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2008

Botswana

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Table 1: Overview**Executive Summary**

File Name	Content Type	Date Uploaded	Description	Uploaded By
Botswana - Executive Summary COP08.doc	application/msword	9/26/2007		TRoels

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

Yes No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Botswana - letter US Ambassador COP08.pdf	application/pdf	9/26/2007		TRoels

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Jim	Allman	PEPFAR Coordinator	allmanj@bw.cdc.gov
DOD In-Country Contact	Dan	Jones	Chief, ODC Botswana	JonesDM1@state.gov
HHS/CDC In-Country Contact	Thierry	Roels	Associate Director Global AIDS Program	RoelsT@bw.cdc.gov
Peace Corps In-Country Contact	Peggy	McClure	Peace Corps Director	PMcClure@bw.peacecorps.gov
USAID In-Country Contact	Joan	LaRosa	Senior HIV/AIDS Program Manager	LarosaJ@bw.cdc.gov
U.S. Embassy In-Country Contact	Philip	Drouin	Deputy Chief of Mission	DrouinPR@State.gov
Global Fund In-Country Representative	Sheyan	Edirisinghe	Global Fund Local Fund Agent (LFA)	sheyan.edirisinghe@bw.pwc.com

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	\$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal	116,913			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	4,900	42,000	46,900
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	1,500	12,500	14,000
Care (1)				
End of Plan Goal	165,000	74,065	210,445	284,510
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	36,715	114,595	151,310
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	598	2,250	2,848
8.1 - Number of OVC served by OVC programs	0	37,350	95,850	133,200
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	102,310	203,278	305,588
Treatment				
End of Plan Goal	33,000	39,871	65,011	104,882
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	39,871	65,011	104,882
Human Resources for Health				
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	116,913			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	5,390	46,200	51,590
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	1,650	13,750	15,400
Care (1)				
End of Plan Goal	165,000	81,471	231,490	312,961
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	40,386	126,055	166,441
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	657	2,475	3,132
8.1 - Number of OVC served by OVC programs	0	41,085	105,435	146,520
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	112,541	223,606	336,147
Treatment				
End of Plan Goal	33,000	43,858	71,512	115,370
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	43,858	71,512	115,370
Human Resources for Health				
End of Plan Goal	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Capable Partners Program

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7757.08

System ID: 7757

Planned Funding(\$): \$850,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Academy for Educational Development

New Partner: No

Mechanism Name: U69HA04128: Twinning

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5325.08

System ID: 7809

Planned Funding(\$): \$1,712,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: American International Health Alliance Twinning Center

New Partner: No

Sub-Partner: Media Institute of Southern Africa

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: African Palliative Care Association

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HBHC - Basic Health Care and Support

Sub-Partner: University of Botswana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: Zambia Institute of Mass Communication

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Marang Child Care Network

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Children in Distress
 Planned Funding: \$0
 Funding is TO BE DETERMINED: No
 New Partner:
 Associated Area Programs: HKID - OVC

Mechanism Name: U47/CCU323096: APHL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6163.08
System ID: 7845
Planned Funding(\$): \$700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	12390.08	APHL will collaborate in the implementation of BAIS III, where it will provide support in quality control and quality assurance aspects for the survey. Full early funding is requested as the data collection will begin in March / April.	\$300,000	\$700,000

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8743.08
System ID: 8743
Planned Funding(\$): \$853,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Baylor University
New Partner: No

Mechanism Name: ODC/BDF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1332.08
System ID: 7745
Planned Funding(\$): \$1,722,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Botswana Defence Force
New Partner: No

Sub-Partner: Institute of Development Management, Botswana
 Planned Funding: \$50,000
 Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner:
Associated Area Programs: HVCT - Counseling and Testing

Mechanism Name: GPO-A-00-04-0008: OVC: Support to OVCs Affected by AIDS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3527.08
System ID: 7839
Planned Funding(\$): \$875,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: GPO-I-00-05-00040-00: Health Policy Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1339.08
System ID: 7751
Planned Funding(\$): \$526,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Constella Futures Group
New Partner: No

Sub-Partner: Marang Child Care Network
Planned Funding: \$200,000
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: HKID - OVC

Sub-Partner: Society of Students Against AIDS
Planned Funding: \$37,500
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name: Contract - Life skills consultancy

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9128.08
System ID: 9128
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: EnCompass LLC
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U2G/PS000599- The Basha Lededi (Youth are the Light) Project

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5338.08

System ID: 7746

Planned Funding(\$): \$1,700,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Family Health International

New Partner: No

Sub-Partner: Botswana Network of AIDS Service Organizations

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Baylor University

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Botswana National Youth Council

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Botswana Network of People Living with AIDS

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Humana People to People Botswana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Makgabaneng

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Botswana Christian AIDS Intervention Program

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Mechanism Name: 5U51HA02522: Palliative Care Support

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1353.08
System ID: 7805
Planned Funding(\$): \$2,786,962
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: Central GHCS (State)
Prime Partner: Harvard University School of Public Health
New Partner: No

Mechanism Name: 5U51HA02522: Palliative Care Support

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5425.08
System ID: 7806
Planned Funding(\$): \$1,475,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: Harvard University School of Public Health
New Partner: No

Mechanism Name: GPO-A-00-05-00014: ANCHOR

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7883.08
System ID: 7883
Planned Funding(\$): \$375,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Hope World Wide - Kenya
New Partner: No

Mechanism Name: GPO-A-00-05-0007: HWW/ABY

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3838.08
System ID: 7747
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Hope Worldwide
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: 08.C0810

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8756.08
System ID: 8756
Planned Funding(\$): \$94,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: ILO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5437.08
System ID: 7850
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Grant
Agency: Department of Labor
Funding Source: GHCS (State)
Prime Partner: International Labor Organization
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8754.08
System ID: 8754
Planned Funding(\$): \$300,700
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8755.08
System ID: 8755
Planned Funding(\$): \$60,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Pre service training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9206.08
System ID: 9206
Planned Funding(\$): \$800,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: U62/CCU124534: Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1326.08
System ID: 7783
Planned Funding(\$): \$1,900,785
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: PATH
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: HMIN - Injection Safety

Sub-Partner: Academy for Educational Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: HMIN - Injection Safety

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8746.08
System ID: 8746
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHS-A-00-05-00019: TBCAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7837.08
System ID: 7837
Planned Funding(\$): \$423,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: KNCV TB Foundation
New Partner: Yes

Mechanism Name: MACRO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7847.08
System ID: 7847
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Macro International
New Partner: Yes

Mechanism Name: U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3469.08
System ID: 7709
Planned Funding(\$): \$1,074,860
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Makgabaneng
New Partner: No

Sub-Partner: Humana People to People Botswana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: Botswana National Youth Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1232.08

System ID: 7748

Planned Funding(\$): \$433,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Ministry of Education, Botswana

New Partner: No

Mechanism Name: U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3479.08

System ID: 7780

Planned Funding(\$): \$600,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Prime Partner: Ministry of Health, Botswana

New Partner: No

Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1039.08

System ID: 7710

Planned Funding(\$): \$9,837,140

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Ministry of Health, Botswana

New Partner: No

Sub-Partner: Medical Information Technology Incorporated

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Table 3.1: Funding Mechanisms and Source

Associated Area Programs: HBHC - Basic Health Care and Support

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
10-HTXD	4460.08	<p>\$2,000,000 early funding is request to maintain salary and operations support for two months to ensure continuity of funding support for April and May 2008. These funds will support all Government of Botswana PEPFAR supported staff and activities in prevention, care, treatment and strategic information. Activities include:</p> <p>P0101, P0108, P0109, P0205, P0220, P0302, P0505, C0613, C0701, C0803, C0806, C0807, C0902, T1001, T1003, T1004, T1107, T1110, T1201, X1305, X1306, X1307, X1401, X1403, X1412, X1415, X1416, X1419</p>	\$2,000,000	\$7,945,000

Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1337.08

System ID: 7749

Planned Funding(\$): \$966,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Ministry of Local Government, Botswana

New Partner: No

Sub-Partner: Marang Child Care Network

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HKID - OVC

Sub-Partner: Botswana Christian AIDS Intervention Program

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HKID - OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CoAg (5444.08)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8742.08
System ID: 8742
Planned Funding(\$): \$1,387,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Mullens & Associates
New Partner: Yes

Mechanism Name: Project Search

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7760.08
System ID: 7760
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8726.08
System ID: 8726
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8744.08
System ID: 8744
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AIDStar Mechanism

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7761.08
System ID: 7761
Planned Funding(\$): \$6,263,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Contract- Life Skills Consultancy

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7762.08
System ID: 7762
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Embassy Test for Life

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5458.08
System ID: 7844
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Sub-Partner: Tebelopele
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: HVCT - Counseling and Testing

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHH-A-00-07-00017: Light & Courage Trust- New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7813.08
System ID: 7813
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- Care and Support Francistown

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7840.08
System ID: 7840
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- Health Care Providers Training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7804.08
System ID: 7804
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- HIV/AIDS In-service Training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7853.08
System ID: 7853
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New CoAg- HIV/AIDS Pre-service Training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7854.08
System ID: 7854
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- Injection Safety

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7785.08
System ID: 7785
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- Medical School

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7852.08
System ID: 7852
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- Monitoring and Evaluation Services

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7848.08
System ID: 7848
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New CoAg- OVC Support for Molepolole

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7841.08
System ID: 7841
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- PediatricCare

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7803.08
System ID: 7803
Planned Funding(\$): \$853,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- PWP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7756.08
System ID: 7756
Planned Funding(\$): \$1,352,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: New CoAg- TB Regional Training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7838.08
System ID: 7838
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New MC Activities

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8887.08
System ID: 8887
Planned Funding(\$): \$1,370,300
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: New PHEs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8859.08
System ID: 8859
Planned Funding(\$): \$482,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: OGAC Activities TBD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8885.08
System ID: 8885
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: RFA-PS07-747- Building Human-Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5444.08
System ID: 7726
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Sub-Partner: Associated Funds Administrators

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HTXS - ARV Services

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Harvard University School of Public Health
Planned Funding: \$429,500
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: MTCT - PMTCT

Mechanism Name: TASC3

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7758.08
System ID: 7758
Planned Funding(\$): \$1,300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Sub-Partner: Botswana Business Coalition on AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: Unknown PHE Mechanism

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7729.08
System ID: 7729
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New Contract - Lab Accreditation

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7846.08
System ID: 7846
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: Yes

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 8581.08
System ID: 8581
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1330.08
System ID: 7849
Planned Funding(\$): \$175,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National AIDS Coordinating Agency, Botswana
New Partner: No

Mechanism Name: U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1367.08
System ID: 7750
Planned Funding(\$): \$1,130,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8753.08
System ID: 8753
Planned Funding(\$): \$150,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: New York AIDS Institute
New Partner: No

Mechanism Name: SCMS Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7941.08
System ID: 7941
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5286.08
System ID: 7711
Planned Funding(\$): \$5,520,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
12-HLAB	10260.08	\$100,000 of early funding is requested for purchase of reagents to support the Botswana AIDS Impact Survey (X1308) as data and sample collection will begin in March / April 2008. All of the reagent support costs will need to be liquidated in advance of the survey to ensure that sufficient laboratory materials are in the country due to the long lead times for procurement.	\$100,000	\$2,200,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1044.08

System ID: 7712

Planned Funding(\$): \$1,950,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Pathfinder International

New Partner: No

Sub-Partner: Botswana Christian AIDS Intervention Program

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: MTCT - PMTCT

Sub-Partner: Botswana Network of People Living with AIDS

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: MTCT - PMTCT

Mechanism Name: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5339.08

System ID: 7768

Planned Funding(\$): \$2,875,000

Procurement/Assistance Instrument: Grant

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Population Services International

New Partner: No

Sub-Partner: Humana People to People Botswana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Sub-Partner: African Methodist Episcopal Services Trust

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New CoAg - PCI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7759.08
System ID: 7759
Planned Funding(\$): \$4,450,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: RPSO

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5208.08
System ID: 7781
Planned Funding(\$): \$400,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: RPSO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5420.08
System ID: 7892
Planned Funding(\$): \$4,150,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1325.08
System ID: 7782
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1345.08

System ID: 7807

Planned Funding(\$): \$5,700,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: Tebelopele

New Partner: No

Sub-Partner: The Dialogue Group

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Botswana Christian AIDS Intervention Program

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Humana People to People Botswana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVCT - Counseling and Testing

Sub-Partner: Academy for Educational Development

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner:

Associated Area Programs: HVCT - Counseling and Testing

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HVCT	4857.08	\$2,500,000 of early funding is requested to ensure that salary support is maintained to 62 full time counselors, 20 part-time counselors, and other technical staff like lab technicians, scientific officers, nurses, community outreach technicians and management staff who are responsible for providing VCT services through the Tebelopele network.	\$2,500,000	\$5,300,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5295.08
System ID: 7836
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Mechanism Name: PRM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3617.08
System ID: 7802
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Prime Partner: United Nations High Commissioner for Refugees
New Partner: No

Sub-Partner: Botswana Red Cross
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner:
Associated Area Programs: HBHC - Basic Health Care and Support

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8748.08
System ID: 8748
Planned Funding(\$): \$475,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of California at San Francisco
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8745.08
System ID: 8745
Planned Funding(\$): \$1,300,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center
New Partner: No

Mechanism Name: I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1331.08
System ID: 7713
Planned Funding(\$): \$4,572,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: University of Pennsylvania
 Planned Funding: \$983,551
 Funding is TO BE DETERMINED: No
 New Partner:

Associated Area Programs: HBHC - Basic Health Care and Support, HVTB - Palliative Care: TB/HIV, HTXS - ARV Services

Sub-Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center
 Planned Funding: \$500,000
 Funding is TO BE DETERMINED: No
 New Partner:

Associated Area Programs: MTCT - PMTCT

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
07-HVTB	5158.08	\$100,000 of early funding is request to maintain salary and operations support for two months to ensure continuity of funding support for March and April 2008.	\$100,000	\$805,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8747.08
System ID: 8747
Planned Funding(\$): \$900,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University Research Corporation, LLC
New Partner: No

Mechanism Name: HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5454.08
System ID: 7842
Planned Funding(\$): \$745,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Post

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5455.08
System ID: 7843
Planned Funding(\$): \$595,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC HQ & Cable

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7891.08

System ID: 7891

Planned Funding(\$): \$1,457,000

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	17892.08	Early funding is requested to cover the cost of five consultants' packages which require renewal in December '07 and January '08 as well as maintaining the support to LES and general operations during the start of the USG fiscal year. These funds will complement the GAP funding requested under management and administration.	\$587,000	\$587,000

Mechanism Name: HQ Base

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5404.08

System ID: 7731

Planned Funding(\$): \$4,396,615

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Local Base

Mechanism Type: Local - Locally procured, country funded

Mechanism ID: 5406.08

System ID: 7732

Planned Funding(\$): \$3,150,385

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Prime Partner: US Centers for Disease Control and Prevention

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
15-HVMS	10326.08	Early funding is requested to cover the cost of five consultants' packages which require renewal in December '07 and January '08 as well as maintaining the support to LES and general operations during the start of the USG fiscal year. These funds will complement the requested management and staffing GHAI early funding request.	\$1,000,000	\$1,420,385

Mechanism Name: ODC Mechanism

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5453.08

System ID: 7889

Planned Funding(\$): \$100,000

Procurement/Assistance Instrument: USG Core

Agency: Department of Defense

Funding Source: GHCS (State)

Prime Partner: US Department of Defense

New Partner: No

Mechanism Name: State Mechanism

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7890.08

System ID: 7890

Planned Funding(\$): \$1,197,000

Procurement/Assistance Instrument: USG Core

Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Prime Partner: US Department of State

New Partner: Yes

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
09-HVCT	9836.08	Early funding is requested to ensure continuity for salary and operational support to ensure that projects to mark World AIDS Day and associated interagency activities that follow the football fixture season in Botswana.	\$150,000	\$601,000

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Peace Corps Mechanism

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1341.08

System ID: 7752

Planned Funding(\$): \$1,450,000

Procurement/Assistance Instrument: USG Core

Agency: Peace Corps

Funding Source: GHCS (State)

Prime Partner: US Peace Corps

New Partner: No

Early Funding Activities

Program Area	Activity ID	Early Funding Narrative	Early Funding Request	Planned Funds
02-HVAB	10094.08	Peace Corps requires early funding for its Volunteers and Trainees who will be funded under the Abstinence/Be Faithful pillar. These early funds will support Trainee pre-arrival costs in Washington, plus a range of training expenses which must be incurred in Botswana prior to April 2008, including ordering of Volunteer allowances, Trainee travel, leases for training facilities, and hiring of training staff.	\$209,600	\$500,000
05-HVOP	10202.08	Peace Corps requires early funding for its Volunteers and Trainees who will be funded under the Abstinence/Be Faithful pillar. These early funds will support Trainee pre-arrival costs in Washington, plus a range of training expenses which must be incurred in Botswana prior to April 2008, including ordering of Volunteer allowances, Trainee travel, leases for training facilities, and hiring of training staff.	\$12,600	\$100,000
08-HKID	4893.08	Peace Corps requires early funding for its Volunteers and Trainees who will be funded under the Orphans and Vulnerable Children pillar. These early funds will be used for Volunteer allowances and travel, medical care and supplies, and safety and security expenses which will be incurred prior to April 2008.	\$198,300	\$850,000

Mechanism Name: GHH-A-00-07-00011: Youth Health Organization

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 5377.08

System ID: 7753

Planned Funding(\$): \$0

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Prime Partner: Youth Health Organization of Botswana

New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
5325.08	7809	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	African Palliative Care Association	N	\$0
5325.08	7809	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Children in Distress	N	\$0
5325.08	7809	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Marang Child Care Network	N	\$0
5325.08	7809	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Media Institute of Southern Africa	N	\$0
5325.08	7809	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	University of Botswana	N	\$0
5325.08	7809	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Zambia Institute of Mass Communication	N	\$0
1332.08	7745	Botswana Defence Force	Department of Defense	GHCS (State)	Institute of Development Management, Botswana	N	\$50,000
1339.08	7751	Constella Futures Group	U.S. Agency for International Development	GHCS (State)	Marang Child Care Network	N	\$200,000
1339.08	7751	Constella Futures Group	U.S. Agency for International Development	GHCS (State)	Society of Students Against AIDS	N	\$37,500
5338.08	7746	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Baylor University	N	\$0
5338.08	7746	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
5338.08	7746	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana National Youth Council	N	\$0
5338.08	7746	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Network of AIDS Service Organizations	N	\$0
5338.08	7746	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Network of People Living with AIDS	N	\$0
5338.08	7746	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$0
5338.08	7746	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Makgabaneng	N	\$0
1326.08	7783	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Academy for Educational Development	N	\$0
1326.08	7783	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	PATH	N	\$0
3469.08	7709	Makgabaneng	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana National Youth Council	N	\$0
3469.08	7709	Makgabaneng	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$0
1039.08	7710	Ministry of Health, Botswana	HHS/Centers for Disease Control & Prevention	GHCS (State)	Medical Information Technology Incorporated	N	\$0
1337.08	7749	Ministry of Local Government, Botswana	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
1337.08	7749	Ministry of Local Government, Botswana	HHS/Centers for Disease Control & Prevention	GHCS (State)	Marang Child Care Network	N	\$0
1044.08	7712	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
1044.08	7712	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Network of People Living with AIDS	N	\$0
5339.08	7768	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	African Methodist Episcopal Services Trust	N	\$0
5339.08	7768	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$0
1345.08	7807	Tebelopele	HHS/Centers for Disease Control & Prevention	GHCS (State)	Academy for Educational Development	N	\$0
1345.08	7807	Tebelopele	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
1345.08	7807	Tebelopele	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
1345.08	7807	Tebelopele	HHS/Centers for Disease Control & Prevention	GHCS (State)	The Dialogue Group	N	\$0
3617.08	7802	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	Botswana Red Cross	N	\$0
1331.08	7713	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	N	\$500,000
1331.08	7713	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	University of Pennsylvania	N	\$983,551

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$3,946,140

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

The Botswana National PMTCT program completed nationwide roll out in 2001 when it was integrated into maternal-child health services in all 34 hospitals, 265 clinics and 349 health posts in Botswana. Without a PMTCT program, the transmission rate is 35-40%. HIV transmission to infant has reduced dramatically to less than 5% of HIV-exposed infants an 85% reduction from expected levels without a program. The Government of Botswana (GOB) provides most of the funding for PMTCT, and the United States Government (USG) collaborates with the GOB to strengthen the national PMTCT program, providing assistance to staff the program, train health workers, promote innovation, and improve the quality of PMTCT services. The USG conducts operational research to develop models for effective service delivery and supports national expansion of service models that work. The most significant achievement with USG funds in 2007 was national rollout of Early Infant HIV Diagnosis (EID) using polymerase chain reaction (PCR) testing of dried blood spots (DBS), now available in all facilities providing maternal-child health services.

Services

HIV testing in Botswana is routine for pregnant women. 95% of women attend antenatal care and deliver in health facilities. Antenatal clients access rapid HIV testing on an opt-out basis. HIV-positive women are evaluated for eligibility for antiretroviral therapy (ART) by CD4 count, and women with a CD4 less than 200 are referred to the national ART program (Masa) at dedicated clinics. Women with higher (or unknown) CD4 receive long-course azidothymidine (AZT) (beginning at 28 weeks gestation) and single-dose nevirapine (NVP) during labor. Infants are given 4 weeks of AZT, single-dose NVP, and 12 months of free infant formula.

At six weeks of age for formula fed infants and 6 weeks after weaning for breastfed infants, HIV-exposed infants are tested for HIV using PCR on DBS. Cotrimoxazole (CTX) is provided for infants who need it from age 6 weeks until they have a negative HIV test. HIV-infected infants are referred to the national ART program, which provides pediatric ART at all sites. Uptake of PMTCT services is high and meets or exceeds all PEPFAR targets. In 2006, 97% of pregnant women were tested for HIV. Among 14,560 HIV-positive women delivering, 12,934 (88%) received either ART (2,293 or 16%) or AZT and NVP prophylaxis for PMTCT.

Among 14,560 infants born to HIV-positive mothers in 2006, 12,245 (84%) received AZT, 10,449 were tested for HIV; 90% of these were provided CTX. Among the first 3,200 infants tested during the EID national rollout, 89 (2.8%) were HIV-infected. Of these, 56% were enrolled in the ART program, 9% were referred, but it is unknown if they reached care, 13% were lost to follow up, 8% of families refused ART, and 7% of infants died before receiving ART. OVC and palliative care programs are expanding to include tracing HIV-infected infants and enrolling them in care.

In 2006, 97% of all HIV-exposed infants started infant formula at birth. High mortality among HIV-exposed formula-fed infants has been documented in Botswana, and problems with the formula supply chain have been common. Supply Chain Management System (SCMS) conducted an assessment in collaboration with UNICEF and is working with the Ministry of Health PMTCT to improve the supply chain. Plans for 2008 include training of supply officers in inventory and distribution management, updating record systems, and training in demand management and forecasts as well as on-site mentoring. Botswana's draft Infant and

Young Child Feeding (IYCF) policy states that women will be counseled about the risks and benefits of breastfeeding and formula feeding, and will be guided to choose formula only if it is acceptable, feasible, affordable, sustainable, and safe (AFASS criteria) to do so. This policy has been in draft form since 2001 and training to support the policy has not been conducted. In practice, all HIV-infected women are advised to feed their infants formula. Improvements to current infant feeding counseling practices are planned in 2008 using USG funding to adapt the WHO 5-day integrated IYCF counseling course for local use and train all PMTCT providers in its use.

Public health evaluation (PHE) activities on safer infant feeding include studying morbidity and mortality among infants fed formula while using a safe water system and repeating a 2006 study on formula feeding practices after the IYCF training. A family planning study to learn about unmet needs is planned. Development of a surveillance system for monitoring of infant feeding method and nutritional status will be led by the MOH and UNICEF. A plan will be developed to monitor infant mortality using vital records before and after infant feeding training in select districts.

Survey data from 2003 and 2004 indicate that 65% of all pregnancies were unplanned. Contraceptive drugs are not provided in ART clinics, though condoms are usually available and promoted. Plans for 2008 include supporting MOH to revise family planning policies, guidelines, and curricula to include guidance adapted for HIV positive women. Arrangements are being made with the MASA ART program to make contraceptives available in clinics.

Trained peer mothers who have received PMTCT services provide guidance for mothers and infants on HIV care and ART for mothers and infants, CTX prophylaxis, infant testing, family planning, infant feeding, screening for and treatment for TB, and psychosocial support. This project will expand to 2 additional districts in 2008, its 4th year.

Policy

An expert panel recommended PMTCT drug regimen changes in 2006 that are yet to be implemented. There is no national policy stating that pregnant women should access ART in an expedited manner or that CD4 counts should be drawn at all ANC clinics. The IYCF draft policy is awaiting approval, there is no guidance regarding breastfeeding for pregnant women on ART, and there is limited collaboration between the PMTCT and Food & Nutrition Units in the MOH. Family planning drugs are not provided in ART clinics, and there is limited collaboration between the PMTCT and Sexual & Reproductive Health Units. There is no policy for retesting women who test HIV-negative during early pregnancy or while their infants are breastfeeding, though HIV incidence data from South Africa suggests that such a policy would identify incident cases of HIV who are at high risk of transmitting HIV to their infants. Ongoing operational research will determine HIV incidence in pregnant and breastfeeding women and inform a recommendation regarding retesting of women in late pregnancy, at delivery, and during breastfeeding.

In 2008, a partner will be selected to provide capacity development support and facilitate linkages between PMTCT Unit and other relevant MOH departments/units, such as the Food & Nutrition Unit and the Sexual & Reproductive Health Unit, in order to expedite policy changes. Technical assistance and advocacy will continue to address deficits in infant feeding education and practices, drug delivery, ART initiation for pregnant women and infants, and child survival.

Monitoring

Stakeholders believe that the relatively low reported uptake of some interventions (i.e., infant AZT, 84%) may be due to record-keeping errors rather than failure to provide drugs. This is substantiated only at the USG operational research site in Francistown. The first data manager was hired in 2007, and efforts to improve monitoring are now underway. In 2008, new and streamlined data collection forms and software will be piloted; a new database is being developed to track aggregate data on HIV testing, PMTCT drug delivery, formula use, and ART access. A data audit at the district level is planned to immediately follow the introduction of the new system. Regular audits of data quality will be conducted.

Challenges

The greatest challenge for PMTCT is the initiation of ART for women found to be eligible while pregnant. The target percentage of pregnant women who should receive ART while pregnant may be >35%, more than twice the current level. Low rates of ART initiation may be due to barriers at the patient and the district levels (transport to CD4 and ART sites; special days for pregnant women; delays in access to CD4 testing). PEPFAR will hire dedicated staff in 2008 to visit each district, provide detailed feedback on ART initiation rates in pregnant women and infants, organize troubleshooting meetings, and provide ongoing feedback to every district.

In addition to the proposed budget, the USG team has set aside \$200,000 (unallocated) for PMTCT activities.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	13
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	5390
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1650
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	224

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child
Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11297.08

Planned Funds: \$0

Activity System ID: 17264

Activity Narrative: 08.P0109 MOH - Infant Nutrition Support

The Botswana draft Infant and Young Child Feeding (IYCF) policy states that HIV-infected women will be counseled about the risks and benefits of breastfeeding and formula feeding, and will be guided to choose formula only if it is acceptable, feasible, affordable, sustainable, and safe (AFASS) to do so. This policy has been in draft since 2001 and training to support the policy has not been conducted. In practice, HIV-infected women are advised to feed their infants formula, and in 2006, 97% of all HIV-exposed infants were started on formula at birth.

The Botswana Child Welfare card was recently updated to include HIV, PMTCT, and improved nutritional information. The Botswana Nutrition Surveillance System (BNSS), which is based on data from the child welfare card recently completed an assessment that recommended strengthening data collection methods and quality and training of health workers in use of nutritional data.

2007 Accomplishments

The Food and Nutrition Unit (FNU) adapted the WHO/UNICEF 5-day IYCF counseling course and began training government health workers using the adapted training. The training incorporates counseling on exclusive breastfeeding, exclusive formula feeding and optimal nutrition.

2008 plans

To improve the effectiveness of the adapted WHO/UNICEF training course, the FNU will print course materials, purchase teaching aids and produce IEC materials for mothers. The FNU will continue to train all PMTCT health care providers (nurses, midwives and counselors) as well as Pathfinder senior staff and Peace Corps Volunteers assigned to government health facilities.

The USG will support printing and distribution of the new child welfare card that includes HIV, PMTCT and nutrition information. Health workers will train on its use for clinical management of children and for program reporting. Technical assistance will update the software for capturing information about growth, HIV exposure status and feeding method in-line with the new child welfare card. The USG will provide technical assistance to assist with the regular creation of reports on child nutrition as it relates to HIV exposure and infant feeding method. FNU staff will make site visits within the SADC region to learn about other nutrition programs and share experiences.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11297

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24074	11297.2407 4.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$650,000
11297	11297.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$1,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

of service outlets: 620

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 4454.08

Planned Funds: \$120,140

Activity System ID: 17265

Activity Narrative: 08.P0101: Ministry of Health - PMTCT Program Support

This activity is a direct support to the MOH and addresses the PMTCT strategic plan, including improving human capacity and the quality of PMTCT services.

In FY2008, the USG will continue to support several project positions in the national and regional PMTCT program and related MOH departments, including one national coordinator, two regional coordinators, two IEC officers, one nutrition officer, and one training coordinator. This component complements the Botswana government's effort in building human resource capacity to manage the PMTCT program both at the national and district levels.

Health care providers' knowledge and skills will improve through in-service training programs. The Botswana PMTCT Handbook was revised and harmonized with the WHO/CDC PMTCT generic training package to provide health workers with the latest evidence-based PMTCT information and recommendations to enable providers to deliver quality PMTCT services. Efforts are ongoing to integrate PMTCT content into the current pre-service curricula at the Institutes of Health Sciences (IHS). This will ensure that health workers will be familiar with PMTCT services upon graduation from health training institutions. Meanwhile the need still exists for regular in-service training in PMTCT at all levels. The USG will support workshops for 300 lay counselors, 150 trainers and 24 focal persons.

The USG continues to strengthen information, education, and communication (IEC) activities. The PMTCT social marketing campaign targets men as influencers and gatekeepers to increase their support of pregnant women. The campaign will develop an overall mass media effort that helps the community link to PMTCT with special messages through radio and theatre drama that show men engaged in PMTCT services and supporting their use. Health learning materials are part of the campaign and their strategic placement to ensure that consumers encounter them in the normal path activities is part of the strategy.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9800

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24075	4454.24075.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$660,000
9800	4454.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$720,000
4454	4454.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$1,000,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Indirect:

of service outlets: 620
of pregnant women: 42,000
provided with complete course of ART: 12,500
of health workers trained: 500
of women referred for HAART=3,500
kids diagnosed= 10,000
kids put on ARV=560
kids on infant formula=40,000

Target Populations

General population

Adults (25 and over)

Women

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1044.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 4467.08

Activity System ID: 17280

Mechanism: U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$1,300,000

Activity Narrative: 08.P0103 Pathfinder International – Psychosocial PMTCT support

2007 Accomplishments

The Pathfinder PMTCT activity provides: 1) peer counseling for women attending antenatal clinics and 2) peer counseling by people living with HIV/AIDS (PLWHAs), including HIV-infected women from the PMTCT program, for ART adherence. A mid-term review illustrated the programs' positive results in reaching women and men in both clinic-based and community-based settings. To date the peer mothers counseling project works at 14 antenatal clinics in four districts. The program increased counseling coverage in targeted areas and the quality of services improved against standards. During the mid-term review both the clients as well as the public sector providers indicated that the counseling services are valued by the sites.

To ensure linkages between different health facilities in the provision of ART, Botswana uses a site model, which consists of a hospital (Infectious Disease Care Centers or IDCC) with 2 to 4 satellite clinics. The adherence counseling program works currently in 8 IDCCs and 19 satellite clinics. 48 counselors and health care workers (2 new adherence counselors, 20 lay counselors and 2 nurses) completed a 7-day adherence counseling workshop. This brought totals to 73 adherence counselors and 22 master trainers receiving this training to date.

2008 Plans

Minor changes based on the 2007 mid-term evaluation include expansion of the program into three new sites (Serowe, Palapye and Maun. Refresher and new training courses for peer mothers will emphasize program needs: 1) Encouraging peer mothers to take a greater role in helping women to get CD4 counts done, attend ART evaluation clinics and enroll in ART in a timely manner; and 2) Providing information about the choice between breastfeeding and formula feeding in accordance with the WHO IYCF curriculum in use nationwide to retrain health workers in infant feeding. Pathfinder senior staff will attend the IYCF course and produce training materials appropriate for peer mothers in consultation with MOH. Peer mothers will continue to conduct home visits to follow-up clients after on-site counseling at the centre. The home visits target infected mothers, their partners and families to discuss any issues of concern including stigma reduction and PMTCT services. The need for HIV testing, CD4 testing and ARV clinic attendance for all family members is part of these visits. Peer counselors in both programs will continue to establish support groups and conduct community mobilization activities.

Capacity building in financial management, monitoring & evaluation, strategic planning and management will continue at all sites. Site facilitators, counselor supervisors, peer mothers/ adherence counselors and Ministry of Local Government (MLG) staff will receive in-service education. All previously graduated mothers are eligible to attend a two week long entrepreneurial skills workshops in collaboration with MLG's department of social services to equip the women with livelihood skills.

Weaknesses identified during the interim evaluation, including quality of recordkeeping at site level, will be rectified. The US Centers for Disease Control and Prevention (CDC) field operation (BOTUSA) and MOH will collaborate to examine PMTCT key indicators in program sites and compare them to non-program sites, and to compare PMTCT indicators in new sites before and after implementation to estimate the impact of the program. A final program evaluation is planned.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9816

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24092	4467.24092.09	HHS/Centers for Disease Control & Prevention	Pathfinder International	10346	1044.09	U62/CCU12441 8 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	\$0
9816	4467.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	5282	1044.07	CoAg # U62/CCU12441 8	\$1,425,000
4467	4467.06	HHS/Centers for Disease Control & Prevention	Pathfinder International	3358	1044.06	Technical Assistance	\$800,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Target Populations

General population

Ages 15-24

Women

Other

Pregnant women

People Living with HIV / AIDS

Coverage Areas

Central

North-East

North-West

Southern

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8745.08

Mechanism: UTAP

Prime Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 4469.08

Planned Funds: \$500,000

Activity System ID: 17290

Activity Narrative: 08.P0102 PMTCT Health Care and Training

Botswana's national PMTCT program has 100% geographic coverage, and midwives, nurses, and counselors nationwide are trained in PMTCT. Training activities focus on new providers, evolution in program guidelines, and solving of existing problems and weaknesses.

In 2008 the Francois Xavier Bayroud (FXB) Center from the University of Dentistry and medicine of New Jersey (UMDNJ) will provide assistance to the PMTCT unit with curriculum development and maintenance and training of staff. The FXB Center will evaluate the use and usefulness of existing training materials, create new training materials and clinician support tools where needed, and revise generic international training tools to meet local needs. In 2008, this may include adaptation of the new WHO infant and young child feeding course, revision of existing PMTCT training manuals to incorporate new guidelines, and increase emphasis on follow-up of mothers and infants.

The FXB center will also help maintain the currency of knowledge and skills among PMTCT staff by conducting two trainings for national program staff on new developments in the field of PMTCT or areas in which staff feel they had inadequate training. Three PMTCT training of trainers (TOT) sessions will also be held on new PMTCT guidelines.

Finally, the FXB center will facilitate linkages between the PMTCT Unit and other relevant PMTCT departments such as the Food and Nutrition Unit and the Sexual and Reproductive Health Unit on PMTCT-related activities such as infant feeding and family planning for HIV-positive women. The FXB Center will plan and implement two coordination workshops for MOH departments on PMTCT-related planning, training and program management.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9819

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24619	4469.24619.09	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	10452	8747.09	U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana	\$650,000
9819	4469.07	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	5284	1047.07	UTAP	\$300,000
4469	4469.06	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	3359	1047.06	UTAP	\$480,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

health workers trained: 500

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5286.08

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17313.08

Planned Funds: \$200,000

Activity System ID: 17313

Activity Narrative: 08.P0107 SCMS-Supplies for Early Infant Diagnosis

2007 accomplishments

Procurement of laboratory supplies, reagents, and equipment is done through MOH's Central Medical Stores (CMS). Gaps in the system result in delayed receipt of the laboratory equipment, reagents, and supplies at the end point. In FY2006, the nationwide roll-out of early infant diagnosis began and continued through FY 2007 with USG support.

2008 Plans

The USG will continue this support to the program by procuring laboratory supplies, reagents, and equipment for the PMTCT program. Commodities will be procured in accordance with the GOB national protocols, and USG rules and regulations. About 5,000 infant diagnostic DNA PCR kits will be purchased to support the implementation of EID nationally as well as equip the second laboratory in Francistown.

These activities will be supported through the in-country SCMS team.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8742.08

Mechanism: CoAg (5444.08)

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17318.08

Planned Funds: \$100,000

Activity System ID: 17318

Activity Narrative:

08.P0110 - Impact of Infant Feeding Practices - Mullens and Associates

Title: Infant formula preparation and feeding practices among HIV-positive women in the Botswana PMTCT program

Time and Money: 6 months protocol approval, 4 months study time; \$100,000

Local Co-investigator: MOH Nutrition Unit; Botswana National PMTCT Program

Project Description:

A study was conducted in 2006 to assess infant formula preparation and feeding practices among HIV-positive mothers. Numerous deviations from recommended practices were observed. In 2008, the WHO/UNICEF IYCF training will retrain health workers in infant feeding counseling. The impact this training will have on actual practices in the homes of HIV-positive women, however, is unknown. (Another intended effect of the IYCF training, to decrease the automatic prescription of formula use and increase informed choice of infant feeding method, will be measured in other ways.)

Evaluation Question: Has there been any improvement in recommended infant formula preparation practices since the WHO Infant and Young Child Feeding (IYCF) course was used to retrain health workers in infant feeding counseling?

Methods: Study participants will be identified after delivery and visited at their homes when their infants are 2-4 months old.

Population of Interest:

This is a repeat of a 2006 study and will use the same protocol. HIV-infected women (n=100) intending to formula feed their infants will be recruited on the postnatal ward of delivery units in three districts in northern Botswana. Study participants will be visited at their homes when their infants are 2-4 months old. Data from questions about infant feeding and observations of actual feeding practices will be collected. Data will be compared to 2006 data.

Technical support for training of study staff and analysis of data will be provided by CDC-Atlanta.

Information Dissemination Plan:

Data on infant formula preparation and feeding practices will be shared with sites, districts, and the national PMTCT program in order to determine if the IYCF training has had the desired effect and assist in planning for additional infant feeding quality improvement activities.

Budget justification for Year 1 Budget:

Salaries: \$70,000
Supplies: \$10,000,
Travel: \$10,000
Equipment: \$10,000
Total:\$100,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8742.08

Prime Partner: Mullens & Associates

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17319.08

Activity System ID: 17319

Mechanism: CoAg (5444.08)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$216,000

Activity Narrative: 08.P0111 PHE - Infant Morbidity and Mortality

Title: Risk factors for adverse pregnancy outcomes among HIV-infected and HIV-uninfected women in Botswana

Time and Money: 2 years are required to collect and analyze the data. The Year 1 budget for the project is \$216,000

Local Co-investigator: Local co-investigators will include Dr. William Jimbo, CDC, Dr. Anthony Ogwu (Botswana-Harvard School of Public Health Partnership [BHP]), Dr. Joseph Makhema (BHP), Dr. Petr Svab (Princess Marina Hospital), Dr. Tracy Creek (CDC), Dr. Roger Shapiro (BHP), Dr. Shahin Lockman (BHP) and Jennifer Chen (Harvard Medical School and BHP.)

Project Description: This project will document the rates and etiologies of stillbirth and early neonatal mortality, and the rates of premature delivery among HIV-infected and HIV-uninfected women in Botswana. All births occurring at Princess Marina Hospital (PMH) and Scottish Livingstone Hospital (SLH) during a two year period will be reviewed by chart abstraction. Risk factors for these three adverse pregnancy outcomes will be explored, including HIV status, CD4 count, ARV use, medications, medical conditions, and demographics. Mothers with stillbirths and early neonatal deaths will be consented for "verbal autopsies" to determine the cause of these events; for HIV PCR testing of the stillbirth or infant (if mother HIV-infected); and for maternal HIV-1 RNA and CD4 cell count testing (if mother is HIV-infected).

Hypotheses:

- Rates of stillbirth, premature delivery, and early neonatal mortality, are increased among HIV-infected women.
- Rates of stillbirth, premature delivery, and early neonatal mortality, are increased among HIV-infected women with advanced disease.
- The cause of stillbirths, and possibly early neonatal deaths, differs between HIV-infected and HIV-uninfected women. Early stillbirths may be related to HIV infection in utero. ART may modify the risk of stillbirths from HIV-infection.

Primary Objectives:

- To determine rates of stillbirth, premature delivery, and early neonatal mortality by maternal HIV status.
- Among HIV-infected women, to determine rates of stillbirth, premature delivery, and early neonatal mortality by CD4 cell count and by receipt of different ART regimens in pregnancy.
- To determine the causes of stillbirth and early neonatal mortality through verbal autopsies and laboratory testing, and to determine whether maternal antenatal ART modify the risk for these events.

Secondary Objectives:

- To ascertain the number/proportion of women with known HIV status by the time of delivery (and the timing of HIV testing) among women who deliver at PMH and SLH.
- To ascertain the total number of HIV-infected women who have CD4 counts measured during pregnancy (and the timing of CD4 testing).
- To ascertain the total number of HIV-infected women who have CD4 counts measured during pregnancy and begin ART ante partum and/or intra partum.
- To determine the total number of HIV-infected women who received CTX during pregnancy.
- To compare infant birth weight by HIV status.

Programmatic Importance/Anticipated Outcomes:

HIV-infection has been associated with adverse pregnancy outcomes, including higher risk of stillbirth. Stillbirth rates as high as 13% have been reported among HIV-infected women in Africa who were followed from conception. It remains unknown whether the cause of excess stillbirths is related to HIV infection of the fetus, or whether maternal ARV use affects the risk of stillbirths among HIV-infected women. Three-drug ART is recommended during pregnancy for women in Botswana with CD4 cell count greater than 200 and may be offered to women with higher CD4 cell counts in the future. It is therefore critical to understand the background rate and cause of stillbirths in Botswana, and whether ART influences the stillbirth rate. These data may also guide the decision for when to start ART during pregnancy.

The anticipated outcomes of this study are: 1) To create a large database that provides information about stillbirth, prematurity, and early neonatal mortality rates in Molepolole and Gaborone, Botswana, and to provide information about risk factors for these events. 2) To provide detailed information about the causes of stillbirth and early neonatal mortality to the Botswana government and the scientific community, and determine whether differences exist by HIV status and ART receipt. 3) To determine whether stillbirths in Botswana are related to fetal HIV infection, and if so, whether the timing of infection (and other risk factors) affect the likelihood of stillbirth. 4) To understand whether ART, and the duration of ART exposure, might modify the risk for stillbirth related to HIV-infection.

Methods:

This study will be carried out at PMH and SLH. There are approximately 5,000 births per year at PMH, and approximately 2,500 births per year at SLH. Therefore, data will be collected from up to 15,000 births over 2 years. If it is feasible to perform the study at the Gaborone City Council maternities, several thousand additional deliveries may also be available from Gaborone.

On a daily basis for up to 24 months, study researchers will assess the obstetrical records and other available medical records of all women admitted to the maternity ward of the participating sites. Attempts will also be made to identify and document stillbirths in cases where women are seen at either antenatal clinics or on the female medical ward.

Study researchers will work with maternity nurses to anonymously extract data from the obstetrical records of women who deliver at these sites. The information likely to be available from the obstetric and medical records includes maternal age, the clinic where obstetrical care was provided, HIV status (if known), CD4 cell count if HIV-infected (and if performed), drugs taken during pregnancy, gestational age at delivery, pregnancy outcome (live birth versus stillbirth), and birth weight. Information will also be obtained regarding

Activity Narrative: early neonatal mortality, recording all infant deaths that occur in the hospital within 72 hours of delivery. The information will be entered anonymously into a database.

When stillbirths or early neonatal deaths (greater than 72 hrs) are identified, study staff will be informed by maternity nurses at PMH and SLH. Mothers will be contacted by study staff, and asked for consent for further evaluation of the cause of stillbirth/death. Verbal autopsies will be performed to provide details of the pregnancy, maternal medical history, and information about the fetus or infant (including feeding history). Stillborn fetuses / deceased infants will be examined by the study physician to rule out gross congenital or other abnormality. When women are HIV-infected, consent for HIV PCR testing of stillbirths and infants, and maternal HIV-1 RNA and CD4 cell count testing, will be obtained. HIV PCR testing of stillbirths will be obtained by cardiac puncture.

Budget justification for Year 1 Budget:

Salaries: \$206,000
Supplies: \$ 1,000
Travel: \$ 5,000
Laboratory: \$ 4,000
Total: \$216,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 10153.08

Planned Funds: \$350,000

Activity System ID: 17325

Activity Narrative: 08.P0190-HQ Technical Expertise and Support PMTCT

This activity links with all activities under PMTCT. It covers the salaries and travel for the technical HHS/CDC/BOTUSA staff in-country supporting PMTCT. Eight HHS/CDC/BOTUSA staff work in the PMTCT section. Six of them are based in Francistown where they carry out operational research, while two are at the BOTUSA headquarters in Gaborone. An example of the operational research is the successful pilot of EID of HIV in infants using DBS and DNA PCR. The result of the pilot has led to the roll out of EID by the MOH countrywide.

In 2008, USG funds will be used to hire additional dedicated staff (2 nurses) to visit each district, provide detailed feedback on ART initiation rates in pregnant women and infants, organize troubleshooting meetings, and provide ongoing feedback to every district. In addition, a medical officer will be hired to provide ongoing technical support to the PMTCT program in the MOH and other related programs (SRH, Family Planning Unit, and the Food & Nutrition Unit) on PMTCT related issues.

Support for printing technical materials and other costs related to working with the GOB are included. Costs related to workshops and participation by the technical staff in domestic, regional, and occasional international meetings are supported.

The PMTCT team in Francistown will conduct a demonstration project on Prevention with Positives (PwP), by supporting the promotion of family planning and unintended pregnancy prevention among HIV positive women and their partners. Activities will include community mobilization through local dramas and related discussion forums, in addition to supporting implementation of the existing PMTCT protocols by health care workers within clinical settings, which include active promotion of family planning to clients.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10153

Related Activity: 17264, 17265, 17278, 17280,
17290, 17313, 17318, 17319,
17321, 17341, 17303, 17309,
17314

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24197	10153.24197.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$147,850
10153	10153.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$295,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17280	4467.08	7712	1044.08	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	Pathfinder International	\$1,300,000
17341	10154.08	7732	5406.08	Local Base	US Centers for Disease Control and Prevention	\$420,000
17314	17314.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17264	11297.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140
17290	4469.08	8745	8745.08	UTAP	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	\$500,000
17313	17313.08	7711	5286.08	SCMS	Partnership for Supply Chain Management	\$200,000
17278	17278.08	7711	5286.08	SCMS	Partnership for Supply Chain Management	\$240,000
17318	17318.08	8742	8742.08	CoAg (5444.08)	Mullens & Associates	\$100,000
17319	17319.08	8742	8742.08	CoAg (5444.08)	Mullens & Associates	\$216,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	13	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,200	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	204	False

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5406.08

Mechanism: Local Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 10154.08

Planned Funds: \$420,000

Activity System ID: 17341

Activity Narrative: 08.P0190-Local Technical Expertise and Support PMTCT

This activity links with all activities under PMTCT. It covers the salaries and travel for the technical HHS/CDC/BOTUSA staff in-country supporting PMTCT. Eight HHS/CDC/BOTUSA staff work in the PMTCT section. Six of them are based in Francistown where they carry out operational research, while two are at the BOTUSA headquarters in Gaborone. An example of the operational research is the successful pilot of EID of HIV in infants using DBS and DNA PCR. The result of the pilot has led to the roll out of EID by the MOH countrywide.

In 2008, USG funds will be used to hire additional dedicated staff (2 nurses) to visit each district, provide detailed feedback on ART initiation rates in pregnant women and infants, organize troubleshooting meetings, and provide ongoing feedback to every district. In addition, a medical officer will be hired to provide ongoing technical support to the PMTCT program in the MOH and other related programs (SRH, Family Planning Unit, and the Food & Nutrition Unit) on PMTCT related issues.

Support for printing technical materials and other costs related to working with the GOB are included. Costs related to workshops and participation by the technical staff in domestic, regional, and occasional international meetings are supported.

The PMTCT team in Francistown will conduct a demonstration project on Prevention with Positives (PwP), by supporting the promotion of family planning and unintended pregnancy prevention among HIV positive women and their partners. Activities will include community mobilization through local dramas and related discussion forums, in addition to supporting implementation of the existing PMTCT protocols by health care workers within clinical settings, which include active promotion of family planning to clients.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10154

Related Activity: 17264, 17265, 17278, 17280, 17290, 17313, 17318, 17319, 17325, 17321, 17303, 17309, 17314

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24209	10154.24209.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$440,135
10154	10154.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$275,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17280	4467.08	7712	1044.08	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	Pathfinder International	\$1,300,000
17325	10153.08	7731	5404.08	HQ Base	US Centers for Disease Control and Prevention	\$350,000
17314	17314.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17264	11297.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140
17290	4469.08	8745	8745.08	UTAP	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	\$500,000
17313	17313.08	7711	5286.08	SCMS	Partnership for Supply Chain Management	\$200,000
17278	17278.08	7711	5286.08	SCMS	Partnership for Supply Chain Management	\$240,000
17318	17318.08	8742	8742.08	CoAg (5444.08)	Mullens & Associates	\$100,000
17319	17319.08	8742	8742.08	CoAg (5444.08)	Mullens & Associates	\$216,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	13	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,500	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,200	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	204	False

Indirect Targets

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5286.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17278.08

Activity System ID: 17278

Mechanism: SCMS

USG Agency: U.S. Agency for International Development

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Program Area Code: 01

Planned Funds: \$240,000

Activity Narrative: 08.P0106 SCMS - Infant Formula Supply Logistics

The Botswana national PMTCT program provides all babies born to HIV-positive mothers with free infant formula until they are 12 months old. Tins of powdered formula are provided and picked up by mothers at public health clinics. During FY 2007, 13,000 babies received free formula. The program distributes infant formula to three warehouses, which in turn distribute formula as it is ordered by districts, which then distribute to clinics. At the national level, infant formula shortages occurred in 2005 and 2006 and emergency formula supplies were purchased by PEPFAR. Causes of the shortages include difficulties with government procurement processes and regional supply shortages. There is no infant formula manufacturer in Botswana, and formula is usually procured from South Africa via local contractors (though bids from other manufacturers are accepted). The national PMTCT program has no formal training in supply management, no contingency plans for purchasing substitute foods for infants and no plan for formula rationing in times of shortage. Improvements in formula supply chain difficulties are a high priority for the national program.

2007 Accomplishments

An assessment completed by UNICEF and CDC (with SCMS) highlighted the near lack of systems for forecasting, procurement planning, storage, distribution and general stock management of the product at the three warehouses and the clinics where it is given out. The new system developed to meet this need requires maintenance and quality assurance. In April 2007, SCMS began supporting the PMTCT Unit in procurement planning, process management, and forecasting of infant formula requirements and providing technical support for designing a more viable and sustainable supply system.

2008 Plans

SCMS will conduct the following activities in FY2008: 1) Design an operational supply and distribution management system using a robust Logistic Information Management System (LMIS). 2) Assist the PMTCT Unit in procurement management for bid documents preparation, evaluation criteria and definition of deliverables for effective supply contract performance management. 3) Train supply officers in inventory and distribution management, demand management and forecasting, commodity tracking. 4) SCMS logistics experts will provide continuing on-site mentoring support to entrench tools and standard operating procedures introduced. All of these will address shortfalls identified in the assessment.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9824	9824.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5286	5286.07	SCMS	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Indirect Targets

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 17314.08

Planned Funds: \$0

Activity System ID: 17314

Activity Narrative: 08.P0108 MOH - Family Planning

Data from surveys in Francistown in 2003 and 2004 indicated that 65% of pregnancies among HIV positive and HIV negative women were unplanned and 35% of them were unwanted. Family planning is available in all clinics, but these data suggest there are problems in use of family planning by women generally, and that unintended pregnancies among HIV-positive women are common. A recent assessment conducted by UNFPA and GOB on reproductive health commodity security indicated that since the advent of HIV/AIDS, condoms are promoted above other methods of contraception, though condoms are not sufficient contraception for women wishing to avoid pregnancy. Existing local guidelines advocate for informed decision making in the choice of method as well as use of dual method (using a condom and another method of family planning). For HIV-positive women, contraceptive drugs are not provided in ART clinics, though condoms are usually available. A 1996 curriculum on family planning is still in use, and does not include adapted, evidence-based family planning counseling for women with HIV or primary HIV prevention messages.

2008 Plans

The Sexual & Reproductive Health (SRH) Unit will collaborate with the PMTCT Unit to increase access to dual protection (condoms plus contraceptive drugs) through every relevant service including maternal child health clinics, family planning clinics, maternity units and ART clinics. PEPFAR will support the SRH to review existing family planning policies, guidelines and curriculum to incorporate adapted, evidence-based guidance on family planning for HIV-positive women, ensure the reproductive rights of HIV-positive women are respected and ensure that primary HIV prevention messages are incorporated into family planning counseling. Once the curriculum review is complete health workers will be trained on its use. MOH staff will make on site visits to other countries in the SADC region to learn about their family planning programs and share experiences.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Target Populations

General population

Adults (25 and over)

Women

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1331.08

Prime Partner: University of Washington

Mechanism: I-TECH

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 19624.08

Planned Funds: \$500,000

Activity System ID: 19624

Activity Narrative: 08.P0114

In 2005, through USG support, the HHS/CDC/BOTUSA completed the development of a computerized PMTCT monitoring system and installed it at the national PMTCT offices in the MOH. This system, based in Epi-Info, was to be rolled out to the districts in FY06 to improve the capacity for monitoring PMTCT program implementation and quality of care. In anticipation of the roll out of the system, HHS/CDC/BOTUSA trained 24 PMTCT focal persons and Peace Corps Volunteers (PCVs) in M&E. However, due to critical human resource shortages at the MOH, including the absence of a data manager, the rollout was suspended. The absence of a data manager also resulted in a lack of supervision and guidance on data entry into the database at the MOH, as well as on data collection at the clinic level. Overall, this resulted in a lack of reliable data for PMTCT program monitoring, and for policy making and guidance. In 2007 MOH PMTCT Unit was able to hire a Data Manager and the PMTCT Unit was supported in terms of data quality management. In January 2008, the Data Manager had resigned, leaving the Unit again without support for activities around implementing, piloting, roll out trainings. This new activity is intended to improve human capacity and quality of data relating to PMTCT, with the emphasis areas of strategic information, human resources and local organization capacity building. The activities to support the PMTCT strategy are:

1. Human capacity development for the PMTCT Unit: Hire and second to MOH/PMTCT a data manager: Grade: D2 @\$40,500 per annum = \$54,000 (including salary, benefits, etc)

Justification for the Position

This position will supervise two data clerks and be responsible for the PMTCT information systems, M&E. The position is stationed in Gaborone at MOH.

2. I-TECH Training Coordinator - \$54,000 per annum @ 10% time

Justification for the Position

This position will contribute to the overall efficacy of the training portions of this project. In collaboration with the entire PMTCT team, I-TECH will provide ongoing mentoring and team building among the national PMTCT team. In addition, I-TECH will assist the program to establish mechanisms and procedures for data quality control, and take necessary steps to ensure data reliability. This component will compliment the Botswana government's effort in building human resource capacity to manage the PMTCT program both at the national and district levels. Train 16 PMTCT Unit MOH staff in SPSS. (\$50,000)

2. PMTCT data quality: Complete, accurate, and timely data are critical in M&E the PMTCT program. I-TECH will pilot the PMTCT data collection forms in 4 districts with MOH guidance, and based on the findings revise the tools. I-TECH will roll out the tool in all 24 districts; train health care workers (including PMTCT District Coordinators) in all the districts on the new tool; Develop and Conduct a data audit, immediately following the introduction of the new system; Create and maintain a system for regular audits of data; (\$240,500)

3. EID (Early Infant Diagnosis): Starting November 2007, I-TECH is assisting the MH/PMTCT Unit with data collection for the EIS program- this activity needs to continue as at this point in time, MOH is not ready given the shortage of human resources to take on this activity. (\$50,000)

A portion of these funds will cover technical assistance and management costs for I-TECH in-country.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$10,935,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

HIV prevalence among girls and boys ages 10-14 in Botswana was 3.8% in the Botswana AIDS Impact Study 2004 (BAIS II). In the 15-19 year age group, prevalence was 3.1% (boys) and 9.8% (girls). This sex disparity continues into young adulthood, with approximately 26% of 20-24 women HIV infected, and 9.8% of men of similar age infected.

A 2005 survey (Population Services International TRAC survey) of 15-24 year olds found that 43% of never-married respondents reported never having sex (abstinence). Among sexually-active youth, however, 41% reported having sex with more than one partner in the last 12 months. Nkosana's study of cross-generational sex in Gaborone (2006) found that of 600 senior secondary students surveyed, 60% reported a friend or relative with an older boyfriend. 38% reported they had been asked by an older man to have sex with them. 25% of girls approached by an older man reported agreeing to have sex with him.

Among adults, having multiple sexual partners is also a serious concern. A study of concurrent sexual partnerships in Botswana (Carter et al. 2007) found that 25% of 546 sexually active respondents surveyed in 2003 reported having sex with someone else, while in a sexual relationship with a recent partner. 40% of these respondents reported suspecting that their last partner had other partners. Men and youth (age less than 25) were more likely to report concurrency than their counterparts. Physicians for Human Rights found in a community survey (2005) that 25% of women and 40% of men reported multiple sex partners in the past year. In the same survey, 7% of women reported having sold sex for money or goods, and 14% of men reported paying for sex. Kalichman (2007) found in a survey of 500 Botswana who knew they were HIV positive, that 62% were sexually active and of those, 20% reporting more two or more sexual partners in the previous 3 months.

The north of the country (Chobe, Francistown areas) continues to have the highest prevalence, though prevalence is high across all districts. There are no major prevalence differences in Botswana between rural and urban areas. On the whole, helping youth abstain and avoid intergenerational sexual relationships; reducing multiple partnerships and increasing fidelity; expanding prevention interventions for people living with HIV/AIDS (PLWHA), along with provision of basic information on HIV and related services are priority prevention activities in Botswana. Gender equality and alcohol misuse/abuse prevention need to underlie all activities.

There is an emphasis in Botswana on trying to reinvigorate prevention approaches. The National AIDS Coordinating Agency (NACA) is developing a refined national prevention work plan to guide the Government of Botswana (GOB), development partners like the United States Government (USG), the African Comprehensive HIV/AIDS Partnership (ACHAP), and others, in their prevention work and to promote a stronger, more coordinated prevention response. The results of this effort can help PEPFAR leverage more resources and have a stronger role within the prevention spectrum. ACHAP and the USG are actively engaged in discussions on how to increase leverage among programs. The USG will look to ACHAP's experience supporting seven districts for wide-ranging HIV support to help guide the expansion of its district prevention support program. The GOB recently applied for a large grant from the Global Fund to fight AIDS, Tuberculosis and Malaria (GFTAM) which includes a strong focus on prevention and civil society.

Services

The Ministry of Education (MOE) supports skills-based HIV prevention education to all in-school youth, with assistance from USG. The Botswana National Youth Council (BNYC), Youth Health Organization (YOHO), and other organizations promote these themes through community work, "edutainment", and radio shows. Many faith based organizations, such as Botswana Christian AIDS Intervention Program (BOCAIP), work through dedicated centers and churches to support abstinence and fidelity. NACA and donors such as ACHAP produce some media and special events with abstinence and be faithful (AB) messages. Men's groups in villages supported by District AIDS Coordinators (DACs), target men for HIV-related activism and HIV prevention though funds limit reach to date. Partners such as UNICEF, support other initiatives focused on HIV prevention among youth.

Re-balancing the portfolio to focus more activities on people in their 20's, the age range in which most HIV infections seem to occur in Botswana is a USG priority for FY2008. Civil society support activities are re-oriented to give priority to programs that target older youth and young adults. Expanding the partner reduction/faithfulness program, which targets sexually active people ages 15-34 is a priority. Pathfinder and its local partners will continue to implement a male-focused peer education program that includes trying to reduce gender specific violence and cross-generational sex. The USG continues to work with other programs to strengthen approaches related to gender, multiple partnerships, cross-generational sex, and positive prevention, where appropriate. The USG team received technical assistance from the PEPFAR Technical Working Group for General Population and Youth Prevention, and will continue to draw on such technical resources for program improvement.

The majority of prevention interventions for FY2008 involve community outreach. Peer education and other peer-approaches,

both one-on-one and in group settings, are local non governmental organization (NGO) activities. The MOE activity is delivered by teachers to groups of students. Two continuing activities have prominent mass media components: Makgabaneng, with its radio serial drama and supporting reinforcement activities in schools and community settings, and PSI's partner reduction program, which involves mass media and community reinforcement. Nearly all programs include organizational and technical capacity building as well.

Three activities will focus strongly on men: the Pathfinder project, which is a peer-based program only targets men; Population Services International's (PSI) partner reduction project; and the new community-level civil society outreach project, which will focus interventions on men and couples.

Most activities receive funding from both AB and Condoms and Other Prevention (C/OP) program areas, in order to provide comprehensive HIV prevention services and outreach to sexually-active people. This is particularly important in a context where condoms are widely used and widely available. Only Hope Worldwide and the Ministry of Education (MOE) receive exclusively AB program support.

Linkages

A comprehensive activity will strengthen prevention in major HIV-related clinical and community services, building on efforts made during reprogramming in FY2007 and a previously funded assessment of "Prevention with Positives" (PwP) opportunities. Prevention funds will join other USG program funds to support national NGOs in key target groups and sectors, and will support prevention integration into orphans and vulnerable children (OVC) and palliative care community programs, in addition to activities focused on some clinical services.

With Botswana's strong network of voluntary counseling and testing (VCT) and other testing sites and strong HIV-related clinical programs, every activity in this portfolio supports their uptake to some degree, through referrals and co-hosting of selected events. Note that the law in Botswana still maintains that the legal age for HIV testing is 21, so promotion of testing among adolescents remains constrained. Parliament continues to work on policies to lower the age of consent for HIV testing and other services to 16.

The national prevention work plan that is in development will identify other priority policy issues for future action and support. One recommendation in the draft work plan is to develop national guidelines for youth life skills interventions and peer education programs. USG supports the MOE's efforts to better coordinate and monitor the interventions that occur in schools. This year, PEPFAR will increase its support for gender-HIV advocacy and community mobilization, and this effort will likely include advocacy on policy issues such as public and private sector employment-mandated separation of partners at geographically distant locations.

Unallocated funds (\$450,000) are set aside to support activities that emerge in the final revised national prevention work plan including additional mass media activities to support behavior change.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	113053
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10915
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2542

Custom Targets:

Number youth 7-14 trained in Life Skills and decision-making	0
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Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5339.08	Mechanism: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland
Prime Partner: Population Services International	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 19876.08	Planned Funds: \$200,000

Activity System ID: 19876

Activity Narrative: 08.P0221

PSI also will lead a targeted evaluation of the main intervention developed under this activity. In light of the knowledge gap on how best to address multiple concurrent partnerships, PSI Botswana, working with a reputable academic institution with experience in social research (e.g. PSI has had initial discussions with the Poverty Action Lab of MIT, but the partner and the local co-investigator are both to be determined), will conduct a randomized control trial to compare two approaches to addressing multiple and concurrent partnerships. The first approach will provide an intervention that focuses on encouraging the target population to reduce the number of sexual partners (such as by stressing the benefits of fidelity and/or the risks associated with having multiple partners). The second intervention will focus on the pattern of sexual relations, with an aim of discouraging the practice of having overlapping partners. Each of the treatments will be delivered through an intensive combination of mass media (particularly outdoor advertising and local radio programs), interpersonal communications (done in small groups and in one-on-one sessions), and edutainment (with drama groups). If deemed feasible, villages would be randomized into the two treatment groups, with a third set of villages established as the control arm, in order to ensure that outcomes were related to the treatments rather than to exposure to any outside mass media efforts on multiple concurrent partnerships. Outcomes would primarily be subjective (e.g., changes in self-reported patterns of sexual networks). Pending further discussion with collaborators (including the GOB), some objective outcomes might be measurable (particularly biomarkers such as pregnancy rates, STI rates, and/or seroprevalence rates at antenatal clinics or in other counseling and testing sites). The budget for the research is estimated to be about \$275,000 for the first of a planned two year study. This is based on a preliminary design with an 80% power to detect a 5% difference between groups, with 20 subjects in each of 300 clusters (i.e., a total of 6,000 interviewees per round). Approximately \$200,000 would go for field work costs, and \$75,000 for research design, researcher time, and other direct costs. In addition to a research partner from an international academic institution, PSI plans to seek a partnership with a local researcher or academic group, particularly in the University of Botswana (UB). This activity has funds from both AB and C/OP program areas. The majority of funds are from the AB area (75%, \$200,000), because the effort will focus on faithfulness and partner reduction. The C/OP funds support that part of the activity that highlights the risks associated with alcohol misuse and abuse (25%, \$75,000).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5339.08

Mechanism: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland

Prime Partner: Population Services International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 19628.08

Planned Funds: \$800,000

Activity System ID: 19628

Activity Narrative: 08.P0223

This activity is an add on activity to train health care providers to strengthen their knowledge, standardise information given to the public and provide skills on MC procedures

The selected partner for this activity will:

- develop comprehensive training curricula on safe MC, specifically targeted toward doctors and theatre nurses. These curricula will contain hands-on components.
- develop comprehensive educational materials for other health care providers, including other nursing cadres, social workers, family welfare educators, pharmacists, pharmacy technicians, laboratory technicians, public health educators, health support staff, auxiliary health care works, and other stakeholders.
- provide basic training and regular refresher courses to health care providers implementing safe MC.
- develop an effective, comprehensive training plan for safe MC annually.
- establish a base of Master trainers at Princess Marina and Nyangabwe referral hospitals for training and mentoring.
- integrate safe MC with other DHAPC trainings.
- establish a monitoring and evaluation process to identify training needs and ensure effective training.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7757.08

Mechanism: Capable Partners Program

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17461.08

Planned Funds: \$125,000

Activity System ID: 17461

Activity Narrative: 08.P0208 AED - Capacity Building Support to Makgbaneng

Through the Capable Partners Program mechanism, the Academy for Educational Development (AED) will support the organizational and programmatic development of Makgabaneng. Like the organizations supported under the New Partners Initiative (NPI) in Botswana (YOHO and the Light and Courage Centre), Makgabaneng is a new local organization that has a direct funding agreement with the US government. As a new organization, Makgabaneng needs additional support in the areas of program monitoring, board relations, financial tracking, fund raising, sub granting, and staff and program management. Also, the Makgabaneng staff has significant skills in behavior change, but with new staff and additional program models planned, they also requested limited technical assistance for further program development. Under this program, Makgabaneng will not receive funding for program implementation but will benefit from similar assistance provided by Capable Partners to Botswana's NPI grantees.

The funding for this activity is from both the AB program area (66%) and the C/OP program area (33%). Makgabaneng also receives proportionate funding from both program areas for its broad-based prevention program, so this organizational development support will also.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17262, 17643, 17263

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17262	4793.08	7709	3469.08	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	Makgabaneng	\$800,000
17263	4831.08	7709	3469.08	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	Makgabaneng	\$274,860
17643	17643.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$75,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	8	False

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7757.08

Mechanism: Capable Partners Program

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17462.08

Planned Funds: \$50,000

Activity System ID: 17462

Activity Narrative: 08.P0209: Workplace HIV Prevention

The Botswana Business Coalition on HIV/AIDS (BBCA) has been engaged in a number of interventions to build capacity for the prevention and management of HIV and AIDS in the private sector. They have mobilized and coordinated the business sector response to HIV/AIDS; conducted information dissemination, advocacy, and policy lobbying; and supported networking activities. BBCA also supported the training of peer educators/counselors for workplaces with such programs and adaptation of those training materials.

According to a 2007 assessment of the peer education training program, 40% of companies who sent staff to this training reported developing workplace HIV policies, 42% appointed HIV/AIDS Coordinators/Focal Point Persons, and 59% had allocated financial resources for HIV/AIDS interventions, after the training. BBCA will continue with this program, targeting 200 workplace-based peer educators/counselors nationwide with the 5-day training program and follow up support to those trained. This year a special emphasis of this program will be involving PLWHAs in the program as peer educators/counselors.

In the past, the companies that benefited most from BBCA's initiatives were the large ones, though the majority of employers in Botswana are small and medium sized companies (estimated 70% of registered companies). For 2008, BBCA will focus more on the Small Medium Enterprises (SME) to aid in the up-scaling of prevention, treatment, care and support initiatives, as they are unlikely to have resources to design and sustain in-house comprehensive workplace interventions. One approach that BBCA will use is BizAIDS, which is a program developed by the International Executive Service Corps (IESC) as part of its Southern African initiative and which specifically targets SME. BBCA has agreed to work with BizAIDS to expand to Botswana and pilot their intervention package with 100 small companies. The intervention is tailored to SMEs and involves approximately 20-30 hours of training focused on small business development skills, legal assistance, and basic HIV/AIDS information and program development.

In 2007, BBCA initiated an effort to promote linkages between large companies (e.g. BCL mine and Standard Chartered Bank) and the small medium companies that supply them, through a Supplies Chain Management program. The Model encourages the larger businesses to extend their HIV/AIDS programs to smaller ones, through, for example, sharing of workplace policies for adaptation to the smaller businesses, invitations to participate in HIV testing days and related events, and joint training and limited assistance from the larger companies to those with fewer resources and less experience in such activities. This activity will continue in 2008, and hopefully involve an additional 2-4 major companies.

In 2008, BBCA also will target 200 companies for HIV/AIDS workplace policy development and general advocacy for the development of workplace programs. The primary means are 1) sensitization and awareness building seminars for managers and Board members, to help increase commitment on HIV/AIDS initiatives in the workplace, 2) dissemination of best practices and other information to the private sector through newsletters, the internet, and mass media (especially print), and 3) the annual Red Ribbon campaign. Red Ribbon is a campaign based on the uptake of the Minimum Internal Package articulated for workplaces in the National Strategic Framework (NSF) and awards efforts made by workplaces to operationalize that. It culminates in a ceremonial event with national press coverage.

With this support, BBCA will also pay for 2 staff persons, as well as some assistance for its organizational development, for example to help train staff in accounting and management skills.

Supporting all of these efforts are funds from the AB (\$50,000), C/OP (\$50,000), and Policy and System Strengthening (\$300,000) program areas. Many of the activities supported by BBCA are cross-cutting in nature and focused on promoting overall engagement of the private sector, and therefore are fundamentally about system strengthening of that sector. The peer education and counseling programs supported for workplace by BBCA are crosscutting but focus significantly on HIV prevention. Therefore, funding from AB and C/OP will also support this program.

This entry relates to the AB contribution to this workplace-focused initiative. This funding reflects the focus within the peer education/counseling program supported in this activity that promote abstinence and fidelity among employers and managers who chose that and educate and motivate clients on the need to avoid multiple, and particularly concurrent, sexual partnerships.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 17554, 17743, 17915**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17554	17554.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$50,000
17743	17743.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$50,000
17915	10268.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$300,000

Emphasis Areas

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3469.08

Mechanism: U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention

Prime Partner: Makgabaneng

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4793.08

Planned Funds: \$800,000

Activity System ID: 17262

Activity Narrative: 08.P0201

Makgabaneng is a local organization that has carried out a behavior change program of the same name since 2001. The program includes a national radio serial drama and various community-based and mass media reinforcement activities. In a national 2005 survey (Population Services International TRAC survey) of 15-24 year olds, 42% reported listening to the drama many times recently and 31% reported listening sometimes; 90% were aware of the program. Other surveys suggest high listenership among older age groups too. In the third quarter of 2007, Makgabaneng and its sub partners had formed 45 listening and discussion groups with adults and out of school youth, held school rallies in 9 schools, and distributed their teen magazine on the theme of parent-child communication to 17 junior secondary and senior secondary schools in their 2 target districts, Tutume and Ghanzi. Makgabaneng also soon will train facilitators from the Botswana Defense Force (BDF) in the listening and discussion group activity.

The radio serial drama airs on two national Botswana radio stations, with two new 15-minute episodes each aired twice a week, with over 650 episodes aired to date. The program will add 2-3 short spin-off, short-term radio dramas annually, which will be aired at different time slots but simultaneously with the core drama. These spin-off dramas will use characters from the core drama to go into greater depth on key issues, such as multiple concurrent partners. The program will design the format and content of these shorter radio dramas to increase their appeal to men, who studies show are less likely to be listeners to Makgabaneng than women. In 2008, the program will highlight issues related to 1) multiple, concurrent partnerships; 2) care, support, and prevention for PLWHA; 3) delayed sexual debut and sexual and reproductive health among adolescents and younger youth, including cross-generational sex; and 4) alcohol abuse.

To reinforce these mass media interventions, Makgabaneng will continue to conduct community-based outreach in community junior and senior secondary schools and the community at large. The school-based components include an interactive magazine for use in and out of the classroom and drama competitions. In 2008, a small group activity tool kit that will complement the themes in the MOE's new life skills materials. The BNYC is the sub partner carrying out these school-based activities. The other main community outreach reinforcement activity is listening and discussion groups, which Humana People to People will continue to carry out for the project. These groups involved six 1-2 hour sessions focused on discussing and personalizing critical issues that the drama raises. The groups have been formed in a variety of settings, including workplace, households, churches, and health care settings, depending on the community involved, and include 10-25 men and women. These community reinforcement activities currently reach two districts, Ghanzi and Tutume. Makgabaneng will expand these interventions to one additional district, to be determined, and seek at least 1 additional national partner who can incorporate some of the program reinforcement tools into their existing activities (e.g. listening and discussion groups training materials, discussion guides, support material; the teen magazine). They plan to continue expanding the collaboration with other Men's Sector agencies, such as the Prison's, Police, and other uniformed services. The program will continue conducting additional reinforcement through mass media channels, specifically through: 1) hosting weekly radio call-in shows to discuss characters, events, and themes in the drama with the general public and 2) airing approximately 10 trailers and epilogues, which are short messages and calls to action related to events in the drama.

In 2008, a more intensive program evaluation will take place. Makgabaneng currently plans to carry out another large scale listenership survey, which will assess listenership and exposure to reinforcement activities, as well as various key outcomes of the intervention, in order to allow tests of associations between various levels of exposure to the intervention and those outcomes.

