



Botswana

Operational Plan Report

FY 2010



Operating Unit Overview

OU Executive Summary

Introduction

The FY 2010 Country Operational Plan (COP) for the President's Emergency Plan for AIDS Relief (PEPFAR) in Botswana totals \$86,376,709 in funding for prevention, treatment and care, strategic information and health system strengthening. This is a 6.2% decline from the FY 2009 funding levels.

The FY 2010 COP represents the first step in making strategic and programmatic shifts in the U.S. Government's (USG) support to the Botswana national response to HIV and AIDS. The new strategic vision for PEPFAR in Botswana is outlined in the draft Botswana PEPFAR Partnership Framework, and takes into account the new direction of PEPFAR II, the Government of Botswana's (GOB) priorities outlined in the *Second National Strategic Framework for HIV and AIDS 2009-2016*, and the latest data from the *Botswana AIDS Impact Survey III (BAIS III)* from 2008.

This new vision increases the emphasis on supporting the Botswana national response through investments in health system strengthening and capacity building designed to lead to more cost-effective, high quality, sustainable programs over the long-term. In addition, this vision also continues the critical support that PEPFAR provides to fill gaps in the Government's national program, and strengthen local organizations so that in the coming years they take a greater role in directly managing PEPFAR resources. If these strategies are successful, the USG Team will be able to move toward a technical assistance (TA) model of PEPFAR support to the Government-led national response.

The Botswana national response to HIV and AIDS has long been viewed as a model of success in areas such as treatment and prevention of mother-to-child transmission (PMTCT), where nearly universal access has been achieved in both areas. This success has been due in large part to the leadership and financial commitments of the GOB, along with the technical and financial support of PEPFAR and other donors.

The following summary outlines some of the key decisions that the PEPFAR Botswana team has made in the 2010 COP development process to begin this strategic and programmatic shift toward health systems strengthening and program sustainability, presents the latest epidemiological data in Botswana, and notes significant changes in the PEPFAR Botswana team.

Emerging HIV and AIDS Resource Gaps in Botswana



The first critical choice that the PEPFAR Botswana team faced was how to deal with the 6.2% budget reduction. This reduction has been coupled with a significant reduction in the GOB's own resources, and a reduction in the resources of the African Comprehensive HIV/AIDS Partnership (ACHAP), the only other major donor in Botswana.

According to the National AIDS Coordinating Agency (NACA), the GOB currently provides an estimated 80% of funding for all HIV and AIDS services in Botswana. The GOB's primary source of revenue has been from the diamond mining industry, which has been severely hit by the global economic downturn last year. Though figures are not yet finalized, there have been estimates that the gap in GOB resources may be as high as 1/3 of the needed resources.

As a result, it was not realistic to expect the GOB to pick up any activities during FY 2010 that PEPFAR might stop funding. Therefore, the PEPFAR team has elected a slower phase out of activities by relying on carry-over funds from previous years to stretch the FY 2010 resources and close out programs more gradually.

Over the past year, there have been issues both with internal staffing and partner program start-ups that have led to delays in spending, leading to significant carry-overs in some programs. Now that the PEPFAR Botswana team is almost fully staffed up, and most partner programs are in full-swing, burn rates are increasing. It was therefore decided to deal with the budget reductions during this first year by reducing some of the new funding allotted to certain partners, allowing them to spend down on their carry-over funds. Using the carry-over funds to support activities that will be phasing out will allow for a smoother transition period that will preserve the investments that have been made. However, if resources in Botswana continue to decline, these activities will have no choice but to close down.

Responding to Partnership Framework Priorities

The draft Partnership Framework which has been reviewed by the Office of the Global AIDS Coordinator and approved by the joint GOB and USG Management and Communications Team pending final edits outlines a clear strategy for PEPFAR's support to the national response over the life of PEPFAR II. Given the declining resources, however, it is critical that investments be prioritized through close collaboration with the GOB and USG in the development of the Partnership Framework Implementation Plan (PFIP), which is scheduled to take place in February and March of 2010.

Some very clear priorities have been included in the FY 2010 COP, including the transformation of the Central Medical Stores, as well as numerous Strategic Information



(SI), Male Circumcision (MC), and Health System Strengthening (HSS) activities.

