



The Basha Lesedi Project Final Report





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Final Report

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“Community Intervention to Promote Abstinence and Related Life Skills among Youth in the Republic of Botswana”

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FHI 360 Botswana

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Acronyms

BCC	Behavior Change Communication
BLP	Basha Lesedi (“Youth are the Light”) Project
BNYC	Botswana National Youth Council
BOCAIP	Botswana Christian AIDS Intervention Programme
BONASO	Botswana Network of AIDS Service Organizations
BONEPWA+	Botswana Network of People Living with HIV and AIDS
BOTUSA	Centers for Disease Control and Prevention and the Government of Botswana partnership
CDC	U.S. Centers for Disease Control and Prevention
CFLE	Christian Family Life Education
CJSS	Community Junior Secondary School
CSOs	Civil Society Organizations
DAC	District AIDS Coordinator
DFCs	District Field Coordinators
DHT	District Health Teams
DMSAC	District Multi-sectoral AIDS Committee
DSS	Department of Social Services
FGDs	Focus Group Discussions
FHI 360	Family Health International
FMP	Families Matter! Program
GOB	Government of Botswana
HPP	Humana People to People
IP	Implementing Partner
IPC	Interpersonal Communication
LDGs	Listener Discussion Groups
M&E	Monitoring and evaluation
MOH	Ministry of Health
MYSC	Ministry of Youth, Sports & Culture
NGOs	Non-governmental Organizations
OVC	Orphans and Vulnerable Children
PEPFAR	President’s Emergency Plan for AIDS Relief
PLA	Participatory Learning Approach
PLWHA	People living with HIV and AIDS
S&CD	Social & Community Development
SSI	Stepping Stones International
TOCAT	Technical and Organizational Capacity Assessment Tool



Executive Summary

In 2006, with funding from the US Centers for Disease Control and Prevention (CDC) and the President's Emergency Plan for AIDS Relief (PEPFAR), Family Health International (FHI 360) launched the Basha Lesedi Project (BLP) to reduce HIV infection among youth ages 10-17 through multiple evidence-based interventions, which engaged individuals, families, communities, and institutions. The BLP sought to 1) Equip youth with knowledge, skills, and attitudes to choose abstinence and faithfulness and adopt other critical life skills; 2) Help parents/guardians to serve as more active and effective supporters of healthy choices about HIV and related issues for youth; and 3) Increase the capacities of national and local organizations and individuals in target communities. To achieve these aims, FHI 360 worked in close collaboration with six implementing partner organizations: Botswana Christian AIDS Intervention Programme (BOCAIP), Botswana Network of People Living with HIV and AIDS (BONEPWA+), Botswana Network of AIDS Service Organizations (BONASO), Humana People to People (HPP), Makgabaneng, and Stepping Stones International (SSI).

The findings from a participatory needs assessment at the beginning of the project informed the development of the multiple behavior change communication (BCC) interventions. FHI 360 provided extensive technical support to the partner organizations to design or adapt interventions that integrated the HIV prevention and risk reduction themes, as well as the issues raised in the needs assessment, to ensure that programming was relevant and resonated with the social norms and culture in Botswana. In addition, FHI 360 provided capacity building to the implementing partners (IPs) throughout the project focused on: BCC, monitoring and evaluation (M&E), financial management, and sub-grants management.

The BLP provided communities with a coordinated and sustained HIV prevention program that utilized a variety of channels to reach the target audience including radio dramas, posters, billboards, one-on-one communication interventions, small group discussions, curriculum-based workshops and family-centered care. HIV prevention interventions were conducted in targeted communities, recreational clubs, schools and churches to engage youth. Parents were mobilized to participate in the program, learning improved parenting and parent-child communication skills to enable them to increase communication with young people around sexuality and risky behaviors and provide more supportive environments.

Youth participation was essential in the BLP. Significant effort was made to engage them at every step including planning the project launches and at the annual plenary and stakeholder meetings. A youth-adult partnership training was also conducted to help partner organizations include youth participation activities into their overall practice and work.

With BONASO as the managing partner, the BLP strove to demonstrate that a well-coordinated, multi-pronged approach in the community could help achieve a common goal. This was a unique approach in Botswana which proved to be both successful and challenging as it required IPs to work together as collective rather than individual organizations. Strong co-ordination, clear roles, and good communication at all levels proved key to providing effective multi-channel interventions at the community level for the first time in Botswana.



1

Country Context

In 2006, at the inception of the Basha Lesedi Project (BLP), Botswana was facing a severe HIV/AIDS epidemic, with prevalence rates that were among the highest in the world according to UNAIDS.¹ In the general population, HIV prevalence was reported to be approximately 17% although the figure increased dramatically in certain segments of the population (e.g., pregnant women) or in specific localities.² Recognizing the mounting crisis, the Government of Botswana (GOB) was swift to respond. To break the cycle of new infections, the government and donor communities knew that treatment, care and support programs needed to be coupled with evidence-based prevention programs that addressed the critical drivers of the epidemic in this sparsely populated country of approximately 2 million people.³ The GOB and donors collaborated to draw substantial attention to changing behavioral norms to prevent HIV in the next generation and meet the goals of the National Strategic Frameworks. Crucial to breaking the cycle of HIV infection among youth is not only focusing on individual knowledge, attitudes, and skills, but also active engagement of parents/guardians and the broader community, including people living with HIV and AIDS (PLWHA). Research demonstrates that there is a strong link between good parent-child sexual communication and

decreased sexually risky behaviors in adolescent children. Additionally, studies have found that adolescents who talked with their parents about sexual issues were more likely to use condoms and/or have fewer sex partners compared to those who had not.^{4,5,6}

While HIV prevalence rates for adolescents in Botswana – then and now – are much lower than the rest of the population, a 2005 school-based survey found youth indulged in high risk sexual practices. The survey found that among youth 13-15 years old 26.9% of males and 10.3% of females reported having had sexual intercourse and 15.5% of these boys and 5.8% of these girls reported two or more sexual partners.⁷ The same survey found that 24.9% of males and 17.4% of females reported drinking so much alcohol that they got drunk at least once. It was evident that if youth were to remain HIV free, norms regarding sexual and partnership behavior and alcohol abuse all needed to change. By targeting younger youth, starting at age 10, the BLP offered a critical opportunity to reach young people before they begin to engage in risky behaviors, including sexual activity and alcohol use. This is important as research findings demonstrate that preventing risk behaviors before they start is easier and more effective than changing established behaviors.^{8,9}

- 1 UNAIDS and World Health Organization (WHO). AIDS Epidemic Update 2006. Geneva, Switzerland: UNAIDS, 2006. http://data.unaids.org/pub/epireport/2006/2006_epiupdate_en.pdf
- 2 Central Statistics Office (CSO). Botswana HIV/AIDS Impact Survey II: Statistical Report 2004. Gaborone, Botswana: CSO, 2005. http://www.cso.gov.bw/images/stories/HouseHold/stats_report.pdf
- 3 Central Statistics Office. 2011 Population and Housing Census – Preliminary Results Brief. Gaborone, Botswana: CSO, 2011. <http://www.cso.gov.bw/templates/cso/file/File/Census%202011%20Preliminary%20%20Brief%20Sept%2029%202011.pdf>
- 4 Deborah Holtzman and Richard Rubinson, "Parent and Peer Communication Effects on AIDS-related Behavior Among US High School Students," *Family Planning Perspectives*, 27(1995): 235-240, 268.
- 5 Nancy Lee Leland and Richard P. Barth, "Characteristics of adolescents who have attempted to avoid HIV and who have

communicated with parents about sex," *Journal of Adolescent Research*, 8(1993): 58-76.

- 6 Daniel Romer et al., "Parental Influence on Adolescent Sexual Behavior in High-poverty Settings," *Archives of Pediatric Adolescent Medicine*, 153(1999): 1055-1062.
- 7 World Health Organization (WHO) and U.S. Centers for Disease Control and Prevention (CDC). Global School-Based Student Health Survey: Botswana 2005 Fact Sheet. Gaborone, Botswana: WHO, 2005. http://www.who.int/chp/gshs/2005_Botswana_Fact_Sheet.pdf
- 8 Gilbert J. Botvin et al., "Preventing adolescent Drug Abuse through a Multimodal Cognitive-Behavioral Approach: Results of a 3-year study," *Journal of Consulting and Clinical Psychology*, 58 (1990): 437-446.
- 9 Kim. S. Miller et al., "Patterns of Condom Use Among Adolescents: The Impact of Mother-Adolescent Communication." *American Journal of Public Health*, 88 (1998): 1542-1544.

2

Project Background

To equip youth with knowledge and skills that could lead to changing attitudes, increased risk perception, and ultimately a reduction in risky behaviors would take multiple evidence-based interventions that brought together individuals, families, communities, and institutions. The BLP moved beyond awareness-raising and sought to change social norms and behaviors around sex in an inclusive manner through the necessary multi-level interventions.

It was evident from sharp increases in HIV prevalence rates when youth reach their twenties that prevention efforts had to be more effective at changing risky behaviors earlier or preventing the adoption of them (see Table 1). The BLP's overall goal was to reduce HIV infection among youth ages 10-17 in selected districts. The design of the BLP took into account the many challenges facing youth, such as norms regarding multiple partners, gender dynamics, a lack of recreational opportunities, and the easy availability of alcohol. The project's main objectives were to:

1. Equip youth with knowledge, skills, and attitudes to choose abstinence and faithfulness and adopt other critical life skills (e.g. avoiding alcohol, resisting peer pressure, avoiding "sugar daddy" relationships)
2. Help parents/guardians to serve as more active and effective supporters of healthy choices about HIV and related issues for youth.
3. Increase the capacities of national and local organizations and individuals in target communities to help prevent HIV infection among youth through participatory project planning and implementation.

From 2006-2012, with support from the U.S. Centers for Disease Control and Prevention (CDC) and funds from the President's

Table 1: HIV Prevalence by Age and Gender in Botswana

Age Range	Male	Female	All
10-14	3.5	3.5	3.5
15-19	2.4	5.0	3.7
20-24	7.4	16.0	12.3
25-29	16.0	33.9	25.9

Source: Central Statistics Office (CSO). 2008 Botswana HIV/AIDS Impact Survey III: Statistical Report. Gaborone, Botswana: CSO, 2009. http://www.cso.gov.bw/images/stories/HouseHold/baisiii_report.pdf

Emergency Plan for AIDS Relief (PEPFAR), Family Health International (FHI 360) and its IPs undertook a multi-component program to help youth build the needed skills and adopt attitudes to reduce risky behaviors, and help create a supportive environment at community level and in the home. The BLP engaged influential adults and the broader community and took into account that social and gender norms and economic factors greatly influence the sexual behaviors and overall well-being. The BLP encouraged delay of sexual debut for those who haven't yet initiated sex and faithfulness/partner reduction and condom use for youth already having sex. Finally, the project's design recognized that the local organizations promoting these new norms and skills needed to be strengthened and therefore included a capacity building component.

