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HIV Prevention Interventions for Most- at-Risk Populations (HIV-MARPs) Annual Progress Report (October 1, 2011–September 30, 2012)

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

Annual Progress Report
(October 1, 2011–September 30, 2012)

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Abbreviations

ARV	antiretroviral drug
BBSS	Behavioral and Biological Surveillance Study
BCC	behavior change communication
BCC/Kgolagano	Botswana Council of Churches and Kgolagano College
BDF	Botswana Defense Force
BOFWA	Botswana Family Welfare Association
BWP	Botswana Pula
CSOs	civil society organizations
DAC	District AIDS Coordinator
DHMT	District Health Management Teams
DQA	data quality assessments
FSW	female sex worker
FY	fiscal year
HTC	HIV testing and counseling
IEC	information, education and communication
IP	implementing partner
IT	information technology
LCCT	Light and Courage Centre Trust
LEA	the Local Enterprise Authority
M&E	monitoring and evaluation
MARPs	Most-At-Risk-Populations
MC	male client
MCDA	Matshelo Community Development Association
MOH	Ministry of Health
MOU	memorandum of understanding
NYG	Nkaikela Youth Group
NACA	National AIDS Coordinating Agency
OD	Organizational Development
OP	Other Prevention Programs
PCI	Project Concern International
PE	peer educator
PEPFAR	United States President's Emergency Fund for AIDS Relief
SMC	safe male circumcision
SRH	sexual reproductive health
STI	sexually transmitted infection
TC	testing and counseling
TD	truck driver
TEC	Technical Evaluation Committee
TWG	Technical Working Group
USAID	United States Agency for International Development

1. Introduction

This report presents results of activities implemented by RTI International's HIV Prevention Interventions for Most-at-Risk Populations (HIV-MARPs) Project for the fiscal year (FY) 2012 reporting period October 1, 2012 to September 30, 2012. The report highlights achievements and lessons learned from implementation challenges, as well as plans for the next quarter for the project.

2. Project Background

RTI was awarded a five-year project by United States Agency for International Development (USAID)/Southern Africa with period of performance of October 1, 2008 through September 30, 2013. The HIV-MARPs Project activities are currently implemented in partnership with eight local civil society organizations (CSOs) and supported by the Government of Botswana and community stakeholders. The project follows the United States President's Emergency Plan for AIDS Relief's (PEPFAR) guiding principles and aligns with Botswana's national HIV and AIDS priorities: leveraging Botswana's national HIV/AIDS response by strengthening capacity and quality HIV/AIDS services; and providing Botswana CSOs with technical assistance, capacity building, and key resources to support or 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, develop CSOs' capacity, improve service quality, and promote 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). These include

- Young women 15–29 years old in cross-generational and/or transactional relationships (Note that in accordance with recommendations made by USAID/Washington evaluation team, effective May 2011, this is no longer a target population for our project.
- Female sex workers (FSWs) and their clients
- Migrant male populations whose work separates them from their primary partners and families.

Key features of the project are

- Developing and implementing locally appropriate behavior change communication (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 testing and counseling (HTC), 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 campaign and ongoing voluntary safe male circumcision (SMC) strategy and related projects, to promote message consistency.

3. Accomplishments and Outcomes

The majority of the FY2012 planned activities have been successfully implemented. *Table 1* and *Section 4 (indicator table)* illustrate the key accomplishments during this reporting period (October 1, 2011–September 30, 2012).

3.1 Implementing Partners' Project Activities

Table 1 presents the activities of our implementing partners (IPs) from FY2012. It 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 IP.

Table 1: Summary of IPs' Project Activities, Key Achievements, and Intermediate Results (October 1, 2012–September 30, 2012)

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate Results
<p>Matshelo Community Development Association (MCDA)</p>	<p>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 2/8/2011: <i>BWP 699,500</i></p> <p>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 disbursed to date: <i>BWP 851,960</i></p>	<ul style="list-style-type: none"> • Conducted outreach activities by peer educators in selected spots in Francistown • Conducted condom promotion activities and distributed condoms to truck drivers and male clients. • Partnered with Tebelopele to provide HTC services at MCDA drop-in center • Established partnership with DHMT to provide STI screenings and treatment services to MARPs • Weekly and monthly meetings for peer educators (PEs) to share field experiences conducted • Participated in the pre-testing of the HIV prevention MARPs-specific BCC and IEC materials • Quarterly assessments of PEs done to evaluate the quality of interventions. 	<ul style="list-style-type: none"> • 43 new male clients (and 1,834 female sex workers reached with HIV prevention messages • 18,441 male and 583 female condoms distributed during outreach. Increased condom supply during Q3 and Q4 due to relationship with District Health Management Teams (DHMT) and partnership with Botswana Defense Force (BDF) • 13 female sex workers received HTC services, with 2 testing positive, who were referred for treatment and care services. • Kagiso clinic identified to provide these STI services, preliminary work has started. • Improved volunteer management • Beneficiaries input incorporate into the IEC materials. • Participatory feedback plan to outline strengths and weaknesses of assessment PEs developed and in-house training provided

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate Results
<p>True Men Trust</p>	<p>Date old sub-agreement signed: 11/16/2009 Total grant award: BWP 699,906.00 Funding duration: 1 year Total expenditure from 2008 to 12/3/2010: BWP 637,311</p> <p>Date current sub-agreement signed: 03/24/2011 Total new grant award: BWP 1,159,990 Funding duration: 2 years Funds disbursed to date: BWP 890, 292</p>	<ul style="list-style-type: none"> Continued outreach activities by PE to hotspots such as bars, shebeens and weigh bridges. Conducted condom promotion activities and distributed condoms to truck drivers, and male clients. Quarterly assessments of PEs done to evaluate the quality of interventions 	<ul style="list-style-type: none"> 816 new male clients and 2,218 new truck divers reached with HIV preventions messages. 33,599 male and female condoms distributed during outreaches Participatory feedback plan to outline strengths and weaknesses of assessment developed and action plan and in-house training and mentoring provided
<p>Light and Courage Centre Trust (LCCT)</p>	<p>Date old sub-agreement signed: 12/03/2009 Total grant award: BWP 700,000.00 Funding duration: 1 year Total funded amount from 2008 to 11/22/2010: BWP 501,955.98 BWP 457,641 (only spent thru 02/28/2011)</p> <p>Date current sub-agreement signed: 04/22/2011 Total new grant award: BWP 1,179,232 Funding duration: 2 years Funds disbursed to date: BWP 640, 399</p>	<ul style="list-style-type: none"> Door-to-door outreaches on HIV prevention for young women between the ages of 15–29 years conducted from Oct 2011 to April 2012. Condom promotion and distribution conducted Partner closed out in May 2012. 	<ul style="list-style-type: none"> 153 new male and 610 new young women were reached with HIV prevention messages. 54 male and 317 young women of the 153 and 610 respectively were reached with repeated HIV prevention messages. 7840 male and 258 female condoms distributed during outreaches. Program closed.

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate Results
<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 year Total expenditure from 2008 to 12/3/2010: BWP 588,988</p> <p>Date current sub-agreement signed: <i>03/14/2011</i> Total new grant award: <i>BWP 1,200,030</i> Funding duration: 2 years Funds disbursed to date: BWP 989, 288</p>	<ul style="list-style-type: none"> • Continued outreach activities by PEs • Condom promotion and distribution conducted • HTC services provided by BOFWA at the drop-in center. • STI screening and treatment provided by BOFWA at the drop-in center. • Quarterly assessments of PEs conducted to evaluate the quality of interventions 	<ul style="list-style-type: none"> • 684 new male clients and 1,227 new female sex workers reached with HIV prevention messages. Improved reaches in Q3 and Q4 due to volunteer management and weekly target setting. • 51,794 (51,679 male and 115 female) condoms distributed to 10 functioning condom outlets and during outreaches. • 38 sex workers and 2 male clients tested for HIV and 28 tested positive and received referrals for treatment. • 22 MARPs (3 male clients and 19 female sex workers) provided with STI screening with 21 treated for urinary tract infections (UTI). 95% FSW were infected and 5% male clients. • Participatory feedback plan to outline strengths and weaknesses of assessed PEs developed and action plan. In-house training and mentoring provided to address the gaps
<p>Nkaikele Youth Group (NYG)</p>	<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></p>	<ul style="list-style-type: none"> • Outreach activities by PEs in selected sites to provide health education to sex workers and their clients on safer sex behavior • Condom promotion activities and distribution • Group counseling and psychosocial support provided through the Ikageng Bomme support group for FSWs. Support 	<ul style="list-style-type: none"> • 1,230 new male clients ; 606 new truck drivers and 985 new FSWs reached with HIV prevention messages • 36,276 condoms distributed during outreaches and 15,600 distributed to outlets. • 45 FSWs attended session on issues such as violence against sex workers and people with HIV, the