However, given that the PFIP process has not yet begun, approximately Redacted has been set aside in the FY 2010 COP that will be programmed to support the priorities that emerge from that process. This funding is divided into “To Be Determined” (TBD) activities in the COP as follows:

- Redacted – Prevention TBD – To respond to PF priorities in the area of Prevention. Prevention was listed as the GOB’s top priority in the recently completed *Second National Strategic Framework for HIV and AIDS, 2009-2016* (NSF II). Thus, this is the largest of our “TBD” categories.
- Redacted – Treatment and Care TBD – Most of the programmatic shifts will be occurring in treatment and care, as we move toward a more TA-focused model. These funds were held back from existing programs with the expectation that we would begin to phase out some of these activities and replace them with technical assistance investments based on the outcome of the PFIP.
- Redacted – OVC and Gender TBD – To respond to PF priorities in the area of OVC and gender.
- Redacted – Treatment PPP – As we move away from supporting treatment and care programs, we hope to find creative financing solutions using PPPs to help fill in the gaps.
- Redacted – OVC PPP – OVC-related PPPs have a great deal of potential.
- Redacted – General PPP – These PPP funds are not tied to a specific program category to encourage innovative solutions in all areas.

Finally, over the next year, the PEPFAR Botswana team will work with all PEPFAR Partners to see where adjustments can be made within their existing programs and agreements.

Government Ownership and Sustainability Investments

PEPFAR remains committed to supporting the GOB-led national response. The national response has always been driven by strong GOB leadership, and, as mentioned, the GOB already provides the bulk of the financial resources to provide HIV and AIDS services. During this critical period of government resource shortfalls, it is even more critical that PEPFAR’s support to the GOB continues to be strategic and cost-effective.

One challenge that the team faced in preparing this year’s COP was that 2010 is the final year of the CDC “Mega CoAg,” the large five-year, \$82 million cooperative agreement with the Government of Botswana. While there were numerous activities that both the USG and GOB would have preferred to include in this agreement, some were delayed until the new Cooperative Agreement is put in place for FY 2011.



The GOB has identified some key challenges it faces, and requested PEPFAR support to provide short-term investments that will lead to cost savings in the future. These investments range from large-scale projects such as the transformation of the Central Medical Stores, to smaller-scale investments, such as support to the Botswana Defense Force's Male Circumcision campaign, which will provide both services and training to BDF doctors. Several Strategic Information and Health Systems Strengthening activities fall into this category as well.

A continuing challenge that faces Botswana is the weak capacity of civil society. One important way that PEPFAR is working to resolve this issue is by increasing the number of Peace Corps volunteers who work directly with local organizations. This, alongside capacity-building efforts of national NGOs and NGO networks, will build on achievements of the past three years, and continue to increase the quantity and quality of services provided at the community level, usually in a more cost-effective manner.

PEPFAR Botswana Team Changes

Redacted

Program Area Highlights and Challenges

PEPFAR Botswana has realigned its technical areas to match the four priority areas outlined in both the NSF II and Partnership Framework, Prevention, Treatment and Care, Strategic Information, and Health Systems Strengthening. The following summarizes major initiatives and challenges in each area.

Prevention

The *Second National Strategic Framework for HIV and AIDS, 2009-2016* lists prevention as the top priority in Botswana over the next several years. In 2010, the blood and injection safety programs are surviving primarily on carry-over funds, while new investments in male circumcision have been made to respond to the huge demand for these services. It is expected that the Redacted "TBD PF Priorities" funds mentioned above will be used to strengthen areas such as multiple concurrent partnerships, gender activities and continuing to strengthen the PMTCT program.

Treatment and Care

This area has the largest decrease this year, though activity levels will largely be maintained through carry-over funding. The majority of the activities in this area are already TA activities, as opposed to direct service delivery. However, efforts will be made to increase the cost-effectiveness and long-term sustainability of these



interventions. Further, by trying to develop public-private partnerships in this area, PEPFAR hopes to find creative financing solutions to help fill funding gaps.

Strategic Information

The SI team continues to invest in improving national data and systems. Examples include efforts to try to merge the systems that were developed separately by the Ministry of Health and the Ministry of Local Government. In addition, it has been recognized that utilization of technology in the districts varies widely. Therefore, District IT Officers will be trained and deployed through an innovative public-private partnership with the National Institute of Information Technology.