The funding for this activity is split between AB and C/OP. This activity is a comprehensive intervention that targets multiple issues related to HIV prevention and targets various populations in its activities, including youth and adults. This program area entry for this activity will cover about 66% of the program effort and reflects the intervention's focus on key issues related to abstinence and being faithful, including delayed debut for adolescents; cross-generational sex; faithfulness; partner reduction; transactional sex; and related gender and cultural norms and beliefs.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9917**Related Activity:** 17321, 17461, 17263, 17643**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24174	4793.24174.09	HHS/Centers for Disease Control & Prevention	Makgabaneng	10376	3469.09	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	\$700,000
9917	4793.07	HHS/Centers for Disease Control & Prevention	Makgabaneng	5336	3469.07	Technical Assistance	\$625,000
4793	4793.06	HHS/Centers for Disease Control & Prevention	Makgabaneng	3469	3469.06	Technical Assistance	\$305,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17461	17461.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$125,000
17263	4831.08	7709	3469.08	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	Makgabaneng	\$274,860
17643	17643.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$75,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	51	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5406.08

Mechanism: Local Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 10159.08

Planned Funds: \$193,000

Activity System ID: 17342

Activity Narrative: 08.P0290-Local Technical expertise and support (AB)

This activity covers the salaries and other administrative costs for the technical staff in-country that support the AB and C/OP program areas. These staff include 2 full-time CDC direct hire, 2 senior FSN, and 1 mid-level FSN. The funds also support USG-sponsored meetings of prevention implementing partners, professional development and training for staff persons, conference attendance, and travel for site visits and other meetings in and out of Botswana that USG prevention officers may attend as part of their regular duties.

All staff work across the AB and C/OP program areas, so the costs associated with these staff and activities above are distributed proportionately (66%-33%, respectively).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10159

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24210	10159.24210.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$247,030
10159	10159.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$231,812

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Indirect Targets

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1332.08

Prime Partner: Botswana Defence Force

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 10097.08

Activity System ID: 17401

Mechanism: ODC/BDF

USG Agency: Department of Defense

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$330,000

Activity Narrative: 08.P0214 Botswana Defense Force - AB

This activity will provide technical assistance and support for the BDF military personnel, their families, housemaids, couples, and community projects which address HIV prevention including changing male norms, reducing violence, reducing the number of partners and concurrent partnerships. Activities will be undertaken on the BDF bases.

BDF wives' clubs, building on activities already started by the BDF, will be further supported with TA and IEC materials, and a curriculum they can use for their meetings. Wives' clubs will focus on providing HIV prevention, care and treatment education and a supportive environment for those seeking testing and coping with either their own or others' HIV seropositive status. Leaders of the wives support group will participate in the Healthy Living program and be trained to teach the curriculum. Inclusion of the housemaids will be assessed and implemented if appropriate.

The eight BDF Chaplains will receive ongoing training by other military chaplains to further their capacity on working with those with HIV or encouraging others to know their status.

Community outreach projects will continue. These have been initiated by the BDF, as a part of the Men's sector and have provided education and testing opportunities to communities that are hard to reach. One of the foci for the outreach is to discuss reduction of partners and reducing multiple partners. They also promote changing male norms, encouraging men to support women's equality. The BDF conducts one outreach event each month, and reach an average 18,000 men in the course of a year.

This activity supports the vision of PEPFAR Botswana to reduce the number of new infections and to increase the number of people receiving care and treatment. It will also increase the number of people seeking testing.

The BDF has agreed to co-host a Military HIV/AIDS Prevention Conference for all PEPFAR countries and other regional countries as funds permit. The theme of the conference will be HIV/AIDS Prevention in the military with an exchange of information on best practices, lessons learned, etc. One of the major themes of the conference will be Male Circumcision. Participants will include Senior Officers responsible for the HIV program within each military, the officer responsible for program execution/coordination, and clinical officers. Approximately 100 persons will attend.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10097

Related Activity: 17648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24157	10097.24157.09	Department of Defense	US Department of Defense	10393	5453.09	ODC Mechanism	\$500,000
10097	10097.07	Department of Defense	Botswana Defence Force	5287	1332.07	ODC/BDF	\$115,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17648	17648.08	8742	8742.08	CoAg (5444.08)	Mullens & Associates	\$254,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	24,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	20	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5338.08

Mechanism: U2G/PS000599- The Basha Ledededi (Youth are the Light) Project

Prime Partner: Family Health International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 9920.08

Planned Funds: \$1,500,000

Activity System ID: 17405

Activity Narrative: 08.P0202 FHI - Youth Focused Community Intervention

Family Health International's (FHI) Basha Lesedi project targets youth ages 10-17 in two districts, Barolong and Northeast, for HIV prevention, including life skills education in and out of schools, household level outreach, localized mass media, abstinence and other clubs, and service referrals as needed. The topical emphases are abstinence, sexual and reproductive health, and alcohol abuse prevention. The activity also includes programs for parents and guardians of these youth, to support improved communication between them and further support for healthy sexual choices by youth. BONASO is the main in-county project management organization, and the project is implemented through 5 national local organizations, in addition to the support from various groups in the target districts (e.g. local drama and support groups).

In 2007, FHI hired key staff, selected the target districts, worked extensively with the sub partners on work plan development, made contracts with the sub partners, devised a project monitoring system, conducted a participatory needs assessment in both districts, prepared the baseline survey that they will implement in coming weeks, held project launch events in both districts, and began implementation on a small scale (July 07).

In 2008, FHI will continue with implementation in the two target districts, expanding to more villages within those districts and providing technical assistance to the various implementing partners. The budget increase over the FY07 funding level will allow FHI to hire additional project staff to support the various implementing partners (a senior youth technical advisor plus 2 additional project staff).

The BNYC will manage advocacy at the district level by holding youth forums, promoting youth-adult partnerships as relevant to the activities, including outreach to health care workers and other critical service providers in the target areas whose services these youth may need to access (e.g. family planning providers, condom providers, HIV testing, etc.). BNYC will train its youth group affiliates in the districts to deliver other prevention messages to the community through their drama, choirs and youth friendly activities, which target youth as well as community leaders and health service providers.

As the main faith based organization (FBO) sub partner, BOCAIP, will be in charge of supporting HIV prevention programs in churches, including life skills curriculum (they will adopt YouthNet's life skills program from a Christian Perspective), abstinence clubs, parent outreach (using FHI's faith based parent-child curriculum and Families Matter!) and training to pastors on supporting these goals.

BONEWPA will reach HIV positive youth in the target districts, through support groups and conducting outreach through PLWHA in schools and other forum to support the project goals. They will also hold forums for parents, based on the Families Matter! curriculum. New for 2008, Baylor University, through their Center for Excellence with Pediatric HIV Care in Gaborone, will support BONEPWA to improve its work with young persons living with HIV by sharing their protocols and materials with them. BONEPWA then will train support group members on the Baylor materials, and those trained people will implement those components in their outreach work in schools and other fora.

Makgabaneng will continue to produce a cartoon drama magazine for distribution in clubs, schools, churches, and other relevant sites, carry out its school-age focused reinforcement activities in these districts (listening and discussion groups, school drama and debate competitions), and produce other information, education, and communication (IEC) and promotional materials to support the other sub partners' work (e.g. wrist bands, posters).

Humana People to People will continue to go door to door in these two districts, talking about HIV prevention with youth and parents/guardians, and will also implement the Families Matter! curriculum for groups of parents in community centers, workplaces, and other forum as appropriate to the village targeted. Humana also provides condom demonstrations to those youth identified who are sexually active. All partners will provide correct information on condoms and other family planning methods and encourage referrals for those youth in need of those.

FHI will continue to provide technical assistance to all the sub partners, through workshops and regular on-site assistance. The focus of this assistance will include 1) strengthening quality of the interventions delivered, 2) monitoring the reach and quality, and 3) processing feedback obtained over the course of implementation. FHI will continue to strengthen the content of the intervention components that is focused on cross-generational sex and alcohol abuse prevention by developing and adapting additional modules and materials for inclusion into the existing intervention packages.

The funding for this activity is from the AB program area (80%) and the C/OP program area (20%). The reason for the two sources is that, while the activity focuses on adolescents who are not yet sexually active, a portion of the older teens included in the target population are likely to be sexually experienced and/or sexually active. When program partners interact with such youth, they will give these adolescents all the skills and tools necessary to remain free of HIV and of unintended pregnancies, including the provision and discussion of condoms, treatment for sexually transmitted infections (STI), etc, when appropriate.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9920

Related Activity: 17406

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24191	9920.24191.09	HHS/Centers for Disease Control & Prevention	Family Health International	10385	5338.09	U2G/PS000599- The Basha Lededi (Youth are the Light) Project	\$1,500,000
9920	9920.07	HHS/Centers for Disease Control & Prevention	Family Health International	5338	5338.07	CoAg # U2G/PS000599	\$1,150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17406	10122.08	7746	5338.08	U2G/PS000599- The Basha Lededi (Youth are the Light) Project	Family Health International	\$200,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,800	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	2,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	165	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

North-East

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3838.08

Prime Partner: Hope Worldwide

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 4794.08

Activity System ID: 17407

Mechanism: GPO-A-00-05-0007:
HWW/ABY

USG Agency: U.S. Agency for International
Development

Program Area: Abstinence and Be Faithful
Programs

Program Area Code: 02

Planned Funds: \$350,000

Activity Narrative: 08.P0217 Hope Worldwide – Abstinence and behavior change for youth

Focused in Molepolole village, Hope Worldwide-Botswana targets children and adolescents in schools, the community and churches through a life skills based education approach. In-school youth range from primary school to tertiary students. Using a life skills manual, field workers facilitate life skills sessions and after school clubs in schools, and facilitate the same for community and church youth clubs. Peer educators who receive extra training then mentor other students and youth. This mentoring is done through School Action Teams for in-school and Community Action Teams for out-of-school-youth. The life skills materials and training cover issues including self awareness, love and dating, teenage pregnancy, parenting, abstinence, and media. In 2007, Hope Worldwide reached 5,500 youth through this program.

Hope Worldwide staff leverage existing school and community structures like parent teacher associations, community forums, community based organizations, men sector groups and soccer clubs to promote involvement in their activities, and vice versa. The youth HIV prevention program also collaborates with its sister program that provides psychosocial support to OVCs. The prevention program staff refers children to the OVC program, and offer parts of the prevention life skills curriculum to the OVC in that arm of Hope Worldwide activities.

In 2008, Hope Worldwide will revise their manuals to strengthen the content related to key issues like multiple concurrent sexual partnerships, cross generational sexual relationships, prevention with PLWHAs, gender inequality, and alcohol risk. Field workers will continue to be trained in the above topics and in facilitation skills and then will facilitate sessions on these topics to a wide range of students and other youth. From the groups that they reach, they choose a few beneficiaries for an in-depth training as mentors to other beneficiaries. This year, they will expand to an additional 26 schools in the villages around Molepolole, and will return to 26 schools targeted in the previous 2 years, to offer those students additional services based on the revised manual and to mentor them. Also new, Hope Worldwide will adapt to Botswana its program for reaching parents, which they developed initially in South Africa, and will begin to hold parenting workshops in the areas near the schools and churches that they target. Hope Worldwide hopes to reach 150 parents with three of these workshops in 2008.

The program also will employ additional staff, namely Finance Officer, Human Resources Officer and a Monitoring and Evaluation Officer. This expansion will strengthen the operating systems and data usage of the local office. These funds will carry the project for approximately 15 months, to allow time for a new mechanism to replace the Track 1 awards.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 8051**Related Activity:** 17725**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24179	4794.24179.09	U.S. Agency for International Development	Hope Worldwide	10380	3838.09	GPO-A-00-05-0007: HWW/ABY	\$246,473
8051	4794.07	U.S. Agency for International Development	Hope Worldwide	4677	3838.07	Track 1	\$167,808
4794	4794.06	U.S. Agency for International Development	Hope Worldwide	3838	3838.06	Track 1	\$189,231

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17725	17725.08	8756	8756.08	08.C0810	Hope Worldwide	\$94,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	10,425	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	5,000	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	955	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

Kweneng

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1232.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Education,
Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4791.08

Planned Funds: \$300,000

Activity System ID: 17409

Activity Narrative: 08.P0220 Ministry of Education - Life Skills

In this activity, USG will continue to support the MOE to roll out its new "life skills" materials to schools through out the country.

For four years, USG has collaborated with the MOE to develop and implement a state-of-the-art HIV prevention curriculum for use in all public schools in the country. To date, five sets of materials are ready, one each for ages 6-7, ages 8-9 (lower primary), ages 10-12 (upper primary), ages 13-15 (junior secondary), ages 16-18 (senior secondary). Materials for ages 8-9 are printed and distributed to all primary schools across the country. Materials for upper primary are being printed, and the Ministry is preparing tenders for the printing of the secondary school level materials. Over 200 teachers have been trained as master trainers to support a cascade of trainings on the materials through the education system, and the Ministry conducted a baseline survey for future evaluation purposes, which has not been disseminated. USG will soon hire an outside agency to assist the MOE with all aspects implementation.

In 2008, USG will continue to support teacher training and printing of materials. The Ministry will support an outside agency to help train additional master trainers and support the training cascade. The Ministry also will print and distribute the last batch of materials, those for the youngest learners in standards 1-2 (students age 6-7): 110,000 student workbooks and 3800 teacher guides.

The Ministry also will begin to explore adaptation of the materials to special needs learners, by convening a task team of teachers of special needs learners. The GOB will pay for the actual adaptation process, which may happen next year.

The Ministry has identified additional staff to support the life skills curriculum, and the Ministry will support the training of two of those project officers on Life skills and BCC/Project management to improve their knowledge and skills.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10026

Related Activity: 17419, 17468, 17420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24095	4791.24095.09	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	10347	1232.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$500,000
10026	4791.07	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	5370	1232.07	CoAg # U62/CCu025095	\$900,000
4791	4791.06	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	3468	1232.06	Technical Assistance	\$415,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17419	10094.08	7752	1341.08	Peace Corps Mechanism	US Peace Corps	\$500,000
17468	14650.08	9128	9128.08	Contract - Life skills consultancy	EnCompass LLC	\$350,000
17420	10202.08	7752	1341.08	Peace Corps Mechanism	US Peace Corps	\$100,000

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Indirect Targets

Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful: 110,000

Abstinence only (sub-set of AB)

Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence: 110,000

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1337.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Local Government,
Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 12280.08

Planned Funds: \$0

Activity System ID: 17411

Activity Narrative: 08.P0205 MLG - Prevention in Districts

The Ministry of Local Government (MLG), Primary Health Care Department, is in charge of the District Multisectoral AIDS Committees (DMSAC), which are the primary planning bodies for a range of HIV-related interventions on the district level. The DMSACs develop comprehensive HIV/AIDS plans each year, yet those plans often go under-funded. This activity provides additional funds to the DMSAC in 5 districts selected by the Ministry for PEPFAR prevention assistance, to carry out additional prevention activities.

The activities range widely by district and have included in the past: basic education and local IEC, support for local civil society groups' initiatives such as theater, small scale campaigns, peer outreach in select settings, programs for school-age youth, and training for pastors and PLWHA in primary prevention. The funding and activities supported by PEPFAR are a portion of the total managed by the Districts; they also receive funding from the GOB to support these comprehensive plans.

In 2007, the funds assisted districts to apply certain prevention outreach and implementation strategies that they thought were good for their district. These funds complimented those made available through the GOB. By the third quarter of 2007, half of all activities focused on youth and couples had been completed. Nearly all activities directed towards males, as well as those targeting community leaders, traditional healers, and businesses were completed. Across the 5 districts, approximately 7,000 people have been reached through various means and 25 people trained to provide prevention programs. The districts also benefited from technical support from a US NGO the National Alliance for State and Territorial AIDS Directors (NASTAD).

In 2008, the five districts will focus their efforts further, to support more strategic and higher quality prevention interventions. NASTAD will assist them with this process. The specific target groups and interventions will be determined in coming months.

Complementing this activity are: 1) a small grants program for some of the local civil society groups working in these five districts, and 2) technical support from NASTAD to the 5 target districts to strengthen the planning and utilization of both the PEPFAR-provided funds and those provided to the districts by the GOB. Together, these three activities will increase the total amount of assistance and funding for prevention activities in those districts, through two critical directions: the DMSAC and local planning and monitoring bodies and the civil society groups that conduct a large share of the prevention-related implementation on the local level.

The funding for this activity is from both the AB program area and the C/OP program area. The District comprehensive plans that the District staff develop usually include activities for a range of target groups and issues, including some that belong under AB (e.g. school abstinence pageants) and some that belong under C/OP (sex worker outreach, establishing condom distribution sites).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12280

Related Activity: 17414, 17466, 17638, 17641,
17647

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12280	12280.07	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	5298	1337.07	CoAg # U62/CCU02509 5	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17414	12281.08	7750	1367.08	U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	National Association of State and Territorial AIDS Directors	\$500,000
17638	4542.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$0
17641	10145.08	7750	1367.08	U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	National Association of State and Territorial AIDS Directors	\$250,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	500	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Central

Kweneng

North-East

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1367.08

Mechanism: U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD

Prime Partner: National Association of State and Territorial AIDS Directors

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 12281.08

Planned Funds: \$500,000

Activity System ID: 17414

Activity Narrative: 08.P0206 NASTAD - Assistance to MLG District Prevention Program

NASTAD is embedded in the MLG to provide a range of support to the DACs and the DMSACs. In 2007, they hired an officer dedicated to prevention; held a workshop for approximately 20 DACs, Peace Corps Volunteers (PCVs), and Implementing Partner representatives from the 5 focus districts; and conducted one-on-one follow up visits to those districts to support improved prevention activity planning and implementation. NASTAD will continue to support quality prevention planning, implementation, and monitoring in five districts identified for PEPFAR prevention assistance by the Ministry.

This activity responds to a relatively low capacity to address critical prevention needs on the district level. With this support, districts officials and implementers will be able to hold more strategic (albeit small scale) interventions, rather than funding a wide range of unrelated one-off activities targeting a large number of target audiences. NASTAD will also focus on helping the district staff responsible for overseeing the District Implementation Plans with monitoring of quality and reach of the various activities funded by the DMSAC.

NASTAD will hold training workshops and provide one-on-one technical assistance to key individuals working in the DMSAC, including the DAC and attached PCV (in cases where a PCV is there) and at times key district-level implementing partners, who are often small civil society groups. Local and international NASTAD staff will provide that assistance. NASTAD will also facilitate training and implementation support from other Botswana training and implementation providers, such as YOHO (e.g. for theater training) and the Botswana Business Coalition on HIV/AIDS (BBCA) (e.g. for workplace outreach). NASTAD will also coordinate and support the distribution and planning of funds provided to the MLG under PEPFAR to support more prevention activities in these districts.

Complementing this activity are 1) a small grants program for some of the local civil society groups working in these five districts, and 2) provision of additional funding for prevention activities for the MLG. Together, these three activities will increase the total amount of assistance and funding for prevention activities in those districts, through two critical directions: the DMSAC and local planning and monitoring bodies and the civil society groups that conduct a large share of the prevention-related implementation on the local level.

The funding for this activity is from both the AB program area (66%) and the C/OP program area (33%). The District comprehensive plans that NASTAD will support usually includes activities for a range of target groups and issues, including some that belong under AB (e.g. school abstinence pageants) and some that belong under C/OP (sex worker outreach).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12281

Related Activity: 17411, 17638, 17641

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
12281	12281.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5300	1367.07	NASTAD	\$65,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17411	12280.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$0
17638	4542.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$0
17641	10145.08	7750	1367.08	U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	National Association of State and Territorial AIDS Directors	\$250,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Indirect Targets

Coverage Areas

Central

North-East

Southern

Kweneng

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1339.08

Mechanism: GPO-I-00-05-00040-00: Health Policy Project

Prime Partner: Constella Futures Group

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 10096.08

Planned Funds: \$38,000

Activity System ID: 17416

Activity Narrative: 08.P0215: Constella Futures Group - Society against HIV and AIDS

This activity targets students at the UB for a range of HIV prevention activities. The University group Students Against HIV/AIDS or SAHA is affiliated with the University Wellness Programme, is the implementer and supported by Constella Futures Group.

In 2007, SAHA sponsored talks and events on campus and supported a mentoring program between university students and students in nearby secondary schools and they have up to date reached 1,108 students with their activities and have distributed over 2,000 IEC materials. This funding year, the program will change to focus more intently on the needs of the University of Botswana student body.

In 2008, SAHA first will conduct a formative assessment of the university population, to help adopt a more strategic and creative response to reduce the risk of infection and transmission among students. This assessment will review existing and current initiatives to identify their strengths and gaps and obtain input from groups of students about the key HIV-related issues they face and the best ways to address them.

In collaboration with on-campus HIV testing services, SAHA's activities will include promotion of VCT through campaigns, public talks, and other events. SAHA will connect with the Zebras for Life initiative to bring that program to campus. SAHA also will continue to host HIV/AIDS orientation workshops for all new students and will continue to hold commemorations and events related to the national Month of Youth against HIV/AIDS, Month of Prayer, and World AIDS Day. They also develop and distributing HIV/AIDS materials across campus forums. SAHA will continue to strengthen its base for working with OVC, through its collaboration with Marang Child Care Network Trust and its "Big Brother/Sister" mentoring program, which will reach at least 20 OVC.

New for 2008, they plan to initiate a peer education program. The peer education program will target a few student residential blocks and established University clubs to which either SAHA members will be attached or some members of those clubs and residents of the selected blocks will be trained as peer educators. A peer education manual developed by the Youth Peer Education Network will be used to train 100 peer educators. The peer educators will reach club members and fellow residents with a number of key risk behavior messages using both interpersonal and small group discussions. Peer educators will also reinforce general themes used at campus-wide commemoration events. SAHA members also will target leaders in other campus groups and clubs to support their events and find ways to incorporate HIV/AIDS into their activities, as appropriate. SAHA plans to create referral guides for all students, to assist with their HIV-related service needs.

SAHA will build its institutional capacity by employing a full-time project officer to keep project activities going and facilitate volunteer student involvement and organization. With assistance from the Constella Futures Group, SAHA will also develop a project monitoring system and better reporting tools, to better track activities, their achievements, and challenges.

The funding for this activity is from the AB program area (50%) and the C/OP program area (50%). The target population includes university students ages 18-30, many of whom are sexually active and therefore need information and services about every HIV prevention method available. Program effort will include promotion of abstinence, fidelity, sexual partner reduction, as well as correct and consistent condom use, uptake of STI and other sexual health services, alcohol abuse prevention and risk reduction, and discussions about transactional and cross-generational sex.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10096

Related Activity: 17417, 17418, 17657

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10096	10096.07	U.S. Agency for International Development	The Futures Group International	5380	1339.07	Technical Assistance	\$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17417	10146.08	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	Constella Futures Group	\$38,000
17418	4892.08	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	Constella Futures Group	\$200,000
17657	9836.08	7890	7890.08	State Mechanism	US Department of State	\$601,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,500	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

South-East

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 10158.08

Planned Funds: \$239,000

Activity System ID: 17326

Activity Narrative: 08.P0290-HQ Technical expertise and support (AB)

This activity covers the salaries and other administrative costs for the technical staff in-country that support the AB and C/OP program areas. These staff include 2 full-time CDC direct hire, 2 senior FSN, and 1 mid-level FSN. The funds also support USG-sponsored meetings of prevention implementing partners, professional development and training for staff persons, conference attendance, and travel for site visits and other meetings in and out of Botswana that USG prevention officers may attend as part of their regular duties.

All staff work across the AB and C/OP program areas, so the costs associated with these staff and activities above are distributed proportionately (66%-33%, respectively).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10158

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24198	10158.2419 8.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$116,267
10158	10158.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$30,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Indirect Targets

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1044.08

Mechanism: U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana

Prime Partner: Pathfinder International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4798.08

Planned Funds: \$450,000

Activity System ID: 17281

Activity Narrative: 08.P0207 Pathfinder - Male focused interventions

This activity targets adult men (over age 25) for one-to-one peer education, based on a personal risk assessment. Three local implementing partners carry out this activity through visits to households, employment sites, and recreational clubs such as local football teams. The intervention is focused on promoting partner reduction, correct and consistent condom use, and more equitable gender attitudes.

In 2007, Pathfinder selected implementing partners through a competitive process, worked with those partners to develop work plans and contracts, liaised with relevant GOB partners in the target districts and nationally to lay a stronger base of support for the project, developed project monitoring tools, held 3 work shops with the implementing partners, and developed a comprehensive outreach manual that will guide the intervention. The implementing partners selected additional staff and peer educators and participated in a training of trainers (TOT) in the manual. As of September 2007, Pathfinder and its implementing partners will have trained a large cadre of male peer educators, who will begin conducting outreach in the target communities.

The risk assessments cover a range of critical issues including number of sexual partners, consistent and correct use of condoms, alcohol misuse and risks associated with it, gender relations, HIV-related drug adherence (ART, isoniazide preventive therapy [IPT]), and counseling and testing. We expect each individual reached to have about 2 or more visits by a peer educator, for one-on-one discussion on the above listed issues with emphasis on those raised in the personal assessment. The materials will include specific information and support for men who are HIV positive. Referrals will be made to available services such as HIV counseling and testing, Alcoholics Anonymous, and PMTCT. Clients who have been exposed to key topics identified in their personal risk assessment will graduate and be invited to join a male support group for continued education and motivation. These groups will be formed by Pathfinder implementing partners in areas where they operate. The groups will have regular meetings at which members will give each other support to maintain whatever positive change they will have achieved. Occasionally, presenters will be invited to give talks on topics of interest to the groups. Opinion leaders like politicians, traditional leaders and PLWHA who have gone public with their HIV status will also be invited occasionally to motivate the men.

Humana will continue to implement the intervention by going door-to-door in select communities. Humana will conduct group sessions focused on gender equity and will train men who hold influential positions like corporate leaders, traditional leaders and politicians as advocates for male involvement in HIV prevention programmes. The above activities will be implemented in eight villages in the two districts where Humana operates.

True Men will continue to work in the Francistown area to target this intervention to miners from the two area gold mines as well as social soccer teams and their supporters. The programme will expand to two new sites in 2008.

Botswana Council of Churches (BCC) will implement the program in three districts, targeting male staff in 4 mission schools run by churches which are BCC members. The programme extends beyond schools to communities around the schools.

In support of these activities and partners, Pathfinder will continue to support training in peer education and outreach, including refresher trainings, to all relevant field officers. Pathfinder also will continue to strengthen local implementing partners' operational systems and structures and will provide technical support for their programme activities.

New for 2008, the program will forge stronger partnerships with health and other facilities that offer counseling and testing for HIV so that people who test HIV positive at these facilities and other PLWHAs who access services at these facilities are referred to the program for peer support in one-on-one and group settings. This will entail sensitizing service providers about the program and its activities and establishment of a referral network either from the program to the facilities or the reverse. The outreach and peer materials will be adapted to better meet the needs of HIV positive men.

This activity is funded about 66% from the AB area, and 33% from the C/OP program area. The content of the intervention is comprehensive in scope to meet the needs of sexually active adult men, including a strong emphasis on multiple partnerships and fidelity, as well as gender equity, and important components on alcohol abuse and condom use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9817

Related Activity: 17282

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24093	4798.24093.09	HHS/Centers for Disease Control & Prevention	Pathfinder International	10346	1044.09	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	\$0
9817	4798.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	5282	1044.07	CoAg # U62/CCU124418	\$450,000
4798	4798.06	HHS/Centers for Disease Control & Prevention	Pathfinder International	3358	1044.06	Technical Assistance	\$414,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17282	10119.08	7712	1044.08	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	Pathfinder International	\$200,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	11,400	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	81	False

Target Populations

General population

Adults (25 and over)
Men

Coverage Areas

North-West
Central
Kgalagadi
Kweneng
North-East
South-East

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1341.08	Mechanism: Peace Corps Mechanism
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 10094.08	Planned Funds: \$500,000
Activity System ID: 17419	

Activity Narrative: 08.P0216: Life Skills Peace Corps Program

Peace Corps/Botswana's (PC/B) Life Skills Program is a comprehensive HIV prevention program for youth, encompassing Abstinence/Be Faithful (AB) (83%) and OP (17%). This program targets school children between the ages of 7 and 19. For youth ages 7-14, the focus of the program is on AB prevention. For older teens in the target population, who are likely to be sexually experienced and/or sexually active, the program also incorporates OP elements. The Life Skills program endeavors to equip adolescents with the skills and tools necessary to remain free of HIV and unintended pregnancies, and includes the discussion of condoms and STI treatment when appropriate. Creating a comprehensive Life Skills program allows the program to address the HIV prevention needs of a wider range of beneficiaries than it would with funding from only one of the prevention program areas.

Since Peace Corps' return to Botswana in 2003, Peace Corps Volunteers (Volunteers) have been assigned to HIV/AIDS-related projects focused on district AIDS coordination, community capacity building, prevention of mother-to-child-transmission (PMTCT), home-based care (HBC) and PEPFAR-supported NGO capacity building. In addition to their primary assignments, many PCVs also participate in youth development activities such as school clubs, mentoring programs, sports and recreational activities, and Girls Leading Our World (GLOW) camps.

To expand upon what current PCVs are doing and to help support HHS/CDC/BOTUSA and Government of Botswana efforts, in FY 2007, PC/B began a pilot life skills capacity building initiative, in collaboration with the Ministry of Education (MOE) and other key partners working with youth in Botswana. Specific activities undertaken by PC/B in 2007 include:

- (1) Training for current, interested Volunteers (90% of all Volunteers) in Life Skills by MOE;
- (2) Placement of five PEPFAR-funded Life Skills Volunteers (including three third-year extensions and two new Volunteers) to pilot the life skills initiative;
- (3) Training of Life Skills Volunteers by curriculum specialists from the MOE, a Youth Forum training, and additional technical training and planning with MOE during IST; and
- (4) Preparatory groundwork for the arrival of a group of 15 new PEPFAR-funded life skills Volunteers in April/May 2008.

Starting in June 2007, PC/B, in collaboration with the MOE, assigned Life Skills Volunteers for a 12-month period to a cluster of schools in the Molepolole District (communities include: Molepolole, Sojwe, Salajwe, Letlhakeng, with a fifth community to be determined). Volunteers are assigned full-time to life skills capacity building within their host communities and, based upon MOE approval and community assessments, undertake a range of activities, including:

- Serving as a resource and a facilitator to teachers and counselors on classroom and in-school life skills activities;
- Supporting efforts to help teachers to develop their own life skills and the emotional resilience to teach the Life Skills materials to students;
- Promoting and implementing "out of school" activities to take the Life Skills materials out of the classroom through practical experiences for students, such as service learning projects, after school clubs, mentoring, and GLOW camps;
- Being available as a resource person, either to individual children or groups of children, on potential youth activities;
- Working with parents and community leaders to instill a deeper understanding of the importance of life skills, within the community and at home, and promoting parental participation in related activities;
- Working with out-of-school youth, serving in a mentoring capacity, and assisting their development of life skills;
- Supporting and assisting PCVs assigned to other projects (i.e., district AIDS coordination, community capacity building, and NGO capacity building) to undertake life skills activities as secondary projects; expanding the reach of the overall project; and
- Assisting in the monitoring of the program implementation and related reporting to district and national educational offices, on the part of their assigned schools.

FY 2008 Proposed Activities

In 2008, PC/B will recruit, train and place 15 new Volunteers to expand beyond the pilot phase launched in 2007—with up to five Volunteers working at the educational district level. Up to five PEPFAR-funded three-year Volunteers will also be recruited in 2008, to replace the three third year extension Volunteers who are piloting the effort in 2007. Volunteers at the educational district level will assist in the development of monitoring and reporting capacity (e.g., systems and procedures, refinement of reporting formats and data requirements, and the compilation and synthesis of data). Such an assignment would allow these Volunteers to assist with implementation activities at schools within their communities and would be housed, if possible, at or near these schools.

PC/B-funded Volunteers assigned to other projects also are provided PEPFAR-funded training to support the dissemination and use of the new MOE Life Skills materials. Developed with the support of HHS/CDC/BOTUSA, these materials focus on the development of decision-making and interpersonal skills on the part of young people, including the nature and timing of the onset of sexual activity on their part. Volunteers will support teachers with these materials in and outside the classroom and within communities.

PC/B will target its efforts to upper primary, junior & senior secondary students because these stages appear to be the critical ones in the development of life skills and precede or coincide with the typical dropout juncture.

The Minister of Education pledged the support of the MOE to PC/B regarding the design of appropriate Volunteer interventions and training, and the prioritization of site placements. In advance of the start of the initiative, HHS/CDC/BOTUSA, PC/B and MOE will establish appropriate reporting requirements for both life skills Volunteers and those assigned to other projects that undertake life skills projects as secondary activities. In consultation with MOE and HHS/CDC/BOTUSA, PCVs will collaborate with other partners, such as UNICEF, that are involved in youth-related life skills development to maximize the impact of collective efforts and donor resources.

Activity Narrative:

FY08 PEPFAR funds will support:

- costs related to the new and existing Life Skills Volunteers, including trainee pre-arrival costs, travel, pre-service and in-service training, living and readjustment allowances, housing and medical expenses, home leave for the third-year Volunteers.;
- in-country and HQ administrative and human resource costs including local staff positions to support PC/B's PEPFAR program. In addition to staff positions approved in the FY07 COP, PC/B will hire a new program manager to oversee the work of the PEPFAR-funded Volunteers;
- AB prevention-related in-service training for PC/B-funded Volunteers; and
- grants for small community-initiated projects focused on AB prevention.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10094

Related Activity: 17468, 17420, 17421

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24064	10094.24064.09	Peace Corps	US Peace Corps	10340	1341.09	Peace Corps Mechanism	\$600,000
10094	10094.07	Peace Corps	US Peace Corps	5290	1341.07		\$170,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17468	14650.08	9128	9128.08	Contract - Life skills consultancy	EnCompass LLC	\$350,000
17420	10202.08	7752	1341.08	Peace Corps Mechanism	US Peace Corps	\$100,000
17421	4893.08	7752	1341.08	Peace Corps Mechanism	US Peace Corps	\$850,000

Emphasis Areas

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Teachers

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5377.08

Prime Partner: Youth Health Organization of Botswana

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 10086.08

Activity System ID: 17422

Mechanism: GHH-A-00-07-00011: Youth Health Organization

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$0

Activity Narrative: 08.P0211 Youth Health Organization - NPI

Through the NPI, YOHO is developing a national network of youth serving organizations and providing community mobilization and community outreach activities to in and out of school youth ages 10-29. The target areas are 9 villages/towns/health districts across the country, namely Lobatse, Hukuntsi, Gantsi, Kasane, Letlhakane, Francistown, Serowe, Letlhakeng, and Gaborone. NPI is one of many funding sources that YOHO receives for its various activities. The activities described below are those funded by NPI funds.

Since receiving the NPI award in March 2007, YOHO has selected additional staff for its headquarters office and 7 of the 9 affiliate sites, including hiring of program heads, artistic directors, a regional director, a monitoring and evaluation officer, among others. YOHO provided training to various key staff in monitoring and evaluation, financial management, and program delivery. They gave refresher training to 77 outreach volunteers in 8 affiliate sites, and in 4 sites, trained 80 teachers and affiliate site staff on the YOHO primary school life skills curriculum (Seboza Life Skills). They have worked actively to upgrade the infrastructure of both the headquarters in Gaborone and in the affiliate sites, including identification of land space and the purchase of portacabins. They also are preparing for their first audit, per US government regulations. In coming months, they will focus on training and program implementation.

In 2008, YOHO will continue with its core capacity-building and outreach activities. For capacity building to its youth group affiliates, YOHO will support a training cascade in its youth theater program, working with its 9 affiliates to in turn train approximately 5 additional youth groups from surrounding villages in the curriculum, designed to improve the quality and reach of youth theater performances. Most theater groups include young adults (youth in their 20's). They will continue to offer training in organizational development to the 9 sites through both district and national trainings, with workshops and individual assistance in financial management, resource mobilization, program monitoring and reporting, as well as behavior change and key HIV prevention topical areas (e.g. alcohol-HIV, multiple sexual partnerships).

YOHO will continue implementing and developing its four main outreach activities. The first activity targets upper primary students ages 10-12 with its Seboza Life Skills program, which YOHO facilitators will deliver with teachers to groups of 25 students from approximately 35 schools in the 9 target areas (5 per district). The program involves 40 hours of exposure and draws from the Grassroots Soccer program and YOHO's own programs; it focuses on delayed debut of sexual activity and related life skills. After graduating from the program, students develop a stage play, which goes to district competitions and culminates in a national Children's Theater Expo.

The second activity involves organizing student days at junior and senior secondary schools across the 9 target districts. Student days engage various students in preparing for the event, and the actual event runs approximately 3 hours, showcasing student activities and performances to the entire student body and focusing on a pre-selected HIV prevention theme. In coming months, YOHO will pilot additional ways to engage with small groups of students during the organizing and conduct of student days, to deepen the quality of outreach that YOHO provides through this activity. The specific activities are to be determined and include consideration of the GOLD life skills program that YOHO is piloting among older students in Francistown.

The third activity involves road shows in the target communities, which use edutainment techniques to mobilize young adults for HIV prevention and action. The road shows are 3 hour community events that involve theater, music, poems, and testimonials. YOHO peer educators mix with the audience to engage individuals in conversation about the key themes, and performers involve audience members in on-stage games and debates. In 2008, YOHO plans to conduct 3 road shows in all of its 9 target districts. In coming months, YOHO also will pilot test additional activities that they could offer as follow up to these mobilization events, to provide some audience members with small group activities to promote behavior change and HIV prevention. The specific activities are to be determined and include consideration of community conversations on the subject matter using the Community Capacity Enhancement Project (CCEP) approach.

The fourth major activity is production and airing of television series targeting adolescents and young adults. The shows will air once a month on the national television station and show drama and documentaries on key HIV prevention themes, specific to the target audiences. YOHO will develop facilitator manuals to accompany the shows and which their affiliate site facilitators and other organizations will use in their small group outreach activities. This activity is new for FY08 and will be piloted in coming months.

Finally, YOHO will continue documenting its efforts and sharing lessons learned with its affiliates and other youth groups across the region. Staff will attend relevant international conferences, as part of organizational and staff development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10086

Related Activity: 17645

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24195	10086.24195.09	U.S. Agency for International Development	Youth Health Organization of Botswana	10387	5377.09	GHH-A-00-07-00011: Youth Health Organization	\$0
10086	10086.07	U.S. Agency for International Development	Youth Health Organization of Botswana	5377	5377.07		\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17645	17645.08	7753	5377.08	GHH-A-00-07-00011: Youth Health Organization	Youth Health Organization of Botswana	\$0

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,570	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	1,525	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	90	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5339.08

Mechanism: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland

Prime Partner: Population Services International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 4535.08

Planned Funds: \$1,300,000

Activity System ID: 17459

Activity Narrative: 08.P0204 PSI - Be Faithful/Partner Reduction PARTNER: Population Services International

This activity is a comprehensive social marketing and behavior change intervention focused on promoting sexual partner reduction, particularly concurrent partner reduction, and faithfulness. Alcohol misuse and abuse is one of the key mitigating factors that the campaign emphasizes.

In 2007, Population Services International (PSI) developed outreach materials focused on these issues for use in small group settings and carried out a formative assessment in the initial target area (Lobatse district). They worked with a local creative team to develop a branded campaign on partner reduction, but based on feedback from stakeholders and target audience members, PSI plans additional changes before roll-out. PSI developed a branded alcohol-HIV campaign, which they have begun to implement through billboards, on radio, and in bars, shebeens, and discos in the Gaborone area. Humana People to People conducted interpersonal outreach in both Gaborone and Lobatse. PSI also trained and supported 25 DJs, musicians, and print media journalists to reinforce key themes related to alcohol risk reduction and partner reduction/fidelity through their various means. Together, the partners reached about 400 people through small group activities and 20,000 people through large scale promotional events.

PSI has planned a national 6-month awareness campaign focused on the risks of concurrent partnership and is developing a short television drama (approximately 6-13 episodes) that will air in early 2008, which will challenge norms related to multiple partnerships and promote those related to faithfulness through an edutainment format with wide reach. These efforts will be supported by community outreach in Lobatse and Gaborone districts, and by additional media efforts, such as radio talk shows and short radio spots. The HIV risks associated with alcohol, particularly casual sex and poor or no condom use, are a core theme in these efforts.

In 2008, PSI will continue and expand these activities. First, the mass media behavior change intervention will continue on a national scale, including either 1-2 short television dramas or a continuation of the drama initiated in coming months. The decision will depend on the success of the pilot drama. PSI also will launch a new branded campaign focused on print, radio, and outdoor advertising. PSI will reinforce the themes through community theater and through DJs and other popular performers, who weave the messages into their performances and work; and radio call-in and talk shows. The two sub partners, Humana People to People and African Methodist Episcopal Services Trust (AMEST), will expand the small group interpersonal communication activities into secondary schools, churches, workplaces, drinking establishments, and other sites as appropriate to the target communities. One outreach manual focuses on people 15-24, while another focuses on older adults; PSI also will maintain sets of materials focused on alcohol and on multiple partners, which partners will implement in the field in response to the target audience and setting. In all cases, field officers will address issues related to alcohol and multiple and concurrent partnerships and fidelity, but the degree of emphasis will vary. In 2008, PSI and its existing partners will also begin to identify additional local partners in the target districts that can incorporate the small group activities into their work, as part of their plan to expand the reach of those further. In total in 2008, PSI will take the interpersonal activities to communities and villages across an estimated 10 districts.

Because these themes are still somewhat new for large scale social marketing and outreach in Botswana, PSI will intensively monitor the implementation of these activities and the reactions to it. PSI will conduct its regular program monitoring survey, which includes behavioral, attitudinal, and knowledge measures related to partner reduction, fidelity, and alcohol.

PSI also will lead a public health evaluation of the interventions developed under this activity. In light of the knowledge gap on how best to address multiple concurrent partnerships, PSI Botswana, working with a reputable academic institution with experience in social research (e.g. PSI has had initial discussions with the Poverty Action Lab of MIT, but the partner and the local co-investigator are both to be determined), will conduct a randomized control trial to compare two approaches to addressing multiple and concurrent partnerships. The first approach will provide an intervention that focuses on encouraging the target population to reduce the number of sexual partners (such as by stressing the benefits of fidelity and/or the risks associated with having multiple partners). The second intervention will focus on the pattern of sexual relations, with an aim of discouraging the practice of having overlapping partners. Each of the treatments will be delivered through an intensive combination of mass media (particularly outdoor advertising and local radio programs), interpersonal communications (done in small groups and in one-on-one sessions), and edutainment (with drama groups).

Villages would be randomized into the two treatment groups, with a third set of villages established as the control arm, in order to ensure that outcomes were related to the treatments rather than to exposure to any outside mass media efforts on multiple concurrent partnerships. Outcomes would primarily be subjective (e.g., changes in self-reported patterns of sexual networks). Pending further discussion with collaborators (including the GOB), some objective outcomes might be measurable (particularly biomarkers such as pregnancy rates, STI rates, and/or seroprevalence rates at antenatal clinics or in other counseling and testing sites). The budget for the research is estimated to be about \$275,000 for the first of a planned two year study. This is based on a preliminary design with an 80% power to detect a 5% difference between groups, with 20 subjects in each of 300 clusters (i.e., a total of 6,000 interviewees per round). Approximately \$200,000 would go for field work costs, and \$75,000 for research design, researcher time, and other direct costs. In addition to a research partner from an international academic institution, PSI plans to seek a partnership with a local researcher or academic group, particularly in the University of Botswana (UB).

This activity has funds from both AB and C/OP program areas. The majority of funds are from the AB area (75%, \$1,500,000), because the effort will focus on faithfulness and partner reduction. The C/OP funds support that part of the activity that highlights the risks associated with alcohol misuse and abuse (25%, \$500,000).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9921

Related Activity: 17460

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24193	4535.24193.09	HHS/Centers for Disease Control & Prevention	Population Services International	10386	5339.09	U62/CCU32522 2: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland	\$1,100,000
9921	4535.07	HHS/Centers for Disease Control & Prevention	Population Services International	5339	5339.07		\$500,000
4535	4535.06	U.S. Agency for International Development	Pact, Inc.	3371	1303.06	PACT	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17460	11314.08	7768	5339.08	U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland	Population Services International	\$500,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	17,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7759.08

Prime Partner: Project Concern International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 17464.08

Activity System ID: 17464

Mechanism: New CoAg - PCI

USG Agency: U.S. Agency for International Development

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$130,000

Activity Narrative: 08.P0210 PCI - Integration of Prevention into Palliative Care

This activity will strengthen the integration of prevention interventions and messages within the palliative care and orphans and vulnerable children (OVC) programs they will support.

Through its work in OVC, Palliative Care, and ART Access & Adherence, the USG expects to begin 2008 with approximately 15-20 civil society organizations (CSO) partners. The ultimate aim is to strengthen the capacity of all the partners to provide integrated services across all three areas. This will be a phased process that will continue through 2008. Partners entering the program with palliative care strengths, for example, will have been assisted in year one to strengthen the quality, range and reach of their work, while beginning to incorporate OVC and ART access & adherence services. Conversely, partners entering the program with OVC strengths will be assisted to build those strengths and incorporate palliative care and ART access & adherence services.

The USG therefore does not expect to increase the absolute number of CSO partners in 2008, but rather extend OVC capacity building and sub grants to an additional 5 CSOs within the 15-20 current partners. At the same time, PEPFAR will assist CSO partners that received OVC support in year one to scale-up their work in year two, through increased sub grants and technical assistance, and to improve their service quality and linkages.

Part of the aim is integrated services, and to that end, the USG will also support appropriate integration of primary prevention interventions and messages into those OVC and palliative care programs. In 2008, PEPFAR will identify and adapt appropriate interventions and tools that could be successfully integrated into the existing CSO partner programs they will support. Then PEPFAR will train two CSO program officers per CSO, to deliver those interventions and follow up at the project sites to support implementation and assess unexpected barriers or opportunities.

Funding for this activity comes from the AB (66%) and C/OP (33%) program areas. Young orphans and vulnerable children will receive age-appropriate interventions and messages related to abstinence and related life skills. Older vulnerable children, such as adolescents, and people living with HIV, many of whom are sexually-active, will receive comprehensive HIV prevention interventions to reflect their age-appropriate needs, including promotion of correct and consistent condom use and alcohol use risk reduction.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17644, 17692, 17567, 17727

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17644	17644.08	7759	7759.08	New CoAg - PCI	Project Concern International	\$70,000
17692	10298.08	7759	7759.08	New CoAg - PCI	Project Concern International	\$1,300,000
17567	10294.08	7807	1345.08	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	Tebelopele	\$400,000
17727	10209.08	7759	7759.08	New CoAg - PCI	Project Concern International	\$2,350,000

Emphasis Areas

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	15	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 8746.08

Mechanism: N/A

Prime Partner: Johns Hopkins University

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 17465.08

Planned Funds: \$50,000

Activity System ID: 17465

Activity Narrative: 08.P0212 Gender Initiative to Girls' Vulnerability to HIV

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV is part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13-19-year-old girls, by 1) developing innovative program interventions to successfully modify contextual factors associated with increased sexual risk behavior and rates of HIV infection among these adolescents and 2) assessing the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who are commonly found outside of these settings. Those at highest risk often need a package of comprehensive services, including economic strengthening activities, to meet their unique situations. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, although this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The implementing agency will use a multi-component approach with a focus on the most vulnerable girls to address the antecedents of risk. They will target the intervention according to the different types of risks girls face, to both prevent girls from adopting risky behaviors and address the needs of girls already engaged in risky behaviors. Program components may include the following: HIV prevention education focused on the "ABC" approach; Non-material support for girls' continuation in, or return to, school; Outreach and linkages with HIV-related health services as well as reproductive health services such as pregnancy prevention; Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services; Parenting skills among parents and guardians of adolescents; for those adolescents without parents, developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member; Empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including promotion of decision-making power of young girls within relationships, families and communities; Addressing peer influence by promoting positive group norms and behaviors; and Addressing community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

Specific activities are TBD, pending selection of the Task Order contractor and development of the work plan (anticipated to begin in early FY2008). Approximately 50% of the funding will come from the C/OP program area, and 50% from the AB program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17646, 17922

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17922	17922.08	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	Constella Futures Group	\$250,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,000	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	25	False

Target Populations

General population

Ages 10-14

Girls

Ages 15-24

Women

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9128.08

Prime Partner: EnCompass LLC

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 14650.08

Activity System ID: 17468

Mechanism: Contract - Life skills consultancy

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Abstinence and Be Faithful Programs

Program Area Code: 02

Planned Funds: \$350,000

Activity Narrative: 08.P0219 Life Skills Consultancy

In In this activity, PEPFAR will support an outside agency to work with the MOE to roll out its new life skills materials to schools through out the country.

For four years, USG has collaborated with the MOE to develop and implement a state-of-the-art HIV prevention curriculum for use in all public schools in the country. To date, five sets of materials are ready, one each for ages 6-7, ages 8-9 (lower primary), ages 10-12 (upper primary), ages 13-15 (junior secondary), ages 16-18 (senior secondary). Materials for ages 8-9 are printed and distributed to all primary schools across the country. Materials for upper primary are being printed, and the Ministry is preparing tenders for the printing of the secondary school level materials. Over 200 teachers have been trained as master trainers to support a cascade of trainings on the materials through the education system, and the Ministry conducted a baseline survey for future evaluation purposes, which has not been disseminated. USG will soon hire an outside agency to assist the MOE with all aspects of implementation.

In 2008, an agency (TBD) will continue to help train additional master trainers as needed, depending on progress made in the next 12 months, and support a series of second-tier training-of-trainers for the secondary school level, to have at least 2 trained teachers per school. Through the training cascade, ultimately 15,000 secondary school teachers will be trained in the life skills curriculum. The Ministry may request refresher training for those lower primary teachers who were trained previously and who will receive the printed materials next year.

New for 2008, the prime partner will develop support materials for learners to support the core curriculum in the classroom and at home. Students and teachers use workbooks, and during the pilot phase, both groups requested additional support materials, such as posters, hand-outs for students and their guardians, videos, and/or photo cards that stimulate discussion. These support materials will further engage students, give teachers more options for integrating the curriculum into their work, and help engage parents/guardians into the program. The focus of this effort will be older students in Junior Secondary and Senior Secondary levels (approximately 160,000 learners will ultimately benefit). The content will reflect that of the core curriculum and highlight key issues, such as alcohol abuse prevention, cross-generational sex, and other related themes.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 14650

Related Activity: 17405

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24407	14650.2440 7.09	HHS/Centers for Disease Control & Prevention	EnCompass LLC	10454	9128.09	Contract - Life skills consultancy	\$650,000
14650	14650.07	HHS/Centers for Disease Control & Prevention	EnCompass LLC	9153	9153.07	contract-life skills	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17405	9920.08	7746	5338.08	U2G/PS000599- The Basha Lededi (Youth are the Light) Project	Family Health International	\$1,500,000

Emphasis Areas

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	N/A	True
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	750	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Teachers

HMBL - Blood Safety

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Total Planned Funding for Program Area: \$1,800,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

Ensuring a safe and adequate blood supply is important to prevention efforts in Botswana. Currently there are two public sites that perform blood collection, testing and storage services in the country. All of the blood collected is tested at the National Blood Transfusion Service (NBTS) laboratories at the National Blood Center (NBC) in Gaborone or the Regional Blood Center in Francistown. About 30 hospitals perform blood transfusions.

Before the PEPFAR blood safety project program started in 2004, the prevalence of HIV in donated blood was 6% and the total annual blood collection was 13,210 units; 10% of the collected blood was discarded because they were infected with HIV (6% in donated blood), HBV, HCV or Syphilis. The infrastructure and human resources were inadequate to ensure adequate and safe supply.

For Botswana, WHO recommends a total of 34,000 usable units of blood per year to be self-sufficient. In 2006, 21,061 units were collected (62% of the estimated national blood requirement), an increase of 2% higher compared to 2005. HIV prevalence among regular donors decreased from 8% in 2003 to less than 3% in 2006. 12 units are collected nationally per 1,000 population per year. All blood is collected by the national service and is made up of 100% voluntary, non-remunerated blood donations.

All blood donors go through a pre-donation counseling process. Donors at the two fixed sites are requested to come there for results. About 90% of the blood is collected by mobile teams. The post-donation counseling of blood donors at some of the mobile sites is carried out by NGOs which are partners with NBTS. NGOs are also used for donor recruitment. All the results are given in one-to-one, post-donation counseling sessions. All blood donations continue to be tested for HIV, HBV, HCV and Syphilis. Blood donors who are found to be positive for any of these transfusion transmissible infections are referred to appropriate health facilities for care and treatment. Strategies such as blood donor pledge clubs and close collaboration with the African Comprehensive HIV/AIDS Partnership (ACHAP) help increase the available safe donor pool.

99% of all collected blood is separated into components which include: red cell in additive solution, Fresh Frozen plasma and platelets. Available alternatives to transfusion include Erythropoietin and Colony Stimulating Factor (CSF) and haematenics such as Iron tablets and iron pediatric syrup.

Botswana is committed to providing antiretroviral therapy (ART) to all citizens who need it. This commitment affects blood demand because the most frequently reported indication for blood transfusion in all Botswana public hospitals, is severe HIV related anemia, or severe anemia aggravated by first line ART. As a result the availability of a safe and adequate blood supply is not only a logical HIV prevention strategy but is also a crucial adjunct to ARVART.

PEPFAR, through Track 1, provides technical assistance and support to the NBTS and Ministry of Health (MOH) for infrastructure development, equipment, blood collection, testing, blood utilization, training, monitoring and sustainability. The Safe Blood for Africa (SFBA) Foundation provides technical assistance to the NBTS. ACHAP contributes by funding the Blood Safety and Youth HIV Prevention Project and plans to continue to support the youth component of the project up to 2008.

11 of the 28 hospitals now have functioning blood transfusion committees. A national National Committee on clinical Clinical Use of Blood and blood Blood Products is operating. These committees support strategies for monitoring blood utilization as well as promoting rational use of blood and blood products. Updates on clinical and laboratory transfusion practice are provided to healthcare providers.

The majority of the NBTS staff consist of general laboratory technicians/scientists, nurses or other staff without special training in blood transfusion. Since the inception of the PEPFAR blood safety program the number of dedicated staff at NBTS increased from 52 to 70. By the end of FY06, a total of 504 staff from Botswana's general health services had been trained in different aspects of blood transfusion. These included laboratory staff, nurses and doctors, blood donor recruiters, and healthcare workers.

In FY 2008, PEPFAR funds will fund continue funding salaries for Blood Safety staff members; increase numbers of regular donors; increase blood collection from 25,000 units to 28,000 units; train blood donor counselors and run blood donor recruitment workshops. The program will develop IEC material; expand tele-recruiting and call centre services; conduct aphaeresis training, provide counseling courses for counselors, and blood transfusion updates for healthcare workers.

Implementation of the revised policy and guidelines; support and monitoring the development and effectiveness of hospital transfusion committees; and supporting the National Committee on Clinical Use of Blood and Blood Products will upgrade blood safety standards and their application throughout the country.

Challenges

In view of the demand for blood and blood products by the national ART program, closer linkages with treatment programs may be needed. PMTCT programs can be an important source of information on anemia in pregnant mothers, and how maternity cases requiring transfusion impact on the country's blood supply. Shortage of blood in the face of increasing demand remains despite increased collection.

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities	0
3.2 Number of individuals trained in blood safety	88

Custom Targets:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3479.08

Mechanism: U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 4455.08

Planned Funds: \$600,000

Activity System ID: 17495

Activity Narrative: 08.P0302 MOH - Support to the National Blood Transfusion Service

A total of 19 NBTS personnel have been employed to strengthen existing staff. The staff employed include: 6 blood donor counselors, 1 blood donor recruiter, 6 laboratory scientists/technicians, 5 data capture clerks, 1 IT officer.

Different types of equipment has been purchased for all (30) outlets that conduct blood transfusion activities. Computerization of the two blood centers (Gaborone and Francistown) and the hospital blood banks of the two referral hospitals (Princess Marina and Nyangabgwe) have improved their data management operations.

Currently, two fixed blood donation centers are located in busy shopping centers (in rented facilities). Regular mobile or outreach clinics are conducted in the greater Gaborone and Francistown areas. Operations extend into more remote areas wherever suitable venues and adequate donor numbers are present. The relocation of the blood collection centers from the hospital premises to the shopping centers contributed to an increase in the number of donors from 100 per month to 205 per month. The renovation of the NBC in Gaborone will be completed by February 2008 and the construction of the RBC in Francistown is planned for FY2008.

2008 plans

Activities to develop the infrastructure will include: land acquisition for the Maun blood and blood products depot; building the RBC in Francistown; relocating the laboratory and blood collection centre in Gaborone to the renovated National Blood Transfusion Centre; rental of the Francistown blood collection centers until new center is occupied; purchase of 10 vehicles comprising of 4 vehicles customized for blood collection and 4 trailers, 2 vehicles for recruiters, 2 for administration and supervisory visits, and 2 vehicles for blood delivery. Equipment purchases will be required for the NBTC, QA laboratory including 2 aphaeresis machines and automated equipment for donation testing. Purchase of 31 desk top computers and data management software will support automated systems; data collection and monitoring and evaluation.

NTBS staff will learn additional management skills, supply chain management and waste management. It is hoped that NBTS will gain certification to ISO 9001: 2000 placing it in line with internationally accepted standards. National blood donor counseling workshops and a TTI workshop will continue to build health care worker and counselor knowledge base on blood safety; purchasing equipment for the NBTC QA laboratory and two aphaeresis machines and automated equipment for donation testing; purchasing of 31 desk top computers and data management software will all upgrade the NTBS infrastructure.

In FY2008, blood collection activities will include: training in-school and out of school pledge 25 club members. Blood donor recruitment workshops will be conducted with churches, secondary school headmasters, companies, peer educators and community leaders. Different types of IEC will be developed. Tele-recruiting and call centre services will be implemented.

Previously all donor and laboratory records were manually recorded making data management extremely difficult. FY2008 monitoring & evaluation activities will include convening stakeholders and technical team meetings, auditing and evaluating the project.

The training given to the NBTS staff is aimed at sustainability through self-reliance. Currently all these blood safety improvements are being funded through PEPFAR. The MOH will develop and adopt a plan for sustainability beyond the project life. In FY2008, sustainability activities will include adopting project staff by the government and taking over of the call centre and tele-recruiting by the government. In FY2008, the NBTS will continue to work through local NGOs to provide post –donation counseling to the blood donors and for recruitment of blood donors. The NBTS also intends to collaborate with the VCT program for the referral of HIV negative VCT clients to the NBTS for blood donation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8054

Related Activity: 17497, 17513

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24176	4455.24176.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10377	3479.09	U62/CCU02364 5: Rapid Strengthening of Blood Transfusion Services in Selected Countries	\$1,000,000
8054	4455.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	4679	3479.07	Track 1- Technical Assistance	\$300,000
4455	4455.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3479	3479.06	Technical Assistance	\$1,000,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17497	4807.08	7782	1325.08	U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)	Safe Blood for Africa Foundation	\$500,000
17513	4820.08	7783	1326.08	U62/CCU124534: Injection Safety	John Snow, Inc.	\$1,900,785

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	32	False
3.2 Number of individuals trained in blood safety	80	False

Indirect Targets

Number of individuals trained in blood safety:

Transfusion update = 80

Quality systems = 2

Supply Chain Management System = 15.

Number of service outlets carrying out blood safety activities; national blood transfusion centers, donor clinics and hospital blood banks = 32.

The National Blood Transfusion Service is aiming at increasing its annual blood collections from 25 000 to 28 000 units by 2009. This should be accompanied by a decrease in the prevalence of HIV positive blood donations from 2% to 1 %; and other transfusion transmissible infection markers, reflecting careful donor selection.

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5208.08

Mechanism: RPSO

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 8064.08

Planned Funds: \$400,000

Activity System ID: 17496

Activity Narrative: 08.P0303 RPSO - Construction of the Regional Blood Transfusion Center in Francistown

The current RBC in Francistown is inadequate, and the blood donor center is currently renting premises in the city center. The blood transfusion laboratory is operating from a porta cabin on the Nyangabgwe hospital premises, and the processing is done on a small bench. During FY2008, activities will include the construction of a new RBC in Francistown (\$300,000) and the renovation of an existing blood bank in Maun (\$100,000).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8064

Related Activity: 17495, 17497

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24180	8064.24180.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	10381	5208.09	RPSO	\$0
8064	8064.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5208	5208.07	RPSO	\$700,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17497	4807.08	7782	1325.08	U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)	Safe Blood for Africa Foundation	\$500,000
17495	4455.08	7780	3479.08	U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries	Ministry of Health, Botswana	\$600,000

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

North-East

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1325.08

Mechanism: U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)

Prime Partner: Safe Blood for Africa Foundation

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 4807.08

Planned Funds: \$500,000

Activity System ID: 17497

Activity Narrative: 08.P0301 Safe Blood for Africa – Technical assistance on Blood Safety Issues

Through PEPFAR Track 1 funding, SFBA provides technical assistance to the NBTS in collaboration with the MOH since September 2004. The Blood Safety program covers seven key areas: infrastructure, blood collection, testing, blood utilization, training, monitoring and evaluation, and sustainability.

2007 progress

SBFA assisted in the introduction of the concept and terms of reference for Hospitals Transfusion Committees in all 28 public hospitals in Botswana, and assisted in the formation of a National Committee on Clinical Use of Blood and Blood Products. Currently, 11 of the hospitals have functional hospital transfusion committees (HTCs). The establishment of these HTCs and the National Committee will provide a reporting structure for the NBTS and the MOH to monitor blood utilization as well as promoting the rational use of blood and blood products. Updates on clinical and laboratory transfusion practice are distributed to healthcare providers. Review of the national blood policy and clinical guidelines was planned for FY2007.

Training in blood safety issues is predominately provided or facilitated by SFBA. The increase in blood collection and the reduction in HIV prevalence in donated blood have been achieved largely through training to improve blood donor recruitment, increased staff capacity, training in blood safety skills, and training community workers in basic blood donor recruitment skills. 504 healthcare workers received blood transfusion services training in FY2007.

SBFA assisted the NBTS in the recruitment of personnel by drafting job descriptions for the new posts, preparing advertisements and selecting a short-list of applicants. SFBA participated in identifying equipment needs and provided specifications for critical new equipment to be purchased for 28 hospital blood banks.

SBFA worked closely with their NBTS counterparts in identifying sites for two fixed blood donation centers and assisted in the design of comprehensive alterations for the NBC in Gaborone by providing the lay-out plan, negotiating for acquisition of the building, and ensuring a complete and timely environment impact assessment, preparing advertisements for tender and monitoring the renovation project through regular site meetings. The renovation is now fully underway and is scheduled for completion by February 2008. Technical assistance (TA) has also been provided in the identification of a suitable site for the RBC in Francistown.

2008 plans

SBFA will provide assistance in the rational use of blood and alternatives through continued medical education (CME) and updates in transfusion practice to the healthcare providers. Establishing a pool of regular, repeat blood donors is pivotal to a safer blood supply. Strategies to increase regular blood donors include the use of "Pledge 25 clubs" to recruit and retain in-school and out-of school youth as blood donors. Pledge 25 club members pledge to donate 25 units of blood in their lifetime, and are actively encouraged to maintain low risk lifestyles. The Botswana public is being educated on the importance of blood safety through radio, TV, public meetings, posters and information leaflets. SFBA will continue to provide assistance in running a call center which provides information on blood donation, donor recall services and also contacts potential donors by telephone. TA will assist in the development and distribution strategies of IEC materials, TV and Radio advertisements, and Billboards. The overall objective is to enable the NBTS to increase blood collection to 28,000 units and to reduce HIV prevalence in donated blood to 1%.

In FY2008, blood utilization activities will include monitoring the implementation of the revised policy and guidelines, supporting the operation of the HTCs and ensuring that the National Committee on Clinical Use of Blood and Blood Products is effective and well supported.

Training activities will include: aphaeresis training for 2 doctors; update sessions for healthcare workers on blood transfusion; two national blood donor counseling workshops; one day training on Cardio-Pulmonary Resuscitation (CPR) for counselors and phlebotomists; two counseling workshops for non governmental organizations (NGOs) and voluntary counseling and testing (VCT) counselors; in-service training of two counselors to an external aphaeresis unit for 14 days; and detail of two counselors to an external blood transfusion service for 14 days.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8055

Related Activity: 17265, 17495, 17513, 17568

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24097	4807.24097.09	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	10348	1325.09	U62/CCU32404 6: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)	\$500,000
8055	4807.07	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	4680	1325.07	Track 1	\$400,000
4807	4807.06	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	3477	1325.06	Track 1	\$676,440

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140
17495	4455.08	7780	3479.08	U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries	Ministry of Health, Botswana	\$600,000
17513	4820.08	7783	1326.08	U62/CCU124534: Injection Safety	John Snow, Inc.	\$1,900,785
17568	4857.08	7807	1345.08	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	Tebelopele	\$5,300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Increasing blood collection by a further 12%, from 25000 to 28000

Reducing HIV prevalence in donated blood from 2.7% to 1%,

Training of :

Healthcare workers on Blood Transfusion update sessions = 80

Blood donor counselors = 15

NGOs and VCT counselors = 30

In-service training at 16 outlets carrying-out blood transfusion activities (Continuing)

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GAP

Program Area: Medical Transmission/Blood
Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 10161.08

Planned Funds: \$25,000

Activity System ID: 17327

Activity Narrative: 08.P0390-HQ Technical Expertise & Support for Blood Safety

This activity covers the salaries and travel for the technical staff in-country. This activity provides support to the cost shared prevention team leader. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10161

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24199	10161.2419 9.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$0
10161	10161.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17497	4807.08	7782	1325.08	U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)	Safe Blood for Africa Foundation	\$500,000
17495	4455.08	7780	3479.08	U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries	Ministry of Health, Botswana	\$600,000
17506	17506.08	7941	7941.08	SCMS Track 1	Partnership for Supply Chain Management	\$200,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5406.08 **Mechanism:** Local Base
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Medical Transmission/Blood Safety
Budget Code: HMBL **Program Area Code:** 03
Activity ID: 10162.08 **Planned Funds:** \$75,000

Activity System ID: 17343

Activity Narrative: 08.P0390- Local Technical Expertise & Support for Blood Safety

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10162

Related Activity: 17497, 17495, 17496

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24211	10162.2421 1.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$45,593
10162	10162.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17497	4807.08	7782	1325.08	U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)	Safe Blood for Africa Foundation	\$500,000
17495	4455.08	7780	3479.08	U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries	Ministry of Health, Botswana	\$600,000
17496	8064.08	7781	5208.08	RPSO	Regional Procurement Support Office/Frankfurt	\$400,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
3.1 Number of service outlets carrying out blood safety activities	N/A	True
3.2 Number of individuals trained in blood safety	N/A	True

Indirect Targets

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7941.08	Mechanism: SCMS Track 1
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL	Program Area Code: 03

Activity ID: 17506.08

Planned Funds: \$200,000

Activity System ID: 17506

Activity Narrative: 08.P0304 SCMS - Blood Safety

The GOB has been procuring reagents for the blood transfusion project. The program experiences delays in delivery of reagents and basic supplies leading to difficulties in smooth operations and provision of blood.

In FY2008, SCMS will assist the NBTS in the procurement of the following reagents/ commodities: HIV test reagents, HBV surface antigen reagent, HCV reagents, blood grouping reagents, syphilis testing reagents, collecting tubes, pipette tips and pipettes, blood labels for units and products as well as blood bags. Testing related activities will include certification of the NBTS to ISO 9001: 2000 which will help to ensure continued quality assurance of the services provided.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17497, 17495

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17497	4807.08	7782	1325.08	U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)	Safe Blood for Africa Foundation	\$500,000
17495	4455.08	7780	3479.08	U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries	Ministry of Health, Botswana	\$600,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$1,900,785

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

In Botswana, medical transmission of HIV accounts for a smaller proportion of HIV transmission compared with sexual transmission, resulting in lower allocation of resources and prioritization by governments. Promoting recognition that injection safety cuts across all health related activities and that it is an important HIV and infectious disease prevention strategy is an important policy dialogue component. Preventing HIV in medical settings contributes to an overall reduction of HIV transmission. Botswana has a large network of health facilities with 34 hospitals, 265 clinics, and 349 health posts.

The generalized epidemic with its high HIV prevalence calls for a comprehensive prevention strategy that takes into account all potential HIV transmission modes, including injection safety. PEPFAR started supporting the Ministry of Health (MOH) in 2004 to strengthen injection safety and promote the safety of health care workers, patients and the community. The pilot program supported 43 facilities in four districts serving 462,000 people. The Botswana Defence Force (BDF) health corps participated in this program. Unsafe injection practices have the potential to transmit HIV, hepatitis B and C, and other blood borne pathogens.

Prior to 2004, there was no program or policy addressing injection safety in place in Botswana. The annual prevalence of sharp object injuries among healthcare workers was estimated to be 26% (WHO/MOH Injection Safety Survey, 2003) putting healthcare workers at risk of occupational exposure to infections. Few healthcare workers received any in-service training in infection prevention and injection safety. 23% of injections administered in the facilities were given without medical justification, and there was poor segregation of waste at source and inappropriate disposal of used sharps in the majority of health facilities. There were no logistic management information system tools to manage injection commodities and other drugs. There were no educational or behavior change messages communicating the importance of infection prevention and injection safety.

Services

PEPFAR partners implementing the safe injections program include John Snow International (JSI), Program for Appropriate Technology for Health (PATH) and Academy for Educational Development (AED.) In addition, the program has three technical committees on 1) healthcare waste management, 2) logistics and 3) behavior change, which are comprised of representatives from government, academia, districts, and non-governmental organizations. Injection safety interventions that are currently being implemented in the selected districts were developed based on the rapid assessments conducted prior to the start of the program.

The program is implemented through a collaborative framework that is coordinated by MOH (Occupational Health Unit). The World Health Organization (WHO) provides technical assistance in the development of injection safety policy and a facilitators training manual. Other government partners include Central Medical Stores, Environmental Health Unit, Department of Clinical Services (all at MOH), Ministry of Local Government, Ministry of Environment Wildlife and Tourism (Department of Waste Management and Pollution Control), Nurses Association of Botswana, district level representatives, and Referral Hospital Infection Prevention Officers. They advise and guide the implementation of the project through the National Injection Safety Advisory Group (NISAG). NISAG is a collaborative consortium of medical, nursing and public health professionals. Active since 2004, NISAG spearheaded the development of the injection safety policy.

As of 2007, 5,015 individuals received injection safety and infection prevention training through this program. Of these, 4,082 were healthcare workers. Thirty-two district and central level managers attended regional conferences in infection prevention, healthcare waste management and logistics and commodity management. 315 diabetic patients were trained to safely manage used syringes and needles at home and 586 community members were trained in injection safety.

Retractable syringes are provided to Lobatse and Kgatleng district health care facilities where MOH and PEPFAR are piloting their use to determine their role in reducing needle-stick injuries among healthcare workers. Since the distribution started in September 2005, no stock outs were reported. There are adequate retractable syringes in the pipeline for the next fiscal year while MOH decides whether to scale-up or terminate its use. The program instituted logistic management information system tools in 85% of the program areas for the effective management of injection commodities.

The injection safety program promotes the enforcement of the Government of Botswana's (GOB) 1996 Code of Practice for

Clinical Waste Management. According to supervisory monitoring (February 2007), segregation of waste at source is improving and injuries sustained by waste handlers are decreasing due to the provision and use of protective clothing. Incinerator breakdowns are minimized due to periodic maintenance provided with USG support.

Approximately 260,000 community members received injection safety messages through drama, brochures, posters and other media communications through FY2007. A multi-year advocacy and behavior change communication (BCC) strategy is in place to assist with scaling up the program.

For FY2008 activities will include: develop and implement a joint injection safety strategy with Occupational Health Unit; explore areas of expanding infection prevention in the informal sector through existing programs in the MOH; explore potential linkages with the NBTS and SBFA in areas of training and healthcare waste management in blood transfusion centers and outlets. The program will also explore linkages with JSI/SCMS (implemented by Crown Agents, Inc in Botswana) in areas of injection device procurement should MOH approve use of retractable syringes nationwide.

The mid-term review in May 2007 found that the program achieved its objectives in the current districts (Lobatse, Kgatleng, Gaborone and Kanye/Moshupa). The report recommends adaptation of the strategy and interventions for scale-up to the rest of the country. The program will scale-up the injection safety interventions to 10 more districts in FY2008. It will continue to strengthen injection safety systems through the technical strategy and interventions, building on the successes and experiences from the initial phase.

Policy

The draft national policy on injection safety was developed and underwent countrywide review to allow healthcare workers to contribute to its development. It is ready for presentation to MOH policymakers. This policy articulates measures that will promote and improve safety of healthcare workers in Botswana by advocating for institutional administrative procedures and infection prevention control/injection safety guidelines.

Monitoring and Evaluation

In FY2008, the program will conduct a follow-up assessment in health facilities of the pilot districts to assess the effectiveness of retractable syringe use and their cost benefit in the long term for Botswana.

Challenges

Currently, the GOB does not have programs directly addressing injection safety and infection prevention in the health sector. It is expected that as part of the sustainability strategy and exit plan for the project, the Occupational Health Unit (MOH) will lead the implementation of injection safety activities.

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety	5000
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Custom Targets:

Number of HIV-infected clients attending HIV care/treatment services that are receiving TB prophylaxis	0
Number of community members reached with injection safety messages	700000
Number of health facilities reached	279

Table 3.3.04: Activities by Funding Mechansim

Mechanism ID: 1326.08	Mechanism: U62/CCU124534: Injection Safety
Prime Partner: John Snow, Inc.	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)	Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN	Program Area Code: 04
Activity ID: 4820.08	Planned Funds: \$1,900,785
Activity System ID: 17513	

Activity Narrative: 08.P0401 John Snow – Technical assistance on Injection Safety

With USG support, JSI and its subcontractors, PATH and AED are supporting the MOH to strengthen the existing injection safety systems and promote the safety of healthcare workers, patients, and the community. The Making Medical Injections Safer (MMIS) program is currently working in four districts and the BDF Health Corps. MMIS and its partners plan to scale up interventions (except for distribution of retractable syringes) to ten additional health districts in FY2008.

The primary focus for the procurement and distribution of injection devices (retractable syringes) has been ensuring adequate and continuous availability of retractable syringes for Kgatleng and Lobatse districts where MOH and MMIS are piloting the use of retractable syringe technology to reduce exposure to needle-stick injuries. Results drawn from this pilot will be used by the MOH to make an informed decision whether retractable syringes should be procured for the administration of injections in Botswana.

2007 accomplishments

From FY2005 to June 30, 2007, 4,082 healthcare workers including doctors, nurses, student nurses, laboratory and dental staff, pharmaceutical staff, lay counselors, environmental health staff, industrial class workers and ambulance drivers had been trained in infection prevention and control and injection safety (IPC/IS). Senior district health managers from the current districts received regional capacity building training in infection prevention, healthcare waste management, logistics, and behavior change. Training extended to diabetic patients who self administer injection at home.

According to the mid-term review of the injection safety project in March 2007, preliminary results indicate that prevalence of injuries and use of unnecessary injections have been reduced by half, and management of healthcare waste are improving.

During FY2007, MMIS focused on establishing logistics management information system tools in Gaborone, Kanye/Moshupa and BDF at service delivery points to promote appropriate management of injection equipment. MMIS supported MOH (CMS, the Botswana Essential Drug Action Program, and the Drug Management Unit in revising the 2000 Botswana Drug Management Guidelines.

MMIS supports the GOB (MOH, Ministry of Local Government, and Ministry of Environment, Wildlife and Tourism) to enforce its 1996 Code of Practice for Clinical Waste Management/Healthcare Waste Management. The Code is the Government of Botswana's implementation document that provides standards and procedures of managing clinical waste at facility as well as central level.

The country-wide review of the injection safety policy that drew healthcare workers from all districts was concluded during the first quarter of FY2007. The policy is being put in recommended government format and will be presented to MOH for approval before the end of FY07. The policy articulates and advocates for institutional administrative procedures and IPC/IS guidelines to improve healthcare worker safety.