As part of the project design, FHI 360 strategically selected local civil society organizations (CSOs) as IPs based on their strengths, target audiences, and areas of expertise. Instead of operating independently in various districts, the local partners were brought together as one collaborative team under the name the Basha Lesedi Project which means "youth are the light". In the era



of competitive and limited funding for CSOs, the BLP partners had to become familiar with each other's areas of expertise, learn to work together, minimize duplication of activities, and appreciate that by working together they had a greater chance of reaching more youth with HIV prevention programming.

2.1 District selection

The district selection process was conducted through a series of consultations with various government and civil society stakeholders who had knowledge and interest in issues of HIV/AIDS in Botswana, especially youth-

Table 2: BLP Partners and their Responsibilities

BLP Partners	Responsibilities
FHI 360	Overall project responsibility; Technical assistance and quality assurance; Monitoring and evaluation (M&E); Guidance on qualitative and quantitative data collection; Capacity building in technical areas and basic project management; Donor and GOB relations and donor reporting
Botswana Network of AIDS Service Organizations (BONASO)	Project and district coordination; Project representation at District Multi-sectoral AIDS Committee (DMSAC); Grants management for two local CSOs; BLP information dissemination; Liaison with GOB
Botswana Christian AIDS Intervention Program (BOCAIP)	Conduct clubs/camps for youth, outreach to church leaders to incorporate HIV prevention and abstinence messages into sermons, and train parents/guardians to talk to youth using a FHI 360 faith-based curriculum
Botswana Network of People Living with HIV and AIDS (BONEPWA+)	Conduct family centered household visits for Orphans and Vulnerable Children (OVC); Conduct health education talks at clinics
Botswana National Youth Council (BNYC)	Capacity build with grassroots organizations; Promote youth participation in project planning/implementation
Humana People to People (HPP)	Door-to-door visits and one-on-one communication to promote BLP messages; Implement the Families Matter! Program; Conduct radio drama listener discussion groups with youth and adults; Establish youth recreational clubs
Makgabaneng	Develop print media, radio drama, and other information, education, and communication messages and materials directed toward youth; Coordinate with HPP, BNYC, BOCAIP, and BONEPWA+ to assure relevant messages and media; Train IPs to conduct the radio drama listener discussion groups; Provide monitoring and quality assurance of listener discussion groups (LDGs)
Stepping Stones International (SSI)	Peer education training; Monitoring of the peer education program

related interventions. The process used a qualitative methodology which included consultative meetings, and reviewing written materials on HIV and other development indicators in Botswana.

To ensure that there was representation of views regarding where the project sites should be, a series of stakeholder meetings were conducted with national non-governmental organizations (NGOs) and government bodies as well as with the district level stakeholders. A decision-making matrix was used to guide the selection process and narrow the nomination of districts that were then discussed at district level consultative meetings. District site visits to meet the District AIDS Coordinators (DAC) or phone calls were conducted to gather more detailed information on district level initiatives. Youth-serving organizations were also interviewed to ensure that the views of youth-led or youth representative organizations were included in guiding the district selection process.

Stakeholders that were consulted included:

- **National:** National AIDS Coordinating Agency (NACA), Ministry of Local Government (MLG), Ministry of Health (MOH), Ministry of Education and Skills Development (MESD), Academy for Educational Development (AED), Pact, BONASO, BONEPWA+, BOCAIP, HPP
- **District:** DAC Representatives in Kweneng East, Masunga, Goodhope and Kanye
- **Sectoral:** MoE, Ministry of Youth, Sports & Culture (MYSC), BNYC, Makgabaneng

Analysis of the decision matrix suggested that Southern Kanye, Borolong, Kwaneng East, Tutume, and North East as areas that should be visited to make the final selection. The two final sites selected, North East and Borolong,

were rural and remote areas with limited health services and access to resources for HIV/AIDS. In Borolong, the Goodhope sub-district was specifically selected as a result of community discussions.

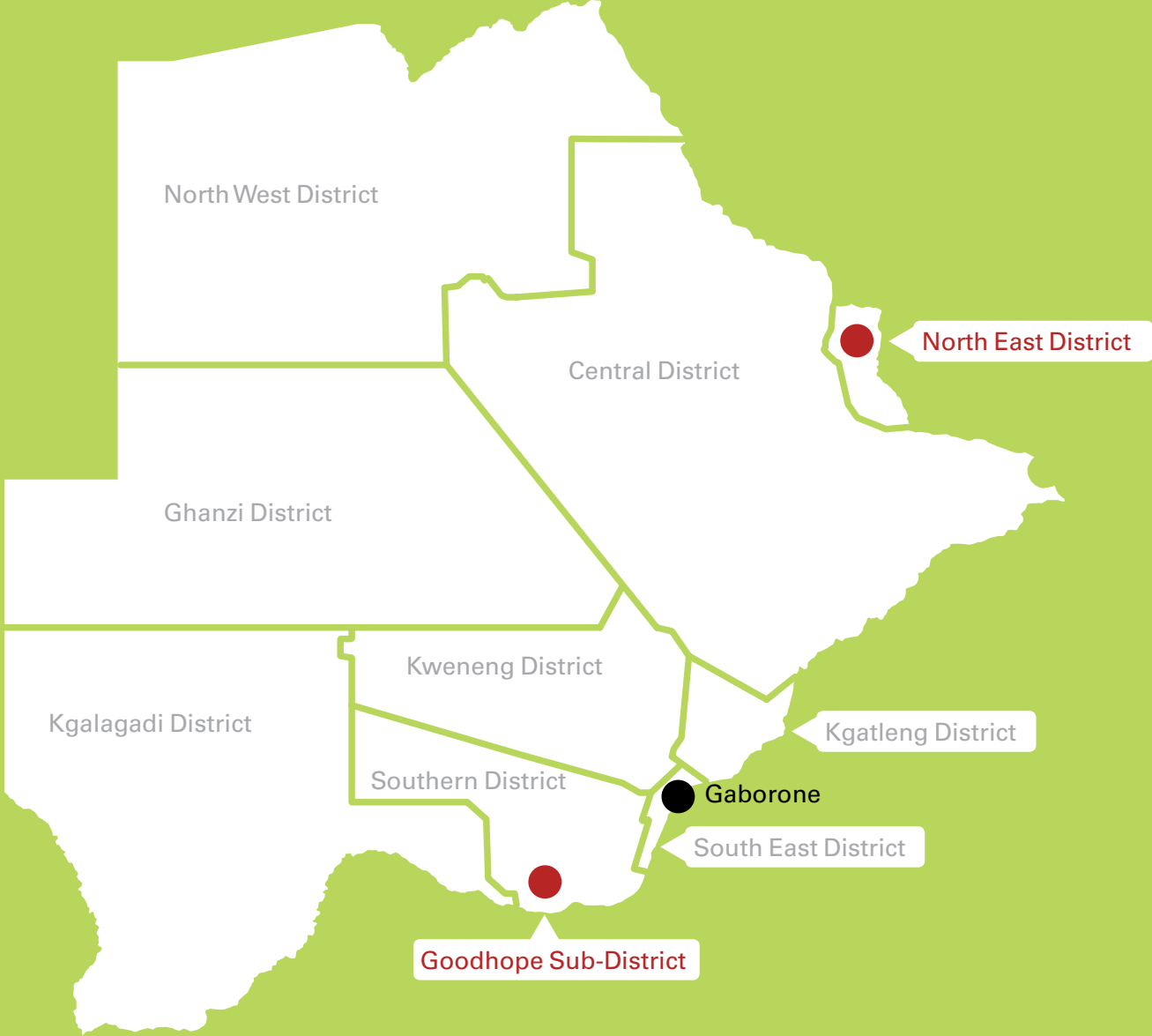
The North East district is characterized by villages in close proximity (10 km) to each other and a highly mobile population who predominantly speak Kalanga as a first language. Kalanga is spoken by only 9.7% of the population nationally.¹⁰ Stakeholder meetings during the district selection process suggested that many older youth were unemployed and engaged in high alcohol consumption and risky behavior. Early marriages and school drop outs were also reported to be problematic. Cultural beliefs, such as the belief that ancestors will protect a person from HIV/AIDS, were thought to hinder some prevention efforts such as the uptake of condoms. According to the BAIS II, undertaken in 2004, North East district also had the highest percentage of children who had lost both parents (8%) in Botswana.¹¹

The Goodhope sub-district is located in the southern part of the country along a transport route and the border of South Africa. It has a low population density and is a farming community comprised of more than 50 localities in relatively close proximity to each other (at least 20 km to each other). Stakeholders reported adolescent pregnancies and school drop outs among the problems youth face in the area. There had never been large, long-term donor support for programs and services in the area beyond one-off activities and community outreach. There were limited resources for HIV and AIDS interventions as a result of the low numbers of community-based NGOs operated in the area. As a result, stigma, myths, and misinformation were widespread according to stakeholders during the selection process.

10 CIA World Factbook. Botswana. <https://www.cia.gov/library/publications/the-world-factbook/geos/bc.html>

11 Central Statistics Office (CSO). Botswana HIV/AIDS Impact Survey II: Statistical Report 2004. Gaborone, Botswana: CSO, 2005. http://www.cso.gov.bw/images/stories/HouseHold/stats_report.pdf

Figure 1:
Map of Botswana with BLP selected sites – North East district and Goodhope sub-district





3

Developing Targeted Interventions

The Basha Lesedi Project was unique in Botswana in that its design called for using multiple channels to deliver a variety of activities in selected communities all contributing to one goal. More often, a community may have a one-off awareness raising event or one or more NGOs operating individually at a small scale. The BLP aimed to target the communities with multiple BCC interventions and message channels to reach as many youth as possible in a manner that would involve them and motivate and support adoption of risk reduction behaviors.

3.1 Needs assessment findings

The project's first priority was to engage the target communities to find out what youth knew and needed to know so that the project could address the very real and relevant issues they faced in their daily lives. This information would ensure that the messages and interventions were tailored to the project's target audiences. A needs assessment was conducted with youth and adults in both districts. The project engaged a local contractor to conduct the assessment. The needs assessment with youth used a Participatory Learning Approach (PLA) which consisted of a package of data collection approaches, including mapping, drawing, and storytelling¹². For adults, the needs assessment consisted of focus group discussions (FGDs) with parents/guardians and stakeholders, and in-depth interviews with key community leaders and service providers.

