other stakeholders. However there are a number of challenges that the project faces – the high attrition rate of peer educators among some of the IPs, lack of security for peer educators when they are reaching out to FSW at night, inconsistent supply of condoms, and balancing the need to meet the project’s objectives without offending the existing laws and/or policies, and limited resources for alternative livelihoods projects.

In years four and five, to ensure continuity and sustainability of the MARPs activities beyond the project life, critical activities will be prioritized for the remainder of the project. This will include supporting IPs in strengthening their resource mobilization, strengthening gender component of the project including support for IPs and MARPs to establish more viable and sustainable alternative livelihoods projects (e.g. candle making project at NYG). The ongoing provision of both technical and financial support to the development and implementation of the Health Sector National MARPs Strategy, size estimation of MARPs in Botswana, and continuing to work collaboratively with other USAID/PEPFAR Partners and stakeholders in the national HIV/AIDS response are planned for FY2012-13 are some of the strategic ways adopted to ensure continuity of MARPs activities beyond the lifespan of the HIV-MARPs Project. Monitoring and compiling of the planned activities are concluded at the end of every fiscal year. This compilation is then shared at the APRM meeting is conducted with IPs and other key stakeholders to objectively assess and appreciate the successes, lessons learned, and challenges of the year under review and map the way forward for the subsequent year together.

Annex A: Work Plan 2011/2012

	List all Planned Activities for the Year	Quarters			
		1	2	3	4
Component 1 (HIV Prevention)					
1	Participate in the national technical working groups such as National Technical Advisory Committee on HIV Prevention, MCP, and SMC	X	X	X	X
2	Identify and disseminate BCC materials already in existence or in development, with targeted messages incorporating benefits of condom use, reducing MCPs, reducing alcohol use, SMC, early STI screening and treatment	X	X	X	X
3	Identify HIV training needs for implementing partners and conduct refresher courses	X	X	X	X
4	In partnership with IP, develop MARPS specific BCC/IEC materials including communication guides for peer educators	X	X	X	X
5	Printing of IEC materials for MARPs	X			
6	Develop Risk Reduction Tool for young women engaged in cross-generational/transactional sexual relationship	X	X	X	X
7	Conduct risk reduction assessment training for peer educators	X	X	X	X
8	Develop technical assistance plans on HIV prevention activities for each selected implementing partner	X	X	X	X
9	Strengthen referral linkages for MARPS in the selected districts	X	X	X	X
10	Revise Communication Guides to incorporate young women's vulnerability to HIV/AIDS	X	X	X	X
11	In collaboration with IP, develop a prevention with positive (PWP) plans	X	X	X	X
Component 2 (Organizational Development & Capacity Building)					
1	Assess organizational capacity needs IPs and update OD plans based on the assessments	X	X	X	X
2	Develop sustainability plan for each IP	X	X	X	
3	In partnership with sub-contractor, implementing districts authorities, 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
4	Facilitate the development/update of organizational administrative and financial policies and procedures for CSOs	X	X	X	X
5	Train CSOs on how to develop sustainable resource mobilization strategies	X	X		
	Convene annual project review meeting to review project progress and promote sharing of "MARP Success Stories" among IPs	X			X
6	Convene district level stakeholders meetings to share project successes, challenges experiences, and lessons learnt with district stakeholders	X			X
7	Provide technical assistance on OD activities for each selected IP	X	X	X	X
8	Participate in USG and Non-USG Capacity Building Technical Working Groups on HIV	X	X	X	X
9	Report project interventions and activities regularly to USAID and NACA	X	X	X	X

	List all Planned Activities for the Year	Quarters			
		1	2	3	4
Monitoring and Evaluation					
1	Develop reporting tools guidance documents	X	X		
2	Fulfill all internal project M&E requirements including the preparation of data for project reporting requirements	X	X		
3	Ensure high quality data by reviewing reporting tools incorporating feedback from DQA process	X	X	X	X
4	Disseminate DQA findings to IP's	X	X	X	X
5	Train IPs on revised M&E tools	X	X	X	X
6	Provide on-going M&E technical assistance to implementing partners	X	X	X	X
7	Participate in USAID capacity building TWG	X	X	X	X
8	Report project interventions and activities regularly to USAID and NACA	X	X	X	X

Annex B: Planned Activities for the Next Quarter

	List all planned activity for the quarter (Disaggregated as per Annual Work Plan)	October 2011				November 2011				December 2011			
		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 SMC.	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, SMC, 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 SMC national guidelines	X	X	X	X	X	X	X	X	X	X	X	X
4	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
5	In partnership with IP, develop MARPS specific BCC/IEC materials including communication guides for peer educators	X	X	X	X	X	X	X	X				
6	Conduct assessment of the effectiveness of BCC and peer education trainings	X	X	X	X	X	X	X	X	X	X	X	X
7	Conduct Re-fresher training for Peer Educators								X	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	Convene Project Review Meeting			X	X								
2	Train IPs in resource mobilisation					X	X	X					
3	Strengthen capacity of IPs in financial management including budget preparations	X	X	X	X	X	X	X	X	X	X	X	X
4	Assist IPs develop sustainability plans	X	X	X	X	X	X	X	X	X	X	X	X
5	Provide technical assistance to IPs on OD issues	X	X	X	X	X	X	X	X	X	X	X	X
6	In partnership with stakeholders strengthen referral linkages for MARPS in the selected districts	X	X	X	X	X	X	X	X	X	X	X	X
7	Conduct project feedback meetings with district stakeholders					X	X	X	X	X	X	X	X

	List all planned activity for the quarter (Disaggregated as per Annual Work Plan)	October 2011				November 2011				December 2011			
		1	2	3	4	1	2	3	4	1	2	3	4
Week Number													
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	Fulfill all internal project M&E requirements including the preparation of data for project reporting requirements	X	X	X	X	X	X	X	X	X	X	X	X
2	Develop reporting tools guidance documents	X	X	X	X	X	X	X	X	X	X	X	X
3	Lead data analysis efforts and help identify areas for improvement by developing and utilizing relevant analytical tools	X	X	X	X	X	X	X	X	X	X	X	X
4	Ensure high quality data by reviewing reporting tools incorporating feedback from DQA process	X	X	X	X	X	X	X	X	X	X	X	X
5	Develop and finalize M&E plan with grantees	X	X	X	X	X	X	X	X	X	X	X	X
6	Train, advice and support project partners on M&E issues	X	X	X	X	X	X	X	X	X	X	X	X
7	Review and finalize Standard Operating Procedure for Data Quality Assurance	X	X	X	X	X	X	X	X	X	X	X	X