2008 plans

Approximately 260,000 people have been reached with injection safety messages. As a strategy of scaling-up injection safety interventions, a multi-year advocacy and BCC strategy for injection safety has been developed. It is anticipated that 700,000 people will be reached by the end of FY2008.

MMIS will assess the effectiveness of retractable syringe use and conduct a follow-up assessment in health facilities of the pilot districts to gather information on the effectiveness of the intervention. A baseline assessment in the districts identified for expansion and scale up of program activities is also planned. Supervision visits will be conducted on a quarterly basis with results reported to HHS/CDC/BOTUSA, MOH and MMIS/HQ.

The project will explore areas of collaboration and develop synergies with other projects. Possible areas being explore with the NBTS and SBFA is infection prevention and safety training. JSI will also explore areas of linkages with Supply Chain Management Systems (SCMS) implemented by Crown Agents Inc in areas of procurement of injection safety related commodities in Botswana.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8053

Related Activity: 17522

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24063	4820.24063.09	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	10339	1326.09	U62/CCU12453 4: Injection Safety	\$643,449
8053	4820.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4678	1326.07	Track 1	\$0
4820	4820.06	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	3484	1326.06	Track 1	\$2,115,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
4.1 Number of individuals trained in medical injection safety	5,000	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Coverage Areas

Kgatleng

Southern

Central

Kweneng

South-East

Kgalagadi

HVOP - Condoms and Other Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Total Planned Funding for Program Area: \$5,482,160

Amount of total Other Prevention funding which is used to work with IDUs

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

Condom use is reported to be fairly high among sexually-active youth (90% in some surveys). Reported condom use at last sex is relatively high among adults as well, though significantly lower among married or cohabiting men and women, compared to those in other kinds of relationships. In a recent study of people who knew they were HIV positive (Kalichman 2007), 87% of sexually-active respondents with one steady partner reported 100% condom use in the last 3 months, and 67% of respondents with more than one partner reported the same rate of use. Condom prevention for those with more than one partner is lower.

Determination of behavior attributed to high risk groups is limited and not country specific. In a country with the high prevalence of Botswana, condom use is important for all sexually-active people, not just people engaged in high risk behavior, as classically defined. Available data support targeting sex workers and clients of sex workers; girls and women in cross-generational sex; people who abuse alcohol and the Botswana Defense Force as the country's major uniformed services group.

According to the recent "HIV Needs Assessment of Female Sex Workers in Major Towns, Mining Towns, and Along Major Roads in Botswana" conducted in 2006 by I-TECH, female sex work exists across the country but varies in its visibility and organization. It is driven by a variety of factors, including limited opportunities for other paying jobs for many women, high status placed on multiple sex partners among men, and low wages for both men and women in the general economy. Condom use is inconsistent in sex work and inadequate or inconsistent use represents one of many risks that women take as sex workers. Health care services were found to be available and equitable for sex workers but not targeted specifically to them.

Alcohol abuse is reported and viewed as a key facilitating factor in HIV transmission in Botswana. A 2005 population-based survey (Physicians for Human Rights) found that 31% of men and 17% of women met criteria for heavy drinking. Forty-five percent of participants identified alcohol use as the most important factor that makes men and women vulnerable to HIV in Botswana, and risky drinking was associated with behaviors that increase the risk of HIV (e.g. inconsistent condom use, multiple partnerships.) Drinking establishments are often places where sexual partners meet and can become high risk areas for HIV transmission.

The Botswana Defense Force (BDF) conducted a HIV-related behavioral survey of its soldiers, but the results are not public. Through the close connections between the US Office of Defense Cooperation and the BDF, the USG will continue supporting HIV prevention interventions for BDF soldiers and officers. Activities will emphasize partner reduction, fidelity, HIV testing, and periodic abstinence, at least as much as correct and consistent condom use.

Services

Botswana has an excellent condom program, with the Government of Botswana (GOB) making millions of free condoms available each year. Population Services International (PSI), through a regional grant from the Royal Dutch Embassy, simultaneously conducts condom social marketing and makes available subsidized condoms at shops and other venues.

A recent evaluation of the Government's free condom distribution program (JSI 2007) found that the general public that uses condoms believes that free government condoms are both acceptable and available to them. The study also found that health centers are the main source of condoms for the general population (about 60%), and stock outs were not uncommon, particularly at sites outside of the health centers. Female condom use remains quite low in Botswana. Gaps remain in terms of both access and correct, consistent use of condoms, particularly in rural areas. In the past, the United States Government (USG) team did not support much condom promotion, but this year, limited support to efforts to ensure condom availability throughout Botswana will begin. There is no reason to think that access to condoms by individuals is any different for HIV positive or negative people, so no programs specifically focus on condom procurement for people living with HIV/AIDS (PLWHA).

Few programs target persons engaged in high risk behaviors in Botswana, aside from the longstanding BDF program. Efforts to date focus on a few civil society groups that work with sex workers through peer education and outreach approaches. The Government health system, including that for sexually transmitted infection (STI) care and treatment and HIV testing, is fairly accessible and complements the efforts of civil society groups to promote service uptake among high risk populations. The Tebelopele and other civil society voluntary counseling and testing (VCT) networks have service infrastructure available to high risk groups.

The USG supports peer-led HIV prevention activities for Most-at-risk-populations (MARP) through civil society groups, an activity funded initially in 2007. MARP in Botswana include sex workers, clients of sex workers, women and girls in transactional and

cross-generational sex, among others. Men having sex with men and intravenous drug users are not priority target MARPs in Botswana at this time.

The USG will support condom provision and promotion in nontraditional condom outlets in rural, underserved areas, through PSI and the support of the Ministry of Health (MOH). Beginning in FY2007, the USG initiated the procurement of 6 million condoms through USAID's population funds for PSI to distribute for the GOB. The same amount is planned for FY2008.

The USG will support comprehensive or broad-based HIV prevention programs for several target populations, through the joint funding of activities with Abstinence/Be Faithful (AB) and Condoms and Other Prevention (C/OP) funds. This makes sense for a high-prevalence generalized epidemic, where everyone is at high risk in some way and condoms are critical for nearly every sexually-active population group. Examples of programs receiving support from both primary prevention program areas are the Makgabaneng behavior change program that includes a radio serial drama and community outreach; Pathfinder International's comprehensive peer outreach programs for men; PSI's outreach in shebeens and bars as part of its broader partner reduction/fidelity project; BDF's work with its soldiers; Family Health International (FHI) 's community-based youth program interacts with sexually-active youth who may need information and access to condoms, in addition to other services.

An important target population for AB prevention programs in Botswana is people with HIV and their partners. With AB and C/OP funds, the USG is supporting prevention for positive interventions in a range of services. Programs in palliative care, TB, STI, prevention of mother to child transmission (PMTCT), and counseling and testing are involved in an expanded prevention effort for this group in 2008.

The Government of Botswana has yet to determine how the country will respond to the recent clinical trial results showing male circumcision's strong protective effect against HIV infection. MOH has provided written support for a project by Harvard University to pilot and assess expanded infant male circumcision services in 4 hospitals, and the USG will support that. Letters of support are attached to this Country Operational Plan (COP). USG may use some of its unallocated funds to support further steps determined by the Government of Botswana.

Policy

The USG is not proposing any activities directed at policy change related to persons engaged in high risk behaviors.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	473
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	73918
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1129

Custom Targets:

Number youth 7-14 trained in Life Skills and decision-making	0
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Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7757.08	Mechanism: Capable Partners Program
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 17554.08	Planned Funds: \$50,000
Activity System ID: 17554	

Activity Narrative: 08.P0509 BBCA - Workplace HIV Prevention

The Botswana Business Coalition on HIV/AIDS (BBCA) has been engaged in a number of interventions to build capacity for the prevention and management of HIV and AIDS in the private sector. They have mobilized and coordinated the business sector response to HIV/AIDS; conducted information dissemination, advocacy, and policy lobbying; and supported networking activities. BBCA also supported the training of peer educators/counselors for workplaces with such programs and adaptation of those training materials.

According to a 2007 assessment of the peer education training program, 40% of companies who sent staff to this training reported developing workplace HIV policies, 42% appointed HIV/AIDS Coordinators/Focal Point Persons, and 59% had allocated financial resources for HIV/AIDS interventions, after the training. BBCA will continue with this program, targeting 200 workplace-based peer educators/counselors nationwide with the 5-day training program and follow up support to those trained. This year a special emphasis of this program will be involving PLWHAs in the program as peer educators/counselors.

In the past, the companies that benefited most from BBCA's initiatives were the large ones, though the majority of employers in Botswana are small and medium sized companies (estimated 70% of registered companies). For 2008, the BBCA will focus more on the Small Medium Enterprises (SME) to aid in the up-scaling of prevention, treatment, care and support initiatives, as they are unlikely to have resources to design and sustain in-house comprehensive workplace interventions. One approach that BBCA will use is BizAIDS, which is a program developed by the International Executive Service Corps (IESC) as part of its Southern African initiative and which specifically targets SME. BBCA has agreed to work with BizAIDS to expand to Botswana and pilot their intervention package with 100 small companies. The intervention is tailored to SMEs and involves approximately 20-30 hours of training focused on small business development skills, legal assistance, and basic HIV/AIDS information and program development.

In 2007, BBCA initiated an effort to promote linkages between large companies (e.g. BCL mine and Standard Chartered Bank) and the small medium companies that supply them, through a Supplies Chain Management program. The Model encourages the larger businesses to extend their HIV/AIDS programs to smaller ones, through, for example, sharing of workplace policies for adaptation to the smaller businesses, invitations to participate in HIV testing days and related events, and joint training and limited assistance from the larger companies to those with fewer resources and less experience in such activities. This activity will continue in 2008, and hopefully involve an additional 2-4 major companies.

In 2008, BBCA also will target 200 companies for HIV/AIDS workplace policy development and general advocacy for the development of workplace programs. The primary means are 1) sensitization and awareness building seminars for managers and Board members, to help increase commitment on HIV/AIDS initiatives in the workplace, 2) dissemination of best practices and other information to the private sector through newsletters, the internet, and mass media (especially print), and 3) the annual Red Ribbon campaign. Red Ribbon is a campaign based on the uptake of the Minimum Internal Package articulated for workplaces in the National Strategic Framework (NSF) and awards efforts made by workplaces to operationalize that. It culminates in a ceremonial event with national press coverage.

With this support, BBCA will also pay for 2 staff persons, as well as some assistance for its organizational development, for example to help train staff in accounting and management skills.

Supporting all of these efforts are funds from the AB (\$50,000) C/OP (\$50,000), and Policy and System Strengthening (\$300,000) program areas. Many of the activities supported by BBCA are cross-cutting in nature and focused on promoting overall engagement of the private sector, and therefore are fundamentally about system strengthening of that sector. The peer education and counseling programs supported for workplace by BBCA are crosscutting but focus significantly on HIV prevention. Therefore, funding from AB and C/OP will also support this program.

This entry relates to the C/OP contribution to this workplace-focused initiative. This funding reflects the focus within the peer education/counseling program supported in this activity that actively promote correct and consistent condom use and condom distribution and address linkages between alcohol and HIV/AIDS. Condoms will not be purchased with these funds.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17743, 17915, 17462

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17462	17462.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$50,000
17743	17743.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$50,000
17915	10268.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$300,000

Emphasis Areas

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	20	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8742.08

Prime Partner: Mullens & Associates

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17648.08

Activity System ID: 17648

Mechanism: CoAg (5444.08)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$254,000

Activity Narrative: 08.P0517 Harvard - infant male circumcision

note: April 08 Reprogramming- +\$40,000 due to additional administrative costs while awaiting clearance.

This activity supports the Botswana-Harvard Partnership (BHP) to conduct a pilot test of an expanded infant male circumcision program in 4 hospitals. The evaluation will identify medical, cultural, programmatic/economic and ethical issues to consider in scaling up infant male circumcision for HIV prevention in Botswana. Two letters of support for this activity from the Ministry of Health are in the appendix of this Operational Plan.

Many studies have shown a protective effect of male circumcision on acquisition of HIV. Circumcision of infants is easier and safer than that of adolescent or adult men. Previous work has shown that women and men in Botswana find male circumcision to be an acceptable HIV prevention strategy.

In this activity, Harvard will ascertain 1) parental acceptance/uptake in the face of actual, expanded service delivery options; 2) feasibility and safety of modern male circumcision techniques in existing service delivery sites; and 3) satisfaction with results by parents of infants. Secondary objectives include 1) determining factors associated with the uptake of infant circumcision, 2) evaluate safety and outcomes of Mogen vs. Plastibell techniques in the Botswana setting, and 3) evaluate the cost of the intervention. The population to be studied will be mothers (and their partners and male infants) at least 21 years of age who deliver in one of four district hospitals: Scottish Livingstone Hospital in Molepolole; Athlone Hospital in Lobatse; Deborah Retief Memorial Hospital in Mochudi; and Princess Marina Hospital in Gaborone.

In the proposed study protocol, an experienced urologist will train 2 physicians to conduct circumcisions for the study. Four nurses will support the study, one in each hospital. Harvard will also train additional physicians in the techniques as requested by the MOH. Harvard will administer a questionnaire to collect socio-demographic data and assess knowledge and attitudes about male circumcision from consenting postpartum mothers of infant boys. Second, these new mothers/parents will be offered circumcision for their sons, who will be randomized to circumcision using one of two standard techniques (Mogen Clamp vs. Plastibell) at 1-4 weeks of age. The investigators will monitor complications (e.g. bleeding, infection) and follow-up infants and parents at 4 weeks and 6 months to ascertain surgical outcomes and parental satisfaction with results. Investigators plan to accrue approximately 600 mothers in the questionnaire portion and 300 infants in the circumcision portion over 12-18 months from among the approximately 9,000 births/year in the four hospitals.

The study team will also develop or adapt family education materials that could be used in future expansion of infant male circumcision in Botswana. These materials may include hand-outs for parents and family members of the infants and visual aids to assist with parent education in the clinic setting. Throughout the pilot and after, Harvard will share progress, achievements, and challenges with the MOH and other key stakeholders.

Local co-investigators include Dr. J. Makhema, Botswana-Harvard Partnership; Dr. P. Kebaabetswe, CDC; and Dr. C. Lesetedi, Ministry of Health. Dr. R. Plank of Harvard University will be the primary international co-investigator and based in Botswana. Approximately \$186,000 of the budget is for staff costs in Botswana, about \$5,000 for supplies, \$8,000 for participant compensation, \$5,000 for travel, and \$10,000 for miscellaneous supplies and communication.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4	False

Target Populations

General population

Children (under 5)

Boys

Coverage Areas

Southern

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 5339.08

Mechanism: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland

Prime Partner: Population Services International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 11314.08

Planned Funds: \$500,000

Activity System ID: 17460

Activity Narrative: 08.P0504 PSI Be Faithful/Partner Reduction and Condom Hotspot Distribution

This activity is a comprehensive social marketing and behavior change intervention focused on promoting sexual partner reduction, particularly concurrent partner reduction, and faithfulness. Alcohol misuse and abuse is one of the key mitigating factors that the campaign emphasizes.

In 2007, Population Services International (PSI) developed outreach materials focused on these issues for use in small group settings and carried out a formative assessment in the initial target area (Lobatse district). They worked with a local creative team to develop a branded campaign on partner reduction, but based on feedback from stakeholders and target audience members, PSI plans additional changes before roll-out. PSI developed a branded alcohol-HIV campaign, which they have begun to implement through billboards, on radio, and in bars, shebeens, and discos in the Gaborone area. Humana People to People conducted interpersonal outreach in both Gaborone and Lobatse. PSI also trained and supported 25 DJs, musicians, and print media journalists to reinforce key themes related to alcohol risk reduction and partner reduction/fidelity through their various means. Together, the partners reached about 400 people through small group activities and 20,000 people through large scale promotional events.

PSI has planned a national 6-month awareness campaign focused on the risks of concurrent partnership and is developing a short television drama (approximately 6-13 episodes) that will air in early 2008, which will challenge norms related to multiple partnerships and promote those related to faithfulness through an edutainment format with wide reach. These efforts will be supported by community outreach in Lobatse and Gaborone districts, and by additional media efforts, such as radio talk shows and short radio spots. The HIV risks associated with alcohol, particularly casual sex and poor or no condom use, are a core theme in these efforts.

In 2008, PSI will continue and expand these activities. First, the mass media behavior change intervention will continue on a national scale, including either 1-2 short television dramas or a continuation of the drama initiated in coming months. The decision will depend on the success of the pilot drama. PSI also will launch a new branded campaign focused on print, radio, and outdoor advertising. PSI will reinforce the themes through community theater and through DJs and other popular performers, who weave the messages into their performances and work; and radio call-in and talk shows. The two sub partners, Humana People to People and African Methodist Episcopal Services Trust (AMEST), will expand the small group interpersonal communication activities into secondary schools, churches, workplaces, drinking establishments, and other sites as appropriate to the target communities. One outreach manual focuses on people 15-24, while another focuses on older adults; PSI also will maintain sets of materials focused on alcohol and on multiple partners, which partners will implement in the field in response to the target audience and setting. In all cases, field officers will address issues related to alcohol and multiple and concurrent partnerships and fidelity, but the degree of emphasis will vary. In 2008, PSI and its existing partners will also begin to identify additional local partners in the target districts that can incorporate the small group activities into their work, as part of their plan to expand the reach of those further. In total in 2008, PSI will take the interpersonal activities to communities and villages across an estimated 10 districts.

Because these themes are still somewhat new for large scale social marketing and outreach in Botswana, PSI will intensively monitor the implementation of these activities and the reactions to it. PSI will conduct its regular program monitoring survey, which includes behavioral, attitudinal, and knowledge measures related to partner reduction, fidelity, and alcohol.

PSI also will lead a public health evaluation of the interventions developed under this activity. In light of the knowledge gap on how best to address multiple concurrent partnerships, PSI Botswana, working with a reputable academic institution with experience in social research (e.g. PSI has had initial discussions with the Poverty Action Lab of MIT, but the partner and the local co-investigator are both to be determined), will conduct a randomized control trial to compare two approaches to addressing multiple and concurrent partnerships. The first approach will provide an intervention that focuses on encouraging the target population to reduce the number of sexual partners (such as by stressing the benefits of fidelity and/or the risks associated with having multiple partners). The second intervention will focus on the pattern of sexual relations, with an aim of discouraging the practice of having overlapping partners. Each of the treatments will be delivered through an intensive combination of mass media (particularly outdoor advertising and local radio programs), interpersonal communications (done in small groups and in one-on-one sessions), and edutainment (with drama groups).

Villages would be randomized into the two treatment groups, with a third set of villages established as the control arm, in order to ensure that outcomes were related to the treatments rather than to exposure to any outside mass media efforts on multiple concurrent partnerships. Outcomes would primarily be subjective (e.g., changes in self-reported patterns of sexual networks). Pending further discussion with collaborators (including GOB), some objective outcomes might be measurable (particularly biomarkers such as pregnancy rates, STI rates, and/or seroprevalence rates at antenatal clinics or in other counseling and testing sites). The budget for the research is estimated to be about \$275,000 for the first of a planned two year study. This is based on a preliminary design with an 80% power to detect a 5% difference between groups, with 20 subjects in each of 300 clusters (i.e., a total of 6,000 interviewees per round). Approximately \$200,000 would go for field work costs, and \$75,000 for research design, researcher time, and other direct costs. In addition to a research partner from an international academic institution, PSI plans to seek a partnership with a local researcher or academic group, particularly in the University of Botswana (UB).

This activity has funds from both AB and C/OP program areas. The majority of funds are from the AB area (75%, \$1,500,000), because the majority of effort will focus on faithfulness and partner reduction. The C/OP funds support that part of the activity that highlights the risks associated with alcohol misuse and abuse (25%, \$500,000).

Condom Hotspot Distribution

Another part of PSI's work is distributing free condoms in rural area "hotspots" and educating distributors in those communities on correct, consistent condom use. Approximately \$75,000 of this entry is support to PSI for this activity.

Activity Narrative:

While PSI conducts social marketing for condoms in Botswana, they also support the free condom distribution program led by GOB's MOH. In this activity, PSI will distribute Government free condoms to approximately 500 non-traditional condom distribution sites across rural Botswana, in order to help make condoms more available to such remote areas. Key sites include shebeens, small shops, bars, and other strategic sites relevant to each community. PSI will identify a key individual in those sites who will serve as the point of contact and condom promoter at that site. PSI will provide education to those individuals, to help them be sources of accurate information about condoms in those communities and to promote the correct, consistent use of condoms among sexually active people. PSI staff will visit these sites on a regular basis, providing new supply of condoms and additional encouragement and education to the condom promoters. About 3 million condoms will be distributed through this program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11314

Related Activity: 17459

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24194	11314.2419 4.09	HHS/Centers for Disease Control & Prevention	Population Services International	10386	5339.09	U62/CCU32522 2: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland	\$1,300,000
11314	11314.07	HHS/Centers for Disease Control & Prevention	Population Services International	5339	5339.07		\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17459	4535.08	7768	5339.08	U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland	Population Services International	\$1,300,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

PHE/Targeted Evaluation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	500	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1341.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 10202.08

Activity System ID: 17420

Mechanism: Peace Corps Mechanism

USG Agency: Peace Corps

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$100,000

Activity Narrative: 08.P0516 Life Skills Peace Corps Program

Peace Corps/Botswana's (PC/B) Life Skills Program is a comprehensive HIV prevention program for youth, encompassing Abstinence/Be Faithful (AB) (83%) and OP (17%). This program targets school children between the ages of 7 and 19. For youth ages 7-14, the focus of the program is on AB prevention. For older teens in the target population, who are likely to be sexually experienced and/or sexually active, the program also incorporates OP elements. The Life Skills program endeavors to equip adolescents with the skills and tools necessary to remain free of HIV and unintended pregnancies, and includes the discussion of condoms and STI treatment when appropriate. Creating a comprehensive Life Skills program allows the program to address the HIV prevention needs of a wider range of beneficiaries than it would with funding from only one of the prevention program areas.

Since Peace Corps' return to Botswana in 2003, Peace Corps Volunteers (Volunteers) have been assigned to HIV/AIDS-related projects focused on district AIDS coordination, community capacity building, prevention of mother-to-child-transmission (PMTCT), home-based care (HBC) and PEPFAR-supported NGO capacity building. In addition to their primary assignments, many Volunteers also participate in youth development activities such as school clubs, mentoring programs, sports and recreational activities, and Girls Leading Our World (GLOW) camps.

To expand upon what current Volunteers are doing and to help support HHS/CDC/BOTUSA and Government of Botswana efforts, in FY 2007, PC/B began a pilot life skills capacity building initiative, in collaboration with the Ministry of Education (MOE) and other key partners working with youth in Botswana. Specific activities undertaken by PC/B in 2007 include:

- (1) Training for current, interested Volunteers (90% of all Volunteers) in Life Skills by MOE;
- (2) Placement of five PEPFAR-funded Life Skills Volunteers (including three third-year extensions and two new Volunteers) to pilot the life skills initiative;
- (3) Training of Life Skills Volunteers by curriculum specialists from the MOE, a Youth Forum training, and additional technical training and planning with MOE during IST; and
- (4) Preparatory groundwork for the arrival of a group of 15 new PEPFAR-funded life skills Volunteers in April/May 2008.

Starting in June 2007, PC/B, in collaboration with the MOE, assigned Life Skills Volunteers for a 12-month period with a cluster of schools in the Molepolole District (communities include: Molepolole, Sojwe, Salajwe, Letlhakeng, with a fifth community to be determined). Volunteers are assigned full-time to life skills capacity building within their host communities and, based upon MOE approval and community assessments, undertake a range of activities, including:

- ?Serving as a resource and a facilitator to teachers and counselors on classroom and in-school life skills activities;
- ?Supporting efforts to help teachers to develop their own life skills and the emotional resilience to teach the Life Skills materials to students;
- ?Promoting and implementing "out of school" activities to take the Life Skills materials out of the classroom through practical experiences for students, such as service learning projects, after school clubs, mentoring, and GLOW camps;
- ?Being available as a resource person, either to individual children or groups of children, on potential youth activities;
- ?Working with parents and community leaders to instill a deeper understanding of the importance of life skills, within the community and at home, and promoting parental participation in related activities;
- ?Working with out-of-school youth, serving in a mentoring capacity, and assisting their development of life skills;
- ?Supporting and assisting Volunteers assigned to other projects (i.e., district AIDS coordination, community capacity building, and NGO capacity building) to undertake life skills activities as secondary projects; expanding the reach of the overall project; and
- ?Assisting in the monitoring of the program implementation and related reporting to district and national educational offices, on the part of their assigned schools.

FY 2008 Proposed Activities

In 2008, PC/B will recruit, train and place 15 new Volunteers to expand beyond the pilot phase launched in 2007—with up to five Volunteers working at the educational district level. Up to five PEPFAR-funded third-year Volunteers will also be recruited in 2008, to replace the three third year extension Volunteers who are piloting the effort in 2007. Volunteers at the educational district level will assist in the development of monitoring and reporting capacity (e.g., systems and procedures, refinement of reporting formats and data requirements, and the compilation and synthesis of data). Such an assignment would allow these Volunteers to assist with implementation activities at schools within their communities and would be housed, if possible, at or near these schools.

PC/B-funded Volunteers assigned to other projects are also provided PEPFAR-funded training to support the dissemination and use of the new MOE Life Skills materials. Developed with the support of HHS/CDC/BOTUSA, these materials focus on the development of decision-making and interpersonal skills on the part of young people, including the nature and timing of the onset of sexual activity on their part. Volunteers will support teachers with these materials in and outside the classroom and within communities.

PC/B will target its efforts to upper primary, junior & senior secondary students because these stages appear to be the critical ones in the development of life skills and precede or coincide with the typical dropout juncture.

The Minister of Education pledged the support of the MOE to PC/B regarding the design of appropriate Volunteer interventions and training, and the prioritization of site placements. In advance of the start of the initiative, HHS/CDC/BOTUSA, PC/B and MOE will establish appropriate reporting requirements for both life skills Volunteers and those assigned to other projects that undertake life skills projects as secondary activities. In consultation with MOE and HHS/CDC/BOTUSA, Volunteers will collaborate with other partners, such as UNICEF, that are involved in youth-related life skills development to maximize the impact of collective efforts and donor resources.

Activity Narrative:

FY 2008 PEPFAR funds will support:

- costs related to the new and existing Life Skills Volunteers, including trainee pre-arrival costs, travel, pre-service and in-service training, living and readjustment allowances, housing and medical costs, home leave for the third-year Volunteers;
- in-country and HQ administrative and human resource costs including local staff positions to support PC/B's PEPFAR program. In addition to staff positions approved in the FY07 COP, PC/B will hire a new Program Manager to oversee the PEPFAR-funded NGO and Life Skills Volunteers;
- OP prevention-related in-service training for PC/B-funded Volunteers; and
- grants for small community-initiated projects focused on C/OP activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10202

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24065	10202.24065.09	Peace Corps	US Peace Corps	10340	1341.09	Peace Corps Mechanism	\$200,000
10202	10202.07	Peace Corps	US Peace Corps	5290	1341.07		\$30,000

Emphasis Areas

Local Organization Capacity Building

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	60	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Other

Teachers

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1337.08

Prime Partner: Ministry of Local Government,
Botswana

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4542.08

Activity System ID: 17638

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$0

Activity Narrative: 08.P0505 Ministry of Local Government – Prevention in Districts

The Ministry of Local Government (MLG), Primary Health Care Department, is in charge of the District Multisectoral AIDS Committees (DMSAC), which are the primary planning bodies for a range of HIV-related interventions on the district level. The DMSAC develop comprehensive HIV/AIDS plans each year, yet those plans often go under-funded. This activity provides funds to the DMSAC in 5 districts selected by the Ministry for PEPFAR prevention assistance, to carry out additional prevention activities.

The activities range widely by district and have included in the past: basic education and local IEC, support for local civil society groups' initiatives such as theater, small scale campaigns, peer outreach in select settings, programs for school-age youth, and training for pastors and PLWHA in primary prevention. The funding and activities supported by PEPFAR are a portion of the total managed by the Districts; they also receive funding from GOB to support these Comprehensive Plans.

In 2007, the funds assisted districts to apply certain prevention outreach and implementation strategies that they thought were good for their district. These funds complimented those made available through the GOB. By the third quarter of 2007, half of all activities focused on youth and couples had been completed. Nearly all activities directed towards males, as well as those targeting community leaders, traditional healers, and businesses were completed. Across the 5 districts, approximately 7,000 people have been reached and 25 people trained to provide prevention programs. The districts also benefited from technical support from a US NGO, the National Alliance for State and Territorial AIDS Directors (NASTAD).

In 2008, the 5 districts will focus their efforts further, to support more strategic and higher quality prevention interventions. NASTAD will assist them with this process. The specific target groups and interventions will be determined in coming months.

Complementing this activity are 1) a small grants program for some of the local civil society groups working in these five districts, and 2) technical support from NASTAD to the 5 target districts to strengthen the planning and utilization of both the PEPFAR-provided funds and those provided to the districts by the GOB. Together, these three activities will increase the total amount of assistance and funding for prevention activities in those districts, through two critical directions: the DMSAC and local planning and monitoring bodies and the civil society groups that conduct a large share of the prevention-related implementation on the local level.

The funding for this activity is from both the AB program area and the C/OP program area. The District Comprehensive Plans that the District staff develop usually include activities for a range of target groups and issues, including some that belong under AB (e.g. school abstinence pageants) and some that belong under C/OP (sex worker outreach, establishing condom distribution sites).

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9868**Related Activity:** 17411**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9868	4542.07	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	5298	1337.07	CoAg # U62/CCU02509 5	\$0
4542	4542.06	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	3372	1337.06	Technical Assistance	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17411	12280.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$0

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	10	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

Central

Kweneng

North-East

Southern

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1367.08

Mechanism: U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD

Prime Partner: National Association of State and Territorial AIDS Directors

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 10145.08

Planned Funds: \$250,000

Activity System ID: 17641

Activity Narrative: 08.P0506 NASTAD - Assistance to MLG district prevention project

NASTAD is embedded in the MLG to provide a range of support to the DACs and the DMSACs. In 2007, they hired an officer dedicated to prevention, held a workshop for approximately 20 DACs, Peace Corps Volunteers (PCVs), and Implementing Partner representatives from the 5 focus districts, and conducted one-on-one follow up visits to those districts to support improved prevention activity planning and implementation. NASTAD will continue to support quality prevention planning, implementation, and monitoring in five districts identified for PEPFAR prevention assistance by the Ministry.

This activity is responding to a relatively low capacity to address critical prevention needs on the district level. With this support, districts officials and implementers will be able to hold more strategic (albeit small scale) interventions, rather than funding a wide range of unrelated one-off activities targeting a large number of target audiences. NASTAD will also focus on helping the district staff responsible for overseeing the District Implementation Plans with monitoring of quality and reach of the various activities funded by the DMSAC.

NASTAD will hold training workshops and provide one-on-one technical assistance to key individuals working in the DMSAC, including the DAC and attached PCVs (in cases where a PCV is there) and at times key district-level implementing partners, who are often small civil society groups. Local and international NASTAD staff will provide that assistance. NASTAD will also facilitate training and implementation support from other Botswana training and implementation providers, such as Youth Health Organization (YOHO) (e.g. for theater training) and the Botswana Business Coalition on HIV/AIDS (BBCA) (e.g. for workplace outreach). NASTAD will also coordinate and support the distribution and planning of funds provided to the Ministry of Local Government under PEPFAR to support more prevention activities in these districts.

Complementing this activity are 1) a small grants program for some of the local civil society groups working in these five districts, and 2) provision of additional funding for prevention activities for the MLG. Together, these three activities will increase the total amount of assistance and funding for prevention activities in those districts, through two critical directions: the DMSAC and local planning and monitoring bodies and the civil society groups that conduct a large share of the prevention-related implementation on the local level.

The funding for this activity is from both the AB program area (66%) and the C/OP (33%). The District Comprehensive Plans that NASTAD will support usually includes activities for a range of target groups and issues, including some that belong under AB (e.g. school abstinence pageants) and some that belong under C/OP (sex worker outreach).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10145

Related Activity: 17411, 17414, 17638

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10145	10145.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5300	1367.07	NASTAD	\$0

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17414	12281.08	7750	1367.08	U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	National Association of State and Territorial AIDS Directors	\$500,000
17411	12280.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$0
17638	4542.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$0

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Coverage Areas

Central
Kweneng
North-East
Southern

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5377.08

Prime Partner: Youth Health Organization of Botswana

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17645.08

Activity System ID: 17645

Mechanism: GHH-A-00-07-00011: Youth Health Organization

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$0

Activity Narrative: 08.P0511 Youth Health Organization - NPI

Through the NPI, the Youth Health Organization (YOHO) is developing a national network of youth serving organizations and providing community mobilization and community outreach activities to in and out of school youth ages 10-29. The target areas are 9 villages/health districts/towns across the country, namely Lobatse, Hukuntsi, Gantsi, Kasane, Letlhakane, Francistown, Serowe, Letlhakeng, and Gaborone. NPI is one of many funding sources that YOHO receives for its various activities. The activities described below are those funded by NPI funds.

Since receiving the NPI award in March 2007, YOHO has selected additional staff for its headquarters office and 7 of the 9 affiliate sites, including hiring of program heads, artistic directors, a regional director, a monitoring and evaluation officer, among others. YOHO provided training to various key staff in monitoring and evaluation, financial management, and program delivery. They gave refresher training to 77 outreach volunteers in 8 affiliate sites, and in 4 sites, trained 80 teachers and affiliate site staff on the YOHO primary school life skills curriculum (Seboza Life Skills). They have worked actively to upgrade the infrastructure of both the headquarters in Gaborone and in the affiliate sites, including identification of land space and the purchase of portacabins. They also are preparing for their first audit, per US government regulations. In coming months, they will focus on training and program implementation.

In 2008, YOHO will continue with its core capacity-building and outreach activities. For capacity building to its youth group affiliates, YOHO will support a training cascade in its youth theater program, working with its 9 affiliates to in turn train approximately 5 additional youth groups from surrounding villages in the curriculum, designed to improve the quality and reach of youth theater performances. Most theater groups include young adults (youth in their 20's). They will continue to offer training in organizational development to the 9 sites through both district and national trainings, with workshops and individual assistance in financial management, resource mobilization, program monitoring and reporting, as well as behavior change and key HIV prevention topical areas (e.g. alcohol-HIV, multiple sexual partnerships).

YOHO will continue implementing and developing its four main outreach activities. The first activity targets upper primary students ages 10-12 with its Seboza Life Skills program, which YOHO facilitators will deliver with teachers to groups of 25 students from approximately 35 schools in the 9 target areas (5 per district). The program involves 40 hours of exposure and draws from the Grassroots Soccer program and YOHO's own programs; it focuses on delayed debut of sexual activity and related life skills. After graduating from the program, students develop a stage play, which goes to district competitions and culminates in a national Children's Theater Expo.

The second activity involves organizing student days at junior and senior secondary schools across the 9 target districts. Student days engage various students in preparing for the event, and the actual event runs approximately 3 hours, showcasing student activities and performances to the entire student body and focusing on a pre-selected HIV prevention theme. In coming months, YOHO will pilot additional ways to engage with small groups of students during the organizing and conduct of student days, to deepen the quality of outreach that YOHO provides through this activity. The specific activities are to be determined and involve consideration of the GOLD life skills program that YOHO is piloting among older students in Francistown.

The third activity involves road shows in the target communities, which use edutainment techniques to mobilize young adults for HIV prevention and action. The road shows are 3 hour community events that involve theater, music, poems, and testimonials. YOHO peer educators mix with the audience to engage individuals in conversation about the key themes, and performers involve audience members in on-stage games and debates. In 2008, YOHO plans to conduct 3 road shows in all of its 9 target districts. In coming months, YOHO also will pilot test additional activities that they could offer as follow up to these mobilization events, to provide some audience members with small group activities to promote behavior change and HIV prevention. The specific activities (e.g. peer educator sessions) are to be determined and involve consideration of community conversations on select topics, using the Community Capacity Enhancement Project (CCEP) approach.

The fourth major activity is production and airing of television series targeting adolescents and young adults. The shows will air once a month on the national television station and show drama and documentaries on key HIV prevention themes, specific to the target audiences. YOHO will develop facilitator manuals to accompany the shows and which their affiliate site facilitators and other organizations will use in their small group outreach activities. This activity is new for FY08 and will be piloted in coming months.

Finally, YOHO will continue documenting its efforts and sharing lessons learned with its affiliates and other youth groups across the region. Staff will attend relevant international conferences, as part of organizational and staff development.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17422

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17422	10086.08	7753	5377.08	GHH-A-00-07-00011: Youth Health Organization	Youth Health Organization of Botswana	\$0

Emphasis Areas

New Partner Initiative (NPI)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,045	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Mechanism ID: 7757.08

Mechanism: Capable Partners Program

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 17643.08

Planned Funds: \$75,000

Activity System ID: 17643

Activity Narrative: 08.P0508 AED - Capacity building support to Makgabaneng

Through the Capable Partners award, the Academy for Educational Development (AED) will support the organizational and programmatic development of Makgabaneng. Like the organizations supported under the New Partners Initiative (NPI) in Botswana (YOHO and the Light and Courage Centre), Makgabaneng is a new local organization that has a direct funding agreement with the US government. As a new organization, Makgabaneng needs additional support in the areas of program monitoring, board relations, financial tracking, fund raising, sub granting, and staff and program management. Also, the Makgabaneng staff has significant skills in behavior change, but with new staff and additional program models planned, they also requested limited technical assistance for further program development. Under this program, Makgabaneng will not receive funding for program implementation.

The funding for this activity is from both the AB program area (66%) and the C/OP program area (33%). Makgabaneng also receives proportionate funding from both program areas for its broad-based prevention program, so this organizational development support will also.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17262, 17263, 17461

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17461	17461.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$125,000
17262	4793.08	7709	3469.08	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	Makgabaneng	\$800,000
17263	4831.08	7709	3469.08	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	Makgabaneng	\$274,860

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5	False

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7759.08

Mechanism: New CoAg - PCI

Prime Partner: Project Concern International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 17644.08

Planned Funds: \$70,000

Activity System ID: 17644

Activity Narrative: 08.P0510 PCI - Integration of Prevention into Palliative Care

In this activity, Project Concern International (PCI) will strengthen the integration of prevention interventions and messages within the palliative care and OVC programs they will support.

Through its work in OVC, Palliative Care, and ART Access & Adherence, PCI expects to begin the COP08 period (project year two) with approximately 15-20 Civil Society Organizations (CSO) partners. The ultimate aim is to strengthen the capacity of all the partners to provide integrated services across all three areas. This will be a phased process that will continue through y2008. Partners entering the program with palliative care strengths, for example, will have been assisted in year one to strengthen the quality, range and reach of their work, while beginning to incorporate OVC and ART access & adherence services. Conversely, partners entering the program with OVC strengths will be assisted to build those strengths and incorporate palliative care and ART access & adherence services.

PCI therefore does not expect to increase the absolute number of CSO partners in the 2008, but rather extend OVC capacity building and sub grants to an additional 5 CSOs within the 15-20 current partners. At the same time, PCI will assist CSO partners that received OVC support in year one to scale-up their work in year two, through increased sub grants and technical assistance, and to improve their service quality and linkages.

Part of PCI's aim is integrated services, and to that end, they will also support appropriate integration of primary prevention interventions and messages into those OVC and palliative care programs. In 2008, PCI will identify and adapt appropriate interventions and tools that could be successfully integrated into the existing CSO partner programs they will support. Then PCI will train approximately 2 CSO program officers per CSO, to deliver those interventions and follow up at the project sites to support implementation and assess unexpected barriers or opportunities.

Funding for this activity comes from the AB (66%) and C/OP (33%) program areas. Young orphans and vulnerable children will receive age-appropriate interventions and messages related to abstinence and related life skills. Older vulnerable children, such as adolescents, and PLWHAs, many of whom are sexually-active, will receive comprehensive HIV prevention interventions to reflect their age-appropriate needs, including promotion of correct and consistent condom use and alcohol use risk reduction.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17266, 17727, 17464

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17464	17464.08	7759	7759.08	New CoAg - PCI	Project Concern International	\$130,000
17266	4456.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17727	10209.08	7759	7759.08	New CoAg - PCI	Project Concern International	\$2,350,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	5	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15	False

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 3469.08

Prime Partner: Makgabaneng

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4831.08

Activity System ID: 17263

Mechanism: U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$274,860

Activity Narrative: 08.P0501 Makgabaneng - Radio Serial Drama

Makgabaneng is a local organization that has carried out a behavior change program of the same name since 2001. The program includes a national radio serial drama and various community-based and mass media reinforcement activities. In a national 2005 survey (Population Services International TRAC survey) of 15-24 year olds, 42% reported listening to the drama many times recently and 31% reported listening sometimes; 90% were aware of the program. Other surveys suggest high listenership among older age groups too. In the third quarter of 2007, Makgabaneng and its sub partners had formed 45 listening and discussion groups with adults and out of school youth, held school rallies in 9 schools, and distributed their teen magazine on the theme of parent-child communication to 17 junior secondary and senior secondary schools in their 2 target districts, Tutume and Ghanzi. Makgabaneng also soon will train facilitators from the BDF in the listening and discussion group activity.

The radio serial drama airs on two national Botswana radio stations, with two new 15-minute episodes each aired twice a week, with over 650 episodes aired to date. The program will add 2-3 short spin-off, short-term radio dramas annually, which will be aired at different time slots but simultaneously with the core drama. These spin-off dramas will use characters from the core drama to go into greater depth on key issues, such as multiple concurrent partners. The program will design the format and content of these shorter radio dramas to increase their appeal to men, who studies show are less likely to be listeners to Makgabaneng than women. In 2008, the program will highlight issues related to 1) multiple, concurrent partnerships; 2) care, support, and prevention for PLWHA; 3) delayed sexual debut and sexual and reproductive health among adolescents and younger youth, including cross-generational sex; and 4) alcohol abuse.

To reinforce these mass media interventions, Makgabaneng will continue to conduct community-based outreach in community junior and senior secondary schools and the community at large. The school-based components include an interactive magazine for use in and out of the classroom and drama competitions. In 2008, a small group activity tool kit that will complement the themes in the Ministry of Education's (MOE) new life skills materials. The Botswana National Youth Council (BNYC) is the sub partner carrying out these school-based activities. The other main community outreach reinforcement activity is listening and discussion groups, which Humana People to People will continue to carry out for the project. These groups involved six 1-2 hour sessions focused on discussing and personalizing critical issues that the drama raises. The groups have been formed in a variety of settings, including workplace, households, churches, and health care settings, depending on the community involved, and include 10-25 men and women.

These community reinforcement activities currently reach two districts, Ghanzi and Tutume. Makgabaneng will expand these interventions to one additional district, to be determined, and seek at least 1 additional national partner who can incorporate some of the program reinforcement tools into their existing activities (e.g. listening and discussion groups training materials, discussion guides, support material; the teen magazine). They plan to continue expanding the collaboration with other Men's Sector agencies, such as the Prison's, Police, and other uniformed services.

The program will continue conducting additional reinforcement through mass media channels, specifically through: 1) hosting weekly radio call-in shows to discuss characters, events, and themes in the drama with the general public and 2) airing approximately 10 trailers and epilogues, which are short messages and calls to action related to events in the drama.

In 2008, a more intensive program evaluation will take place. Makgabaneng currently plans to carry out another large scale listenership survey, which will assess listenership and exposure to reinforcement activities, as well as various key outcomes of the intervention, in order to allow tests of associations between various levels of exposure to the intervention and those outcomes.

The funding for this activity is split between AB and C/OP. This activity is a comprehensive intervention that targets multiple issues related to HIV prevention and targets various populations in its activities, including youth and adults. This program area entry for this activity will cover about 33% of the program effort and reflects that part of the intervention focused on key issues related to condoms and other prevention, including correct and consistent condom use, alcohol misuse, STIs, and other service promotion such as VCT, antiretroviral therapy (ART) etc.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9918

Related Activity: 17643, 17321, 17262, 17461

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24175	4831.24175.09	HHS/Centers for Disease Control & Prevention	Makgabaneng	10376	3469.09	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	\$700,000
9918	4831.07	HHS/Centers for Disease Control & Prevention	Makgabaneng	5336	3469.07	Technical Assistance	\$300,000
4831	4831.06	HHS/Centers for Disease Control & Prevention	Makgabaneng	3469	3469.06	Technical Assistance	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17461	17461.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$125,000
17262	4793.08	7709	3469.08	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	Makgabaneng	\$800,000
17643	17643.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$75,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	110	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5406.08

Mechanism: Local Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 10150.08

Planned Funds: \$114,000

Activity System ID: 17344

Activity Narrative: 08.P0590 Technical expertise and support (C/OP)

This activity covers the salaries and other administrative costs for the technical staff in-country that support the AB and C/OP program areas. The staff includes one full time CDC direct hire, part time of a senior CDC prevention lead, 2 senior FSN, and 1 mid-level FSN. The funds also support USG-sponsored meetings of prevention implementing partners, professional development and training for staff persons, conference attendance, and travel for site visits and other meetings in and out of Botswana that USG prevention officers may attend as part of their regular duties.

All staff work across the AB and C/OP program areas, so the costs associated with these staff and activities above are distributed proportionately (66%-33%, respectively).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10150

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24212	10150.2421 2.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$168,962
10150	10150.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$215,695

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1339.08	Mechanism: GPO-I-00-05-00040-00: Health Policy Project
Prime Partner: Constella Futures Group	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 10146.08	Planned Funds: \$38,000
Activity System ID: 17417	

Activity Narrative: 08.P0515: Constella Futures Group - Society against HIV and AIDS

This activity targets students at the University of Botswana (UB) for a range of HIV prevention activities. The Society of Students against HIV and AIDS (SAHA) is operating under the guidance of the University Wellness Program through the technical assistance of Health Policy Initiative

In 2007, SAHA held talks and HIV prevention events on campus and supported a mentoring program between university students and students in nearby secondary schools. They have to date reached 1,108 with their activities and have distributed over 2,000 IEC materials. In 2008, the program will change to focus more intently on the needs of the University of Botswana student body.

SAHA will conduct a formative assessment of the university population, to help adopt a more strategic and creative response to reduce the risk of HIV infection and transmission among students. This assessment will review existing and current initiatives to identify their strength and gaps and obtain input from groups of students about the key issues they want and need addressed in their HIV related University programs and the best ways to address them.

Given the existence voluntary testing units on campus, SAHA's activities will include promotion of VCT through campaigns, public talks, training workshops and during commemoration events. In promoting VCT on campus, SAHA will partner with the Zebras for Life youth program aimed at modeling abstinence and encouraging healthy life style and choices. SAHA will continue to host HIV/AIDS orientation workshops for all new students and to hold commemorations and events related to the national Month of Youth against HIV/AIDS, Month of reflection, and World AIDS Day. They will develop and/or distribute HIV/AIDS materials across campus forums. SAHA will continue to strengthen its base for working with OVC and provide support that reduces risk of HIV infection among needy children. In this regard SAHA will continue collaborating with Marang Child Care Network Trust to offer a "Big Brother/Sister" mentoring program that will link SAHA members who volunteer with one OVC (matched by gender) to cover at least 20 OVC. SAHA members will pledge to provide tutoring at least twice a week for 6 months there by providing educational, prevention, and psychosocial support to selected OVCs.

Also in 2008, SAHA plans to initiate a peer education program. The peer education program will target a few student residential blocks and established University clubs. The selected and trained SAHA members will be attached to these clubs or residential blocks. A peer education manual developed by the Youth Peer Education Network will be used to train 100 peer educators. The peer educators will reach club members and fellow residents with a number of key risk behavior messages using both interpersonal and small group discussions. Peer educators will also reinforce general themes that will be communicated in various commemoration events. SAHA members also will target leaders in other campus groups and clubs to support their events and find ways to incorporate HIV/AIDS into their activities, as appropriate. SAHA hopes to create referral guides for all students, to assist with their HIV-related service needs.

SAHA will build its institutional capacity by employing a full-time project officer to keep project activities going and facilitate volunteer student involvement and organization. With assistance from the Costella Futures Group, SAHA will also develop a project monitoring system, including the clear reporting tools, to better track activities, their achievements, and challenges.

The funding for this activity is from the AB program area (50%) and the C/OP program area (50%). The target population includes university students ages 18-30, many of whom are sexually active and therefore need information and services about every HIV prevention method available. Program effort will include promotion of abstinence, fidelity, sexual partner reduction, as well as correct and consistent condom use, uptake of STI and other sexual health services, alcohol abuse prevention and risk reduction, and discussions about transactional and cross-generational sex.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10146**Related Activity:** 17416**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10146	10146.07	U.S. Agency for International Development	The Futures Group International	5380	1339.07	Technical Assistance	\$25,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17416	10096.08	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	Constella Futures Group	\$38,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Coverage Areas

South-East

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5338.08

Mechanism: U2G/PS000599- The Basha Lededi (Youth are the Light) Project

Prime Partner: Family Health International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 10122.08

Planned Funds: \$200,000

Activity System ID: 17406

Activity Narrative: 08.P0502 FHI - Youth-focused community intervention

Family Health International's (FHI) Basha Lesedi project targets youth ages 10-17 in two districts, Barolong and Northeast, for HIV prevention, including life skills education in and out of schools, household level outreach, localized mass media, abstinence and other clubs, and service referrals as needed. The topical emphases are abstinence, sexual and reproductive health, and alcohol abuse prevention. The activity also includes programs for parents and guardians of these youth, to support improved communication between them and further support for healthy sexual choices by youth. BONASO is the main in-county project management organization, and the project is implemented through 5 national local organizations, in addition to the support from various groups in the target districts (e.g. local drama and support groups).

In 2007, FHI hired key staff, selected the target districts, worked extensively with the sub partners on work plan development, made contracts with the sub partners, devised a project monitoring system, conducted a participatory needs assessment in both districts, prepared the baseline survey that they will implement in coming weeks, held project launch events in both districts, and began implementation on a small scale (July 07).

In 2008, FHI will continue with implementation in the two target districts, expanding to more villages within those districts and providing technical assistance to the various implementing partners. The budget increase over the FY07 funding level will allow FHI to hire additional project staff to support the various implementing partners (a senior youth technical advisor plus 2 additional project staff).

The Botswana National Youth Council (BNYC) will manage advocacy at the district level by holding youth forums, promoting youth-adult partnerships as relevant to the activities, including outreach to health care workers and other critical service providers in the target areas whose services these youth may need to access (e.g. family planning providers, condom providers, HIV testing, etc.). BNYC will train its youth group affiliates in the districts to deliver other prevention messages to the community through their drama, choirs and youth friendly activities, which target youth as well as community leaders and health service providers.

As the main faith based organization (FBO) sub partner, the Botswana Christian AIDS Intervention Program, BOCAIP, will be in charge of supporting HIV prevention programs in churches, including life skills curriculum (they will adopt YouthNet's life skills program from a Christian Perspective), abstinence clubs, parent outreach (using FHI's faith based parent-child curriculum and Families Matter!) and training to pastors on supporting these goals.

The Botswana Network of People Living with HIV/AIDS, BONEWPA, will reach HIV positive youth in the target districts, through support groups and will conduct outreach through PLWHA in schools and other forum to support the project goals. They will also hold forums for parents, based on the Families Matter! curriculum. New for 2008, Baylor University, through their Center for Excellence with Pediatric HIV Care in Gaborone, will support BONEPWA to improve its work with young persons living with HIV by sharing their protocols and materials with them. BONEPWA then will train support group members on the Baylor materials, and those trained people will implement those components in their outreach work in schools and other fora.

Makgabaneng will continue to produce a cartoon drama magazine for distribution in clubs, schools, churches, and other relevant sites, carry out its school-age focused reinforcement activities in these districts (listening and discussion groups, school drama and debate competitions), and produce other information, education, communication (IEC) and promotional materials to support the other sub partners' work (e.g. wrist bands, posters).

Humana People to People will continue to go door to door in these two districts, talking about HIV prevention with youth and parents/guardians, and will also implement the Families Matter! curriculum for groups of parents in community centers, workplaces, and other forum as appropriate to the village targeted. Humana also provides condom demonstrations to those youth identified who are sexually active. All partners will provide correct information on condoms and other family planning methods and encourage referrals for those youth in need of those.

FHI will provide technical assistance to all the sub partners, through workshops and regular on-site assistance. This assistance will include 1) strengthening quality of the interventions delivered, 2) monitoring the reach and quality, and 3) processing feedback obtained over the course of implementation. FHI will continue to strengthen the content of the intervention components that is focused on cross-generational sex and alcohol abuse prevention by developing and adapting modules and materials for inclusion into the existing intervention packages.

The funding for this activity is from the ABI program area (80%) and the C/OP program area (20%). The reason for the two sources is that, while the activity focuses on adolescents who are not yet sexually active, a portion of the older teens included in the target population are likely to be sexually experienced and/or sexually active. When program partners interact with such youth, they will give these adolescents all the skills and tools necessary to remain free of HIV and of unintended pregnancies, including the provision and discussion of condoms, STI treatment, etc, when appropriate.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10122

Related Activity: 17405

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24192	10122.2419 2.09	HHS/Centers for Disease Control & Prevention	Family Health International	10385	5338.09	U2G/PS000599- The Basha Lededi (Youth are the Light) Project	\$200,000
10122	10122.07	HHS/Centers for Disease Control & Prevention	Family Health International	5338	5338.07	CoAg # U2G/PS000599	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17405	9920.08	7746	5338.08	U2G/PS000599- The Basha Lededi (Youth are the Light) Project	Family Health International	\$1,500,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	8,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	False

Indirect Targets

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1332.08

Prime Partner: Botswana Defence Force

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4836.08

Activity System ID: 17402

Mechanism: ODC/BDF

USG Agency: Department of Defense

Program Area: Condoms and Other
Prevention Activities

Program Area Code: 05

Planned Funds: \$410,000

Activity Narrative: 08.P0514 Botswana Defense Force – C/OP Prevention

Overall goal of this project is to reduce the incidence and impact of HIV/AIDS among military personnel and their families through strengthening the BDFHIV/AIDS response. This will be achieved through the strategy of promoting correct and consistent condom use and other life skills among the BDF personnel with particular focus on those between ages of 18-24, and creating a supportive environment. These approaches are in line with the BDF HIV/AIDS priorities activities of "troop level" HIV/AIDS prevention education and behavior change communication, and of training of master trainers/focal points/peer educators.

The project will enable soldiers within the BDF communities to obtain the necessary information, skills, attitudes, and the necessary social support to view condoms as an effective HIV prevention method as well as understand the importance of correct and consistent use. To this end, a camouflage patterned packaging will be used, thus increasing acceptance and uptake of condom use and being promoted as following military guidance. As part of the focused program to increase condom use a needs assessment will be conducted prior to placement of the camouflage packaged condoms.

The technical team will endeavor to design communication campaigns around condom use and self-efficacy. Additionally, the project will work on the perception that condoms reduce pleasure. Logistically, the project will work on increasing condom availability such that an increased number of soldiers find it easy to get condoms whenever they need them in order to promote correct and consistent condom use. Program activities will focus on HIV/AIDS prevention education and behavior change communication (BCC), including a media campaign, interpersonal communications activities, and community/interactive events. These will be done in concert with three local partners (the YOHO, Magkabaneng, and Millennium Production House).

Media based BCC campaigns

1. Two mobile bill boards displaying condom awareness messages will move between camps.
2. An existing radio drama series will incorporate themes specifically relevant to correct and consistent condom use.
3. Existing military media publications will be used to promote awareness on the benefits of correct and consistent condom use.
4. Other forms of media promoting correct and consistent condom use will include posters and electronic board messages.

Interpersonal communication

1. Five refresher training workshop will be conducted for 180 peer educators.
2. Each peer educator will be responsible for conducting 10 one-on-one sessions per month, resulting in a total of 21,600 sessions over the course of a year. Sessions will include a talk on condom use and its benefits (and, as appropriate, condom demonstration exercises).
3. There will be 4 small group sessions per camp per month with a cumulative attendance of 4,800. Each session will include a talk on condom use and its benefits (and, as appropriate, condom demonstration exercises).
4. A Platoon Mentoring Program will train Sergeants in mentoring skills, which will allow them to initiate open and supportive communication on safer sex practices with particular emphasis on correct and consistent condom use and the associated benefits.

Community/interactive events

1. Five drama groups will be trained to develop their own dramas that encourage open discussion on correct and consistent condom use and its benefits. Each drama group will perform at one small event per month and one large event per quarter. Cumulatively attendance at these events will be 15,000.
2. The BDF hosts various sporting events annually across its entire barracks, including volleyball, boxing and soccer. The 180 trained peer educators will conduct condom demonstrations at some of these events as well as provide one-on-one interaction with soldiers, which will include conversations on correct and consistent condom use.

The BDF has agreed to co-host a Military HIV/AIDS Prevention Conference for all PEPFAR countries and other regional countries as funds permit. The theme of the conference would be HIV/AIDS Prevention in the military with an exchange of information on best practices, behaviors and behavior modifications etc. as funded under AB activity P0214. This activity will fund a major discussion of Male Circumcision within the military context. This will be tied to an effort of the Defense HIV AIDS Program, and include participation of UNAIDS. Extensive discussion of MC in the military context will also spur the participant nations to examine overall MC policies and practices. Approximately 100 persons will attend.

Another activity will provide materials and training for a healthy living course to be taught to all BDF Personnel through the unit HIV/AIDS representative/counselors. The materials have already been developed by the DOD HIV/AIDS Prevention Program. Funding for materials will cover the costs of reproduction and distribution. The program will cover general health topics such as nutrition, exercise, etc. as well as sexual and HIV related topics dealing with safe sexual practices including correct and consistent use of condoms. The course will also include a module on living with HIV/AIDS including information of safe sexual practices, including correct and consistent condom use, special nutritional needs, and other health information. The BDF prefers that PwP messages be included in a general course to avoid stigma that might come from having HIV positive personnel report to the clinic on a certain day or time for this training. This activity will reach the vast majority of the 12,000 member BDF. 99% of the BDF in 2008 will be male.

Course materials and training will be provided to the BDF wives club who will present the training to wives at regular meetings, and conduct special sessions for domestic workers living and working on BDF bases, reaching the indicated female populations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9826

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24158	4836.24158.09	Department of Defense	Population Services International	11725	11725.09	BDF - PSI	\$300,000
9826	4836.07	Department of Defense	Botswana Defence Force	5287	1332.07	ODC/BDF	\$85,000
4836	4836.06	Department of Defense	Botswana Defence Force	3488	1332.06	ODC/BDF	\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17401	10097.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$330,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	24,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	20	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 10149.08

Planned Funds: \$79,000

Activity System ID: 17328

Activity Narrative: 08.P0590: Technical expertise and support (C/OP)

This activity covers the salaries and other administrative costs for the technical staff in-country that support the AB and C/OP program areas. The staff includes one full time CDC direct hire, part time of a senior CDC prevention lead, 2 senior FSN, and 1 mid-level FSN. The funds also support USG-sponsored meetings of prevention implementing partners, professional development and training for staff persons, conference attendance, and travel for site visits and other meetings in and out of Botswana that USG prevention officers may attend as part of their regular duties.

All staff work across the AB and C/OP program areas, so the costs associated with these staff and activities above are distributed proportionately (66%-33%, respectively).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10149

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24200	10149.2420 0.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$84,993
10149	10149.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$35,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Indirect Targets

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1044.08

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 10119.08

Activity System ID: 17282

Mechanism: U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$200,000

Activity Narrative: 08.P0507 Pathfinder - Male focused prevention

This activity targets adult men (over age 25) for one-to-one peer education, based on a personal risk assessment. Three local implementing partners carry out this activity through visits to households, employment sites, and recreational clubs such as local football teams. The intervention is focused on promoting partner reduction, correct and consistent condom use, and more equitable gender attitudes.

In 2007, Pathfinder selected implementing partners through a competitive process, worked with those partners to develop work plans and contracts, liaised with relevant GOB partners in the target districts and nationally to lay a stronger base of support for the project, developed project monitoring tools, held 3 work shops with the implementing partners, and developed a comprehensive outreach manual that will guide the intervention. The implementing partners selected additional staff and peer educators and participated in a training of trainers (TOT) in the manual. As of September 2007, Pathfinder and its implementing partners will have trained a large cadre of male peer educators, who will begin conducting outreach in the target communities.

The risk assessments cover a range of critical issues including number of sexual partners, consistent and correct use of condoms, alcohol misuse and risks associated with it, gender relations, HIV-related drug adherence (ART, isoniazide preventive therapy [IPT]), and counseling and testing. We expect each individual reached to have about 2 or more visits by a peer educator, for one-on-one discussion on the above listed issues with emphasis on those raised in the personal assessment. The materials will include specific information and support for men who are HIV positive. Referrals will be made to available services such as HIV counseling and testing, Alcoholics Anonymous, and PMTCT. Clients who have been exposed to key topics identified in their personal risk assessment will graduate and be invited to join a male support group for continued education and motivation. These groups will be formed by Pathfinder implementing partners in areas where they operate. The groups will have regular meetings at which members will give each other support to maintain whatever positive change they will have achieved. Occasionally, presenters will be invited to give talks on topics of interest to the groups. Opinion leaders like politicians, traditional leaders and PLWHA who have gone public with their HIV status will also be invited occasionally to motivate the men.

Humana will continue to implement the intervention by going door-to-door in select communities. Humana will conduct group sessions focused on gender equity and will train men who hold influential positions like corporate leaders, traditional leaders and politicians as advocates for male involvement in HIV prevention programmes. The above activities will be implemented in eight villages in the two districts where Humana operates.

True Men will continue to work in the Francistown area to target this intervention to miners from the two gold mines as well as social soccer teams and their supporters. The programme will expand to two new sites in 2008.

Botswana Council of Churches (BCC) will implement the program in three districts, targeting male staff in 4 mission schools run by churches which are BCC members. The programme extends beyond schools to communities around the schools.

In support of these activities and partners, Pathfinder will continue to support training in peer education and outreach, including refresher trainings, to all relevant field officers. Pathfinder also will continue to strengthen local implementing partners' operational systems and structures and will provide technical support for their program activities.

New for 2008, the program will forge stronger partnerships with health and other facilities that offer counseling and testing for HIV so that people who test HIV positive at these facilities and other PLWHA who access services at these facilities are referred to the program for peer support in one-on-one and group settings. This will entail sensitizing service providers about the program and its activities and establishment of a referral network either from the program to the facilities or the reverse. The outreach and peer materials will be adapted to better meet the needs of HIV positive men.

This activity is funded about 66% from the AB program area, and 33% from the C/OP program area. The content of the intervention is comprehensive in scope to meet the needs of sexually active adult men, including a strong emphasis on multiple partnerships and fidelity, as well as gender equity, and important components on alcohol abuse and condom use.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10119

Related Activity: 17281

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24094	10119.24094.09	HHS/Centers for Disease Control & Prevention	Pathfinder International	10346	1044.09	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	\$0
10119	10119.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	5282	1044.07	CoAg # U62/CCU124418	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17281	4798.08	7712	1044.08	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	Pathfinder International	\$450,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,600	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	41	False

Target Populations

General population

Adults (25 and over)

Men

Coverage Areas

Central

Kgatleng

North-West

Southern

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 8746.08

Prime Partner: Johns Hopkins University

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 19629.08

Activity System ID: 19629

Activity Narrative: 08.P0522

This activity was paid fully by central OGAC funds under a Gender Initiative. We have an opportunity to provide field dollars as well, in order to increase the scope of the intervention(s) they will support under this program.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: N/A

USG Agency: U.S. Agency for International Development

Program Area: Condoms and Other Prevention Activities

Program Area Code: 05

Planned Funds: \$50,000

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5339.08

Prime Partner: Population Services International

Funding Source: GHCS (State)

Mechanism: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 19866.08

Planned Funds: \$75,000

Activity System ID: 19866

Activity Narrative: 08.P0521 PARTNER: Population Services International

PSI also will lead a targeted evaluation of the main intervention developed under this activity. In light of the knowledge gap on how best to address multiple concurrent partnerships, PSI Botswana, working with a reputable academic institution with experience in social research (e.g. PSI has had initial discussions with the Poverty Action Lab of MIT, but the partner and the local co-investigator are both to be determined), will conduct a randomized control trial to compare two approaches to addressing multiple and concurrent partnerships. The first approach will provide an intervention that focuses on encouraging the target population to reduce the number of sexual partners (such as by stressing the benefits of fidelity and/or the risks associated with having multiple partners). The second intervention will focus on the pattern of sexual relations, with an aim of discouraging the practice of having overlapping partners. Each of the treatments will be delivered through an intensive combination of mass media (particularly outdoor advertising and local radio programs), interpersonal communications (done in small groups and in one-on-one sessions), and edutainment (with drama groups). If deemed feasible, villages would be randomized into the two treatment groups, with a third set of villages established as the control arm, in order to ensure that outcomes were related to the treatments rather than to exposure to any outside mass media efforts on multiple concurrent partnerships. Outcomes would primarily be subjective (e.g., changes in self-reported patterns of sexual networks). Pending further discussion with collaborators (including the GOB), some objective outcomes might be measurable (particularly biomarkers such as pregnancy rates, STI rates, and/or seroprevalence rates at antenatal clinics or in other counseling and testing sites). The budget for the research is estimated to be about \$275,000 for the first of a planned two year study. This is based on a preliminary design with an 80% power to detect a 5% difference between groups, with 20 subjects in each of 300 clusters (i.e., a total of 6,000 interviewees per round). Approximately \$200,000 would go for field work costs, and \$75,000 for research design, researcher time, and other direct costs. In addition to a research partner from an international academic institution, PSI plans to seek a partnership with a local researcher or academic group, particularly in the University of Botswana (UB). This activity has funds from both AB and C/OP program areas. The majority of funds are from the AB area (75%, \$200,000), because the effort will focus on faithfulness and partner reduction. The C/OP funds support that part of the activity that highlights the risks associated with alcohol misuse and abuse (25%, \$75,000).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$5,656,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

Until recently the main emphasis of the MOH Palliative Care Unit (PCU) was on end of life care, through the Home Based Care Program, and not on the continuum of care/ support in other stages of a chronic disease. Following a series of stakeholders' workshops in Gaborone in 2007, the definition of palliative care has expanded to one that combines active and compassionate long-term therapies intended to comfort and support individuals and families living with life-threatening illness.

USG is collaborating with partners to broaden this view of palliative care even more. With the successful ART program in Botswana the majority of the patients on treatment are doing well and are minimally symptomatic. Furthermore, Botswana has implemented successful HIV counseling and testing (CT) programs through its Tebelepele voluntary counseling and testing (VCT) program and through GOB's routine HIV testing (RHT) services that may identify many HIV-infected persons in the early stages of HIV, not yet eligible for ART. USG in COP08 has developed plans to address this issue of continued care and support for such individuals. It is now estimated that between 40-50% of the adult population has received C&T, up from 25% in 2004 and 18% in 2001. Patients tested through these programs are referred to the national ART program (Masa) to assess eligibility for ART if infected.

In Botswana, public hospitals fall under the authority of the MOH, while the public clinics fall under the Ministry of Local Government (MLG). To ensure linkages between different health facilities in the provision of ART, Botswana uses a site model, which consists of a hospital with 2 to 4 satellite clinics. Currently, 32 hospitals and 30 satellite sites are offering ART. ART is initiated at the main site; after initiation patients go the satellite clinics for follow up. All these facilities offer HIV/AIDS-related care and treatment programs and services including diagnostic HIV testing; TB diagnosis and treatment; management of sexually transmitted infections (STIs) and opportunistic infections (OIs); initiation of prophylactic anti-TB treatment for eligible patients; prevention of mother to child transmission (PMTCT); and general prevention education.

The Palliative Care package in Botswana includes: provision of Information, Education and Communication (IEC) and behavioral change communication (BCC) packages, distribution and promotion of correct and consistent condom use, prevention and management of Sexually Transmitted Infections (STIs), Prevention of Maternal to Child Transmission, HIV counseling and testing. It also addresses stigma reduction; community home based care and provision for food baskets and material support to needy PLHWA.

The HIV/AIDS epidemic in Botswana is taking a toll on the capacity of the health and social welfare systems to respond, and straining the capacity of extended families to care for infected/affected family members. ART alone will not ensure the health and wellbeing of people living with HIV/AIDS (PLHWA) and their families. A comprehensive approach is needed emphasizing palliative care in the home and in the community, including psychosocial support, treatment adherence support, positive living education and support, nutrition support along with basic health care and referral.

Stronger linkages between CT, PMTCT, ART, and palliative care services that reach into the communities are needed, as are stronger partnerships between government health and social welfare services and NGOs. NGOs are well placed to serve as a bridge between facility-based services and the communities and households they serve. Yet the NGO sector in Botswana is young and needs significant capacity building to play this role.

In response to this need, USG plans to support a new prime partner to provide organizational development assistance, technical assistance, and grants to one indigenous NGO that will provide interventions in palliative care. The local implementing partner will be among those with existing networks of service delivery across multiple districts or with established track record of working successfully across many districts.

Project Concern International will continue to strengthen palliative care services through 8 NGOs in Francistown and Gaborone area, and will train 40 individuals to provide palliative care.

Another important new activity will focus on strengthening the primary prevention components of existing, major HIV-related services (both clinical and community-based) that target large numbers of PLHWA. This follows steps completed in FY06 and FY07, whereby USG supported an assessment of opportunities to strengthen prevention in clinical and community services and an activity to strengthen the prevention content of the interventions that Tebelepele and other counseling and testing partners provide.

The Tebelopele VCT centers will continue to roll out the Supportive Counseling program initiated in FY2007, by providing Post Test and Supportive Counseling Services to those who test negative and positive, both at Tebelopele VCT sites, as well as Provider Initiated Sites. Tebelopele now provides supportive counseling at its fixed sites, with a package of services that includes TB suspect screening, testing of family members, disclosure, discordant couples, education and prevention for positives.

FY08 funds will support MOH PCU to hold Basic Palliative Care training sessions that will target service providers from health care institutions and from NGOs, CBOs, FBOs dealing with Palliative Care. This will be achieved through the TOT model so as to facilitate the roll out of palliative care training country wide and ensure sustainability.

Secondly, funds will support the review of clinical guidelines for management of opportunistic infections to integrate TB, PMTCT, and ART and to strengthen the pediatric component and train clinicians, lay counselors and family welfare educators on the use of the revised guidelines. Training will be done in collaboration with HARVARD master training program, Baylor University and I-TECH for provision of technical expertise in adult and pediatric palliative care.

In 2008, I-TECH will continue to support the NSTRC to scale up clinical mentoring to the remaining districts through training of clinical mentors and providing support to trainers during the initiation of clinical mentoring. PEPFAR funds will be used to develop and reproduce a clinical mentoring guide (training materials) for all district trainers (27 trainers including master trainers), as well as support partial time and travel of the I-TECH Quality Improvement (QI) Specialist who is developing this training and supporting the NSTRC with the scale out.

With prevalence rates of HIV as high as they are for Botswana, it is no surprise that cervical cancer has become a new public health crisis. As part of a comprehensive Prevention with Positives (PWP) program, the need for cervical care in HIV positive women has become critical. UPenn will receive support to initiate the set-up of the two pilot clinics, one in Gaborone and one in Francistown, which will ensure coverage for the two major regions in Botswana. All HIV positive patients with abnormal Pap smear results will be referred to these clinics for further investigation and treatment for their pre-cancer lesions.

UNCHR will continue to receive support for care and treatment programs in Botswana's legalized refugee camp, Dukwi. Continuous advocacy with the GOB is expected to result in a change in the policy of exclusion of refugees from the national ART program. The proposal will be presented by the MOH to the Cabinet for approval and hopefully be endorsed.

The Pediatric ART program has witnessed tremendous progress in the past five years. Starting from scratch with no HIV-experienced pediatricians, Botswana has moved to becoming one of the largest pediatric HIV/AIDS treating countries in the world. Several partners are assisting Botswana improving the provision of ART services to the pediatric population. With the improvement of treating staff, especially specialist pediatricians, emphasis is now being shifted to decentralize therapy at peripheral facilities. These are supported by outreach visits by the specialists from PMH, the Baylor Center of excellence and NRH. PEPFAR will support for the continued of pediatric patient care and training activities.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	62
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	39729
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2400

Custom Targets:

Number of HIV-infected clients attending HIV care/treatment services that are receiving TB prophylaxis 0

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 8743.08	Mechanism: N/A
Prime Partner: Baylor University	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 19623.08	Planned Funds: \$100,000
Activity System ID: 19623	

Activity Narrative: 08.C0617

Opened in 2003, the COE has built the capacity to provide substantial support to the government of Botswana for scaling up and improving pediatric HIV/AIDS activities nationwide. The advent of the Pediatric AIDS Corp program in 2006 provided us with the means to substantially extend our support and to create linkages with important government partners. Key areas of expansion in 2006/2007 include the following: 1. Consistent support of inpatient and outpatient pediatric programs at Princess Marina Hospital (PMH) and Nyangabgwe Referral Hospital (NRH). 2. Regular outreach support to district hospital ARV sites in the Greater Gaborone and Francistown areas; 3. Linkage with the Ministry of Education (MOE) to support teacher training workshops aimed at empowering teachers to better support HIV-infected and affected students; 4. Curriculum development and clinical mentorship of interns in collaboration with the national referral hospitals, the University of Botswana, and the University of Pennsylvania; 5. Began augmenting PMTCT linkages with public hospitals and clinics; 6. Expanded services for HIV-infected adolescents receiving HIV care from both the public and private sectors. 7. Increased activities in the area of TB/HIV co-infection. 8. Provision of expert support for national guidelines development.

CDC-PEPFAR has supported these efforts through the employment of staff including the training coordinator, 4 nurses, and the Associate Director as well as through the provision of funds specifically earmarked for the Pediatric KITSO Training Course. In the last 12 months, the following indicators were tracked for VCT, ART care, palliative care and health professional training by the Botswana-Baylor team:

The COE requests continued support from USG-PEPFAR for the continuation and expansion of pediatric patient care and training activities. The COE, in close collaboration with the Department of Paediatrics at Princess Marina Hospital, will continue to provide comprehensive HIV/AIDS care and treatment to children and adolescents. We anticipate enrolling approximately 200 new pediatric and adolescent patients for ART in the coming year. Despite enrolment of new patients, we do not anticipate a substantial expansion in the COE-based active patient caseload as we will continue to transfer stable patients to newly operational and expanding government PIDs which we will support through outreach activities. COE staff are currently providing outreach support to ARV sites in the Greater Gaborone area and districts around Francistown. In 2008, we hope to obtain the necessary financial support to extend our mentorship program to ARV sites nationwide. Rollout of the mentorship program will be done in accordance with MOH priorities.

The COE also requests ongoing support for the continued implementation of the Pediatric KITSO Training course. Currently, two week-long Pediatric KITSO Trainings are planned each month. In 2008, it is expected that this course will be revised to reflect new national guidelines that are due to be published in late 2007 or early 2008. The rollout of training in the new guidelines will be essential and will be implemented by COE staff in accordance with MOH priorities. In addition, updates in the pediatric component of other national training courses will be made as needed in order to conform to the most updated national guidelines. COE staff will continue to provide pediatric content in support of the Advanced KITSO course, KITSO Medication Adherence Counseling Training, Nurse Prescriber Training, National TB Training, and other programs support by the MOH.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1331.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 10288.08

Planned Funds: \$360,000

Activity System ID: 17283

Activity Narrative: 08.C0610: I-TECH – STI Syndromic Management

Between 2004-2007, the International Training and Education Center on HIV (I-TECH) successfully supported the MOH National STI Training and Research Center (NSTRC) to implement the revised Sexually Transmitted Infections (STI) syndromic management training, including the introduction of acyclovir for genital ulcer disease, to all districts nationwide. Training in syndromic management of STIs includes routine HIV testing (RHT) of clients as well as risk reduction counseling. In 2007, I-TECH began supporting the NSTRC to implement clinical mentoring among their district trainers and health care providers.