Eight PLAs were conducted in each district with a total of 150 youth between 10-17 years of age participating. Each PLA covered two of four sessions (mapping, drawing, storytelling about sex, and storytelling about alcohol). The methodologies used gave youth a way to express their perceptions of what was going on in their communities. The information and themes that came out during the needs assessment were valuable in identifying key issues and concerns among youth in the communities that the project could address. Although the mean age that Botswana youth report first having sex is 18,¹³ youth in the needs assessment reported that sexual debut is often much earlier, and some youth as young as ages 10-13 reported already having sex. Youth gave several reasons why young

12 Family Health International (FHI 360). Engaging communities in youth reproductive health and HIV projects: A guide to participatory assessment. Youth Community Involvement Resources. Research Triangle Park, NC: FHI 360 (YouthNet Project), 2006.

13 National AIDS Coordinating Agency (NACA). HIV Prevention with Men and Women Aged 15-34 in Botswana (Baseline Study) [Abstract]. 2008. <http://www.naca.gov.bw/node/110>

“Parents should ‘keep singing’ even if youth do not seem to listen”

Youth leader, North East district

people have sex, which ranged from peer pressure to experimentation to desire for or promises of material goods (transactional sex). Peer pressure affected both girls and boys. Girls mainly reported pressure from boys to have sex because it was enjoyable or demonstrated their love for the boy, while boys stated that they face pressure from other boys to engage in sex with girls. This pressure was both direct (e.g., name calling) and indirect (e.g., feelings of insecurity or inadequacy).

Youth understood that drinking alcohol could lead to risky sex and said that alcohol was easily accessible in their communities. Nonconsensual sex was also identified as a critical issue in communities. Long walks from school, drinking or hanging out in bars were mentioned in association with situations in which older men enticed, coerced, or forced young women to have sex. Youth expressed a desire for more safe spaces for youth activities, more interpersonal communication approaches for sexuality education, more communication with their parents/guardians about HIV and sexuality, and safer places to access condoms without fear of being reproached by adults.

Three focus group discussions were held in each district (two with parents/guardians and one with stakeholders) for a total of six FGDs. In all, 55 individuals participated in the FGDs. In-depth interviews were conducted with 32 stakeholders including headmasters from local schools, doctors, the Kgosì (Chief), and the DAC. Parents/guardians felt that youth ages 10-17 were at risk of HIV infection and saw a connection between alcohol use and

risky sexual behaviors. The lack of activities for youth concerned adults as did the lack of adult role models as many adults themselves drink and/or had multiple partners. Parents/guardians wanted their children to postpone sexual activity until they were older and many felt uncomfortable about the idea of youth using condoms. They also wanted to learn better communication and parenting skills so that they could actively provide their children with information about sex, body changes, and pregnancy. Finally, discussions with parents/guardians revealed the need and desire for help to cope with disclosure about their own HIV status and the status of children born HIV positive.

The FGDs and interviews with adults helped ensure that the project took into account perceptions of HIV risks, concerns, and needs around being better able to support young people in making healthy choices. Overall, community members and stakeholders that participated in data interpretation and dissemination meetings which followed the needs assessment were eager to have the project in their communities and welcomed interventions that strengthened parenting and communication skills, involved the church communities, and empowered youth.



3.2 Designing the BCC messages

Data gathered from the needs assessment was instrumental in designing the BCC messages for the project. The project integrated the findings from the needs assessment into two BCC workshops for the IPs which served to help define key concepts for the BLP work, including abstinence; faithfulness; partner reduction; condom use; parent-child communication; alcohol and HIV; and services/services referral and provided a forum for drafting core messages for the BLP interventions (for more information on BCC please see page 27). Following the second workshop, media partner Makgabaneng was tasked with refining and pre-testing the messages. As the project progressed, Makgabaneng also helped develop new messages around transactional sex and multiple concurrent partners.

Makgabaneng also led a separate workshop with all the IPs for drafting a storyline for a narrow-casted radio drama that would be played on CD in the communities. Many of the details that youth provided during the needs assessment about their communities and risky behaviors were woven into the radio drama script. The drama was set in a fictitious village and followed a group of youth, teachers, parents/guardians, and health and social service professionals through a number of events that highlighted risky behaviors, good and bad choices, and places to get support from within communities.

3.3 Using multi-component approaches

Once the project had determined the main BCC messages, it was necessary to integrate them into the project design. The project used an ecological framework as the foundation, recognizing that a young person doesn't behave in isolation, but rather operates within an environment of family, peers, and community. The BLP design therefore not only focused on individual communication products but also emphasized the integrated use of many different interventions, products, and channels, woven together into a comprehensive BCC strategy to reach the primary (youth) and secondary (parents/guardians and other adults in the community) audiences. The project used mass media, radio, one-on-one personal communication, a family centered approach and small groups to reach its target audiences. These approaches focused on deepening knowledge of risky behaviors and their consequences, stimulating community dialogue and fostering social support, and improving skills and self-efficacy (confidence to take action) for youth and their parents/guardians.

Whenever possible, messages and sessions were tailored for either younger youth, ages 10-13 or older youth, ages 14-17, due to differing developmental needs and the fact that people are often more comfortable talking about sex around their age-mates. For instance, with younger youth, the BLP emphasized abstinence, delaying sexual debut and what it meant to be faithful and for older youth or youth who were already sexually active the project also discussed condom use. Interventions for youth were carried out in a variety of settings to maximize project reach, and as often as possible within existing activities to ensure sustainability. The settings included youth clubs, sporting events, households, Scripture Unions, or community groups.

The interventions, and the partner with primary responsibility, were:

- Interpersonal communication guided by a one-on-one BCC tool that was developed to help individual youth identify whether they were at risk, select risk reduction goals, and practice skills building to adopt safer behaviors. (HPP)
- Small group curriculum-based sessions (using CFLE) were conducted on sexual and reproductive health from a faith-based perspective. For youth, these were run through clubs and camps and through Scripture Unions. (BOCAIP)
- A family-centered approach provided prevention and other support to households with youth affected by or living with HIV. (BONEPWA+)
- Curriculum-based workshops for parents/guardians and other influential adults were conducted to increase basic parent-child communication as well comfort and communication skills around sexual and reproductive health. Families Matter! was used via HPP in the general community, while CFLE was used by BOCAIP for the Christian community. (HPP and BOCAIP)
- Facilitated listener discussion groups (LDGs) were formed in the communities to meet weekly to listen to the radio drama and relate the themes and choices the characters made to their own lives. For youth, LDGs were run through the recreational clubs, while for adults, they were implemented through existing adult groups/committees, such as the Village Development Committee. (Makgabaneng and HPP)
- Recreational clubs offered youth safe spaces and activities, including sports and games after school and on weekends. (HPP)

- Community panel discussions provided a forum to stimulate dialogue between youth and parents/guardians on health topics such as alcohol and drug use, abstinence, and parent-child communication. Each panel included youth panelists who spoke on separate topics. (HPP)
- Health talks at clinics provided information on HIV prevention and other health topics. (BONEPWA+)












Reinforcing the face-to-face behavior change work was the use of mixed-media methods including posters and mini-billboards prominently displayed in the communities, promotional materials for activities that displayed the project logo, and BCC messages. Some of the popular prevention messages from the project that were used on posters, billboards, and other materials included:

- Abstinence works 100% to prevent unwanted pregnancy and HIV
- Believe in yourself, delay sex
- Be smart, avoid sex for flashy gifts
- Fact: multiple concurrent partners increases the risk of HIV
- I know I am a man and I don't need many women to prove it
- I know I am a man/woman and I do not have to be drunk to prove it
- I am young and drug free
- Be honest with your child about: sex, HIV, drinking, drugs
- With good parental advice I can face anything

The overall slogan selected for the BLP was "We take responsibility" or "ReTsaya Boikarabelo" in Setswana.



Table 3: Key Characters in the Radio Drama

	Character	Theme	Desired Behavior
	ABIGAIL Female teen modeling delayed sexual debut	Abstinence	Delay initiation/abstain from sex until completion of secondary school
	AMANTLE HIV positive child	Parent-child communication	Antiretroviral (ARV) medication adherence and open/honest communication with parent/ caregiver about HIV status
	BASHA Male teen modeling delayed sexual debut	Abstinence	Delay initiation/abstain from sex until completion of secondary school
	BLACKJACK Man in multiple concurrent relationships	Partner reduction / faithfulness	Stop engaging in multiple concurrent partnerships, use condoms correctly and consistently and be faithful to one partner
	MR. BRETT'S Adult male teacher involved in risky behavior	Intergenerational sex and multiple concurrent partners	Stop engaging in sexual relationships with students in exchange for grades, reduce partners and be faithful to one partner
	MR. KUMBULANI Adult male teacher modeling positive behavior	Positive adult- child relationships	Remain a positive adult role model and show interest in the well-being of the students
	LETTY Orphaned child looking after siblings	Orphans and vulnerable children (OVC)	Attend school regularly, access all OVC programs and seek assistance if in an abusive situation
	LUCRETIA Second girlfriend of a man with multiple concurrent partners	Condom use	Correct and consistent condom use, prevent the spread of STIs
	MESHACK Father to an HIV positive child	ARV adherence and HIV disclosure	Open/honest communication with children about their HIV status
	TIRO Male teen involved in risky behavior	Alcohol abuse	Stop abusing alcohol/drugs and become a responsible/productive young person
	TJEDZA Female teen involved in risky behavior	Intergenerational sex/unplanned pregnancy	Stop engaging in intergenerational sex, become a responsible/productive young person and avoid unplanned pregnancy and STIs



4

Goals and Objectives

The overall goal of the BLP was to reduce HIV infection among male and female youth ages 10-17 in the Goodhope sub-district and the North East district through a multi-component, community-based program.