Health Systems Strengthening

HSS received the greatest increase in funding this year, and includes several important activities linked to the Partnership Framework, including the Transformation of the Central Medical Stores project. One challenge faced in this area was the plan to transition several GOB positions supported by PEPFAR to the GOB. The GOB has put a hold on transitioning any more positions, as it has been overwhelmed with trying to absorb several positions that were previously supported by ACHAP.

Key Demographic, Socio-Economic, Health and HIV Statistics

Support from the Presidents' Emergency Plan for AIDS Relief (PEPFAR) has assisted the Government of Botswana to respond to challenges that HIV and AIDS present to the country. The latest Botswana AIDS Impact Survey (BAIS) round III done in 2008 indicates that the national HIV prevalence rate is 17.6%. The prevalence among adults ages 15 to 49 was 25%. The same survey conducted in 2004 showed a national prevalence of 17.1% and 23.9% among adults. This shows that HIV prevalence remained stable over the last 4-5 years.

Preliminary results from the 2009 Botswana antenatal care (ANC) sentinel surveillance survey among pregnant women showed HIV prevalence of 32.5%. When compared to previous survey results, there is an indication of prevalence stabilizing at around 33% since 2005. Nonetheless, the trend observed among young pregnant women (15-19 years) during the same period shows a clear decline in HIV prevalence while there is an increasing trend among age group 30-49 years. These observations imply that HIV/AIDS response in Botswana is beginning to show impact in terms of declining new infections and increasing survival with HIV/AIDS.

Botswana's achievement in HIV/AIDS program expansion continues to be impressive. According to BAIS III, 56.4% of Botswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV



transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving HAART, out of the 160,000 eligible for treatment, marking coverage of over 80%.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV						
Adults 15-49 HIV Prevalence Rate						
Children 0-14 living with HIV						
Deaths due to HIV/AIDS						
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months						
Estimated number of pregnant women living with HIV needing ART for PMTCT						
Number of people living with HIV/AIDS						
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV						



infection (in need of ART)						
Women 15+ living with HIV						

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
NIIT District Health IT Officers		NIIT / Botho College	360,000	360,000	CDC is working with NIIT and GOB to develop and implement a one-year, district-level IT internship program for NIIT graduates. During FY11 (October 2010 through September 2011), 20 IT graduates were placed at the District Health Medical Teams (DHMT) to provide IT support to the DHMT and health clinics. The

				<p>main activities were to support computer network function, including prevention and removal of computer viruses, to support the deployment and use of the District Health Information System (DHIS), and to support reporting of electronic public health data. In 5 pilot districts, NIIT interns were crucial to the deployment and of support of electronic registers for PMTCT and HTC. CDC and GOB provide strategic and technical guidance in the development of the implementation and monitoring plan for the project. NIIT is responsible for overall administration, implementation, and monitoring of the project. The NIIT supervisors assessed the</p>
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					<p>performance and development needs of these graduates and provided them with relevant additional training. NIIT provided CDC with a final report of the activity. The implementing mechanism is Cardno Emerging Markets USA, the CDC PPP mechanism. This activity is planned to continue through FY 2012. The response from GOB has been positive. GOB is exploring sustainability of the activity beyond 2012 through the existing government internship program.</p>
PCI ARV Reminders		Mascom	100,000	100,000	<p>CDC is working with GOB, Positive Innovation for the Next Generation (PING), and Mascom to send SMS text reminders to ART patients in the Masa treatment program with noted</p>

				<p>adherence problems. Mascom, a leading provider of mobile telephony in Botswana, is providing free airtime, ISP service and token prizes for patient successes. During FY11, a small pilot was conducted with Masa ART patients. Evaluation of the pilot is being conducted. Future expansion of the program may include 1) increasing follow-up of children born to HIV+ mothers for HIV testing at 8 weeks and 18 months, 2) sending notification of availability of laboratory test results for the Early Infant Diagnosis program to facilities and patients, 3) referring VCT clients for safe male circumcision (if HIV negative) or treatment (if HIV</p>
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					positive), 4) tracking TB cases and monitoring adherence, and 5) increasing donor participation in blood drives. The implementing mechanism is Cardno Emerging Markets USA, the CDC PPP mechanism. This activity is planned to continue through FY13.
TBD - OVC Gender PPP		New Partner	Redacted	Redacted	The main goal of the OVC and Gender project is to bring more focus on women and children on issues of HIV and AIDS prevention, care and support. This is because women and children have been impacted by HIV and AIDS in a unique way. For women, this has been exacerbated by their role within society and their biological vulnerability to HIV infection. The