In 2008, I-TECH will continue to support the NSTRC to scale up clinical mentoring to the remaining districts through training of clinical mentors and providing support to trainers during the initiation of clinical mentoring. PEPFAR funds will be used to develop and reproduce a clinical mentoring guide (training materials) for all district trainers (27 trainers including master trainers), as well as support partial time and travel of the I-TECH Quality Improvement (QI) Specialist who is developing this training and supporting the NSTRC with the scale out.

I-TECH will assist the NSTRC to strengthen the Supportive Supervision Visits conducted. In 2007, there were 3-4 supervisory visits in 14 districts conducted by the district trainers who were trained by Master Trainers. The plan is to conduct supervisory visits into the remaining districts (10) and maintain the quality of mentoring and training in the initial 14 districts.

2008 funds will support four staff at the NSTRC until such time as the MOH is able to absorb these positions and hire them directly. These include:

- STI Master Trainer at D4 level
- STI Training Coordinator at D3 level
- STI Master Trainer/M&E Officer, all continuing from prior years and
- STI Data Clerk, part time to be supported with 2008 funds.

2008 funds are also requested for MOH/NSTRC staff development, specifically funding the study tour costs for the MOH/STI Training Coordinator and two other STI Master Trainers from implementing districts to attend the University of Washington's Principles of HIV & STD Research Course in July 2008.

The I-TECH funded STI Master Trainers are responsible for supporting the district trainers with their supportive supervision visits, responding to efforts to improve the quality of care, and reporting on the visits. One of these Master Trainers will also be responsible for scaling up use of acyclovir to the remaining districts (ten additional districts in Phase 3), providing support to the trainers and pharmacy technicians in the scale up, and monitoring the correct prescription and stock levels at district clinics and hospitals.

I-TECH will provide technical assistance to the NSTRC on integrating their monitoring activities into the MOH's overall M&E and surveillance activities. The I-TECH funded Master Trainers will work with the NSTRC coordinator and clinic staff, administration, Central Medical Stores (CMS), and other stakeholders to improve the quality of STI care.

2008 funds are requested to support half the salary and relocation costs of a M&E Technical Lead to be based in the Gaborone office, as well as partial time and one trip for I-TECH (Seattle-based) QI Specialist to work with the I-TECH M&E Lead to build the capacity of the MOH/STI program with in-service training, how to enter, analyze and interpret data to result in evidence-based planning activities. I-TECH will conduct individual training assessments of the STI unit staff in order to tailor training based on individual need and conduct this training accordingly.

Additional printing of the STI syndromic management training materials (1,000 Participant Handbooks) will be needed to provide for two additional years' worth of training.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10288

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24104	10288.24104.09	HHS/Health Resources Services Administration	University of Washington	10351	1331.09	U69/HA00047 -- I-TECH	\$342,000
10288	10288.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$210,621

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	550	False

Indirect Targets

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)=10

Number of individuals reached with HIV-related palliative care (excluding TB/HIV) - 500

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1331.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10286.08

Mechanism: I-TECH

USG Agency: HHS/Health Resources Services Administration

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$799,000

Activity System ID: 17284

Activity Narrative: 08.C0609: University of Pennsylvania – Palliative Care Services Support

The scope and direction of the Penn – Botswana program continues to evolve. At the inception of the PEPFAR funded program, Penn deployed one Botswana based faculty member in Gaborone with the goal of providing high quality HIV related palliative care and treatment training to clinicians at PMH and NRH. The program has expanded to include an outreach program to each district hospital where the goals are to increase knowledge and improvement in the standard of patient care to those suffering with HIV/AIDS and opportunistic infections. In 2007 with 6 specialists deployed at both referral hospitals the program will directly influence the treatment of some 5,000 inpatients at the two referral hospitals and have an indirect influence on the care and treatment of some 6,000 patients at the district hospitals by having delivered some 80 training sessions to 60 doctors under our outreach education program. During 2007 Penn specialists have also assisted the MOH in developing their guidelines for palliative care and will, by the end of COP07, have developed with I-TECH the clinical guidelines covering palliative care for the MOH. In 2008 a curriculum will be compiled for the training and the service will be extended to some peripheral primary hospitals.

In patient services

Penn will have a total staff presence of four internal medicine specialists in Gaborone and two in Francistown. They will provide inpatient care to the medical department that has a total of some 150 beds within the two referral hospitals. However with the severe overcrowding of these beds it is expected that these staff will deliver direct care to some 5000 inpatients suffering with HIV/AIDS and its co-infections. As well as providing direct inpatient care Penn will also undertake a structured educational training program aimed directly at affecting the care practices other internal medicine clinicians perform as well as a similar program given to all clinical staff (doctors and some nursing staff) in the practice of medicine related to HIV/AIDS. Some 250 clinicians at the 2 referral hospitals will be able to benefit from this education program.

Out patient services

During 2007 Penn started specialized HIV clinics at both referral hospitals. These clinics created a “one stop shop” idea for patients with HIV and complications such as metabolic problems, co-morbidity issues and co-infections that can be managed as outpatients. Clinics are run three days a week and during COP08 it is expected that some 2,500 to 3,000 patients will be managed in these specialized clinics.

Outreach services.

Botswana's 2 referral hospitals have patients referred to them by 11 district hospitals and 14 primary hospitals. With the current HIV/AIDS pandemic, the increasing rate of OIs in patients suffering from HIV/AIDS, the lack of clinical skills in the primary and district hospitals to manage these opportunistic infections leads to their subsequent referral to the two referral hospitals. This is in itself is a major cause of their overcrowding. The Penn outreach program aims at training with both lectures and direct bedside teaching the management of patients with HIV/AIDS and opportunistic infections.

It is expected therefore that some 180 lectures will be delivered to some 60-70 primary and district hospital doctors. This will directly affect the care of some 8,000 patients admitted to these primary and district hospitals with HIV/AIDS and hopefully stop up to 2500 being referred to district and eventually to the main referral hospitals in FY2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10286

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24103	10286.24103.09	HHS/Health Resources Services Administration	University of Washington	10351	1331.09	U69/HA00047 -- I-TECH	\$759,050
10286	10286.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$798,698

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

* Malaria (PMI)

* TB

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	5,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	290	False

Indirect Targets

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)=15

Number of patients provided with indirect HIV-related palliative care where Penn has had an input = 8,000

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 4456.08

Planned Funds: \$0

Activity System ID: 17266

Activity Narrative: 08.C0613: MOH Palliative Care Support

The USG provided financial support to train 250 health workers in FY05 and 100 health workers in FY06. Funds were allocated to development of training modules. Capacity in the Palliative Care Unit has been strengthened with recruitment of three officers; two have expertise in Palliative Care and one in NGO support. Clinical guidelines for management of opportunistic infections were revised in 2004 and will continue to be revised periodically.

The GFATM fund has supported the recruitment of 204 lay counselors who were trained in basic HIV/AIDS counseling. Strengthened psychosocial support is needed for families and communities that provide care to ill PLWHA in their homes. Some PLWHA and their care givers experience care related burdens and/or stigma. Hence the need to continue training of lay counselors and family welfare educators to effectively provide psychological support in the community.

In 2008, PEPFAR funds will support the following activities:

Basic Palliative Care training: The training will target service providers from health care institutions and from NGOs, CBOs, FBOs dealing with Palliative Care. This will be achieved through the TOT model so as to facilitate the roll out of palliative care training country wide and ensure sustainability. A total of 280 Health Care providers will be trained in Basic Palliative Care.

Review of the Clinical Guidelines: The government intends to review clinical guidelines for management of opportunistic infections to integrate TB, PMTCT, and ART and to strengthen the pediatric component and train clinicians, lay counselors and family welfare educators on the use of the revised guidelines. Training will be done in collaboration with HAVARD master training and Baylor University for provision of technical expertise in adult and pediatric palliative care.

Printing of Nutritional Guidelines: In order to enhance the nutritional status of PLWA and other chronically ill patients the Units will print nutritional guideline to be used in training and to guide service providers.

Strengthen collaboration with CBO/NGO: The civil society plays a very critical role in provision of palliative care at community level. There is need to establish a strong linkage for improvement of quality care to patients as well as strengthen referral system from civil society to health care facilities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9801

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24077	4456.24077.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$700,000
9801	4456.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$300,000
4456	4456.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$610,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	280	False

Indirect Targets

Number of service outlets providing HIV-related palliative care (excluding TB/HIV) - 636
- Number of individuals reached with HIV-related palliative care (excluding TB/HIV) - 60,000

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: Basic Health
Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 10305.08

Planned Funds: \$75,000

Activity System ID: 17329

Activity Narrative: 08.C0690-HQ: Technical Support for Palliative Care Basic

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10305

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24201	10305.2420 1.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$214,664
10305	10305.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$15,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5406.08

Mechanism: Local Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 10306.08

Planned Funds: \$84,000

Activity System ID: 17345

Activity Narrative: 08.C0690-Local: Technical Support for Palliative Care Basic

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10306

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24213	10306.2421 3.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$150,203
10306	10306.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$85,000

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 5325.08	Mechanism: U69HA04128: Twinning
Prime Partner: American International Health Alliance Twinning Center	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 10278.08	Planned Funds: \$150,000
Activity System ID: 17570	

Activity Narrative: 08.C0601: American International Health Association - Botswana School of Nursing Twinning

The AIHA Twinning Center proposes the expansion of a partnership between the African Palliative Care Association (APCA) in Uganda and the University of Botswana, Institute of Health Sciences (IHS), School of Nursing in Botswana.

In July 2007, APCA visited IHS to conduct an initial assessment, met with local stakeholders, and identified focus areas for the partnership. This was quickly followed by an AIHA facilitated workplan development exchange in August. During this exchange the partners jointly developed the initial objectives, corresponding activities and a partnership communication plan. The goal of this partnership is to strengthen the institutional capacity of IHS to provide quality palliative care education and training for healthcare workers in Botswana. The partners collaboratively identified the following objectives, which are currently be vetted with stakeholders in Botswana to minimize duplication of efforts:

- 1.To strengthen the capacity of IHS faculty to provide palliative care training for students
- 2.To develop the organizational capacity of IHS in planning, monitoring and evaluation, and research

In an effort to fully coordinate activities with the MOH in Botswana, the partnership will discuss with the MOH the possibility of including a representative(s) in a subsequent exchange to Uganda. In this exchange, the representative(s) will be able to visit the APCA facilities, the Uganda Hospice, and learn about the resources APCA brings to this partnership.

AIHA is requesting additional funding in 2008 to ensure the robust progress of this partnership. As the partners transition out of their year 1, initiation phase, they will require increased funding levels to support a greater level of activities and allow for an adequate number of professional exchanges, trainings, and technical assistance to accomplish their goals and objectives. Robust funding for partnerships will ensure rapid progress in reaching partnership and PEPFAR goals.

Further, in the first 3 years of the TC cooperative agreement, HRSA provided central funding (received from PEPFAR/OGAC headquarters) to AIHA to subsidize the initiation of programs and cover in-country office and headquarters operations. Now, HRSA is phasing out its central funding to its cooperative agreement partners; therefore, these costs are now included in this country funding request. Beginning with COP 2008, the Twinning Center will operate as a traditional US government partner, receiving all its programmatic funding, including operations for the in-country office and headquarters, from the US government country programs (through the Country Operational Plans) and will cease to receive central funding from HRSA.

The specific partnership activities will be determined jointly by the partners during the year two workplan development exchange, however activities will likely include:

Establishment of a stakeholders committee to oversee the integration of palliative care in pre-service health care worker training curricula

Quarterly meeting of the stakeholder committee
(1 quarterly meeting for 20 participants=\$2,500)
4 meetings X \$2,500=\$10,000

Sensitization workshops on palliative care for faculty at health training institutions
(25 faculty participants from health care training departments per training=\$35,000)
2 trainings X \$35,000=\$70,000

Partnership exchange trips between partner institutions for program planning, program management and evaluation activities related to the implementation of the workplan.
(1partner to participate in exchange trip=\$4,000)
2 participants X 4 exchanges=4 x \$4,000=\$16,000

Training on the implementation of monitoring and evaluation (M&E) data collection tools to improve access to quality palliative care. This will be conducted during the partnership exchanges

The remaining partnership funds will cover the overall administrative costs for AIHA, APCA and the Botswana partners.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10278

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10278	10278.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5325	5325.07	AIHA	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1331.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17676.08

Activity System ID: 17676

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$433,000

Activity Narrative: 08.C0603: I-TECH/Uppen- Improved PAP Smear Testing

Cervical cancer is a relatively rare disease in the developed world due to organized screening and appropriate treatment of pre-cervical cancer lesions, awareness amongst the general public and healthcare workers, strong advocacy from civil society, as well as prioritization of women's health issues in these countries. Women in poorer countries face problems of limited access to care, highlighting the inequity inherent in this disease.

There are close to 500 000 new cases of, and 275 000 deaths from cervical cancer world wide, with 80% of these occurring in resource-limited settings. Twenty percent of all annual global deaths from cervical cancer occur in Sub-Saharan Africa. Cervical cancer accounts for > 25% of all cancers in Botswana, and it is the leading cancer killer in women. Of those presenting with cervical cancer in Botswana, 90% of them have never been screened.

Persistent infection with oncogenic types of HPV is essential for development of invasive cervical cancer. Risk factors for persistence occur more frequently in resource-limited countries like Botswana.

HIV infected women are thought to be at highest risk for cervical cancer. This is thought to be due in part to the higher prevalence of HPV high risk subtypes, more rapid carcinogenesis and poor immune response.

Sub-Saharan Africa is the epicentre of the world AIDS epidemic, contributing 35% of all people with AIDS, 32% of all new infections and 32% of all deaths. Out of a population of 1.7 million in Botswana, there is an estimated 270 000 people living with HIV. Prevalence rates for HIV in Botswana are currently ~ 28% in women in the 15-49 age group, by extrapolation, a large proportion of Botswana women can therefore be assumed to be at increased risk of pre-cervical cancer lesions and possible invasive cervical cancer, thus making this a new public health crisis next to TB, in Botswana.

Of the 270 000 people living with HIV in Botswana around 110 000 qualify for ARV right now. The Government of Botswana has spearheaded the fight against HIV/AIDS, by developing the first national anti retroviral therapy (ART) programme in Africa, launched in January 2002. To date around 85% of those requiring treatment are receiving it.

Immune reconstitution associated with potent anti-retrovirals does not seem to be a factor in regression of pre-cancer lesions. If indeed that is the case, then, extensive availability of ART in Botswana with associated improved life-span, is likely to paradoxically permit progression to cancer in more women. Taking all these factors into consideration, it is becoming clear that cervical cancer is rapidly becoming a secondary epidemic in the wake of HIV in Botswana.

When Botswana gained independence from Britain in 1966, the country was rated as one of the 25 poorest in the world. Just over 3 decades later Botswana status changed, and the country is now classified as a middle income economy. This has been due to a combination of prudent use of diamond derived wealth, sound democratic processes as well as proper governance structures which resulted in rapid economic growth.

However, the impressive gains made in Botswana's human development have been seriously threatened by the HIV/AIDS pandemic, and this is evidenced by notable deterioration of major social indicators such as child and maternal mortality rates. Hence the decision to implement a national ART program, but that has meant that most of the development resources were diverted.

Elevation of Botswana to a middle income status coincided with this decision, and this signaled to the traditional donors to either scale down or pull out their resources dealing, a double blow to a nation already reeling from unprecedented loss of productivity and skilled human resources, especially in the 24-49 age group.

The government of Botswana recognizes the magnitude of the cervical cancer problem. The national cervical cancer prevention program currently is cytology based following recommendation by the World Health Organisation (WHO). Women with abnormal Pap smears are referred for colposcopy and biopsy, and treatment of pre-invasive disease is through cold knife cone biopsy (and soon to include loop electrosurgical excision procedure -LEEP) at the 2 referral hospitals (Nyangabwe Referral Hospital- NRH in the north, and Princess Marina Hospital- PMH in the south). Those with early invasive disease have access to hysterectomy. More advanced invasive disease is either treated for cure by radiation (external beam and brachytherapy) and chemotherapy, and for palliation with radiation. However, with most of the health dollars committed to the fight against HIV, Botswana had to look at her development partners for assistance to scale up the cervical cancer prevention program, especially with regards to HIV infected women.

The 'See and Treat' (SAT) method using cryotherapy has not been included as part of the national cervical cancer prevention program for various reasons. However, current evidence has shown that 'See and Treat' can be a valuable strategy in resource limited countries such as Botswana. As no work regarding 'See and Treat' with cryotherapy has ever been done in Botswana, we are proposing to have a pilot program to test the suitability and acceptability of this technique in HIV infected women attending a local clinic in Gaborone. If the technique can be shown to be acceptable in Botswana, the results will be shared with government and the method could be advocated for inclusion in the national cervical cancer prevention program, specifically targeting women in rural areas where follow up would be difficult.

Lessons learned in Zambia from their SAT cervical cancer prevention program, indicate that a minimum of 40% of HIV infected women would not be suitable for cryotherapy and therefore need alternative treatment with LEEP. As part of the program, a Gynecologic Cancer Prevention Unit (GCPU) will be set up at PMH in Gaborone. As well as clinical care, the unit will also provide overall coordination and supervision of the pilot 'see and treat' clinic.

Both the SAT and GCPU clinics will incorporate sexually transmitted infection (STI) care for women as part of a comprehensive cervical care. This will be in keeping with the ethos embodied in prevention with positives.

Activity Narrative: The initial phase of this pilot will require training of staff in visual inspection and cryotherapy, as well as LEEP.

The SAT clinic will be located at one of the local primary clinics within Gaborone. This will be one of the sites where HIV infected women are assessed for eligibility for ART, but with no access to cytology based screening (not all the primary care clinics in Gaborone provide routine cervical cancer screening for women). The GCPU clinic will be situated within PMH for proximity to other services such as access to higher care (general anesthesia and surgery) should complications such as hemorrhage arise.

The procedure to be followed at each clinic will be detailed in the standard operating procedures to be developed. Women presenting to the 'see and treat' clinic will be counseled regarding cervical cancer prevention and the procedure of speculum examination and visual inspection with acetic acid, and consent obtained for cryotherapy should it be required. During speculum inspection, women will also be assessed for STI and appropriate treatment guidelines followed should there be evidence of cervical or vaginal infection. Aceto-white lesions will be recorded, followed by digital cervicography for objective record keeping, distance consultation as well as part of monitoring and evaluation. All aceto-white lesions will be assessed using cryotherapy eligibility guidelines for cryotherapy treatment suitability. Those meeting the criteria for treatment will be offered same day treatment.

Women with lesions not suitable for cryotherapy, or requiring further assessment, will be referred to the GCPU clinic where they will get a full gynecological assessment, including colposcopy, biopsy and LEEP. STI assessment will also be part of the assessment. Those with invasive disease will be referred to the hospital's gynecology services for further management (surgery radiation and chemotherapy), as has been happening routinely.

PEPFAR will be supporting the following for the setting up of the SAT program:

Training:

Staff for the See and treat and LEEP clinic will need to be trained in visual inspection with acetic acid, cryotherapy, cervicography and LEEP. Training will also be provided for diagnosis and treatment of STIs.

Supplies:

This will include equipment, both heavy (eg cryotherapy machine, LEEP generator and loops, nitrous oxide gas cylinders, laptop computers etc) and light, stationery, printing, photocopying, telephones, bedding and consumables.

Travel

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4	False

Indirect Targets

Number of individuals reached with HIV-related palliative care (excluding TB/HIV) - 2000

Target Populations

General population

Ages 15-24

Women

Adults (25 and over)

Women

Coverage Areas

North-East

South-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1345.08

Mechanism: U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services

Prime Partner: Tebelopele

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 10294.08

Planned Funds: \$400,000

Activity System ID: 17567

Activity Narrative: 08.C0612: Tebelopele - Prevention With Positives

Tebelopele engaged the District Multisectoral AIDS Committees (DMSACs) in building strong referral linkages at all their center locations in the country. They continued use of the referral form, track of referrals, and hold regular referral network meetings with service providers in each district. Screening of all clients for TB using a questionnaire was introduced in 2007. Any clients reporting any of the TB symptoms were referred to government clinics for evaluation. In addition, post-test clubs and supportive counseling were introduced.

FY08 plans:

Referrals and linkages will be augmented by using Post-Test Clubs and the Youth Against Aids (YAA) Volunteers to track clients tested at Tebelopele and referred for services. Tebelopele will work with HPP to create community-based referral linkages, and to continue the involvement of traditional and spiritual healers in prevention and referrals. Pregnant women will be referred to the Cervical Cancer Unit and to the PMTCT program.

The Tebelopele VCT centers will continue to role out the Supportive Counseling program initiated in FY2007, by providing Post Test and Supportive Counseling Services to those who test negative and positive, both at Tebelopele VCT sites, as well as Provider Initiated Sites. Tebelopele now provides supportive counseling at its fixed sites, with a package of services that includes TB suspect screening, testing of family members, disclosure, discordant couples, education and prevention for positives.

To strengthen capacity and improve quality of services, Tebelopele will train its counselors and VCT site managers in various aspects of Supportive Counseling, and in particular couples counseling.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10294

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24169	10294.24169.09	HHS/Centers for Disease Control & Prevention	Tebelopele	10373	1345.09	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	\$400,000
10294	10294.07	HHS/Centers for Disease Control & Prevention	Tebelopele	5289	1345.07	CoAg # U62/CCU25113	\$215,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	6	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	16,000	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 5425.08

Prime Partner: Harvard University School of Public Health

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10301.08

Activity System ID: 17565

Mechanism: 5U51HA02522: Palliative Care Support

USG Agency: HHS/Health Resources Services Administration

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$200,000

Activity Narrative: 08.C0611: Harvard - Palliative Care Support

The BHP-PEPFAR ART Training and Site Support program is aimed at developing sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expanding CD4 and Viral load laboratory testing to decentralized laboratories, and strengthening the Botswana MOHs M&E capacity to monitor the effectiveness of the National ART program (MASA).

Achievements during FY07

Clinical master trainer results (CMT): Number of health personnel trained for ART services - 492, number trained in palliative care - 635, facilities supported and mentored - 18 hospitals and 39 satellite clinics.

Laboratory Master Trainer (LMT) results: Number of lab technicians trained – 22; facilities supported and mentored -15; decentralized laboratories supported ran 72,041 samples for CD4 testing, and 7,577 for VL testing

Monitoring and Evaluation (M&E) results: Sites reached – 32; data entry clerks (DEC) trained – 59; data warehouse developed; integration of MASA and DHIS ongoing and; data security and confidentiality system to encrypt and decrypt completed.

Plans for FY2008:

A) CMT will continue to:

1) task shifting: training of nurse dispensers and nurse pre scribers; 2) train Health Care Providers on QAI and implementation of QA activities at ART site level and QAI training for district/site leadership cadres; 3) provide CME at district level, telephone site support; 4) continue training material development, SOP's, guidelines, memo's and checklists tools for care and treatment sites.

B) LMT will continue to:

1) support the established CD4, VL decentralized and expand training to include hematology, chemistry and microbiology support; 2) in collaboration with MOH and HHS/CDC/BOTUSA formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB); 3) train on LIS issues at decentralized labs/sites and train on lab data management, reagent logistics and quality assurance.

C) The M&E Unit within Masa will continue to:

1) refine and expand indicators and management tools; 2) replace PIMS (MASA) and roll out new system to all PIMS locations; 3) integrate functions of (e.g. PMTCT) and integrate with all other national systems (e.g. DHIS); 4) train end users on the new systems; 5) establish support desk and using DEC to perform vital role; 6) conduct a targeted patient evaluation study on medication adherence.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10301

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24223	10301.2422 3.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10390	5425.09	5U51HA02522: Palliative Care Support	\$200,000
10301	10301.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	5425	5425.07	Field	\$144,290

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	32	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	16,446	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	600	False

Indirect Targets

Number of service outlets providing HIV-related palliative care (excluding TB/HIV) - 604

Number of individuals reached with HIV-related palliative care (excluding TB/HIV) - 44,755

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 3617.08

Prime Partner: United Nations High
Commissioner for Refugees

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 17670.08

Activity System ID: 17670

Mechanism: PRM

USG Agency: Department of State /
Population, Refugees, and
Migration

Program Area: Palliative Care: Basic Health
Care and Support

Program Area Code: 06

Planned Funds: \$200,000

Activity Narrative: 08.C0605: UNHCR – HIV/AIDS Support to Refugees

The UNHCR office in Botswana continues to provide protection to approximately 3,113 persons who are Dukwi camp based refugees (1,709), urban refugees (788), asylum seekers (137) and rejected asylum seekers (479). Botswana's refugee population is made up of individuals from 17 nationalities, which creates significant challenges when designing programs to address their diverse protection and assistance needs including programs tailored to address the HIV and AIDS pandemic.

Dukwi Refugee camp is situated within the Tutume Sub-District, one of the four main districts in the northern part of Botswana. The district has a high HIV prevalence rate. According to recent surveys, the district had a 41.5% HIV prevalence among pregnant women and 39.9% among the general population. To date no other HIV surveillance has been conducted among refugees in Botswana.

Community mobilization and education on HIV/AIDS to overcome myths in the community and to promote abstinence and healthy sexual behavior change among youth and adults are important focus areas. There is evidence of alcoholism, intergenerational sex and having multiple sexual partners in this community.

A fresh approach to education needs to be adopted because the uncreative educational programs have attracted few adult participants. Promotion of HIV testing will be intensified because refugees still test in low numbers due to the fact that they have not had access to the national ART program.

In 2006, 254 refugees tested for HIV in Dukwi Clinic. Fifty-four (54) were diagnosed HIV positive. Continuous advocacy with the GOB is expected to result in a change in the policy of exclusion of refugees from the national ART program. The proposal will be presented by the MOH to the Cabinet for approval and hopefully be endorsed.

The objectives of the program are:

- 1.To ensure continuous activities to prevent and reduce the spread of HIV infection in the camp by supporting behavior change initiatives, particularly targeting youth.
- 2.To ensure improved welfare of refugees by providing access and utilization of HIV/AIDS services as well as empower the community with continuous basic health education.
- 3.To support the camp clinic and community capacity to support PMTCT and ART for refugees with hope that the clinic might become an official ART site.

In FY08, community-based prevention programs will include: education and awareness, condom promotion, HIV counselling and testing. Education will include information dissemination on the basic facts about HIV/AIDS strengthened by developing refugee friendly information and education materials. Condom use promotion will aim to teach safe condom use methods. The accessibility of male and female condoms will be improved by continuing to place them in strategic areas around the camp, such as the community hall, bars, and provide them to willing volunteers to dispense outside working hours.

The program will liaise with UNFPA through UNHCR to get more condoms for the camp; especially the female condom, which is popular amongst some women but is in short supply. Sports will be targeted to promote HIV education for in and out of school youth to reduce their involvement in negative activities such as alcohol and drug abuse which may expose them to the risk of HIV infection. Further more HIV education and testing promotional materials such as a quarterly newsletter, calendars, pens, key rings and bags will be printed and given to the community for learning purposes and as tokens to encourage them to test for HIV.

Clinic based prevention will continue in the form of promotion of universal precautions, access to safe blood, STI management and HIV testing and counseling for pregnant women (PMTCT is provided in Dukwi clinic only to Botswana women and their infants)

Treatment preparedness will be developed and will include community preparedness for a full scale ART provision through the Tutume Sub-District Council District Health Team (DHT) and Dukwi Clinic to educate all refugees about ART. Community leaders, faith based organizations (churches in the camp), community groups and volunteers will be engaged as referral agents. Pending the implementation of the Government ART program for refugees, the Catholic Bishop's ART program will continue providing ART to 14 refugees they started assisting in the year 2005.

Care and support activities include: community home-based care, treatment of opportunistic infections, and nutritional support for chronically ill. Psychosocial support will continue to be extended to all children in the camp especially orphans and vulnerable children (OVC) to address pertinent issues affecting them on a case by case basis with the help of teacher counselors. An educational personal and group counseling retreat for vulnerable and orphaned children will be carried out as a part of the 2006 child-mentoring program. A social worker will run the retreat with the assistance of several caretakers from the refugee community and/or the school guidance and counseling teachers. New inputs stemming from counseling sessions and new assessment of environmental livelihoods will be used for the review/improvement of the child-mentoring program established in 2006.

The PwP initiative will be strengthened. Emphasis will be on providing support for refugees who tested HIV positive but are not on treatment or receiving counseling. A formal referral system between the Dukwi clinic and VCT services will be continued to identify such persons. They will be encouraged to join the PLWHA support group where they will receive education and ongoing counseling including counselor mediated disclosure to their partners and referrals for related health services.

Gender issues related to HIV status including sexual coercion and lack of support from male counterparts will also be addressed in support groups. Pregnant women will be encouraged to test for HIV in clinic health talks. Regular support group sessions will be held to motivate mothers whose children did not benefit from AZT to consider HIV testing for the children, in order to help estimate the number of children in need of ART. Issues of gender inequalities and lack of support from male counterparts will be addressed.

Refugees will be encourage to participate as active support members, providing peer support to others as well as receiving services themselves. This will hopefully indirectly or directly minimize the stigma

Activity Narrative: associated with HIV and AIDS if they see faces of others living with HIV in the education initiatives.

The program will work with MOH to provide palliative care training for 4 staff members to address the palliative care needs. Psychosocial support and nutritional programs will also be provided. Four officers including the HIV officer will be trained on ART protocols by undergoing KITSO training with the Botswana Harvard Partnership Master Trainers program.

Teachers in Dukwi Primary school will receive training on pediatric ART from the Botswana Baylor Children Clinical Centre of Excellence. This will enable them to support children who may be enrolled in ART in the school if it is extended to refugees. Youth volunteers will be trained in drama to enable them to develop creative ideas for community education. They will also benefit from an exchange program of mentoring and visit to other youth facilities in the country.

Church leaders will receive training on lay counseling in HIV/AIDS to enable them to actively identify those in need of HIV testing and follow-ups and refer them to relevant services in the camp for follow-up health care.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	684	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	4	False

Target Populations

Other

Refugees/Internally Displaced Persons

Coverage Areas

North-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 7759.08

Prime Partner: Project Concern International

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10298.08

Activity System ID: 17692

Mechanism: New CoAg - PCI

USG Agency: U.S. Agency for International Development

Program Area: Palliative Care: Basic Health Care and Support

Program Area Code: 06

Planned Funds: \$1,300,000

Activity Narrative: 08.C0614: Project Concern International - Pediatric Palliative Care

The HIV/AIDS epidemic in Botswana is taking a toll on the capacity of the health and social welfare systems to respond, and straining the capacity of extended families to care for infected/affected family members. ART alone will not ensure the health and wellbeing of people living with HIV/AIDS (PLHA) and their families. A comprehensive approach is needed emphasizing palliative care in the home and in the community, including psychosocial support, treatment adherence support, positive living education and support, nutrition support along with basic health care and referral. Coverage of comprehensive palliative care services is low relative to the needs, tends to focus on adults rather than children, and tends to be geared towards end-of-life care rather than promoting wellness.

Stronger linkages between CT, PMTCT, ART, and palliative care services that reach into the home are needed, as are stronger partnerships between government health and social welfare services and CSOs. CSOs are well placed to serve as a bridge between facility-based services and the communities and households they serve. Yet the CSO sector in Botswana is young and needs significant capacity building to play this role.

During the COP07 period (project year one), PCI expects to strengthen palliative care services through 8 CSOs in Francistown and Gaborone, and to train 40 individuals to provide palliative care, reaching 800 adults and/or children infected/affected by HIV.

Building upon the foundation established in 2007, PCI will continue and expand the provision of technical and organizational capacity building services and sub grants to the initial 8 CSOs, and will extend palliative care capacity building to an additional 11 organizations. PCI will also continue and expand its partnership with BONASO, enabling BONASO to manage small grants and capacity building services for up to 4 partners. PCI in FY08 will support other local organizations that have previously been supported with USG support.

Program objectives: 1) improved and expanded CSO delivery of palliative care services; 2) strengthened capacity of local government agents (MOH, MLG) to deliver palliative care; 3) strengthened collaboration and referral among government services and CSOs in the delivery of palliative care services; 4) improved documentation and sharing of promising practices and lessons learned among CSOs and government counterparts.

Partners: Through its work in OVC, Palliative Care, and ART Access & Adherence, PCI expects to begin the COP08 period (project year two) with approximately 15-20 CSO partners. The ultimate aim is to strengthen the capacity of all the partners to provide integrated services across all three areas. This will be a phased process that will continue through the second year. Partners entering the program with palliative care strengths will have been assisted in year one to strengthen the quality, range and reach of their palliative care work, while beginning to incorporate ART access & adherence and OVC services. Conversely, partners entering the program primarily with OVC strengths will be assisted to build those strengths and incorporate palliative care and ART access & adherence services into their work. PCI therefore does not expect to increase the absolute number of CSO partners in the second year, but rather to extend palliative care capacity building and sub grants to an additional 5 CSOs within the 15-20 current partners. At the same time, PCI will assist CSO partners that received palliative care support in year one to scale-up their activities in year two, through increased sub grants and technical assistance, and to improve their service quality and linkages.

Capacity Building: During the first year, PCI will have identified specific technical and organizational development (OD) needs among the CSO partners, as well as gaps in palliative care service delivery in the project communities. This information will inform the design of specific technical and OD inputs to be provided in year two. As in year one, capacity building is expected to balance technical and OD, and to emphasize tailored, one-on-one mentoring and peer learning approaches, strategically combined with larger group training activities.

Palliative care interventions to be strengthened include the full range of physical, psychological, social and spiritual support activities needed by adults and children infected/affected by HIV/AIDS, guided by the nationally-defined minimum essential package, and delivered collaboratively by government and CSO agents from both health and social sectors. Palliative care service strengthening will emphasize tailored approaches depending on the age, gender and life situation of clients.

The Family Care approach will continue to serve as the guiding framework for service delivery, focusing interventions holistically on the family rather than singling out individual members based on which "target group" they belong to. CSO partners will continue to be facilitated to develop project plans that emphasize the family as the focal point for integrating palliative care, ART support, OVC, and other HIV/AIDS services. PCI will continue to strengthen the capacity of CSO partners to utilize Participatory Learning for Action (PLA) techniques, such as Journey of Life (REPSSI, 2006) or other context-appropriate methods identified in year one, to change community attitudes, reduce stigma, and build community support and utilization of HIV/AIDS services. Through PLA and other processes, PCI will continue to catalyze and strengthen participation and resource mobilization from diverse public and private entities to strengthen palliative care services, including commercial private sector.

Government partnership: Staff from district and community health centers, social workers, family welfare educators, and government HBC volunteers, are considered key partners in this project. Support to government may include inviting government personnel to attend CSO training activities; assistance with rolling out new government-led training programs; assisting in the development/implementation of quality standards for nationally-defined minimum packages of essential services; and other strategies to be determined in consultation with government counterparts. Linkages between government and CSOs will continue to focus on ensuring that all eligible families and children are registered and receiving all available social welfare and health services, and that benefits such as food are being utilized appropriately.

Documentation/Dissemination: In year one PCI expects to convene, with partner BONASO, a Learning Forum to bring together CSOs, government and other key stakeholders to share promising practices in delivering integrated palliative care, ART access & adherence, and OVC services. In year two PCI will develop and disseminate case studies and other documentation of promising practices generated through this event as well as through ongoing program M&E/documentation, and to find practical ways of sharing such documentation locally as well as disseminating internationally.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10298

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24245	10298.24245.09	U.S. Agency for International Development	Project Concern International	10400	7759.09	674-A-00-08-00078 -- PCI	\$400,000
10298	10298.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$700,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	19	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,300	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	65	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

North-East

South-East

HVTB - Palliative Care: TB/HIV

Program Area:

Palliative Care: TB/HIV

Budget Code:

HVTB

Program Area Code:

07

Total Planned Funding for Program Area: \$4,661,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

Latest figures (2005) show 10,058 reported cases of Tuberculosis (TB) in Botswana and a case notification rate reported to be 570/100,000, among the highest in the world. The new smear positive case detection rate is 69% and the new smear positive treatment success rate is 65% (WHO Global TB Report 2007). The directly observed treatment short-course (DOTS) strategy coverage is 100%. HIV prevalence among TB patients is estimated at 60-86%. The percentage of TB patients on ART is 6 – 17%. The latest estimate of percentage of TB patients with multidrug resistant TB (MDR-TB) is 0.8% (2002 national survey).

Key accomplishments in FY07

Policy

USG FY07 funds supported the finalization of the national TB manual, which contains guidelines on the management of TB/HIV and multidrug-resistant TB (MDR-TB) and the meeting of the National TB/HIV Advisory Committee in FY2007.

Services

Botswana is the only African country with a national Isoniazid Preventative Therapy (IPT) program, which has enrolled more than 50,000 clients since 2001. More than 80% of all TB patients are offered HIV testing and counseling. FY07 funds strengthened TB diagnostic services by improving mycobacterial services at central and peripheral laboratories and by improving quality assurance systems at the NTRL, enabling its enrolment for accreditation and the commencement of the fourth national drug resistance survey (DRS) in July 2007.

Human resources

FY07 funds were used to recruit a consultant on external quality assurance (EQA) in the laboratory, and two laboratory technicians. Two master trainers on TB/HIV will be recruited by I-TECH with FY07 funds, who will train health care workers using national TB/HIV curricula developed with COP07 funding. With USG and Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) support, the Botswana National TB Program (BNTP) trained more than 400 medical officers, nurses and family welfare educators in TB/HIV, IPT and case management.

FY07 funds supported the production of WHO/CDC laboratory training material on TB microscopy, and the participation of four BNTP personnel at international courses on TB and TB/HIV control in Tanzania and Italy. Four BNTP cadres also went on a study tour to Malawi to gain insights on a nation-wide community-based TB/HIV program with USG funds.

Referrals and linkages

USG funds continue to support the BNTP to expand routine HIV testing (RHT) services for TB clients through trainings on TB/HIV surveillance, and supervisory and monitoring visits, and a cross-sectional survey of RHT and a systems analysis of TB/HIV referral mechanisms between TB and HIV/AIDS services. Baylor College was funded in FY07 to improve TB screening in children in Gaborone through the implementation of a TB screening algorithm for HIV-infected children and the development of health education materials on TB/HIV for clients and parents.

Infection control

USG funds are supporting the renovation of the TB isolation ward in Gaborone. FY07 Plus Up funds will procure a portacabin for the isolation of TB patients in a selected hospitals.

Monitoring and evaluation (M&E)

USG funds support regular refresher trainings of TB coordinators on the national TB surveillance system including the use of the electronic TB register that was developed with USG funding, and the maintenance and regular updating of the software.

Other international support to TB/HIV control

Botswana has a Round 5 GFATM grant for \$8.9 million to scale up community TB care, to strengthen TB/HIV collaborative activities, supervision, monitoring and evaluation. The GFATM funds trainings, salaries for three additional staff at national level, purchase of vehicles and construction of a TB isolation ward in Ramotswa. The African Comprehensive HIV/AIDS Partnership (ACHAP) provided a three-year \$2.8 million grant to the MOH to improve TB control at district level and to strengthen laboratory capacity by funding 21 additional TB coordinators, seven laboratory personnel, two vehicles, laboratory equipment and seven portacabins. WHO provides technical support for the development of a national medium-long term strategic plan and technical

guidelines, the implementation of community based TB care, in trainings, and with supervisory and monitoring visits.

Outstanding challenges and gaps

The lack of a current national medium-long term strategic plan for TB control is hampering the development of a comprehensive approach to the increasingly complex issues of TB control in the face of HIV, MDR-TB and the potential threat of extensively drug resistant TB (XDR-TB). Human resource constraints present continuing challenges to supervision and monitoring at central and district levels, and to the attainment of quality recording and reporting.

Plans for FY08

MOH: TB/HIV and IPT

FY08 funds will be used to continue to support the salaries of IPT staff and two laboratory technicians, supervision and monitoring visits, quarterly meetings of the National TB/HIV Advisory committee and two regional TB/HIV advisory committees. Because the MOH still has significant amounts of unspent FY06 and FY07 funds, the level of support for FY08 will be \$98,000. Training of health care workers according to the revised national TB manual will continue through I-TECH.

University of Pennsylvania

The University of Pennsylvania (Penn) will continue to receive funding in FY08 for the TB/HIV and MDR-TB teams at Princess Marina Hospital (PMH), and will receive additional funding to improve the movement of TB-related specimens and results. It is proposed to fund a new programmatic activity by the Children's Hospital of Philadelphia (CHOP) under Penn for pediatric TB/HIV services at NRH.

I-TECH: TB/HIV capacity building

A no-cost extension of support is requested to continue capacity building of health care providers on the co-morbidities of TB and HIV, with emphasis on training, quality assurance and supportive supervision. The funds will support two dedicated trainers and a half-time training coordinator, working out of the I-TECH Gaborone office.

Laboratory strengthening

FY08 funds will be used to expand culture and DST services to Francistown and to establish liquid culture services at the NTRL. The funds will enable the procurement of additional equipment and supplies to laboratories, including laboratories under the Ministry of Local Government (MLG), and to improve the transport of sputum and results. The American Society of Microbiologists (ASM) will be funded through COP08 to provide technical assistance to maintain and improve TB microbiological activities and to strengthen the EQA program for TB microscopy.

The International Laboratory Branch of CDC/Atlanta, CDC/South Africa and the National Institute for Infectious Diseases (NICD)/National Health Laboratory Services (NHLS) in South Africa are planning to collaboratively implement a regional training center for HIV/TB diagnostic services. FY08 funds are requested to support the training of laboratory personnel from the national network.

Tuberculosis Control Assistance Program (TBCAP)

It is proposed to use FY08 funds to engage the services of the Tuberculosis Control Assistance Program (TBCAP), a project of the Tuberculosis Coalition for Technical Assistance (TBCTA). TBCTA is a USAID-funded coalition of eight reputable international organizations working in TB control in developing countries.

TBCAP will improve programmatic performance through the placing of a TB/HIV technical advisor at the BNTP for strategic and technical assistance, a laboratory scientist at the NTRL and a laboratory technician in NRH laboratory. TBCAP will also work with the BNTP to strengthen community-based TB care activities and the organization of drug-resistant TB services.

Workplace TB/HIV activities

It is proposed to use FY08 funds to pilot workplace TB/HIV activities in collaboration with the Botswana Business Coalition on AIDS (BBCA). FY08 funds will support the training of personnel from selected private companies on all aspects of joint TB/HIV care and the movement of patients between private and public sectors.

Prevention with Positives in TB settings

FY08 funds are requested to support a new activity on Prevention with Positives. Interventions will target HIV-infected TB patients by adapting simple tools to the local TB care setting for delivery by health care providers within their current scope of work, delivered through one-on-one interactions between health care workers and TB patients.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	657
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	485
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	836

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7837.08 **Mechanism:** GHS-A-00-05-00019: TBCAP
Prime Partner: KNCV TB Foundation **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 17691.08 **Planned Funds:** \$423,000

Activity System ID: 17691

Activity Narrative: 08.C0704 TB Control Assistance Program

TBCAP is a USAID five year cooperative agreement awarded to the TBCTA with the KNCV Tuberculosis Foundation as the lead partner. TBCTA is a coalition of eight well-known international organizations in TB control: American Thoracic Society (ATS), CDC, Family Health International (FHI), International Union Against Tuberculosis and Lung Disease (The UNION), Japanese Anti-Tuberculosis Association (JATA), Royal Netherlands Tuberculosis Foundation (KNCV), Management Sciences for Health (MSH) and World Health Organization (WHO). TBCTA was created in 2000 and is the United States Agency for International Development (USAID) Bureau for Global Health's lead technical assistance partner in accelerating the implementation and expansion of TB control strategies in developing countries.

TB CAP focuses on five priority areas: 1) increasing political commitment for the DOTS strategy; 2) strengthening and expanding DOTS programs; 3) increasing public and private sector partnerships; 4) strengthening TB and HIV/AIDS collaboration; 5) improving human and institutional capacity.

Some of the major recommendations of the 2006 comprehensive program review concerned TB/HIV collaboration, prevention and management of multidrug-resistant TB (MDR-TB), and development and strengthening of partnerships with all care providers. The BNTP is currently overstretched and is unable to fully address these issues, resulting in sub-optimal implementation of national TB control policies and reduced absorption of funds. TBCAP expertise will complement national efforts to achieve Millennium Development Goals (MDGs) and PEPFAR goals for TB control.

2008 Plans

COP08 funds will strengthen the human resource base for TB control activities by supporting the salaries and benefits for one medical officer (TB/HIV advisor) seconded to the BNTP, one senior laboratory scientist for the NTRL and a laboratory technologist to be seconded to NRH laboratory, and the administrative costs associated with these posts, at a cost of \$332,150. The TB/HIV advisor will be seconded to work with the BNTP, with responsibility for overseeing TB/HIV activities within the BNTP and the development and strengthening of links with HIV/AIDS prevention, treatment, care and support services in both the private and public sectors. The senior laboratory scientist will act as the laboratory director and mentor the laboratory scientist appointed by the MOH in the management of a reference laboratory. The candidate will also provide laboratory technical support to improve TB diagnostic in the country and will guide the establishment of the second TB culture and DST laboratory capacity in Francistown. The laboratory technologist will provide the technical support for initiating culture and drug susceptibility testing in Francistown.

FY08 funding of TBCAP will strengthen DOTS expansion through improving community-based TB/HIV collaborative activities and in the organization of services to improve the management of multidrug-resistant TB services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17267

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17267	4457.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Number of service outlets providing clinical prophylaxis and/or treatment for TB to HIV infected individuals (diagnosed or presumed) in palliative care setting = 636

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease = 2,500

Number of individuals trained to provide clinical prophylaxis and/ or treatment for TB to HIV-infected individuals (diagnosed or presumed) = 100

Number of registered TB patients who received counseling and testing for HIV and received their test results at USG-supported TB service outlet = 8,156

Number of HIV-infected clients given TB preventive therapy = 11,684

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1332.08

Mechanism: ODC/BDF

Prime Partner: Botswana Defence Force

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 17714.08

Planned Funds: \$15,000

Activity System ID: 17714

Activity Narrative: 08.C0706: Botswana Defence Force - TB Training

Funding will be used to send 3-5 BDF Medical Personnel to Uganda for specific training on identification and treatment of TB. Training will ensure that BDF personnel are prepared to take full advantage of the laboratory equipment provided by PEPFAR, and that the Botswana Defence Force (BDF) is able to provide identification and care of TB patients without increasing the burden on the civilian health care system. Training will ensure there is a TB trained professional at each of the 4 major BDF treatment locations

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17404

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17404	4990.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$742,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	5	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Military Populations

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5286.08

Mechanism: SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 17731.08

Planned Funds: \$800,000

Activity System ID: 17731

Activity Narrative: 08.C0708: SCMS - Strengthening Lab Capacity

2007 Achievements

Prefabricated laboratories and additional laboratory personnel were provided by another stakeholder to improve the TB diagnostic capacity in the country. FY2007 funds (including Plus Up funds) were used to provide laboratory supplies, equipment and improve laboratory space for TB in the primary and district hospital laboratories, the construction of the second culture and DST laboratory in Francistown and for the reconstruction of the NTRL isolation room. The support improved quality control and quality assurance systems in the laboratory network, resulting in enrolment of the reference laboratory for accreditation and the commencement of the national drug resistance survey in July 2007.

2008 Plans

FY2008 funds to SCMS will serve to procure equipment and laboratory supplies for TB culture and DST at the NTRL, and to expand these services to the NRH laboratory. FY08 PEPFAR funds will support the procurement of additional equipment and supplies to the new laboratories, including laboratories under the MLG. The funds will also help to improve the transport of sputum and results from clinics to the laboratories and the laboratories to clinics and hospitals.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17653

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17653	9861.08	7836	5295.08	U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration	The American Society for Microbiology	\$150,000

Emphasis Areas

Construction/Renovation

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	60	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7891.08

Mechanism: CDC HQ & Cable

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 17732.08

Planned Funds: \$100,000

Activity System ID: 17732

Activity Narrative: 08.C0709: Infection Control in Prisons

Infection control is an important aspect of prevention of TB in high HIV settings, such as correctional facilities. None of the prisons in Botswana have isolation facilities for inmates with infectious TB. Recent reports of XDR-TB from neighboring South Africa have raised the concern about possible cross-border movement of patients with similar TB. Infection control policies are currently under development with FY07 funds.

2008 Plans

FY2008 funds are requested to procure 1 prefabricated building to be converted into an isolation ward for inmates with TB. The building will be located at a site to be determined in consultation with the Division of Prison Services. Prevention of TB infection in congregate settings is a major component of collaborative TB/HIV activities. These activities therefore will support Botswana's Round 5 TB grant from the GFATM, which among other goals, seeks to strengthen TB/HIV collaborative activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17267

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17267	4457.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Construction/Renovation

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	10	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	50	False

Target Populations

Special populations

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Coverage Areas

South-East

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 5420.08

Mechanism: RPSO

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 17747.08

Planned Funds: \$200,000

Activity System ID: 17747

Activity Narrative: 08.C0702: RPSO - Infection Control (2 Districts)

Infection control is an important aspect of prevention of TB in high HIV settings, such as Infectious Diseases Care Clinics (IDCC) and wards. Botswana has no dedicated infectious diseases hospital, and none of the hospitals have TB wards. Recent reports of extensively drug resistant tuberculosis (XDR-TB) from neighboring South Africa have raised the concern about possible cross-border movement of patients with similar TB. The current DRS that is being conducted with FY07 funds will provide more accurate data about the extent of drug resistant TB.

Infection control policies are currently under development with FY07 funds. PEPFAR funds are supporting the renovation of a TB isolation ward at the HHS/CDC/BOTUSA site in Gaborone, which will be staffed by PMH personnel. With funding from the GFATM, the MOH is constructing a TB isolation ward at Bamalete Lutheran Hospital in Ramotswa. FY07 Plus Up funds were requested for the installation of a prefabricated building at a district hospital that will be selected by the MOH.

2008 Plans

FY2008 funds are requested to procure two prefabricated buildings to be converted into isolation wards for TB patients. The wards will be located at sites to be determined in consultation with the MOH. Prevention of TB infection in congregate settings is a major component of collaborative TB/HIV activities. These activities therefore will support Botswana's Round 5 TB grant from the GFATM, which among other goals, seeks to strengthen TB/HIV collaborative activities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17266, 17267

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17266	4456.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17267	4457.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Construction/Renovation

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	2	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	10	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	50	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Incarcerated Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5295.08

Mechanism: U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration

Prime Partner: The American Society for Microbiology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 9861.08

Planned Funds: \$150,000

Activity System ID: 17653

Activity Narrative: 08.C0705: American Society of Microbiology – Technical assistance on TB/HIV for laboratories

2007 Achievements

In FY07, funds were requested to strengthen TB diagnostic services at the NTRL and to evaluate the capacity of the NHL and peripheral laboratories to diagnose opportunistic infection (OIs) and sexually transmitted infections (STIs). The identified gaps and weaknesses will be addressed in FY08.

The technical assistance enabled the NTRL to improve its local organization and its capacity to provide quality-assured TB microscopy, culture and drug sensitivity testing. The NTRL was enrolled with Centers for Disease Control and Prevention (CDC) External Quality Assurance (EQA) in 2006 as well as the South African EQA program with the National Health Laboratory Service, enabling it to provide services for the fourth national drug resistance survey (DRS), with FY2007 funding. WHO/CDC training material was customized and produced to support the TB microscopy training program.

2008 Plans

National TB Reference Laboratory

FY2008 funding is requested for the ASM to provide technical assistance to the NTRL and the peripheral laboratories to maintain and improve TB microbiological services, strengthen the EQA program for TB microscopy by training local staff in preparing TB panels and smear microscopy for the EQA program.

National Health Laboratory: Local organization capacity development

Diagnosis of STIs and OIs is an important component of HIV prevention, care and treatment. Botswana had significant difficulties in identifying the pathogen responsible for a recent outbreak of infant diarrhea, mainly due to weakness of the microbiology laboratory capacity in the country. FY08 funding is requested for ASM to provide technical support to Botswana for basic clinical microbiological services for common OIs and to provide guidance for establishing a central microbiology laboratory.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9861

Related Activity: 17658

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24187	9861.24187.09	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	10383	5295.09	U62/CCU32511 9: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration	\$350,000
9861	9861.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	5295	5295.07	ASM	\$320,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17658	12390.08	7845	6163.08	U47/CCU323096: APHL	Association of Public Health Laboratories	\$700,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	12	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	30	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

South-East

North-East

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5406.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Budget Code: HVTB

Activity ID: 10177.08

Activity System ID: 17346

Mechanism: Local Base

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$181,000

Activity Narrative: 08.C0790-Post: Technical expertise and support (Palliative Care/TB)

This activity covers the salaries and travel for the technical staff in-country and TDY visits by colleagues based in the US at HHS/CDC headquarters to provide support for the programs and activities, including work with the Government of Botswana, at a total cost of \$466,767. The cost of providing administrative support (telephone, consumables, supplies and equipment) will be \$5,000.

PEPFAR funds will be used to contract out the organization of a consensus workshop to finalize a national medium-long term strategic plan for TB and TB/HIV control and of an annual conference of the BNTP, at a combined cost of 30,000.

FY08 funds are requested to support contractual services to maintain and upgrade the electronic TB register (ETR) and to develop a database for routine monitoring of anti-TB drug resistance, at a cost of \$90,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10177

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24215	10177.24215.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$223,185
10177	10177.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$15,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Indirect Targets

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5406.08 **Mechanism:** Local Base
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 10170.08 **Planned Funds:** \$140,000

Activity System ID: 17347

Activity Narrative: 08.C0707-Post

This activity will provide care, preventive therapy and appropriate service referrals for 2,000 adult PLWHA as part of an ongoing HHS/CDC/BOTUSA project. These individuals will be seen on at least a monthly basis and they will receive regular checkups by registered nurses. Each will be provided 6 months of IPT; eligible patients will be linked to services providing ARV treatment and CPT. Patients will be regularly screened for adverse effects of medications and symptoms of opportunistic infections. Referrals to HIV support groups, alcohol dependence counseling, psychiatric support, and PMTCT services will be made as appropriate. Health education will be provided to all patients about living with HIV-infection, and about HIV services available to them.

Referrals for ARV treatment and CPT will be provided to approximately 1,000 PLWHA. Quality care through at least monthly check ups will be provided to reduce morbidity and mortality. Data from these services will also be used to inform the ongoing National Comprehensive HIV Program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10170

Related Activity: 17267

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24214	10170.2421 4.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	11094	11094.09	Post	\$140,000
10170	10170.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$350,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17267	4457.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	44	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Indirect Targets

Number of HIV-infected clients given TB preventive therapy = 2,000

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 10168.08

Planned Funds: \$200,000

Activity System ID: 17330

Activity Narrative: 08.C0707-HQ:

This activity will provide care, preventive therapy and appropriate service referrals for 2,000 adult PLWHA as part of an ongoing HHS/CDC/BOTUSA project. These individuals will be seen on at least a monthly basis and they will receive regular checkups by registered nurses. Each will be provided 6 months of IPT; eligible patients will be linked to services providing ARV treatment and CPT. Patients will be regularly screened for adverse effects of medications and symptoms of opportunistic infections. Referrals to HIV support groups, alcohol dependence counseling, psychiatric support, and PMTCT services will be made as appropriate. Health education will be provided to all patients about living with HIV-infection, and about HIV services available to them.

Referrals for ARV treatment and CPT will be provided to approximately 1,000 PLWHA. Quality care through at least monthly check ups will be provided to reduce morbidity and mortality. Data from these services will also be used to inform the ongoing National Comprehensive HIV Program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10168

Related Activity: 17267

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24202	10168.2420 2.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10447	7891.09	CDC HQ & Cable	\$200,000
10168	10168.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$15,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17267	4457.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	8	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	44	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	44	False

Indirect Targets

Number of HIV-infected clients given TB preventive therapy = 2,000

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 10175.08

Planned Funds: \$391,000

Activity System ID: 17331

Activity Narrative: 08.C0790-HQ: Technical expertise and support (Palliative Care/TB)

This activity covers the salaries and travel for the technical staff in-country and TDY visits by colleagues based in the US at HHS/CDC headquarters to provide support for the programs and activities, including work with the Government of Botswana, at a total cost of \$466,767. The cost of providing administrative support (telephone, consumables, supplies and equipment) will be \$5,000.

PEPFAR funds will be used to contract out the organization of a consensus workshop to finalize a national medium-long term strategic plan for TB and TB/HIV control and of an annual conference of the BNTP, at a combined cost of 30,000.

FY08 funds are requested to support contractual services to maintain and upgrade the electronic TB register (ETR) and to develop a database for routine monitoring of anti-TB drug resistance, at a cost of \$90,000.
their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10175

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24203	10175.24203.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$150,000
10175	10175.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$65,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 4457.08

Planned Funds: \$0

Activity System ID: 17267

Activity Narrative: 08.C0701: MOH – TB/HIV & IPT support

2007 Accomplishments

FY07 funds were used to support the finalization of the national TB management manual. The new manual incorporates guidance on the management of HIV-related TB and drug-resistant TB, which are consistent with current international recommendations. The manual is now the basis for training of all health cadres in Botswana on TB management and control.

A significant increase in HIV/TB activities was programmed in FY07 to further integrate HIV/TB care with core programs for people living with HIV/AIDS (PLWHA). PEPFAR funds expanded RHT among pediatric and adult TB clients to fund supervisory visits from the national level to the districts. In January 2007, 24 TB coordinators were trained on IPT, Community-based TB care (CTBC), and TB/HIV surveillance. Francistown, and Kgalagadi South trained 114 health care workers on TB/HIV surveillance and 64 community volunteers on TB/HIV.

The IPT program is well accepted and available in all 24 districts. FY07 funds were used to train 33 trainers of trainers (TOTs) on IPT, and 51 health workers were trained on IPT. The IPT Program has registered more than 50,000 HIV-infected persons since 2001. FY07 funds will support the comprehensive external evaluation of the program, which will provide Botswana (and other focus and non- countries) with essential data on the implementation of a national Isoniazid Preventive Therapy (IPT) program. A Drug Resistance Survey (DRS) began with FY07 support and will provide data to guide programmatic policy and management.

To improve coordination of TB/HIV activities, FY2007 funds resuscitated the national TB/HIV advisory committee, a key component to establishing mechanisms of coordinated TB/HIV care at all levels of the health sector. This committee met for the first time in a year in August 2007, and revised its terms of reference.

PEPFAR funds support nine posts at the national and regional level of the IPT program. To strengthen the technical capacity of the BNTP staff, FY07 funds were used to send two participants to the WHO Global TB/HIV course in Sondalo, Italy and two staff to the International Union Against Tuberculosis and Lung Disease (the UNION) TB management course in Arusha, Tanzania. To provide a perspective on the practicalities of implementing nation-wide interventions, FY07 funds will support a team of three staff from the central BNTP to go on a study tour to Malawi focusing on community based TB/HIV collaborative activities, and to send three staff to the Annual IUATLD Conference in Cape Town, South Africa.

2008 Plans

FY08 funds will be used to continue supporting the BNTP to conduct supervision and monitoring visits and trainings. To bolster the capacity of the NTRL to perform its activities as a reference laboratory, it is proposed to use FY08 funds to meet the salaries for two laboratory technicians who will be based at the NTRL. Funding is also requested to support quarterly meetings of the national TB/HIV Advisory Committee and to support quarterly meetings of two regional TB/HIV advisory Committees to be formed for the north and south regions.

General program support to the BNTP is requested to continue training health care workers on these guidelines to increase the number of TB patients diagnosed and successfully treated, including enhanced referral to HIV care services. USG funds will be used to conduct a cross-sectional survey in a 50% sample of high HIV-burden districts to measure HIV testing uptake, determine impediments to testing uptake, and develop strategies to overcome them.

These activities support Botswana's Round 5 TB grant from the GFATM which seeks to scale up community TB care, improve treatment success rate, strengthen TB/HIV collaborative activities and strengthen supervision, monitoring and evaluation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9802

Related Activity: 17747, 17285

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24078	4457.24078.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$0
9802	4457.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$710,000
4457	4457.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$627,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17285	5158.08	7713	1331.08	I-TECH	University of Washington	\$805,000
17747	17747.08	7892	5420.08	RPSO	Regional Procurement Support Office/Frankfurt	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	636	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	2,500	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	300	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	8,156	False

Indirect Targets

Number of HIV-infected clients given TB preventive therapy=11,684

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1331.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 5158.08

Activity System ID: 17285

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$805,000

Activity Narrative: 08.C0703 University of Pennsylvania

The Penn HIV/TB program was initiated in April 2006 at PMH with PEPFAR funding, with the goals of strengthening the care of HIV/TB co-infected persons in Botswana through training and education, clinical consultation and collaboration with the BNTP. More than one third of all TB patients in Gaborone are diagnosed at PMH.

It is estimated that a quarter of the 2,000 children admitted each year to NRH in Francistown are co-infected with HIV/TB. NRH has a critical shortage of pediatric specialists: only 6 of the 10 pediatric specialist posts at NRH are currently filled. This number includes 2 rotating pediatricians from the Baylor Center of Excellence and an expatriate pediatrician who will be leaving Botswana in late 2007. Each year NRH pediatricians attend to 2,000 in-patients, 2,000 HIV-infected children in the outpatient HIV clinic and provide limited outreach work to 4 district hospitals and 12 primary care hospitals.

PMH admits more than 2,000 children per year, 10-20% of whom are co-infected with HIV/TB. There are only 4 pediatric specialists, including 2 Baylor pediatricians. PMH is the pediatric referral center for 5 district hospitals and pediatric specialist outreach by the Baylor Pediatric Team reaches 4 of these hospitals. This proposal will provide pediatric specialist outreach to the fifth, Ramotswa Hospital.

2007 Achievements

In FY2007, the Penn TB/HIV program implemented changes within the reporting systems at PMH to ensure collection of relevant information, improved TB-HIV surveillance within the facility, improved transition to district directly observed treatment strategy (DOTS) and eventual referral for ART. During this period, the PMH IDCC provided care to 266 HIV-TB patients, including 20 with multidrug-resistant TB (MDR-TB). During the same period, 27 HIV-TB patients were initiated on ART, while 67 TB patients were diagnosed in other wards and departments at PMH and referred for ART at the IDCC.

The Penn TB/HIV program conducts clinical didactic teaching and clinical mentoring at four district hospital sites in the greater Gaborone area. The program trained 190 health care workers in TB-HIV palliative care issues, and participated at BNTP training workshops held in Gaborone for 60 medical officers working in all hospital facilities in Botswana (three 2-day workshops held in Gaborone, including one exclusively for private practitioners).

Penn is collaborating with I-TECH to develop new national TB/HIV training curricula for medical officers and nurses. Penn is actively collaborating with the BNTP to develop and implement a national strategy for MDR-TB management, and contributed to the finalization of the national TB management manual which was finalized with FY2007 support.

2008 Plans

PMH, Gaborone

It is proposed to continue with the 2007 activities of providing treatment, consultative and educational services for HIV/TB co-infected patients, training of 180 health care workers in collaboration with the BNTP and I-TECH according to the new TB/HIV curricula for nurses and medical officers to ensure adherence to BNTP guidelines, and strengthening linkages between the hospital and the national TB and ART programs.

It is proposed to continue with the subspecialty HIV/TB clinic at PMH and to provide TB treatment to 180 HIV-infected clients with TB disease (particularly those patients with drug-resistant TB), HIV counseling and testing to 600 registered TB patients, and clinical prophylaxis for TB to 200 HIV-infected individuals. The Penn TB/HIV program intends to refer 600 patients for DOTS in the Gaborone City Health Clinics, and to refer 90 TB patients for HIV care at local IDCCs.

The baseline proportion of HIV-infected IDCC clients screened for TB infection in 2007 will be evaluated and it is intended to improve the proportion by 5%-10% in 2008. It was determined that approximately 90% of TB patients are offered screening for HIV. The targeted rate for 2008 will increase this by 5%. In 2007, only 50% of HIV/TB co-infected patients at PMH had baseline CD4 testing. It is intended to improve the rate by 10%-20% in 2008.

It is proposed to increase the TB/HIV program by adding one full-time specialist and one nurse to do TB/HIV co-infection work at PMH at a cost of \$110,000. Specific areas that require more staffing include: clinical work; infection control at PMH; outreach to the City Council Clinics and Primary Hospitals; greater involvement in developing and implementing a nationwide TB training program; expanded participation on ministry related committees, task forces and workshops.

It is proposed to form 2 TB Support Teams (TB teams) of lay persons trained to carry out basic diagnostic and reporting functions for the enhanced management and diagnosis of TB and TB-HIV. Health care workers (HCWs) are overburdened, in short supply and are currently responsible for most activities related to TB control in the health facility. Therefore, trained local technical staff could help TB diagnosis and follow-up. The hospital-based TB team would be comprised of two individuals (with nurse and physician backup) who will 1) conduct simple symptom screens on all admitted medical patients to identify TB suspects; 2) collect sputum specimens from all identified TB suspects (expectorated or induced samples); 3) transport, retrieve and report on all specimen results to the appropriate health care teams caring for the individual patients; 4) perform rapid bed-side HIV testing on all TB-suspects with no known HIV result; 5) submit serum for CD4 T-cell testing on HIV infected patients; 6) initiate access to HIV and TB services for identified patients.

A second TB support team will be based in the City Clinics and will have a similar composition with the primary responsibility of ensuring specimen collection and reporting of all TB patients during TB treatment (at 2 months to initiate consolidation of TB therapy in those responding to treatment and at 6 months to test for cure). All Gaborone City Clinics will be monitored with the goal of scheduling follow up visits at the various clinics on different days of the month such that the TB team can see all the patients. The cost for the TB support teams will be \$80,000.

Activity Narrative:

Nyangabgwe Referral Hospital, Francistown

PEPFAR funds will be used to recruit two pediatric clinical specialists to advance treatment, consultative, outreach and educational services for HIV/TB co-infected children in Francistown. Activities include increasing the capacity to deliver care to HIV/TB infected children in both the in- and out-patient settings at Francistown with outreach services to all the city clinics. PEPFAR will train 15 medical officers in the Francistown area in the care of children with TB and HIV/TB co-infection through case-based discussions and didactic lectures. Two nurses and two social workers will be recruited to initiate a pilot contact tracing program at PMH, focusing on 2 key areas: (1) children admitted to PMH with TB, and (2) HIV-TB co-infected adults at the Penn-Botswana IDCC clinic who have children. USG funds will support the training of 30 medical officers and pediatricians at PMH, Ramotswa Hospital, NRH, Maun and Kasane Hospitals on contact tracing of patients with TB and HIV/TB co-infection.

At PMH, a cough team composed of one nurse and one nursing assistant will be formed to collect samples from children (gastric washing or induced sputa), take samples to the laboratory, and follow up on all results via a detailed log book. This pilot project to enhance the diagnosis of TB in children has the potential for expansion to other district hospitals. To coordinate data entry, it is proposed to recruit one data manager.

The Botswana-Penn Adult HIV/TB program began at PMH in April 2006 with FY06 support. The program has subsequently expanded and continues to build local infrastructure to improve the care of HIV/TB infected adults. USG funds will support the Penn-Botswana Program and their pediatric partner, The Children's Hospital of Philadelphia (CHOP) in strengthening the pediatric partnership between PMH, NRH and Penn-CHOP.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9858

Related Activity: 17691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24106	5158.24106.09	HHS/Health Resources Services Administration	University of Washington	10351	1331.09	U69/HA00047 -- I-TECH	\$900,000
9858	5158.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$183,509
5158	5158.06	HHS/Health Resources Services Administration	University of Pennsylvania	3602	2412.06	ITECH	\$163,826

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17691	17691.08	7837	7837.08	GHS-A-00-05-00019: TBCAP	KNCV TB Foundation	\$423,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	5	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	600	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	700	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	225	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Coverage Areas

South-East

North-East

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1331.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 19625.08

Activity System ID: 19625

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$400,000

Activity Narrative: 08.C0714

Based on the Botswana National TB guidelines and program manual, I-TECH Botswana developed a training package for Medical and Nursing Officers. The curricula include content on TB diagnosis, TB prevention and infection control, contact tracing, complexities of clinical management, Anti Tuberculosis Treatment (ATT); Treatment of the dually infected patient; drug-drug interactions/toxicities and sequencing, and multi-drug resistant TB. Each curriculum consists of a set of presentation slides, a Facilitator Guide, and a Participant Handbook. Utilizing the I-TECH 5-Level Training Framework, didactic training, skill building workshops, clinical training, clinical consultation, and technical assistance, I-TECH Botswana will support building a training structure for BNTP training program to purposefully and incrementally develop capacity among Botswana health care providers to manage the clinical complexity of TB-HIV co-infection. This structure will provide steps to lead health care providers from increased knowledge, to building skills, to receiving support to change practice that would fit newly learned skills and knowledge, to having access to more advanced consultation in support of new practice, and, finally, technical assistance in system level changes that may be needed.

As part of this effort, I-TECH will recruit, hire, train, and second to the BNTP MOH two dedicated Master Trainers to train and mentor Botswana clinicians using the training package developed and piloted by I-TECH in close collaboration with BNTP and BOTUSA. BNTP in collaboration with I-TECH Botswana developed a TB Case management training plan for Botswana; Starting April 2008, BNTP with I-TECH Botswana support plans to train 170 Nurses Officers, 80 Medical Officers and 40 Private doctors. The target area includes all the districts in Botswana. Funds are requested to support the two positions (one nurse and one doctor) to be seconded at MOH, to roll out the TB trainings in the districts of Botswana and to support 0.20 FTE I-TECH Botswana Training Coordinator who will oversee this process and the two Master Trainers. A portion of these funds will cover technical assistance and management costs for I-TECH management in-country.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 7757.08

Mechanism: Capable Partners Program

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 17743.08

Planned Funds: \$50,000

Activity System ID: 17743

Activity Narrative: 08.C0711: Private-Public Partnership in TB/HIV

Effective collaborative treatment, care and support of patients with dual TB and HIV disease remains a challenge at all levels of the health system. The very high rate of HIV infection among TB patients (60 - 86%) implies that many TB patients do not receive adequate support with respect to HIV. The majority of TB/HIV patients are within the economically active age groups. Businesses face losses due to absenteeism, lost productivity, lost skills and personnel, and increased medical and indirect costs. TB/HIV patients face loss of income or even employment when on anti-TB treatment. The BBICA receives PEPFAR support to conduct some HIV-related activities, but the focus is strongly on HIV/AIDS with little or no attention to address TB/HIV co-infection.

2008 Plans

It is intended to pilot the provision of workplace TB/HIV activities in Gaborone City, in collaboration with BBICA. FY2008 funds will support the training of personnel from selected private companies on TB/HIV issues, focusing on TB case detection, HIV testing of TB patients, TB screening in HIV infected clients, and treatment support for patients on HIV or TB treatment, and the referral of patients between private sector settings and TB and HIV public sector services. These activities will support Botswana's Round 5 TB grant from the GFATM which seeks to scale up community TB care, improve treatment success rate, strengthen TB/HIV collaborative activities and strengthen supervision, monitoring and evaluation.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17267	4457.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	2	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

People Living with HIV / AIDS

Coverage Areas

South-East

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 8743.08

Prime Partner: Baylor University

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 18701.08

Activity System ID: 18701

Mechanism: N/A

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Palliative Care: TB/HIV

Program Area Code: 07

Planned Funds: \$253,000

Activity Narrative: 08.C0713: TBD - Pediatric TB/HIV management

The diagnosis and treatment of TB in children is difficult and this more so in HIV-infected children, where TB is a major cause of disease and death. The new WHO Stop TB Strategy was announced in 2006 with the aim of ensuring equitable access to care of international standards for all TB patients – infectious and non-infectious, adults and children, with and without HIV, with and without drug-resistant TB. International guidance for national TB programs on managing TB in children was released in 2006, with the aim of addressing this neglected area of TB control.

Botswana has one of the largest pediatric HIV/AIDS treatment programs in the world, an example of effective partnerships in the provision of ART services to the pediatric population. ART services are being decentralized to peripheral facilities with the support of outreach visits by specialist pediatricians from PMH, the Baylor Center of Excellence and NRH. The management of TB in HIV-infected children has not matched this scale up of quality HIV treatment and care.

PEPFAR funding will be requested to improve pediatric TB/HIV patient care and training activities to raise the quality of TB care and treatment according to the latest national and international recommendations. Baylor will work closely with the BNTP and GOB facilities in the southern part of the country (Kgatleng, Kweneng, South-Eastern, Southern districts) to improve and strengthen the delivery of pediatric TB/HIV services, to increase access to quality TB/HIV care and treatment of children and to train non-pediatrician health care workers in the care of TB/HIV infected children according to the national guidelines.

The selected organization will create a referral service center which will deal with complicated TB/HIV disease and multidrug-resistant TB (MDR-TB) in children, and will implement a mentoring/supportive supervision system with an outreach support component to standardize the approach to pediatric TB/HIV and MDR-TB management. Baylor will assist hospitals in this region to improve TB screening and diagnosis of pulmonary TB in children, and will develop appropriate screening algorithms for TB in children.

The selected organization will be charged with reviewing and evaluating pediatric TB/HIV and MDR-TB care and treatment, and in designing and implementing an information, educational and communication (IEC) strategy targeting parents of children with HIV/TB disease, and adolescents at high risk of HIV and TB infection.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17285

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17285	5158.08	7713	1331.08	I-TECH	University of Washington	\$805,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	4	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	100	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	100	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	500	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

People Living with HIV / AIDS

Coverage Areas

Kgatleng

Kweneng

South-East

Southern

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$7,801,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$50,000
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

The number of orphans and vulnerable children (OVC) in Africa is on the rise. UNICEF estimates that the number of orphaned children was 43 million in 2003 of which 12 million were orphaned by AIDS. In 2010 the total number is projected to reach 50 million of which 18 million will be AIDS orphans. The 2001 Population and Housing Census Report in Botswana indicates that there were 111,828 orphans which include maternal, paternal and double orphans out of a population of 737,241 children (15.2%). The Report further reveals that orphans and vulnerable children constitute 20% of the children in Botswana. Over 68% of orphans live in female-headed households and 2% are child headed are child-headed households.

The just completed Botswana National Situation Analysis for OVC (2007) estimates the total number of orphans below the age of 18 years to be 24% of the population (187,287) and the percentage of vulnerable children to be 8% (65,542). The analysis further indicates that children in Botswana are orphaned for the following reasons: 34% orphaned due to AIDS; 35% due to chronic diseases; 25% due to accidents and almost 7% due to death of mother during child birth.

The Government of Botswana (GOB) continues to provide care and support to OVC through the Short Term Plan of Action (STPA) 1999-2003, led by the Department of Social Services (DSS) under the Ministry of Local Government (MLG). The STPA serves as the normative framework for responding to the immediate needs of orphans.

The STPA which began in 1999 was extended to 2003 and continues in use. The STPA has reached virtually all eligible registered orphans with key emergency services, no small accomplishment. It highlights the political, administrative, and financial commitment Botswana makes to address the impact of HIV/AIDS on children. The STPA evaluation in 2006 recommended carrying out the recent situational analysis, formulating a policy on OVC, strengthening coordination mechanisms, and strengthening systems for monitoring and evaluation. The situational analysis will provide data to inform an updated plan for orphan care in Botswana.

Services

The United States Government (USG) supports OVC activities within a geographic focus to attain high coverage, invests in priority sectors like social services, education and health, and practices extensive grant making to NGOs/CBOs/FBOs. Interventions are complementing government's efforts and follow the five-year country strategy for Botswana. Deliberate efforts are made to ensure that these groups have access to basic essential services.