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate Results
	Funding duration: 2 years Funds disbursed to date: BWP 1, 097,338	<p>group facilitated by professional counselor</p> <ul style="list-style-type: none"> • Conducted trainings for FSW, police, and bar owners on gender, human rights and condom promotion respectively. • Quarterly assessments of PEs conducted to evaluate the quality of interventions 	<p>effects of substance abuse and intimate-partner violence were addressed.</p> <ul style="list-style-type: none"> • 15 men and 81 women successfully completed trainings. • Participatory feedback plan to outline strengths and weaknesses of assessed PEs developed and action plan. In-house training and mentoring provided to address PE weaknesses
Tebelopele	Date sub-agreement signed: <i>12/10/2009</i> Total grant award: <i>BWP 1,499,305.40</i> Funding duration: 3 Years Funds disbursed to date: BWP 760,442	<ul style="list-style-type: none"> • Outreach activities by PEs at the weigh bridge in Kazungula • Condon promotion and distribution, including female condoms • Partnered with BOFWA and Kasane DHMT to utilize the Kazungula weigh bridge clinic to provide clinical services to MARPs • Quarterly assessments of PEs conducted to evaluate the quality of interventions 	<ul style="list-style-type: none"> • 537 new male clients; 1,488 new truck drivers; and 451 new female sex workers reached with HIV prevention messages. • A total of 38,009 (35,858 male and 2151 female) condoms distributed during peer education outreaches and to outlets. 8,000 male condoms were distributed to 24 condom outlets • Clinic began supporting MARP clients in August 2012, with Tebelopele providing HTC. • Participatory feedback plan to outline strengths and weaknesses of assessed PEs developed and action plan. In-house training and mentoring provided to address PE weaknesses

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate Results
Botswana Family Welfare Association (BOFWA)	signed: 11/19/2009 Total grant award: BWP 2,032,538 Funding duration: 3 Years Funds disbursed to date: BWP 1,321,808	<ul style="list-style-type: none"> Conducted outreach visits in the three villages (Muchenje/Mabele, Kavimba, and Kachikau), providing HIV prevention messages Established a partnership with Kasane DHMT, Tebelopele to utilize the Kazungula weigh bridge clinic for MARPs with integrated HIV/AIDS and SRH services 	<ul style="list-style-type: none"> 136 new young women and 78 new male partners reached from Oct 2011-April 2012. 128 male and 126 female provided with HTC services. 12 were truck drivers and 7 female sex workers. 6 clients provided with STI services and 6 treated (4 truck drivers and 1 FSW)
Silence Kills Support Group (Silence Kills)	Date old sub-agreement signed: 02/09/2010 Total grant award: BWP 481,329.39 Funding duration: 1 Year Total expenditure from 2008 to 1/20/2011 BWP 475,866.53 Date current sub-agreement signed: 03/09/2011 Total new grant award: BWP 999,960 Funding duration: 2 Years Funds disbursed to date: BWP 799,434	<ul style="list-style-type: none"> Conducted outreaches to disseminate HIV prevention messages to FSWs and their clients Conducted condom promotion activities and distribution Conducted routine weekly review meetings with PEs. Fortnightly spot checks for data quality assurance. Conducted a 3 day life 	<ul style="list-style-type: none"> 1,399 new male clients and 1,596 new female sex workers reached Community sensitization and condom distribution have continued, with 504,264 (497,875 male and 6389 female) condoms distributed. 312,712 (310,650 male and 2,062 female) condoms were distributed to 74 cumulative condom outlets but at the end of the year only 56 were functioning. Sheebens were closed due recently introduced liquor law which prohibits selling of alcohol in homes. Partnering with DHMT ensured a constant supply of condoms and thus an increase in condom distribution. There has been an improvement in data quality, i.e., in data completeness and the accuracy of tools with verification rate of 99% 25 FSWs attended the

Name of Sub-Contractor/Grantee	Sub-Contract/Grant Details	Activities Implemented	Intermediate Results
		<p>skills training for FSWs</p> <ul style="list-style-type: none"> • Conducted psychosocial camp for FSWs living with HIV who are members of the support group • Quarterly assessments of PEs conducted to evaluate the quality of interventions 	<p>training and gained skills in book-keeping, leather works, poultry rearing, beadwork, cosmetology etc. Also, participants formed groups based on interest to enhance their skills and 1 PE have already registered a business.</p> <p>13 out of 20 members attended the camp and learned about living positive with HIV and AIDS.</p> <ul style="list-style-type: none"> • Participatory feedback plan to outline strengths and weaknesses of assessed PEs developed and action plan. In-house training and mentoring provided to address PE weaknesses
Total amount disbursed to grantees from October 2011 to June 2012	BWP 3,454,080 <i>(For Grantees excluding PCI)</i>		

3.2 HIV-MARPs Prevention Capacity Building

3.2.1 Comprehensive Package of Services (CPS)

The HIV-MARPs project assessed each of our IPs in April 2012 to determine needs and gaps regarding adoption of comprehensive model. After the assessment, RTI then conducted a one day workshop for on May 28, 2012 for MARPs project officers. A total of 13 (5 male and 8 female) participants attended the workshop.

The objectives of the workshop was to: provide feedback about USAID’s program review and to discuss and develop plans to address findings and recommendations; provide IPs with information on CPS for MARPs; review and discuss findings from our IPs’ CPS assessment; and provide participants with the opportunity to identify issues, gaps, and technical needs related to the implementation and monitoring and evaluation of the CPS for MARPs. Participants also discussed the following keys topics: enhancing the enabling environment, delivering CPS and continuum of care, referrals and linkages to care, treatment and support; and forming partnerships for successful implementation.

Following the workshop, RTI worked one on one with each IP to create a CPS framework that included technical assistance plans (to be finalized) to build capacity in

integrating the full package of MARPs services. All nine IPs have started integrating the comprehensive package into their programming. IPs is establishing partnerships with services providers to augment the menu of available services for beneficiaries. For instance, BCC/Kgolagano College have partnered with Botswana Family Welfare Association's (BOFWA's) Gaborone office to provide STI screening and services to their clients. Additionally, MCDA is currently negotiating a partnership with Francistown District Health Management Team (DHMT) to use its Kagiso clinic to provide STI services to MCDA's clients Furthermore, Nkaikela has established relationship with the University of Botswana School of Business to provide expertise in making their livelihood component (candle making business) more financial viable.

3.2.2 Monitoring and Evaluation (M&E) Capacity Building

The RTI team continues to provide coaching and mentoring to IPs as needed. In the first two quarters of FY 2012, the M&E specialist provided technical assistance to grantees to roll out implementation of new tools developed to address the gaps identified during the DQA assessment. The tools included session feedback form, DQA checklist, supervisory assessment checklist and monthly meeting minute template. Additional one-on-one support was provided to grantees to ensure that data were used to improve programming and address the needs of beneficiaries. The new session feedback form proved critical in identifying the needs of beneficiaries and challenges facing PEs during outreaches. Furthermore, grantees are now able to use input from session feedback forms to provide mini-trainings to PEs to identify and address challenges. For instance, new forms have a section where PEs can record challenging or difficult questions asked during outreach sessions. Through analysis of these responses, project staff has developed targeted trainings that reflect PEs' concerns.

HIV-MARPs Project continues to work with our IPs to strengthen their M&E system and ensure that quality data are captured and analyzed. In addition, RTI staff conducted site visits during Q2 and Q4 to provide M&E technical support. During these visits, the team worked with IPs to ensure that all IPs had a staff member trained on M&E concepts and tools 50% assigned to support M&E. Furthermore, for IPs that did not have clear roles and responsibilities for M&E, support was provided to address that. Two IP's did not have clear roles and responsibilities while one IP had new program officer who was oriented on her roles. The support supported included as assisting IP draft role and responsibilities and also developing a data flow chart for the organization. Additionally, our team assisted each organization to develop and implement clear processes for data collection, data verification, data use, and reporting. In FY 2013, the M&E team will provide more technical assistance to ensure that IPs use data to inform their decision making.

To improve the quality of HIV prevention messages during outreaches, the M&E team introduced a peer education assessment tool at the beginning of Q2 (January 2012). The tool assesses PE techniques in teaching/facilitation techniques, use of communication

guides, and teamwork. After the reviewing the results of the assessment, the supervisor provides feedback to the PE and they jointly develop a feedback plan to document PE strengths, and areas that need improvement, and recommendations. PEs have noted that they feel empowered by the participatory process and motivated to improve their performance.

3.3 Development of MARPs-specific BCC and IEC Materials

RTI engaged a consultant to overhaul and adapt the existing IEC materials for MARP audiences and address the unique issues they face, including legal issues (e.g., guidance about the legal status of sex work and MSM in Botswana); condom use; dry sex; and alcohol and substance abuse.

The consultant convened a two-day workshop for MARP participants that included representatives from Lesbian Gay Bisexual Intersex Botswana (LEGABIBO) as well as members of the MARPs IEC Material Development Reference Committee to review the draft IEC materials and provide additional input. Through a highly participatory process, several messages were refined and a series of four brochures were created.

- Brochure 1: Promoting Health and Reducing the Risk of HIV Infection covering topics on condom use, STIs, alcohol and unprotected sex, and gender based violence and rape
- Brochure 2: What You Need to Know about HIV Risks covering topics on safer sex practices
- Brochure 3: Risky Sexual Behaviors covering topics on oral sex, use of double condoms, and anal sex
- Brochure 4: Combination Prevention Strategies covering the biomedical strategies such as safe male circumcision (SMC), HTC, HIV treatment, and post-exposure prophylaxis (PEP)

The brochures are being produced and will be distributed by PEs at NYG, BCC/Kgolagano, MCDA, SKSG, and Tebelopele in early FY2013. Trainings on how to use the materials will also be provided. PEs will play a major role in ensuring that materials reach the target group of female sex workers and their clients. IEC materials will be used during one-on-one sessions, outreach activities, and group activities in drop-in centers. The PEs will document the number of people reached with the materials during outreach and at drop-in centers. We anticipate reaching about 2000 sex workers and their clients.

PEs will engage target groups during outreach visits to venues frequented by sex workers and their clients, including drinking outlets, night clubs, etc. They will review the messages in the IEC materials with their contacts to ensure that the messages are clearly understood, answer any questions, and make provide information on IPs and additional

resources. The project team will continue to provide technical support to IPs and to monitor whether the materials have reached the intended groups.