					<p>project aims to empower children to grow up being aware of the challenges facing women and how to address these to prevent them from experiencing similar issues when they are adults. The project will also address issues of child-headed households and sexual abuse. These issues are not implemented with input from the private sector hence the objective of this project is to promote public private partnership in OVC and gender programming. The involvement of the private sector will hopefully encourage this sector to contribute more to the development or upbringing of the orphaned and vulnerable children in Botswana.</p>
TBD - PPP General		TBD	Redacted	Redacted	The TBD - PPP

					General funds will be used to encourage PPPs in multiple program areas.
TBD - Treatment PPP		TBD	Redacted	Redacted	The treatment team aims to leverage PEPFAR resources to approach the mining and tourism sectors for targeted staff PPP opportunities. As this is the most highly trained, most mobile cadre of employee in Botswana, there is a belief that this area is ripe for harvesting. As a middle income country with a globalized epidemic, corporate social responsibility is on everyone's mind, and this seed money should get the program kicked off in a big way.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
ANC Sentinel Surveillance (2011)	Sentinel	Pregnant Women	Data Review

	Surveillance (e.g. ANC Surveys)		
Assessing the Utility of Prevention of Mother to Child Transmission Program Data for HIV Surveillance	Evaluation of ANC and PMTCT transition	Pregnant Women	Data Review
Behavioral Surveillance Survey among Learners Aged 10-19 in Botswana	Population-based Behavioral Surveys	Youth	Publishing
Botswana AIDS Indicator Survey IV	Population-based Behavioral Surveys	General Population	Planning
Characterization, Validation and Application of New HIV-1 Incidence Assays to Detect Recent HIV-1 Infections in Botswana	Recent HIV Infections	Pregnant Women	Development
Integrated HIV Serological and Behavioral Surveillance among Persons Attending Alcohol Consumption Venues in Gaborone, Botswana	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Implementation
Monitoring adverse events after male circumcision	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Development
Multiple Concurrent Partnerships Study Supporting Campaign Development, Monitoring and Evaluation	Evaluation	General Population	Implementation



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			2,610,000		2,610,000
DOL			400,000		400,000
HHS/CDC	643,449	7,147,000	47,354,388		55,144,837
HHS/HRSA	2,786,962		2,838,100		5,625,062
PC			1,553,000		1,553,000
State			754,767		754,767
State/AF			3,028,926		3,028,926
State/PRM			250,000		250,000
USAID			17,653,566		17,653,566
Total	3,430,411	7,147,000	76,442,747	0	87,020,158

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	PC	State/AF	USAID	AllOther	
CIRC		575,000	3,200,000	300,000					4,075,000
HBHC			3,743,350	138,000			400,000	250,000	4,531,350
HKID			1,709,547		50,000		3,462,013		5,221,560
HLAB		450,000	1,083,175	140,000		1,534,373	1,748,450		4,955,998
HMBL			100			300,000			300,100
HMIN			643,449						643,449
HTXD			6,712,500				654,500		7,367,000
HTXS			1,526,780	2,886,962					4,413,742
HVAB		470,000	3,781,000				778,000	100,000	5,129,000
HVCT		450,000	6,560,000	100		200,000	250,000		7,460,100



HVMS	754,767	195,000	10,169,061		1,453,000		1,531,203		14,103,031
HVOP		325,000	3,727,000		50,000		2,199,250	300,000	6,601,250
HVSI		100,000	2,867,375	1,000,000			203,625		4,171,000
HVTB		15,000	2,370,000			250,000	979,325		3,614,325
MTCT			2,675,000	500,000			205,700		3,380,700
OHSS		30,000	3,516,500	660,000		294,553	4,841,500		9,342,553
PDCS			460,000			350,000	400,000		1,210,000
PDTX			400,000			100,000			500,000
	754,767	2,610,000	55,144,837	5,625,062	1,553,000	3,028,926	17,653,566	650,000	87,020,158

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets

Redacted



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	4,531,350	
HTXS	4,413,742	
Total Technical Area Planned Funding:	8,945,092	0

Summary:

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Botswana's achievement in HIV/AIDS program expansion continues to be impressive. According to BAIS III, 56.4% of Botswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving Highly Active Antiretroviral Treatment (HAART), out of the 160,000 eligible for treatment, marking coverage of over 80%.