Services in USG OVC programs include: providing or ensuring through linkages that an OVC has access to psychological and/or emotional care counseling, and succession planning; increasing access to education (including school fees, uniforms, scholastic materials, vocational training/skills training); providing food and/or nutritional support; assisting OVC to access birth certificates, provision of legal aid, including protection from all forms of abuse including child labor and protection from property grabbing; assisting OVC to access health care including access to treatment for HIV/AIDS infected OVC and ensuring that OVC have access to shelter or care.

Major program accomplishments for 2007 are the completion of the National Situation Analysis, development of National OVC

Guidelines, Psycho-Social Support (PSS) National Training Manual creating linkages among OVC partners and government and increasing the number of OVC benefiting from USG support from 22,000 in FY06 to more than 30,000 in FY07. It is estimated that about 55, 000 OVC will benefit in 2008. The USG is leveraging resources from UNICEF and Global Fund to fight AIDS, Tuberculosis and Malaria (GFTAM) and in previous years provided resources to UNICEF to work with civil society and strengthen GOB in its OVC interventions.

In 2008, with the findings from the situation analysis, the USG will identify additional programs that have potential to be scaled up. The number of organizations supported to provide direct services to OVC will increase from 22 to 35. Organizations reaching OVC will continue to build the capacity of the caregivers to provide quality services. The number of caregivers trained will increase from about 12,000 in FY2007 to 20,000 in FY2008. In addition, OVC caregivers, both organizations and individuals, will learn the national guidelines on care of OVC. These guidelines provide a standard way of ensuring quality services to children.

Steps are under-way to engage and strengthen public-private partnerships. Dialogue is underway with private companies to determine how they could be involved in OVC activities in a more structured and meaningful way. In FY2008 a public-private partnership workshop will help inform the private sector on the enormous impact HIV/AIDS has had on children and will begin to develop a public-private partnership strategy for supporting OVC.

Marang Child Care Network is entrusted by government to assist in strengthening coordinating structures for OVC from the village level to the national level. Financial and technical support to the DSS will help ensure that appropriate guidelines and policies are put in place and implemented. Most of the OVC programs have a component in place for strengthening their capacity at all levels. All organizations serving OVC will use the national M&E framework. Standardized tools for data collection will ensure that data are collected and fed into the national database to inform decision making and reporting.

Referrals and linkages were initiated in FY2007 with prevention, palliative care, treatment, counseling and testing and these will be strengthened in FY2008. Some of the OVC activities have components of palliative child care and adherence to treatment, counseling and testing for older OVC, prevention activities are being integrated by OVC partners. Infected children are referred to treatment and those on treatment are supported by the local organizations to increase adherence to treatment.

In FY2008, linkages with the national PMTCT program will ensure that children whose mothers are enrolled in the PMTCT program have access to basic essential services. NGOs/CBOs/FBOs will create linkages with local clinics to ensure that families with infants who are diagnosed positive continue to access treatment.

OVC support will continue to benefit national non governmental organizations (NGOs), community based organizations (CBOs) and faith based organizations (FBOs) in both development and service delivery. At the government level support will continue to go to the MLG), Ministry of Health (MOH) and Ministry of Education (MOE). The three ministries have specific roles and mandates in the care and support of OVC.

MOH will continue to exercise its role and guidance in the management of children infected and affected HIV/AIDS. This will include the training of caregivers and CSOs in the care of infected children, malnourished children, and other childhood illness related to HIV/AIDS.

MOE will continue its role of ensuring that all children have access to education especially OVC. The Circles of Support program will be scaled up to ensure that OVC are enrolled and retained in schools. The program is also responsible for training teachers in Psychosocial Support.

Challenges

Most of the OVC implementers to date are small in size and reach and their interventions can lack coherency. Scaling up numbers and size of service providers to reach more OVC is critical. Some well placed community based organizations lack both institutional and programmatic capacity. Pairing them with stronger more experienced organizations to allow them to fulfill their service potential is a continuing challenge which the USG program will address vigorously in 2008.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	43065
*** 8.1.A Primary Direct	35145
*** 8.1.B Supplemental Direct	7920
8.2 Number of providers/caregivers trained in caring for OVC	7979

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7759.08

Prime Partner: Project Concern International

Mechanism: New CoAg - PCI

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 10209.08

Planned Funds: \$2,350,000

Activity System ID: 17727

Activity Narrative: 08.C0811: Project Concern International - OVC

The HIV/AIDS epidemic in Botswana is taking a toll on the capacity of the health and social welfare systems to respond, and straining the capacity of extended families to care for infected/affected family members. Children who are orphaned or otherwise made vulnerable by HIV/AIDS have benefited from government services such as the food basket, support for school supplies, and free health care. However, needs such as psychosocial support for children and succession planning are not being well met.

Barriers to children's access to education are also broader than school costs; a range of interventions are needed with affected families to ensure that children stay in school over the long term. While the social welfare system works to provide food support to the most needy children and adults, the number of children in need in affected households is growing, stressing the capacity of this system.

ART coverage for adults is high (90%), with a relatively low treatment failure rate (4%, IRIN/AllAfrica.com, 6 June 2006); however treatment failure rates for children are significantly higher, estimated at 15% (verbal estimate, ART Program Coordinator, May 8, 2007), suggesting a need for adherence support closer to the home. There are no formal systems for follow up of children on treatment in the home after they leave the hospital/clinic. Adherence among adolescents is also an emerging concern, as teenagers tend to have compliance difficulties with medicines.

A comprehensive approach is needed which integrates ART access and adherence support with palliative care and OVC support services. CSOs are well placed to serve as a bridge between facility-based services and the communities and households they serve. The CSO sector in Botswana is young and needs significant capacity building to play this role.

2008 Plans

Building upon the foundation established in the FY07 period, PCI will continue and expand the provision of technical and organizational capacity building services and subgrants to the initial 10 CSOs, and will extend OVC capacity building to an additional 5 organizations.

Program objectives: 1) improved and expanded CSO delivery of OVC services; 2) strengthened capacity of local government agents (MOH, MLG) to deliver OVC services; 3) strengthened collaboration and referral among government services and CSOs in the delivery of OVC services; 4) improved documentation and sharing of promising practices and lessons learned among CSOs and government counterparts.

Partners: Through its work in OVC, Palliative Care, and ART, Access and Adherence, PCI expects to begin the 2008 period (project year two) with approximately 15-20 CSO partners. The ultimate aim is to strengthen the capacity of all the partners to provide integrated services across all three areas. This will be a phased process that will continue through year two. Partners entering the program with palliative care strengths, for example, will have been assisted in year one to strengthen the quality, range and reach of their work, while beginning to incorporate OVC and ART access and adherence services. Conversely, partners entering the program with OVC strengths will be assisted to build those strengths and incorporate palliative care and ART access & adherence services.

PCI therefore does not expect to increase the absolute number of CSO partners in the second year, but rather extend OVC capacity building and sub grants to an additional 5 CSOs within the 15-20 current partners. At the same time, PCI will assist CSO partners that received OVC support in year one to scale-up their work in year two, through increased subgrants and technical assistance, and to improve their service quality and linkages.

Technical service strengthening will continue to focus on ensuring the health, development, education, protection, socialization, and emotional well being of children infected/affected by HIV/AIDS. Services will continue to be tailored to the age of the child, with specific interventions for under-fives, primary school age and pre-teen children, and for adolescents.

Volunteers will be trained to provide PSS tailored to the needs of children. Sensitization and skills building with parents will help them understand the psychosocial needs of infected/affected children and what parents can do to support children's well-being, while also taking care of their own well-being. Parents will be educated about succession planning and assisted to develop wills and take actions to protect children's inheritance rights, and ensure that children participate in decisions about who will become their guardians after parental death. Local traditional leaders and other influential members of society will be sensitized about women's and children's property rights. Birth registration will be promoted through collaborative activities among CSOs, government agents, and other relevant stakeholders

Linkages between government and CSOs will continue to focus on ensuring that all eligible families and children are registered and receiving all available social welfare and health services, and that benefits such as food are being utilized appropriately.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10209

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24246	10209.2424 6.09	U.S. Agency for International Development	Project Concern International	10400	7759.09	674-A-00-08-00078 -- PCI	\$700,000
10209	10209.07	U.S. Agency for International Development	Project Concern International	6131	6131.07		\$1,211,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	14,000	False
8.1.A Primary Direct	14,000	False
8.1.B Supplemental Direct	0	False
8.2 Number of providers/caregivers trained in caring for OVC	2,000	False

Indirect Targets

6500 OVC served

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7890.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 18076.08

Activity System ID: 18076

Mechanism: State Mechanism

USG Agency: Department of State / African Affairs

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$129,000

Activity Narrative: 08.C0892: Technical expertise and support OVC State (2 LES)

The State Department will establish and recruit staff for two new LES positions that will be established to help manage new USAID-funded community-based programs for OVC and Care. These new Program Assistants will work together under the direct supervision of the OVC Coordinator to link community-based activities with the other HIV/AIDS services including VCT, PMTCT, treatment and palliative care. Funds will cover salaries and benefits as well as training and technical assistance to increase the capacity of the new LES.

1.Orphans and Vulnerable Children (OVC) Program Assistant (FSN 10): Supervised by the OVC/NGO Coordinator this person will have professional training and experience designing and implementing OVC activities in Botswana at the community level and will serve as an Activity Manager for USAID-funded OVC centrally-funded and locally-funded awards. This person also will play a key role in implementing the monitoring system for collecting and reporting on PEPFAR OVC targets and achievements.

2.Community-based Care Program Assistant (FSN 10): Supervised by the OVC/NGO Coordinator and guided by the Care and Treatment Section Chief, this person will work closely with the OVC Program Assistant to strengthen community-based palliative care services, linkages with OVC community-based NGOs and other HIV/AIDS activities. S/He will have professional training and experience designing and implementing community-based care activities in Botswana and will serve as an Activity Manager for USAID-funded Palliative Care centrally-funded and locally-funded awards. This person also will play a key role in implementing the monitoring system for collecting and reporting on PEPFAR palliative care targets and achievements.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 4458.08

Planned Funds: \$305,000

Activity System ID: 17268

Activity Narrative: 08.C0803 Ministry of Health - Nutrition Rehabilitation for OVC

The project entailed the renovation of two buildings at Nyangabgwe Referral Hospital (NRH), Francistown and Princess Marina Hospital (PMH), Gaborone. The overall goal of this project is to ensure an effective and comprehensive nutritional management of malnourished children affected and infected with HIV/AIDS. Specific objectives include: registering of new clients; nutritional assessment, counseling and monitoring of orphans and vulnerable children; provision of psychosocial support; training of care givers on meal preparation and feeding of OVC.

2007 Accomplishments

The project recruited an expert in child nutrition to train 20 health care professionals (Pediatricians, Dietitians, and Nurses) with skills in the management of malnourished children, affected and infected with HIV/AIDS. About 500 children were enrolled and benefited from the project. The USG funded the recruitment of two Principal Dietitians, two Social Workers and two Home Economists. A needs assessment established nutritional needs of OVC and developed nutritional care standards.

2008 plans

The FY2008 activities will be a continuation and scale up of activities. The project equips OVC serving CBOs with skills on care for malnourished OVC. An additional 2,000 OVC will be enrolled into the program, 100 more health workers will be trained as well as 100 representatives from CBO/NGO/FBOs serving OVC. Human resource capacity will be strengthened at the two referral hospitals to increase availability of quality services to OVC. One Project Manager will provide oversight for the two Centers.

In order to improve the care of HIV infected children, the project will create linkages with the PMTCT program, the Infectious Disease Care Clinic (IDCC, the sites for ART) for children in PMH and NRH to come up with a nutrition monitoring program for HIV infected children. The Botswana PMTCT programme in collaboration with HHS/CDC/BOTUSA has initiated a program for testing for HIV infection on HIV exposed infants at 6 weeks. The MOH also has a nutrition surveillance program that monitors children's weight for age every month. Comprehensive monitoring of the growth of HIV infected children has been a gap in service delivery. This gap will be addressed by the Nutrition Rehabilitation Centres in Princess Marina and Nyangabgwe hospitals.

Nutritional assessments will be performed at every visit and early recognition of problems and appropriate remedial interventions applied. Monitoring of these children will include identification of the multiple factors which contribute to poor growth, including the environment in which the child is raised. Accordingly, the centres will closely monitor the growth and development of HIV infected children seen at primary care health facilities and at the Baylor Children's Centre of Excellence (for those on ART).

During 2008, the nutrition rehabilitation centres will work with MLG's DSS to advocate for development of a food basket for HIV infected children. It has been documented that HIV infected children enrolled in nutrition rehabilitation centres, even those that recover to normal nutritional status, take longer to recover completely and often relapse if additional nutritional support is not available. Currently, the DSS provides food baskets to orphaned children without regard to their HIV or nutritional status, except for the few referred by dietitians (with individualised food basket prescriptions). Guidelines for food basket contents and placement will lead to more targeted use of food support for OVC.

The rehabilitation project will continue to collaborate with MOH's Food and Nutrition Unit, DSS, UNICEF and other relevant stakeholders.

The expected results for 2008 include: Project Manager added to manage program, Nutrition Rehabilitation Project evaluated, additional 2000 OVC enrolled and benefiting from the project, 200 health workers and CSO staff trained, sites for rolling out identified and community needs determined, monitoring of HIV infected children in the program and food baskets and implementation guidelines developed for HIV infected children.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9803

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24079	4458.24079.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$540,000
9803	4458.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$0
4458	4458.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$311,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Economic Strengthening

* Education

* Food Security

Food Support

Estimated PEPFAR dollars spent on food \$50,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	200	False

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

North-East

South-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5406.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Budget Code: HKID

Activity ID: 10214.08

Activity System ID: 17348

Mechanism: Local Base

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$50,000

Activity Narrative: 08.C0891-Local Technical expertise and support HHS/CDC (OVC)

This activity covers technical assistance, travel, and printing of technical materials to provide support for the OVC activities including work with the Government of Botswana. Costs related to workshops are included in this activity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10214

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10214	10214.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$25,000

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7883.08

Mechanism: GPO-A-00-05-00014:
ANCHOR

Prime Partner: Hope World Wide - Kenya

USG Agency: U.S. Agency for International
Development

Funding Source: Central GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 4901.08

Planned Funds: \$375,000

Activity System ID: 17408

Activity Narrative: 08.C0809 Hope World Wide - OVC Support for Molepolole

During FY08, HOPE World Wide (HWW) Botswana would like to shift gear and work on creating a community-based, community-run program. This will not be an automatic shift as work already started has to be continued and where HWWB relinquishes work, other players be engaged to take over so that there is sustainability.

The move is necessitated by inter alia, the introduction of the Circles of Support (COS) program by the MOE, which is also PEPFAR-funded. COS will be carried out in schools and HWWB has been operating from schools as well. During FY08, HWWB proposes to be a liaison for COS in the community, referring children who have dropped out of school or are struggling to stay, to COS for re-entering.

HWW's program, which targets OVC infected and affected by HIV/AIDS aged 0-18, aims to reach 2,500 children. The three-pronged service provision targets the child as an individual, the family and community. HWW will also train 150 caregivers.

HWW has also learnt that better quality work could be given with more community involvement and presence. The organization will initiate kids clubs in the community as entry points to identify and meet needs of orphans and other vulnerable children. Support groups for older OVC and caregivers will be run, and these will be driven by skilled personnel such as social workers and psychologists. During these activities, children will be imparted with skills to cope with grief and bereavement, together with survival skills to enable them to become productive and self-sustaining adults. Apart from equipping older youth with livelihood training and projects, HWW will also facilitate training on personal finance and how to use one's talents to earn a living for the older orphans and caregivers.

Since it is evident that due to their difficult circumstances OVC tend to perform badly academically, HWW will continue to organize tutorials during school holidays. Qualified professionals such as teachers, taken from among HWWs pool of volunteers will be engaged in this regard.

CCCF will be initiated in the new sites and in these, the project will be run by the community, HWW being the facilitator.

Referrals will be made to relevant authorities such as social workers, other NGOs, the Nutrition Rehabilitation Center of the MOH, and the MOE's Circles of Support and HWW sister program, also active in Botswana, Abstinence and Behavioral change for Youth (ABY).

During FY07, 100 caregivers were trained by HWW, in FY08 150 will be trained and sensitized on various issues to enable them to better care for OVC. The training and sensitization will include among others, issues around nutrition, hygiene, identifying and meeting needs of OVC without necessarily using money, legal aspects such as the importance of children having birth certificates.

Succession planning, which includes memory boxes, memory books, and will writing, will be introduced to communities especially support groups of people living with HIV/AIDS to ensure that parents/guardians leave memories for their children when they are deceased.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8052

Related Activity: 17410, 17268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24263	4901.24263.09	U.S. Agency for International Development	Hope World Wide - Kenya	10409	7883.09	GPO-A-00-05-00014: ANCHOR	\$285,814
8052	4901.07	U.S. Agency for International Development	Hope Worldwide	4677	3838.07	Track 1	\$259,357
4901	4901.06	U.S. Agency for International Development	Hope Worldwide	3838	3838.06	Track 1	\$197,354

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17410	4898.08	7748	1232.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Education, Botswana	\$133,000
17268	4458.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$305,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,500	False
8.1.A Primary Direct	2,500	False
8.1.B Supplemental Direct	0	False
8.2 Number of providers/caregivers trained in caring for OVC	150	False

Indirect Targets

0

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

South-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1339.08

Prime Partner: Constella Futures Group

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4892.08

Activity System ID: 17418

Mechanism: GPO-I-00-05-00040-00: Health Policy Project

USG Agency: U.S. Agency for International Development

Program Area: Orphans and Vulnerable Children

Program Area Code: 08

Planned Funds: \$200,000

Activity Narrative: 08.C0801 Marang Childcare Network

The Marang Child Care Network Trust is the only umbrella body for organizations serving OVC in Botswana. Currently, the organization has a membership of 37 community-based organizations. The main purpose of Marang is to strengthen the organizational, management and technical capacity of its members. Marang works to equip partner organizations with relevant skills and capacities in OVC programming.

To date Marang provided support and built capacity of 50 partner OVC-serving organizations in 24 districts in the following areas: leadership skills, program planning and design, implementation and management, M&E, local social and resource mobilization, and advocacy. The Marang Child Care Network Trust will continue scaling up these activities which focus on the development of NGOs/CBOs/FBOs' capacities.

In FY2008, Marang will continue strengthening other OVC service providers especially community based organizations in delivery quality services to OVC. In addition to this Marang will assist MLG's DSS in advocacy and coordination. This will include dissemination of relevant legislation affecting orphans and other children made vulnerable by HIV/AIDS. Marang will establish a data base of technical persons whose capacity has already been developed by Marang to assist in training other service providers. Marang will hire one additional technical staff person: a Day Care Officer. Exchange visits with OVC programs in other countries and continued internal staff capacity building will expand.

Marang will work with DSS and other relevant stakeholders in establishing and strengthening coordination committees such as the District Child Welfare Committees and Village Child Welfare Committees. Marang will assist DSS in establishing Community Child Care Forums (CCCF). These CCCF will serve as the "watch dogs" for OVC services at the community level. DSS will also collaborate with Marang in holding a National OVC forum. This will be an annual event bringing all NGOs/CBOs/FBOs and other relevant stakeholders together to share progress, best practices and lessons learned in OVC programming.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10033

Related Activity: 17412, 17727

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24168	4892.24168.09	U.S. Agency for International Development	Constella Futures Group	10372	1339.09	GPO-I-00-05-00040-00: Health Policy Project	\$520,000
10033	4892.07	U.S. Agency for International Development	The Futures Group International	5380	1339.07	Technical Assistance	\$350,000
4892	4892.06	U.S. Agency for International Development	The Futures Group International	3522	1339.06	Technical Assistance	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17727	10209.08	7759	7759.08	New CoAg - PCI	Project Concern International	\$2,350,000
17412	4540.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Indirect Targets

Number of OVC reached: 10,000

Train 600 caregivers

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1337.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Local Government,
Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 4540.08

Planned Funds: \$50,000

Activity System ID: 17412

Activity Narrative: 08.C0806 Ministry of Local Government - OVC Support

2007 accomplishments

MLG's DSS continues to build on its work to date. Through 2007 emphasis was placed on the development of guidelines, policy, M&E framework, training manuals, upgrading the OVC registration and data management systems. DSS focused on addressing capacity building issues at the Child Welfare Division at the national level.

2008 plans

DSS intends scale up interventions and will continue strengthen capacity at the national and district level to effectively support, monitor and coordinate the implementation of OVC programs. DSS will specifically focus on strengthening linkages with key implementing partners such as BOCAIP and Marang Child Care Network, addressing issues of quality and service delivery to OVC.

Through BOCAIP, DSS will strengthen and monitor the quality of services provided to OVC and promote referrals among partners and improved reporting of results. BOCAIP will work closely with CBO/NGO/FBOs to support comprehensive care to OVC for both protection and welfare of children affected and infected by HIV and AIDS. Training on guidelines and regulations related to services delivery as well as tracking the use of existing tools is integral to this support. DSS working closely with BOCAIP will ensure that at community level there is monitoring in the delivery of the food basket to OVC. To further enhance the quality of service at family level BOCAIP will provide guidance to service providers on child participation and involvement.

With Marang, DSS will work in training, advocacy and coordination of NGO/CBO/ FBO's and Social Workers at national and district level. Under advocacy, Marang will disseminate relevant legislation affecting orphans and vulnerable children to different stakeholders. Emphasis will be placed on issues of vigilance to child abuse, incest, detrimental cultural practices, inheritance and will writing to protect children's rights as well as working with the media on reporting issues of OVC.

DSS will continue to strengthen its coordinating structures both at the national and district level to ensure comprehensive and effective delivery of services for orphans and vulnerable children. Marang, as the only OVC umbrella network in the country with a coordination mandate, will collaborate with DSS and other relevant government departments to ensure effective coordination and quality of services to OVC. Marang will collaborate with DSS and other stakeholders in promoting and strengthening coordination committees such as the District Child Welfare Committees and Village Child welfare committees. Marang will collaborate with government in establishing CCCFs among its partner organizations. The CCCF will serve as the "watch dogs" for OVC services at the community level. DSS will also collaborate with Marang in holding National OVC forums. This will be an annual event bringing all NGOs/CBOs/FBOs and other relevant stakeholders to share best practices and lessons learned in OVC programming.

Marang will facilitate improved monitoring of OVC services by supporting DSS in disseminating the OVC data collection tools for reporting. Marang will take a lead role in coordinating and monitoring the activities of community based organizations to ensure application of these tools.

By strengthening the policy implementation environment, Botswana can achieve greater impact in terms of averting new infections, care for OVC, and meeting the treatment and care needs of people living with or affected by HIV. OVC advocacy initiatives will be a key concern in the regions, such as child participation, birth registration, education, inheritance, access to services and child abuse. Marang will contribute to the reduction of stigma through advocacy. Outreach at key community events and special venues. These activities will be done in conjunction with the Department of Social Services, UNICEF and Marang members.

The DSS will continue to take a lead role in ensuring that there is capacity to implement OVC programs and that they are adequately monitored and evaluated using the National M&E Framework for orphans and vulnerable children. DSS will facilitate and ensure that there is documentation of best practices and lessons learned from the overall PEPFAR supported OVC program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9866

Related Activity: 17418

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24164	4540.24164.09	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	10371	1337.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$1,575,000
9866	4540.07	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	5298	1337.07	CoAg # U62/CCU02509 5	\$600,000
4540	4540.06	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	3372	1337.06	Technical Assistance	\$645,946

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17418	4892.08	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	Constella Futures Group	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	1,860	False

Indirect Targets

Number served: 90,000 OVC

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1232.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Education,
Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 4898.08

Planned Funds: \$133,000

Activity System ID: 17410

Activity Narrative: 08.C0807 MOE – OVC Circles of Support

The number of orphans in Botswana has significantly increased, due to the high HIV prevalence, adding to the large numbers of other vulnerable children. This has resulted in highly stretched community and family capacities to cope. It is noted that most of the OVC fall in the school going age, and there is evidence that more and more children are unable to attend schools or do not have access to education due to being an OVC. Child neglect, delays in the delivery of school uniforms, orphan exploitation and violence against children all contribute to denying access to education. For example, some children are forced to drop out of school to take care of their younger siblings. Other negative effects may include death of a caregiver which may result in serious psychological effects on a child.

Findings from the evaluation of the STPA reports that provision of psychosocial support services for orphans is lagging compared to other areas such as provision of food supplies. The gaps in meeting the psychosocial needs of the child and in ensuring access to education can be addressed through the Circles of Support program. This involves the identification of the resources available for the different roles in the community and provision of an enabling environment to afford children the most needed support, in the most humane way possible.

2007 accomplishments

The Circles of Support for OVC concept is a community and school-based multi-sectoral approach to meeting the needs of OVC. It aims at strengthening schools and community based networks and systems that provide the basic needs, including psychosocial needs of children of school going age who have lost their parents or are in difficult circumstances. Its main focus is to facilitate linkages in the local network of support to retain OVC in the school system and assist those who have dropped out to re-enter the school system.

The MOE will be working closely with MLG's DSS, and civil and CBOs. All service providers who care for OVC will be brought together so as to ensure that each plays a complementary role in ensuring that OVC remain within the school system and achieve their potential.

The Institute for Development and Management (IDM) trained 22 Regional Education Officers as master trainers and 31 teachers' as Training of Trainers (ToTs) in 2006 and 2007.

The Circles of Support program was rolled out to 250 primary and secondary schools in the Education Regions of South, South Central and West in 2007.

2008 plans

The MOE through the HIV/AIDS Coordinating Office will be scaling up the Circles of Support for OVC program to 300 primary and secondary schools in the Education Regions of: Central, North and the remaining schools in the Education Regions of South, South Central and West that would not have been covered in 2007.

For each implementing school, three members of staff (head teacher and two teachers) will be selected for training. They will then form a committee referred to as School conveners. At community level, three members drawn from Parents Teachers Association, Social and Community Development office will be selected and trained. This group is will be referred to as community Neighborhood Agents. Training will also cover NGOs working with schools on OVC issues. This will facilitate referrals of OVC to service providers of such organizations as: Hope World Wide (HWW) Botswana based in Kweneng District, The Ark for Children, Bana ba Keletso and Catholic Relief Services (CRS). The school conveners and the community neighborhood agents will identify OVC eligible for the program.

Officers at the Ministry level will undertake monitoring visits to schools and track project progress. Master training will be an on-going activity in FY08.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10027

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24096	4898.24096.09	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	10347	1232.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$700,000
10027	4898.07	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	5370	1232.07	CoAg # U62/CCu025095	\$450,000
4898	4898.06	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	3468	1232.06	Technical Assistance	\$500,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Other)

* Education

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	8,000	False
8.1.A Primary Direct	0	False
8.1.B Supplemental Direct	8,000	False
8.2 Number of providers/caregivers trained in caring for OVC	1,800	False

Indirect Targets

300 schools implement the Circles of Support Model

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

North-West

Southern

South-East

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 3527.08

Prime Partner: Catholic Relief Services

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4899.08

Activity System ID: 17654

Mechanism: GPO-A-00-04-0008: OVC:
Support to OVCs Affected by
AIDS

USG Agency: U.S. Agency for International
Development

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$875,000

Activity Narrative: 08.C0808 Catholic Relief Services – OVC Care and Support Francistown

Catholic Relief Services (CRS) OVC program in Botswana starts from a strong base of partnership with the Southern Africa Catholic Bishops Conference (SACBC) and the Catholic Vicariate of Francistown. This key partnership has allowed the rapid involvement of CRS in five districts throughout northern Botswana. The OVC program established strong linkages with the Social and Community Development offices of the Social Welfare Department of the Botswana Government and the Tribal Administration in all the five districts. This partnership will continue and be strengthened to scale up the program and eventually enable communities to support OVC in a sustainable manner.

2007 accomplishments

The OVC program benefits from linkages with regional CRS OVC programs which offer considerable experience and lessons learned. Active involvement of regional technical advisors as well as key program staff from other country programs has been beneficial. A total of 24 OVC leaders and program staff were sent for a one week training program to Masiye Camp in Zimbabwe. In addition, CRS have sought out good practices on youth and community led programming as well as AB resources. These efforts expand service to three and seven years old age groups in the northern districts of Botswana to enroll them in pre-school and assure attendance. CRS addresses the needs of OVC ages 8-17 through the development and support of OVC community level support activities. CRS linked with The Regional Psychosocial Support Initiative for Children Affected by AIDS, poverty and conflict (REPSSI) specifically to explore the use of their Journey to Life program. This program aims to support both caregivers and children through workshops which encourage, not only reflection and dialogue, but also action to better meet the needs of vulnerable children.

The program linked with SOS Children's Village and Light and Courage Centre to collaborate in experience sharing and training for youth and field staff. The program will collaborate with Program Concern International (PCI) who are in the process of starting a program in Botswana.

2008 plans

The program will scale up its activities and reach 6,000 OVC in 13 parishes in the Catholic Vicariate of Francistown. The program also aims to reach 13,000 indirect beneficiaries. Activities will build on program accomplishments and capacity and will continue to strengthen services, leadership roles and livelihoods opportunities for the existing and proposed OVC program participants. 2008 plans will target 71 villages.

Enrollment of OVC in preschool will continue in the existing 27 preschools reaching 460 OVC. New preschools will be identified to reach a total of 600 OVC. Block grants will include school fees, clothing, meals for children, and improvement of facilities and services. Up to 100 OVC leaders and 100 community leaders will be identified and trained to lead the initiation and implementation of community support activities. The leaders will receive initial training through participation in the Masiye OVC support trainer of trainer's camp in Zimbabwe.

The specific program activities will be defined individually for each village and will engage peer groups, caregivers, community volunteer, and civil society organization, such as the Village Development Committees, teachers, and other local government officials. The OVC leaders and community leaders will receive additional support through exchange visits and training and workshops to be organized and sponsored through the program, in collaboration with Salvation Army, REPSSI, Social Welfare Department and NGOs involved in OVC programming. The trainings will include topics on HIV/AIDS prevention, Life Skills, Behavioral Change Process, Leadership skills, etc. Support and training for the caregivers will be a critical element for the successful expansion of the program.

Activities undertaken by OVC and community leaders include: establishment of weekly psycho-social support groups with facilitated discussions designed to address the needs and concerns of OVC and how caregivers and communities can help create an enabling environment for OVC livelihoods development; awareness building on OVC rights; learning about government services and how communities can help fully utilize these services; improvements to a community based structure to be used for meetings and events; development of awareness building and IEC materials.

The program will target 710 OVC who have dropped out of secondary school or have finished school and have limited opportunities for livelihood activities, and no opportunity for higher education. Activities will include visits from working professionals, vocational schools and teachers intended to expose and inform OVC about various professions and to inspire interest. Program staff will identify a volunteer in the village to collect career resource materials such as job announcements or job market studies and organize a central place in the village where this information can be accessed. With assistance and materials from program staff, the volunteers will organize discussion and learning sessions on how to learn more about potential jobs, prepare a C.V., make contact, and apply for opportunities. Each OVC will also be supported to either enroll in a short training course or work as an apprentice with an experienced professional. One possible activity could be to carry out a Participatory Livelihoods Assessment with affected OVC and the community.

CRS will support the capacity building plan of the Vicariate by obtaining external trainers (e.g. HIV/AIDS training for the Clergy is planned for November 2007) and through specific trainings using tools and manuals developed in-house by CRS technical staff. The in-house trainings may include: program management and monitoring and evaluation; finance management and budgeting training; advocacy training using the CRS advocacy training manual. CRS will dedicate technical advisors within the southern Africa region or globally who will lead these in-house trainings.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10188

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24177	4899.24177.09	U.S. Agency for International Development	Catholic Relief Services	10378	3527.09	GPO-A-00-04-0008: OVC: Support to OVCs Affected by AIDS	\$875,000
10188	4899.07	U.S. Agency for International Development	Catholic Relief Services	5419	3527.07		\$499,000
4899	4899.06	U.S. Agency for International Development	Catholic Relief Services	3527	3527.06		\$499,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17412	4540.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$50,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	7,700	False
8.1.A Primary Direct	7,700	False
8.1.B Supplemental Direct	0	False
8.2 Number of providers/caregivers trained in caring for OVC	500	False

Target Populations

Other

Orphans and vulnerable children

Coverage Areas

North-East

Central

North-West

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1341.08

Prime Partner: US Peace Corps

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 4893.08

Activity System ID: 17421

Mechanism: Peace Corps Mechanism

USG Agency: Peace Corps

Program Area: Orphans and Vulnerable
Children

Program Area Code: 08

Planned Funds: \$850,000

Activity Narrative: 08.C0802 Peace Corps - OVC NGO Capacity Building Program

It is widely recognized that non-governmental organizations (NGOs, CBOs and FBOs) in Botswana are at a nascent stage, particularly in the HIV/AIDS service sector, and thus are in need of assistance in areas ranging from organizational development, program planning, service delivery, data collection tools, development of strategic plans, resource mobilization, volunteer recruitment, reporting, and monitoring and evaluation. The aim of the Peace Corps Botswana's (PC/B) NGO program is to help build the capacity of local NGOs, to provide services to OVCs as well as to others affected directly by HIV/AIDS.

The Botswana Network of AIDS Service Organizations (BONASO) establishes a priority list of organizations and sites for the placement of Peace Corps Volunteers (Volunteers) in the NGO program; Peace Corps staff conduct site development assessments and make final site decisions based on established criteria (including consideration of safety and security, program resources, and job description). Following eight weeks of training, NGO Volunteers are placed in OVC-serving organizations for a two-year period. In the first two months of being placed in an organization, NGO Volunteers carry out community assessments. These assessments enable the Volunteers to understand their communities better and to develop their work plans. These work plans are used to assess and monitor their input into the respective organizations.

NGO Volunteers live within the villages and towns where their host organizations are based and assume the following roles:

- Introducing and/or strengthening programming strategies and skills (i.e., design, implementation, monitoring, and evaluation);
- Developing organizational capacities (management, financial, administrative, etc.) and implementing appropriate and effective systems and procedures;
- Creating networks among NGO, governmental, private sector, and international partners;
- Sparking creativity and instilling confidence and skills needed for successful resource mobilization;
- Reinvigorating/introducing the value of volunteerism leading to an increase in the number of citizens participating in HIV/AIDS programming and activities at the community level;
- Expanding community understanding of HIV/AIDS and encouraging commitment to the values of Botswana's Vision 2016, leading to the reduction of stigma and discrimination;
- Expanding community understanding concerning available government services;
- Generating new ideas on care and activities for OVC;
- Staff development to ensure sustainability;
- Serving as a resource during training for NGOs/CBOs/FBOs depending on skills needed.

FY08 PEPFAR funds will support 11 NGO Volunteers in their second year of service and 10 new NGO Volunteers scheduled to arrive for training in April 2008. In FY08, an additional five Volunteers will extend for a third year in the NGO program. These 15 new and extending Volunteers will be placed in NGOs engaged in community-based OVC activities.

Specifically, FY08 PEPFAR funds will support:

- all costs associated with the 26 new and current PEPFAR-funded NGO Volunteers, including pre-arrival, travel, pre-service and in-service training, living and readjustment allowances, housing and medical expenses, and home leave for the third-year extension Volunteers;
- in-service training for other PC/B-funded Volunteers involved in OVC activities;
- small grants for community-initiated projects benefiting OVCs;
- in-country and HQ administrative costs; and
- local staff hired to support PC/B's PEPFAR program. In addition to positions funded in the FY07 COP, PC/B will hire a new Program Manager to oversee the work of the PEPFAR-funded NGO and Life Skills Volunteers.

Volunteers will report to the leadership of their respective NGO/CBO/FBO organizations, as well as to the new Program Manager, who will be responsible for providing the HHS/CDC/BOTUSA team with summary reports, based upon Office of the Global Aids Coordinator (OGAC) reporting requirements. PC/B is working work with HHS/CDC/BOTUSA and other partners to define the most effective means of reporting in order to capture the unique contributions to capacity building made by Volunteers and to complement the quantitative data provided by the NGOs through their reporting channels to HHS/CDC/BOTUSA.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9835

Related Activity: 17657, 17927

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24066	4893.24066.09	Peace Corps	US Peace Corps	10340	1341.09	Peace Corps Mechanism	\$650,000
9835	4893.07	Peace Corps	US Peace Corps	5290	1341.07		\$600,000
4893	4893.06	Peace Corps	US Peace Corps	3523	1341.06		\$580,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17657	9836.08	7890	7890.08	State Mechanism	US Department of State	\$601,000
17927	17927.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$200,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	100	False

Indirect Targets

Number of OVC reached: 1,000

Target Populations

Other

Orphans and vulnerable children

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8756.08	Mechanism: 08.C0810
Prime Partner: Hope Worldwide	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08

Activity ID: 17725.08

Planned Funds: \$94,000

Activity System ID: 17725

Activity Narrative: 08.C0810 Hope World Wide - OVC Support for Molepolole

In FY2008, through competitive bidding, a Prime Partner will be selected to work with the communities in Molepolole to increase their capacity to provide care and support services to OVC and their families that are affected by HIV/AIDS. Local communities will be mobilized, engaged and their capacities strengthened to absorb the growing numbers of orphans and other children made vulnerable by HIV/AIDS. The local communities will be empowered to care for and support children impacted by HIV/AIDS and prevent further spread of HIV; improve their welfare by increasing access to education, adequate food, psychosocial support, basic health services, legal rights and to catalyze a public-private partnership to expand the resources available to sustain provision of the above services to OVC.

Program activities will be community-run and the implementing partner will be the main facilitator to ensure quality provision of services to OVC.

The implementing partner will support community based organizations to identify and replicate proven techniques, and promote the sharing of technical expertise between organizations. OVC will benefit through direct support to meet their basic and psychosocial needs, food, school fees, clothing, health care, recreation and social activities with peers to foster belonging.

This project will ensure that relevant OVC guidelines and frameworks are used. Use of existing training manuals already developed by relevant government ministries or other stakeholders will be fostered. Collaboration and creating linkages with other OVC serving organizations will be facilitated.

Community based organizations will carry out community and resource mobilization activities. Communities will be educated on the needs of OVC and encouraged to be "part of a solution" rather than a hindrance in ensuring that these children have access to basic services and continue to live a normal life free of stigma and discrimination.

This project aspires to continue to scale up going OVC activities in Molepolole. The project will target 0 - 17 years orphans and other children made vulnerable by HIV/AIDS, their families, and the community at large.

The implementing partner will collaborate with the Department of Social Services, under the Ministry of Local Government to ensure quality provision of services, coordination, monitoring of OVC programs. The implementing Partner will also collaborate with other OVC serving organizations and share lessons learnt in OVC programming.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17408

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17408	4901.08	7883	7883.08	GPO-A-00-05-00014: ANCHOR	Hope World Wide - Kenya	\$375,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	800	False
8.1.A Primary Direct	800	False
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	0	False

Target Populations

General population

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Coverage Areas

South-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5454.08

Mechanism: HQ

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 17728.08

Planned Funds: \$300,000

Activity System ID: 17728

Activity Narrative: 08.C0890-HQ Technical expertise and support USAID (OVC)

This activity covers salary of the OVC Coordinator, technical assistance, and travel to provide support for the activities of the PEPFAR, including work with the Government of Botswana. Funding also covers participation by staff in domestic and international conferences related to their work.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5455.08

Mechanism: Post

Prime Partner: US Agency for International
Development

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 17730.08

Planned Funds: \$75,000

Activity System ID: 17730

Activity Narrative: 08.C0890-Post Technical expertise and support USAID (OVC)

This activity covers salary of the OVC Coordinator, technical assistance, and travel to provide support for the activities of the PEPFAR, including work with the Government of Botswana. Funding also covers participation by staff in domestic and international conferences related to their work.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 5325.08

Mechanism: U69HA04128: Twinning

Prime Partner: American International Health
Alliance Twinning Center

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Orphans and Vulnerable
Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 10210.08

Planned Funds: \$462,000

Activity System ID: 17571

Activity Narrative: 08.C0804 American International Health Alliance (AIHA) - OVC Twinning

This activity continues a twinning partnership between the Marang Childcare Network in Botswana and the Children in Distress (CINDI) in South Africa. The mission of the Marang Childcare Network is to deliver effective psychosocial support, community mobilization and life-skill programs for children. Their strategy is to mobilize and build the capacity of community-based organizations for child rights-based response. Interventions include advocacy, networking, community mobilization, child day care and government partnerships. The Children in Distress Network (CINDI) founded in 1996, consists of over 150 NGOs, CBOs, government agencies and individuals who collaborate in the interests of children affected by HIV and AIDS in KwaZulu-Natal, South Africa. The CINDI Network operates a multi-sectoral network of civil society and government agencies capable of implementing diverse programs for children affected by HIV/AIDS.

The main goal of this partnership is to strengthen the organizational response to address the needs of OVC in Botswana. Twinning activities began with an assessment exchange to Botswana by CINDI in August 2007 to assess the Marang Childcare Network's current capacities and meet with local stakeholders. A visit by key stakeholders from the Marang Childcare Network to South Africa to learn first-hand about the services and resources of CINDI follows the initial Botswana visit. At this meeting, AIHA will facilitate the development of a partnership work plan, timeline, and budget that identifies specific activities the partners will undertake together. Partnership funds will support the exchange visits and pay for materials and supplies for the activities the partners elect to undertake (e.g., training, joint materials development, workshops, technical assistance, etc.). With FY 2008 funds, AIHA will assist partners to scale up and increase the coverage of activities completed in FY 2007.

Initial areas in need of technical assistance include the following:

1. To strengthen the organizational capacity of the Marang Childcare Network to be a responsive and resourceful network for both civil society and government;
2. To build the capacity of the Marang Childcare Network to be a funding conduit for other NGOs in Botswana;
3. To strengthen advocacy efforts to develop responsive policies and sustainable integrated programs for OVC; and
4. To increase the capacity of the Marang Childcare Network to mentor other CBOs and FBOs in OVC programming.

While it is important that the partners themselves determine their joint activities, likely support activities include: 1) strategic planning, 2) development or adaptation of organization development training materials, 3) funding conduit policy, 4) program and financial management technical assistance, 5) network development and management, 6) M&E tools. A NGO/CBO/FBO workshop on OVC will draw-in civil society organizations in Botswana with the aim of sharing information and advocating for a formal network and mapping of OVC activities in Botswana.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10210

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10210	10210.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5325	5325.07	AIHA	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	250	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

HVCT - Counseling and Testing

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Total Planned Funding for Program Area: \$8,901,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

Up through FY2007, the USG supported Botswana's counseling and testing (C&T) program through procurement of rapid HIV test kits, training, social marketing, Non-governmental organization (NGO) capacity building, increase in service delivery sites, development of innovative approaches like door-to-door voluntary counseling and testing (VCT), the Care-for-the-Carers program, development of policy and guidelines and monitoring and evaluation activities. In 2006, over 288,000 tests were performed; Tebelopele VCT centers counseled and tested 110,000 clients (73% of whom were first-time testers), and the government facilities tested over 178,000. It is now estimated that between 40-50% of the adult population has received C&T, up from 25% in 2004 and 18% in 2001. The Botswana National Strategic Framework (NSF) goal is to have 95% of adults having

tested for HIV by 2009. In 2008, the target is to perform over 378,000 tests, representing a 16% increase over 2007 numbers tested. Scale up through additional civil society organizations and the training of more lay counselors will assist expansion of service.

Services

Traditional VCT is provided by a network of Tebelopele VCT centers, other NGOs and community-based organizations (CBOs), and government facilities. VCT services are available throughout Botswana, covering the two major cities (Francistown and Gaborone) and main towns and villages. A rapid assessment by the Ministry of Health (MOH) in 2007 identified parts of the country not adequately covered, such as the Okavango and Kgalagadi districts. Six CBOs in these districts were selected for PEPFAR support through the MOH. To further strengthen the capacity of civil society organizations to provide high quality VCT services, a twinning partnership is operating between Tebelopele and Botswana Christian AIDS Intervention Program (BOCAIP), and the Liverpool VCT in Kenya and The AIDS Support Organization (TASO) in Uganda.

Provider-initiated C&T, launched in 2003, is offered in all 24 health districts in Botswana. In 2008, PEPFAR will evaluate the provider-initiated testing. C&T is largely provided using rapid HIV tests with same-day results. Rapid HIV testing is performed by a spectrum of health professionals, including well trained and supervised lay counselors. The GOB through the Central Medical Stores (CMS), supplies rapid HIV tests to both government and civil society sites. Supplies can be inconsistent, with occasional "stock-outs". Supply Chain Management Systems (SCMS), began strengthening the CMS for improvement of the whole supply chain management process for C&T in 2007.

Adding to mobile caravans and work place services, VCT outreach expanded in 2007, to pilot "door-to-door" VCT in Bobonong and Selebi-Phikwe districts, "ward-based" VCT in Ghanzi district, VCT in the bus and taxi ranks in Gaborone and Francistown, as well as VCT in the churches and shopping malls. Social marketing and community mobilization intensified, to target more couples and men to test. Testing campaigns included the Tebelopele's "Passport to Life", "Couples who test together stay together", "Show you care", Zebras4Life, Test4Life, "Life Fest" aimed at specific population segments. The emerging challenge for 2008 is to meet the high demand created by these campaigns.

In 2007, post-test services began in the VCT sites. In collaboration with the Prevention section and the US Centers for Disease Control and Prevention (CDC) headquarters, the CDC "prevention package" for use in clinical settings was adapted for use in the VCT sites, providing on-going supportive and prevention counseling. Screening of both HIV negative and HIV positive clients for TB, using a questionnaire, was also introduced, in collaboration with the TB/HIV programs and the MOH.

Quality assurance and monitoring of C&T, continues in collaboration with the Laboratory program and the MOH. In 2007, over 200 nurses, professional and lay counselors were trained on how to perform the rapid HIV tests. Civil society sites put in place quality assurance measures, such as proficiency testing, proper storage facilities and proper record keeping. The MOH is developing a counselor supervision training course and a strategy for supportive supervision for counselors.

Based on previous progress and learning, FY2008 funds will support scaling up C&T through integration into the services of civil society organizations, and training of more lay counselors for civil society settings. Funds will support efforts aimed at increasing access of C&T to men, youth, children, couples and high-risk groups such as Commercial Sex Workers (CSW) through "moonlight" VCT. A yet to be determined (TBD) contractor will work with MOH and key stakeholders in developing training curriculum and protocols for scaling up child and adolescent C&T. Findings from the routine testing evaluation will inform efforts aimed at strengthening the program. Preliminary areas identified for support include lay counselor support supervision, training, mentoring, and M&E. In collaboration with the prevention, palliative care-basic, TB/HIV and PMTCT program areas, PEPFAR funds will support on-going Prevention with Positives (PwP) interventions, with a focus on discordant couples. The "National Testing Month", in October 2007, will be replicated in 2008. To promote C&T services, USG funds will support increased involvement of the media and private sector. Botswana proposes to participate in multi-country public health evaluation of interventions for high risk HIV negative clients, as well as evaluate the cost-effectiveness of the various models of C&T service delivery.

Referrals and Linkages

In 2007, Tebelopele VCT centers transitioned from anonymous to confidential VCT services. Over 75% of clients provided their names and national ID ("Oman") at the service centers. This change provides opportunity for follow-up of clients between the VCT and clinical sites. The option of receiving services anonymously is also available. The referral form used to refer VCT clients to clinical services now includes information from the TB screening of clients. HIV negative and HIV positive clients who have current symptoms suggestive of TB are referred for evaluation. Referral networks of HIV/AIDS service agencies operate in the various locations where the VCT sites work. Through the PwP project, all C&T clients are offered follow-up support services at VCT sites, support groups of people living with HIV/AIDS (PLHWA), and in government facilities.

To strengthen linkages between government and community sites, in 2008, civil society organizations will work with volunteers and Community Home Based Care (CHBC) groups at the community level to strengthen referrals from community to government settings. Counselors from community organizations and PLHWA support groups will continue working in the government facilities to identify clients for follow-up and to link them with community support services.

Policy

The age of consent for HIV testing at 21 is still a major barrier for C&T. Discussions are still on-going to reduce the age of consent from 21 to 16, as recommended by the National AIDS Council. Consultations with the public seek to learn opinions on the change. In 2007, USG and WHO/AFRO supported the on-going efforts by the MOH to review and update national guidelines for C&T. Policy and guidelines for C&T of children and adolescents will be developed in 2008, along with training and protocols for providing the service for this age group.

Learning from CDC-South Africa, Tebelopele began discussions with key stakeholders including VCT counselors and the MOH in the process to adapt the “rapid counseling” protocol presented at the 2007 PEPFAR Implementers Meeting.

Challenges

Post-test support and preventive services remain inadequate. There is a growing number of HIV infected clients/patients who do not yet qualify for antiretroviral therapy (ART), these clients/patients need follow up supportive and prevention services. Clear guidelines and service delivery protocols and skills are needed for child and adolescent C&T services. Provider-initiated testing is still weak in terms of support supervision and mentoring of lay counselors. More women are reached than men, especially in the government facilities. C&T is still inaccessible in many hard-to-reach locations in Botswana due to difficult terrain, long distances, sparse population and language barriers. Services for high-risk groups such as CSW, truck drivers are inadequate.

In addition to the proposed budget, the USG team has set aside \$50,000 (unallocated) for C&T activities.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	92
9.3 Number of individuals trained in counseling and testing according to national and international standards	111705
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	752

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5325.08	Mechanism: U69HA04128: Twinning
Prime Partner: American International Health Alliance Twinning Center	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 9902.08	Planned Funds: \$700,000
Activity System ID: 17572	

Activity Narrative: 08.C0909: American International Health Alliance - Twinning Center

2007 accomplishments

Twinning activities began in April 2007 with the first exchange visit of Liverpool VCT (Kenya) and The AIDS Support Organization (TASO-Uganda) to Botswana to meet with Tebelopele VCT and BOCAIP. The aim was to introduce the partners and to conduct an organizational assessment. Partners also identified potential areas of collaboration for partnership activities. A second exchange trip is planned for the 15th October 2007, where Botswana partners from both Tebelopele and BOCAIP will visit Kenya and Uganda to tour the facilities, learn first-hand about the services and resources of their selected counterpart VCT organizations and to develop a joint partnership work plan and budget. Based on the needs identified during the April 2007 assessment exchange, formal relationships are being established between Tebelopele and Liverpool VCT, and TASO and BOCAIP, respectively, in order to provide more targeted technical assistance. In addition, many of the partnership activities conducted by the lead partners will benefit both local partners, e.g. training events conducted in Botswana for both local partners.

2008 plans

The partnership between Tebelopele and Liverpool VCT in Kenya will focus on meeting the following three objectives: establishing post-test clubs and support systems, including counseling, for PLWHAs; developing a marketing plan for VCT services for the private sector; and strengthening the capacity for VCT-counselor supportive supervision and quality assurance systems.

TASO will also assist Tebelopele on building their capacity to mentor community-based organizations in Botswana to provide VCT.

The partnership between BOCAIP and TASO will continue to focus on meeting the following three objectives: strengthening the organizational development of BOCAIP by building capacity for: a) increasing BOCAIP membership and networks; b) diversifying sources of funding; c) developing a human resource management and development strategy and d) managing and integrating services; strengthening the monitoring and evaluation systems for BOCAIP's services; and sharing best practices on home-VCT and adherence counseling with relevant partners and stakeholders.

Liverpool VCT will also assist BOCAIP by sharing best practices in establishing post-test clubs and youth-friendly services including the development of a Training-of-Trainers (TOT) manual for youth-friendly services.

Funds will support the exchange visits and pay for materials and supplies for the activities the partners elect to undertake - e.g. training, joint materials development, mentoring and documentation of best practices, etc.). A small portion of the funds will be used to cover administrative costs incurred by partners to manage the partnership, including fiscal and M&E reporting as required by AIHA and HHS/CDC/BOTUSA.

The expected outputs from the partnership activities include increased organizational development of both local partner institutions, the establishment of new VCT services for different target groups and improved quality of VCT services.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9902

Related Activity: 17570, 17571, 17573, 17568,
17912

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9902	9902.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5325	5325.07	AIHA	\$150,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17570	10278.08	7809	5325.08	U69HA04128: Twinning	American International Health Alliance Twinning Center	\$150,000
17571	10210.08	7809	5325.08	U69HA04128: Twinning	American International Health Alliance Twinning Center	\$462,000
17568	4857.08	7807	1345.08	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	Tebelopele	\$5,300,000
17573	9898.08	7809	5325.08	U69HA04128: Twinning	American International Health Alliance Twinning Center	\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	150	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1345.08

Prime Partner: Tebelopele

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 4857.08

Activity System ID: 17568

Mechanism: U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$5,300,000

Activity Narrative: 08.C0901 Tebelopele - VCT Network

2007 Accomplishments

In January 2007, Tebelopele transitioned from a completely anonymous to confidential VCT services delivery, with an option for anonymous services, for those who preferred it. By time of writing this COP, 75% of clients were receiving confidential services. In 2006, Tebelopele counseled and tested 110,000 clients (73% of whom were first-time testers) through 31 service delivery outlets. This number is expected to increase by at least 12% in 2007. The GOB provided rapid HIV test kits and supplies including condoms. Tebelopele used USG funds to procure back up stock of test kits to assure a steady supply.

Tebelopele engaged the District Multisectoral AIDS Committees (DMSACs) in building strong referral linkages at all their center locations in the country. They continued use of the referral form, tracking of referrals, and holding regular referral network meetings with service providers in each district. Screening of all clients for TB using a questionnaire was introduced in 2007. Any clients reporting any of the TB symptoms were referred to government clinics for evaluation. In addition, post-test clubs and supportive counseling was introduced. CD4 cell counting at the VCT centers was not approved by GOB, and therefore not implemented.

Community mobilization and social marketing continued in partnership with community based organizations like Humana People to People (HPP) and BOCAIP, and through print and electronic media. Specific campaigns targeting men were implemented, like the Zebras for Life, Test for Life. In this campaign, Tebelopele worked with the Peace Corp Volunteers in various communities to mobilize people, especially men, for testing.

From 2004 through 2007, Academy for Educational Development (AED) worked to build Tebelopele's capacity to run as an independent NGO. Tebelopele is now able to also build the capacity of smaller NGOs and CBOs. In 2007, Tebelopele worked with HPP and BOCAIP, providing support in M&E, reporting and financial management.

With technical assistance from AED, Tebelopele established a sustainable organization from a systems and procedures standpoint. Becoming a financially sustainable organization is an ongoing priority for Tebelopele. In FY 2007, a Sustainability Plan was developed, focusing on: GOB to supply test kits and supplies; creation of a counselor training unit for capacity building and for income generation; partnership with private companies e.g. Medical Rescue International to support with some resources; increased use of volunteers; fund raising; exploring fee for service, e.g. charging private companies for workplace VCT; soliciting funds from other donors - an award of \$600,000 was received from African Comprehensive HIV/AIDS Partnership (ACHAP) (Gates Foundation, Merck and GOB Partnership).

To improve data quality, the use of electronic data capturing technology (Personal Digital Assistant - PDA) was introduced. This has improved the timeliness and accuracy of VCT data and reporting.

Plans for 2008

Tebelopele will continue to provide high quality confidential and anonymous VCT services with same-visit results, through 31 service outlets throughout Botswana. This activity will support 220 locally employed staff including 104 HIV/AIDS counselors, other technical staff like lab technicians, community outreach technicians and management staff who are responsible for providing VCT services on a daily basis. In addition to its 31 directly managed sites, Tebelopele will support 32 additional civil society sites to provide VCT services through training, mentoring and development of VCT service delivery systems. By building the capacity of community-based organizations, it is expected that testing numbers will increase by 20%, from 125,000 in 2007 to 150,000 clients (75% of whom will be first time testers).

Referrals and linkages will be augmented by using Post-Test Clubs and the Youth Against Aids (YAA) Volunteers to track clients tested at Tebelopele and referred for services. Tebelopele will work with HPP to create community-based referral linkages, and to continue the involvement of traditional and spiritual healers in prevention and referrals. Pregnant women will be referred to the Cervical Cancer Unit and to the PMTCT program.

PEPFAR funds are also requested to support the hiring of additional 40 lay counselors to enhance outreach to specific target groups such as men, CSW, clients of CSWs, truck drivers, women and girls in cross generational/transactional sex, through "mobile moonlight" VCT services. Tebelopele also plans to reach more youth by advocating for the reduction of the age of consent for testing from 21 to 16 years, and by youth outreach activities in schools and other locations. Through promotional events, such as Valentine's month of Love in February, couples counseling and testing will be scaled up. The strategy of addressing couples at the District Commissioner's office as they wait for the marriage ceremony was found to be successful, and will be scaled up in 2008.

To promote and sustain a high demand for services, The Dialogue Group, Tebelopele's advertising agency, will continue with the print and outdoor media production and placement, and the design and production of all Tebelopele VCT information, education and communication (IEC) materials.

Funds are also requested for Tebelopele's continued collaboration with AED: strengthening utilization of data and technology for more effective VCT services. In many activities Tebelopele is breaking new ground, a factor that has not been documented for best practice or lessons learned in leading journals; supporting new and expanded approaches to VCT. AED will work with Tebelopele and HPP to develop and implement an effective strategy to provide VCT for CSWs and truck drivers in selected "high-risk locations". This activity will be further supported by the HHS/CDC/BOTUSA BCC/prevention section, to augment mobilization, prevention messages, and C&T outreach to these groups. Approaches will include cost-effective, door-to-door VCT; providing technical assistance (TA) to Tebelopele as it develops its supportive counseling service; mentoring Tebelopele in its expansion of NGO service provision; and ongoing support for sustainability of Tebelopele in the areas of Board Governance, diversification of services and funding sources, a Fee-For-Service, and establishing a clear memorandum of understanding (MOU) with GOB for supplies from CMS.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9831

Related Activity: 17458, 17637, 17572, 17738,
17741

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24170	4857.24170.09	HHS/Centers for Disease Control & Prevention	Tebelopele	10373	1345.09	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	\$5,200,000
9831	4857.07	HHS/Centers for Disease Control & Prevention	Tebelopele	5289	1345.07	CoAg # U62/CCU25113	\$2,607,711
4857	4857.06	HHS/Centers for Disease Control & Prevention	Tebelopele	3503	1345.06	Technical Assistance	\$3,539,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17572	9902.08	7809	5325.08	U69HA04128: Twinning	American International Health Alliance Twinning Center	\$700,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	63	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	125,000	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	160	False

Indirect Targets

Number of traditional Healers and Spiritual leaders trained/mobilized in awareness and advocacy for C&T = 300

Number of individuals received supportive counseling with = 5,700

Number of youth reached with HIV testing and risk-reduction messages = 18,000

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Religious Leaders

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 7890.08

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 9836.08

Activity System ID: 17657

Mechanism: State Mechanism

USG Agency: Department of State / African Affairs

Program Area: Counseling and Testing

Program Area Code: 09

Planned Funds: \$601,000

Activity Narrative: 08.C0907

This activity aims to increase the number of males tested especially young men throughout the country. The Zebras for Life campaign aims to promote messages that inspire hope, life and behavior change. It is conducted throughout the country to reach even the most rural places using the national football team. The players will continue to make appearances at different sporting, district activities and schools throughout the country. The Zebras for Life--Test for Life campaign will continue to work closely with different stakeholders to encourage men aged 15- 35 years to test for HIV.

The project is youth driven and involves stakeholders such as the private sector, Botswana Football Association and DMSACs. Entertainment and sporting events is used to mobilize people in the communities to participate in the campaign. Further consultation meetings to discuss strategies and develop campaign schedules are conducted with the service providers such as Tebelopele, BOCAIP, BDF, Men Sector, Zebras supporter clubs, Botswana National Youth Council (BNYC), Youth Health Organization (YOHO) and Musicians Against AIDS so that they all can align their plans with the Zebras for Life, Test for Life initiative. In addition to the goal of increasing numbers of males tested, and behavior change, the campaign links with other programs such as PMTCT, palliative care, prevention and OVC to leverage resources and ensure that the people are mobilized to test and access services provided. It therefore promotes increased access to and use of services, including HIV counseling and testing, male participation in PMTCT, IPT and ART. The campaign is one of the strategies to ensure that USG and Botswana government reach the Goal of the Botswana NSF of 95% of the population to know their HIV status by 2009. The campaign in 2007 has been able to make significant strides in sensitizing and mobilizing men and Zebras football players to participate in the campaign. In partnership with the Tebelopele VCT centers, the campaign has over a period of six months, tested over 6,000 people of which 59% were males through 60 outreaches in 33 different villages and towns across Botswana. In addition, 15 Zebras (national soccer team players) were trained in HIV/AIDS, awareness in counseling and testing, and communication skills, in order for them to adequately mobilize young men to test. Due to the huge demand generated by such a male engaging manner for mobilizing men (through a popular sport and national icons), there have been limitations to the total number of clients tested at activities due to shortages in counseling staff. Counselor shortage and burnout has also resulted in the number of activities being limited. Botswana's vast landscape and diverse culture has proven a challenge as well. Botswana is sparsely populated meaning outreach to hard to reach areas is long distances over rough terrains. Increasing the number of counselors at each Zebras activity is one of the lessons learned already being implemented through Tebelopele. Part of the funding request includes allowance for more staff for counseling and testing as well as mobilization and capacity building. The introduction of post test clubs is also a lesson learned during FY 2007 to address the growing need for support and education for those who test positive or negative as well as for creating linkages to prevention, care, treatment and other support services in their communities.

2008 plans

The campaign will extend its coverage to very remote villages and plan to increase the number of people tested from approximately 6,000 in 2007 to 41250 in 2008. These numbers are reported by Tebelopele who performs the HIV testing. As the campaign expands, mobilization and training will expand to include the under 23 and the under 20 players to increase the number of Zebra players participating in the campaign. It is estimated that some 50 players will be trained in HIV/AIDS prevention, the importance of HIV testing and in communication skills. Debriefing sessions will also be held for the players to provide them with on-going support to enable them to cope with the task of addressing big audiences and officiating at promotional events. An estimated 2 debriefing sessions per quarter, for 10 players will be conducted in 2008. PEPFAR funds will support post-test clubs for young players, especially those who test HIV positive, to help them to cope and access care, treatment and support services; and also for those who test HIV negative, to provide them with motivation and skills to remain HIV negative and become advocates for testing and behavior change. PEPFAR will also fund capacity building of community sports clubs to provide on going support through prevention education and linkages to care and treatment, and other support programs in their community. IEC packages will be developed as part of capacity building for community sports clubs and the Zebras Supporters Club to function as post test clubs. The Zebras Supporters Club has 21 branches throughout the country and the Zebras for Life—Test for Life will work closely with its executive committee and branches.

In order to further strengthen testing campaigns, increase awareness of the importance and understanding of testing, and increase the number of people tested, a National Testing Month will be held end of the year. This will be linked to the World AIDS Day events. Participation of the country's leadership such as the President, who is the chair of the National AIDS Council, will be requested as well as other relevant stakeholders. This activity will be linked to activity PO215, Society of Students Against HIV/IDS (SAHA) in ensuring that the testing campaigns are brought to the University campus. Additionally the Test for life campaign will collaborate with SAHA in forming post test clubs and use of peer educators to keep people motivated to maintain their status after testing

A strong social marketing component and promotions using electronic and mass media will continue to be done during 2008, in addition to the giving of the Zebras for Life, Test for Life empowerment bracelets to those who test at the community and outreach events. The wrist bands function has an incentive to test, a powerful reminder of the importance of HIV testing, and the contribution to de-stigmatize HIV testing. The Zebras for Life project will also work with NACA, MOH and other key stakeholders to convene a meeting to share best practices and generate a plan for scaling up counseling and testing services.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9836**Related Activity:** 17416, 17417, 17421

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24385	9836.24385.09	Department of State / African Affairs	US Department of State	10446	7890.09	State Mechanism	\$400,000
9836	9836.07	Department of State / African Affairs	US Department of State	8364	8364.07		\$250,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17416	10096.08	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	Constella Futures Group	\$38,000
17417	10146.08	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	Constella Futures Group	\$38,000
17421	4893.08	7752	1341.08	Peace Corps Mechanism	US Peace Corps	\$850,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Number of individuals trained in HIV/AIDS prevention, awareness and advocacy for HIV counseling and testing and in communication skills = 50

Number of men reached with HIV prevention and benefit of HIV testing messages = 100,000

Indirect

Individuals counseled & tested (first-time) 11250

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1332.08

Mechanism: ODC/BDF

Prime Partner: Botswana Defence Force

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 5131.08

Planned Funds: \$50,000

Activity System ID: 17403

Activity Narrative: 08.C0905 DOD/BDF - Strategic Information Survey

The Botswana Defense Force (BDF) will conduct an HIV bio-behavioral survey which provides an estimation of the prevalence of HIV and behavioral risk factors including those associated with deployment, sexual risk, alcohol use, and male norms. The target group for the survey will be active duty BDF personnel. Due to the low number of women in the BDF the sample will be limited to men. The BDF will participate in all planning and execution of the survey.

The HIV testing for the survey will be conducted in counseling and testing setting with participants able to know their results immediately. Those testing positive will be referred to care/treatment. Prevention activities will be organized to occur on the same day as the survey capitalizing on the heightened awareness created by participation in the survey. Results from the survey will enable better service delivery planning, and targeting of prevention programs to those behaviors associated with highest risk in the military.

This activity will support the strategic plan by providing information on male behaviors in Botswana and directly linking behaviors to sero-positivity.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9829

Related Activity: 17738, 17741, 17402, 17404, 17904

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24160	5131.24160.09	Department of Defense	US Department of Defense	10393	5453.09	ODC Mechanism	\$150,000
9829	5131.07	Department of Defense	Botswana Defence Force	5287	1332.07	ODC/BDF	\$200,000
5131	5131.06	Department of Defense	Botswana Defence Force	3488	1332.06	ODC/BDF	\$135,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17402	4836.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$410,000
17404	4990.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$742,000
17904	17904.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$342,000

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	400	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Special populations

Most at risk populations

Military Populations

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5406.08

Mechanism: Local Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 10186.08

Planned Funds: \$50,000

Activity System ID: 17349

Activity Narrative: 08.C0990-Local: Technical Support to Counseling and Testing

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

An additional staff member (locally employed) will be hired to provide technical and management support for the counseling and testing program area. This position was approved in FY2007, but has not yet been filled. Position description is now being developed, and will be caged by the US Embassy Gaborone, before advertising the position.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10186

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24216	10186.2421 6.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$150,685
10186	10186.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$30,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 4459.08

Planned Funds: \$200,000

Activity System ID: 17269

Activity Narrative: 08.C0902 Ministry of Health - Counseling and Testing Unit

2007 accomplishments

A rapid assessment of the capacity of civil society organizations to provide C&T resulted in the selection of six NGOs/CBOs/FBOs to be supported to provide services. An in-depth evaluation of the selected sites has led to the development of a capacity building plan.

The USG supported the MOH in training of health workers in various aspects of C&T service delivery. To-date, the MOH trained over 80 trainers in couples HIV counseling and testing (CHCT), and over 200 health workers and counselors. Training has so far covered 11 of the 24 health districts.

Through routine HIV testing (RHT), 178,176 tests were performed in 2006, representing a 25% increase from the previous year. Eventually, the program aims to expand routine testing to the private sector as well. Over 300 health workers were trained in how to perform the rapid HIV tests, including 35 from the private sector. Through follow-up and support visits conducted to public facilities by MOH in 2007, a number of challenges facing RHT were identified. These included: inadequate on-site support supervision and mentoring of lay counselors; inconsistent supply of rapid HIV test kits in some facilities; health facilities lack the human resources needed to take on increased HIV testing and counseling; policy guidelines are not available to most health workers, and the private sector has not been adequately brought on board to provide routine testing. PEPFAR funds were approved for an evaluation of routine HIV testing in 2007, however, a contractor is still to be identified to carry out this activity.

In FY 2007, a consultant was engaged to work with the MOH and a reference group of key stakeholders to develop national guidelines for counseling and testing, based on recent release from WHO of guidelines for provider-initiated C&T. These include guidelines for C&T in the various settings (e.g. client-initiated and provider-initiated CT services). WHO/AFRO has provided a technical officer to provide assistance in this activity.

The identification of a contractor to support the development of the counselor supervision curriculum and training of a core team of trainers is underway. Applicants have submitted proposals to MOH and the review and selection process is in progress.

Plans for 2008

The goal of the Botswana NSF is for 95% of sexually active adults counseled and tested by 2009. At this point, it is estimated that at least 50% of adults in Botswana know their HIV status. USG funds will support MOH in increasing access to and availability of VCT through the six civil society organizations. Activities will include provision of services, training of 18 lay counselors, mentoring support and monitoring and evaluation. The new sites will become part of the referral networks that have been established in various locations to enhance referral of clients to care and treatment and to community-based support groups. An estimated 7,718 first-time testers will receive services at these sites.

Funds for FY2008 will support on-going monitoring and quality assurance efforts by MOH. Activities will include rolling out of CHCT to the remaining 13 health districts not yet covered, support supervision and mentoring to counselors.

The USG will continue to support capacity development by funding the salaries of two program counselor trainers in the MOH/C&T unit.

PEPFAR funds will also support the development of IEC materials for RHT and VCT, targeting groups, e.g. couples, children, youth and men.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9804

Related Activity: 17281, 17458, 17649, 17567,
17741

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24080	4459.24080.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$250,000
9804	4459.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$346,000
4459	4459.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$446,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17281	4798.08	7712	1044.08	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	Pathfinder International	\$450,000
17567	10294.08	7807	1345.08	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	Tebelopele	\$400,000

Emphasis Areas

Gender

- * Increasing gender equity in HIV/AIDS programs

Human Capacity Development

- * Training
- *** In-Service Training
- * Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	6	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	300	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	0	False

Indirect Targets

Number of service outlets providing counseling and testing according to national and international standards =608 (public facilities providing routine HIV testing)

Number of individuals who received counseling and testing for HIV and received their test results = 250,000 (tested from public facilities using routine testing model)

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 10184.08

Planned Funds: \$300,000

Activity System ID: 17333

Activity Narrative: 08.C0990-HQ: Technical Support to Counseling and Testing

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

An additional staff member (locally employed) will be hired to provide technical and management support for the counseling and testing program area. This position was approved in FY2007, but has not yet been filled. Position description is now being developed, and will be caged by the US Embassy Gaborone, before advertising the position.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10184

Related Activity: 17804

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24506	10184.24506.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10447	7891.09	CDC HQ & Cable	\$215,957
10184	10184.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$40,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True

Indirect Targets

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8747.08

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 17744.08

Planned Funds: \$600,000

Activity System ID: 17744

Activity Narrative: 08.C0906 Child and Adolescent Counseling and Testing

In Botswana, counseling and testing for children and adolescents remains an area of critical gaps in legal, policy and program issues. The legal age of consent for testing in Botswana remains at 21, although major efforts are underway to reduce the age to 16. Policy and guidelines for C&T of children are unclear, if not unavailable. There are no C&T protocols to guide service delivery to children and adolescents. In addition, counselors lack the skills and the confidence to provide services to this group. A number of children are infected, but their status is not known, yet they would benefit from pediatric treatment and other services to improve their quality of life. Some children are on HIV treatment, without knowing their HIV status. This has posed challenges in relation to adherence.

In 2007, the MOH is working to develop policy and guidelines for counseling and testing of children and adolescents, as part of the process to review and update C&T guidelines in general. A review workshop is scheduled to take place in September 2007. Technical assistance from WHO/AFRO region has been obtained for this activity.

2008 plans

Funds will support technical expertise for the MOH and key partners in developing an HIV/AIDS counseling protocol for children and adolescents. The contractor will be required to form a working group comprising of key stakeholders in the development of protocols. These stakeholders will include MLG - OVC program, MOH, Botswana-Baylor Children's Clinical Center of Excellence, UNICEF, and representatives of civil society organizations.

The process will include the review of current practices and relevant policy and guidelines in counseling and testing of children and adolescents. The review will also include existing guidance and protocols from UNICEF, WHO, UNAIDS, CDC and other international organizations, including resources from the region. A consultative and participatory process will be engaged, to draw from all the stakeholders to develop draft protocols for pre-testing in relevant settings. It is expected that the protocol will address the needs of health care workers in providing C&T services for children and adolescents, on-going psychosocial and preventive support, support for disclosure and referrals, among other areas. A curriculum will be developed for the training of health workers on the use of the protocols. PEPFAR funds will also support training of 75 trainers (TOT) of health workers/counselors on child/adolescent counseling.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17568, 17269

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17568	4857.08	7807	1345.08	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	Tebelopele	\$5,300,000
17269	4459.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	75	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Other

Orphans and vulnerable children

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8742.08	Mechanism: CoAg (5444.08)
Prime Partner: Mullens & Associates	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 19648.08	Planned Funds: \$150,000
Activity System ID: 19648	
Activity Narrative: 08.C0911	

The purpose of the national counseling and testing workshop is to bring together implementers and stakeholders on counseling and testing to:

1. Share information on national strategy, policy and technical issues and current coverage of counseling and testing services
2. Share experiences on implementation, monitoring and evaluation of CT services
3. Identify strategies for future direction: overcoming challenges and filling gaps. Mullans and Associates will provide facilitation services for the workshop, in consultation with the counseling and testing technical working group. An estimated 150 participants drawn from implementing partners, key stakeholders like the UNAIDS, WHO, ACHAP and the networks of various HIV and AIDS organisations in Botswana will attend. The counseling and testing technical working group will closely with the Communications working group to ensure appropriate involvement of the media. A deliverable from the workshop will be a report with recommendations on how to efficiently and effectively strengthen and scale up counseling and testing services in the country. This workshop is planned to precede the COP planning exercise so as to draw from the recommendations that will be made. Funding will cover conference venue, transportation and accommodation, as well as general conference facilitation like production of materials and the report.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HTXD - ARV Drugs

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Total Planned Funding for Program Area: \$9,605,000

Percent of Total Funding Planned for Drug Procurement

Amount of Funding Planned for Pediatric AIDS \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people

receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

The Government of Botswana (GOB) supports an estimated 85% of the antiretroviral (ARV) drugs budget. It is part of the national ART program (Masa, New Dawn) to provide free antiretroviral therapy (ART). In 2002, the program started with one main site and now covers 32 main sites and 30 satellite dispensing clinics. Coverage in 2010 will expand to serve 125,000 patients and the number of satellite clinics will increase to 80 by 2008 and 128 by 2009. A very proactive generic drug registration process is in progress with 40 additional generics added by the end of 2007. Botswana is a net pharmaceutical importing country with no manufacturing capacity.

Government institutions perform different roles in ensuring access to free care and ART. In the Ministry of Health (MOH), the Drugs Regulatory Unit (DRU) registers all the medicines and related medical products allowed for sale or use in Botswana including ARVs by determining safety, efficacy and quality. The MOH's National Drug Quality Control Laboratory (NDQCL) is responsible for testing all medicines and related medical products imported, distributed and used in the country using the same criteria. The MOH's Central Medical Stores (CMS) is responsible for meeting the nation's health commodities needs and performs all the supply chain functions including quantification, procurement, quality assurance, warehousing and distribution to all the health facilities in the country. It collaborates with the PEPFAR supported Supply Chain Management Systems (SCMS) group in forecasting and quantification and training in supply chain management.

ART regimens in use include: Combivir, Stockrin, and Nevirapine for first line use. Second line regimen is: Kaletra, Saquinavir, Tenofovir, Abacavir, Didanosine, Ritonavir and Indinavir. Botswana is reviewing its treatment guideline to introduce Tenofovir as a first line drug.