Communication Guides for Peer Educators

With technical assistance from an RTI Senior HIV/AIDS Advisor, Brad Otto, the project is revising existing communication guides and adapting them for MARP audiences and the unique issues they face using empowering language. In addition, job aids such as flip charts with illustrations and interactive learning tools will be created for PE training. These will include topics such as: in-depth information on STIs and their treatment; anal sex; updates on SMC and PMTCT guidelines; information on antiretroviral drugs (ARVs); family planning; self-esteem; and interpersonal communication skills. Mr. Otto is also providing technical assistance to develop our HIV-MARPs overarching communication strategy. The strategy will describe behavior change objectives which are addressed by existing IEC and other communications materials and the approaches to be used within each objective, including approaches which will be initiated targeting men who have sex with men (see section 3.4 below).

3.4 Integrating MSM into HIV-MARPs Project

The USAID review of the project in February 2012 recommended that the project initiates preparatory work for future inclusion of men who have sex with men (MSM) as a target group by gathering information from groups that provide support services to MSM. After following up with the Ministry of Health (MOH), the project was advised to postpone new MARPs program activities until the MARPs assessment currently underway by Family Health International (FHI 360) is completed. One of the objectives of the biological and behavioral surveillance survey (BBSS) is to establish whether there are any MARPs in the country, including MSM, their numbers, as well as location; thus the specific program activities involving MSM will be guided by the outcome of the MARPs assessment study. However, in anticipation of the MOH eventually agreeing to engage and provide support to MSM, the HIV-MARPs Project proposes to start preliminary work in FY2013 focusing on building relationships with organizations working with MSM, sensitizing key stakeholders (current IPs and human rights organizations), and supporting engagement with male sex workers. Moreover, with modest investment costs, we aim to make appropriate safer sex information from other countries more readily available to local MSM through social networking sites and other digital means. Further project activity addressing MSM will be considered in collaboration with MOH once the BBSS results have been released, and appropriate additional measures are identified which the Project can effectively pursue within the limited remaining timeframe. Through this sensitization process, we aim to

- Improve understanding among Project staff, USAID/Botswana, and MOH of MSM HIV and STI-related health needs

- Increase awareness among MSM of safer sex practices, sexual health, and HIV/STI vulnerability
- Increase the numbers of MSM who adopt safer sex practices and promote safer sex among their clientele
- Improve sexual health care-seeking behavior for HIV/STI testing among male sex workers and other MSM

3.5 National-level and District Support and Partnerships

The HIV-MARPs team continues to work with our government stakeholders to ensure that issues pertaining to MARPs are part of the national discourse and to strengthen partnership with national stakeholders. The RTI project team routinely provides updates to stakeholders such as National AIDS Coordinating Agency (NACA), the MOH, and the Ministry of Local Government on the status of the project and ensuring the discourse of MARPs issues at the national and district level. We also participated in the NACA-led review of the National HIV and AIDS Evaluation Agenda. As part of the workshop held on 3 June 2012, RTI highlighted the need for MARPs issues to be included in broader evaluation agenda. In addition, during FY2012, RTI continued actively participating in meetings of the MARPs Technical Working Group (TWG), and in review meetings to finalize the research protocol for mapping, size estimation, and behavioral and biological surveillance of HIV/STI among select high-risk subpopulations in Botswana.

During February 14–16, 2012, RTI’s HIV Prevention Advisor participated in the PEPFAR Regional Workshop on HIV Prevention among Men who have Sex with Men in Johannesburg, South Africa on invitation from Ministry of Health and USAID. This meeting accorded RTI an opportunity to start planning for MSM programming since participants received technical guidance on combination HIV prevention on MSM was shared with participants.

Furthermore, we actively participate in district forums where IPs are based to strengthen working relationships. The organizational development (OD) advisor attended a meeting organized by the Kasane District AIDS Coordinator (DAC) office on September 15, 2012. The purpose of the meeting was to share results from the DAC study on “Factors Contributing to the Low Uptake of Condom Use amongst adult Male and Female Population aged 18 to 49 years in the Chobe District.” Project staff met with DAC representatives to discuss ways of collaborating to adapt the study’s recommendations for MARPs audiences. One objective from the action plan developed by the DAC is to increase the number of health care workers trained on providing female condoms; and the HIV-MARPs team will work with Chobe to identify potential areas for providing technical support and/or leveraging support from existing IPs.

3.6 External Project Review

A joint team from USAID and the Centers for Disease Control and Prevention (CDC) visited several project sites in Selibe-Phikwe, Francistown, and Kasane from June 10–15, 2012 to review project activities. The team comprised John Maina Kiranga (HIV Prevention Advisor, USAID Botswana), Irene Ramatala (Gender Specialist) and, Peter Loeto (CDC HIV and Testing Program Officer). The team identified several successful project components, including PEs reach clients with prevention interventions, highly motivated and well trained PEs, and functional referral system in Selibe-Phikwe. The team also identified areas for improvement, including difficult working conditions of PEs at night such as lack of transport, safety and poor lighting. The project team met with the AOTR for a full debrief in July and following that debriefing the project developed a plan to urgently address the areas that required improvement. The project has already addressed the issue of the safety of peer educators with the respective IPs as well as the inclusion of male peer educators under Tebelopele to deal with truck drivers at Kazungula. All Tebelopele were trained by RTI following the visit by the two USG Agencies.

3.7 Success and Challenges

3.7.1 Strategic Partnership

The HIV-MARPs Project staff provides ongoing technical assistance to IPs to form new strategic collaborations and partnerships to enhance the effectiveness of the project implementation. . For instance, we facilitated a partnership between BOFWA, Tebelopele, and Kasane DHMT to utilize the Kazungula Weighbridge Clinic and provide integrated HIV and AIDS and sexual reproductive health (SRH) services for the MARPs. The memorandum of understanding (MOU) between the government represented by the Chobe DHMT, Tebelopele, and BOFWA was signed in August 2012 and the clinic opened in early September 2012, and already MARPS have started receiving services at the clinic.

BCC/Kgolagano also signed an MOU with BOFWA, Gaborone to provide HTC and STI services at the organization's drop-in center. Through this partnership, 22 FSWs and male clients have been screened for STIs and 10 provided with HTC services since July 2012.

SKSG also partnered with Selebi-Phikwe DAC office to ensure consistent supply of condoms for the project. SKSG provides storage space for the condoms and helps distribute them to other CSO in the district. To date, the project has distributed 443,696 both male and female condoms to MARPs during outreaches and to condom outlets.

True Men is in talks with the Department of Roads to provide STI and HTC services to truck drivers at the weigh bridge. This partnership is important as it has been difficult for us to refer in-transit truck drivers for services. Through the session feedback forms used by PEs to get feedback from beneficiaries, truck drivers have requested services be provided at the weigh bridge.

MCDA is finalizing its partnership with the government to use Kagiso clinic in Francistown to provide STI services to MARPs. We also have an agreement with Tebelopele to provide HTC services at the MCDA drop-in center. Tebelopele provided services on 1 August, 2012. 13 sex workers tested and 2 were HIV positive. Those who tested positive were referred for treatment and care.

3.7.2 Referral Systems

Another focus area for the project is facilitating the development of simplified procedures to allow MARPs to access services. However, efforts to strengthen the referral system remain a challenge. Out of the five districts only three (Chobe, Francistown and Selibe-Phikwe), have established referral committees to work on the referral system. In addition, existing community service inventories have been developed and are awaiting publication by these respective districts.

The Selibe-Phikwe district is the only district that has piloted and has started implementing the referral system. We will continue to support and monitor Selibe-Phikwe as it implements the process, to measure the impact of referrals on health-seeking behavior. According to the district DAC office, currently only 20% of referrals have been completed; i.e., only one out of five accessed the services for which they were referred. The DAC is concerned as this poses a major challenge to the referral system and is actively trying to improve the system's effectiveness. According to the DAC office some of the challenges that have been identified include

- Lack of Transport by CSO to submit the return slip to the DAC office
- Referrals slips submitted to the wrong site
- Agency staff are unfamiliar with the process and are incorrectly directing clients to submit the return slips to the referring facility
- Clients do not, or cannot, follow up with referral services immediately. For instance clients will be referred in March, but only to access services in June.
- Clients lose or leave referral slips at home

HIV-MARPs Project staff will continue to work with Selebi-Phikwe to strengthen the referral system and address the aforementioned issues.

In conjunction with the Chobe district DAC office, we conducted a one-day workshop on 17 September, 2012. The workshop aimed to review the current status of the Chobe district HIV and AIDS referral system; and identify ways of establishing a referral system taking into consideration the district context.

As a result of the workshop, the Chobe referral system committee with assistance from RTI was able to develop the district referral tool that will be finalized by the DAC office. The DHMT management was sensitized about meeting on the 21 of September 2012. The next committee is scheduled for November 2012, a date to be announced by the DAC office and the aim of the meeting will be to develop policies and procedures for the

referral system and finalize the piloting of the system plan. The tool developed was also presented to the DHMT management and is expected to be presented to the Chobe TEC on October 12, 2012.