4.1 Objective 1 – Interventions to reach youth

One of the primary objectives of the BLP was to help youth 10-17 years old in target districts and communities gain the necessary skills to avoid HIV infection or infecting others through abstinence and related life skills (e.g., remaining faithful to one tested partner, preventing alcohol abuse, controlling peer pressure, avoiding “sugar daddy” relationships, and using condoms if sexually active). As part of this objective the project also worked to influence attitudes positively and provide social support structures. To achieve this objective the project developed new interventions or introduced proven structured interventions and programs to engage and influence youth to adopt positive behaviors and attitudes.

a. Combating risks through one-on-one communication

HPP entered the consortium with a long history of door-to-door approaches for community mobilization to combat the spread of HIV. The BLP capitalized on their existing interpersonal communication approach to risk reduction, using field officers to impart basic information about HIV and AIDS to people and helping them identify their risks. Using the household visit approach, HPP was able to reach a large number of individuals. In Year 3, for example, HPP reached 6,933 individuals (3,962 youth ages 10-17; 2,971 adults) with HIV prevention messages on abstinence, being faithful/partner reduction, and using condoms. The project, in collaboration with HPP, refined and made adjustments to the interpersonal communication tool and methods in order to meet the needs of the BLP. The project’s one-on-one tool moved beyond scripted discussion and outlined distinct steps for every visit. With these refinements and clear guidance, HPP was

“One of our objectives as BOCAIP is to prevent new HIV infections. One of the challenges we had at the beginning of our interventions on Abstinence and Be Faithful was lack of relevant and appropriate materials.

FHI 360’s CLFE curriculum was specifically written for faith-based organizations, it included Bible passages, reproductive health and HIV and AIDS issues written from a Christian perspective so we decided to use it ”

Irene Kwape, National Coordinator BOCAIP

able to reduce the number of visits per client from four to two, resulting in more people reached with the complete and improved interventions.

In addition, data from the BLP process assessments and quality assurance monitoring revealed that while the door-to-door approach was reaching a lot of adults with prevention messages, it was not as effective at reaching young people due predominantly to the fact that most youth are not in their homes during the day. The monitoring found that field officers who visited houses during school hours, typically found only older adults at home. If the field officers made a visit while the youth in the targeted age range were at home, often the young person would not be comfortable talking about risky behaviors and sex with other family members around. To increase the reach to youth, the BLP recommended that HPP begin to use the one-on-one risk reduction approach in locations where youth gather outside of their household, such as schools and recreational or community-based HIV prevention clubs. The household approach was not abandoned altogether, however. The field officers instead focused the household visits on introducing the project to the adults, encouraging them to send their children to BLP clubs and activities, and inviting them to participate in the project’s

parent-child communication workshops. This effort was particularly important because youth reported not participating in BLP due to parental restrictions as a result of parents’ not understanding the purpose of the project.

b. Reaching the faith-based community with HIV prevention messages

Botswana is 71.6% Christian.¹⁴ As such the church plays an important role in many young people’s lives and in their communities. Strong linkages to religious institutions have been shown to provide a protective factor in young people’s lives. Project partner BOCAIP was enlisted to motivate and mobilize the faith-based communities to address HIV prevention using the FHI 360 YouthNet CFLE manuals.^{15,16} FHI 360 introduced BOCAIP to the CFLE curricula (one for adults and one for youth) as a field-tested intervention. BOCAIP found the curricula well-suited to their goals and to the culture of the churches with which they work. BOCAIP adopted the manuals as the primary materials to be used for training pastors and for conducting curriculum-based learning sessions with youth and parents/guardians. FHI 360 provided BOCAIP with technical assistance to adapt and roll out the curriculum by conducting a five-day Training

14 CIA World Factbook. Botswana. <https://www.cia.gov/library/publications/the-world-factbook/geos/bc.html>

15 Family Health International (FHI 360). Family life education: A handbook for adults working with youth from a Christian perspective. Research Triangle Park, NC: FHI 360 (YouthNet Project), 2008.

16 Family Health International (FHI 360). Family life education: Teaching youth about reproductive health and HIV/AIDS from a Christian perspective. Research Triangle Park, NC: FHI 360 (YouthNet Project), 2006.



Onkabetse Mokhomma and Albert Sekoanelo, Goodhope field workers

A lot of children do not have people to advise them and more children are getting involved in risky behaviors,” this is how field worker Onkabetse Mokhomma described the situation in rural town of Goodhope.

Onkabetse, a serious but open 29 year old, is passionate about working with adolescents, so he jumped at the opportunity to serve as a field officer with the Basha Lesedi Project (BLP) providing HIV prevention messages to youth.

Part of the field officers’ job was to work in the door-to-door program. “People are open when at home to talk about everything affecting them,” according to **Albert Sekoanelo**, another field officer. When working with a family, Onkabetse would first talk to them to evaluate the situation and then he would focus on creating a risk reduction plan with each child, which included identifying specific goals and finding a solution to change a behavior. “Return visits from the field officer and monitoring of the risk reduction plan by the child’s parents really helped create behavior change,” according to Onkabeste.



Onkabetse Mokhomma

While working with the BLP Onkabetse also noticed that “A lot of parents were harsh on their children, so they keep their distance and do not want to be home,” which he believes contributes to children getting involved in risky behaviors. In response Onkabetse created recreational clubs to provide youth with an alternative activity and a chance adopt healthier lifestyles.

Onkabetse believes that, “Using youth to run the discussions is important because they talk to their peers.” During the discussions the adolescents can talk about any challenges they are facing or get correct information about HIV and other important topics.

The clubs have proved very popular; there are currently five; two volleyball, two netball and a newly established football club, which are attended by a total of 90 youth. For those youth not interested in sports, there is also a dance club and a drama club.

Onkabetse believes the BLP had a huge impact on the community and he still has people asking him why it ended. Personally through this project Onkabetse was able to further his passion of “Working with children and advising them on things which affect their future,” and he continues to affect the lives of many youth in Goodhope through legacies left by the project.



Albert Sekoanelo

“I think [today’s activity] was helpful because I was able to discuss some issues freely that we don’t discuss at home with our guardian”

BONEPWA+ OVC participants, 2008-2009 Process Assessment

of Trainer’s workshop for 14 BOCAIP staff members. BOCAIP, in turn, conducted a workshop for 14 peer mentors to enable them to run the CFLE for youth sessions during club meetings held in churches and during Scripture Union meetings in schools. To reach more youth, BOCAIP formed over 30 new clubs with 10-25 members per club and ran the CFLE sessions during meetings. By Year 3 of the project, BOCAIP was conducting the CFLE curriculum in 38 active clubs and seven Scripture Unions. Due to the length of the curriculum, BLP worked with BOCAIP to restructure the abstinence clubs into three-day camps that were run during school breaks to increase the number of youth who could attend the complete CFLE program. In total, 47 camps were conducted with 1,521 youth (922 ages 10-13 and 599 ages 14-17) graduating from the CFLE program.

c. Reaching vulnerable youth with family-centered care

According to a 2008 National Situation Analysis there were a total of 518,060 children meeting the GOB’s definition of orphans or vulnerable children.¹⁸ While it’s important to note that orphanhood precedes the HIV and AIDS era, the number of orphans in Botswana has increased noticeably since the onset of the epidemic, posing a challenge for their care and support.¹⁹ The GOB has made great strides to institute programs to address the needs of these children such as the Orphan Care Program, which provides food and educational assistance to OVCs. However, gaps remain in the support and services for OVCs. In particular the 2008 National Situational Analysis highlighted the provision of psychosocial support as one of

the needs that is not being adequately met for OVCs.²⁰ The BLP worked with BONEPWA+ to develop an adult mentoring, family-centered care model within the home to augment and complement government programming, which delivers services outside the home.

The Aunties and Uncles Program component was developed by the BLP team based on the theory that providing adult mentorship would mitigate the negative psychological outcomes among children and adolescents who do not have significant adult role models in their lives. The provision of ongoing emotional support and a variety of other services was expected to improve OVC well-being and benefit their entire household. The approach

According to the Government of Botswana, an orphan is a child who is below 18 who has lost one or both parents.

A vulnerable child is a child who is below the age of 18 and lives in any of the following:

- An abusive environment;
- A poverty-stricken family, and is unable to access basic services;
- A child-headed household;
- With sick parents or outside family care; or
- Who is HIV positive.¹⁷

17 Government of Botswana. National Situation Analysis on Orphans and Vulnerable Children in Botswana. Gaborone, Botswana: Ministry of Local Government, Department of Social Services, 2008.

18 Ibid

19 Ibid

20 Ibid

was child-focused and yet family centered. Aunties and Uncles were expected to serve as positive adult role models who did not replace caregivers, but were an additional support not only to young people in the BLP target age range, but to the entire family including all children and parents/guardians.

BONEPWA+ recruited volunteers from their support groups for PLWHA to be Aunties and Uncles. FHI 360-led trainings helped the selected Aunties and Uncles have a greater understanding of the needs and inherent strengths of adolescents affected by and living with HIV and AIDS and how one can work and communicate with them. The Aunties and Uncles were trained to provide age appropriate information on HIV risk, reproductive health, and health care in general. They were introduced to FHI 360's Star Model of Service and Support²¹ which guided their work and encouraged them to look at multiple aspects of a child's life and well-being, including:

- household well-being (shelter and care)
- physical well-being (health)
- nutritional well-being (food)
- cognitive well-being (education)
- emotional well-being (psychosocial support)
- security and protection (legal supports such as birth registration and safety from danger, harm, and abuse).

In addition, the Star Model instructed the Auntie or Uncle to pay attention to two other key issues: promoting disease prevention

(including HIV prevention) and good decision-making, and promoting self-reliance and sustainability. They were also expected to make referrals to support groups, youth activity groups, and other needed services.

Through the Department of Social Services (DSS) and Social & Community Development (S&CD) offices, these Aunties and Uncles were assigned to households with orphans and other vulnerable children who DSS and S&CD identified as in need of additional support. During a 3-year period, 2,367 OVCs were reached by the Aunties and Uncles program. To guide the Aunties and Uncles in their visits, the project developed a manual of activities, stories, talking points, and reference information as well as data collection tools and forms. A child well-being assessment tool helped the volunteer get a better understanding of the child's needs as well as his or her environment and support systems. The holistic approach to caring for OVCs and their families enabled the volunteers to consider all areas of the child's needs and make appropriate follow up visits or referrals to other services.

d. Expanding into schools

Given the importance of reaching as many youth as possible, and the generalized nature of the Botswana HIV epidemic, the project wanted to introduce a peer education component to the schools in the BLP sites where large numbers of young people are at risk, yet easily reached. Therefore, in Year 4 of the project, FHI 360 asked Stepping Stones International (SSI) to assist in strengthening the capacity of HPP to implement school-based peer education programs. The peer

education program called “Right to Love and Life” was implemented in four schools, some of which were boarding institutions, in the Goodhope sub-district (Digawana Community Junior Secondary School (CJSS), Mmathethe CJSS, Phitshane Molopo CJSS, and Goodhope Senior Secondary School) and two schools in the North East (Batanani CJSS and Masunga Senior Secondary School). SSI worked closely with HPP to provide training and mentoring to build the capacity of their field officers to train youth peer educators, establish a peer education system in boarding schools by training youth in peer education, and to develop a plan for roll out of peer education in the schools to reach more than 400 students per school.