Additional partners in ARV drug support are the Bill and Melinda Gates Foundation which provides funding; Merck Foundation, Glaxo-Smith Kline, Boehringer Ingelheim and Pfizer donating ARVs and drugs for treatment of opportunistic infections (OIs) and ARV price discounts on innovator products in order to increase the number of people receiving treatment. The Clinton Foundation supports ARV procurement.

Procurement Cycle Steps and Support

Product Selection and Policy: The United States Government (USG) participates in the national ART guideline committee. Guidelines revised in 2007 are currently awaiting GOB approval.

Forecasting/Quantification: Educated estimates on future ARV needs, national forecasts with USG and any other donor funding ARV procurement, scale-up and pediatric considerations are prepared in collaboration between SCMS and CMS. National forecasts for ARV and OI drugs needs for the next 24 months are complete and in place.

Procurement: 63% of the PEPFAR funds were used to procure FDA approved generic drugs. In 2007 the procurement of pediatric formulations increased. The USG supplements GOB funds in procurement of ARV and OI primary reference standards and reference textbooks with official test methods of ARVs.

Logistics and warehousing: USG supports security improvements with the installation of closed circuit TV at warehouses.

Quality assurance and information systems: Quality management systems for CMS and DRU were developed in 2007 that will greatly improve internal business processes and improve accountability and responsiveness to internal and external stakeholder and clients. USG supports review of the existing Logistics Management Information System (LIMS) at CMS and performing necessary upgrades is ongoing. Good manufacturing practices (GMP) inspections of manufacturers of ARVs and OI medicines ensure quality of drugs supplied to the country. Study tours to other laboratories / organizations with LIMS installed provided CMS with examples of information systems in use. These systems can improve data control in the laboratory and also be used to link NDQCL with DRU in providing test results of medicines analyzed and any other relevant information required.

SCMS provides technical assistance in supply chain management from forecasting up to distribution activities as part of capacity building efforts. Skilled personnel were added in FY2007 to CMS. These include a pharmacist and two chief supply officers. Two senior staff of CMS trained at the SCMS regional distribution center in South Africa on good warehousing practices. A study tour to three medical stores within the sub region helped CMS senior management to use lessons learned for improvement of operations at CMS. CMS staff and other key stakeholders trained in ARV drug quantification and procurement planning. 300 health care practitioners trained in-country on pharmacovigilance and adverse drug reactions reporting. CMS staff trained in advanced courses in pharmaceutical analysis to continue improving their analytical skills as well as ISO / IEC 17025 Standard. Technical assistance assisted in setting up a quality management system in accordance with ISO/IEC 17025.

Additionally, working with CMS and MASA Program, SCMS supported harmonization efforts in ARV forecasting and procurement planning to ensure no wastage of scarce procurement resources. The supported activities for generic drug registration increased the number of generic ARVs available for procurement and use in treatment. This will further lower cost of treatment and increase number of people served.

In FY2008 USG funds will strengthen the systems of supply, quality control, medicines regulation. More importantly, the support will also focus on strengthening inventory management systems at treatment site level in order to meet treatment objectives. Additionally, more focus will be put on developing a more robust LMIS to track commodity flow through the supply chain building on improved human resource capacity at all levels of the supply chain. SCMS will continue support to DRU by providing short term technical assistance and mentoring and training in post market surveillance to ensure ARVs on the market maintain their integrity. DRU will also use funds to support the ARV registration process and further continue on the job training for in-house staff. Part of the funding will continue support for GMP inspection of generic ARV and OI medicines manufacturers to maintain

quality of supplies.

NDQCL will continue training to improve analytical skills of the staff, procurement of ARV and OIs primary reference standards and reference textbooks and conduct study tours to benchmark with other laboratories and hence increase tremendously the number and scope of quality control tests undertaken.

CMS will continue to employ the supplies officers and pharmacists to strengthen the procurement and distribution of the medicines and augment the quality assurance unit. Additionally, CMS and SCMS will work together with Ministry of Local Government (MLG) to streamline and put in place systems for more efficient distribution of ARVs and related commodities to local government clinics and inventory management in those clinics.

Challenges

HIV care and treatment requires the continuous availability of ARVs and other related commodities in all the facilities where people living with HIV/AIDS (PLWHAs) need them. Several challenges exist in ensuring this: inadequate human capacity in terms of numbers and skills sets; weak logistics systems at the treatment facilities and national level for forecasting, procurement planning, inventory management in warehouse and individual health facilities' pharmacies; capacity challenges in ARV quality control systems; inadequate ARV security infrastructure in storage and transit; and less than efficient processes for authorizing/registering new generic ARV drugs.

80.6% of the proposed budget is planned for ARV drug procurement. (% is earmarked for procurement of pediatric ARVs).

In addition to the proposed budget, the USG team has set aside \$354,000 (unallocated) for ARV drug related activities.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5404.08	Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 10218.08	Planned Funds: \$15,000
Activity System ID: 17334	
Activity Narrative: 08.T1090-HQ: Technical Support for ARV Drugs	
<p>This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.</p>	
HQ Technical Area:	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 10218	
Related Activity: 17271	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24204	10218.24204.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$0
10218	10218.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$15,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17271	4460.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$7,945,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	N/A	True
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
Number of individuals newly initiating antiretroviral therapy during the reporting period		
Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 10216.08

Planned Funds: \$50,000

Activity System ID: 17270

Activity Narrative: 08.T1004: Ministry of Health - National Drug Quality Control Laboratory Support

The NDQCL is a unit in Pharmaceutical Services within the Department of Clinical Services in MOH. NDQCL ensures that medicines and related medical products produced, imported, exported, distributed and used in Botswana are of acceptable quality, safety and efficacy through testing. There has been heavy dependence on manufacturer's documentation on the quality of medicines and related medical products imported, distributed and used in Botswana due to shortage of skilled manpower and inadequate infrastructure. The NDQCL has lacked independence. The Botswana Government has since approved and supported the construction of an independent NDQCL by the end of the National Development Plan (NDP) 9, as stipulated in the Botswana National Drug Policy of 2002 in assuring the quality, safety and efficacy of medicines in the country.

2007 accomplishments

The NDQL used USG support to:

- Train two staff in pharmaceutical analysis for eight weeks at the Medicines Control Authority of Zimbabwe
- Train staff in courses on Advanced Technical Techniques, Instrumentation, Good Laboratory Practice, Stability studies in-country.
- Train two staff in understanding ISO/IEC 17025 at Botswana Bureau of Standards
- Procurement of reference textbooks that contain official test methods of ARV medicines, other relevant reference books and international standards
- Procurement of pharmacopoeial primary reference standards of ARV medicines, opportunistic infection medicines and other drugs
- Study tour / visits to organizations / laboratories with in South Africa with LIMS installed.

2008 plans

USG funds for FY2008 will continue to assist in strengthening the quality control of ARV medicines for OIs imported, distributed, and used in the country.

Training as the major activity for the laboratory will continue to improve staff analytical skills and competence as the number of staff involved in testing increases and new improved instruments/equipment are produced to improve testing of pharmaceuticals. The impact of the training of staff will be seen as the testing of ARVs and other medicines increases yearly and the establishment of a quality management system in the laboratory in accordance to ISO 17025 Standards is done. Documentation and other operating procedures will visibly improve in the laboratory ensuring that accurate test results are produced. USG funds will continue to supplement GOB funds in the procurement of reference textbooks and ARV and OIs primary reference standards.

Since testing of ARVs is now being performed it is important that the required resources such as primary reference standards and other laboratory consumables are available at all times.

Training of staff (old and new) will be the major new activity. Training will be done through attachment training and short courses, to improve staff analytical skills, enhance proficiency in testing; getting acquainted with new analytical techniques and new instruments / equipment that will assist in producing accurate test results in the shortest time possible. The training will also include ISO/IEC 17025 Standard in order to establish a quality management system in the laboratory.

The continuation of the procurement of reference textbooks that contain official specifications and test methods of ARVs and medicines for OIs and the procurement of ARV pharmacopoeial primary reference standards in order to continue testing each batch supplied in the country.

Study tours to other laboratories are necessary to assess the operations of the laboratory. Study tours / visits to at least three laboratories will allow NDQCL to benchmark its operations with other laboratories and assist it to develop methods of improvement. The locations for the study tours are being identified.

Challenges

One major challenge that the laboratory foresees is being able to sustain testing of each batch of ARV medicines and OIs medicines supplied in the country with the limited skilled manpower and current laboratory space until the construction of the new laboratory building. Further, the laboratory is also tasked with the responsibility to test all other medicines and related medical products distributed and used in the country. Such testing of each batch of ARV medicines and OIs circulating in the country is pivotal, as it will assist in detecting counterfeit or substandard drugs increasingly used worldwide.

Currently there are more than 2,000 medicines in the Drugs Regulatory Unit List of Drugs Allowed in the Botswana market Document and more than 2,000 medicines and related medical products that are supplied and distributed to the public sector through CMS Stores to all Government Health Facilities, Mission and Mine Hospitals and some non-governmental organizations. These medicines and related medical products require quality testing to be performed on continuous basis for registration / pre-market authorization, post-marketing surveillance and national procurement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10216

Related Activity: 17271

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27317	10216.2731 7.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$100,000
10216	10216.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17271	4460.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$7,945,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1039.08	Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana
Prime Partner: Ministry of Health, Botswana	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 4460.08	Planned Funds: \$7,945,000

Activity System ID: 17271

Activity Narrative: 08.T1001: Ministry of Health - Central Medical Stores Support

CMS is a unit of Pharmaceutical Services which is under the Department of Clinical Services in the MOH. It is entrusted with the responsibility of providing the nation with good quality and cost effective pharmaceuticals, laboratory and related medical supplies timely. It serves all government health facilities, missions, mine hospitals and non-governmental organizations in Botswana.

The GOB provides free ART to PLWHAs since 2002. Since its inception the program has grown and serves 62 ART facilities (32 hospitals and 30 satellite clinics) with approximately 90,478 patients on treatment (July 2007). The projected number of patients on ART is 102,500 by end of 30 September 2008.

This objective of the program is achieved through procurement, quality assurance, warehousing and distribution by CMS. The program is faced with a number of challenges such as shortage of staff, inadequate storage space, inadequate logistics skills, inadequate quality assurance skills, inadequate ARV security infrastructure, and lack of offices as well as limited funds. In the past the GOB received assistance from partners such as PEPFAR, Bill and Melinda Gates Foundation, Merck Foundation, Boehringer Ingelheim, UNFPA, Clinton HIV/AIDS Initiative (CHAI) and Pfizer in the form of donations of ARVs and drugs for the treatment of OIs and price reductions. CMS has been able to procure ARVs, strengthen the security system, pre-qualify suppliers and train 15 employees on supply chain management and 15 employees on quality management system to improve organizational efficiency and effectiveness through 2007.

In 2007, 63% of the PEPFAR funds were used to procure generic drugs, while 21% of the funds were used for procurement of pediatric formulations. The DRU, which has been receiving support from PEPFAR, is in the process of registering generic ARVs which will enable CMS to increase drug purchase and make savings. The NDQCL has also been receiving support from the USG to improve their analytical skills to assist in testing of procured generic ARVs. Through the cooperative agreements between the GOB and partners, the MOH (CMS) will use FY2008 funds to supplement procurement and distribution of drugs for ART and commodities used in treatment of OIs in the management of HIV/AIDS. Supplies will help support HIV/AIDS Care/Treatment services for PLWHAs their families, children, caregivers. The purchased drugs will be distributed to 50 more clinics operated by the MLG thereby greatly expanding access in 2008. CMS will also secure provision of ARV drugs to 180 legal refugees from the Dukwe refugee center.

There is acute shortage of skilled staff at CMS. The employment period of two Chief Supplies officers and one pharmacist to implement and monitor the project will be extended to additional two years. The employed officers will be deployed as follows: the Pharmacist will be employed at Quality Assurance Unit to support the continuous prequalification following work done by the consultants. He/she will perform quality assurance activities of a selection of suppliers, technical evaluation of tender quotations to support purchasing unit and also address quality matters throughout the supply chain. The Chief Supplies Officers will strengthen the procurement, receipt, inspection and distribution of ARVs, drugs used in the treatment and management of OIs. The services provided by them will lead to an effective system of ensuring that orders will be received, processed and distributed to the health facilities timely and cost effectively.

In order for CMS to improve its organizational efficiency and effectiveness in provision of ARVs there is need to continue with the outsourced technical assistance from SCMS to strengthen the implement a quality management system and the quality assurance system and training of CMS staff on the systems. The program will review and strengthen forecasting and quantification of national needs for ARV drugs and related products used in the management and treatment of HIV/AIDS related diseases through the ART program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9805

Related Activity: 17265, 17305, 17270, 17801,
17335

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
27316	4460.27316.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$6,712,500
9805	4460.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU025095	\$10,680,587
4460	4460.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$10,064,409

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140
17270	10216.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$50,000
17801	17801.08	7711	5286.08	SCMS	Partnership for Supply Chain Management	\$1,580,000
17335	10234.08	7731	5404.08	HQ Base	US Centers for Disease Control and Prevention	\$300,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	N/A	True
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
Number of individuals newly initiating antiretroviral therapy during the reporting period		
Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

individuals newly initiated on ARV: 7,000
 # individuals ever received ARV: 26,000
 # receiving ART by end of FY: 20,785

Target Populations

Other
 People Living with HIV / AIDS

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1039.08	Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana
Prime Partner: Ministry of Health, Botswana	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 4461.08	Planned Funds: \$0
Activity System ID: 17272	

Activity Narrative: 08.T1003: Ministry of Health - Drug Regulatory Unit Support

The DRU is a unit within the MOH responsible for the regulation of medicines in Botswana. With the expansion of the MASA program and increase in number of patients on ART, the Ministry faced a number of challenges in the provision of the medicines including increased costs of medication. The increasing costs necessitated looking at different options of sources of medicines, including generic ARVs. To ensure that the quality of the products used would not be compromised it was necessary to strengthen the regulatory unit, hence DRU became one of the beneficiaries of the PEPFAR funds. The areas for strengthening included the inspectorate, the registration; and the setting up and training of a pharmacovigilance section.

2007 accomplishments

The activities for FY2007 continued the previous two years work. These include further training activities within the DRU as well as training of other health care professionals in reporting of adverse drug reactions.

The need to develop a monitoring and evaluation of the processes within the unit was also recognized. Part of the funds for FY07 budget period developed a quality management system. The unit will have quality manual, updated standard operating procedures as well as the staff trained in the system by the end of 2007. The system now has a monitoring and evaluation component which will help with the continuous improvement of processes and procedures to allow for effective regulation of medicines.

2008 plans

The DRU proposes to increase human resources by at least two officers with regulatory skills. For more generic ARVs to be registered, bioequivalence data needs to be evaluated to ensure equivalence with the innovator products. The pharmacovigilance section must be able to process and evaluate adverse drug reaction reports. These officers will also help in review and updating processes and procedures to minimize multicycle evaluation of dossiers for registration. The unit plans to continue with the activities of registration and pharmacovigilance next year.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9806

Related Activity: 17801

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24081	4461.24081.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$200,000
9806	4461.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$200,000
4461	4461.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$575,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17801	17801.08	7711	5286.08	SCMS	Partnership for Supply Chain Management	\$1,580,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5406.08 **Mechanism:** Local Base
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GAP **Program Area:** HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD **Program Area Code:** 10
Activity ID: 10219.08 **Planned Funds:** \$15,000
Activity System ID: 17350
Activity Narrative: 08.T1090-Post: Technical Support for ARV Drugs
 This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.
HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 10219
Related Activity: 17271

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24217	10219.24217.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$0
10219	10219.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$15,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17271	4460.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$7,945,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	N/A	True
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
Number of individuals newly initiating antiretroviral therapy during the reporting period		
Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5286.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 17801.08

Activity System ID: 17801

Mechanism: SCMS

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Drugs

Program Area Code: 10

Planned Funds: \$1,580,000

Activity Narrative: 08.T1002: ARV Drugs: SCMS

The GOB through its MASA program currently provides antiretroviral treatment to 90,478 patients at 32 hospitals and 30 satellite clinics. It is projected that this number will grow to 104,900 patients by September 2008. The number of satellite clinics will increase to 80 by March 2008 and 128 by March 2009.

HIV/AIDS commodities used in prevention, care and treatment are procured and distributed by CMS which is charged with managing the entire supply chain for the country. CMS receives direct support from PEPFAR for commodity procurement and this contribution is estimated to be equivalent to about 15% of the total ARV procurement cost in the country. CMS has also been supported to train and hire staff to support ART scale-up and to increase procurement of pediatric formulations.

Currently most ARVs used in the country are innovator brands as donations from multinational companies (Merck) and the rest are procured with government funds. The government receives USG support through DRU to strengthen systems for generic ARV registration in order to lower cost of ARVs. NDQCL received support to augment their technology and skills capacity for quality testing of generic ARVs. The Clinton Foundation has promised to donate pediatric ARVs for FY2007 and FY2008. SCMS proposes to continue supporting all these organizations in FY2008 to augment capacities needed to build sustainable HIV/AIDS supply chains in Botswana. SCMS will work as a partner to these organizations within the existing systems and not develop any parallel systems.

This proposed activity has several components. One component provides technical assistance and support to CMS to efficiently carry out its responsibility of procurement, quality assurance, storage and distribution of HIV/AIDS related commodities for all government, mission, mine and non-government organizations in Botswana. The second component will be on provision of technical assistance to the DRU in its mission to assure quality of ARVs and related commodities used in care and treatment. The third activity supports the national MASA program in its role to harmonize and coordinate all partners by ensuring the supply chain is ready to support and sustain the new treatment guidelines and treatment objectives of the program.

In FY2007, SCMS worked with CMS to strengthen management systems through the development of clear management quality performance indicators and a continuous monitoring and evaluation plan. Additionally, support improved the IT infrastructure for commodity tracking at the stores and in the procurement and distribution pipeline. Two key staff at CMS were trained at the SCMS Regional Distribution Center in South Africa in good warehousing practices plus exchange visits to regional medical stores for benchmarking purposes. Ten other staff were trained in procurement planning and forecasting at one of the tailor made SCMS training programs that also covered use of specific software programs: Quantimed for forecasting and Pipeline for procurement planning. CMS' in house Quality Assurance Unit received in-house training to ensure quality of ARVs and related commodities that are provided along the supply chain up to the end user. Other support provided related to the general operations management at the warehouse based on the findings and recommendations of the Boehringer-Ingelheim Assessment Report that was adopted by government. SCMS also supported the STI Unit at the MOH by procuring Acyclovir tablets worth \$200,000. DRU received technical assistance to assess registration systems for generic ARVs and training of in-house staff in dossier review. Evaluation of application dossiers helped clear the back log in the registration process.

PEPFAR through SCMS supported CMS and other partners in FY2007 to develop national forecasts for ARVs needs for the next 24 months and set in place a system for continuous updates of these forecasts as regular activity. In addition, 10 persons were trained in ARV and related commodities forecasting and procurement planning. Working through the MASA program SCMS supported the setting up and facilitation of an ARV Working Group that brings together all partners in the sector - MOH, MOLG, CMS, BOTUSA, MASA, GFATM, Clinton Foundation, ACHAP, Harvard Program and the others for better harmonization of forecasting and procurement planning. SCMS continues to assist in providing analyzed supply chain information on both demand and supply sides that can be relied on to make decisions on resource mobilization and scale up rates.

2008 plans

SCMS working in collaboration with partners will continue to support planned activities helping to further enhance systems at the national level. Working with CMS, SCMS will provide support for strengthening the distribution system for ARVs and related commodities including investigating options for a more effective distribution structure which CMS can adopt to ensure continuous supply in an efficient manner to all the ART sites (128 clinics under MLG and 32 hospitals under MOH) spread across the whole country. There will be more focus on building capacity at the treatment site level for the 32 hospitals offering ART and working with health clinics under the MLG. This work will involve development of tools for inventory management and transactions tracking; electronic inventory and dispensing records; training of pharmacy staff in quantification, product requisition; general inventory management training; commodity transactions tracking information collection and analysis in order to make the supply system be fully pull based.

CMS currently faces huge challenges in projecting demand for ARVs at sites due to unreliable logistic information flow and hence supporting hospitals and clinics to build capacity for effective supply chain management will be the major determinant for ensuring a sustainable supply chain needed for HIV prevention, care and treatment programs. SCMS will provide technical support to the MOH for the development of a HIV/AIDS commodities tracking system; implementation of a revamped LMIS; train staff in collection, analysis and use of information; and provide analyzed information to feed into product forecasting, procurement planning and distribution management (supply and demand management). SCMS will support the roll out of whatever technological solution is adopted by the MOH that is also in line with the general health management information systems of the country. SCMS will continue to work with the DRU to strengthen systems for quality assurance of ARVs in the country's supply chain. The support will include short term technical assistance for in-house mentoring of DRU staff; training in post marketing surveillance of ARVs and adoption of technology solution for maintaining the drug register.

GOB is strengthening its activity related to preventive care for HIV positive women. The newly revised care

Activity Narrative: and treatment guidelines recommends annual PAP smear screening for HIV positive women. A PAP smear screening clinic is being put up for this purpose. Lack of basic equipment is making implementation difficult. An amount of \$80,000 is earmarked for purchase of PAP smear screening equipment so that the clinic becomes fully operational.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17265, 17271, 17272

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140
17271	4460.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$7,945,000
17272	4461.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

HTXS - ARV Services

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Total Planned Funding for Program Area: \$10,677,962

Amount of Funding Planned for Pediatric AIDS	\$5,006,196
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are

0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

The Government of Botswana (GOB) provides free ART to persons living with HIV/AIDS (PLWHA) through the Masa (New Dawn) program. Masa started in 2002 with 1 site (treatment initiation center or Infectious Disease Care Center [IDCC]), and grew to the current 32 sites. Each main site has between 2 to 4 satellites where PLWHA go for routine treatment; when complications occur patients are referred to the main site. Currently, there are 32 main sites and 30 satellites in operation. Coverage in 2010 will expand to serve 125,000 patients and the number of satellite clinics will increase to 80 by 2008 and 128 by 2009. In addition to Masa, Botswana also has 9,514 PLWHA who receive their ART through private medical aid with 6 853 children under treatment.

Services

The GOB funds most of Masa, and receives financial and technical assistance from the USG; the African Comprehensive HIV/AIDS Partnership (ACHAP) and the Global Fund to fight Tuberculosis, AIDS and Malaria (GFTAM).

In Botswana, public hospitals fall under the authority of the Ministry of Health (MOH), while the public clinics fall under the Ministry of Local Government (MLG). To ensure linkages between different health facilities in the provision of ART, Botswana uses a site model, which consists of a hospital with 2 to 4 satellite clinics. Currently, all hospitals in all sites are offering ART. All facilities in any given ARV site, offer HIV/AIDS-related programs and services including diagnostic HIV testing; TB diagnosis and treatment; management of sexually transmitted infections (STIs) and opportunistic infections (OIs); initiation of prophylactic anti-TB treatment for eligible patients; prevention of mother to child transmission (PMTCT); palliative care; and general prevention education. Patients tested through the routine HIV testing (RHT) program or the voluntary counseling and testing program (VCT) are referred to Masa to assess eligibility for ART, where they can receive all other related care.

ARV treatment regimens in use include: Combivir, Stockrin, Nevirapine for first line use. The second line drugs are: Kaletra, Saquinavir, Tenofovir, Abacavir, Didanosine, Ritonavir and Indinavir. Botswana is reviewing its treatment guideline to introduce Tenofovir as a first line drug.

The GOB is rolling out delivery of ARVs to the satellite clinics. This will bring treatment closer to the community, and relieve crowding in the hospitals. Safe storage of antiretrovirals (ARVs) has been a major challenge, and United States Government (USG) support contributes to upgrading the security of pharmacies at the satellite clinics. USG funds also contributed significantly to equipping 12 decentralized laboratories to perform CD4 tests. The two reference laboratories (Gaborone and Francistown), were upgraded by supplying additional instruments and training staff. Further decentralization is planned, with significant USG support.

To further improve access to care, GOB has been outsourcing the care of stable patients to the private sector over the last 24 months. As of July 2007, 6,616 patients were in outsourced care. This public/private collaboration helps significantly in reducing over-crowding, especially in the urban health facilities. An additional 9,514 patients are cared for in the private sector, with full medical aid from GOB.

The USG supported Botswana-Baylor Children's Clinical Center of Excellence, in collaboration with the MOH pediatric department, provides pediatric AIDS treatment and training of clinicians in pediatric HIV care. PEPFAR will continue assistance to the MOH by providing additional pediatricians and upgrading pediatric facilities as well as funding to both MOH and Baylor for pediatric care. These activities expect to consolidate the provision of ART to all children who need it in Botswana's most populous health district (Gaborone), and many other adjacent areas. Princess Marina Hospital (PMH) in Gaborone provides ART services for the south of the country and Nyangabwe Referral Hospital (NRH) in Francistown for the north.

The USG provides financial and technical assistance to the following activities:

NRH and PMH pediatric units will continue to increase children's early access to ART by using the early infant diagnosis (EID) approach. Baylor coordinates pediatric training of health care workers to scale-up pediatric ART services in Botswana. The MLG strengthens the security of clinic pharmacies to allow ARV prescription at the community level and is adding nurses to expand availability of prescriptions. A public health specialist supports ART service delivery at the clinic level and assists in monitoring service delivery expansion. The Botswana Harvard Partnership (BHP) Clinical Master Trainer Program will continue to scale up site-specific ART training of health care workers.

I-TECH and Associated Fund Administrators (AFA), a local health insurance company, will continue to provide HIV/AIDS professional training to maintain standards of care. U-Penn and BHP will continue assisting the GOB to increase the number of individuals accessing treatment. Computers provided to the Botswana Defense Force (BDF) are used to monitor patients on treatment.

Pediatrics focus

The GOB estimates that 9% of PLWHA are children. All 32 treatment sites provide Pediatric HIV treatment services, including ART. HIV testing of children under 5 years is in place and the Clinton Foundation conducts case identification and employs PLWHA to monitor adherence among children on ART. PCI will focus on linking care to civil society and strengthen adherence to treatment for children by creating a regional system for collaboration of civil society organizations (CSOs) with the GOB. A basic preventive care training component is being strengthened at community level. It is anticipated that with universal ART in pregnancy, pediatric HIV will decline below the current levels. The current estimate of vertical transmission in Botswana with its strong PMTCT program is 4%.

Referral and Linkages

In FY2007, USG initiated and strengthened linkages between the Masa program and other HIV/AIDS programs. Special attention is being given to TB/HIV; EID and treatment of HIV infected infants; identification and treatment of ARV eligible mothers in the PMTCT program; OVC; counseling and testing; and prevention services.

Strategies to improve on linkages of services included installing a system to insure that not only PMTCT mothers, but all others, are offered EID at all entry points into the health system, to optimize early treatment for as many children as possible. A CBO care organization identifies OVC and refers them for testing and referrals as appropriate. Tebelopele transformed its reporting policy to one of "confidentiality" as opposed to "anonymity" in order to facilitate the follow up of clients who seek related care and treatment options. Tebelopele will offer supporting counseling for diagnosed HIV patients including Prevention with Positives (PwP) services and referrals to treatment when appropriate. Collaborative training between the partners and MOH is ongoing. The various training curricula link their content directly to the treatment guidelines. Supply chain challenges represent an important threat to our treatment programs; to this end, the PEPFAR supported Supply Chain Management Systems group (SCMS) has been engaged to help in training.

A new revised and updated treatment guideline prepared in 2007 is awaiting approval from the MOH.

Policy

In FY2007, GOB introduced policy allowing the prescription of ARV drugs by nurses. Nurses are now trained to prescribe ARVs to stable patients and refer as needed which will increase the number of health care staff providing ART and accelerate access to treatment. The GOB adopted a policy accepting the assistance of USG in offering all legalized refugees registered at Dukwi full ART services.

Challenges

Monitoring and evaluating (M&E) an ART programs is challenging. The USG funds a M&E unit at MASA, supports data warehouse development, collaborates in operational research based on national program indicators (e.g. costing, survival outcomes, adherence), and assists in setting up data collection systems in satellite clinics, standardization of indicators, and surveillance. 24 newly hired information and management officers (IMOs), posted at district level, will improve data collection and quality on treatment and information use in local and national decisions on care.

In addition to the proposed budget, the USG team has set aside \$568,000 (unallocated) for ART services related activities.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	36
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	10890
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	53338
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	43858
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	1012

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5425.08	Mechanism: 5U51HA02522: Palliative Care Support
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 10226.08	Planned Funds: \$1,275,000
Activity System ID: 17566	

Activity Narrative: 08.T1112-Field: Harvard Botswana AIDS Initiative Partnership

The BHP-PEPFAR ART Training and Site Support program is aimed at developing sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expanding CD4 and Viral load laboratory testing to decentralized laboratories, and strengthening the Botswana MOHs M&E capacity to monitor the effectiveness of the National ART program (MASA).

Achievements during FY07

Clinical master trainer results (CMT): Number of health personnel trained for ART services - 492, number trained in palliative care - 635, facilities supported and mentored - 18 hospitals and 39 satellite clinics.

Laboratory Master Trainer (LMT) results: Number of lab technicians trained – 22; facilities supported and mentored -15; decentralized laboratories supported ran 72,041 samples for CD4 testing, and 7,577 for VL testing

Monitoring and Evaluation (M&E) results: Sites reached – 32; data entry clerks (DEC) trained – 59; data warehouse developed; integration of MASA and DHIS ongoing and; data security and confidentiality system to encrypt and decrypt completed.

Plans for FY2008:**A) CMT will continue to:**

1) task shifting: training of nurse dispensers and nurse pre scribers; 2) train Health Care Providers on QAI and implementation of QA activities at ART site level and QAI training for district/site leadership cadres; 3) provide CME at district level, telephone site support; 4) continue training material development, SOP's, guidelines, memo's and checklists tools for care and treatment sites.

B) LMT will continue to:

1) support the established CD4, VL decentralized and expand training to include hematology, chemistry and microbiology support; 2) in collaboration with MOH and HHS/CDC/BOTUSA formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB); 3) train on LIS issues at decentralized labs/sites and train on lab data management, reagent logistics and quality assurance.

C) The M&E Unit within Masa will continue to:

1) refine and expand indicators and management tools; 2) replace PIMS (MASA) and roll out new system to all PIMS locations; 3) integrate functions of (e.g. PMTCT) and integrate with all other national systems (e.g. DHIS); 4) train end users on the new systems; 5) establish support desk and using DEC to perform vital role; 6) conduct a targeted patient evaluation study on medication adherence.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10226

Related Activity: 17287, 17273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24224	10226.2422 4.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10390	5425.09	5U51HA02522: Palliative Care Support	\$1,275,000
10226	10226.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	5425	5425.07	Field	\$1,200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17287	10232.08	7713	1331.08	I-TECH	University of Washington	\$50,000
17273	4964.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

* Task-shifting

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	32	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

service outlets 32

individuals ever received ARV 44,658

receiving ART by end of FY 39,300

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1353.08

Prime Partner: Harvard University School of
Public Health

Funding Source: Central GHCS (State)

Budget Code: HTXS

Activity ID: 4955.08

Activity System ID: 17564

Mechanism: 5U51HA02522: Palliative Care
Support

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$2,786,962

Activity Narrative: 08.T1111-Central: Harvard Botswana AIDS Initiative Partnership

The BHP-PEPFAR ART Training and Site Support program is aimed at developing sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expanding CD4 and Viral load laboratory testing to decentralized laboratories, and strengthening the Botswana MOHs M&E capacity to monitor the effectiveness of the National ART program (MASA).

Achievements during FY07

Clinical master trainer results (CMT): Number of health personnel trained for ART services - 492, number trained in palliative care - 635, facilities supported and mentored - 18 hospitals and 39 satellite clinics.

Laboratory Master Trainer (LMT) results: Number of lab technicians trained – 22; facilities supported and mentored -15; decentralized laboratories supported ran 72,041 samples for CD4 testing, and 7,577 for VL testing

Monitoring and Evaluation (M&E) results: Sites reached – 32; data entry clerks (DEC) trained – 59; data warehouse developed; integration of MASA and DHIS ongoing and; data security and confidentiality system to encrypt and decrypt completed.

Plans for FY2008:**A) CMT will continue to:**

1) task shifting: training of nurse dispensers and nurse pre scribers; 2) train Health Care Providers on QAI and implementation of QA activities at ART site level and QAI training for district/site leadership cadres; 3) provide CME at district level, telephone site support; 4) continue training material development, SOP's, guidelines, memo's and checklists tools for care and treatment sites.

B) LMT will continue to:

1) support the established CD4, VL decentralized and expand training to include hematology, chemistry and microbiology support; 2) in collaboration with MOH and HHS/CDC/BOTUSA formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB); 3) train on LIS issues at decentralized labs/sites and train on lab data management, reagent logistics and quality assurance.

C) The M&E Unit within Masa will continue to:

1) refine and expand indicators and management tools; 2) replace PIMS (MASA) and roll out new system to all PIMS locations; 3) integrate functions of (e.g. PMTCT) and integrate with all other national systems (e.g. DHIS); 4) train end users on the new systems; 5) establish support desk and using DEC to perform vital role; 6) conduct a targeted patient evaluation study on medication adherence.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 8050

Related Activity: 17287, 17273, 17274

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24171	4955.24171.09	HHS/Health Resources Services Administration	Harvard University School of Public Health	10374	1353.09	5U51HA02522: Palliative Care Support	\$2,786,962
8050	4955.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4676	1353.07	Track 1- ARV	\$2,786,962
4955	4955.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	3564	1353.06	Track 1- ARV	\$2,200,001

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17287	10232.08	7713	1331.08	I-TECH	University of Washington	\$50,000
17273	4964.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17274	4462.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	11	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	16,446	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	14,472	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

service outlets=707
individuals ever received ARV=10,929
receiving ART by end of FY=9,618
trained to deliver ART=500

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1331.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 17812.08

Activity System ID: 17812

Mechanism: I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$100,000

Activity Narrative: 08.T1104: Clinical Profile OF HIV Infection and ARV Treatment Outcome Among Children in Botswana

Expected cost and implementation period: This is a 1-year project to conduct analysis of routinely collected pediatric data, with an estimated cost of \$100,000

Local co-investigator: Drs. Jibril (MOH); Negussie Taffa; Stephane Bodika and Disasi Kisanga (BOTUSA)

Project description: Children age below 15 years made up 9.4% of the total 85,000 people on ART in Botswana by May 2007. The ARV program (MASA) in Botswana is far advanced in terms of patient-based information tracking system once an individual is put on ART. The system has limited some systematic data on pediatric care and treatment that has not been sufficiently utilized to date. This project will conduct initial data analysis on clinical and immunological profiles of children at HIV diagnosis, disease history, and treatment outcomes including (if available from the routine record) treatment adherence, drug side effects, toxicities and occurrence of opportunistic infections.

Evaluation questions

- 1)What are the clinical profiles HIV infected children who are initiated on ARV treatment?
- 2)How do these profiles differ by point of entry or referring program (PMTCT, out patient clinic and routine HIV testing)?
- 3)What is the level of early mortality (at 3 and 6 months) and what are the common causes?
- 4)What types of drug toxicities are commonly observed early and late in the course treatment for children put on ARV therapy?
- 5)What are the commonly observed opportunistic infections for children on ARV therapy and what factors are associated with OIs?
- 6)What are chances of survival after 2-3 years on ARV therapy?
- 7)What is the level of loss to follow up and treatment adherence as defined by the country's treatment guideline?

Programmatic importance/anticipated outcomes:

Adequate knowledge of HIV manifestations, treatment outcomes and adherence issues among HIV infected children in Botswana will inform quality care and treatment design and management. The analysis will be used to describe the profiles of children in treatment, particularly with respect to adherence and retention, and to develop a concept sheet for a prospective PHE to evaluate strategies to improve treatment adherence among children who are suspected as ART failures due to adherence problems. Also part of this initial project we will consult with other PEPFAR countries in the region who are implementing PHEs on pediatric adherence in order to learn experiences. A third part of this initial project may be a sample record review and abstraction from the paper-based medical records of the children receiving treatment at the 24 sites that are not linked to the electronic patient management system (IPMS). For this portion of the evaluation, we will consult with those countries planning to conduct national pediatric outcomes evaluations who have already developed protocols and data collection instruments that we might adapt for Botswana.

Method:

This is a retrospective record review of all children (below 12 years of age) initiated on ARV treatment between 2003 and 2004 in six major ARV treatment hospitals in Botswana (Baylor, Nyangagbwe, Maun, Molepolole, Selebe-Phikwe, Serowe/Palapye). These sites were among the few initial sites where pediatric ARV treatment was started alongside the one for adults. It is believed that a complete treatment data worth 3-4 years (i.e. January 2003 to December 2007) is obtainable from the national HIV/AIDS data warehouse. This data will be counter-checked with electronic patient records at each treatment site for completeness, accuracy and consistency. Unique identifiers will be developed to merge data from the six sites since children in Botswana do not have national identity numbers. Frequencies and cross-tabulations will be conducted on selected variables of interest to the study. As indicated above, the study does not involve field data collection. Data extraction forms will be developed to address study objectives and variables. Database managers at national HIV/AIDS data warehouse will move the information into data analysis software of choice.

Population of interest:

Study population: All HIV infected children below 12 years of age who are on ART in public health facilities.

Information dissemination plan:

Study findings will be disseminated to health workers involved in care and treatment of children infected with HIV in Botswana, and elsewhere as needed. Abstracts will be presented to the national and international audiences for experience sharing.

Budget justification (\$)

Salary 50,000

Equipment 5,000

Supplies 5,000

Travel 15,000

other (contractual services): 25,000

Total 100,000

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:**Related Activity:** 17273, 17814**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17814	12304.08	7759	7759.08	New CoAg - PCI	Project Concern International	\$600,000
17273	4964.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

PHE/Targeted Evaluation

Food Support**Public Private Partnership****Targets**

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5420.08

Mechanism: RPSO

Prime Partner: Regional Procurement Support
Office/Frankfurt

USG Agency: Department of State / African
Affairs

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 10224.08

Planned Funds: \$1,200,000

Activity System ID: 17813

Activity Narrative: 08.T1105: RPSO – Construction of Nutrition Unit

In FY2007, USG funds supported the construction of a rehabilitation unit for malnourished children infected and affected by HIV/AIDS in NRH in Francistown.

The rehabilitation unit would serve several purposes:

1. Affected children would be served at the Unit for supportive care and proper nutrition management
2. The unit would serve as a training center for family care givers in the care of malnourished children
3. NGOs/ CBOs/FBOs working with OVC would refer needy cases to the Unit and their staff would get proper advice and regular training
4. The Unit would provide office space for the Project staff

Due to inflation rates and increase in building materials and other related factors, the amount budgeted for and approved in FY2007 (\$800,000) is insufficient to support the construction of such a unit in PMH in Gaborone.

It is estimated that the construction of one unit will cost \$1million. Furthermore, GOB requested USG if a similar unit could be supported in NRH in Francistown. Therefore, in this COP08, USG Botswana is requesting an additional US\$1.2million;\$200,000 will go towards the completion of the one in PMH and 1million will go towards the construction of the second unit in Francistown.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10224

Related Activity: 17268, 17816

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24227	10224.2422 7.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	10391	5420.09	RPSO	\$0
10224	10224.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5420	5420.07	contract	\$500,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17268	4458.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$305,000
17816	17816.08	7892	5420.08	RPSO	Regional Procurement Support Office/Frankfurt	\$2,000,000

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Coverage Areas

North-East

South-East

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5420.08	Mechanism: RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 17816.08	Planned Funds: \$2,000,000
Activity System ID: 17816	

Activity Narrative: 08.T1108: RPSO - Pediatrics Clinic

USG will construct a new pediatrics building on space adjacent to the pediatrics wards and the Botswana-Baylor Centre of Excellence for Pediatric HIV Treatment (COE). There are multiple needs for this building, all of which complement or directly serve PEPFAR implementation for children. When complete, this facility will provide in its first year of function an access pathway to HIV care and treatment for approximately 200 newly diagnosed HIV-infected children. It will provide care for 3,000 children with HIV and co-morbidities such as TB and other OIs. It will serve as a training clinic for 250 HCWs on care and treatment of HIV-infected and affected children. It will provide a place for followup care for discharged HIV-infected and uninfected children. It will provide a place for general and HIV-related pediatrics training of medical students, interns, and residents. It will permit coordinated care at the largest hospital in the country. FY08 funds will be used by the US Department of State (DOS) Regional Procurement Service Organization (RPSO) for construction.

Some of the challenges of providing adequate HIV care and treatment are those related to geographical distribution of the population across a large land mass. The COE is working with the MOH to address the treatment and palliative care needs of children served by health care facilities in the periphery through training and mentoring activities supported by PEPFAR.

Other challenges result from the fact that most attention to pediatrics HIV care has focused on prevention of vertical transmission in the PMTCT program and on the early infant diagnosis program with referral to treatment and care of HIV + babies in the first 2 months of life. Those HIV+ children who have survived infancy and early childhood are often unidentified and moving through life with suboptimal health. The system is not actively screening these older children for HIV and OIs to prevent illness through early identification and care. These secondary prevention activities need a programmatic and facility focus.

Space and staff capacity are two major problems posing a barrier to adequate pediatric care at PMH. Excellent care and treatment for children with HIV/AIDS is provided for those 1,400 children who have found their way to the COE at PMH. Aside from the COE and two old pediatrics wards, Princess Marina Hospital (PMH), the largest referral hospital in the largest population center in the country, does not have any dedicated space for any pediatrics care. This situation results in inadequate attention to children with HIV infection as well as inadequate attention to general pediatrics preventive, acute and chronic care and treatment. For example, children under 5 are at increased risk of acquiring TB when exposed to infectious adults at home or in other settings. In a country which has approximately the third highest rate of TB and HIV in the world, it is important to screen children for TB. There is no place for this to take place other than adult TB clinics, which also serve children once they are identified. Although the PMH is a referral hospital, people use it for ambulatory acute and chronic care as well as specialty care in the same way that people do in the US.

A few clinics use borrowed space from other medical services on an intermittent basis. Children with HIV, who reportedly comprise about 50% of inpatients, are not always registered patients at the COE and thus are not always seen by COE staff in the inpatient facilities or referred to the COE at discharge. Further, the COE is at its maximum number of patients so another pathway for HIV screening and referral, followup after hospital admissions, and chronic management of TB and other OIs needs to be developed.

Medical training in general and HIV-related pediatrics is in urgent need of space and staffing to train medical students, interns, and pediatrics residents. In 2008, all these training programs will begin simultaneously. The lack of a pediatrics clinic attached to PMH is a dire deficit for all these training programs.

Nearly half of Botswana's population is under 15 years of age. Thus the need for pediatrics care is critical at PMH where pediatric care is currently patchy, incoherent, and inadequate.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:** 17273, 17813**Related Activity**

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17273	4964.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17813	10224.08	7892	5420.08	RPSO	Regional Procurement Support Office/Frankfurt	\$1,200,000

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

South-East

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1337.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Local Government,
Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4541.08

Planned Funds: \$50,000

Activity System ID: 17818

Activity Narrative: 08.T1110: MLG - ARV Support

To improve access to ARVs in line with the goal of "Universal Access" the MASA program focuses on improving access to ARVs by expanding all the components of ART services to the satellite clinics, having in the operation linkages between treatment and prevention and optimizing workload distribution and service provision as key strategy. A critical element of this will include developing a full ART service provision to the clinic level. In so doing, not only will access to the program be improved, but also other critical related programs will be linked to MASA program and hence ensure the much needed service to clients and patients. These programs are; Maternal and Child Health (MCH), Prevention of Mother to Child Transmission (PMTCT) of HIV, TB, Sexually Transmitted Infections (STI), Palliative Care and Home Based Care (HBC).

MLG has already rolled out ARVs to 30 facilities and is planning to rollout ARV to 50 facilities this year 2007/2008 to a cumulative of 80 facilities and to 128 in financial year 2008/2009. The national projection of patients who will be on ART by the end of 2008, 2009 and 2010 is 92,500, 110,000 and 125,000 respectively.

Currently there are 14 facilities that are dispensing drugs on site and 19 on outreach.

To date, Eleven (11) drug storerooms were strengthened and or upgraded to be able to store ARV drugs. Nine (9) of these facilities are dispensing on site and one on outreach.

In COP 6 the post of a public health specialist was filled and drug storerooms for 33 more facilities were upgraded. 300 nurses were trained in drug management and dispensing to provide these services at the sites. 34 facilities were targeted for strengthening of the drugs storerooms and increasing the working space.

2008 plans

MLG will continue training nurses on dispensing ARVs to increase capacity. To ensure that facilities always have nurses who can dispense, this training will increase the number of nurses who have been trained on dispensing to 500. There will be 3 sessions of trainings for nurses on drugs dispensing.

The MLG will use funds to renovate one old building and convert it into district/regional ARV drugs warehouse where drugs from Central Medical Stores will be stored before being distributed to the facilities. Having district drug warehouses in all districts will improve the supply chain management to ensure that drugs are always in stock, there is proper drugs management system in place, proper accounting of drugs in the districts, there is safety of the drugs and ultimately their distribution resulting in improved access. Pharmacists will manage these district/regional warehouses. Support and training for the pharmacists will come from SCMS.

MLG's Department of Primary Health Care has the responsibility of coordinating the ARV rollout to the clinics. MLG will hire 2 Regional ARV Coordinators for the northern and southern parts of the country funded by PEPFAR. The 2 Regional ARV Coordinators will be responsible for monitoring the projects implementation through frequent visits to the districts facilities where rollout will be implemented. They will closely supervise the strengthening of the infrastructure, monitoring of the funds in the districts by making sure that accounts are in order and payments are made speedily. With the increase in number of health facilities that are dispensing from 30 to 80 to 128 in 2006/2007, 2007/2008 and 2008/2009 respectively, the two coordinators will closely oversee the whole process of the rollout, give necessary assistance to the districts and through the national coordinator make provisions for the needs that might arise. The two (2) regional coordinators will work hand in hand with the District HIV/AIDS Coordinators (DAC) to increase the uptake of MASA program in the health facilities. The 2 coordinators will be hired as project posts and will be taken over by GOB after 3 years.

The Public Health Specialist, who is in place, will direct the overall coordination of the rollout of ARV to the clinics in collaboration with the Ministry of Health. He will also provide guidance to the District Health Teams on issues of rollout of ARV to the clinics; where applicable facilitate training to personnel of Local Authorities on ARV rollout and provide technical support to DHTs on ARV program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9867

Related Activity: 17273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24165	4541.24165.09	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	10371	1337.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$420,000
9867	4541.07	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	5298	1337.07	CoAg # U62/CCU02509 5	\$318,000
4541	4541.06	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	3372	1337.06	Technical Assistance	\$1,517,054

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17273	4964.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	90	False

Indirect Targets

of outlets= 80
individuals newly initiated on ARV=4000
individuals ever received ARV=6270
receiving ART by end of FY = 5174
trained to deliver ART=0

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5406.08

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GAP

Budget Code: HTXS

Activity ID: 10235.08

Activity System ID: 17351

Mechanism: Local Base

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: HIV/AIDS Treatment/ARV
Services

Program Area Code: 11

Planned Funds: \$109,000

Activity Narrative: 08.T1190-Post: Technical Support ARV Services

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10235**Related Activity:** 17271**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24218	10235.2421 8.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$76,593
10235	10235.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17271	4460.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$7,945,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 4964.08

Planned Funds: \$0

Activity System ID: 17273

Activity Narrative: 08.T1107: MOH - Human resource support

The Pediatric ART program has witnessed tremendous progress in the past five years. Starting from scratch with no HIV-experienced Pediatricians, Botswana has moved to becoming one of the largest Pediatric HIV/AIDS treating countries in the world. There are close to 4,000 children now on treatment in the two referral hospitals and local medical staff had built up expertise in Pediatric antiretroviral treatment.

With the improvement of treating staff, especially specialist Pediatricians, emphasis is now being shifted to decentralizing therapy, rolling it out to peripheral facilities. These are then supported by outreach visits by the specialists from PMH, the COE and NRH. We are now able to effectively participate in the weekly outreach visits to selected facilities in Botswana, thanks to the support we received under COP06 and COP07 for two Pediatricians each in PMH and NRH.

Since more HIV-infected children are now surviving, we are now seeing a gradual rise in those presenting to our Specialist Pediatric Clinics with co-morbid chronic conditions requiring long-term follow up, such as LIP, bronchiectasis, tuberculosis; and non-HIV associated diseases such as asthma, diabetes, heart diseases. AT the HIV clinic we are also seeing a steady rise in resistant viral mutations. The general clinics see at least 100 patients a week on the average, in both facilities, and over half of whom are children with HIV/AIDS.

The Pediatric KITSO training is now well established and PMH and Baylor Centre form the core training team going. Trainings are conducted in clusters around the country on biweekly schedules. The trainings are supported by UNICEF Botswana. The four PMH-based PEPFAR-funded Pediatricians have made it possible to strengthen these training activities.

The Departments of Pediatrics at PMH and NRH conduct scheduled outpatient-based specialist clinics four days of the week (PMH and five days a week, (NRH). These are mainly to follow up children who would have been admitted to the Pediatric Medical Ward treated and discharged; but because a long-term follow up is required, they are registered in these clinics usually under the same specialist that looked after them while on admission. Secondly the clinics in these two hospitals also receive referrals from all hospitals in Botswana. These are usually cases that require specialist consult and management on a long-term basis. Most of these cases have several co-morbid conditions that require an integrated approach to their management.

There is only one dedicated room for the clinic per week in the MCH clinic complex in PMH and in NRH. This is certainly inadequate. It has become increasingly difficult to accommodate them at the current sites

The UB Pediatrics residency training will begin in 2008. The new UB medical school will also start in 2008. These undergraduate and postgraduate medical training programs will require adequate space. There is therefore a growing need to provide adequate clinic space that will be used for the care of patients as well as for teaching purposes. University of Pennsylvania is assisting UB in the development of these academic activities and we are collaborating with them on these issues.

The Nutrition Rehabilitation Centre for children (supported by PEPFAR) is on the offing in both hospitals and we shall be collaborating with our Dietetics colleagues to provide the out patient medical care for the malnourished children being managed at the centers.

During FY07 four Pediatricians were supported in the FY06/ FY07 to strengthen the pediatric ARV service delivery as well as capacity building of health care providers in the country. Their activity include as well an outreach component to try and cover the country.

In FY08, these pediatricians will continue to provide clinical care to HIV/AIDS children in the two hospitals, conduct outreach services, train health care workers and run the outpatient clinics.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9814

Related Activity: 17814, 17287, 17566, 17809,
17816, 17818, 17820

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24084	4964.24084.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$210,900
9814	4964.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$400,000
4964	4964.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17287	10232.08	7713	1331.08	I-TECH	University of Washington	\$50,000
17814	12304.08	7759	7759.08	New CoAg - PCI	Project Concern International	\$600,000
17566	10226.08	7806	5425.08	5U51HA02522: Palliative Care Support	Harvard University School of Public Health	\$1,275,000
17818	4541.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$50,000
17816	17816.08	7892	5420.08	RPSO	Regional Procurement Support Office/Frankfurt	\$2,000,000

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	2	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	200	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	200	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	176	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	0	False

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1331.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 10223.08

Planned Funds: \$75,000

Activity System ID: 17286

Activity Narrative: 08.T1103: ITECH – Continuing Medical Education Courses

This activity continues to complement the Botswana national HIV/AIDS training program by providing workshops on advanced topics of HIV/AIDS care and treatment. Two successful CME trainings on ARV resistance and salvage ARV regimens, and neurological complications of HIV have been conducted. Each session trained 75 public and private physicians.

In FY2008, I-TECH will provide another series of didactic and skill-building workshops to physicians on four advanced HIV/AIDS topics selected by in-country clinicians. For each topic, an experienced clinician trainer will conduct two workshops, one in Gaborone and one in Francistown. The 2008 scope of work includes four, one-week trips to Botswana for the I-TECH expert clinical trainer. During each week of trainings, the clinician/trainer will work with an in-country co-facilitator to conduct lectures, facilitate workshops, and provide technical assistance to the in-country team as identified. The trainer will develop specific training objectives prior to each training session, as the topic and audience are identified. PEPFAR funds will cover time and travel, lodging and per diem of the I-TECH clinical trainer, training materials, training site logistical costs, as well as a portion of overall I-TECH country management and administrative costs.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10223

Related Activity: 17809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24109	10223.2410 9.09	HHS/Health Resources Services Administration	University of Washington	10351	1331.09	U69/HA00047 -- I-TECH	\$71,250
10223	10223.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$312,248

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	200	False

Indirect Targets

- # of outlets=60
- # individuals newly initiated on ARV= 0
- # individuals ever received ARV=0
- # receiving ART by end of FY =0
- # trained to deliver ART=0

Coverage Areas

- North-East
- South-East

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1331.08	Mechanism: I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 10232.08	Planned Funds: \$50,000
Activity System ID: 17287	

Activity Narrative: 08.T1109: University of Pennsylvania

The scope and direction of the Penn – Botswana program continues to evolve. At the inception of the PEPFAR funded program, Penn deployed one Botswana based faculty member in Gaborone with the goal of providing high quality HIV related palliative care and treatment training to clinicians at PMH and NRH. The program has expanded to include an outreach program to each district hospital where the goals are to increase knowledge and improvement in the standard of patient care to those suffering with HIV/AIDS and opportunistic infections. In 2007 with 6 specialists deployed at both referral hospitals the program will directly influence the treatment of some 5,000 inpatients at the two referral hospitals and have an indirect influence on the care and treatment of some 6,000 patients at the district hospitals by having delivered some 80 training sessions to 60 doctors under our outreach education program. During 2007 Penn specialists have also assisted the MOH in developing their guidelines for palliative care and will, by the end of COP07, have developed with I-TECH the clinical guidelines covering palliative care for the MOH. In 2008 a curriculum will be compiled for the training and the service will be extended to some peripheral primary hospitals.

In patient services

Penn will have a total staff presence of four internal medicine specialists in Gaborone and two in Francistown. They will provide inpatient care to the medical department that has a total of some 150 beds within the two referral hospitals. However with the severe overcrowding of these beds it is expected that these staff will deliver direct care to some 5000 inpatients suffering with HIV/AIDS and its co-infections. As well as providing direct inpatient care Penn will also undertake a structured educational training program aimed directly at affecting the care practices other internal medicine clinicians perform as well as a similar program given to all clinical staff (doctors and some nursing staff) in the practice of medicine related to HIV/AIDS. Some 250 clinicians at the 2 referral hospitals will be able to benefit from this education program.

Out patient services

During 2007 Penn started specialized HIV clinics at both referral hospitals. These clinics created a “one stop shop” idea for patients with HIV and complications such as metabolic problems, co-morbidity issues and co-infections that can be managed as outpatients. Clinics are run three days a week and during COP08 it is expected that some 2,500 to 3,000 patients will be managed in these specialized clinics.

Outreach services.

Botswana’s 2 referral hospitals have patients referred to them by 11 district hospitals and 14 primary hospitals. With the current HIV/AIDS pandemic, the increasing rate of OIs in patients suffering from HIV/AIDS, the lack of clinical skills in the primary and district hospitals to manage these opportunistic infections leads to their subsequent referral to the two referral hospitals. This is in itself a major cause of their overcrowding. The Penn outreach program aims at training with both lectures and direct bedside teaching the management of patients with HIV/AIDS and opportunistic infections.

It is expected therefore that some 180 lectures will be delivered to some 60-70 primary and district hospital doctors. This will directly affect the care of some 8,000 patients admitted to these primary and district hospitals with HIV/AIDS and hopefully stop up to 2500 being referred to district and eventually to the main referral hospitals in FY2008.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10232**Related Activity:** 17273, 17564, 17566**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24107	10232.24107.09	HHS/Health Resources Services Administration	University of Washington	10351	1331.09	U69/HA00047 -- I-TECH	\$50,000
10232	10232.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17564	4955.08	7805	1353.08	5U51HA02522: Palliative Care Support	Harvard University School of Public Health	\$2,786,962
17566	10226.08	7806	5425.08	5U51HA02522: Palliative Care Support	Harvard University School of Public Health	\$1,275,000
17273	4964.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Workplace Programs

Wraparound Programs (Health-related)

* Malaria (PMI)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	17	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,000	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	3,863	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	2,979	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	290	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 10234.08

Planned Funds: \$300,000

Activity System ID: 17335

Activity Narrative: 08.T1190-HQ: Technical Support ARV Services

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10234

Related Activity: 17271

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24205	10234.2420 5.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$109,367
10234	10234.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17271	4460.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$7,945,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Indirect Targets

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8742.08

Prime Partner: Mullens & Associates

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 4954.08

Activity System ID: 17810

Mechanism: CoAg (5444.08)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$32,000

Activity Narrative: 08.T1102

Associated Funds Administrators

Associated Fund Administrators Botswana (Pty) Ltd (AFA) is an administrator of two medical aid schemes/insurance organizations namely, Botswana Public Officers' Medical Aid Scheme (BPOMAS) and Pula Medical Aid Fund (PULA). Through its managed care program, AFA facilitates; the provision of antiretroviral therapy (ART) to insured patients and Government of Botswana funded patients, as well as provision of continuous medical education and KITSO training to private practitioners (doctors, pharmacist etc).

Subsequent to AFA being awarded a tender, in May 2005, to pilot the rolling out of ART services to private sector through the GOB outsourcing program, to date AFA continues to manage and coordinate the provision of ART services to GOB funded patients by the private sector (medical doctors, pharmacists and laboratory services). This is a form of a Public-Private Partnership (PPP).

The AFA managed care program had, as at end of May 2007, about 12 600 patients (6, 800 insured patients and 5, 800 GOB funded patients) on ART, therefore, it is the largest HIV/AIDS managed care program in the private sector and nationally, it is the second largest after the GOB MASA program.

In view of the close association between AFA and the national ART program (MASA) and the former's commitment to ensuring alignment between the public and the private sector with regard to HIV/AIDS treatment, there is a need to ensure synergy in HIV/AIDS treatment and management training.

As a consequence, the proposed project activities necessarily relate to continually providing continuous medical education (CME) and KITSO training to private practitioners, the printing and distribution of client information leaflets for the promotion of information, education and communications (IEC) activities for members and prospective members of administered schemes. In essence, the project aims to build on and strengthen activities that would be completed for FY07.

The main objective of the project is to increase access to quality antiretroviral therapy and related services in the private sector in Botswana, which is aligned to national and international clinical guidelines.

To date, and since we started this project with BOTUSA, we have facilitated the provision of KITSO Training to 95 different private and public sector practitioners, done eight continuous medical education sessions (in Francistown and Gaborone) which were attended by a total of 321 private and public sector practitioners. In addition, more than 2,000 patients (excluding public-private partnership project patients) have been indirectly reached and increased the number of medical practices providing ART services to 156.

The challenges, as previously reported, continue to be availability of funds, scarcity of IEC specialists to assist in developing program specific IEC materials, limited capacity of the KITSO faculty to provide KITSO Training as and when requested.

Going forward, we have decided to develop the IEC materials in-house with oversight from the a member of the KITSO faculty, establish honorarium for private practitioners willing to accredit and provide KITSO training to private sector practitioners, and continue to invite resource persons from abroad to provide Continuous Medical Education, in collaboration with, amongst others, International Training & Education Centre (I-TECH -University of Washington) and Aid for AIDS consultants from University of Cape Town..

In FY08 at least four continuous medical education sessions for private sector practitioners are planned for the southern and northern parts of Botswana, two Government of Botswana (Ministry of Health) accredited HIV/AIDS treatment training (KITSO) to ensure that treatment and/or antiretroviral services offered in the private sector meet national and international standards. This activity will provide CME and KITSO Training to about 210 private practitioners.

To strengthen and supplement Government information, education and communication activities (IEC), 15 000 program specific IEC materials / leaflets would be produced to provide knowledge and information to insured and non-insured persons in order to increase the number of clients accessing the managed care program and therefore accessing antiretroviral therapy. This would be done at the same time as promoting HIV preventative strategies such as abstinence, be faithful and condoms (ABC). By distributing the IEC materials, nationally, to the various employer groups, this activity is expected to increase current new patients' enrollment rate.

In conclusion, the funding will also support the payment to the resource persons who will be providing the continuous medical education and the KITSO Training, travel costs to the different training venues, venue and other related session costs and production and distribution of IEC materials.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10220

Related Activity: 17266, 17273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24395	4954.24395.09	HHS/Centers for Disease Control & Prevention	Mullens & Associates	10449	8742.09	U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana	\$30,400
10220	4954.07	HHS/Centers for Disease Control & Prevention	Associated Funds Administrators	5422	1352.07	Contract	\$52,000
4954	4954.06	HHS/Centers for Disease Control & Prevention	Associated Funds Administrators	3563	1352.06	Contract	\$98,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17266	4456.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17273	4964.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	0	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	0	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	0	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	0	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	210	False

Indirect Targets

of outlets 41
individuals newly initiated on ARV 600
individuals ever received ARV 8338
receiving ART by end of FY = 7337
trained to deliver ART

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7759.08

Prime Partner: Project Concern International

Funding Source: GHCS (State)

Budget Code: HTXS

Activity ID: 12304.08

Activity System ID: 17814

Mechanism: New CoAg - PCI

USG Agency: U.S. Agency for International Development

Program Area: HIV/AIDS Treatment/ARV Services

Program Area Code: 11

Planned Funds: \$600,000

Activity Narrative: 08.T1106: PCI - Pediatric Uptake and Adherence

The HIV/AIDS epidemic in Botswana is taking a toll on the capacity of the health and social welfare systems to respond, and straining the capacity of extended families to care for infected/affected family members. Botswana was the first country in Africa to roll out a national ART program, reaching 85% of those in need through over 32 ART sites nationwide (WHO 2005). A relatively low treatment failure rate for adults, approximately 4% (IRIN/AIIAfrica.com, 6 June 2006), suggests that adherence has not been a major problem for adults; however, among children treatment failure rates are estimated at 15% (verbal estimate, ARV Program Coordinator, May 8, 2007), suggesting a need for adherence support closer to the home in between scheduled hospital/clinic visits.

Adherence among children is complicated by their dependence on parents and guardians to bring them for treatment and to care for them once on medications, parents who are themselves struggling with HIV infection and its consequences. Palliative care programs are not equipped to focus on the distinct needs of children on treatment, and there are no formal systems for follow up of children on treatment in the home after they leave the hospital/clinic. Adherence among adolescents is also an emerging concern, as teenagers tend to have compliance difficulties with medicines.

ART alone will not ensure the health and well-being of people living with HIV/AIDS (PLWHA) and their families. A comprehensive approach is needed which integrates ART access & adherence support with palliative care and OVC support services. CSOs are well placed to serve as a bridge between facility-based services and the communities and households they serve. Yet the CSO sector in Botswana is young and needs significant capacity building to play this role.

During the COP07 period (project year one), PCI expects to strengthen ART Access & Adherence services through 8 CSOs in Francistown and Gaborone, and to directly train 80 individuals to provide ART access & adherence services, reaching 300 adults and/or children infected/affected by HIV.

Proposed Activities

Building upon the foundation established in the COP07 period, PCI will continue and expand the provision of technical and organizational capacity building services and sub grants to the initial 8 CSOs, and will extend ART access & adherence capacity building to an additional 5 organizations.

Program objectives: 1) improved and expanded CSO delivery of ART access & adherence services; 2) strengthened capacity of local government agents (MOH, MLG) to deliver ART access & adherence services; 3) strengthened collaboration and referral among government services and CSOs in the delivery of ART access & adherence services; 4) improved documentation and sharing of promising practices and lessons learned among CSOs and government counterparts.

Partners: Through its work in OVC, Palliative Care, and ART Access & Adherence, PCI expects to begin the COP08 period (project year two) with approximately 15-20 CSO partners. The ultimate aim is to strengthen the capacity of all the partners to provide integrated services across all three areas. This will be a phased process that will continue through year two. Partners entering the program with palliative care strengths, for example, will have been assisted in year one to strengthen the quality, range and reach of their work, while beginning to incorporate ART access & adherence and OVC services. Conversely, partners entering the program with OVC strengths will be assisted to build those strengths and incorporate palliative care and ART access & adherence services into their work.

PCI therefore does not expect to increase the absolute number of CSO partners in the second year, but rather extend ART access & adherence capacity building and sub grants to an additional 5 CSOs within the 15-20 current partners. At the same time, PCI will assist CSO partners that received ART access & adherence support in year one to scale-up their work in year two, through increased sub grants and technical assistance, and to improve their service quality and linkages.

Capacity Building: During the first year PCI will have identified specific technical and organizational development (OD) needs among the CSO partners, as well as gaps in ART access & adherence service delivery in the project communities. This information will inform the design of specific technical and OD inputs to be provided in year two. As in year one, capacity building is expected to balance technical and OD, and to emphasize tailored, one-on-one mentoring and peer learning approaches strategically combined with larger group training activities.

ART access & adherence capacity-building will include continuing to strengthen referral partnerships and collaboration among a broad array of government and CSO agents at multiple levels, who are critical to facilitating the identification of HIV-infected individuals, in particular infants and children, linking them to treatment services, and for ensuring optimal care and treatment adherence after they leave a treatment facility. HBC caregivers will continue to be equipped to act as the "eye of the ART center" in the community, not only to provide ART adherence support, but also to refer patients who miss clinic appointments and those with severe side effects to health centers. In year one PCI will have explored the feasibility of placing "Community Liaison Officers" in ART sites to strengthen the linkage between the clinic, the client, and community CSO support services; if this approach is successful it will be scaled up in year two.

Families and communities will be sensitized about the importance of early intervention with adults and children, educated about testing and treatment, and motivated to take advantage of CT, PMTCT, ART, and other services. Linkages with PMTCT services will include follow-up with parents of children on treatment, and building treatment literacy and adherence support skills using a family care approach that enlists all family members in monitoring and supporting treatment adherence.

ART clients will continue to be assisted to form Self-Help Groups (SHG) as a platform for providing treatment literacy education, counseling, and ongoing support for adherence. SHG members will be trained as peer educators, who will work in coordination with existing CSO outreach workers, to reach out to and support new ART clients as well as PLHA that are not yet on ART.

The Family Care approach will continue to serve as the guiding framework for service delivery, focusing

Activity Narrative: interventions holistically on the family rather than singling out individual members based on which “target group” they belong to. PCI will continue to strengthen the capacity of CSO partners to utilize Participatory Learning for Action (PLA) techniques, such as Journey of Life (REPSSI, 2006) or other context-appropriate methods identified in year one, to change community attitudes, reduce stigma, and build community support and utilization of HIV/AIDS services. Through PLA and other processes, PCI will continue to catalyze and strengthen participation and resource mobilization from diverse public and private entities to strengthen ART access & adherence services, including commercial private sector.

Government partnership: Staff from district and community health centers, social workers, family welfare educators, and government HBC volunteers, are considered key partners in this project. Support to government may include inviting government personnel to attend CSO training activities; assistance with rolling out new government-led training programs; assisting in the development/implementation of quality standards for nationally-defined minimum packages of essential services; and other strategies to be determined in consultation with government counterparts. Linkages between government and CSOs will continue to focus on ensuring that all eligible families and children are registered and receiving all available social welfare and health services, and that benefits such as food are being utilized appropriately.

Documentation/Dissemination: In year one PCI expects to convene, with partner BONASO, a Learning Forum to bring together CSOs, government and other key stakeholders to share promising practices in delivering integrated palliative care, ART access & adherence, and OVC services. In year two PCI will develop and disseminate case studies and other documentation of promising practices generated through this event as well as through ongoing program M&E/documentation, and to find practical ways of sharing such documentation locally as well as disseminating internationally.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12304

Related Activity: 17265, 17273, 17809, 17812

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24247	12304.24247.09	U.S. Agency for International Development	Project Concern International	10400	7759.09	674-A-00-08-00078 -- PCI	\$400,000
12304	12304.07	HHS/Centers for Disease Control & Prevention	Project Concern International	6130	6130.07	PCI CoAg	\$600,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140
17273	4964.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17812	17812.08	7713	1331.08	I-TECH	University of Washington	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	13	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	500	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	500	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	440	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	130	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Coverage Areas

North-West

Southern

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 19621.08

Planned Funds: \$350,000

Activity System ID: 19621

Activity Narrative: 08.T1117

In May of 2007, Airborne Lifeline Foundation (herein referred to as "Airborne"), a US registered 501 (c) (3) non profit corporation, commenced the operation of what is regarded as the first regularly scheduled medical air service in Africa- to provide regular health care and health monitoring service to underserved areas. After substantial analysis, Airborne chose remote portions of Botswana to commence service. This service was undertaken, following the signing of a Memorandum of Understanding (MOU) between Airborne and the Botswana Ministry of Health (herein referred to as "MOH") in August 2006. Minister of Health. The purpose of the MOU was "The implementation of regularly scheduled medical air service to hospitals and clinics in the Republic of Botswana".

The core benefits of the program are:

- To substantially improve the utilization of scarce medical profession talent by dramatically reducing travel time of professionals to remote areas. Turboprop aircraft are substantially faster than overland transportation options.
- Introduce "regular" service, and therefore inspire confidence in patients that doctors, medications, etc. will be there and their travel from the bush to hospital/clinic will be justified.
- To ensure lab samples are transported with dispatch to laboratory facilities- in terms of hours instead of days-with increased reliability and less risk of contamination and spoilage.
- Ensure that patients in remote locations might have the ability to establish regular, same physician doctor-patient relationship-with increased benefits to patients and the broader medical community in terms of collecting and tracking health information. From the inception, it was made crystal clear that the *raison d'être* of this proposed air service was driven by the desire to take HIV/AIDS treatment, testing, training, education, etc. to remote parts of Botswana. While this scheduled air service would be available (if capacity existed) to other health care services, HIV/AIDS treatment was deemed paramount.

Presently Airborne aircraft are organized through its chartered air provider NAC Botswana, and are flying capacity loads on three flights a week on two routes. Both routes carry both medical cargo and health care professionals. The Tuesday route, flown both in the morning and evening, goes from Gaborone to Hukuntsi and Tshabong. The second route, flown on Thursday, flies from Gaborone to Ghanzi, Gumare and Maun. Depending on the amount of cargo carried, each flight can carry up to 10 passengers.

Airborne is carrying large amounts of ARV boxes to all five locations presently being flown. We have also been flying infant CD4 samples on a regular basis back to the Harvard Lab from locations, such as Gumare. We also carry test results and cool boxes back from the Harvard Lab to these locations.

In addition to the cargo, we have been ferrying medical personnel engaged in HIV/AIDS work.

There have already been requests to expand the number of flights to other locations. Once we get past this initial start up and assessment phase of operations, we intend to expand it to additional cities/routes and/or a larger plane. Additional stops conceivably would include, but not be limited to, Kasane, Shakawe, Francistown, Orapa/Lethlakhane, and Selibe Phikwe..

Airborne's scheduled service will support the USG PEPFAR's treatment, care, monitoring and evaluation programs in Botswana by transporting ARVs and medical personnel to rural areas, as well as samples to the Harvard Lab. Currently, health care to these areas are erratic as the only way providers can access these areas are by road, which can take up to 8-hours travel time. Airborne's regularly scheduled flights already has resulted in an increase in the number of patients supported by the various HIV/AIDS programs as medical personnel can now treat more patients.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 8743.08

Mechanism: N/A

Prime Partner: Baylor University

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 19651.08

Planned Funds: \$500,000

Activity System ID: 19651

Activity Narrative: 08.T1114

The Botswana-Baylor Children's Clinical Centre of Excellence (COE) is a collaborative public-private partnership between the Baylor College of Medicine International Pediatric AIDS Initiative and the Government of Botswana. The key objectives of the COE are provision of comprehensive and excellent care to HIV-infected children and their families and training of health professionals in pediatric HIV care and treatment. Since its opening in 2003, the COE has built the capacity to provide substantial support to the government of Botswana for scaling up and improving pediatric HIV/AIDS activities nationwide. The advent of the Pediatric AIDS Corp program in 2006 provided us with the means to substantially extend our support and to create linkages with important government partners. Key areas of expansion in 2006/2007 include the following: 1. Consistent support of inpatient and outpatient pediatric programs at Princess Marina Hospital (PMH) and Nyangabgwe Referral Hospital (NRH). 2. Regular outreach support to district hospital ARV sites in the Greater Gaborone and Francistown areas; 3. Linkage with the Ministry of Education (MOE) to support teacher training workshops aimed at empowering teachers to better support HIV-infected and affected students; 4. Curriculum development and clinical mentorship of interns in collaboration with the national referral hospitals, the University of Botswana, and the University of Pennsylvania; 5. Began augmenting PMTCT linkages with public hospitals and clinics; 6. Expanded services for HIV-infected adolescents receiving HIV care from both the public and private sectors. 7. Increased activities in the area of TB/HIV co-infection. 8. Provision of expert support for national guidelines development.

CDC-PEPFAR has supported these efforts through the employment of staff including the training coordinator, 4 nurses, and the Associate Director as well as through the provision of funds specifically earmarked for the Pediatric KITSO Training Course. In the last 12 months, the following indicators were tracked for VCT, ART care, palliative care and health professional training by the Botswana-Baylor team:

The COE requests continued support from USG-PEPFAR for the continuation and expansion of pediatric patient care and training activities. The COE, in close collaboration with the Department of Paediatrics at Princess Marina Hospital, will continue to provide comprehensive HIV/AIDS care and treatment to children and adolescents. We anticipate enrolling approximately 200 new pediatric and adolescent patients for ART in the coming year. Despite enrolment of new patients, we do not anticipate a substantial expansion in the COE-based active patient caseload as we will continue to transfer stable patients to newly operational and expanding government PIDCs which we will support through outreach activities. COE staff are currently providing outreach support to ARV sites in the Greater Gaborone area and districts around Francistown. In 2008, we hope to obtain the necessary financial support to extend our mentorship program to ARV sites nationwide. Rollout of the mentorship program will be done in accordance with MOH priorities.

The COE also requests ongoing support for the continued implementation of the Pediatric KITSO Training course. Currently, two week-long Pediatric KITSO Trainings are planned each month. In 2008, it is expected that this course will be revised to reflect new national guidelines that are due to be published in late 2007 or early 2008. The rollout of training in the new guidelines will be essential and will be implemented by COE staff in accordance with MOH priorities. In addition, updates in the pediatric component of other national training courses will be made as needed in order to conform to the most updated national guidelines. COE staff will continue to provide pediatric content in support of the Advanced KITSO course, KITSO Medication Adherence Counseling Training, Nurse Prescriber Training, National TB Training, and other programs support by the MOH.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5286.08	Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 19652.08	Planned Funds: \$500,000
Activity System ID: 19652	

Activity Narrative: 08.T1116

The Botswana National ART Programme is supported by a multidimensional community mobilization initiative called MASA. The goal of MASA is to ensure universal access to HIV/AIDS treatment care and services to the citizens of Botswana who require such. The programme is funded and supported by various partners which include the government, PEPFAR, African Comprehensive HIV/AIDS Partnership (ACHAP). The MASA ARV Programme currently has over 90,000 patients on HAART in the public and private sectors and hopes to reach 110,000 patients on HAART by 2009 and 125,000 patients by 2010. These patients will be served at both the Ministry of Health (MOH) and Ministry of Local Government (MLG) managed sites. The MOH has established 32 sites which prescribe and dispense ARVs while the MLG has 60 sites providing ARV prescription and dispensing services and is rolling out to other sites within the system.