4. Reporting on Project Performance Indicators

Table 2: Summary of Project Achievements by Indicator and Quarter

ORG	Indicator	Q1		Q2		Q3		Q4		Cumulative		Target
ALL	P8.1 No. 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	108	M	83	M	40	N/A		M	231	5,000
		F	364	F	297	F	85			F	746	
		Total	472	Total	380	Total	125			Total	977	
	P8.3 No. 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	MC	875	MC	1,020	MC	1,430	MC	1,384	MC	4,709	10,000
		TD	1,113	TD	1,316	TD	938	TD	947	TD	4,314	
		MW	26	MW	2	MW	0	MW	0	MW	28	
		FSW	1,258	FSW	1,231	FSW	1,601	FSW	2,136	FSW	6,226	
		Total	3,272	Total	3,569	Total	3,969	Total	4,467	Total	15,277	
	P8.4.D No. of targeted condom outlets	Total	81	Total	155	Total	96	Total	108	Total	108	200
	No. of condoms distributed	MC	42,429	MC	235,484	MC	241,424	MC	191,813	MC	711,150	N/A
		FC	2,562	FC	3,217	FC	1,535	FC	3,199	FC	10,513	

ORG	Indicator	Q1		Q2		Q3		Q4		Cumulative		Target
		Total	44,991	Total	238,701	Total	242,959	Total	195,012	Total	721,663	
	P11.1.D No. of individuals who received Testing and Counseling (TC) services for HIV and received their results	M	59	M	12	M	0	M	34	MA	105	200
		F	68	F	21	F	0	F	19	FA	108	
		Total	127	Total	33	Total	0	Total	53	Total	213	
	H2.2.D No. of health care workers who successfully completed a pre-service program within the reporting period.	M	0	M	0	M	0	M	4	M	4	50
		F	0	F	0	F	0	F	5	F	5	
		Total	0	Total	0	Total	0	Total	9	Total	9	
	H2.3.D No. of health care workers who successfully completed an in-service program within the reporting period.	M	3	M	0	M	0	M	22	M	22	300
		F	38	F	0	F	50	F	107	F	195	
		Total	41	Total	0	Total	50	Total	129	Total	217	

During FY2012, **15,277 MARPs** (Table 2) were reached with individual and/or small group level HIV interventions. The project exceeded the target by **65%**. This increase can be attributed to most IPs have established relationship and are well known in their catchment areas. Also, because we have mapped locations of MARP target group, we have been able to establish strong relationships with others MARPs. Furthermore, **977** individuals were reached with general population HIV prevention messaging. The target for the general population indicator is young women between the ages of 15 and 29 years and only two IPs focused on this group. In accordance with USAID recommendations, this population was removed as part of the target group for the HIV-MARPs Project in April 2012; as a result of the mid-year change in focus, it is understandable why the project could not meet the target.

The HIV-MARPs Project had **108** functioning condoms outlets, which represents 54% of the target. Two of the IPs, True Men and MCDA did not have any functional outlets due to shortage of condoms in the district. Although these two IPs were able to outsource condoms from the DHMT and BDF, the quantities available were too low to supply outlets therefore the projects could only distribute condoms during outreaches to MARPs. Furthermore, most of the shebeens

(i.e. a house where home brewed alcohol and commercial beer is sold) that were identified as condom outlets are now nonfunctional with the effect of the new alcohol law which prohibits sales of alcohol in homes. The recent enacted law prohibits selling of alcohol in homes. For instance, SKSG had **74** functioning condom outlets but the number dropped to **56** due to the effect of this law. Other hot spots such as bars refuse to be supplied with condoms as they states that they sell condoms in their premises therefore do not want to lose business. We are planning workshops for bar owners and attendants to sensitize them on HIV and the role they can play to reduce HIV infections. To that end Nkaikela has already conducted a workshop in Tlokweg sub- district and received strong endorsement from participants.

Despite the challenged mentioned above, the project, still distributed **721663 (711,150 male and 10,513 female)** condoms to MARPs during outreaches and to outlets. In FY2013, we will focus on increasing the uptake of the females in all the five districts.

RTI also conducted refreshers training for all the IP’s in the 5 districts. The objective of the refresher trainings was to further increase knowledge, ability and confidence in recognizing sexual risks, negotiating and using condoms and talking about STIs, share experiences in outreach work and provide feedback, help participants in understanding how to use communication guides in outreach activities and finally increase participants’ knowledge in facilitating group and individual sessions.

A total of **226** (26 male and 200 female) participants, all PE were trained. Training were held in 5 districts were IP’s implement. In order to provide tailored trainings, trainings were provided per IP, thus 6 trainings were conducted, including the Tebelopele pre-service training. Out of the 226 trained, **9** PE (4 male and 5 female) completed the pre-service training while the **217** PE (22 male and 195 female) completed the in-service training. Topics covered in the trainings included: how to conduct behavior change sessions, risk reduction, including safer sex practices, condom negotiation skills, team building. Communication skills, including barriers to effective communication, facilitation skills and risks behaviors association with HIV transmission among MARPs (not screening for STIs adherence to treatment including sharing of drugs by sex workers, the use of double condoms, alcohol abuse and combination of alcohol with STI medication, intra-vaginal practices that tightens the vagina, thus increasing ricks for HIV transmission. At the end of the trainings, participants were expected to

4.1 Data Performance by Grantee

4.1.1 Matshelo Community Development Association (MCDA)

Table 3: MCDA’s Project Achievements by Indicator and Quarter

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative	
		MC	40	MC	3	MC	0	MC	0	M	43
MCDA	P8.3 No. of MARPs										

Organization	PEPFAR Indicator	Q1 VERIFIED		Q2 VERIFIED		Q3 VERIFIED		Q4 VERIFIED		Cumulative	
		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	FSW	127	FSW	325	FSW	300	FSW	1,082	F
Total	167		Total	328	Total	300	Total	1,082	Total	1,877	
P8.4.D No. of targeted condom outlets	Total	0	Total	0	Total	0	Total	0	Total	0	
No. of Condoms distributed	MC	2,165	MC	4,023	MC	2,686	MC	9,567	MC	18,441	
	FC	36	FC	244	FC	81	FC	222	FC	583	
	Total	2,201	Total	4,267	Total	2,767	Total	9,789	Total	19,024	

Programmatic Overview

MCDA provides small group and individual-level HIV prevention services targeting FSWs and their male clients. PEs conduct sessions in selected hotspots in Francistown (e.g. bars, hotels, etc.). Communication guides on HIV prevention, consistent condom use, STIs, and BCC tools are used during sessions to ensure consistent and quality delivery of messages. For FY2012 (Table 3), MCDA reached **1,834** new sex workers and **43** male clients with HIV prevention messages. During these outreaches **18,441** male condoms and **583** female condoms were distributed. MCDA did not have functional condom outlets due to limited condom supply in the district. Though, the organization and RTI have been communicating with the DHMT and supply was increased, it is still insufficient. MCDA is exploring forming partnerships with private companies and other NGOs such as PSI to increase condom supply. During Q4, Botswana Defense Force supplied MCDA with 6,000 condoms which were distributed during outreaches.

MCDA established partnership with Tebelopele to provide HTC services at the center. Previously, MCDA referred beneficiaries to government clinics and Tebelopele for HTC and STI screening and treatment services. However, it was difficult to establish if the target group accessed these services. With HTC services provided at the drop-in center, clients now can access services without fear of stigma and discrimination. Since the partnership started in August 2012, 19 sex workers received counseling services and 13 agreed to be tested for HIV and STIs. Out of the 13 tested only 2 tested positive and were

referred for treatment services. It should be noted that Tebelopele were recruited to provide HTC to sex workers recruited by the Ministry of Health for the MARPs size estimation and behavioral and biological surveillance survey of HIV/STI among selected high risk population in Botswana (BBSS) conducted by FHI 360 and MOH. Nonetheless, MCDA PEs participated in the study by providing recruiting sex workers for the study and providing HIV prevention messages. MCDA PEs referred 220 sex workers and all were provided with HTC services as part of the IBSS package.

To ensure that the target group has access to STI services, MCDA has established partnership with the DHMT to provide these services. Initially, DHMT and MCDA identified two clinics in Area G and Gerald estate as there were both easily accessible. However, after more consultations and thorough reviews of capacity needs, both parties agreed to use the Kagiso clinic. In August 2012, MCDA met with the Kagiso staff to brief them about the program and sensitize them about MARPs issues. MCDA with assistance from HIV-MARPs Project is working with the clinic to establish a referral mechanism and services are expected to commence in Q1 of FY2013.

MCDA also benchmarked with Nkaikela Youth Group (NYG) for purposes of replicating programs such as Ikageng Bomme. Currently the organization does not have capacity to offer group counseling to sex workers on psycho-social issues but our project plans to train all IPs in FY2013 using the Nkaikela model so they can begin providing psycho-social services at the drop-in center.

4.1.2 Nkaikela Youth Group (NYG)

Table 4: Nkaikela's Summary of Achievements by Indicator and Quarter

ORG	PEPFAR Indicator	Q1 Verified		Q2 Verified		Q3 Verified		Q4 Verified		Cumulative	
Nkaikela	P8.3 No. 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	MC	309	MC	273	MC	163	MC	485	MC	1,230
		TD	131	TD	184	TD	189	TD	104	TD	608
		FSW	316	FSW	207	FSW	242	FSW	220	FSW	985
		Total	756	Total	664	Total	594	Total	809	Total	2,823
	P8.4.D No. of targeted condom outlets	Total	18	Total	0	Total	17	Total	18	Total	18
No. of condoms distributed	MC	11,442	MC	6,516	MC	10,779	MC	23,070	MC	51,807	

ORG	PEPFAR Indicator	Q1 Verified		Q2 Verified		Q3 Verified		Q4 Verified		Cumulative	
		FC	10	FC	0	FC	0	FC	59	FC	69
		Total	11,452	Total	6,516	Total	10,779	Total	23,129	Total	51,876
	H2.3.D No. of health care workers who successfully completed an in-service program within the reporting period.	M	0	M	0	M	0	M	15	MA	15
		F	0	F	0	F	25	F	56	FA	81
		Total	0	Total	0	Total	25	Total	71	Total	96

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 sessions in selected hotspots such as bars, hotels, shebeens (i.e., homes where home brewed alcohol and commercial alcohol is sold) and hostels (rented houses in one compound) 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, including bars, truck stops and shebeens. During FY 2012 (Table 4), NYG reached a total of **1,230** new male clients and **608** truck drivers with HIV prevention messages. NYG also reached a total of **985** new FSWs. A total of **2,823 MARPs** were reached by the program. Furthermore, a total of **51,807** male condoms and **69** female condoms were distributed during outreaches. **15,600 male** condoms of the above were distributed to **18** condom outlets. Only **69** female condoms were supplied because of stock out issues with the DHMT. Nkaikela is exploring ways to increase amount of the female condoms.