Following the initial training of 13 HPP staff, HPP trained 150 students in the six schools to begin peer education activities with their fellow students. The 150 peer educators developed plans to implement activities during guidance counseling sessions, at assemblies with break-out discussions, and during some after school activities. In addition, SSI selected 50 of the 150 peer educators to be trained by a professional local drama group, Millennium Production House, to use drama to engage the audience in decision making concerning issues such as, sexual abuse, multiple concurrent partnerships, teen pregnancy, and alcohol abuse as they relate to HIV transmission. The youth reached more than 2,700 students with their activities over a three-month period.

4.2 Objective 2 – Engaging parents/guardians and communities

The second objective of the Basha Lesedi Project was to improve the abilities of community leaders and parents/guardians of youth (10-17 years old) to become more active and effective supporters of youth’s healthy choices through improved knowledge and attitudes as well as communication and parenting skills.

Parents/guardians often feel left out of their children’s lives as they grow into adolescence and yet cultural norms and lack of knowledge and skills create distance and barriers to adults feeling comfortable talking to their children, especially about topics like sex and HIV. As one parent during the needs assessment said: “We were raised to believe that parents do not talk to children about sex, and I still think talking to children about sexual issues brings shame in the home”. Even under ideal circumstances, many parents/guardians feel awkward about discussing sex with their children and adolescents or may worry that talking to their children about sex will encourage sexual activity. Youth too may feel uncomfortable or fearful of asking parents/guardians about sexual topics. Youth who participated in the needs assessment expressed that their parents/guardians would become angry or yell at them if they asked questions about sexual issues. In general, however, research shows that youth want to hear from their parents/guardians about sex. The parents/guardians participating in the BLP needs assessment also expressed an overall need and the desire to learn to talk to their children.

The BLP introduced and adapted two different evidence-based parent-child communication activities in Botswana to help parents/guardians and other influential adults start the important conversations around sex and HIV with their children.



Collen Ngaka, Goodhope Peer Educator

I was only 14 when I began to drink, says Collen Ngaka. Most of my friends had already experimented with alcohol and I was under pressure to start drinking. When I went out at night I would tell my mom and brother that I was just going to DJ because I didn't want them to know what I was doing.

My mother said it made her nervous that I went out at night, but I liked partying and girls so kept going out. I had no idea of the risks.

When I was 15 a friend invited me to attend a Basha Lesedi Project peer education program session. She explained to me what went on at the meetings and said I should just give it a try. Her enthusiasm convinced me to go.

I didn't really know what to expect at the first meeting, but when I heard the messages about HIV/AIDS and pregnancy I knew that attending could affect my life and the lives of others. The group discussed ways to go out into the community and help those in need. This really hooked me so I decided pursue my interest in helping people with HIV/AIDS.

I stopped drinking and trained as a peer educator with the Basha Lesedi Project. The training taught me how to provide information on healthy living and HIV prevention to other youth and advise them about what behavior is not okay.

I now work with the school-based peer education program which is an extension of the peer education program I first attended. Although I really love advising people it was hard for me to talk to the students, especially at first, because I am quite shy.

My shyness does not stop me from reaching out to my friends and encouraging them to attend the peer education program sessions. I tell them about what happens at the



meetings and what to expect and most of them agree to go to see if they are interested. If one of my friends is not convinced, I encourage them to bring another friend because I think it is always easier to go to a new place with someone else. I advise my friends a lot outside of the program as well.

Since I changed my behavior some of my friends have pressured me to go back to my old ways by telling me I am antisocial. I still go to some social events to work as a DJ, but I do not drink because I know I am just there to do my job. I have also become close with my family again. We sit as a family and discuss our problems and give each other advice.

Although I am still involved with the Basha Lesedi Project, I have applied to university and have been accepted to study sound engineering. The Basha Lesedi Project has helped me know that I have the potential to do something.

a. Families Matter!

The Basha Lesedi Project, in collaboration with CDC, recognized the power of a parent-child communication program already being used and tested in Kenya. Originally developed as Parents Matter! by the CDC for use in the United States, the program was then adapted for use in Kenya where the name was changed to Families Matter! to better reflect the importance of the extended family in youth's lives. The results from Kenya showed that the program helped positively change parents' skills and frequency of communication with their children about sexuality and risk reduction.²² In Botswana the Families Matter! Program (FMP) worked to improve the HIV prevention knowledge and the communication skills of parents/guardians of 10-13 year olds. The program focused on parents/guardians of younger youth to intervene before sexual debut and help them build the confidence and skills to communicate their values and expectations around sex and sexual behavior. In this way, the adults can become active, effective supporters of healthy sexual choices that guard against unsafe sex, intergenerational sex, and alcohol use that impairs decision making.

With support from CDC staff in the United States and Kenya, FHI 360 commenced a systematic adaptation process for the FMP program that ensured community ownership and local relevance while maintaining fidelity to the evidence-based program. FHI 360 convened an adaptation workshop that included parents/guardians, teachers, district chiefs, and youth to review the FMP materials to determine how to integrate findings from the BLP needs assessment so that they reflected the local context. Issues relevant to Botswana's HIV epidemic,

including intergenerational sex and alcohol use, were woven into audio scripts and role-play scenarios. Workshop participants provided locally relevant proverbs and edits to audio scripts and posters. Parents/guardians provided valuable feedback for implementation, such as that the age of FMP facilitators was less important than their qualifications and respect for elders, and that children's perception of parents/guardians as knowledgeable about sexual health issues was central. The adapted materials and implementation strategies were piloted in early 2009, after which the materials were finalized before implementation began later that year.

The program was very well received and appreciated by both adult and child participants. According to one parent, FMP "helped us know how to talk to our children and gives our children the ability to ask questions and talk freely with us." Overall, 623 parents/guardians graduated from the program between 2010-2011.

b. A faith-based perspective

With HIV prevalence rates starting to climb when youth, especially females, enter into their twenties and unintended pregnancies among school-age girls reported to be a problem in many communities, breaking through traditional norms and starting conversations between parents/guardians and youth was more important than ever before. The BLP introduced a field-tested set of tools and curricula from the FHI 360 YouthNet program. While some religious institutions are reluctant to address issues of sex and sexual behaviors, the CFLE curriculum addresses this reluctance by helping

21 Aspects of this model were adapted with permission from the Thandanani Children's Foundation in Pietermaritzburg, South Africa: see www.thandanani.org.za

22 Vandenhoude, Hide et al., "Evaluation of a U.S. evidence-based parenting intervention in rural Western Kenya: From Parents Matter! to Families Matter!," *AIDS Education and Prevention*, 22(2010): 328-43. <http://guilfordjournals.com/doi/pdf/10.1521/aeap.2010.22.4.328>





Idah Mosiane, Borobadilepe Parent

reduce their risk of getting HIV, Idah feels comfortable tackling subjects she avoided previously.

“Before the training I was shy, but now I am free to speak,” she said. “The FMP trainers spoke freely about sexual issues and used the proper words without any embarrassment. Learning from their example and by participating in role plays, Thato and I have learnt to speak openly, not just about menstruation, but about all our concerns and challenges.”

Idah believes the program has made her able to share with Thato her own values and beliefs including waiting until marriage to engage in sex. They have also discussed Thato’s goals for school. “She has promised to study hard and to finish at school. She used to not do well in school and was not able to talk to her teachers, but now she asks them for help and she has improved a lot,” Idah feels this change is a result of the FMP training as Thato now has better communication skills.

Idah and Thato shared what they learned at the training with the other members of their family and as a result Idah’s relationship with her husband and son has improved.

“Before the training my husband refused to get tested with me, but now we put the results on the table so we can both see what they say,” Idah said. Due to the education she received about using condoms, Idah was also able to convince her husband that they needed to use them. “My son is also using condoms which makes me happy because I know he is being safe.”

Idah knows that the lives of her and her family have improved because of learning how to communicate openly through the FMP and she wants all parents to “Understand that being free is the way to be with their children.”

“ **Teaching about sex is something that needs to be done, so children know to abstain and not get pregnant or get HIV,” says Idah Mosiane, aged 49, who lives in a small rural village in Botswana.**

As Idah’s only daughter, Thato, grew up Idah was faced with the daunting task of talking to her child about menstruation, sex and other issues related to maturity. “Our culture does not embrace speaking to children about sexual matters this made me unsure how to start the conversation or what words to use,” Idah said. She was nervous Thato, 13, would think it was okay to start having sex if they talked about the subject.

As a result of the BLP’s Family Matters Project (FMP), which aimed to improve parent-child communication as a way to help adolescents make healthy life choices and

adults communicate with young people on comprehensive reproductive and HIV issues in an open, positive manner from a faith-based perspective. Specifically, this means curriculum topics were tied to scripture passages to help frame the issues in a way that was acceptable to the church. Local partner BOCAIP used the CFLE with adults in two ways: 1) training pastors to incorporate prevention and other HIV messages into their sermons; and 2) training parents/guardians to be able to communicate with their children on sexuality, reproductive health, and HIV/AIDS.

FHI 360's technical staff conducted a master training workshop for BOCAIP which was followed by step-down training for 20 pastors and peer mentors in Masunga in the North East district. With increased capacity, confidence, and enthusiasm, BOCAIP conducted a similar training with pastors and peer mentors in the Goodhope sub-district. The training with pastors aimed to give them the knowledge and capacity to incorporate HIV prevention messages into their sermons and to help them understand the HIV prevention needs of youth. An unanticipated benefit of the training workshop was that pastors acquired good facilitation skills, which from BOCAIP's perspective has made them better leaders and coaches in all church activities.

BOCAIP readily embraced the FHI 360 YouthNet CFLE curriculum for adults, and organized groups of parents/guardians recruited from churches to meet weekly for a six-week period. BOCAIP opted to use the same youth version of the CFLE curriculum with adults as they used in clubs and Scripture Unions for youth. Parents/guardians liked this because the topics covered were similar and "...we are teaching parents the same information we are giving the children so when they come and discuss these issues with parents it will be easier because the

parents also know how to respond and advise" (BLP leadership, 2008-2009 Process Assessment). The curriculum created an opportunity and safe space in which parents/guardians could clarify how Christian values are related to reproductive health and HIV prevention messages. In addition, the sessions served to familiarize parents/guardians with information that will be conveyed to young people during the youth club meetings, further garnering their support for the BLP.