For this rapid expansion to be successful, there is need to have a very strong and robust patient management cum inventory management system deployed at the facilities where ARVs are dispensed. Patient clinical and dispensing data are currently being managed with two software systems in the Botswana ART sites - Meditech developed in South Africa and the MASA system developed in Botswana. The Meditech system is deployed at 4 pilot facilities but as currently deployed, the system is unable to provide very useful information on patient regimen ratios and inventory management which are crucial for forecasting and quantification purposes. In addition, it is not available at district clinics. The MASA system is deployed in most of the other facilities dispensing ARVs. The system has been very useful to the ART programme for programmatic purposes. However, like the Meditech system, it is unable to provide useful information on patient regimen ratios and inventory management for quantification purposes. Both programs need further customization to improve their effectiveness to enable them generate the specific type of information required for quantification purposes. The two systems are not interfaced making programmatic data integration and analysis a problem

The challenges faced by the current data capture system for ARVs in the country include poor quantification capabilities and inadequate tools for data analysis and reporting. This results in poor information flow to Central Medical Stores (CMS) and MASA thereby affecting quantification of ART resource needs and management. The CMS and MASA are concerned about these challenges and improving on these parameters through the use of user friendly software which can be easily customized to the needs of the Botswana ART programme will make CMS and MASA more responsive to the needs of a rapidly scaling up programme. CMS currently faces huge challenges in projecting demand for ARVs at sites due to unreliable logistic information flow and hence supporting hospitals and clinics to build capacity for effective supply chain management will be the major determinant for ensuring a sustainable supply chain needed for HIV prevention, care and treatment programs. SCMS will provide technical support to the MOH for the development of a HIV/AIDS commodities tracking system. This activity will be for support to the national MASA program in its initiative of developing a Patient Information Management System (PIMS) by engagement of design consultants to develop the pharmacy module for the PIMS.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$5,642,000

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are

0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

The public laboratory network in Botswana is a referral system with 31 government laboratories, 3 mission hospital laboratories, and 3 mine hospital laboratories. Government of Botswana laboratories include 3 clinic laboratories, 16 primary hospital laboratories, 6 district hospital laboratories, 1 national health laboratory, 2 referral hospital laboratories, and 3 reference laboratories. In addition, there are 15 private laboratories as well as about 35 VCT center laboratories.

The challenge of the system is the weakness in transporting specimens and results from the clinics to the laboratories and back from the laboratories to the clinics. The distances between health posts, clinics and laboratories delay and compromise the integrity of the specimens and also increase drastically the turn around time of the results.

The procurement system remains a burden for the laboratory system and other programs which run out of reagents and supplies on a regular basis, thereby compromising turn around time and quality of service. Specimen transport and dispatching of result remain a burden for the referral system in the country; the PEPFAR supported Supply Chain Management Systems group (SCMS) is addressing it in FY2007 and will continue in FY2008 but it remains an issue. Resolution requires a lot of management and supervision commitment from the Ministry of Health (MOH) and Ministry of Local Government (MLG).

Services

The decentralization of CD4 has improved patient enrollment in the national ART program (Masa). Currently, a total of 21 laboratories (all districts hospital laboratories and some primary hospital laboratories with bigger catchments areas) are improving the quality of service to the patients and the quality of the results. The decentralization of viral load (VL) testing depends on the renovation of 8 selected sites which is ongoing. The addition of new equipment at the two national reference laboratories improves the turn around time.

Tuberculosis (TB) diagnostic testing is done in all the districts and primary hospital laboratories but culture and drug sensibility testing (DST) is done only at the National TB Reference laboratory (NTRL) in Gaborone. Training on Acid Fast Bacillus (AFB) microscopy technology is a priority along with the improvement of the laboratory facilities. 95% of the laboratories lack a microbiology laboratory with biosafety cabinets. This lack of equipment puts the laboratory staff in danger. Quality control is also a major priority. The NTRL is in charge of an external quality assurance (EQA) program for TB but the lack of trained staff and supplies compromise the follow up and monitoring of the EQA program. By providing more resources the EQA and the TB diagnostics program will improve.

Culture and DST is done at the NTRL but the capacity of the laboratory is not adequate for the number of test required annually resulting in a long turn around time for the culture and DST results. The second laboratory will be built using the PEPFAR 2007 Plus Up funds. It is located in Francistown and will serve the Northern part of the country.

FY2007 funding strengthened the Nyangagbwe HIV reference laboratory for the northern area and an infant diagnosis capability was set up which is improving the turn around time and the quality of the tests. FY2008 funds will continue development of the infant diagnosis capability by providing human resources and additional equipment and enough reagents to the program. Enrollment of the two laboratories in the US Centers for Disease Control and Prevention (CDC) International Laboratory Support Branch EQA program will continue and additional training is planned for the laboratory staff.

In 2008, priorities include evaluation of the rapid test training program, surveillance using dried blood spots (DBS) specimen for incidence testing, HIV testing, sequencing testing. Evaluation of the Quality Assurance Program will yield additional information to improve all these programs.

Decentralization of testing in 2007 released the National Health Laboratory (NHL) from routine activities. A prefab laboratory was provided to the Princess Marina Hospital for TB microscopy and microbiology testing for opportunistic infections (OIs).

FY2008 funds will develop an integrated NHL for various public health activities and mainly support HIV surveillance and strengthening OIs and STIs diagnostics. The NHL will also be strengthened to support and conduct QA/QC activities by providing field training and frequent onsite visit and monitoring.

The Association of Public Health Laboratories (APHL) developed a laboratory information system (LIS) to support the ART, PMTCT and TB programs in 2007. All government laboratories participated in defining the components of the manual for the LIS. Purchase of a commercial LIS and a piloting phase to three sites are planned for FY2008.

Policy:

The NHL is supposed to play the role of public health laboratory but it is functioning more like a routine laboratory. The past two years, the United States Government (USG) strengthened some peripheral laboratories to take over the routine testing from the NHL. The objective now is to define the role of the NHL. Planning for the NHL defines it as an integrated public health laboratory which will carry on quality control programs, develop and update proficiency panel specimens as references for all the testing (hematology, chemistry, serology, and microbiology) and monitor, follow up and conduct training for the peripheral laboratories. The NHL should also carry out the different surveillance activities in the country (HIV, STI, etc.) A national plan for these functions could help clarify the new roles and upgraded responsibilities. With the emergence of XDR TB and HIV, it is critical to address the laboratory safety issues at a national level.

In addition to the proposed budget, the USG team has set aside \$500,000 (unallocated) for laboratory support

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	19
12.2 Number of individuals trained in the provision of laboratory-related activities	1450
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	144432

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5295.08

Mechanism: U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration

Prime Partner: The American Society for Microbiology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 17811.08

Planned Funds: \$200,000

Activity System ID: 17811

Activity Narrative: 08.T1206: Laboratory Accreditation Support

To strengthen the laboratory infrastructure in Botswana, in FY05 and FY06 work was done to enhance and implement a laboratory QA program in the public health laboratories in Botswana. The objective was to enroll three public health laboratories for accreditation in the South African National Accreditation System (SANAS) board. Assessment was conducted to the selected sites and a quality manual developed, a first Audit conducted by the Botswana Bureau of Standards showed lot of non compliances to the quality standard. 2008 funds are requested to address the gaps and continue the preparation of the laboratory to accreditation in 2008.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17288

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17288	10259.08	7713	1331.08	I-TECH	University of Washington	\$400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	3	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

of tests performed=26,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 10262.08

Planned Funds: \$500,000

Activity System ID: 17336

Activity Narrative: 08.T1290-HQ: Technical Support to Laboratory Infrastructure

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10262

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24513	10262.2451 3.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10447	7891.09	CDC HQ & Cable	\$416,102
10262	10262.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$50,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1331.08

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 10259.08

Activity System ID: 17288

Mechanism: I-TECH

USG Agency: HHS/Health Resources Services Administration

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$400,000

Activity Narrative: 08.T1203: I-TECH - Laboratory Positions Support

Activity 1: Continuation of salary support for 1) Lab Scientist performing EID at Gaborone and 2) Lab Scientist performing national quality assurance program

The International Training and Education Center on HIV (I-TECH) will be continuing with the salary support for these 2 laboratory scientists. Costs include salary, benefits and local administration.

Laboratory Scientist placed at the Botswana-Harvard HIV Reference Laboratory
The laboratory scientist is responsible for testing infant DBS samples for early HIV diagnosis and the QA system in the laboratory for infant DBS. The laboratory scientist also carries out CD4, viral load, and resistance testing. The activities of this position are essential for the success of ARV treatment program in pediatric patients.

Laboratory Scientist placed at the National Quality Assurance Laboratory
I-TECH will continue salary support for the position of one laboratory scientist at the National Quality Assurance Laboratory (NQAL). This position characterizes proficiency testing specimens for different HIV laboratory testing to support the NQAS; coordinates and organizes training in collaboration with the QA Unit at MOH for lab techs; and assists laboratories in the annual proficiency testing. Shortage of staff at the NQAL is an obstacle for quality assurance/quality control (QA/QC) implementation and rolling out of the QA program in the country.

Activity 2: Continuation of Pre-Service Training Activities

Building upon the pre-service curriculum and training activities with the Institutes of Health Sciences (IHS) in 2007, and the technical assistance provided to explore development of the three-year program into a four-year Laboratory Technician Bachelor's degree at the University of Botswana, I-TECH is requesting funds to continue providing the TA to IHS and UB regarding the potential for a four-year degree program.

Activity 3: IHS capacity strengthening

In 2007 a pre-service training program was developed and PEPFAR supported the salary of five lecturers in three district laboratories. Turnover is high and a steady cadre of trainers is not consistently available. FY2008 funds will support three part-time trainers for these laboratories. It is anticipated that the part-time employment may be more attractive to those with the qualifications and retention may be easier as a result.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10259

Related Activity: 17274

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24110	10259.24110.09	HHS/Health Resources Services Administration	University of Washington	10351	1331.09	U69/HA00047 -- I-TECH	\$800,000
10259	10259.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$558,981

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17274	4462.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Indirect Targets:

labs with HIV and/or CD4 test capacity=32

individuals trained in lab activities=254

of tests performed=350,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4462.08

Planned Funds: \$100,000

Activity System ID: 17274

Activity Narrative: 08.T1201: Ministry of Health – Laboratory Support

Activity 1: Quality Assurance (QA): \$40,000

In FY2007 funding was requested to improve the QA laboratory. Equipments were purchased, and training for two staff members was provided.

FY2008 funds will continue the activities at the QA laboratory: carry on the EQA program for all the laboratory tests, rapid test EQA for voluntary counseling and testing (VCT) and hospital laboratories, hematology and chemistry EQA, continue the development of national laboratory standards for hematology, chemistry, and CD4. Funds will also support the QA Unit to conduct the annual laboratory assessment and provide one additional staff to the unit to support the QA program in the country because three critical laboratory scientists from the QA unit resigned leaving the unit without manpower to carry on the activities.

Activity 2: Development of a laboratory maintenance service at NHL and NyangagbweHIV reference laboratory: \$60,000

Frequent break down of laboratory equipment has been one of the main problems in the laboratory system in Botswana, equipment purchased or donated are not under service contracts or have to wait for several weeks before maintenance because repair services are not available. FY2008 funds will procure maintenance equipment and support training for biomedical engineers for the support of the reference laboratories in Gaborone and Francistown.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9807**Related Activity:** 17568**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24086	4462.24086.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$460,500
9807	4462.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$700,000
4462	4462.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$2,400,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17568	4857.08	7807	1345.08	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	Tebelopele	\$5,300,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	9	False
12.2 Number of individuals trained in the provision of laboratory-related activities	1,000	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	7	False

Indirect Targets

labs with HIV and/or CD4 test capacity=23

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5406.08

Mechanism: Local Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 10264.08

Planned Funds: \$100,000

Activity System ID: 17352

Activity Narrative: 08.T1290-Local: Technical Support to Laboratory Infrastructure

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10264

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24219	10264.24219.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$223,013
10264	10264.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$100,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5286.08

Prime Partner: Partnership for Supply Chain Management

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 10260.08

Activity System ID: 17279

Mechanism: SCMS

USG Agency: U.S. Agency for International Development

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$2,200,000

Activity Narrative: 08.T1205: SCMS - Laboratory Procurement

In FY 2007 SCMS supported procurement of key reagents, equipment and supplies for USG supported programs; assessed, recommended and worked with NHL to re-design a more efficient and effective laboratory supply chain and logistics management system capable of supporting a sustainable prevention, care and treatment HIV program in the country including a system for specimen and results handling. An additional activity in 2007 was to review the system for specimen and results handling between site laboratories and referral laboratories. Physicians at treatment sites have continuously expressed a need to streamline the system for specimen and results handling which leads at times to multiple same tests being requested for the same patient with no results coming back from the referral laboratories. Movement of specimens and results requires almost similar logistical support as moving reagents and other supplies plus the commodity tracking information and that is why SCMS was asked to help find a solution to this challenge.

2008 activities will focus more on operationalizing the system across the country, both at the national level and the testing sites. This will include:

- 1) Demand forecasting and procurement planning capacity;
- 2) Inventory management systems at all levels (national coordination and treatment site) consistent with Good Inventory Management Practices (GIMP);
- 3) A robust logistics management information system (LMIS) that provides reliable information to feed into the forecasting and procurement planning plus decision making processes; that supports the management of laboratory reagents and supplies, this will include supporting NHL to find the right technological solution that is compatible with general HMIS of the country and help in its roll out to all the laboratories;
- 4) development and institutionalization of Standard Operating Procedures for managing supplies and key reagents used in HIV prevention, care and treatment;
- 5) Training and mentoring of key personnel in the existing laboratories to augment their skills and capabilities for effective management of laboratory supplies and reagents;
- 6) Introducing and institutionalizing continuous monitoring and evaluation plan with clear indicators of performance to measure and using information derived from this process to make improvements in the supply chain functioning;
- 7) SCMS will also continue supporting NHL and BOTUSA with procurement of reagents especially for conducting surveillance and BAIS III (for an estimated amount of \$300,000), medical and laboratory equipments in the interim as NHL strengthens its capacity to undertake all procurement activities at the country level. Even as NHL takes on this role, SCMS will provide an opportunity for the country to take advantage of preferential prices that SCMS has negotiated with several manufacturers leveraging its economies of scale for multiple country procurement potential.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10260

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24186	10260.24186.09	U.S. Agency for International Development	Partnership for Supply Chain Management	10382	5286.09	GPO-I-01-05-00032 --SCMS	\$2,200,000
10260	10260.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5286	5286.07	SCMS	\$1,400,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	50	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	15,000	False

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1332.08

Mechanism: ODC/BDF

Prime Partner: Botswana Defence Force

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 4990.08

Planned Funds: \$742,000

Activity System ID: 17404

Activity Narrative: 08.T1204: Botswana Defense Force – Laboratory Support

Laboratory activities will continue building the capacity of BDF laboratories begun in 2005 and continued through FY2007. Funding will be supplemented by \$40,000 in Foreign Military Financing remaining from FY05 funds.

Funding will ensure that capacity exists in each major BDF laboratory facility to conduct Hematology, Blood Chemistry, and TB smear testing, and that regional laboratories in Gaborone and Francistown areas have the capacity to conduct VL and CD4 testing for the BDF and support the MOH on an as needed basis. Equipment and renovations by site are estimated to be: SSKB Laboratory \$39,000, Thebephatwa Airbase \$129,000, Francistown 359,500, and Selibe Phikwe \$179,000. An estimated \$39,895 will go to support training for BDF laboratory personnel with 29,895 to fund BDF participation in MOH supported training, \$5,000 for Biosafety Training in South Africa, and \$5,000 for TB training in Uganda.

These laboratories will support testing for an estimated 9,000 BDF personnel and their families on a regular basis and an additional 3,000 BDF personnel from other camps on a rotational basis for an estimated target of 50,000.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9828

Related Activity: 17401, 17402, 17714, 17403

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24161	4990.24161.09	Department of Defense	US Department of Defense	10393	5453.09	ODC Mechanism	\$450,000
9828	4990.07	Department of Defense	Botswana Defence Force	5287	1332.07	ODC/BDF	\$300,000
4990	4990.06	Department of Defense	Botswana Defence Force	3488	1332.06	ODC/BDF	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17401	10097.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$330,000
17402	4836.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$410,000
17714	17714.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$15,000
17403	5131.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$50,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	False
12.2 Number of individuals trained in the provision of laboratory-related activities	168	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	6,302	False

Indirect Targets

labs supported with other tests than HIV and or CD4=4

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5420.08

Mechanism: RPSO

Prime Partner: Regional Procurement Support
Office/Frankfurt

USG Agency: Department of State / African
Affairs

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 10258.08

Planned Funds: \$700,000

Activity System ID: 17807

Activity Narrative: 08.T1202: RPSO - National Health Laboratory Infrastructure Support

MLG: Prefab laboratories for 6 selected clinics in the districts: \$600,000

Three prefab laboratories and equipment were provided in FY2007 to Tlokweg clinic (South East district) and Area W clinic in Francistown. In FY2008 the same activities will continue, and prefab laboratories will be provided to clinics to improve the diagnostic capabilities of HIV and TB and to reduce the work load of Primary and Districts laboratories; 6 sites have been identified.

Renovation of Institute of Health Sciences: \$100,000

In FY2007 PEPFAR, provided support to the Institute of Health Sciences to improve the intake of laboratory technicians and pre-service training. The target is to double the number of laboratory technicians trained from 15 trained every three year to 30.

FY2008 fund will help improve the old classrooms to accommodate the increase of the students. The old building of the initial school is not used because the classrooms are not adequate.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10258

Related Activity: 17274

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24228	10258.2422 8.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	10391	5420.09	RPSO	\$200,000
10258	10258.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5420	5420.07	contract	\$1,085,227

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17274	4462.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$100,000

Emphasis Areas

Construction/Renovation

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	6	False
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Indirect Targets

labs with HIV and/or CD4 test capacity=1
 # individuals trained in lab activities=35
 # of tests performed=20,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 6163.08

Prime Partner: Association of Public Health Laboratories

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 12390.08

Activity System ID: 17658

Mechanism: U47/CCU323096: APHL

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Area Code: 12

Planned Funds: \$700,000

Activity Narrative: 08.T1207

The USG will provide technical assistance and financial support to the Government of Botswana to strengthen the quality assurance for diagnostic, support HIV survey and surveillance through the Association of Public Health Laboratory (APHL). In FY08 fund was allocated to APHL to provide technical assistance for training, testing and EQA for the The Botswana AIDS Impact Survey (BAIS) which is a population-based survey that collects information on key indicators of knowledge, attitudes and sexual behavior known to be associated with the HIV/AIDS/STD epidemic. But this activity has not been approved by CDC IRB therefore the fund won't be able to be used to support the planned activity.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 12390**Related Activity:** 17811**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24235	12390.2423 5.09	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	10396	6163.09	U47/CCU32309 6: APHL	\$550,000
12390	12390.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	6163	6163.07		\$300,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17811	17811.08	7836	5295.08	U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration	The American Society for Microbiology	\$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support**Public Private Partnership**

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	32	False
12.2 Number of individuals trained in the provision of laboratory-related activities	100	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

HVSI - Strategic Information

Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13

Total Planned Funding for Program Area: \$3,520,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

Capacity Development in Monitoring & Evaluation/ Strategic Information (M&E/SI)

The United States Government (USG) supported different sectors in the Government of Botswana (GOB) and other PEPFAR implementing partners through development of M&E curriculum, development and deployment of training materials, and supporting various positions in different institutions. These materials are being used by a local training institution as part of USG effort to localize M&E and SI training.

USG funds are used to support the decentralization of health information management to the district management structures (District AIDS Committees [DAC] and District Health Team [DHT]) in collaboration with National AIDS Coordinating Agency (NACA), Ministry of Local Government (MLG) and Ministry of Health (MOH). As a result, 44 information management officers (IMOs) will be hired and deployed to all DACs and District health offices. These officers will receive intensive M&E and data management training before their deployment. An intensive mentoring service provided through I-TECH will ensure that these new cadres meet the high performance expectation. Put together, the initiative will allow districts to collect accurate data, make proper analysis for local use, and provide timely report to institutions at higher level.

USG funds assisted the MOH in compiling and classifying all deaths in Botswana in a bid to better understand AIDS related mortality in different age groups. Training in ICD-10 disease classification system was also provided through this project.

Health Management Information Systems (HMIS) Strengthening

The national HIV/AIDS M&E system, eBHRIMS, is installed in all health districts, sub-districts, and the MLG. NACA will implement it in the coming year. It allows monitoring of district coordination, financial management, and programme data. The eBHRIMS supports generation of quarterly data reports and ad hoc analysis of selected variables.

With the planned scale up of the national antiretroviral therapy (ART) program to serve over 100,000 patients in the future and the need for enhanced patient monitoring, the scalability of the current system is an issue. USG will provide support to the ART program to upgrade their current application, including evaluation of the OpenMRS-MD installation in Kenya and the ARV module of the District Health Information System (DHIS) in Ethiopia. The USG will continue to provide technical assistance in the development of a national HIV data warehouse. A prototype emphasizing pharmacy data will be developed and evaluated in 2007-08, followed by the integration of ARV treatment data. Software will be evaluated and purchased to match patient records from disparate databases, thus providing a longitudinal patient record within the data warehouse. Implementation of security in line with international standards and on-the-job training to MOH IT staff to ensure ongoing support and maintenance of appropriate security measures is part of the program.

One of the biggest challenges to integrating HIV/AIDS health information systems in Botswana is the lack of a national health informatics strategy. In the absence of this, various vertical IT solutions have been implemented that often are duplicative and incompatible. The USG will provide technical assistance in developing a national informatics strategic plan for HMIS that will present a framework for future systems development as well as address long term sustainability.

Human Resources

One Full Time Equivalent (FTE) position for the SI team lead and one locally hired M&E officer will be added to the existing SI team. USAID is re-strategizing its presence in the country especially in civil society capacity development. SI is expected to be an important focus area. Other agencies have limited presence on the ground and inter-agency SI coordination is critical. The SI team organizes an introductory M&E training session with Peace Corps Volunteers (PCVs) working on USG HIV/AIDS programs. SI assists all agencies to set targets, compiles data on achievements, prepares and submits the semi-annual and annual progress report. This team also provides technical support to different government agencies (NACA, MOH, MLG, Ministry of Education [MOE]) for capacity building in M&E systems design, data quality assurance and HIV surveillance.

Target Setting

The M&E team assists different sections leaders and their implementing partners in target setting. This consists in reviewing previous partners' achievements and assessing obstacles to the attainment of previous targets for those partners which did not achieve them. Thereafter, taking all these parameters and the funding level into account, the new targets are set for this FY 2008. SI works with technical teams to revise and update targets for ongoing activities once these are defined. They are updated annually during COP preparation although data are collected year long. Partner targets are evaluated for suitability to program size and resources as well as actual data. Beginning in 2008, data quality assurance for all USG activities will maintain records on sources of indicator data, location of data sources and timing of collection.

Surveillance

The 2006 ANC sentinel surveillance report once again showed a declining pattern of HIV prevalence particularly among the youth. The MOH subsequently decided to conduct this survey in alternate years after the completion of the 2007 round. During FY2007 the Surveillance Unit in the MOH will assess the appropriateness of new techniques to collect surveillance sample specimens for the future.

Targeted Evaluation/PHE

The National AIDS Coordinating Agency (NACA) plans to conduct the third round of the Botswana AIDS Impact Survey (BAIS) this year. A mixed GOB and USG reference and a technical working group will lead the process.

During FY2007 a series of targeted evaluations for other program sections are complete or ongoing. Evaluations on female sex workers and HIV prevention and counseling and testing outreach in selected districts are complete and yield results in use by the respective sections. Several evaluations are expected to continue into FY2008: PMTCT surveillance data, home-based care effectiveness and gaps, HIV-related deaths in Botswana, cause for the decline in HIV prevalence among 15-24 year old pregnant women, routine HIV testing effectiveness and efficiency, effectiveness of selected youth based prevention programs. A planned evaluation of current status of male circumcision services is still pending.

There are about 11 new public health evaluations (PHEs) planned to be undertaken in FY2008. Most are in prevention area; PMTCT being the first with four PHEs followed by AB/OP which listed three. About four of the PHEs are expected to participate in the multi-country studies coordinated by the Evaluation Technical Working Group at the Office of the Global AIDS Coordinator (OGAC). Our PHE topics will in FY08 address top priority cross-cutting issues such as gender, under served population such as children living with HIV/AIDS and systems strengthening issues for other primary health care programs. Accordingly, there is one COP entry on unmet need for family planning among women living with HIV in an effort to leverage PEPFAR funds for other primary health care programs. One PHE focuses on pediatric care and treatment issues and another addresses the girl child in the context of cross-generational sex.

There are 5 targeted evaluations planned for FY08 the main one being the third round of Botswana AIDS Impact Survey (BAIS).

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	90
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	183

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8748.08

Mechanism: UTAP

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 17901.08

Planned Funds: \$125,000

Activity System ID: 17901

Activity Narrative: 08.X1302: – Qualitative behavioral study in adults PARTNER: UCSF

PHE: Qualitative behavioral study among adults to investigate the causes of decline of HIV prevalence among youth in Botswana.

1.Title: Qualitative behavioral study among adults to investigate the causes of decline of HIV prevalence among youth in Botswana

2.Summary: This is proposed as a 1-year formative research, with a total projected budget of \$125,000.

3.Investigators: Stephane Bodika, MD, MPH (BOTUSA); Negussie Taffa MD, MPH , PhD(BOTUSA); George W. Rutherford MD, MPH & Sandy Schwarcz MD (UCSF); others to be determined.

4.Project Description: for the past few years, a significant decline in HIV prevalence among youth has been observed in Botswana. In an attempt to understand the causes of this prevalence decline, USG supported MOH's DHAPC to conduct a qualitative behavioral study among youth initially. There are evidence that intergenerational sex and multiple and concurrent sexual partnership in Botswana. This activity intends to assess how adults' sexual behavior interferes in this declining HIV prevalence to allow holistic approach in the designing or reinforcing effective prevention interventions in the communities. Between May 2008 and August 2008, a to be determined partner (TBD) will assist BOTUSA and the MOH to implement this study among a convenient sample of adult males and females in different districts with declining, stable and increasing HIV prevalence. The study will consist of focus group discussions and in-depth interviews with a sample of adults and will cover various topics including risk sexual behavior, multiple and concurrent sexual partnership, condom use, transactional sex and intergeneration sex. It will cover also discussion with discordant couples to unveil their sexual behavior and the potential risk this behavior represent to the youth. Between December 2008 and March 2009, the TBD partner will assist with data analysis, report preparation, and dissemination of results and recommendations.

5.Primary Research Question: What are the risk sexual behaviors adults indulge in which potentially affect youth HIV infection? What is the dynamic of the intergenerational sex and its trends in districts with different HIV prevalence? What is amplitude of transactional sex involving youth and its reasons? What are the configuration of adults' sexual network and the importance of youth in this network?

6.Programmatic Importance: Understanding the adults' sexual behavior and the level of their involvement of the youth in these behaviors is essential in order to develop and target effective prevention strategies. Youth are a key group in which to assess basic knowledge of HIV transmission and related risk behaviors because they are a vulnerable group, risk behaviors are often established during adolescence, and prevention and educational efforts, if implemented prior to sexual debut can effectively prevent acquisition of HIV. Studies have shown that girls enter into sexual relationships with older men (who are more likely than younger men/boys to be HIV-infected) and the result is higher HIV prevalence in adolescent girls than boys. Determining the prevalence of such behavior as well as the factors that contribute to this behavior (such as the desire for having sex with virgins in exchange with items of monetary value from their older sexual partners) can form the basis for intervention. Furthermore, prevention interventions targeting youth will be enhanced by these targeting adults who have intergeneration sex with young people. By conducting such study in different districts with different trends of HIV prevalence, the MOH will learn lessons about the effectiveness of different interventions implemented in these districts targeting adults. This survey will inform national quantitative surveys to really quantify the magnitude of the findings.

7.Methods: Focus group discussions will be organized with adults from different social strata (by profession, education, gender...) in districts with declining, stable and increasing HIV prevalence among the youth. The groups will be homogenous to facilitate full participation of all the members.

8.There will be an in-depth interview with a sample of community members selected by convenience. The interview will help to closely follow up on the major themes with will emerge during the focus group discussions.

9.Population of Interest: A convenient sample of adults from different social strata (by profession, education, gender...) in districts with declining, stable and increasing HIV prevalence among the youth. These districts will be the same like where the qualitative behavioral study among youth would have been conducted through FY 07 funding.

10.Information Dissemination Plan: Between December 2008 and March 2009, the TBD partner will assist with data analysis, report preparation, and dissemination of results and recommendations. The selected partner will conduct a 1-day Data Use and Results Dissemination Workshop with key stakeholders in order to disseminate result of this survey.

11.Budget Justification: Funds are required to support staff effort and travel to review and revise protocol and data collection tools, obtain necessary ethical approvals from HRDC, and CDC, and to assist with implementation of this PHE as follows:

Salaries/fringe benefits: \$40,000
Equipment: \$20,000
Supplies: \$10,000
Travel: \$20,000
Other: \$35,000

Year 01 Total: \$125,000 USD

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17265

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	20	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8748.08

Prime Partner: University of California at San Francisco

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 17903.08

Activity System ID: 17903

Mechanism: UTAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$150,000

Activity Narrative: 08.X1304: PHE - HIV-related Mortality Validation

The team has changed the funding mechanism for this activity to be UTAP from New CoAg, and the prime partner from TBD to UCSF. (April 08 Reprogramming)

1.Title: Updating of HIV-Related Mortality Statistics & Validation of Cause of Death Data.

2.Summary: In order to clarify the accuracy of reported AIDS related mortality data in Botswana we propose to conduct an assessment and validation of causes of child and adult mortality in Botswana in which we will estimate the extent of over-or under-reporting or misclassification of mortality due to HIV/AIDS by comparing death certificate coded cause of death with medical chart diagnoses. Through this work, we will advise on improving the accuracy of mortality reporting and utilization of mortality statistics to improve public health surveillance and policy decision making in Botswana. This project is expected to end in FY08 and the two year cost is estimated at \$150,000.

3.Investigators: UCSF Investigators: George W. Rutherford MD MPH, Rand Stoneburner MD, Sandy Schwarcz MD, Gail Kennedy MPH; Tracy Creek MD (CDC/GAP-Atlanta). Local co-Investigators: Negussie Taffa MD, PhD; Stephane Bodika MD, MPH (BOTUSA); Anna Majalantle & Diemo Motlapele (CSO), Florindo Gomez MD (Botswana Ministry of Health).

4.Status of study/progress to date: In 2007, UCSF assisted team Botswana with the development of a research protocol to update and collect all available HIV-related institutional mortality statistics, as well as ART and PMTCT programmatic data from 1993 through 2006, in order to assess changes in HIV-related mortality following scale up of ART and PMTCT programs, and estimate the degree of potential under-reporting of HIV-related mortality in Botswana. A protocol to update, collect, and analyze mortality and program through 2006 was approved by ethical review committees at UCSF, CDC, and HRDC in Botswana. Further technical assistance to assist the MOH Central Statistics Office in coding, entering, and publishing this data occurred. An amended research protocol for conducting de-identified patient chart review to validate mortality data and describe the extent of potential misclassification of AIDS-related mortality was drafted, reviewed by key stakeholders in Botswana and submitted for review and approval by respective ethical review committees at UCSF, CDC, and HRDC in Botswana.

5.Lessons Learned: It's difficult to give full picture of lessons learned on this project as the progress so far is limited to protocol development and preparing the background work of coding cause of death using ICD-10. The later took quite some time in order to clear backlog of patient chart coding dating back from 2004 to 2006.

6.Information Dissemination Plan: Early in FY08, findings from the updated mortality and programmatic datasets including overall trends, and correlations between infant mortality and PMTCT program uptake, and adult mortality and ART program uptake will be shared with key stakeholders in a Dissemination Meeting. This information is expected to update our understanding on the impact of HIV/AIDS on adult mortality and the extent to which large scale ART can help curb this. Likewise the impact of high PMTCT program uptake on infant and child mortality over time will be assessed.

7.Planned FY08 activities: Detailed analyses of updated mortality datasets on trends, and correlations between infant mortality and PMTCT program uptake, and adult mortality and ART program uptake;

8.Findings from these analyses will be shared with key stakeholders during a Dissemination Workshop

9.Following the Dissemination Workshop, abstracts will be developed for presentation at local and international meetings;

10.Data collection for the Cause of Death Validation Study will be completed, and preliminary results will be reviewed with all Investigative staff.

11.Budget Justification: In the second year of this 2-year effort, funds will be required to support staff effort and travel to conduct final analyses on updated mortality data as described, attend a Dissemination Meeting in-country to present findings, and plan for the development of abstracts and manuscripts; to assist with data collection and analysis of the Mortality Validation Study as outlined for this PHE as follows:

Salaries/fringe benefits:\$26,000

Equipment: \$14,000

Supplies: \$20,000

Travel: \$25,000

Contractual Costs: \$15,000

Other:\$50,000

Year 01 Total: \$150,000 USD

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17265

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	35	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 17904.08

Planned Funds: \$342,000

Activity System ID: 17904

Activity Narrative: 08.X1306: MOH - DPPME Strategic information support

Activity 1: Salaries of Staff in MOH's DDPME
Cost: \$ 136,290

With USG financial support, GOB is in the process to recruit short-term staff to address immediate and short-term workforce requirements. These are key positions within government agencies. The planned positions will strengthen the ability of DPPME to support different existing HIV/AIDS M&E systems within MOH, integrate them to improve reporting, linkages among these programs and support accountability.

The implementation of this activity was delayed and it is yet to yield results. These positions include one chief health information officer, one principal systems analyst, two IT officers, and one senior systems analyst programmer

The senior System Analyst and the Chief Health Information Officer will work closely with the consultant who will develop the national HMIS strategic framework. They will be the drivers behind the implementation of the recommendations to be formulated in the strategic framework.

With the support of all the IT and system analyst and programmer, this team will work towards an integrated system with harmonized HIV/AIDS indicators, user friendly and facilitating information sharing among all stakeholders.

These positions are to be absorbed into the public structure in the future. The pay structure will be similar to that of the GOB to facilitate the integration of the new positions in the public structure

Activity 2: ICD-10 Training
Cost: \$80,000

This is a continuation activity from 2007. The Health Statistics Unit (HSU) remains the focal point for all issues relating to health information system in the MOH. It facilitates the data collection, processing, verification, analysis and dissemination of health service data throughout the country. It also coordinates health data sharing with other stakeholders.

The HSU revised its data collection tools in 2004 using the International Classification of Diseases 10th Edition (ICD-10). In order to build capacity in ICD-10, USG supported the training of 15 staff from HSU in ICD-10 in FY 2007. For cost effectiveness, this training will be organized in Botswana by staff from Queensland University of Technology in Australia in January 2008. This training will ease the coding problem HSU is faced with and therefore speed up the production of the annual health reports.

Despite this training, there is a dire need to support the training of records keepers in all the 32 government hospitals in the country and to support the sensitization of health care workers about the importance mortality and morbidity coding and the necessity to write properly the diagnosis in their patients' charts. These initiatives will facilitate the coding process at central level and therefore allow HSU to produce the annual Health statistical reports, necessary for planning, in a timely manner.

Part of these funds will be used to purchase at least one set of ICD-10 reference tools for each hospital in the country and add 6 computers and software to the current infrastructure to allow extra data entry points to speed up the production of the health statistics reports.

Therefore, the MOH's DPPME, is requesting PEPFAR funds to urgently train all 18 HSU staff in the use of ICD-10. This will allow the office to be effective, efficient, and able to promptly report quality data that meet international standards.

Activity 3: Botswana Health Information Strategic Plan
Cost: \$70,000

Botswana has several information systems for capturing data on health services, resulting in a fragmented approach to patient management and outcome monitoring. Program data are stored on independent systems that run on different platforms and collect data at different levels of detail, e.g. patient level, aggregated. This creates a challenge to integration of health information systems, as well as integration of health data into a longitudinal patient record for the national HIV data warehouse. In 2008 USG will support the development of a national health informatics strategic plan to provide a framework for future information systems development by all stakeholders in Botswana (GOB, donors, etc.) that includes appropriate international ICT standards and guidelines, as well as addresses long term sustainability of health information systems.

Activity 4: Roll-out of District Health Information System (DHIS) at district level
Cost: \$ 55,000

Botswana is facing a challenge of proliferation of vertical information systems in the MOH. The problem is accentuated by the current use of multiple data collection tools, multiple formats of data collection and multiple data flows. There is also excessive collection of data that ends up not being efficiently converted to indicators used for planning and management. There are delays in data capturing, data analysis and production of statistical reports. This results into poor availability of timely and quality health data affecting the decision-making.

The implementation of EU-funded BEANISH (Building Europe Africa Network for applying Information technologies in the Healthcare Sector) project was initiated in 2005 whereby the DHIS software was piloted in 4 health districts. The pilot phase of this project gave a lesson that timely and accurate information collection and compilation in all primary health care programs including HIV/AIDS will be made easy in Botswana. Through funding from the EU, DHIS will rollout to 8 health districts before the end of 2007.

Activity Narrative: Training of Health Information Management Officers, Public Health Specialists, Matrons and others in the districts is essential part of the roll-out.

As the funding from EU ends by December 2007, USG funds will support the MOH to complete the rollout in the remaining 16 health districts in FY08. MOH is putting emphasis on training of support personnel (IT Officers) in the districts as well as at the centre to ensure sustainability of the DHIS. It is planned that the central support team shall visit the districts half-yearly, conduct short-term refresher courses for users, and support personnel.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	52	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1337.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Local Government, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 17905.08

Planned Funds: \$746,000

Activity System ID: 17905

Activity Narrative: 08.X1307: MLG - Support for monitoring & evaluation in districts

In an effort to continue building its capacity to provide strategic information on HIV prevention and care and to improve HIV/AIDS and other health data quality MLG's Department of Public Health Care and Services, formerly the AIDS Coordination Unit, requests financial support for the salary of two Senior M&E officers at headquarters in Gaborone and for 44 Information Management officers (IMOs) placed in the districts (DHT and DAC).

The overall objective of these activities is to increase MLG's M&E capacity to monitor the HIV response at the district and central levels. This will be translated into improving the national level M&E coordination, district reporting, strengthening and streamlining of data flow systems, and supporting overall efforts to improve the quality of HIV care.

IMOs.

Twenty of these positions will be at the DAC Offices working with NACA and 24 positions will be with the DHTs. The recruitment process is about to complete and these officers are expected to be on board by September 2008. Technical assistance in mentoring these officers will be provided by I-TECH. The later will work closely with MLG in providing job orientation, mentoring and supervision, technical assistance and administrative support as well as developing the plan to integrate these new staff members into government service over time.

Senior M&E officers.

The staff has been hired and is currently posted at the MLG headquarters. Together with the head of the head M&E Unit in the Department of Public Health Care and Services, they will supervise and support the IMOs placed at the DHTs and DACs. These officers will work hand in hand with the I-TECH mentors to acquire necessary skills in supporting the IMOs at both DACs and DHTs. They will ensure the quality of data from the districts and the timeliness of reports to the central level.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	27	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	46	False

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8748.08

Prime Partner: University of California at San Francisco

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 17902.08

Activity System ID: 17902

Mechanism: UTAP

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$200,000

Activity Narrative: 08.X1303: Behavioral Surveillance Survey among High-School Students

We have changed the funding mechanism for this activity to be UTAP from New CoAg, and the prime partner from TBD to UCSF. (April 08 Reprogramming)

1.Title: Baseline behavioral surveillance survey among high-school students in Botswana.

2.Summary: This is proposed as a 2-year PHE effort, with a total projected budget of \$350,000 and a year 1 budget of \$200,000.

3.Investigators: Stephane Bodika, MD, MPH (BOTUSA); Negussie Taffa MD, MPH , PhD(BOTUSA); others to be determined.

4.Project Description: In 2007, the MOE in Botswana conducted a consensus building workshop to plan for a national surveillance study of HIV-related knowledge and behaviors among high school students. Consensus meetings were convened in-country, and draft protocols, procedures, and survey instruments were prepared. Between April 2008 and March 2009, a yet to be dermned partner will assist BOTUSA and the MOE to implement a baseline cross-sectional survey of HIV-related behaviors among a sample of male and female high-school students enrolled in 9-12th grades in Botswana. Between April 2009 and March 2010, the partner will assist with data analysis, report preparation, and dissemination of baseline results and recommendations for continued annual administration of this surveillance exercise so that national behavioral trends among youth in Botswana can be observed prospectively.

5.Primary Research Question: What are the baseline levels of knowledge of HIV transmission and the baseline sexual and other risk behavioral patterns among currently enrolled high school students in Botswana?

6.Programmatic Importance: Understanding the prevalence of HIV risk behaviors in populations at risk for HIV is essential in order to develop and target effective prevention strategies. Youth are a key group in which to assess basic knowledge of HIV transmission and related risk behaviors because they are a vulnerable group, risk behaviors are often established during adolescence, and prevention and educational efforts, if implemented prior to sexual debut can effectively prevent acquisition of HIV. Studies have shown that girls enter into sexual relationships with older men (who are more likely than younger men/boys to be HIV-infected) and the result is higher HIV prevalence in adolescent girls than boys. Determining the prevalence of such behavior as well as the factors that contribute to this behavior (such as the desire for obtaining items of monetary value from their older sexual partners) can form the basis for intervention. Furthermore, risk behaviors serve as an early marker of HIV incidence, that is, the risk behaviors precede HIV acquisition. In addition, this activity will assist the MOE to follow trends in risk behaviors, which is a method of predicting HIV incidence and to assess the impact of different HIV prevention programs targeting youth implemented in school in Botswana. Thus, providing information on the required modifications in the design of current prevention programs or mandating the design of new ones.

7.Methods: A three stage multi-cluster sampling strategy will be used to obtain a representative sample of high school students. The first stage will be identifying primary sampling units which will consist of provinces (cities, or other reasonable unit) that will be categorized into X strata based on degree of urbanicity (and any other meaningful measures so that all areas are represented in the sample). A sample of X schools within each strata will be sampled using probability proportionate to size. Within each school, X classrooms will be randomly selected and all students within these classrooms will be asked to complete a written anonymous survey. The classrooms should be selected to ensure that they are required courses. The analysis will be weighted based upon demographics (e.g. sex) and applied to each record. The weights will be scaled so the weighted count of students will equal the proportions of students in each grade to match national population proportions.

8.Population of Interest: A representative sample of X high school students selected from X districts in Botswana.

9.Information Dissemination Plan: Between April 2009 and June 2009 (year 2 of this PHE) a 10-day Data Use and Results Dissemination Workshop will be conducted with key stakeholders in order to disseminate baseline results, and to review recommendations for continued annual administration of this surveillance exercise to support future surveillance activities among High School student on an annual basis.

10.Budget Justification: In Year 1 of this 2 year effort, funds will be required to support staff effort and travel to review and revise protocol and data collection tools, obtain necessary ethical approvals from HRDC, and CDC, and to assist with implementation of this PHE as follows:

Salaries/fringe benefits: \$80,000
Equipment: \$15,000
Supplies: \$10,000
Travel: \$30,000
Other: \$65,000

Year 01 Total: \$200,000 USD

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17265

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17265	4454.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$120,140

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8753.08

Prime Partner: New York AIDS Institute

Funding Source: GHCS (State)

Budget Code: HVSI

Activity ID: 17908.08

Activity System ID: 17908

Mechanism: CoAg

USG Agency: HHS/Health Resources
Services Administration

Program Area: Strategic Information

Program Area Code: 13

Planned Funds: \$150,000

Activity Narrative: 08.X1310: HIVQUALH - HIV Quality Assurance

The HIVQUAL program in Botswana will be executed under the leadership of MLG and in close collaboration with HHS/CDC/BOTUSA for program management and technical support. This activity complements other quality assurance activities supported by the USG in Botswana, focusing on facility-level data collection and data management, feeding directly into these other activities for monitoring and evaluation and quality assurance, under the stewardship of the MLG.

The HIVQUAL philosophy is based on the concept that quality management programs should reflect a balance between quality improvement and performance measurement and be built upon a foundation of programmatic support and infrastructure. This organizational approach to quality management emphasizes the development of systems and processes to support quality improvement activities involving clinic staff and consumers with support from agency leadership. These structural features are designed to be sustainable even when staff turnover is high or organizational affiliations change.

Four principles guide the methodology of the HIVQUAL Project: 1) ongoing quality improvement activities improve patient care; 2) performance measurement lays the foundation for quality improvement; 3) infrastructure supports systematic implementation of quality improvement activities; 4) indicators to measure performance are based on clinical guidelines or formal group decision-making methods.

The program will be piloted in a sample of 12-20 clinics and hospitals providing HIV care and ART, encompassing a diversity of care models and patient load sizes. Capacity-building will involve building skills for a) data management focusing on clinical information; b) chart abstraction or use of existing databases. Quality improvement trainings will be conducted with interactive sessions involving hands-on application of QI tools and techniques that are immediately transferable to the clinic setting. Organizational assessments are conducted of the facility-based quality management program to facilitate development and implementation of processes and structures that will support sustainable ongoing quality management. Activities will result in strengthening systems for documentation of clinical care.

Ministries will use data to develop a national quality management plan to champion quality, monitor performance among HIV clinics and districts through development of benchmarking reports, development of capacity for conducting QI training and promoting sharing of best practices and regional quality management groups for developing a sustainable network of quality management.

USG funding will support travel of the US team for mentoring of in-country program staff and to coach the team in provision of technical assistance to providers. Training will be provided as well as study-tour to the US for the national HIVQUAL team.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1332.08

Mechanism: ODC/BDF

Prime Partner: Botswana Defence Force

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 17909.08

Planned Funds: \$150,000

Activity System ID: 17909

Activity Narrative: 08.X1311: Botswana Defence Force - Monitoring/Evaluation Support

\$75,000 of this activity will purchase 25 computer systems for use by BDF Social Welfare workers, Chaplains, and Medical Counselors. In FY07 we provided computers to the BDF ART sites, but the BDF has identified a need for automation in the offices of the personnel who counsel and support HIV positive personnel. Currently counseling sessions are recorded manually making it difficult to adequately track which HIV positive personnel are receiving required counseling, who is missing appointments, and to coordinate support between the various medical, social welfare, and religious offices who are providing support to an HIV positive soldier or family member. The lack of automation also makes it difficult for counseling to continue as soldier deploy to other camps in support of anti-poaching or border security missions. An additional benefit is that those involved in counseling and support activities will now have access to on-line support materials and a wider network of expertise.

\$25,000 of this activity will be used to pay expenses related to the training of personnel from the BDF HIV/AIDS program office, chaplain's office, social welfare office, and medical services in monitoring and evaluation techniques and reporting. This is currently one of the weakest aspects of the BDF effort.

This activity will specifically target military personnel and their family members, especially those living with HIV AIDS. Estimated current target population is between 800-1600.

The BDF will assume responsibility for the inclusion of these computers into the Defense Force Network.

\$50,000 of this activity is allocated to an HIV bio-behavioral survey which will enable estimation of the prevalence of HIV and behavioral risk factors including those associated with deployment, sexual risk, alcohol use, and male norms. The target group for the survey will be active duty BDF personnel. Due to the low number of women in the BDF the sample will be limited to men. The BDF will participate in all planning and execution of the survey. The HIV testing for the survey will be conducted in a counseling and testing setting with participants able to know their results immediately. Those testing positive will be referred to care/treatment. Prevention activities will be organized to occur on the same day as the survey capitalizing on the heightened awareness created by participation in the survey. Results from the survey will enable better service delivery planning, and targeting of prevention programs to those behaviors associated with highest risk in the military.

This activity will support the strategic plan by providing information on male behaviors in Botswana and directly linking behaviors to sero-positivity.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Emphasis Areas

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

Special populations

Most at risk populations
 Military Populations

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 5406.08	Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 10321.08	Planned Funds: \$100,000
Activity System ID: 17353	
Activity Narrative: 08.X1390-Post: Technical Expertise and Support SI	

This activity covers the salary of four experts including two additional staff members that will join the existing team. One of the new staff will be an direct hire Full Time Equivalent and the other is a Locally employed staff member. Costs cover salary, travel, and printing of technical materials to provide support for the strategic information/ monitoring and evaluation activities including work with the GOB. Funding also covers participation by staff in domestic and international conferences related to their work, contractual costs, and TDY visits experts outside the USG agency.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10321

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24220	10321.2422 0.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$410,643
10321	10321.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$207,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 4464.08

Planned Funds: \$175,000

Activity System ID: 17275

Activity Narrative: 08.X1305

MOH DHAPC - Surveillance and strategic information support

Activity 1: Salaries of Surveillance Staff in MOH's DHAPC
Estimated cost: \$75,280

USG will continue to support the salaries of officers conducting surveillance activities in MOH's DHAPC as surveillance is the cornerstone of monitoring and evaluation of the national HIV response.

The Surveillance Section has conducted and will continue to conduct the antenatal HIV prevalence among pregnant women aged 15-49 years. This year the ANC HIV surveillance will include incidence testing, HIV drug resistance tests and HIV prevalence testing.

The team also compiles, analyses and disseminates data on HIV routine testing in government health facilities

For the FY08, the MOH will require \$75,280 to pay the salary of these personnel. These positions are to be absorbed into the public structure in the future. The pay structure will be similar to that of the GOB to facilitate the integration of the new positions in the public structure.

Activity 2: Evaluation of new techniques for surveillance
Cost: \$50,000

Dried Blood Spot (DBS) has increasingly proved to be the simplest and cost-effective technique of specimen collection for HIV testing in resource limited settings. Its use in early diagnosis of HIV infection among infants using the polymerase chain reaction method has opened opportunities to improve pediatric access to HIV/AIDS care and treatment. We are planning to test this specimens' collection method if it can replace the current sample collection methods for HIV infection testing, HIV incidence testing and ARV resistance tests among pregnant women attending ANC services.

In FY08 USG funds will be used to evaluate the sensitivity, specificity and positive predictive values of DBS in HIV diagnosis, HIV incidence testing, and ARV resistance testing by comparing findings obtained through routine specimen collection techniques for these tests. Representative sample of de-identified specimens will be obtained and subjected to the standard test procedures for HIV testing, incidence testing and ARV resistance tests.

The USG funds in this section of the COP will mainly cover the fieldwork, result dissemination and other logistic costs while funds coming from the laboratory infrastructure section will cover the cost of specimen collection, purchase of laboratory supplies and reagents and the actual conduction of laboratory tests.

Activity 3: PIMS Upgrade and HIV Data Warehouse
Cost: \$175,000

With the planned scale up of the national ART program to serve over 100,000 patients in the future and the need for enhanced patient monitoring, the scalability of the current MS Access system, PIMS, is an issue. In 2007, MOH began the process of upgrading PIMS. Thus far, they have finished gathering requirements and are planning site visits to Kenya and Rwanda to evaluate their patient monitoring systems as possible replacements for PIMS in order to meet the future needs of the program. Once an IT solution is selected, USG will assist MOH in 2008 in acquiring additional IT resources for the development, testing, and implementation of the upgraded system, including deployment to the current ART sites.

MOH will require two IT consultants for a minimum of six months until the new system is deployed in all 28 sites. Deployment will consist of travel across Botswana to each site for installation, conversion of data to the new system, and training of users. At least two teams will be required so that all sites get deployed within three months to minimize the time sites are using different patient monitoring systems. The upgraded system will improve data collection and provide the necessary data for creating appropriate indicators for more effective monitoring of the ART program. In addition, the system will provide data to the national HIV data warehouse, which is under development.

Because Botswana has several independent systems for capturing health data, it is not possible to get a comprehensive picture of the services PLWHA access, much less how effective these services are, unless a longitudinal record is created for each patient. To address this problem, the MOH decided to develop a national HIV data warehouse to store integrated patient level data on health services provided to PLWHA. The data warehouse will allow various health personnel, such as program managers, healthcare workers, researchers, etc. access to up-to-date information for patient management and outcome monitoring. The data for the warehouse will come from diverse information systems, each with its own data formats and coding standards.

In order to link patient data together, MOH is in the process of evaluating Identity Systems' Identity Search Server (ISS) software to match patient identifiers from disparate systems. If ISS is purchased in 2007, in 2008 USG will fund the maintenance cost (18% of purchase price), which becomes due three months after delivery of the software and upon each anniversary of the delivery of the software. The maintenance fee allows MOH to benefit from enhancements, software fixes, and upgrades.

Linking patient data is only one part of the data warehouse process, however. Specialized programs must be developed to obtain the data from each system, clean and convert the data, integrate the patient data after the identifiers have been linked, and load the integrated data into the data warehouse. USG will support MOH in building IT capacity via a skills transfer from an experienced data warehouse developer, who will be contracted for a minimum of 6 months to assist in coding the required programs. In addition, once the data warehouse is operational, data analysts will need access to the data for reporting purposes, ad hoc queries, and research to improve patient care and outcomes. In 2008 USG will support the MOH in

Activity Narrative: procuring terminal service licenses for user access and Business Intelligence (BI) software for analysis and reporting.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9809

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24087	4464.24087.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$200,000
9809	4464.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$150,000
4464	4464.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$280,000

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	1	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Business Community

Civilian Populations (only if the activity is DOD)

Discordant Couples

People Living with HIV / AIDS

Refugees/Internally Displaced Persons

Religious Leaders

Teachers

Table 3.3.13: Activities by Funding Mechansim**Mechanism ID:** 5404.08**Mechanism:** HQ Base**Prime Partner:** US Centers for Disease Control and Prevention**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GAP**Program Area:** Strategic Information**Budget Code:** HVSI**Program Area Code:** 13**Activity ID:** 10319.08**Planned Funds:** \$400,000**Activity System ID:** 17337**Activity Narrative:** 08.X1390-HQ Base: Technical Expertise and Support SI

This activity covers the salary of four experts including two additional staff members that will join the existing team. One of the new staff will be an direct hire Full Time Equivalent and the other is a Locally employed staff member. Costs cover salary, travel, and printing of technical materials to provide support for the strategic information/ monitoring and evaluation activities including work with the GOB. Funding also covers participation by staff in domestic and international conferences related to their work, contractual costs, and TDY visits experts outside the USG agency.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 10319**Related Activity:****Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24206	10319.24206.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$664,542
10319	10319.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$265,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Indirect Targets

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14

Total Planned Funding for Program Area: \$6,949,700

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Botswana has an HIV prevalence rate in the total population of 17%. The HIV prevalence rate among pregnant women (15-49 years) is 32% and the overall HIV prevalence in the adult population rate is 24.5%. The country ranks 131 out of 177 on the current UNDP Index of Human Development. It ranks 37 out of 163 on the corruption perception index of Transparency International, the best anti-corruption ranking in continental Africa. Child mortality under 5 years is 120 per 1000. Life expectancy is 56 years. There are 0.4 physicians and 0.5 health care workers per 1000. An estimated 270,000 people are living with HIV/AIDS. 90,478 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old); only 542 are currently on the waiting list. This is one of the treatment success stories worldwide due in large part to strong national commitment to free health care and to use of diamond revenues to the benefit of the people of Botswana.

Capacity building remains a priority in the fight against HIV/AIDS in Botswana. The Five-Year HIV/AIDS Strategy seeks to strengthen critical systems and key institutions at every level of program implementation. Critical staff shortages in the public sector threaten long term sustainability and short term performance. In particular, the public service lacks qualified program managers and technical staff for overseeing further expansion of decentralized HIV services.

At the national level, the United States Government (USG) continues to support the Ministry of Health (MOH) to identify, develop and maintain sufficient human resources to fight HIV/AIDS; the National AIDS Council (NAC) to step up HIV/AIDS policy and legislative reform; government departments and non-governmental organizations to improve HIV program management; the Botswana Network for AIDS Service Organizations (BONASO) to strengthen the civil society response; the Botswana Business Coalition on HIV/AIDS (BBCA) and local trade unions to increase private sector involvement; and the local media to improve HIV/AIDS reporting. New activities will strengthen task shifting, in-service training and curriculum development at the new University of Botswana Medical School. At district level, USG supports the Ministry of Local Government (MLG) to strengthen district management of HIV and, at the community level, to empower communities to respond to the epidemic and tackle stigma, discrimination and gender inequities.

With PEPFAR funding, positions are hired directly by government as project posts using government policies, mechanisms and pay scales. Staff is hired on three-year contracts after which the positions are absorbed into the government structure. PEPFAR currently supports 125 project positions in four government ministries. In addition to HQ technical and managerial staff, these

positions include pediatricians working in the two referral hospitals, laboratory staff and M&E officers responsible for information management at the district level. The African Comprehensive HIV/AIDS partnership (ACHAP) another major actor in HIV/AIDS is also supporting government staffing with a similar strategy. USG and ACHAP share plans and information.

PEPFAR funded an assessment of the health workforce resulting in a revised human resource plan (2006 - 2016) and policy recommendations covering critical issues such as staff recruitment and retention. These recommendations will form the basis for advocacy around policy development, including a human resource policy for the health sector. A key recommendation was to develop an integrated service delivery plan to redress inequities in the distribution of health service, rationalize staffing and increase access to HIV/AIDS prevention, care and treatment programs. This plan will guide the provision of health services and will help realign the type, number and location of health facilities in Botswana, the magnitude of services that should be rendered and the optimum mix of resources needed. PEPFAR supports this work which will begin in October 2007.

An important aspect of human resource management is maintaining worker well-being, motivation and productivity and decreasing attrition. To this end the Government of Botswana (GOB) has established a national 'wellness for health workers' program. PEPFAR supports this program and will continue to do so in 2008.

Non-professional health workers play a key role in the provision of HIV prevention, treatment and care services in Botswana's health facilities. The need was first identified in the Prevention of Mother-to-Child Prevention (PMTCT) program where lay counselors (high school graduates trained for 4 weeks) do pre- and post-test counseling for HIV testing and supportive counseling and follow up for the PMTCT program. The role of these counselors has grown to include counseling and rapid HIV testing for all HIV programs. PEPFAR provides capacity building to this cadre in PMTCT and counseling and testing. Auxiliary health workers are also handling many of the tasks previously shouldered by professional nurses. In 2008, PEPFAR will assist Government by funding an evaluation of the lay counselor cadre to document their contributions and make recommendations for strengthening and expanding this cadre.

PEPFAR contributes to the strengthening of HIV/AIDS pre-service training for nurses and allied health professionals. The development of HIV/AIDS competencies, integration of HIV content into each course and improving the capabilities of faculty will continue to be the focus in 2008. Technical assistance will develop the public health component of the new medical school curriculum.

The USG continues to support the MOH's Department of HIV/AIDS Prevention and Care (DHAPC) Training Unit in the implementation of the KITSO Training Plan for health workers. This plan, developed with PEPFAR support, provides guidance for the delivery of standardized in-service HIV/AIDS training and outlines mechanisms for improving the quality of training, ensuring that new knowledge and skills are applied in the work setting, increasing collaboration between HIV programs and improving monitoring and evaluation. An assessment of in-service training is planned for 2008 along with additional technical assistance for developing service delivery models, guidance and support systems.

The Botswana Institute for Development Management (IDM) provides training under its Sustainable Management Development Program (SMDP) to public sector health workers. This training program contributes to the GOB's overall public sector work improvement initiative. In 2007, managers from local authority health facilities will be trained. In 2008, the capacity of this program will be increased to expand its reach.

Technical assistance from National Alliance of State and Territorial AIDS Directors (NASTAD) will continue to build capacity in MLG and train district managers to use an evidence-based approach to develop and implement district HIV plans. The Community Capacity Enhancement Program (CCEP) uses participatory methodologies to empower communities to address HIV/AIDS at the village level. This program will grow to national scale in 2008. Both the evidence-based planning and the CCEP activities will be evaluated in 2008.

Civil society is a critical partner in the HIV response and scale up of service delivery. An important focus of PEPFAR in Botswana is building the capacity of civil society to play an active and sustainable role in the national response to HIV. Through a grants program, 30 non-governmental organizations provide HIV services while receiving technical assistance for institutional capacity building. As a network organization, BONASO is the focal point for this support. In 2008, support to BONASO and several other leading non-governmental organizations (NGOs) will be significantly increased.

Focusing on leadership and networking, the SMDP program aims to create a critical mass of effective HIV managers within civil society. Among the primary beneficiaries are Tebelopele Voluntary Counseling and Testing (VCT) centers and the Botswana Christian AIDS Intervention Program (BOCAIP). The Botswana Business Coalition on HIV/AIDS (BBCA), trade unions (ILO) and the Media Institute of Southern Africa (MISA), Botswana Chapter, through a twinning program with a similar organization in Zambia (ZAMCOM), also benefit from capacity building support.

The Ethics, Law and Human Rights Sector of the National AIDS Council has responsibility for strengthening the policy and legal environment to reduce stigma and discrimination and address gender imbalances. With USG support, the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) implements the sector's strategic plan with a focus on raising public awareness and increasing advocacy. The CCEP program is intensifying its stigma reduction component with technical assistance from NASTAD. In 2008, a new gender activity will seek to increase rural women's access to income and productive resources to lessen their dependence on their male partners and increase independence in decision making.

Rapid build up of programs often leads to delays in human resource acquisition and use. Botswana is no exception. Despite strong government commitment and investment in HIV/AIDS programs, the roll-out of integrated plans and multi-actor systems to manage this large amount of investment in service delivery continues to lag. It is anticipated that Botswana will be catching up on this front through FY2008 and into the last year of PEPFAR programming. The USG continues to support GOB efforts while maintaining the respectful distance that national sovereignty requires. Active collaboration is expected to reduce backlogs in human resource use in 2008 and 2009.

In addition to the proposed budget, the USG team has set aside \$105,000 (unallocated) for activities in this area.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	406
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	177
14.3 Number of individuals trained in HIV-related policy development	78
14.4 Number of individuals trained in HIV-related institutional capacity building	1590
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	538
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	835

Custom Targets:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5404.08	Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 10269.08	Planned Funds: \$200,000

Activity System ID: 17339

Activity Narrative: 08-X1490-HQ: Technical Support - policy analysis and system strengthening

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10269

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24207	10269.24207.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$254,195
10269	10269.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$40,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1039.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 4544.08

Planned Funds: \$0

Activity System ID: 17276

Activity Narrative: 08-X1401: MOH - Human Resources Development support

This project began in 2004 as part of the Southern Africa Capacity Initiative (SACI) with initial financial support from the United Nations Development Program (UNDP) and technical assistance from both UNDP and the World Health Organization (WHO). In 2005, the USG provided funding for an assessment of human resources and health service, resulting in a revised ten-year human resource plan that takes into account the HIV/AIDS epidemic and the GOB's response. The assessment revealed major inequities in the distribution of health services in the country. These inequities, exacerbated by the recent and rapid expansion of national HIV/AIDS prevention, care and treatment services by the Government, have led to an urgent need for the development of an integrated service delivery framework that will make possible the implementation of quality health programs.

In 2006, PEPFAR provided funding to the MOH's Department of Policy, Planning, Monitoring and Evaluation (DPPME) to undertake this next phase of the project. The overall purpose of this two-year activity is to develop an integrated service plan and framework to enable the health sector in Botswana to cope with changes in workload brought about by the HIV/AIDS pandemic, to rectify inequities in service delivery and to improve quality health care. DPPME is a new department in the MOH and as such is currently experiencing huge capacity shortages. Therefore, it will be critical that the process used to implement this project develops the capacity of the MOH. With the ultimate aim of providing appropriate and equitable access to all levels of service for the general population, an integrated national framework and plan will provide:

- A national overview of the current status of service provision.
- A detailed assessment of actual service requirements through analysis of patient/case referrals and services offered.
- A service configuration plan that is affordable and sustainable and that ensures that resource use is effective and efficient.
- A basis for a long term vision to enable integration of key initiatives (such as capital development and equitable human resource distribution); aspects that can be implemented only over extended time frames.
- A basis for ensuring (1) that all levels of service delivery are addressed, and (2) that primary health care and hospital care are integrated.
- A rational basis for addressing health needs and national health priorities in a resource-constrained environment.

The health service delivery framework will guide the provision of accessible, affordable, and equitable health services to the population of Botswana. The framework will include service delivery standards and facilitating policies and will be used to realign the type, number and location of health facilities in Botswana, the magnitude of services that should be rendered and the optimum mix of resources needed.

Because of funding and bureaucratic delays, it was not possible to award this project to a contractor during year one (FY07). In addition, funding provided by PEPFAR in COP 06 and COP 07 was inadequate to cover the cost of a project of this magnitude. Therefore, we are requesting additional funding in COP 08 to cover the cost of the second year of this two-year project.

By the end of 2009, results will include:

1. A 10-year Integrated Service Delivery Plan for Botswana's Health Services
2. Revised national HRH plan aligned to the health service plan
3. Recommendations on aligning the MOH Corporate plan to the health service plan
4. Cost analysis of implementing the plan, with the recommended most feasible scenario of financing the plan that takes into account issues of equity and sustainability, including strategies of bridging the identified financial gaps (i.e. the recommended resource allocation formulae)
5. Implementation guidelines, including the monitoring and evaluation mechanisms and Facility Management Toolkit and Procedure Manual
6. Recommendations of key policy issues and how they impact on/should influence the current National Health Policy
7. Strengthened capacity within the Department of Policy Planning Monitoring and Evaluation

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9812

Related Activity: 17266, 17917

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24090	4544.24090.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$650,000
9812	4544.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$140,000
4544	4544.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$340,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17266	4456.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$0
17917	9896.08	8745	8745.08	UTAP	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	\$800,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1039.08	Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana
Prime Partner: Ministry of Health, Botswana	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 9900.08	Planned Funds: \$50,000
Activity System ID: 17277	

Activity Narrative: 08-X1415: MOH - HIV/AIDS Pre-service Training

The Institutes of Health Sciences (IHS), a tertiary institution for the training of health personnel, trains the vast majority of nurses and other allied health workers for the country. The IHS, which falls under the MOH, consists of eight health training institutes with over 1,500 students. A basic diploma is offered in general nursing, medical laboratory technology, pharmacy technology, dental therapy, health education and environmental health. Post-basic level courses are offered in midwifery, family nurse practice, community health nursing and nurse anesthesia.

Since 2003, USG has provided technical assistance to IHS for the strengthening of pre-service training in HIV/AIDS for nurses and other allied health professionals. In addition to this technical assistance, an HIV Training Coordinator supported by USG began working in MOH in 2005. This officer is responsible for staff development and training in HIV, strengthening HIV content in all programs/courses and bridging the gap between in-service and pre-service training. This officer works closely with technical assistance contractors, implements local capacity building activities and leads the workplace program initiative.

In addition to curricula and faculty development, a workplace program to provide HIV education and services to both faculty and students is currently being established at all the Institutes. This activity support the coordinator's salary, training and resources for faculty and the development of the workplace program.

2007 achievements:

Provided journal subscriptions, HIV/AIDS guidelines and in-service curricula to all 8 institutions; conducted annual PMTCT update for 16 midwifery faculty; conducted HIV/AIDS annual update for 17 faculty of first year students; trained 51 lecturers in research methods; trained 38 lecturers in HIV/AIDS treatment (KITSO); conducted situational analysis of workplace activities; developed draft workplace policy; trained 16 peer educators/counselors and 12 workplace focal persons

2008 plans:

Capacity Building: Conduct PMTCT update for 35 midwifery lecturers; conduct HIV and AIDS update workshop for 45 participants; conduct pediatric HIV/AIDS care training for 30 faculty; conduct a workshop for 35 participants to develop competencies for Pharmacy Technology, Dental Technology, Medical Technology programs and strengthen HIV and AIDS content in the curricula

Workplace Program: Conduct update workshops for 16 peer educators and 12 focal persons; provide materials for workplace programs, e.g. condom dispensers

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9900**Related Activity:** 17570, 17917**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24089	9900.24089.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$83,000
9900	9900.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$75,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17570	10278.08	7809	5325.08	U69HA04128: Twinning	American International Health Alliance Twinning Center	\$150,000
17917	9896.08	8745	8745.08	UTAP	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	\$800,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	8	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	173	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 5406.08

Mechanism: Local Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 10271.08

Planned Funds: \$99,000

Activity System ID: 17355

Activity Narrative: 08-X1490-Post: Technical Support - policy analysis and system strengthening

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10271

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24221	10271.2422 1.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$125,569
10271	10271.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$40,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1337.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Local Government, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 4553.08

Planned Funds: \$120,000

Activity System ID: 17413

Activity Narrative: 08-X1403: MLG - Community Capacity Enhancement Program

As part of the multi-sectoral response to HIV in Botswana, Government seeks to empower Botswana to actively participate in HIV prevention and care in their own lives and their communities. To address this objective, MLG with technical support from the United Nations Development Program (UNDP), has adopted a participatory methodology for engaging communities in the fight against HIV/AIDS that has shown to be effective in the African context. In 2004, five districts were selected to begin implementation of the Community Capacity Enhancement Program (CCEP) using the "community conversations" method. This methodology seeks to build on the capacity of individuals and communities to facilitate local responses to HIV/AIDS in the areas prevention, care, treatment and support, stigma reduction and addressing gender inequities. Specifically, the program is designed to explore community perspectives concerning how to live with, and respect, PLWHAs and their involvement in community responses to the epidemic; strengthen the capacity of individuals and organizations to facilitate local community responses to HIV/AIDS that integrate care with prevention, keeping in mind other priority concerns such as coping strategies, orphans and vulnerable children, health and development, etc.; sustain local action by increasing the capacity to care, change and find hope within and among individuals, families and the community; strengthen individual and organizational reflection on their approach and ways of working with communities and; facilitate the transfer of lessons learned and change among individuals, from organization to organization and from community to community.

This program uses trained volunteer facilitators to engage their own communities in a process to discuss and identify local HIV-related issues and community solutions. Fifteen (15) national United Nations Volunteers (UNVs) are in place in the districts to lead and facilitate this program. A program officer, housed at MLG and supported by PEPFAR, is responsible for overall implementation.

In 2007, the stigma reduction component of the program is being intensified with technical assistance from NASTAD. This element will specifically address HIV/AIDS stigma, support to PLWHAs and treatment adherence in conversations and community-initiated action plans.

To date, the UNDP CCEP Facilitator Training Manual has been adapted to the Botswana context, trainers have been trained in 24 of the 27 districts, community facilitators have been trained in 11 districts and community conversations are ongoing in 11 communities.

2007 Achievements:

Trained 28 trainers in 8 districts; trained 39 facilitators in 2 districts; hired CCEP project officer/manager for headquarters.

2008 Plans:

Achieve national coverage by training 20 trainers from four remaining target districts; train 24 facilitators in four remaining districts; train 95 additional facilitators in other districts.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9869

Related Activity: 17415, 17926

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24167	4553.24167.09	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	10371	1337.09	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$115,000
9869	4553.07	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	5298	1337.07	CoAg # U62/CCU025095	\$120,000
4553	4553.06	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	3372	1337.06	Technical Assistance	\$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17926	17926.08	7713	1331.08	I-TECH	University of Washington	\$200,000
17415	3540.08	7750	1367.08	U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	National Association of State and Territorial AIDS Directors	\$380,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Reducing violence and coercion

Human Capacity Development

- * Training
- *** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	139	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	139	False

Indirect Targets

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1367.08

Prime Partner: National Association of State
and Territorial AIDS Directors

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 3540.08

Activity System ID: 17415

Mechanism: U62/CCU3245696 - Capacity
Building Assistance for GAP
through Technical Assistance
Collaboration with the
NASTAD

USG Agency: HHS/Centers for Disease
Control & Prevention

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$380,000

Activity Narrative: 08-X1402: National Alliance of State and Territorial AIDS Directors (NASTAD) - Community Planning

The Botswana National Strategic Framework (NSF, 2003), which guides the country's response to HIV, outlines a decentralized strategy to address the epidemic. This is led by District Multi-Sectoral AIDS Committees (DMSACs) and District AIDS Coordinators (DACs) who develop and implement interventions, captured in annual work plans, to address the epidemic in their areas. Recognizing that these plans and the resultant response were not adequately addressing the local situation, NASTAD, a U.S. NGO, was engaged in 2003 to provide technical assistance in this area. The objective of this technical assistance is to build the capacity of national and district level government workers to improve the response to their epidemic by applying an evidence-based, community planning approach. NASTAD works in partnership with the MLG, Department of Primary Health Care Services (DPHCS), to provide in-depth on-site technical assistance and training to all DACs and DMSACs to help assure the development of high quality annual evidenced-based comprehensive district HIV plans.

Since the program was established in 2003, the NASTAD team has developed a District HIV/AIDS Planning Toolkit and trained all DACs and DMSAC members and Peace Corps Volunteers (PCVs) on Evidence Based Planning. The capacity of the Districts to perform key functions, particularly in the area of community profiling and analysis of epidemiologic information, has been enhanced. As the work continues into the future, NASTAD will address identified weaknesses in the use of evidence based planning in each district. Specifically, attention will need to be focused on techniques for conducting and analyzing community needs assessments, prioritization of gaps in services, identification of activities that are based in sound theory and practice in the field, implementation of activities and monitoring and evaluation of those activities. NASTAD will undertake a strategic planning process directed at its own program in Botswana and develop a plan for institutionalizing evidence based planning in MLG and the District Offices, thus ensuring sustainable planning processes that will continue to function without the assistance of NASTAD.

2007 Accomplishments:

Trained 229 people in 9 districts (DACs, DMSAC members, PCVs and other community members) in evidence-based planning during technical site visits; developed and implemented quality assurance mechanisms; promoted development of district networking and referral systems and monitoring of expenditures; developed standardized database with which DACs to track implementation of their plan, and provide standardized reporting of variables to MLG; providing technical assistance to develop a stigma component of the CCEP and training to trainers.

2008 Plans:

Continue to partner with MLG DPHCS to provide one-on-one on-site tailored technical assistance to all 27 districts in the use of evidence-based planning methods for the development of annual district comprehensive plans; continue to train as needed DACs (27), DMSACs, associated technical sub-committees (DMSAC co-chairs, TAC chairs, lead DMSAC civil society member, monitoring and evaluation officers - 162) and PCVs (20); train relevant Policy Advisors in the DPHCS (responsible for planning, home based care, orphans and vulnerable children, CCEP and monitoring and evaluation) in evidence-based planning (5); mentor DACs by having them join the NASTAD technical assistance teams in order to afford an opportunity for lateral learning from their peers in the field; conduct one national training for all DACs; collaborate with district monitoring and evaluation officers to continue to support MLG's effort to develop and implement a standardized reporting system for district planning and prevention activities. An external evaluation of the program will be conducted in 2008. As a result, 20 out of 27 districts will submit a Comprehensive HIV/AIDS Plan to MLG that contains sections describing all eight steps of the evidence based planning process.

HQ Technical Area:**New/Continuing Activity:** Continuing Activity**Continuing Activity:** 9874**Related Activity:** 17414, 17641, 17413, 17926**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9874	3540.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5300	1367.07	NASTAD	\$380,000
3540	3540.06	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	2912	1367.06	NASTAD	\$245,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17414	12281.08	7750	1367.08	U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	National Association of State and Territorial AIDS Directors	\$500,000
17641	10145.08	7750	1367.08	U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	National Association of State and Territorial AIDS Directors	\$250,000
17926	17926.08	7713	1331.08	I-TECH	University of Washington	\$200,000
17413	4553.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$120,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	28	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	200	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1332.08

Mechanism: ODC/BDF

Prime Partner: Botswana Defence Force

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17913.08

Planned Funds: \$25,000

Activity System ID: 17913

Activity Narrative: 08-X1405: Botswana Defence Force - Policy Support

While the BDF has an HIV Policy, it needs to be reviewed and updated. To facilitate this review, this activity will fund BDF Participation in a policy workshop (15K) and the PEPFAR annual Meeting (10K).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	4	False
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Special populations

Most at risk populations

Military Populations

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7757.08

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 10268.08

Activity System ID: 17915

Mechanism: Capable Partners Program

USG Agency: U.S. Agency for International
Development

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$300,000

Activity Narrative: 08-X1409: Workplace Interventions

The Botswana Business Coalition on HIV/AIDS (BBCA) has been engaged in a number of interventions to build capacity for the prevention and management of HIV and AIDS in the private sector. They have mobilized and coordinated the business sector response to HIV/AIDS through among others; conducted information dissemination, advocacy, policy lobbying; and supporting networking activities. BBCA also supported the training of Peer Educators/Counselors for workplaces with such programs and adaptation of those training materials.