During Q2, Nkaikela experienced shortage of condoms; however, the organization employed strategies such as liaising with the DHMT and established relationships with other NGO such as BOFWA to ensure consistent condom supply. This initiative resulted in an increase of increase in condoms distributed in both Q3 and Q4 (see table above).

Nkaikela also provides psycho-social support through the “Ikageng Bomme” group with the aim of addressing multiple issues facing women who have a history of sex work. The group aim to empower women with the knowledge and support needed to take charge of their lives and make healthy choices. Some of the topics addressed include violence against sex workers and HIV; the effects of substance abuse, intimate partner violence (IPV) and HIV/AIDS, etc. A total of 11 sessions were conducted during Q3 and Q4. To ensure participants could communicate freely, the support groups have been divided into three groups: one group consists of Batswana, another Zimbabweans, and the third one consists of youth (aged 17–22 year).

In an effort to offer a full package to sex workers, Nkaikela has collaborated with Botswana Family Welfare Association (BOFWA) to provide HTC and STI screening services. BOFWA was supposed to visit NYG once a month with effect from June 2012 but due to capacity at BOFWA, the provision of services never took off and have been halted to date. Currently, Nkaikela refers beneficiaries to government facilities and this has proven difficult to track number of completed referrals. The HIV-MARPs Project in conjunction with the Tlokweng DAC will be holding a referral meeting on October 12, 2012 to review the current status of the Tlokweng district HIV and AIDS referral system and identify ways of establishing the district referral system. We hope to utilize this forum to engage the DHMT on the issue of provision of clinical services to MARPs. The short term plan is to request the DHMT to identify a clinic where Nkaikela can refer people while waiting for the referral system to be functional to facilitate tracking referrals

On April 25, 2012, NYG conducted a one day workshop for bar owners and attendants under the theme **“100% Condom Use by our Community”** with the aim to strengthen working relationships between bar owners and attendants. A total of **11** participants attended the workshop. Participants were sensitized on the status of HIV prevalence and incidence rate in Tlokweng. There were presentations followed by discussions on the condom situation in Tlokweng and the role of bar owners and attendants as partners in the fight against the epidemic.

Additionally, NYG also organized two day training for sex workers under the theme **“Our Health Comes First”** on 14 and 15 June, 2012. The aim of the training was to strengthen knowledge about STI’s including HIV. Sex workers discussed issues such as HIV and STI transmission in the local context and the implication of these trends in sex work. Furthermore participants were trained on how to correctly and consistently use the condom. A total of **25** FSW were trained.

As a follow-up to the “Our Health Comes First” training held during Q3, Nkaikela conducted training under the same theme during Q4. The aim of this training was to further provide and address some of the issues such as condom negotiation skills, alcohol and HIV that emerged during the first training. A total of **19** FSW attended the training. The training revealed that it was still difficult to negotiate condom use. For instance when given scenarios for roles on condom negotiation, it was identified that most participants did not have refusal skills and were not assertive enough when demanding the use of condoms. The training also revealed that participants drink alcohol while working. One participant stated that “I have to drink alcohol when I work so that I can develop confidence”, however she asked “how can I stop?” Nkaikela is planning another training to address the issue of alcohol and drugs and link it to HIV and AIDS prevention.

With the aim to strengthen working relationship between police officers, Nkaikela conducted a training targeting law enforcements officers, immigration officers and other

stakeholders during Q4. A total of **28** people participated consisting of 10 male police officers, 2 female police officers and 16 other relevant stakeholders. After the training, senior police personnel pledged to raise awareness and sensitize the force on issues of sex work and human rights. Furthermore, the police pledged to provide Nkaikela with names of gender focal person at each police station for easier referrals. Further, the police promised to provide slots for sensitization meetings at their respective police station. Nkaikela in return pledged to continue providing trainings especially to patrolling officers.

Finally, Nkaikela conducted a “Gender, HIV and Human Right” workshop on 27 September, 2012. The aim of the training was to introduce the concept of gender, gender roles, and HIV to sex workers and empower sex workers on human rights. A total of 24 FSW participated in this training. Based on discussion from the workshop and participants feedback, participants have little knowledge about sexuality. Furthermore, most participants did not have power in sexual relationships. One participant stated that “I got infected in marriage; I did not have the virus when I got married...”

Overall, participants were grateful for the information and some even lamented that they appreciated learning about gender and HIV and AIDS. Most recommended a follow-up training on gender based violence as this was one of the new topics.

4.1.3 Tebelopele

Table 5: Tebelopele of Project Achievements by Indicator and Quarter

ORG	PEPFAR Indicator	Q1 Verified		Q2 Verified		Q3 Verified		Q4 Verified		Cumulative	
Tebelopele	P8.3 No. 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	MC	176	MC	88	MC	230	MC	43	MC	537
		TD	590	TD	383	TD	206	TD	309	TD	1,488
		FSW	143	FSW	135	FSW	102	FSW	71	FSW	451
		Total	909	Total	606	Total	538	Total	423	Total	2,476
	P8.4.D No. of targeted condom outlets	Total	25	Total	41	Total	6	Total	24	Total	24
	No. of condoms distributed	MC	11,614	MC	6,068	MC	6,852	MC	11,324	MC	35,858
		FC	1764	FC	183	FC	40	FC	164	FC	2,151
		Total	13,378	Total	6,251	Total	6,892	Total	11,488	Total	38,009

Programmatic Overview

Tebelopele provides small group and individual-level HIV prevention targeting FSWs and their male clients. Male clients include mostly truck drivers on transit in the Kasane and Kazungula area. PEs conducted sessions 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.

For FY2012 (Table 5), **537** new male clients, and **1,488** new truck drivers were reached with HIV prevention messages. The program also reached **451** FSWs with HIV prevention messages. Overall, 2,476 new MARPs were reached. Furthermore, a total of **38,009** (35,858 males and 2,151 females) condoms were distributed during these outreaches and to condom outlets. Out of the **38,009** condoms distributed, **8,000** were distributed to **24** outlets and the rest during outreaches.

The program experienced a decline in the distribution of the female condom due to supply issues. However, the district conducted a study to determine “Factors Contributing to the Low Uptake of Condom Use among Adult Male and Female Population Aged 18 to 49 Years in the Chobe District.” As part of the district’s efforts to increase the percentage of people using female condoms from the current 17.5% to 25% by 2013, Tebelopele will liaise with DAC and support the district’s activity to ensure that MARPs are reached.

Furthermore, Tebelopele is one of the IPs that has successfully implemented the mapped and listed outlets, as well as setting of targets for PEs in the distribution of condoms to both individuals and outlets. This has ensured that there is close monitoring of condom distribution, and in turn increased the rate at which condoms are distributed. Tebelopele experienced a decline of condoms outlets from 41 to 6 condoms outlets in Q3. This staggering decrease was due to factors such as limited condom supply and some of the shebeens were closed due to the new alcohol laws that prohibit alcohol sales in homes. During Q4, Tebelopele conducted a mapping exercise to identify new hotspots and worked with DAC and BOFWA to ensure consistent condom supply. This resulted in a dramatic increase in condom distribution by **46%** compared to Q3.

Clients are referred to local clinics for services such HTC, STI screening and management, PMTCT, and ARV. However it has been difficult to determine if the referrals have been completed. Since the partnership to work with BOFWA at the clinic, only 4 referrals for HTC to BOFWA for testing by PE were completed. This is mainly because PEs are not referring beneficiaries for services. The HIV-MARPs Project is scheduling mini-training in FY2013 for PEs to address this issue.

Tebelopele currently is not providing psycho-social support services due to a lack of capacity. RTI has scheduled training next quarter Q1 (FY 2013) to build their capacity to replicate the NYG model led by Dr. Modie.

4.1.4 Silence Kills Support Group (SKSG)

Table 6: SKSG's Summary of Project Achievements by Indicator and Quarter

Organization	PEPFAR Indicator	Q1 Verified		Q2 Verified		Q3 Verified		Q4 Verified		Cumulative	
SILENCE KILLS SUPPORT GROUP (SKSG)	P8.3 No. 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	MC	337	MC	353	MC	401	MC	308	M	1,399
		FSW	360	FSW	375	FSW	440	FSW	421	F	1,596
		Total	697	Total	728	Total	841	Total	729	Total	2,995
	P8.4.D No. of targeted condom outlets	Total	16	Total	74	Total	56	Total	56	Total	56
	No. of Condoms distributed	MC	8,578	MC	195,034	MC	181,440	MC	112,823	MC	497,875
		FC	300	FC	1,941	FC	1,396	FC	2,752	FC	6,389
		Total	8,878	Total	196,975	Total	182,836	Total	115,575	Total	504,264
	H2.3.D No. of health care workers who successfully completed an in-service program within the reporting period.	M	0	M	0	M	0			MA	0
		F	0	F	0	F	25			FA	25
		Total	0	Total	0	Total	25			Total	25

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. PEs, mostly former commercial sex workers, conduct sessions 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. For FY 2012 (Table 6), a total of **1,399** new male clients and **1,596** new FSWs were reached with HIV prevention messages during outreaches.