BOCAIP's staff conducted outreach visits to churches in the community to mobilize support for the CFLE program and, more broadly, to increase community ownership of and engagement in the BLP. During the outreach visits, the BOCAIP staff talked with pastors to encourage them to participate in the training and to gain their support in encouraging young people in their congregation to join a club. More than 30 churches were reached annually by BOCAIP staff and youth mentors who had been empowered to conduct this activity.



4.3 Objective 3 – Capacity building

Capacity building during the project took many forms, from structured trainings to on-site mentoring and coaching. In the first year of the project, capacity assessments were conducted with the partners using an abbreviated version of FHI 360's Technical and Organizational Capacity Assessment Tool (TOCAT), modified to address specific program needs. The assessments identified gaps in organizational and technical areas that needed strengthening in order for the partner organizations to be able to run high quality behavior change programs. Therefore, capacity building focused on:

- BCC
- M&E, including database development, use, and management
- Financial management
- Sub-grants management (specific to BONASO)
- Youth participation.

Changes in knowledge and skills were assessed during workshop pre- and post-test questionnaires and staff perceptions of capacity improvement were also assessed during the annual process assessments.

a. Behavior Change Communication

One of the key areas of capacity building for the partners was to increase their knowledge of and skills in behavior change communication. The capacity building took a variety of formats starting off with the two BCC workshops for the partners with the objectives of:

- Providing an overview of basic BCC concepts, including the definitions of BCC and the behavior change process
- Defining key concepts for the BLP work, including abstinence; faithfulness; partner reduction; condom use; parent-child communication; alcohol and HIV; and services/services referral
- Drafting core messages for BLP areas to be refined, pre-tested, and then used by partners in their work
- Defining the BLP identity and drafting project slogans to be refined, pre-tested, and then used by partners in their work
- Explaining the process for pre-testing BLP materials and activities using focus group discussions.

Twenty seven participants from the IPs and FHI 360 attended the first workshop and 20 attended the second workshop. The capacity building in this area also came in the form of the ongoing technical assistance provided to IPs to define or refine their individual BLP interventions. Technical assistance was provided through coaching, mentoring, onsite visits, material development and program guidance development. The key achievements in capacity building for BCC with the partners are described below.

BOCAIP: At the start of the project BOCAIP had already been using the No Apologies curriculum, which promoted abstinence-only until marriage in abstinence clubs. Once introduced to the FHI 360 YouthNet CFLE tools BOCAIP opted to use it as the foundation of its BLP strategy. As described previously, FHI 360 conducted a Training of Trainers (ToT) workshop for BOCAIP staff to kick off the CFLE program. Following the ToT, BOCAIP staff, with support from the



FHI 360 technical staff, conducted a step-down training for 20 pastors and peer mentors in the North East district. Having mastered the material, BOCAIP then conducted a similar training in the Goodhope sub-district. To facilitate ease of use, BOCAIP had all the training materials and tools translated into Setswana. After the initial trainings, FHI 360 continued to provide BOCAIP with technical assistance to develop quality assurance tools, monitor the quality of the intervention, and provide refresher trainings and troubleshooting as needed.

BONEPWA+: The Year 2 BLP process assessment revealed that the BONEPWA+ activities competed with other activities for the attention of the youth and adults in the community and were not communicating the messages of the BLP as effectively as they could. In an effort to refocus the BONEPWA+ intervention and fill a critical need for the BLP, FHI 360 and BONEPWA+ built on the group's strength and experience in reaching PLWHAs. Substantial effort was invested to help BONEPWA+ build the Aunties and Uncles Program, which both reduced duplication among partners and deepened BONEPWA+'s impact by enabling them to provide day-to-day care and support and prevention services through adult mentors to those youth and families most in need. The refocused intervention saw BONEPWA+ using self-selected members of support groups to begin an adult mentoring program for vulnerable youth, referred to as the Aunties and Uncles Program (see page 20 for description of the program). The FHI 360 and BONEPWA+ staff recognized that significant training was needed to prepare the Aunties and Uncles to work with these families and therefore collaborated to design a training program with the help of an FHI 360 OVC expert from the region. The project conducted two trainings to build the Aunties and Uncles skills in basic communication and increase their understanding of children's development. An activity manual was developed to guide the

work of the Aunties and Uncles and provide them with structured activities that they could do when visiting the households. The manual was field tested for six months and the feedback gathered from the Aunties and Uncles was incorporated into the final version.

HPP: HPP's core intervention was interpersonal communications (IPC) with young people and their caregivers. A site visit by FHI 360 revealed that HPP's field staff would benefit from more guidance and structure for conducting the IPC intervention. Although a large number of people were being reached prior to the BLP, only a small portion of the people reached completed a risk reduction plan, committing to a particular behavior change goal, which was the final step in the IPC approach. FHI 360 worked with HPP to revise the IPC tool in a way that would ensure more clients are reached, completed a risk reduction plan, and are followed-up. FHI 360 drafted BCC scripts for use during IPC sessions that guided field staff through introductions, information provision, risk assessment, behavior identification, behavioral commitment making, and closure. In addition, FHI 360 worked with HPP to ensure that field officers met with clients when clients had the time to spend on the IPC process since insufficient time for the activity was a key factor in not completing risk reduction plans. Finally FHI 360's technical BCC team helped redesign HPP's one-on-one communication guide to cover the barriers and motivators for youth risky behaviors and to make it more youth friendly by introducing cartoon-style pictorial "scenario cards" that opened up discussion on the various risks that youth face.

b. Monitoring, evaluation and using data for decision making

Significant attention was dedicated to building the capacity of the BLP partners in M&E

to ensure PEPFAR data were accurately collected, recorded, and reported, along with other key indicators of progress. These data were used for programmatic decision-making and helped drive the evolution of materials. Toward this, the FHI 360 technical advisor, the BONASO project officer and a team from FHI 360/Zambia held a two-part M&E workshop at in 2008. The first three days of the workshop, facilitated by FHI 360 and BONASO, was designed for all BLP project staff (IP field staff, IP project officers and M&E officers). There were 63 participants. The objectives of this workshop were to:

- Ensure all BLP staff have an understanding of the need for M&E
- Enable BLP staff to review and provide input to the finalization of data collection tools
- Create a set of data collection tools for monitoring project activities
- Improve the ability of BLP staff to accurately use the data collection tools
- Improve the ability of BLP staff to make summary reports
- Strengthen BLP staff's understanding of the BLP data collection cycle
- Create a detailed list of next steps.

The second part of the workshop, facilitated by an FHI 360/Zambia staff member, was for BLP partners' project officers and M&E officers, nine of whom participated. The purpose was to orient staff to the new FHI-360 developed BLP database and to build their capacity to use it.

Following the workshop, FHI 360 and BONASO continued to work with IPs to write instructions for each monitoring tool, create

additional tools, as needed, and to finalize draft tools created during the workshop. To assure the quality of data, FHI 360 and BONASO, during regular technical meetings with partners and during monitoring field visits, met with partner staff to review and discuss questions related to the data collection system and any inaccuracies that have occurred. FHI 360 and BONASO also conducted a data audit for each partner twice a year to verify data quality of indicators. Data Quality Assessments were conducted following FHI 360's standards and guidance.

To ensure data was used for decision-making, each quarter, FHI 360 and BONASO took advantage of regularly scheduled meetings, including technical meetings, bi-monthly IP meetings, and monthly field-based IP meetings to facilitate discussions with NGO staff and strategic partners (e.g., CDC, GOB) to review the current status of the project. During these meetings, using project-generated data, participants:

- Assessed progress made towards planned results and made suggestions on possible improvements
- Proposed adjustments to project implementation to ensure efficiency and effectiveness
- Captured lessons learned
- Made recommendations for program improvement and to address challenges encountered by the project.

c. Financial management

Throughout the life of the project FHI 360 worked to build the capacity of the IPs in financial and administrative procedures. Opportunities to do so came in the form of formal workshops and trainings, site visits



and spot check audits, and hands on coaching particularly in regards to annual budget preparation and monthly financial reporting. In April 2007, in anticipation of signing sub-agreements with all the IPs, FHI 360 hosted a pre-award workshop and oriented the IPs to the FHI 360 budget development process, expectations, and reporting requirements.

In 2008, FHI 360 provided focused capacity building activities around financial and accounting procedures for the IPs. Using a standard FHI 360 financial assessment checklist tool, FHI 360 met with each IP to conduct a financial and accounting assessment of their organization's financial and administrative policies and procedures. After the assessment, FHI 360 met individually with each partner to share the individual findings and recommendations. Based on the findings from the assessments, a one day workshop was developed and conducted with the IPs project managers and accountants in order to strengthen their financial systems to comply with FHI policies and procedures. Examples of the topics and issues covered in the workshop include:

- Banking and reconciling bank accounts
- Financial reports
- Accounting records and internal controls
- Procurement policies
- Supporting documentation
- Allocation of costs
- Timesheet keeping
- Allowable and unallowable costs
- Recipient monthly financial reports (RMFRs) and back up documents
- RMFRs issues findings/RMFRs checklist

- Implementation monitoring checklist for project managers

IPs also received generic policy and procedures manuals and other templates (e.g., timesheet, asset/property registry) that they could use to develop their own policies and procedures around office management and financial and accounting management.

One of the results of the intensive exercise around financial and administrative management was the recognition from BONASO that they needed and wanted a financial mentor from FHI 360 who they could turn to seek advice on financial and accounting matters. FHI 360's financial staff who worked closely with BONASO to improve their understanding of proper financial and administrative policies and procedures.

Over the years, FHI 360 staff saw improvements in the ease in which IPs could put together their annual budget and a reduction in the number of errors in their monthly financial reports which they attributed to the extensive support provided to the IPs in these areas.

d. Sub-grants management (BONASO)

BONASO entered into the BLP as the managing partner. Their role was diverse, covering coordination of activities among partners, holding regular partner meetings, and managing the reporting and work planning. From the beginning, it was envisioned that BONASO would serve as the sub-grants management body for project. After recognizing that BONASO did not have sufficient sub-grant and financial monitoring systems and staff in place to manage five large sub-grants, FHI 360 and BONASO agreed instead that BONASO initially would

handle the sub-grants for BOCAIP and BONEPWA+ coupled with a capacity building plan to work with FHI 360 to strengthen their grants systems. FHI 360 worked closely with BONASO to hire a grants manager and ensure that BONASO was capable of reviewing the partners' monthly financial reports, distributing funds to these partners, and supporting them in the implementation of their scope of work. When partners submitted financial reports with errors, BONASO worked with their finance staff to correct them, conducted spot check audits, and provided on-site coaching to finance staff.