According to a 2007 assessment of this program, 40% of companies who sent staff to this training reported developing workplace HIV policies, 42% appointed HIV/AIDS Coordinator / Focal Point Persons, and 59% had allocated financial resources for HIV/AIDS interventions, after the training. BBCA will continue with this program, targeting 200 workplace-based peer educators/counselors nationwide with the 5-day training program and follow up support to those trained. This year a special emphasis of this program will be involving PLWHAs in the program as peer educators/counselors.

In the past, the companies that benefited most from BBCA's initiatives were the large ones, though the majority of employers in Botswana are small and medium sized companies (estimated 70% of registered companies). For COP08, BBCA will focus more on the Small Medium Enterprises (SME) to aid in the up-scaling of prevention, treatment, care and support initiatives, as they are unlikely to have resources to design and sustain in-house comprehensive workplace interventions. One approach that BBCA will use is BizAIDS, which is a program developed by the International Executive Service Corps (IESC) as part of its Southern African initiative and which specifically targets SME. BBCA has agreed to work with BizAIDS to expand to Botswana and pilot their intervention package with 100 small companies. The intervention is tailored to SMEs and involves approximately 20-30 hours of training focused on small business development skills, legal assistance, and basic HIV/AIDS information and program development.

In 2007, BBCA initiated an effort to promote linkages between large companies (e.g. BCL mine and Standard Chartered Bank) and the small medium companies that supply them, through a Supplies Chain Management program. The Model encourages the larger businesses to extend their HIV/AIDS programs to smaller ones, through, for example, sharing of workplace policies for adaptation to the smaller businesses, invitations to participate in HIV testing days and related events, and joint training and limited assistance from the larger companies to those with fewer resources and less experience in such activities. This activity will continue in 2008, and hopefully involve an additional 2-4 major companies.

In 2008, BBCA also will target 200 companies for HIV/AIDS workplace policy development and general advocacy for the development of workplace programs. The primary means are 1) sensitization and awareness building seminars for managers and Board members, to help increase commitment on HIV/AIDS initiatives in the workplace, 2) dissemination of best practices and other information to the private sector through newsletters, the internet, and mass media (especially print), and 3) the annual Red Ribbon campaign. Red Ribbon is a campaign based on the uptake of the Minimum Internal Package articulated for workplaces in the National Strategic Framework and awards efforts made by workplaces to operationalize that. It culminates in a ceremonial event with national press coverage.

With this support, BBCA will also pay for 2 staff persons, as well as some assistance for its organizational development, for example to help train staff in accounting and management skills.

Many of the activities supported by BBCA are cross-cutting in nature and focused on promoting overall engagement of the private sector, and therefore are fundamentally about system strengthening of that sector. The peer education and counseling programs supported for workplace by BBCA are crosscutting but focus significantly on HIV prevention. Therefore, funding from Abstinence/Be Faithful and Condoms and Other Prevention will also support this program.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10268

Related Activity: 17462, 17554

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10268	10268.07	U.S. Agency for International Development	Academy for Educational Development	8360	8360.07	AED	\$253,500

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17462	17462.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$50,000
17554	17554.08	7757	7757.08	Capable Partners Program	Academy for Educational Development	\$50,000

Emphasis Areas

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	300	False
14.4 Number of individuals trained in HIV-related institutional capacity building	1	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8742.08

Mechanism: CoAg (5444.08)

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 4543.08

Planned Funds: \$410,000

Activity System ID: 17916

Activity Narrative: 08-X1410: IDM - Sustainable Management Development Program

The Sustainable Management Development Program (SMDP), established in 2003 at the Botswana Institute of Development Management (IDM) with the assistance of CDC/BOTUSA, is based on the CDC Management of International Public Health (MIPH) Course. The objective of this training is to build the managerial and leadership capacity of public health program managers working in HIV/AIDS in the public, non-governmental (NGO), community-based (CBO) and faith-based (FBOs) sectors.

The curriculum is in modular form allowing for shorter training in specific management areas. The major component of the course is the Total Quality Management (TQM) module, designed to develop problem solving and analytical skills for improving routine processes and service delivery in public health programs. Other modules include leadership, communications, team building and strategic resource development. The training is currently undergoing the accreditation process with the Botswana Training Authority (BOTA), with two major components of the course, TQM and Effective Communications, in the final stages of accreditation.

To date, the MIPH course has been adapted to Botswana and a local SMDP program established, ten trainers have been trained in MIPH in Atlanta, 100 public health managers have been trained in SMDP in Botswana, an external evaluation was conducted (2005) and the first SMDP Alumni Conference was held (2007).

2007 achievements:

Trained 120 public health managers in the Botswana SMDP; held first annual Botswana SMDP Alumni Conference (94 in attendance); two modules in the final stages of accreditation with the local training authority; developing a mentor program which will train 20 SMDP graduates to be SMDP focal points in their workplaces; update on the new TQM module scheduled for November

2008 plans:

Train 120 public health managers in SMDP (4 months); train 40 public health managers in TQM (1 week) from MOH, Laboratory Services, Pharmacy Services and the TB program; train 40 managers from NGO, CBO and FBO sectors in Leadership, Networking and Strategic Resource Development (1 week); hold annual two-day conference for 150 Botswana SMDP alumni; train 40 mentors to support and supervise the applied TQM projects; train one IDM staff member in MIPH course at CDC, Atlanta; train two IDM staff in advanced public health management courses; course accreditation will continue.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9837

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24396	4543.24396.09	HHS/Centers for Disease Control & Prevention	Mullens & Associates	10449	8742.09	U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana	\$195,000
9837	4543.07	HHS/Centers for Disease Control & Prevention	Institute of Development Management, Botswana	5291	1370.07	Contract	\$200,000
4543	4543.06	HHS/Centers for Disease Control & Prevention	Institute of Development Management, Botswana	3373	1370.06	Contract	\$157,500

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	70	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	240	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8745.08

Mechanism: UTAP

Prime Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 9896.08

Planned Funds: \$800,000

Activity System ID: 17917

Activity Narrative: 08-X1423 UMDNJ

Since the beginning of the epidemic in Botswana, training in HIV/AIDS has focused on providing practicing health workers with information and skills to enable them to offer new HIV/AIDS prevention, treatment and care services in public facilities as they are developed and rolled out nationally. Pre-service training in HIV/AIDS for nurses and other allied health workers has not kept pace with these developments and has only recently been integrated into pre-service curricula. The Institutes of Health Sciences (IHS), a tertiary institution for the training of health personnel located under the MOH, trains the vast majority of nurses and other allied health workers for the country. The IHS consists of eight health training institutes with over 1,500 students. A basic diploma is offered in general nursing, medical laboratory technology, pharmacy technology, dental therapy, health education and environmental health. Post-basic level courses are offered in midwifery, family nurse practice, community health nursing and nurse anesthesia. Since 2003, USG has provided technical assistance to IHS for the integration of Prevention of Mother-to-Child Transmission of HIV (PMTCT) into the midwifery curriculum, strengthening HIV/AIDS content and teaching in all program areas and has provided HIV/AIDS informational resources to faculty and libraries. The overall aim of this capacity building is to develop high-quality pre-service training in HIV/AIDS. In addition to curricula and faculty development, a workplace program to provide HIV education and services to both faculty and students is currently being established at the Institutes in collaboration with the MOH National Wellness Program for Health Workers. Additional training and support materials for use in the national program and in the Institutes will be needed in 2008. 2007 Achievements: Developed a long-term strategic plan for capacity building at IHS Gaborone; provided technical expertise for faculty updates on PMTCT and HIV, (infant feeding, early infant testing, caring for caregivers); established resource corners (computer unit with HIV/AIDS information) in 8 Institutes and provided training for students and staff; developed competencies and integrated HIV/AIDS into the course content for the nursing program; established workplace wellness program for health workers. 2008 Plans: Evaluate the capacity building activities to date and identify capacity building gaps and needs related to HIV/AIDS pre-service training; design and implement a long-term capacity building strategy for all Institutions; develop HIV/AIDS competencies and integrate HIV/AIDS information and skills development into IHS course plans for Pharmacy Technology, Dental Technology, and Community Health Nursing, Family Nurse Practitioner and Midwifery programs; develop a system for regularly integrating in-service HIV training into pre-service training and keeping faculty up to date; provide mentoring for the MOH HIV Training Coordinator and assist in the development of annual MOH pre-service work plans; develop three additional wellness modules; develop support tools to be used in conjunction with training and during follow-up.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9896

Related Activity: 17288, 17277

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9896	9896.07	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	5284	1047.07	UTAP	\$200,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17288	10259.08	7713	1331.08	I-TECH	University of Washington	\$400,000
17277	9900.08	7710	1039.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Health, Botswana	\$50,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	10	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	100	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Teachers

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1339.08

Prime Partner: Constella Futures Group

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 17922.08

Activity System ID: 17922

Mechanism: GPO-I-00-05-00040-00: Health Policy Project

USG Agency: U.S. Agency for International Development

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$250,000

Activity Narrative: 08-X1414: Constella Futures Group - Gender and HIV/AIDS

In support of the Botswana National Strategic Framework on HIV/AIDS (2003-2009), the U.S. Ambassador's HIV/AIDS Initiative has supported local partners to mitigate and reduce the stigma related to HIV/AIDS. In order to enhance the work already undertaken by this Initiative the US Embassy plans to support a new activity that will address the gender emphasis area to increase women's access to income and productive resources. This is in recognition that women and girls' lack of economic assets increases their vulnerability to HIV/AIDS. Therefore providing women with economic opportunities empowers them to avoid high risk behaviors, seek and receive health care services and better care for their families.

Botswana has prioritized poverty alleviation in its national development plan; however, women in Botswana tend to suffer poverty and economic marginalization more acutely than men. A number of factors contribute to the differences in the experience of poverty and economic disadvantage between the two groups. These factors include legal and cultural norms that restrict women's access to, and control of, productive resources.

Gender inequalities also exist in the education system and these impacts negatively on poverty alleviation strategies. In the area of women and health, it is important to bear in mind the fact that people's health and well being are outcomes of the economic, social, political and cultural context in which they lead their lives. In the case of Botswana, women lack full and equal participation in the cited context, and therefore, experience different and additional health barriers. Nevertheless, Botswana has made some strides in this area of Women and Health. Since 1995, Botswana has revised the Family Planning guidelines with the aim of removing barriers to accessing health services by women and girls. There is also an integration of STI and HIV/AIDS prevention with family planning services and reduction of mother to child transmission of HIV. However violence against women is one of the pervasive and escalating social problems in Botswana.

Despite the commendable work and initiative by GOB, many young women in poorer, outlying communities remain highly vulnerable to HIV because they lack access to independent income generating activities, and thus have the potential to be abused and exploited in their relationships with male partners. Since many adult women and adolescent girls continue to lack direct access to cash income, their ability to successfully resist sexual demands from male partners is greatly undermined. Over 50% of people in Botswana live in rural areas and most of them are women. Studies also show that HIV/AIDS prevalence is also high in rural areas. Botswana's rural areas are endowed with natural resources that if prudently utilized, can carry Botswana sustainably into the future. Women residing in rural areas, as custodians of the natural environment, need to be empowered economically and politically to improve their livelihood systems.

NGO's like Women Against Rape (WAR) have tried to break the dependency syndrome that results from women not having their own income and their own resources through an Africa Development Foundation (ADF) funded project that included conducting research on viable small businesses for women in Ngamiland (from cooking, and sewing, to basketry and other activities). Somarelang Tikologo (Environment Watch Botswana) also engaged in a project called Green Shop Project for Women's Economic Empowerment funded by the Women's Affairs Department in which they educated and trained women, and developed marketing centers. Other organizations such as Bomme Isago Association, are working with women to empower HIV positive women on their reproductive health rights and available services.

This activity introduces a unique project approach that aims at economically empowering the rural woman, using raw material from the natural resource base by giving them the resources needed to establish them as enterprises. The uniqueness of this project lies in the emphasis to utilize the natural resource base, which if prudently used, will bear sustainable outputs. The project also moves beyond training and educating, and gives rural women the chance to utilize skills and indigenous knowledge to finally run output-oriented enterprises.

Rural Women Economic Empowerment Project seeks to provide opportunity for rural and peri urban based women aged 25 years and above to engage in business, sustainably utilizing their natural resources to attain independence over livelihood choices, socio-cultural and political choices. Specific objectives are:

- To educate and empower women on HIV/AIDS issues.
- To reduce vulnerability to HIV/AIDS amongst women by avoiding dependence on men in relationships.
- To economically empower women to have independence in decision making at household level.
- To provide women with seed money to start businesses to improve their rural livelihood.
- To use the rural woman to conserve the environment while at the same time benefiting from it.

The activity will be implemented by an experienced Non -Governmental Organization, which has experience in Gender issues and natural resource management, it will coordinate the program and work closely with 3 NGO's in 3 regions in Botswana. Women will be provided with funds to start up or improve on projects that have natural resources as their raw material. They will also be sensitized on HIV/AIDS issues and their reproductive health needs. Linkages with other PEPFAR supported partners such as BONASO, BONELA, Hope World Wild, Catholic Relief Services and BONEPWA will be formed to leverage support and utilization of available technical assistance. Additionally support will be sort from Peace Corps volunteers working in the NGO and PMTCT programs in order to foster collaboration and maximize available resources.

The activity will assist Botswana in addressing a number of policy priority areas including economic diversification, poverty alleviation, women empowerment, sustainable environmental management and rural development.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17465

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17465	17465.08	8746	8746.08		Johns Hopkins University	\$50,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Local Organization Capacity Building

Wraparound Programs (Other)

* Economic Strengthening

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	3	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	150	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	200	False

Target Populations

General population

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8742.08	Mechanism: CoAg (5444.08)
Prime Partner: Mullens & Associates	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 17923.08	Planned Funds: \$100,000
Activity System ID: 17923	
Activity Narrative: 08-X1417: School of Public Health Curriculum Development	

Botswana is currently in the process of establishing a medical school at the University of Botswana (UB), with the first class able to do their entire medical education in country beginning this year. A local internship program has just begun, residencies in pediatrics and internal medicine are being established and a new teaching hospital is planned. Aside from the public health component, the curriculum has been developed. The public health courses, when developed, will be integrated into the medical school curriculum, as well as the larger Faculty of Health Sciences, with the longer-term vision of establishing a school of public health in future.

2008 Plans

The activity will support a partner, to provide technical assistance to UB and the new medical school to develop its public health component. This assistance is likely to focus on faculty recruitment and growth, curriculum development and the development of distance learning and telemedicine capacity.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1039.08	Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana
Prime Partner: Ministry of Health, Botswana	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14

Activity ID: 12398.08

Planned Funds: \$200,000

Activity System ID: 17925

Activity Narrative: 08-X1419: MOH - Health Care Workers Wellness Program

The impact of HIV/AIDS on Botswana's healthcare system, coupled with health workforce shortages, has substantially increased the physical and emotional demands placed on health workers. Throughout the epidemic, health workers have been in the forefront of care and prevention activities, managing greatly increased numbers of severely ill patients and assuming responsibilities for new HIV/AIDS services. At the same time, many health workers have found it more difficult to respond to the demands of work because they are HIV infected themselves or are personally affected by ill family members or friends. Though knowledgeable about HIV/AIDS, many health workers are the last to seek HIV treatment and care services.

The Government of Botswana seeks to ensure that the present and future health workforce is able to cope with the demands of the epidemic and effectively perform its duties and, to this end, has developed a national Wellness Program for Health Workers. This program aims to provide a minimum package of services which include: health services for staff that incorporate wellness (physical and emotional) services and workplace safety; stress management programs (e.g., workshops, social and emotional support committees; networking opportunities, e.g., support groups, resources for rest/tea breaks at work, recreation (e.g., choir, football, social celebrations); training and staff development (e.g., workplace safety, team building, stress management); health worker recognition/appreciation initiatives.

MOH is leading this program with PEPFAR funds and technical support. The program coordinator, who began working in 2005, is supported by PEPFAR. To date, a national needs assessment has been conducted, program structures are in place and foundation materials have been developed.

2007 Achievements:

Developed national structure for the program; visited the wellness center for health professionals in Swaziland to learn best practices; conducted a hospital readiness assessment; developed the foundation materials (three-year program implementation plan, program guidelines - Implementation, Support Groups, Staff Morale), promotional materials (brochure, poster), training materials; established coordination structures (workplace wellness committees in 18 hospitals and 3 headquarters units); disseminating guidelines; conducting quarterly support visits to monitor implementation and provide technical assistance; training facilitators on the formation of support groups; training trainers and health workers in stress management and team building; developing additional brochures and program launch

2008 Plans:

Conduct quarterly support visits to monitor the implementation of the program and provide technical assistance; train 250 health workers in HIV/AIDS, Stress Management, Team Building, Occupational Health and Death and Dying

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 12398

Related Activity: 17917

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24091	12398.2409 1.09	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	10345	1039.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$200,000
12398	12398.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$147,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17917	9896.08	8745	8745.08	UTAP	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	\$800,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Retention strategy

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	250	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1330.08

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: National AIDS Coordinating
Agency, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and
System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17921.08

Planned Funds: \$75,000

Activity System ID: 17921

Activity Narrative: 08-X1412: NACA – National AIDS Spending Assessment

The monitoring and evaluation of the policy responses would be greatly facilitated if policymakers were continually well informed about the overall flow of funds for health in Botswana, both from the perspective of who is financing such spending, and the purposes for which it is being used. The resource envelope revealed by these flows and their current uses will enable policymakers to assess overall resource constraints, choose among competing demands on health resources and, depending on the nature of these flows, identify policy mechanisms best able to achieve desired health objectives.

The National AIDS Spending Assessment (NASA) resource tracking algorithm is designed to describe the financial flows and expenditures using the same categories as the globally estimated resource needs. This alignment is recommended in order to provide the necessary information (as advised by the Global UNAIDS Resource Tracking Consortium) on the financial gap between resources available and resources needed, as well as a greater harmonization of different policy tools frequently used in the field of HIV and AIDS. By doing so, NASA provides indicators of the financial country responses to HIV/AIDS and supports the monitoring of resource mobilization. Thus, NASA is a tool to install a continuous financial information system within the national monitoring and evaluation framework. NASA serves several purposes within different time-frames. In the short term, NASA aims to contribute to the production of an UNGASS indicator for public expenditure; in the longer term, more comprehensive information provided by NASA may be used to:

- monitor the implementation of the National Strategic Plan;
- monitor advances towards completion of nationally or internationally adopted goals such as universal access to treatment or care;
- provide evidence of compliance with the principle of additionality required by a few external donors or international agencies; and fulfill other information needs as these emerge always more demanding

Within the Mid-Term Review of the NSF, the National AIDS Coordinating Agency (NACA) examined the actual resource environment by conducting a NASA for financial years 2003-2005. The NASA found that the actual annual funding made available was 79% of the estimated need. When compared with the intended NSF proportional allocations to the NSF goals, the funding allocations were generally comparable. Only prevention activities were being significantly under-funded; having approximately 8% of the public expenditure, when the NSF intended it to be 10-13%. A follow up NASA for 2006/07 is currently underway and will further the institutionalization of the process and provide trend data for the initial ramping up of PEPFAR funding.

Objectives

- 1.To develop country estimates of total flows of financing and expenditures for HIV/AIDS, from all international and public (domestic and private) sources of financing for GOB financial year 2007/08.
- 2.Expand the scope and details of financial information collected to include:
 - a.Government
 - b.Development partners
 - c.Private
 - d.Out of pocket expenses
- 3.Improve the robustness of data collated from government and development partners
- 4.Provide refresher and on the job training to Government of Botswana staff in the execution of national HIV/AIDS accounts and further institutionalize the government fiscal data capturing process.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1331.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources
Services Administration

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and
System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17924.08

Planned Funds: \$450,000

Activity System ID: 17924

Activity Narrative: 08-X1418: I-Tech In-service Training Technical Assistance

(Change of funding mechanism from HHS/CDC New Coag (7853.08) to HHS/HRSA I-TECH (1331.08);
Change Prime Partner from TBD to Uni of Washington; Increase funding amount from 200,000 to 450,000)

08-X1418: In-service Training Technical Assistance

Since the beginning of the epidemic, the Government of Botswana has responded proactively and rapidly to the HIV/AIDS epidemic by training health care professionals to provide HIV/AIDS prevention, treatment and care services. In 2000, a training need assessment was conducted to inform the development of a coordinated approach to in-service training. This laid the groundwork for the establishment of the KITSO AIDS Training program, the national training program for HIV/AIDS care and treatment, in 2001. By September 2006, 7,240 health care workers received theoretical and practical training in HIV/AIDS.

Despite the above-mentioned achievements, the following constraints were experienced: Roles for different partners were not clearly stipulated; existence of many training materials and tools developed locally and internationally targeting the same health care providers, and; absence of long-term training plan and structure to ensure sustainability, comprehensiveness and responsiveness of the training programs.

To address these constraints, the Ministry, with USG funding, developed the KITSO Expansion Plan 2004 to guide the MOH and its training partners in the coordination of HIV/AIDS health professionals training in Botswana. As recommended, the Department of HIV/AIDS Prevention and Care (DHAPC) established the KITSO HIV/AIDS Training Coordinating Unit to ensure comprehensive, standardized, coordinated HIV/AIDS training and bring all existing and future trainings under the leadership and direction of the MOH. To further this objective, there is need to strengthen the current training system by developing training structures and guidelines, evaluating and revising current training materials and developing new training materials where necessary.

2008:

Conduct an assessment of existing HIV/AIDS training, training mechanisms, including the training models (TOT, master trainers), coordination, monitoring and evaluation and the certification process; develop appropriate structures and guidelines for the coordination, and effective implementation of in-service HIV/AIDS-focused training

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1331.08

Mechanism: I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17926.08

Planned Funds: \$200,000

Activity System ID: 17926

Activity Narrative: 08-X1420: Existing Program Evaluations

A number of PEPFAR-supported programs have been underway for several years now. Under this activity, external process evaluations will be conducted on activities which have been supported for three or more years and that are planned to continue in 2008. These activities include UMDNJ-FXBC Technical Assistance to PMTCT, Pre-service Training and Health Worker Wellness; NASTAD Technical Assistance to Community Planning; Community Capacity Enhancement Program), and; Task shifting to lay counselors.

Based on the scope of work provided, the selected prime partner will conduct site visits and interviews with key informants and beneficiaries of the targeted partner activities in order to identify strengths and weaknesses of the program, and in turn, help map the way forward. The focus of the evaluations will be on the technical content and management of the activities, as well as the effectiveness of the interventions. Best practices and program challenges will be documented and recommendations included.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17413, 17415

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17415	3540.08	7750	1367.08	U62/CCU3245696 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	National Association of State and Territorial AIDS Directors	\$380,000
17413	4553.08	7749	1337.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	Ministry of Local Government, Botswana	\$120,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7757.08

Mechanism: Capable Partners Program

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 17927.08

Planned Funds: \$200,000

Activity System ID: 17927

Activity Narrative: 08-X1421: USAID - Small Grants Program Peace Corps Volunteers

Botswana has not had an SPA grants program in place since Peace Corps re-opened in 2003. This past year, however, a USAID-funded implementing agency working closely with Peace Corps administered a small grants program that disbursed \$100,000 of FY06 PEPFAR money. Interested Peace Corps Volunteers and community counterparts participated in a workshop to learn how to apply for and fund small projects that addressed felt community needs.

For FY08, Peace Corps Botswana (PC/B) proposes using \$200,000 of PEPFAR funds for a small grants program that would build on the previous experience. Approximately \$20,000 would be used to hire a Botswana staff person to assist with the administration of the small grants activity. The staff person would work closely with a USAID implementing agency to ensure that appropriate training is conducted, monitoring mechanisms are in place, and follow-up assistance is provided to the communities requesting funds and to communities who receive funds. PC/B will follow the Guidance for Volunteer Activities Support & Training (VAST) Program Using the President's Emergency Plan for AIDS Relief.

Botswana PCVs all work in HIV/AIDS programs, including in district AIDS coordinator offices, PMTCT programs, home-based care, NGOs serving orphans and vulnerable children, and in implementation of a new life skills curriculum. They are uniquely situated to work within their communities to identify gaps and pressing needs to help reach the national goals of "A generation free of infections by 2009" and "No new infections by 2016".

Funds will be made available to PCVs who apply with their communities and counterparts for small grants to support community-based initiatives on HIV/AIDS prevention, care, and capacity building. Successful awardees will follow VAST guidelines for eligibility, including demonstrating plans for implementation, counterpart/community funding.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 17419, 17420, 17421

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17419	10094.08	7752	1341.08	Peace Corps Mechanism	US Peace Corps	\$500,000
17420	10202.08	7752	1341.08	Peace Corps Mechanism	US Peace Corps	\$100,000
17421	4893.08	7752	1341.08	Peace Corps Mechanism	US Peace Corps	\$850,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5325.08

Prime Partner: American International Health
Alliance Twinning Center

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 9898.08

Activity System ID: 17573

Mechanism: U69HA04128: Twinning

USG Agency: HHS/Health Resources
Services Administration

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$400,000

Activity Narrative: 08-X1413: American International Health Alliance (AIHA) - Media Twinning

This activity will continue to support a twinning partnership between the Media Institute of Southern Africa (MISA) located in Botswana and the Zambia Institute of Mass Communication Educational Trust (ZAMCOM) located in Zambia. ZAMCOM offers in-service training to journalists and non-media practitioners involved in communication and is the only in-service training institution for media practitioners in Zambia that has received the highest grading (Grade A).

MISA is a regional non-government organization operating in the Southern African Development Community (SADC) region. MISA Botswana is one of the regional chapters that manage five media-awareness and training programs including media- legislation strengthening; monitoring violations to media legislation; diversifying broadcasting; creating a supporting media environment; and legal protection of media.

The goal of the partnership is to raise the quality of HIV/AIDS reporting in Botswana. This goal is addressed through the following specific objectives:

1. To increase the knowledge and skills of reporters on issue-based HIV and AIDS reporting;
2. To increase the number of inspired quality HIV and AIDS stories that reflect the extent of the epidemic in society; and
3. To increase the dissemination of best practices in HIV and AIDS reporting.

During FY 2008, this partnership will continue to focus on the following activities based on the partnership objectives:

1. Continue to conduct trainings for journalists and editors in Botswana on the production of quality HIV and AIDS stories. The FY 2008 trainings will increase the coverage and scope of the FY 2007 trainings by training 100 journalists and editors from 50 media houses in Botswana. Based on the experiences and evaluations of the original trainings, partners will begin to target media institutions in more rural areas and focus on establishing networks among journalists in Botswana. While FY 2007 trainings were only able to support one editor from each institution for just two days, the FY 2008 trainings will be scaled up to include a more-substantial focus on training editors from media houses and establishing contacts among editors from various types of media houses (print, television, radio, etc.). Editors will spend an increased time in formal trainings and be exposed to field-based practical experiences by partners.

Media House Training

2. Provide technical assistance to local Botswana media houses in the production and dissemination of quality HIV stories by conducting two-week exchange visits by Zambian media professionals to Botswana media houses. It was decided in FY 2007 that Zambian media professionals would be recruited by ZAMCOM to participate in capacity-building exchanges with peer institutions in Botswana. The media professionals will be journalists, editors, administrative officers, etc. with demonstrated expertise and technical capacity and will be paired with similar institutions identified by MISA who require targeted technical assistance in specific focus areas. ZAMCOM will provide each media professional with a small orientation and Scope of Work for the two-week exchange. MISA will coordinate and facilitate the logistics while in Botswana. Upon return, the media professionals will produce small reports for dissemination upon return to Zambia, with ZAMCOM's assistance. This program will be expanded in FY 2008 to facilitate exchanges between 25 local media houses in Botswana.

3. Evaluate the effectiveness of FY 2007 activities by conducting content analysis of targeted media organizations to measure any changes in the quality and quantity of HIV-related stories produced. In FY 2007, the partners will have conducted a comprehensive needs assessment and situational analysis of media houses in both Zambia and Botswana to assess the quality of HIV and AIDS reporting at baseline in both countries. In FY 2008, the partners will hire local consultants to conduct a follow-up assessment and document review of all HIV/AIDS stories being produced by media houses in Botswana. The consultants will conduct data analysis and present the findings to partners. This report will measure the change in quality of HIV and AIDS stories being produced in Botswana as a result of the trainings being conducted to determine if the practices and lessons learned during the trainings have been implemented in the field. Similar analyses will be completed at the end of FY 2008 after the successful completion of journalist/editor trainings and the technical assistance exchanges.

4. Publish a "Compilation of Best Practices/Experiences in Quality HIV and AIDS Reporting" based on the stories produced during journalist and editor trainings. Based on the results of the follow-up assessment and all of the stories produced by journalists during the trainings, the partners will publish a compilation of best practices and model stories for dissemination. The publication will be made available to all media houses and media professionals in Botswana to serve as a resource in the production of quality stories.

5. Disseminate publication at regional/national media conferences and other press events, including the Highway Africa Conference. A delegation of partners will travel to the Highway Africa Conference in FY 2008 to disseminate the results of the FY 2007 partnership activities.

6. Conduct partnership exchange trips between partner institutions for program planning, program management and evaluation activities related to the implementation of partnership activities.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 9898

Related Activity: 17570, 17912

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
9898	9898.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5325	5325.07	AIHA	\$175,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17570	10278.08	7809	5325.08	U69HA04128: Twinning	American International Health Alliance Twinning Center	\$150,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	100	False
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	100	False

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1330.08

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: National AIDS Coordinating Agency, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 10323.08

Planned Funds: \$100,000

Activity System ID: 17661

Activity Narrative: 08-X1416: NACA - PEPFAR Administration Support

The GOB has a Cooperative Agreement with HHS/CDC for five years from September 15, 2005 to implement a significant multi-disciplinary initiative targeting HIV/AIDS. This is the most significant financial agreement managed by HHS/CDC/BOTUSA with \$14.8 million from COP05, \$22.2 million from COP06, and \$17.9 million from COP07. This agreement therefore has substantial programmatic management, monitoring and reporting requirements which must be maintained.

The National AIDS Coordinating Agency (NACA) under the Office of the President has been charged in government to provide strategic oversight and management to all HIV/AIDS related activities in Botswana. NACA, using PEPFAR funds has a full time 'Principal Program Planning Officer' to conduct the routine business management of the GOB Cooperative Agreement on behalf of the government.

The purpose of this activity is to continue financial support to the post, which can, in collaboration with HHS/CDC/BOTUSA and the ministries, provide comprehensive financial and programmatic support to the implementing partners under the GOB CoAg. The post will supply high quality oversight and transparency documentation to the GOB Principal Investigator, business official and HHS/CDC/BOTUSA in a routine and timely manner.

In addition to the HR support, PEPFAR funds will be used to conduct the annual financial cooperative agreement audit as required by 45CFR 74.26(d).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10323

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24099	10323.2409 9.09	HHS/Centers for Disease Control & Prevention	National AIDS Coordinating Agency, Botswana	10349	1330.09	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$150,000
10323	10323.07	HHS/Centers for Disease Control & Prevention	National AIDS Coordinating Agency, Botswana	5299	1330.07	Technical Assistance	\$220,000

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Indirect Targets

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5437.08

Mechanism: ILO

Prime Partner: International Labor Organization

USG Agency: Department of Labor

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 10267.08

Planned Funds: \$200,000

Activity System ID: 17662

Activity Narrative: 08-X1408: ILO/USDOL Trade Union HIV/AIDS Project

In support of the national response, the ILO has taken initial steps to assist the tripartite constituents in Botswana to lay the groundwork for a comprehensive workplace response. In 2004, the ILO assisted the Ministry of Labor and Home Affairs (MLHA) to develop a national policy on HIV/AIDS and Employment; adhering to the principles and guidelines laid out in the ILO Code of Practice on HIV/AIDS in the World of Work. A selected number of enterprises were also assisted to develop and implement workplace policies and programs. Activities at enterprise level included among others the training of Peer Educators and development of targeted behavior change communication materials.

Building on the anticipated achievements of the recently initiated FY07 PEPFAR funded initiative targeting 10 Trade Unions, the FY08 project will expand to 10 more Trade Unions. Currently there are 51 registered Trade Unions, and with the advent of the new labor laws allowing for the unionization of public officers, the number is expected to rise. Although Unions represent workers from different sectors, they are organized under an umbrella body - the Botswana Federation of Trade Unions. Their total membership is estimated up to 65,000.

For this funding period, the project aims at further building capacity among unions, to set up structures that will enable members to exchange information on HIV and AIDS; encourage members to go for counseling and other HIV-related services; and encourage correct and consistent condom use, partner reduction, and other risk reduction behaviors. The proposed FY08 project activities are as follows:

ILO will conduct workshops to develop broad scale commitment from sectoral level union leaders (approximately 6 leaders from each of the 10 unions) on the key principles of the ILO Code of practice and the national policy on HIV/AIDS and Employment. ILO will have facilitated an umbrella Trade Union policy over the next 12 months, and in this funding period, they will continue to assist dissemination of that umbrella policy and work with 10 unions to develop their own HIV/AIDS strategic plans. Part of this process involves encouraging the Unions to develop their own budget contributions to the seed money provided by ILO for their HIV/AIDS initiatives. In addition Unions will be encouraged to go into joint-partnerships with employers. Co-funding will not only help cushion the financial costs of both parties but be a demonstration of leadership commitment.

In order to reach many of its members with basic peer-led HIV/AIDS education and outreach, the 10 Botswana Trade Unions and ILO will select and train approximately 8-12 focal persons per union to be peer educators, using the GOB Peer Education curriculum for workplace settings. To support these peer educators, ILO will place 4 project officers in the mother trade union body, Botswana Federation of Trade Union. They will assist with support, supervision, and monitoring of activities.

To complement the peer education program, ILO will also introduce "SOLVE" to this cadre of peer educators. SOLVE is new initiative developed by ILO and aimed at addressing psychosocial problems at work all under one comprehensive workplace wellness program. As an acronym SOLVE stands for Stress, Tobacco, Alcohol, HIV/AIDS and Violence. Currently ILO is updating SOLVE to address other interrelated psychosocial problems such as sleep deprivation, lack of regular exercise, lack of good nutrition, cyber addiction etc. The SOLVE trainings will expand the knowledge of the peer educators to address a wider range of important health issues and provide additional skills to implementing a range of workplace-based activities, such as health fairs and support groups. ILO anticipates that the 120 educators will each reach approximately 200 people, for a total of approximately 20,000 people who will ultimately benefit.

ILO also will conduct a formative assessment to establish the key issues and interests within the different Union membership as related to HIV/AIDS prevention, care, treatment, and support programs. The assessment will be a simple survey done with small groups and other key informant interviews, something to help develop IEC materials. Based on the findings of the assessment, ILO and the Trade Unions will develop information, education, and communication materials and messages to use through various channels in the Union infrastructure (posters, pamphlets, monthly campaign themes, etc. for use by peer educators and others).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10267

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24230	10267.24230.09	Department of Labor	International Labor Organization	10392	5437.09	ILO	\$500,000
10267	10267.07	Department of Labor	International Labor Organization	5437	5437.07	ILO	\$200,000

Emphasis Areas

Workplace Programs

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	10	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	60	False
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	120	False

Indirect Targets

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Business Community

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8754.08

Mechanism: N/A

Prime Partner: IntraHealth International, Inc

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 19149.08

Planned Funds: \$300,700

Activity System ID: 19149

Activity Narrative: 08-X1425

The Government of Botswana has clearly recognized HIV/AIDS as a health and development crisis and has mounted a comprehensive, multi-sectoral response to fight the HIV/AIDS epidemic and mitigate its impact. While the governmental response to HIV/AIDS has been strong, effective implementation of programs and services has been hampered by human capacity shortages at all levels. The capacity deficit is manifested in both absolute numbers and in skills. With PEPFAR funding in 2005 and 2006, Government undertook an assessment of the health workforce and put a new human resources for health (HRH) plan in place (2006 – 2016) to address both absolute shortages and inequities in health worker distribution. The assessment report made numerous recommendations for further steps necessary to facilitate the smooth implementation of the new plan in such areas as recruitment, training, monitoring and evaluation and policy. In 2008, the Capacity Project will be engaged to assist the Department of Policy, Planning, Monitoring and Evaluation (DPPME) in the Ministry of Health to identify the recommendations/activities that most urgently need to be addressed in order to implement the new HRH plan and provide technical assistance in doing so. Among those likely to be identified are: 1) Development and implementation of an Human Resource Information System (HRIS) for health workers, 2) Development and implementation of a management course for hospital superintendents and senior staff, 3) Development of short- and long-term recruitment strategies for the health workforce, and 3) Development of short- and long-term training strategies. It is anticipated that this initial work will develop into a longer-term technical support relationship in which the Capacity Project or a similar technical assistance agency will assist the Government of Botswana with its long-term strategy for addressing workforce deficits and human capacity development. Contributions to the Program Area/Benchmarks or outcomes: This activity will strengthen the ability of the Government to implement its new human resource plan by identifying and providing technical assistance to address critical gaps. Outcomes for 2008 include: Identification of urgent issues; Provide technical assistance in the development and implementation of one of the following: HRIS, Management Course, Recruitment Strategy, Training Strategy.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Human Capacity Development

- * Training
- *** Pre-Service Training
- *** In-Service Training
- * Task-shifting
- * Retention strategy

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	1	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8742.08

Prime Partner: Mullens & Associates

Funding Source: GHCS (State)

Budget Code: OHPS

Activity ID: 19622.08

Activity System ID: 19622

Mechanism: CoAg (5444.08)

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Other/Policy Analysis and System Strengthening

Program Area Code: 14

Planned Funds: \$125,000

Activity Narrative: 08-X1422

The Botswana Network on Ethics, Law and HIV/AIDS (BONELA), a non-governmental organization, is secretariat to the Ethics, Law and Human Rights (ELRH) sub-committee of the National AIDS Council (NAC) and is responsible for coordinating the implementation of the sector plan. Many policy and legal gaps related to HIV/AIDS in Botswana were documented in a 2005 legislative review, particularly in the area of ethics and human rights, gender and stigma. Among the most important of these are related to protection from discrimination in employment, women's sexual and reproductive rights and the rights of marginalized groups, included people with disabilities. Since 2005, BONELA has received USG funding to employ a policy advisor to implement activities outlined in the ELHR strategic plan. These activities focus on building consensus among policy makers on legislative and policy reform; developing institutional capacity for compliance to ethics, law and human rights standards at sector level; and raising public awareness of ethics, law and human rights issues related to HIV and AIDS. Training workshops address existing gaps in the knowledge and awareness of human rights issues in Botswana by targeting policy makers, interest groups, the private sector, community leaders, development organizations, PLWA support groups, District AIDS Coordinators and the general public. Increasing awareness of prevalent human rights and legislative issues related to HIV/AIDS is expected to assist in legislative and policy reform and create a supportive environment for the implementation of reformed laws. 2007 Achievements: 180 people (PLWAs, government workers, policy makers, civil society, private sector) trained to strengthen political and popular support for HIV/AIDS policies and legislative reform and build capacity to participate in policy development; conducted national media campaign to create awareness on the need for an HIV employment law; project to address HIV stigma in schools /is planned to start before the end of the year. 2008 Plans: Conduct training workshops in 9 districts (100 participants) to address existing gaps in the knowledge and awareness of legislative and human rights issues in Botswana by targeting policy makers, interest groups, the private sector, community leaders, development organizations, PLWA support groups, District AIDS Coordinators and the general public; conduct an awareness raising media campaign using leaflets, advertorials, radio talk shows to disseminate the results of a situational analysis on vulnerable groups (women, children, MSM) to be conducted with Global Funds (Round 7); hire a training officer to support the above activities

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.14: Activities by Funding Mechansim****Mechanism ID:** 8755.08**Mechanism:** N/A**Prime Partner:** JHPIEGO**USG Agency:** HHS/Health Resources Services Administration**Funding Source:** GHCS (State)**Program Area:** Other/Policy Analysis and System Strengthening**Budget Code:** OHPS**Program Area Code:** 14**Activity ID:** 19649.08**Planned Funds:** \$60,000**Activity System ID:** 19649**Activity Narrative:** 08-X1426

Activitties in FY 2008 includes pilot testing, modification of the training information management database and provision of training for the local users.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.14: Activities by Funding Mechansim**

Mechanism ID: 8747.08

Mechanism: N/A

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 19647.08

Planned Funds: \$300,000

Activity System ID: 19647

Activity Narrative: X-1424 URC

A number of PEPFAR-supported programs have been underway for several years now. Under this activity, external process evaluations will be conducted on activities which have been supported for three or more years and that are planned to continue in 2008. These activities include UMDNJ-FXBC Technical Assistance to PMTCT, Pre-service Training and Health Worker Wellness, NASTAD Technical Assistance to Community Planning and Community Capacity Enhancement Program (CCEP). Based on the scope of work provided, URC will conduct site visits and interviews with key informants and beneficiaries of the targeted partner activities in order to identify strengths and weaknesses of the program, and in turn, help map the way forward. The focus of the evaluations will be on the technical content and management of the activities, as well as the effectiveness of the interventions. Best practices and program challenges will be documented and recommendations included.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9206.08

Mechanism: Pre service training

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 19887.08

Planned Funds: \$800,000

Activity System ID: 19887

Activity Narrative: 08-X1411

Since the beginning of the epidemic in Botswana, training in HIV/AIDS has focused on providing practicing health workers with information and skills to enable them to offer new HIV/AIDS prevention, treatment and care services in public facilities as they are developed and rolled out nationally. Pre-service training in HIV/AIDS for nurses and other allied health workers has not kept pace with these developments and has only recently been integrated into pre-service curricula. The Institutes of Health Sciences (IHS), a tertiary institution for the training of health personnel located under the MOH, trains the vast majority of nurses and other allied health workers for the country. The IHS consists of eight health training institutes with over 1,500 students. A basic diploma is offered in general nursing, medical laboratory technology, pharmacy technology, dental therapy, health education and environmental health. Post-basic level courses are offered in midwifery, family nurse practice, community health nursing and nurse anesthesia. Since 2003, USG has provided technical assistance to IHS for the integration of Prevention of Mother-to-Child Transmission of HIV (PMTCT) into the midwifery curriculum, strengthening HIV/AIDS content and teaching in all program areas and has provided HIV/AIDS informational resources to faculty and libraries. The overall aim of this capacity building is to develop high-quality pre-service training in HIV/AIDS. In addition to curricula and faculty development, a workplace program to provide HIV education and services to both faculty and students is currently being established at the Institutes in collaboration with the MOH National Wellness Program for Health Workers. Additional training and support materials for use in the national program and in the Institutes will be needed in 2008. 2007 Achievements: Developed a long-term strategic plan for capacity building at IHS Gaborone; provided technical expertise for faculty updates on PMTCT and HIV, (infant feeding, early infant testing, caring for caregivers); established resource corners (computer unit with HIV/AIDS information) in 8 Institutes and provided training for students and staff; developed competencies and integrated HIV/AIDS into the course content for the nursing program; established workplace wellness program for health workers. 2008 Plans: Evaluate the capacity building activities to date and identify capacity building gaps and needs related to HIV/AIDS pre-service training; design and implement a long-term capacity building strategy for all Institutions; develop HIV/AIDS competencies and integrate HIV/AIDS information and skills development into IHS course plans for Pharmacy Technology, Dental Technology, and Community Health Nursing, Family Nurse Practitioner and Midwifery programs; develop a system for regularly integrating in-service HIV training into pre-service training and keeping faculty up to date; provide mentoring for the MOH HIV Training Coordinator and assist in the development of annual MOH pre-service work plans; develop three additional wellness modules; develop support tools to be used in conjunction with training and during follow-up.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.14: Activities by Funding Mechanism****Mechanism ID:** 8742.08**Mechanism:** CoAg (5444.08)**Prime Partner:** Mullens & Associates**USG Agency:** HHS/Centers for Disease Control & Prevention**Funding Source:** GHCS (State)**Program Area:** Other/Policy Analysis and System Strengthening**Budget Code:** OHPS**Program Area Code:** 14**Activity ID:** 21079.08**Planned Funds:** \$0**Activity System ID:** 21079

Project Name:
Champions for an AIDS-Free Generation

Lead Person:
His Excellency, Mr. Festus G. Mogae, Former President of the Republic of Botswana
Budget: \$66,155

Project Summary:
Former President of Botswana, Festus G. Mogae, recognizing the devastating impact that the epidemic continues to have in Africa; and recognizing that prevention and control of HIV infection is not just a technical issue, but is embedded in complex political, social, economic, and trade-related contexts, has considered how to engage renewed efforts and actions that are owned, driven and led by the most affected countries. The former President calls for the convocation of a regional group of respected statespersons or 'Champions' to be supported by multilaterals and global partnerships. The group would aim to mobilize leadership and to catalyze the action needed to inform and invigorate HIV prevention approaches in Southern Africa.

1. The Champions and their Mission

President Festus G. Mogae will lead the Champions. He and the founding members will provide guidance on the final composition of this group which will include representatives from the private sector, public sector and religious leaders – ensuring a strong representation from women and from civil society. The following Champions have been identified:

- Archbishop and Nobel Laureate, Desmond Tutu
- Former Mozambican President, Joaquim Chissano
- Former Zambian President Kenneth Kaunda
- Former Tanzanian President Benjamin Mkapa
- South African Justice Edwin Cameron
- Ethiopian Supermodel, Liya Kebede
- Chairperson, Kenya National AIDS Commission, Dr. Miriam Were

The Mission of the Champions

President Mogae proposes that this group of distinguished African Champions will serve to mobilize leadership in the region, inform global leaders and policy makers, and to catalyze the local action needed to renew and revitalize HIV responses. The mission of the Champions would be to (i) help create an authorizing environment for a reinvigorated response to HIV, (ii) catalyze debate and dialogue among political leaders, (iii) mobilize media and public support in the region and (iv) foster mutual accountability among Governments and Development Partners for resources, and strong, effective policies and action on HIV prevention and AIDS treatment and care.

President Mogae further proposes that this group of distinguished African Champions will be established to meet the need for an independent actor with the capacity to be both conscience and champion to mobilize leadership on HIV in Africa. The Group will recognize the role of other regional initiatives and bodies such as AIDS Watch Africa and the West African Leaders' Initiative on HIV and will seek to coordinate with and complement their activities.

President Mogae envisages that the Champions' overall mission is to help improve the quality of the region's response to AIDS and ensure its implementation by holding leaders accountable for their promises and performance. The group will achieve this primarily by using their convening power to focus attention on and analyze country performances to help catalyze the action needed to renew and revitalize HIV responses. Their mission will have an emphasis on improved and innovative approaches to prevention, within the framework of the continuum of AIDS treatment, care and support. However the Champions might also choose to address a broad range of barriers to implementation, including operational and legal issues.

President Mogae envisions that the counterparts and key interlocutors of the Champions will be Heads of State, relevant sector Ministers, Speakers of Parliament, leaders of civil society and communities affected by HIV, representative of key government agencies responsible for HIV and representatives of the private sector and religious organizations of the countries they visit. Recognizing the important regional dimensions of the HIV epidemic, the Champions will act at country level, dealing with country-specific issues, but also work with and inform regional institutions and initiatives. The Group may also engage with the international community including representatives of governments, multilateral agencies, global initiatives, private foundations and the pharmaceutical industry.

The Champions' major focus will be on Southern Africa on account of the greatest HIV burden in this sub-region - hence the proposed composition of its membership. Priority will be given to countries of highest prevalence: Botswana, Lesotho, Namibia, South Africa, Swaziland, Mozambique, Tanzania, Zambia and Zimbabwe, in 2008 and 2009.

2. The Secretariat

President Mogae has held discussions with the following international agencies and institutions supporting AIDS programs in Africa, which have committed to providing the Champions with the technical support and resources they will need: UNAIDS, World Bank, Global Fund, US Government-PEPFAR Program, and WHO. These partners will act in close consultation and coordination with the Gates Foundation and other active stakeholders. Their commitment to President Mogae includes the establishment of a small technical Secretariat to assist and support the group as detailed below.

a. Skills and Role

Activity Narrative:

The Champions will be supported and assisted by a small Secretariat to provide the following support and resources directly relevant to country visits:

- a. Logistical support for country visits;
- b. Structural links with the technical support agencies and partners, who at the request of countries will assist them to:
 - 1. Coordinate and manage country and regional level analytical studies – including background syntheses and innovative empirical studies as required;
 - 2. Coordinate and manage country “think tanks” – including preparing and disseminating meeting reports;
 - 3. Monitor progress in different countries
- c. Preparation of documents and reports on country visits;
- d. Technical advice and assistance to the Champions upon request;
- e. Liaising with regional structures and other stakeholders at the request of the Champions Group;
- f. Coordination with development partners at global and country levels;

3. Inaugral Meeting

This mission is urgent. President Mogae has called a meeting on September 11-12 in Gaborone to inaugurate the Champions, formalize membership and agree on the formal mission of the group. Support from BOTUSA will go to hire an Agency to help with the logistics of the meeting, including travel and accommodation for the Champions and their body guards or personal assistants, the conference venue, a reception for 30 people, and support to the newly formed Secretariat.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7891.08	Mechanism: CDC HQ & Cable
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 21080.08	Planned Funds: \$0
Activity System ID: 21080	

Project Name:
Champions for an AIDS-Free Generation

Lead Person:
His Excellency, Mr. Festus G. Mogae, Former President of the Republic of Botswana
Budget: \$300,000

Project Summary:
Former President of Botswana, Festus G. Mogae, recognizing the devastating impact that the epidemic continues to have in Africa; and recognizing that prevention and control of HIV infection is not just a technical issue, but is embedded in complex political, social, economic, and trade-related contexts, has considered how to engage renewed efforts and actions that are owned, driven and led by the most affected countries. The former President calls for the convocation of a regional group of respected statespersons or 'Champions' to be supported by multilaterals and global partnerships. The group would aim to mobilize leadership and to catalyze the action needed to inform and invigorate HIV prevention approaches in Southern Africa.

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HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$5,682,000

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Program Area Context:

Vision for Staffing for Results

The Botswana Emergency Plan (EP) team vision is a management and staffing footprint that supports the Botswana national response found in the National AIDS Council’s (NAC) National HIV/AIDS Strategic Framework 2003-2009 and the USG EP 2-7-10 goals. The Framework serves as a guide for all sectors, private and public, to work collaboratively to reduce HIV infection and mitigate its effects. The Botswana EP staffing plan contributes substantially to these national priorities. During an EP Interagency Retreat early in 2008, further details will be defined.

Botswana EP Interagency Team (IAT) and Existing Structure

During FY 2007 the IAT, with leadership of Ambassador Canavan and Deputy Chief of Mission Phil Drouin, was strengthened and coordinated. EP Coordinator Jim Allman was recruited in early FY 2007 to facilitate this process. The USG team consists of State, HHS/CDC, USAID, Department of Defense (DOD), Peace Corps (PC), Department of Labor (DOL), and HHS/Health Resources and Services Administration (HRSA). USG agencies in country meet monthly to update on current activities, determine EP program priorities, coordinate and plan for the future, and frequently as needed on other occasions. Agency management charts are included in uploaded annexes.

Success is being achieved by drawing on the particular strengths of each USG agency.

--The Embassy leads and coordinates the EP team providing human resources services for hiring and supporting locally employed staff (LES), basic support to EP officers, in-country financial services, and office space for ICASS supported staff. In FY 2008 the Embassy will support new community outreach programs focusing on gender and HIV/AIDS, continue programs with university students, orphans, disseminating AIDS information in rural and urban areas through the Public Affairs Office (PAO), and support for the popular Zebras for Life HIV testing program.

--With a highly trained team of physicians, epidemiologists, public health advisors, laboratory scientists, behavioral scientists and others, HHS/CDC provides technical expertise, conducts public health evaluations, assists with capacity building, and provides M&E and surveillance expertise to the Botswana EP program. CDC leads four of the five TWGs (BCC, Care and Treatment, Counseling & Testing, SI) and in FY07 HHS/CDC was responsible for 76% of the budget.

--USAID's presence in Botswana is through a recently hired Personal Services Contractor (PSC). USAID focuses on strengthening NGOs and the PSC manages centrally funded projects such as the Supply Chain Management Systems group, Measure DHS and the Futures Group. Another USAID contractor leads the OVC TWG and coordinates the program.

--Office of Defense Coordination, ODC, recently hired a program assistant to manage the program with the Botswana Defense Force which is doubling in size in FY 2008.

--PC program is also increasing the numbers of PCVs involved in community mobilization, NGOs and prevention. As a grass roots organization, the PCVs provide an ear to the ground and give a human face to EP in remote areas. A third year PCV is currently working with the CDC team on PMTCT and additional third year PCVs will be recruited.

--DOL is beginning AIDS activities in the work place and support will continue in FY 08 with the CDC prevention program.

--HRSA provides training and TA primarily through Core Team visits and I-TECH.

The Botswana EP IAT is increasingly working together to achieve results. One of the uploaded documents describes examples of interagency collaboration.

Staffing Gaps, Challenges and Plans

While progress has been made in Staffing for Results (SFR), staffing gaps and challenges remain. Based on recommendations from the Deputy Principals SFR visit May 6-10, the EP Interagency team is focusing on four staffing priority areas:

- 1) Strengthening coordination among functions and USG agencies;
- 2) Increasing LES trained to assume leadership positions within the USG EP team;
- 3) Developing expertise within GOB through supporting project posts;
- 4) Strengthening civil society.

1) Strengthening Coordination

Presence of USG agencies other than HHS/CDC in EP activities has been limited but during 2007 increases were made. In the absence of a USAID bilateral program in Botswana, a PSC was hired in late FY2007 and will lead the growing USAID EP staff and activities. Besides capacity building in organizations that provide OVC and other HIV/AIDS services, PC has expanded its EP contribution through the Life Skills Program with the MOE. In FY 2008 PC will increase the number of EP supported PCVs to 42 and non-EP supported PCVs working on the EP to 56 for a total of 98 PCVs in country working on HIV/AIDS activities.

DOD hired a DOD HIV/AIDS Program Coordinator to assist ODC staff execute the proposed \$1.5 million BDF/DOD program in FY 2008. Already existing staff at PAO and the HHS/CDC Communications officers have contributed in multiple activities throughout the country targeting the leadership and media in the Districts. The Regional Environmental and Health Office has engaged in numerous focus events including the "Zebra's for Life" testing campaign.

Coordination of the EP IAT will be facilitated by co-location in early in FY 2008 of the EP agencies to MOH facilities. HHS/CDC negotiated this move in order to provide space for rapidly growing EP and CDC programs and staff, relieve space pressures at current CDC facilities, promote integration of EP programs across USG agencies, and facilitate information flow and collective decision making. This was supported by recommendations of the SFR visit in May.

Early in 2008 a USG IAT retreat will be held when the EP staff is settled in the new locale. This will provide an opportunity to address outstanding SFR issues and formalize a plan.

2) Development of local Botswana EP-USG leadership

The Botswana EP IAT will emphasize long term human capacity development planning and capacity-building. One hundred forty-four USG positions are requested for FY 2008: 89 currently filled, 9 vacant, 21 new and 25 PCVs. See uploaded files for details.

During the SFR visit in May, the Deputy Principals approved three USDH positions requested in COP 07 which are currently being hired to take the lead as Prevention Team Leader, Strategic Information Team Leader, and Care and Treatment Team Leader. These positions will train new LES to take over leadership in the near future.

Recruitment of local staff is challenging due to unattractive salary packages and shortage of suitable candidates. The Botswana team is working with the USG and the Embassy on development of exception rates for LES who supervise programs and in developing standard position descriptions which will be graded at the maximum by the CAJE software package.

3) Development of expertise within GOB through Project Posts

In Botswana, the vast majority of HIV prevention, care, and treatment services are provided by the public sector. Critical human resource shortages in the country's public sector, however, threaten the expansion and sustainability of this roll-out. In particular, the public sector lacks qualified program managers and technical staff for overseeing further expansion of decentralized HIV

services. Since 2001, USG has supported positions within government, primarily at ministerial headquarters, to work in the development, scale-up and management of HIV programs.

Through a cooperative agreement, positions are hired directly by GOB as project posts, using GOB policies, mechanisms and pay scales. This is a standard procedure used by other government partners. Staff is hired on three-year contracts then the positions are absorbed into the government structure. EP works closely with those in project posts for training to develop technical expertise.

With a budget of approximately \$2.8 million annually since FY2006, EP provides support for 115 project positions in four government ministries (MOH, MHLA, NACA and MLG). In addition to ministry headquarters technical and managerial staff, these positions include pediatricians working in two referral hospitals, laboratory staff and monitoring and evaluation district officers. No new FY 08 project positions are planned.

The MOH finds it challenging to retain its trained staff in the face of growing demand from NGOs and regional demand for skilled HIV/AIDS personnel. HHS/CDC/BOTUSA is developing a policy of not hiring personnel away from the MOH and is working with our partners to develop similar policies.

4) Strengthening Civil Society

At all levels, Civil Society is emerging to fill the "gaps" identified in Botswana's HIV/AIDS' response for delivery of vital services to communities. The sector remains nascent and small. In FY 2008 the EP IAT is planning to develop a civil society strategy which includes human resources and funding mechanisms to expand capacity.

The USG team is developing a policy of hiring among civil society partners, particularly international partners, in order to minimize disruption in other critical organizations in Botswana. The MOH, for example, suffers when key staff join new projects. The team will work with GOB and existing civil society groups to discuss the hiring process, salary setting, and decision-making. The USG team's goal is that staff changes are transparent and rational, given the overall HIV/AIDS response. This is a pertinent issue in Botswana's small skilled labor market.

To build skilled staff in the civil sector, the USG team seeks to incorporate professional development of local staff in civil society projects. International civil society partners in particular are expected to hire and invest in their local staff, through mentoring and training from seasoned professionals. The USG team supports and encourages investments in organizational capacity building.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7890.08	Mechanism: State Mechanism
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 17896.08	Planned Funds: \$250,000
Activity System ID: 17896	
Activity Narrative: 08.X1507: Embassy State - Public Affairs Office	
Funds will support PEPFAR activities at the Embassy including meetings, receptions, staff travel and support for dissemination activities with journalists and representatives of the media including conferences, workshops and special projects and reports.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7891.08

Mechanism: CDC HQ & Cable

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10331.08

Planned Funds: \$770,000

Activity System ID: 17655

Activity Narrative: 08.X1502-HQ: CDC - ICASS

HHS/CDC Capital Security Cost Sharing (CSCS):

In FY 2008 the Botswana estimates for CSCS are \$ 68,327. These charges are based on a snapshot of the data in the State WebPASS system as of June 16, 2007 and apply to the total number of existing or authorized positions which occupy USG space. Since the HHS/CDC staff is housed in MOH buildings, the CSCS tax is applied only to those in the Embassy who are providing International Cooperative Administrative Support Services (ICASS) services thus keeping CDC costs minimal.

HHS/CDC ICASS Charges: The shared administrative support from the Embassy through ICASS for HHS/CDC GAP Program (account 7552.-0) is estimated to be \$642,374 for FY 2008.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10331

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
10331	10331.07	U.S. Agency for International Development	US Agency for International Development	5454	5454.07	HQ	\$54,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5455.08

Mechanism: Post

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10329.08

Planned Funds: \$520,000

Activity System ID: 17656

Activity Narrative: 08.X1504-Local: USAID - Management & Support

USAID provides salaries, benefits and travel funds to two senior level PEPFAR managers. The PEPFAR Coordinator, who is contracted through a USAID/W mechanism, reports to the Deputy Chief of Mission and works closely on a day-to-day basis with State/CDC/USAID/DOD/Peace Corps and the other non-present Inter-agency PEPFAR members.

The USAID Senior HIV/AIDS Program Manager, a USPSC who is contracted through and supervised by the USAID/Southern Africa Mission in Pretoria, links directly with the Regional HIV/AIDS Program (RHAP) and is posted in Gaborone. She provides institutional and program expertise and support to all PEPFAR staff who work with USAID-funded implementing partners and facilitates communications between USAID partners, the Botswana PEPFAR team, and the Government of Botswana and the US. She will oversee the development of a fast growing USAID portfolio that will rise from over \$12 million in FY 2007 to \$23 million in FY 2008, which will include the design and launch of new programs and mechanisms to support and strengthen local civil society organizations and expand community-based programs.

Funds are also budgeted to for RHAP staff to travel to Botswana to provide technical and administrative support in developing new procurements and training new local staff, including the Contracting Specialist and Program Assistant who will be recruited and hired locally by State Department.

Given the rapid expansion in the budget and number of USAID awards that will be designed and implemented in Botswana in the coming year, an additional US or TCN PSC position is proposed at the GS-13 level to serve as the USAID HIV/AIDS Program Specialist. This PSC will be the second certified cognizant technical officer (CTO) on the PEPFAR team and will work hand-in-hand with the Senior USPSC (the only other CTO) to provide adequate monitoring and oversight for the USAID agreements operating in country.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10329

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24234	10329.24234.09	U.S. Agency for International Development	US Agency for International Development	10395	5455.09	Post	\$885,000
10329	10329.07	U.S. Agency for International Development	US Agency for International Development	5455	5455.07	Post	\$450,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5453.08

Mechanism: ODC Mechanism

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10328.08

Planned Funds: \$100,000

Activity System ID: 17888

Activity Narrative: 08.X1503: DOD - Management & Administration

The funds will be paid through the DOD Coordinating Office at the Naval Health Research Center. This position will oversee PEPFAR fund execution and coordinate integration of other DOD programs into the overall HIV treatment and prevention effort. Funds will pay salary, training and other administrative costs for this employee.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10328

Related Activity: 17468, 17403, 17404

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24231	10328.2423 1.09	Department of Defense	US Department of Defense	10393	5453.09	ODC Mechanism	\$150,000
10328	10328.07	Department of Defense	US Department of Defense	5453	5453.07	HQ	\$50,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17468	14650.08	9128	9128.08	Contract - Life skills consultancy	EnCompass LLC	\$350,000
17403	5131.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$50,000
17404	4990.08	7745	1332.08	ODC/BDF	Botswana Defence Force	\$742,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7891.08

Prime Partner: US Centers for Disease Control and Prevention

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 17892.08

Activity System ID: 17892

Mechanism: CDC HQ & Cable

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Management and Staffing

Program Area Code: 15

Planned Funds: \$587,000

Activity Narrative: 08.X1501-Local: HHS/CDC management and support

CDC Management and administration (Headquarters)

In FY 2008 the Botswana estimates for administrative costs from Base Headquarters are \$1,322,615. These include salaries, benefits, travel, training and support for the Director, Deputy Director, Associate Director for Global AIDS Program (GAP), GAP Senior Administrator, Associate Director for Science, Informatics Specialist, the Informatics Section Chief, and communication officers. It also covers 30 days of support to backstop the country Deputy Director during home leave/R & R by a staff person from CDC headquarters and dollars for a Building and Design Contractor.

Support costs for the CDC Information Technology Services Office (ITSO) will be covered for 42 workstations in Botswana. ITSO has established a support cost of \$3,250 per workstation and laptop for FY 2008 to cover the cost of information technology infrastructure services and support provided by ITSO. This includes the funding to provide base level of connectivity for Gaborone and Francistown, connectivity to the CDC global network, keeping the IT equipment refreshed and updated on a regular cycle, expanding the ITSO Global Activities team in Atlanta and fully implementing the Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for this location. Also included are consumable IT supplies, equipment, maintenance and repairs, telecommunications, international travel and training of IT staff not covered by ITSO.

CDC Management and administration (Post)

These funds support local management and staffing costs including local salaries, travel costs, training; utilities and telecommunications for sites in Gaborone and Francistown; space, leases and warehousing; security services; XTS500 handheld radios for Emergency Action Committee members; motor pool and supplies, local printing, supplies and associated operational costs.

Local salaries this year will be higher than last year due to the anticipated transition to a pension plan. This will require payout for employees formerly on the severance plan as well as a 15% employee annual contribution to the pension plan.

Salaries are included for the requested new CDC FSN positions.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5454.08	Mechanism: HQ
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 17893.08	Planned Funds: \$365,000
Activity System ID: 17893	

Activity Narrative: 08.X1504-HQ: USAID - Management & Support

USAID provides salaries, benefits and travel funds to two senior level PEPFAR managers. The PEPFAR Coordinator, who is contracted through a USAID/W mechanism, reports to the Deputy Chief of Mission and works closely on a day-to-day basis with State/CDC/USAID/DOD/Peace Corps and the other non-present Inter-agency PEPFAR members.

The USAID Senior HIV/AIDS Program Manager, a USPSC who is contracted through and supervised by the USAID/Southern Africa Mission in Pretoria, links directly with the Regional HIV/AIDS Program (RHAP) and is posted in Gaborone. She provides institutional and program expertise and support to all PEPFAR staff who work with USAID-funded implementing partners and facilitates communications between USAID partners, the Botswana PEPFAR team, and the Government of Botswana and the US. She will oversee the development of a fast growing USAID portfolio that will rise from over \$12 million in FY 2007 to \$23 million in FY 2008, which will include the design and launch of new programs and mechanisms to support and strengthen local civil society organizations and expand community-based programs.

Funds are also budgeted to for RHAP staff to travel to Botswana to provide technical and administrative support in developing new procurements and training new local staff, including the Contracting Specialist and Program Assistant who will be recruited and hired locally by State Department.

Given the rapid expansion in the budget and number of USAID awards that will be designed and implemented in Botswana in the coming year, an additional US or TCN PSC position is proposed at the GS-13 level to serve as the USAID HIV/AIDS Program Specialist. This PSC will be the second certified cognizant technical officer (CTO) on the PEPFAR team and will work hand-in-hand with the Senior USPSC (the only other CTO) to provide adequate monitoring and oversight for the USAID agreements operating in country.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5454.08

Mechanism: HQ

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 17894.08

Planned Funds: \$80,000

Activity System ID: 17894

Activity Narrative: 08.X1505-HQ USAID - ICASS

Estimated costs for ICASS and related support services for two US PSCs are budgeted and include funds for purchases for office-related needs including office furniture and equipment that will be required due to the move to the new PEPFAR building. Office space, computer and information technology services are already being provided to USAID staff and contractors by CDC. In FY 2008, this arrangement will be formalized in a Memorandum of Understanding. The funding for these services is budgeted directly under CDC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 7890.08	Mechanism: State Mechanism
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 17895.08	Planned Funds: \$217,000
Activity System ID: 17895	
Activity Narrative: 08.X1506: State – Management (2 LES)	

Working with USAID and the other PEPFAR agencies, State Department will finalize four new PEPFAR positions, advertise and recruit local citizens to fill the jobs. Two positions, which are technical program assistants for OVC and Palliative Care are included in the entries for these components. The other two positions are cross-cutting management support jobs that are required to support the expansion of USAID funding and agreements. The two positions are:

1. Contracting Assistant (FSN 11): Under the direction of the USAID Senior HIV/AIDS Program Manager, this person will work across all program areas to make sure that acquisition and assistance documents including scopes of work, budgets and other required documentation for new USAID contracts, task orders, cooperative agreements and grants are prepared and submitted to the Regional Acquisition and Assistance Officer (RAAO) in USAID/Pretoria in accordance with the USAID PEPFAR procurement plan. This person will work directly with Botswana PEPFAR staff from CDC, USAID, Peace Corps and State Department to guide them in preparing new procurements, amending on-going procurements and closing out projects that have terminated.

2. Program Assistant (FSN 8): Under the direction of the USAID Senior HIV/AIDS Program Manager, this person will provide a wide range of support, administrative and logistics management services for all USAID contracts, task orders, cooperative agreements and grants. This person will work closely with CDC, USAID, Peace Corps and State Department staff who develop and implement projects funded under USAID mechanisms. S/he will track documents through the review and clearance process, distribute them, especially through the required USAID channels, maintain official files, provide logistical support to USAID TDYers and contract consultants, provide administrative support to the PEPFAR Coordinator, maintain briefing materials and liaise with implementing partners and the public.

This budget includes salaries, benefits and travel for the positions listed above and ICASS costs for all four State Department LES positions.

HQ Technical Area:**New/Continuing Activity:** New Activity**Continuing Activity:****Related Activity:****Table 3.3.15: Activities by Funding Mechanism**

Mechanism ID: 5420.08	Mechanism: RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 10335.08	Planned Funds: \$50,000
Activity System ID: 17897	
Activity Narrative: 08.X1508: RPSO - Renovation/Expansion of BOTUSA	

The current location of the HHS/CDC/BOTUSA offices is becoming overcrowded. The MOH is in the process of finding extra space for HHS/CDC/BOTUSA/ PEPFAR which will be provided rent free. It is likely that MOH space in the recently vacated USAID Regional Office will be provided to PEPFAR. \$50,000 is set aside to make this space ready for PEPFAR occupancy as we co-locate with the MOH.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10335

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24229	10335.2422 9.09	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	10391	5420.09	RPSO	\$0
10335	10335.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5420	5420.07	contract	\$200,000

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 5406.08

Mechanism: Local Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10326.08

Planned Funds: \$1,420,385

Activity System ID: 17356

Activity Narrative: 08.X1501-Local: HHS/CDC management and support

CDC Management and administration (Headquarters)

In FY 2008 the Botswana estimates for administrative costs from Base Headquarters are \$1,322,615. These include salaries, benefits, travel, training and support for the Director, Deputy Director, Associate Director for Global AIDS Program (GAP), GAP Senior Administrator, Associate Director for Science, Informatics Specialist, the Informatics Section Chief, and communication officers. It also covers 30 days of support to backstop the country Deputy Director during home leave/R & R by a staff person from CDC headquarters and dollars for a Building and Design Contractor.

Support costs for the CDC Information Technology Services Office (ITSO) will be covered for 42 workstations in Botswana. ITSO has established a support cost of \$3,250 per workstation and laptop for FY 2008 to cover the cost of information technology infrastructure services and support provided by ITSO. This includes the funding to provide base level of connectivity for Gaborone and Francistown, connectivity to the CDC global network, keeping the IT equipment refreshed and updated on a regular cycle, expanding the ITSO Global Activities team in Atlanta and fully implementing the Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for this location. Also included are consumable IT supplies, equipment, maintenance and repairs, telecommunications, international travel and training of IT staff not covered by ITSO.

CDC Management and administration (Post)

These funds support local management and staffing costs including local salaries, travel costs, training; utilities and telecommunications for sites in Gaborone and Francistown; space, leases and warehousing; security services; XTS500 handheld radios for Emergency Action Committee members; motor pool and supplies, local printing, supplies and associated operational costs.

Local salaries this year will be higher than last year due to the anticipated transition to a pension plan. This will require payout for employees formerly on the severance plan as well as a 15% employee annual contribution to the pension plan.

Salaries are included for the requested new CDC FSN positions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10326

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24222	10326.2422 2.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10389	5406.09	Local Base	\$1,724,313
10326	10326.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$2,116,785

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5404.08

Mechanism: HQ Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 10325.08

Planned Funds: \$1,322,615

Activity System ID: 17340

Activity Narrative: 08.X1501-HQ: HHS/CDC management and support

CDC Management and administration (Headquarters)

In FY 2008 the Botswana estimates for administrative costs from Base Headquarters are \$1,322,615. These include salaries, benefits, travel, training and support for the Director, Deputy Director, Associate Director for Global AIDS Program (GAP), GAP Senior Administrator, Associate Director for Science, Informatics Specialist, the Informatics Section Chief, and communication officers. It also covers 30 days of support to backstop the country Deputy Director during home leave/R & R by a staff person from CDC headquarters and dollars for a Building and Design Contractor.

Support costs for the CDC Information Technology Services Office (ITSO) will be covered for 42 workstations in Botswana. ITSO has established a support cost of \$3,250 per workstation and laptop for FY 2008 to cover the cost of information technology infrastructure services and support provided by ITSO. This includes the funding to provide base level of connectivity for Gaborone and Francistown, connectivity to the CDC global network, keeping the IT equipment refreshed and updated on a regular cycle, expanding the ITSO Global Activities team in Atlanta and fully implementing the Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for this location. Also included are consumable IT supplies, equipment, maintenance and repairs, telecommunications, international travel and training of IT staff not covered by ITSO.

CDC Management and administration (Post)

These funds support local management and staffing costs including local salaries, travel costs, training; utilities and telecommunications for sites in Gaborone and Francistown; space, leases and warehousing; security services; XTS500 handheld radios for Emergency Action Committee members; motor pool and supplies, local printing, supplies and associated operational costs.

Local salaries this year will be higher than last year due to the anticipated transition to a pension plan. This will require payout for employees formerly on the severance plan as well as a 15% employee annual contribution to the pension plan.

Salaries are included for the requested new CDC FSN positions.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 10325

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
24208	10325.2420 8.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	10388	5404.09	HQ Base	\$967,946
10325	10325.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$822,419

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	X	Yes	No
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			2/1/2008
If yes, Will HIV testing be included?	X	Yes	No
When will preliminary data be available?			12/1/2008
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?		Yes	X
If yes, Will HIV testing be included?		Yes	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?		Yes	X
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?		Yes	X
If yes, approximately how many service delivery sites will it cover?		Yes	No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?		Yes	X

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
Botswana - Executive Summary COP08.doc	application/msword	9/26/2007		Executive Summary	TRoels
Botswana - letter US Ambassador COP08.pdf	application/pdf	9/26/2007		Ambassador Letter	TRoels
Botswana - Global Fund Supplemental COP08.doc	application/msword	9/26/2007		Global Fund Supplemental*	TRoels
Botswana - FY 2009 funding planned activities.doc	application/msword	9/26/2007		Fiscal Year 2009 Funding Planned Activities*	TRoels
Botswana - Treatment Budget justification COP08.doc	application/msword	9/26/2007		Justification for Treatment Budgetary Requirements	TRoels
Botswana - Methods and process for COP08 preparation.doc	application/msword	9/26/2007	Description process COP08 planning	Other	TRoels

Botswana - Male Circumcision docs.doc	application/msword	9/26/2007	Supporting documents for Male Circumcision activities	Other	TRoels
Botswana - Organigrams USG agencies COP08.doc	application/msword	9/27/2007	Organigrams of various USG agencies in Botswana	Other	TRoels
Botswana - Examples of Interagency Collaboration.doc	application/msword	9/28/2007	Examples of USG interagency collaboration	Other	TRoels
Botswana - List of Abbreviations COP08.doc	application/msword	9/28/2007	List of abbreviations Botswana COp08	Other	TRoels
Botswana - Details on new positions - COP08.doc	application/msword	9/28/2007	Details on new positions for USG Botswana	Other	TRoels
Botswana - Target explanation 2 COP08.doc	application/msword	9/28/2007	Explanations targets part2	Explanation of Targets Calculations*	TRoels
Botswana - Approval letter Government of Botswana COP08.pdf	application/pdf	9/28/2007	Approval letter Government of Botswana	Other	TRoels
Botswana - OVC Budget justification COP08.doc	application/msword	9/28/2007		Justification for OVC Budgetary Requirements	TRoels
Botswana - Target explanation 1 - COP08.doc	application/msword	9/28/2007	Explanation targets part 1	Explanation of Targets Calculations*	TRoels
COP08 Budgetary Requirement Worksheet.xls	application/vnd.ms-excel	9/28/2007		Budgetary Requirements Worksheet*	RHaylett
Revised_Botswana_PEPFAR supported positions COP08.xls	application/vnd.ms-excel	12/11/2007	table with total number of Pepfar supported staff	Other	MLee