SKSG recorded the highest number of condoms distributed among all IPs as a result of a partnership formed with the DHMT in FY2011, which ensured a constant supply of condoms, the distribution of condoms has therefore been improved significantly. A total of **504,264** (497,875 male and 6,389 female) condoms were distributed during outreaches and to outlets. Out of the above distributed, **244,972** (243,450 male and 1,522 female) were distributed to **56** condom outlets. The high number of condom outlets is because SKSG has successfully implemented the mapping exercise and listing of outlets, as well as setting up targets for PEs distributing condoms to both individuals and outlets. This has ensured that there is close monitoring of condom distribution, which in turn, increased the rate at of condom distribution. However the program experienced a decline in the number of outlets with the new enacted law that prohibits selling of alcohol from homes. Twenty condoms outlets were closed during Q3 (from 74 outlets to 56 outlets). The program identified two outlets in Q4 to increase outlets from 54 in Q3 to 56 functional outlets in Q4.

From the 29th April – 3rd May, a psychosocial support camp was held for FSWs living with HIV who are members of the support group. The objectives of the camp were to increase awareness on HIV and AIDS, STIs, alcohol abuse and gender issues and improve the life skills of support group members. The camp was also aimed at providing a platform for support group members to share life experiences and serve as a retreat for support group members.

Selibe-Phikwe is one of the project sites that has developed a referral network, enabling sex workers and their clients to access friendly services such as HTC, STI screenings and management, PMTCT, ARV, and TB screenings and treatment. However, though the system was piloted and seemed to be working, SKSG have not seen an increase in the number of referrals or number of referrals completed. Currently, referrals were made but SKSG have not received completed referrals slips to determine if indeed the referrals have been completed. Table 7 depicts the number of people referred for services.

As part of livelihood development, a life skills training workshop was held for FSWs from June 25–27, 2012. A total of 25 FSWs completed training on various survival skills. The objectives of the training were to equip participants with life skills and provide a relaxed platform to discuss life issues. Topics and facilitators included

- Manicure and Pedicure—facilitated by former FSWs who started her own business after attending previous life skills training.
- Leather Works—facilitated by a specialist from Department of Agriculture, Hides and Skins unit all the way from Mochudi
- Poultry—facilitated by a local officer from the Department of Agriculture, Animal Production unit
- Tent Decoration—facilitated in partnership by a local volunteer who is a former FSW, now married and running her own business
- Baking—facilitated by our very own HTC attendant, sharing her skill with project beneficiaries
- Bookkeeping—included stock keeping/recording (inventory), expenditure, profit and loss, and banking. This was facilitated by Accounts Officer from SKSG.
- Bead Making—facilitated by a member of local women’s support group for women infected and affected by HIV.

The workshop provided skills that would enable FSWs to venture into small businesses using the skills they acquired. The training also provided a relaxed atmosphere and platform for discussion of FSWs life issues. At the end of the workshop, participants formed groups according to their chosen areas of interest to further their skills and later register businesses. The following schedule runs at the center to enable FSWs to continue with the skills they learnt, and help them start – up their businesses, providing them space for operation and guidance. Already sessions have started at the center.

Table 7: Summary of SKSG’s Services and Referrals by Quarter

	Q1		Q2		Q3		Q4			
Silence kills	HTC	5	HTC	9	HTC	8	HTC	8	HTC	30
	STI	15	STI	9	STI	7	STI	15	STI	46
	ART	1	ART	0	ART	0	ART	0	ART	1
	PAP	10	PAP	5	PAP	1	PMTCT	15	PAP	31
	Alc	22	Alc	16	Alc	12	Alc	3	Alc	53
	other	4	Other	6	Other	4		2	Other	16
	Total	57	Total	45	Total	32	Total	43	Total	177

To understand which MARPs referred were not assessing services, despite a functioning referral system in the district, SKSG conducted a mini-telephone interview of people who were referred for services. The people were chosen from referrals made between May and August 2012. Out of the 15 people randomly selected for the interview, only 10 were interviewed. Four people could not be reached as they were not picking the telephone and 1 number given was the wrong number. Out of the 10 randomly selected, 7 were sex workers and 3 were male clients.

All three male clients were referred for SMC: one successfully received SMC service but the other two did not complete the referrals. Both stated that they did not access services because of work commitment. However, one also revealed that he did not go because he was afraid. He stated that he heard his friend saying circumcision causes impotency.

Out of the seven sex workers referred, only one was able to complete the referral. She stated that she was referred for PAP smear and was happy with the service she received. Out of the 6 who did not complete the referral, 2 stated that they did not complete the referral because of work commitments, 3 reported that they lost their referral slip and decided to stay at home, and 1 stated that she did not accessed HTC service because she was scared of being positive. However, the 6 did not disclose what they were referred for. This mini-survey revealed that there are still barriers (both perceived and structural) for an effective referral system. In FY2013, the HIV-MARPs Project will support tailored trainings for both PE and beneficiaries to overcome/reduce barriers to access and address clients concerns. Additionally, the project plan to consult and collaborate with Selebi-Phikwe DAC to conduct a full study on the referral system.

4.1.5 True Men Trust

Table 8: True Men Trust’s Summary of Project Achievements by Indicator and Quarter

ORG	PEPFAR Indicator	Q1		Q2		Q3 Verified		Q4 Verified		Cumulative Total	
True Men Trust	P8.3 No. 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	MC	0	MC	253	MC	281	MC	282	M	816
		TD	392	TD	749	TD	543	TD	534	TD	2,218
		FSW	133	n/a						FSW	133
		Total	525	Total	1,002	Total	824	Total	816	Total	3,167

ORG	PEPFAR Indicator	Q1		Q2		Q3 Verified		Q4 Verified		Cumulative Total	
	P8.4.D No. of targeted condom outlets	Total	0	Total	0	Total	0	Total	0	Total	0
	No. of condoms distributed	MC	2,310	MC	3,167	MC	12,193	MC	15,591	MC	33,261
		FC	120	FC	218	FC	0	FC	0	FC	338
		Total	2,430	Total	3,385	Total	12,193	Total	15,591	Total	33,599

Programmatic Review

True Men Trust provides small group and individual-level HIV prevention targeting male clients and truck drivers in Francistown. The organization started focusing on men in January 2012 (see MCDA portion for more clarification). The program provides comprehensive HIV prevention efforts utilizing the peer education approach. Peer educators, mostly former commercial sex workers, conduct sessions 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.

For FY 2012, True Men reached **816** new male clients and **2218** new truck drivers during outreaches with HIV prevention messages. The program had a reach of **133** FSW who were reached during Q1, before the organization dropped this target group to avoid double counting as MCDA was targeting FSW. Though a mapping exercise was conducted, both organization realized that the target group was highly mobile thus the likelihood of reaching the same people.

True Men experienced low condom supply during Q1 and Q2. Only **2430** and **3385** condoms were distributed during Q1 and Q2 respectively. This problem led to the organization to decide not to supply outlets with condoms and focus more on distributing condoms during outreaches. However, the problem improved slightly in Q3 and Q4 with **11,910** and **15,591** condoms distributed respectively.

True Men is currently negotiating to work with the department of transport to offer drop-in services at the weigh bridge. The department of transport has a caravan that was used as a clinic at the weigh bridge which is currently not operating. The mobile clinic used to provide HTC and STI screening and treatment services to truck drivers. The department has promised to open the facilities soon and True Men intends to continue to be the first contact for the target population and refer them for services at the mobile clinic. Furthermore, with the Kazungula clinic starting to operate and with most passing truck drivers in route to Kazungula, True Men will establish a referral link and refer them to utilize that clinic.

For provision of services to male clients, True Men have approached Tebelopele and DHMT and anticipate agreements to be in place by October 2012.

4.1.6 BCC/Kgolagano

Table 9: BCC/Kgolagano's Summary of Project Achievements by Indicator and Quarter

ORG	PEPFAR Indicator	Q1 Verified		Q2 Verified		Q3 Verified		Q4 Verified		Cumulative	
BCC/ Kgolagano	P8.3 No. 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	MC	13	MC	50	MC	355	MC	266	MC	684
		FSW	179	FSW	189	FSW	517	FSW	342	FC	1,227
		Total	192	Total	239	Total	872	Total	608	Total	1,911
	P8.4.D No. of targeted condom outlets	Total	0	Total	9	Total	10	Total	10	Total	10
	No. of condoms distributed	MC	1,200	MC	10,347	MC	26,174	MC	19,438	MC	57,159
		FC	40	FC	55	FC	18	FC	2	FC	115
		Total	1,240	Total	10,402	Total	26,192	Total	19,440	Total	57,274

Programmatic Overview

BCC/Kgolagano provides small group and individual-level HIV prevention targeting FSWs 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 sessions 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.

BCC/Kgolagano reached 684 new male clients and 1227 new female sex workers with HIV prevention messages during FY2012. The organization experienced an increase in the number of new male clients and new female sex workers during Q3 and Q4. This increase is attributed to intensified volunteer management. For instance, PEs were given new targets and weekly meeting were conducted to track progress and address challenges.

BCC/Kgolagano also recorded an increase from **11, 642** condoms distributed during outreaches in both Q1 and Q2 to **45, 632** condoms distributed during outreaches for Q3 and Q4 respectively. Out of the **57,274** condoms distributed during this reporting period, **21,380** male condoms were distributed to **10** condom outlets during this reporting period. The increase in supply of condoms is due to consistent condom supply from the Ministry of Health and BOFWA.