As the project evolved, the BLP team saw the need to strengthen BONASO's capacity to provide support to the technical work of the partners as well, with an eye toward them taking on a broader capacity building role for civil society in the future. Working in close collaboration with FHI 360, BONASO recruited and hired a project officer who supported the sub-grantees in their technical scopes of work. BONASO thus took on the responsibilities of working closely with BONEPWA+ to develop an activity package for the Aunties and Uncles intervention, co-facilitating partner trainings for BONEPWA+, BOCAIP and HPP, piloting quality assurance tools, conducting monitoring visits, and managing the BLP M&E database under the mentorship of the FHI 360 BLP technical team.

and strengthen youth participation in the BLP. The youth participation expert built upon the findings and conducted FHI 360's youth-adult partnership training workshop with BLP staff early in Year 4. At the end of the training, staff from each partner organization developed an organizational work plan which guided implementation from that point and incorporated youth participation activities into their overall practice and work. Partner work plans included initiatives such as including youth in the planning and facilitation of future trainings or establishing events planning committees that would bring together youth and adults to plan events such as panel discussions and sports tournaments

e. Youth participation

In Year 3, FHI 360 engaged an expert in youth participation and youth-adult partnerships to strengthen the youth participation component of the BLP. The third annual BLP process assessment included an additional set of questions to explore youth's role in the project and opportunities for an improved role going forward. These questions also sought to identify appropriate mechanisms to address





5

Monitoring & Evaluation: Using Data to Strengthen Program Implementation

5.1 Routine monitoring

M&E is a key component of good program management and thus an area that received substantial attention during the BLP. The project designed an M&E plan to measure project implementation (“Are we on schedule?”), project quality (“Are we implementing well?”), and project results (“Are we achieving planned results/outcomes?”). The data that was collected and analyzed was shared regularly with partners and stakeholders and used to make program improvements over the life of the project and for evidence-based decision making.

As described previously, in Year 2 of the BLP (2007-2008) FHI 360 (Botswana and Zambia staff), in collaboration with the BONASO project officer, redesigned the M&E system, including a revised set of output indicators, a new set of monitoring tools with instructions, summary tables, and a computerized database. This was done to increase the effectiveness of the data collection system for the project and the partners. To reduce the likelihood of double counting within the project, FHI 360 identified a ‘core’ intervention per partner, each of which contributes to ‘reach’ targets as defined by PEPFAR; partners also had non-core interventions, termed “outreach activities,” such as panel talks by HPP, church outreach by BOCAIP, and health talks by BONEPWA+.

5.2 Annual process assessments

Built into the project design was a commitment to conduct an annual process assessment in Years 2, 3, and 4 of the project. The purpose of the assessments was to collect information related to all three project objectives by gathering data from the BLP IPs and BLP staff as well as communities in which the project worked. In particular, these assessments aimed to learn how the BLP was perceived, if outcomes were being achieved, and garner suggestions for strengthening the quality, effectiveness, and sustainability of the project beyond the funding period. Specific themes and findings indicated what was working well and what was not and were used to help shape project planning and implementation for the next year.



Table 4: Process Assessment Highlights and Use of Results

Process Assessment	Year 2	Year 3	Year 4
Highlights	<p>Interviews with 78 participants from FHI 360 and all IPs, District Health Teams' (DHT) management, and key youth and adult stakeholder (chiefs, government representatives, youth leaders, health service providers, teachers and religious leaders)</p> <p>BLP/IP activities were observed and afterwards participants were interviewed</p>	<p>Consultants conducted 19 small group discussions and 47 individual interviews with a total of 247 participants from the same categories as Year 2</p> <p>BLP/IP activities were observed followed by interviews or focus group discussions</p>	<p>Strictly explored the quality of the interventions through direct observations of activities to assess whether they were being implemented with fidelity to their design and make recommendations for improvement</p> <p>A total of 36 BLP/IP activity sessions were observed and</p> <p>A total of 192 participants (82 youths and 110 adults) were involved in the BLP/IP activities</p>
Use of Results	<p>Disseminated through meetings with implementing partners and stakeholders at community and national levels</p>	<p>Disseminated through meetings with implementing partners and stakeholders at community and national levels</p>	<p>To provide internal quality assurance/quality improvement feedback to the BLP partners</p>
<i>Project planning for the subsequent year</i>			



6

Lesson Learned and Challenges

6.1 Lessons learned

a. Establishing one identity

One of the most critical lessons from the Basha Lesedi Project was that when the partners collaborated and worked together they were able to achieve more than working alone. The BLP project design stretched partners and required them to find the balance of wanting recognition as their own organization and the value of being a member of the BLP. The leadership of the BLP partners recognized that they had never been asked to work together in such a manner prior to the project. Partners needed to put aside the all too frequent mentality of competition among NGOs to work together under one common logo and name for a mutual goal. Strong management and coordination was key to having five organizations working together in the same communities. FHI 360 heard this feedback in the Year 2 process assessment and made changes to the project structure to increase coordination at the district level (see b. Improving coordination at the national and district level). In addition, FHI 360 heard feedback from the partner staff at the district level that they needed to be viewed as a cohesive unit in the communities. BLP uniforms and identification badges were designed and ordered and vehicles were branded with BLP logos for use by all partners to increase BLP visibility in the communities.

b. Improving coordination at the national and district level

Improving coordination among the national partners and the various activities in the districts was a pressing need. The Year 2 process assessment highlighted a number of coordination challenges in the districts among the partners as well as between the

Gaborone-based headquarters offices of the partners and their field staff in the districts. To address this, as the managing partner, BONASO, in collaboration with FHI 360, organized and lead bi-monthly NGO partner meetings, which brought together all levels of partner staff to discuss and resolve key issues related to BLP. To further support collaboration among partners, particularly at district level, BONASO recruited and hired two district field coordinators (DFCs). The BONASO DFCs held monthly all-partner meetings, developed district-level BLP activity calendars, and coordinated joint planning and implementation of special events. The DFCs also attended key meetings and events at the district and village level (e.g., DMSACs) to represent and enhance community ownership of the BLP. They were also responsible for coordinating, compiling, and disseminating project-related information to partners and to stakeholders at the district and village levels.

c. Engaging communities and governments

Community Involvement in Planning and Implementation:

Community members were engaged early and often in a participatory manner in an effort to build a sense of ownership of the project. Feedback from community members who attended stakeholder meetings following the needs assessment appreciated feedback from the needs assessment and the opportunity accorded to respond to the findings. Community members reported feeling that their comments were important and that they were part of the project. The BLP continued to engage the communities in planning and organizing key events like the project Launches and office openings. Village leaders were asked to play key roles in the events, often providing an opening or closing speech or prayer.

“Basha Lesedi goes hand in hand with our vision 2016; we have hope that we will all be healthy by then. We should move forward in that spirit”

BOCAIP CFLE parent participant, 2008-2009 Process Assessment

Relationships with Local Government

Entities: The implementation of the Aunties and Uncles Program was also dependent on a good working relationship between the project and the stakeholders at ward, village, and district levels. The project worked closely with the DSS and S&CD office to identify households which could benefit the most from the Aunties and Uncles approach. Based on S&CD priorities, preference was given to households which were headed by elderly people (grandparents) or were child-headed households. Aunties and Uncles were well-connected to local structures and relied on key stakeholders at the ward, village, and district levels to help steer the project, provide services to OVCs referred from the BLP and, in return, refer clients to the BLP programs.

d. Fostering ownership and increasing commitment among stakeholders

Engaging key stakeholders and government officials can also lead to improved feelings of ownership and commitment, which in turn can help sustainability. With HIV programs facing funding reductions from many major donors, it is critical to obtain buy in from key stakeholders at the national and local levels from the start. The BLP increased its interactions with district and national level stakeholders over time through: 1) annual stakeholder plenary meetings that reviewed and discussed the findings from the project process assessment; 2) annual stakeholders' forums to brief existing and new stakeholders on the progress of the project and to express appreciation for the continued support of donors, multi-sectoral agencies, and partners; and 3) through the participation of the BONASO district field coordinators in district level meetings. Recommendations from stakeholders, including chiefs, health workers, and social workers, emphasized

the need to continuously increase or improve communication with these key community members to help support the project. The Year 3 process assessment recommendations encouraged the BLP to continue or increase its engagement at the community level with the DAC and DMSAC and to increase visibility and marketing of the project at the national level with the Ministry of Health (MOH) and MYSC and international donors. While most partners could see ways to apply for funding for their components of the project, sustainability of the entire project as a consortium was viewed as a significant challenge in the current funding environment. To this end, the FHI 360 leadership in Gaborone invested substantial time in advocacy with the MOH and MYSC as well as in developing proposals for opportunities such as the Global Fund. The FHI 360 leadership also continuously encouraged BLP partners to seek funding sources together to sustain or expand activities.

For the peer education training component in schools, the project engaged the guidance counselors and headmasters of the schools at an early stage and involved them in the design of how they wanted peer education to function in their schools. This helped increase their sense of ownership in and responsibility for overseeing and managing the activity over time. The guidance counselors, the youth, HPP, and SSI jointly participated in the recruitment of the peer educators who were enthusiastic and motivated to join the program. All of this contributed to building a sustainable program. As of 2012, peer education had continued in 80% of the schools in which it was introduced by BLP.

Another unexpected result that demonstrated commitment and sustainability was the effect of the BLP on the participant's lives more generally. A teacher who participated in the FMP in Borobadilepe commented that, “The project deliberations were an



eye-opener to me and other participants (I guess), as now I can stand tall and talk with friends, co-workers, family and above all my siblings, about issues of sex.” Another teacher said that he is now able to talk to his sister and advise her to wait until she is done with school to have sex. Idah, a parent participant from the FMP (see Idah’s story on page 25) shared that her confidence and belief in what she learned from the FMP is so strong that she takes every opportunity to share her knowledge with other members of the community. She explains to them the importance of being open when discussing sexual issues, especially with children. She also addresses HIV prevention and how to use condoms with the people she talks to. While anecdotal, these examples provide insights into the positive experiences that the individuals involved in the BLP had. They also indicate the ongoing effects of the project in how participants continue to pass on what they learned to other members of their families and the community.

the intended target audience, substantial effort was placed on refining the intervention. Routinely collected data provide helpful insights into program implementation too. In the case of HPP, routine M&E data indicated that high numbers of people were reached but improvements could be made that would increase the number of people completing the final steps in the risk reduction process. HPP and FHI 360 worked together to make mid-course changes to the approach to IPC to increase the number of people completing the intervention.

e. Using the data for decision making

The project management took active steps each year to adjust the implementation plans to improve areas where needed. For instance, based on feedback from the process assessment around coordination and cohesive project representation at the district level, FHI 360 and BONASO collaborated to develop the roles and responsibilities of the district field coordinator position which was intended to reduce competition for the target audience, clashes of activities, and promote cooperation and collaboration between the partners at the district level as well as provide the project with a singular voice at district and village government meetings. When data indicated that BONEPWA+’s initial activities were duplicative and not reaching

...we can have an HIV free generation simply because of the activities that are taking place because of Basha Lesedi... BLP should also be expanded across the country and we would definitely have an HIV free generation.

Social worker, Goodhope sub-district

6.2 Challenges

a. Engage youth at every stage of the project

Youth can and should be engaged in meaningful ways at every stage of a youth oriented project. For the BLP, it started off with a participatory needs assessment that allowed youth voices to be heard in the project design. The project launch events in the two districts actively engaged youth in the planning committees and in the activities at the launch. However, BNYC, the partner who was brought on early to strengthen the ability of all the partner NGOs to engage youth in their programs and to form a youth advisory committee for the project experienced management and organizational constraints that hampered their ability to meet their commitments to the BLP and they left the BLP partnership at the end of Year 2. At the end of Year 3 and early in Year 4, FHI 360 revitalized this component by assessing ways in which youth participation could be increased. As described previously, following the assessment FHI 360 provided training for all NGO partners in forming youth-adult partnerships and strengthening youth programming and building a better understanding of the different needs and styles of youth and adults in the working environment. Given that it was quite late in the project cycle, this initiative did not receive the concentrated attention it deserved throughout. Nevertheless, youth in the target communities were actively involved in the annual plenary and stakeholder meetings and provided valuable feedback to project management through that avenue.

b. Flexible programming

Programs needed to be flexible enough to accommodate fluctuating participation but also engaging enough to draw people back for make-up sessions. Some components of BLP did not have enough sessions running in the community to allow for people to easily attend a make-up session. Operating at scale, with more than one group per week covering the same material offers options for participants to pick up lost sessions on a different date and time. However, other components found creative solutions to issues like school holidays or harvesting season by running the activity twice in a week or at different times of the day so that youth participants would not fall behind schedule. BOCAIP, for example, realized that youth that were participating in the CFLE activity once a week were not able to attend all the weeks due to family commitments and therefore were not getting the benefits of completing the whole CFLE curriculum. They restructured their program to run for three consecutive days during school holidays so that youth were more likely to be able to attend all the sessions in a short time period.

c. Staff turnover

Partners, particularly HPP, experienced losses of field-based staff to other employment opportunities. This is not uncommon in a project-based employment environment. This cost the project time and resources since partners had to recruit and train new staff. At the headquarters level, partners also experienced staff turnover. Retention of 'volunteers' remained a challenge since



they often were paid a small stipend, yet became highly skilled, and had numerous other employment opportunities. Turnover led to increased spending on recruitment and training and delays and disruption in activity implementation. Disruption of activities presented particular challenges to maintaining the communities' trust and participation. For example, the radio drama LDGs schedules were interrupted while new staff was trained. The disruption in the weekly activity schedule led the participants to stop attending the sessions because they did not believe the program was being taken seriously. The new field officers had to re-engage the community and mobilize them to become interested and committed to attending the LDGs. Although they were ultimately successful, this caused a delay in implementation.

d. Role clarification

Having multiple organizations work together as a cohesive group was not without challenges. However, FHI 360 spent significant time helping partners clarify their roles within the BLP, which strengthened their ability to reach intended audiences and targets. Doing so also identified duplication of effort and a gap in the current project design, both of which were addressed via the addition of the Aunties and Uncles intervention. The addition of a full time technical advisor toward the middle of Year 2 greatly improved the quality of partner interventions and helped each partner gain a clear vision of their own strengths, role within the project, and overall understanding of how the partners all benefited from working together.

e. Evaluation

The BLP was designed as a pilot, with an intention to gather evidence of effectiveness of the combined approach incorporated in the project design. However due to numerous unforeseen factors, shared and understood by both the funder and FHI 360, neither a baseline nor an endline study was conducted. As a result, we were unable to show conclusively that BLP fully met its objectives, in particular, equipping young people with the knowledge, skills and attitudes to make healthy decisions about sex and other risky behaviors. Despite this lack of evidence, the annual process assessments do demonstrate that the BLP interventions were perceived to be high quality and useful, and that the community appreciated the project and wanted it expanded nationwide so that more young people would benefit.

f. Dissemination

A complete list of the materials produced under the BLPs project can be found in Annex A. The materials were disseminated not only to BLP partners but also to a broader audience in Botswana to encourage uptake and use of the tools, brochures, and manuals by other donor funded projects, CSOs or government ministries.



7 Conclusion

The Basha Lesedi Project aimed to help youth navigate safely through the risks inherent in adolescence and to contribute toward the goal of an HIV free generation in Botswana. The BLP mobilized communities, schools, churches, social services, health centers, parents/guardians and youth themselves to make lasting changes in attitudes and behaviors that will lead to healthier choices. Youth today exist in a larger world than their parents/guardians. When families, communities and systems have the resources to support youth, they can help empower them to make responsible healthy decisions about their sexual behavior. The key ingredients to BLP were engagement and participation of youth, parents/guardians and communities, sufficient coverage of activities and behavior change messages at multiple levels within the home and community, and coordination between CSOs, government entities and donors.

The collaboration of the BLP partners granted youth the opportunity to become more knowledgeable about basic information regarding sex, abstinence, being faithful and reducing partners, and using condoms. Through the BLP, it is likely that more youth in the target communities recognize the many pressures in their lives that can lead to risky behaviors and decisions and have the confidence and skills to make healthy choices as a result of the project. Many of the parents/guardians who participated in the BLP program reported that they have the knowledge and assurance to be able to talk with their children about sex and can bring to the conversation their values and expectations. In situations when the family unit broke down or was not able to provide youth with support, particularly those affected by HIV/AIDS, the BLP sought to provide adults who could mentor young people and model open communication and healthy relationships.

Other examples exist in which the BLP interventions were able to capitalize on community and stakeholder engagement to

increase their ownership, commitment and sustainability. For instance, during the peer education training in schools, the project engaged the guidance counselors and headmasters of the schools at an early stage and involved them in the program design and recruitment. As of 2012, peer education had continued in 80% of the schools in which it was introduced by BLP.

The BLP was able to demonstrate that with careful and systematic processes, evidence-based programs from outside the community can be successfully adapted to reflect the cultural context and values of the Botswana communities. Both the Families Matter! Program and the FHI 360 YouthNet CFLE curriculum were readily accepted by the adults in the communities and valued for their ability to communicate the messages and lessons in ways that resonated and reflected the culture and context of Botswana's lives in the districts.

Intense work with the partners resulted in NGOs that have an increased capacity and understanding of HIV prevention programming for youth as well as improved skills in financial planning, financial management and M&E. These are qualities that will be applicable in the future as the NGOs continue to contribute to the fight against HIV and AIDS. The project also leaves the country of Botswana with the tools and resources developed under the project to be used by existing or new projects in the future.

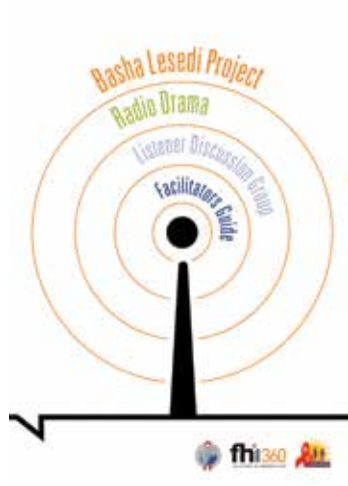
Much work is yet to be done and changing behaviors and social norms does not happen quickly. This will take long-term coordinated commitments from government, donors, and civil society. The BLP is proud to have contributed to demonstrating what a coordinated multi-component effort can achieve and is thankful to the CDC, PEPFAR and the GOB for the opportunity to work the youth and adults in the selected communities toward the goal of reducing HIV infections among youth in Botswana.

Materials/Tools Produced

The materials produced as part of the BLP were:



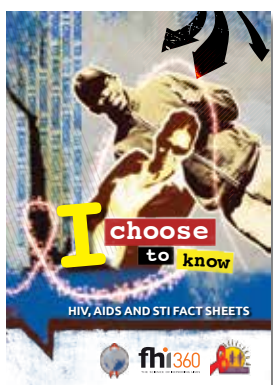
One-on-one communication for risk reduction: A tool for working with girls and boys 12-17 years old (tool/guide)



The Basha Lesedi Project radio drama listener discussion group facilitator guide in English and Setswana (guide/manual)



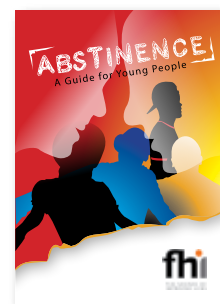
The Basha Lesedi Project radio drama – 48 episodes in Setswana on CD



I choose to know: HIV, AIDS, and STI fact sheets (booklet)

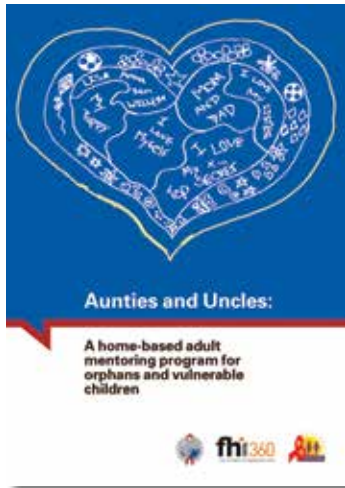


The Basha Lesedi Project parent-child communication tool (booklet)



Abstinence: A guide for young people (booklet)

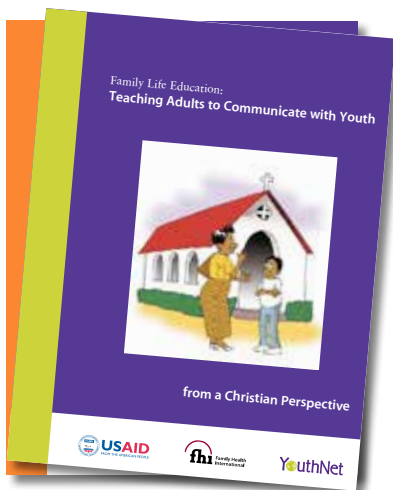




The Aunties and Uncles: A home-based adult mentoring program for orphans and vulnerable children implementation manual



Various posters



CFLE manuals for adults and youth in English and Setswana (curriculum/training manuals & participant manual)



Mini billboards

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ASHA LESEDI