BCC/Kgolagano has a drop-in-center that currently does not offer comprehensive services to sex workers because of lack of capacity to do HTC, STI screenings, and management. To ensure that their clients receive MARP-friendly services, BCC/Kgolagano has partnered with BOFWA to offer clinical services to sex workers once a month at the drop-in center. During Q3 (April 25), BOFWA provided HTC services to 30 FSWs at the center: 27 FSWs tested positive and 3 were negative. These services have however not been regular due to logistics issues faced by BOFWA. BOFWA provided STI and HTC services at the drop-in center from July 2012. On 25th July 2012, 10 people were provided with HTC services, (2 were males and 8 were females). Only 1 female tested positive while the rest tested negative. Additionally, 22 MARPs (3 male and 22 female) were screened for STI, with 21 treated for UTI.

Further, two PEs participated in a 14 days mapping of Gaborone for the MARPs size estimation and Behavioral and Biological Surveillance Survey of HIV/STI among selected High Risk Population in Botswana (BBSS). The PEs' roles were to assist the research team to identify hot spots frequented by sex workers and recruit them for enrollment in the study.

4.1.7 LCCT

Table 10: LCCT Summary of Summary of Project Achievements by Indicator and Quarter

Organization	PEPFAR Indicator	Q1 Verified		Q2 Verified		Q3 Verified		Cumulative Total	
LCCT	P8.1 No. 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	96	M	53	M	4	M	153
		F	288	F	267	F	55	F	610
		Total	384	Total	320	Total	59	Total	763
	P8.4.D No. of targeted condom outlets	Total	0	Total	0	Total		Total	0
	No. of Condoms distributed	MC	4,349	MC	4,199	MC	292	MC	8,840
		FC	227	FC	31	FC	0	FC	258
		Total	4,576	Total	4,230	Total	292	Total	9,098

Programmatic Overview

LCCT provides 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 in workplaces, 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. In FY2012 (Table 10), a total of **153** new male and **610** new young women between the ages of 15-29 years were reached with HIV prevention messages..

Due to acute shortage of condoms affecting Francistown district, LCCT have not been able to distribute condoms to outlets. However, a total of **9098** (8840 male and 258 female) condoms were distributed during one-on-one and/or small group outreaches. Following the recommendations of the USAID external review that the project no longer focus on the women aged 15-29 years, we terminated the sub-agreement with LCCT effective May 1, 2012; and this explains the comparatively low performance of LCCT during Q3 reporting period.

4.1.8 BOFWA

Table 11: BOFWA's Summary of Project Achievements by Indicator and Quarter

Organization	PEPFAR Indicator	Q1 Verified		Q2 Verified		Q3 Verified		Q4 Verified		Cumulative Total	
BOFWA	P8.1 No. 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	12	M	30	M	36			MA	78
		F	76	F	30	F	30			FA	136
		Total	88	Total	60	Total	66			Total	214
	P8.3 No. 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	MW	21	MW	2	MW	0			MW	23
		F	5	F	0	F	0			F	5
		Total	26	Total	2	Total	0			Total	28
	P8.4.D No. of targeted condom outlets	Total	10	Total	31	Total	0			Total	0
	No. of condoms distributed	MC	771	MC	6,130	MC	1,008			MC	7,909
		FC	65	FC	545	FC	0			FC	610
		Total	836	Total	6,675	Total	1,008			Total	8,519
	No. of individuals who received Testing and Counseling (TC)	M	59	M	12	M	0	M	34	M	105
		F	68	F	21	F	0	F	19	F	108
		Total	127	Total	33	Total	0	Total	53	Total	213

Organization	PEPFAR Indicator	Q1 Verified		Q2 Verified		Q3 Verified		Q4 Verified		Cumulative Total	
	services for HIV and received their results										

Programmatic Overview

BOFWA provided HIV prevention interventions to migrant workers and young women between the aged 15–29 years and their partners in the villages of Kachikau, Mabele, and Kavimba. These villages are located along the Kachikau-Ngoma construction road. The program provided comprehensive HIV prevention interventions 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. During FY2012 (Table 11), **136** young women between the aged 15–29 and **78** of their partners were reached with HIV prevention messages. Based on recommendations from RTI internal review and external review from USAID/Botswana and USAID/Washington to narrow focus target population to sex workers and clients and drop young women as a target group, RTI negotiated a new scope of work with BOFWA scope of work. As a result, BOFWA has partnered with Tebelopele, which already has an ongoing project targeting the same group and to ensure provision of SRH and HIV services. These services are provided at the Kazungula weigh bridge clinic, also in partnership with Kasane DHMT.

A total of 213 individuals received HIV testing and counseling services and received their results during this reporting period. Out of the 213 individuals who received services 53 people were tested through static clinic by the weigh bridge before the Kazungula clinic started operating and 12 clients were reached using the Kazungula Weigh Bridge Clinic. There were 8 new time testers being (6 males and 2 females), while there were 45 repeats being (28 male repeats to 17 female) repeats. Out of the 53 people who got tested for HIV, 17.0 % were HIV positive with more males testing HIV positive by 55.6 % to 44.4 % of females. 12 of those tested were truck drivers while 7 FSWs. Among the 12 truck drivers at least 1 tested HIV positive while 4 FSWs of the 7 who tested for HIV were HIV positive constituting 71 % of HIV positive results among sex workers who tested.

Further, 7 clients being 5 males and 2 females were serviced with STI services, all the 7 clients were screened for STI's and at least 6 were treated for different STI cases. Among them the 6 who were treated for STI's, there were 4 truck drivers, 1 female sex work and another was a hair dresser. Almost all clients serviced here are on the age range of 20–35 years expect one who was aged 50.

4.2 Referral Systems and Number of Individuals Referred

One of the main objectives of the HIV-MARPs Project is to strengthen referral systems in the five project sites. Table 12 presents the data for MARPs referred per IP. Though IP continue to refer MARPs for services, there is still no system in place to ensure that the referral is complete. RTI is working with the 5 district to establish district referral systems which will benefit MARPs.

Table 12: Summary of Number of People Referred for HTC, STI, ART, PMTCT and Alcohol (1 October 2011-30 September 2012)

ORG	Q1		Q2		Q3		Q4		Cumulative	
NYG	HTC	2	HTC	8	HTC	0	HTC	4	HTC	14
	STI	23	STI	7	STI	1	STI	17	STI	48
	ART	0								
	PMTCT	1	PMTCT	0	PMTCT	0	PMTCT	0	PMTCT	1
	Alcohol	0								
	Total	26	Total	15	Total	1	Total	21	Total	63
MCDA	HTC	0	HTC	54	HTC	16	HTC	276	HTC	346
	STI	8	STI	86	STI	20	STI	300	STI	414
	ART	0	ART	4	ART	0	ART	10	ART	14
	PMTCT	0	PMTCT	11	PMTCT	3	PMTCT	20	PMTCT	34
	Alcohol	0	Alcohol	7	Alcohol	0	Alcohol	10	Alcohol	17
	Total	8	Total	162	Total	39	Total	616	Total	825
TMT	HTC	98	HTC	175	HTC	407	HTC	363	HTC	1043
	STI	51	STI	178	STI	254	STI	199	STI	682
	ART	27	ART	11	ART	11	ART	24	ART	73
	PMTCT	9	PMTCT	0	PMTCT	0	PMTCT	0	PMTCT	9
	Alcohol	55	Alcohol	313	Alcohol	14	Alcohol	4	Alcohol	386
					SMC	23	SMC	110	SMC	133
	Total	240	Total	677	Total	709	Total	700	Total	2326
Tebelopele	HTC	37	HTC	12	HTC	11	HTC	8	HTC	68
	STI	10	STI	0	STI	0	STI	4	STI	14
	ART	1	ART	0	ART	0	ART	0	ART	1

ORG	Q1		Q2		Q3		Q4		Cumulative	
	PMTCT	0	PMTCT	0	PMTCT	0	PMTCT	0	PMTCT	0
	Alcohol	0	Alcohol	0	Alcohol	0	Alcohol	0	Alcohol	0
	Total	48	Total	12	Total	11	Total	12	Total	83
SKSG	HTC	5	HTC	9	HTC	8	HTC	8	HTC	30
	STI	15	STI	9	STI	7	STI	15	STI	46
	ART	1	ART	0	ART	0	ART	0	ART	1
	PAP	10	PAP	5	PAP	1	PMTCT	15	PAP	31
	Alcohol	22	Alcohol	16	Alcohol	12	Alcohol	3	Alcohol	53
	other	4	Other	6	Other	4		2	Other	16
	Total	57	Total	45	Total	32	Total	43	Total	177
BCC/Kgolagano	HTC	0	HTC	0	HTC	11	HTC	33	HTC	44
	STI	19	STI	26	STI	45	STI	70	STI	160
	ART	0	ART	0	ART	0	ART	0	ART	0
	PMTCT	0	PMTCT	0	PMTCT	1	PMTCT	1	PMTCT	2
	Alcohol	0	Alcohol	0	Alcohol	0	Alcohol	4	Alcohol	4
	Total	19	Total	26	Total	57	Total	108	Total	210
BOFWA	HTC	0	HTC	0	HTC	0			HTC	0
	STI	1	STI	0	STI	0			STI	1
	ART	0	ART	0	ART	0			ART	0
	PMTCT	0	PMTCT	0	PMTCT	2			PMTCT	2
	Alcohol	0	Alcohol	0	Alcohol	0			Alcohol	0
	Total	1	Total	0	Total	2			Total	3
LCCT	HTC	3	HTC	4	HTC	2			HTC	9
	STI	2	STI	16	STI	1			STI	19
	ART	0	ART	0	ART	0			ART	0
	PMTCT	0	PMTCT	1	PMTCT	0			PMTCT	1
	Alcohol	0	Alcohol	0	Alc	0			Alc	0
	Total	5	Total	21	Total	0			Total	26

Table 13: Summary of Project Activities from October 2011 to September 30, 2012

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.
Disseminate BCC materials already in existence, with targeted messages incorporating benefits of condom use, MC, early STI screening and treatment.	On-going activity.	The MARPs are benefiting from the BCC/IEC materials targeting the general population, such as materials on safe male circumcision, STIs, PMTCT, ART, TB, etc.
Assisting implementing partners to disseminate newly developed SMC National guidelines.	On-going activity.	Materials are accessed through government structures in the districts and disseminated to the target populations by PEs during outreach activities.
In partnership with IP, develop MARPs specific BCC/IEC materials including communication guides for peer educators.	Materials have been developed	With assistance from a consultant, draft materials have been developed and awaiting approval by USAID (see narrative below)
Develop technical assistance plans on HIV prevention activities for each IP.	Consulting with IP	Working with IPs to develop plans on HIV prevention.
Revise Communication Guides to incorporate young women's vulnerability to HIV/AIDS	Communication under review	With the TA from the RTI MARPs Specialist, the guides will revised to include topics specific for MARPs (see narrative below)
Identify training needs for IP's and conduct refresher trainings.	Completed	Refresher trainings were conducted for all IP's during Q1 and Q4
Conduct risk reduction training for PEs	Identified a consultant(s) to combine the psycho-social model with PWP and risk reduction	The psycho-social support model will designed to include topics on risk reduction and prevention with positives. The plan is to combine these topics and conduct the training for IPs once
Strengthening Technical and Organizational Capacity of Botswana Community Supported Organizations (CSOs) to Support the Implementation of MARPs prevention strategies		
Activities	Progress/Outcome	Brief Comments
Convene Project Review Meeting	Done	Review meeting was conducted on 25-26 October, 2011. All implementation partners attended and shared their achievements, challenges and lesson learnt. Representatives from USAID and government participated.
Assess IPs capacity for implementing a comprehensive package of services	Assessment completed	Assessment s completed, CPS for each district developed. Finalizing TA plans for IP's
Strengthen referral linkages for MARPs in the selected districts	On going	Selibe-Phikwe has developed a referral system with tools and community services inventory. These have been piloted and the draft documents produced. Referral meeting conducted in Kasane, referral tool developed, piloting expected of the referral system expected to start next quarter, Referral committee scheduled for October 12, 2012 in Tlokweg.

Activities	Progress/Outcome	Brief Comments
Train IPs on resource mobilization to ensure sustainability of their project activities beyond the RTI funding	Not done	This activity was put on hold because the OD position was vacant. OD position have just been filled and training scheduled for next quarter
Assist IP to develop sustainability plan	Not Done	This activity was not done since its occurrence was linked to the training on resource mobilization. OD positions have just been filled.
Provide technical assistance on OD activities for selected IPs	This is done on an on going basis with scheduled quarterly visits	On-site TA, in addition to phone and email TA provided.
Coordination and Reporting		
Participate in USAID capacity building TWG.	Ongoing	
Report project interventions and activities regularly to USAID and NACA.	Ongoing; quarterly reports submitted.	Quarterly review meeting done
Monitoring, Evaluation		
Design monitoring system for identified CSOs to use during project implementation, and train CSO in its use.	On-going	Quarterly reporting template reviewed and guidance document developed. TA on report writing provided.
Finalize standard operating procedures for data quality assurance.	On-going	Though the SOPs reviewed and to be incorporated into M&E plans which IPs.
M&E system in place and operating.	On-going	The project is at a stage where we can safely say that the system is in place and operating as data from the service delivery sites is regularly collected, analyzed and reported to USAID. However, periodic review is essential.
Train CSOs on data collection and reporting tools for routine quarterly reporting.	IPs trained	On-site TA provided
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 finalized with USAID with estimated targets.

5. Challenges to Implementation

5.1 Lack of Transport: Most of the IPs in the HIV-MARPs Project do not have transport to do project work. Sex work business is conducted mostly at night in Botswana; thus peer educators have to reach sex workers at night. Working at night inherently carries

risks and it is even worse where an area is infested with dangerous wild animals as seen in Kasane. This work therefore needs more reliable transport.

5.2 Unsupportive Legislation: Both activities of Sex work and MSM are illegal in Botswana. This means that whatever activities that are carried out under the project must not, in any way, be interpreted to be acts of promoting sex work or MSM. Our partners from GOB are often over cautious when dealing with issues of MARPs; some of the activities are put on hold until everybody is satisfied that they have adequate supporting information and/or their principals would approve of such activities. This at times cause unnecessary delays in project implementation; a typical example is where the Ministry of Health has advised the project not to go ahead with development of curriculum for health care workers on “Stigma Reduction” and subsequent training of the said employees until we have the outcome of the BBSS.

5.3 Non-functional Referral Linkages: In order to provide a comprehensive package of services to the MARPs population and the community at large, there is need for a functional referral system within each project district. Out of the five project districts, only Selibe Phikwe has a functional referral system; the rest are at various stages of development. RTI’s contribution to the development of these referral linkages is only as support to the local authorities within the respective districts. The process has been slow because of competing priorities within each district and that RTI can only play a supportive role while the local authorities are the ones who should lead the process.

5.4 Project Reviews: Several reviews were conducted during the reporting period and this meant that the project had to make several implementation adjustments to accommodate recommendations from the reviews which were originally not part of the annual plan; this is notwithstanding the highly appreciated value that the review contributed to the project.

5.5 Condom Stock-outs: Reports of irregular condom supply at a number of project districts especially in Francistown presented a challenge given that there can never be an effective MARPs Project without consistent adequate supply of condoms to the targeted beneficiaries.

5.6 Staff Turnover: There continues to be relatively high staff turnover both at RTI and IP levels. This affects project implementation; in particular, it undermines capacity building efforts especially at the level of IPs.

6. Conclusion and Way Forward

Notable achievements for FY 2012 for the HIV MARPs Project include: increased mobilization of MARPs for HCT; a total of **721 663 condoms (711 150 male and 10 513**

female) (compared to **248 178** condoms in 2011) were distributed to MARPs despite inconsistent supply in some project districts; reaching **15 277** MARPs population with HIV prevention messages, thus exceeding the set target of **10 000**; consolidating the development of the comprehensive package of services (CPS); a lot of effort was put into capacity building trainings and mentoring in peer education, BCC, and OD for IPs; review and development of IEC materials for MARPs; increased sensitization of the respective communities, including law enforcement officers on the issues of MARPs; collaboration with Ministry of Health, FHI360, and other partners in the BBSS targeting MARPs during the last three months of the reporting period. However there are a number of challenges that the project faces as captured under Chapter 5 of this Report.

The final year of the project will be dedicated to concluding outstanding activities to ensure that the project achieves its set goals and objectives, including the recommendations from the project reviews which were conducted during the reporting period as well as ensuring a smooth project closeout by September 2013; a detailed Annual Work Plan will be submitted in this regard.

Annex A: Planned Activities for the Next Quarter

List all planned activity for the quarter (Disaggregated as per Annual Work Plan)		Oct 2012				Nov 2012				Dec 2012			
		1	2	3	4	1	2	3	4	1	2	3	4
Week Number		1	2	3	4	1	2	3	4	1	2	3	4
Component 1: Designing and Implementing Community-Based HIV Prevention Interventions Targeting MARPs.													
1	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	X	X	X	X	X	X	X	
2	Finalize MARPs specific BCC/IEC materials which target risky behaviors such as the double condoms, re-use of male or female condoms with either the same or subsequent partners, the use of dry substances to dry the vagina, leading to dry sex	X	X	X	X	X	X	X	X	X	X	X	X
3	In partnership with IP, develop MARPs specific BCC/IEC materials including communication guides for PEs	X	X	X	X	X	X	X	X	X	X	X	X
4	Printing of IEC materials for MARPs	X	X	X	X	X	X	X	X	X	X	X	X
5	Conduct 4 orientation workshops on IEC materials with IPs	X	X	X	X	X	X	X	X	X	X	X	X
6	Revise communication guides to be more targeted towards MARPs and the unique issues they face, using empowering language	X	X	X	X	X	X	X	X	X	X	X	X
7	Rollout the psycho-social model to the remaining sites (Gaborone, Selibe Phikwe, Francistown and Kasane). Topics to cover risk reduction and counseling and prevention with positive	X	X	X	X	X	X	X	X	X	X	X	X
8	Strengthen referral linkages for MARPs in the selected districts	X	X	X	X	X	X	X	X	X	X	X	X
9	Develop a training guide for health care providers on MARPs friendly services	x	x	x	x	x	x	x	x	x	x	x	x
10	Train IPs on the provision of friendly services for MARPs	x	x	x	x	x	x	x	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	Finalize IPs capacity for implementing a comprehensive package of services TA plans	X	X	X	X	X	X	X	X	X	X	X	X

List all planned activity for the quarter (Disaggregated as per Annual Work Plan)		Oct 2012				Nov 2012				Dec 2012			
		1	2	3	4	1	2	3	4	1	2	3	4
2	Develop an individualized sustainability plans for each grantee												
3	Strengthen capacity of IPs in financial management including budget preparations	X	X	X	X	X	X	X	X	X	X	X	X
4	Provide training on resource mobilization and proposal development		X	X	X	X	X	X	X	X	X	X	X
4	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
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	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
3	Provide TA to project partners on Report writing and documenting of success stories	X	X	X	X	X	X	X	X	X	X	X	X
4	Provide TA on data utilization	X	X	X	X	X	X	X	X	X	X	X	X