The Government of Botswana responded to the HIV/AIDS epidemic with a series of strategic plans. A short-term plan focused on HIV diagnosis and the creation of awareness of HIV and AIDS. Medium term plans I and II (MPTI and II) emphasized a multi-sectoral response involving government, development partners, the private sector, and Civil-society Organizations including organizations for people living with HIV and AIDS.

During MTPI and II most of Botswana's national HIV and AIDS programs were established. These included, Behavior Change Information and communication, Clinical management of Opportunistic Infections, Community Home-Based Care, Counseling and Testing, Prevention of Mother to Child Transmission (PMTCT), Isoniazid Prevention Therapy (IPT) and the Masa National ART Program, HIV/AIDS in the Workplace, strengthening of Sexually Transmitted Infections (STIs) Management and Control, Surveillance and Research, Greater Involvement of People Living with HIV and AIDS and Stigma reduction Strategies. All these programs and strategies have been rolled out to all health districts with notable impact.

Botswana is one of the first countries in Africa to establish a national Anti Retroviral Therapy (ART) program. The program provides free treatment through an 'ART site' model, consisting of a hospital supported by satellite screening clinics. Beginning January 2002, ART sites were rolled out in a phased



manner. At present, 32 ART sites cover all 28 districts in the country. Currently 102 satellite clinics are dispensing treatment throughout the country.

Support from PEPFAR

Successes

With the support of PEPFAR, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability. The national ART program-MASA continues to expand enrolment by rolling out services to all mother/ART clinics and satellite clinics, with the goal of bringing ART services nearer to the community.

PEPFAR support for care and treatment programs has been focusing on procuring ARV drugs, Supply Chain Management System (SCMS) strengthening of the central medical store, technical assistance in the development of care and treatment guidelines, curriculum development for pre-service training at various institutions including University of Botswana School of Medicine (UBSOM), regular training of healthcare workers on the national care and treatment guidelines. The PEPFAR country care and treatment team has been giving technical support in areas of policy formulation, especially in areas of palliative care and opioid usage for pain management.

With PEPFAR support to GOB, and through various partners, by end of February 2009, 97,595 patients were on treatment in the public sector. Of these 61.5% were female. About 7.2% of the patients were children. A further 11,301 patients had been out-sourced from the public sector to the private sector under the Government's out-sourcing Program. Another 10,935 patients were being treated by the private sector, comprising the Medical Aid Schemes and the Work-place Programs. This gives a total of 119,831 patients currently receiving HAART in Botswana.

12,463 patients from both public and private sectors died while on HAART since the inception of the ARV program in 2002.

Challenges

Despite the remarkable success recorded during the life of PEPFAR I, many challenges remain. The number of people needing ART in any year not only includes those newly needing treatment, but also includes those who continue successfully on ART from the previous year. As a result, the MTR argues that the free ART program can not be sustained indefinitely, given the costs involved (NACA, 2008c). The demand for ART among adults is projected to rise from 137,000 in 2008 to 207,000 in 2016, while among children the demand for ART is projected to rise from 8,000 in 2008 to 13,500 in 2016 (NACA, 2008b).

A growing number of people living with HIV/AIDS (PLWHA) need continuous care and support and PEPFAR/Botswana partnership framework has emphasized the need to integrate services in order to address issues of access to quality care.

There is a continuous shortage, turnover, and attrition of qualified health professionals despite PEPFAR efforts in supporting critical positions within the health system.

Accomplishments since COP09

For the past year PEPFAR has supported the review and updating of the national HIV/AIDS guidelines to international standards.

Training of health professionals has been regular through an existing KITSO HIV/AIDS Training Coordination Unit (KITCU) program. Through PEPFAR support a "Master trainer" project development through which monitoring of the implementation of national guidelines is carried out. Through this master trainer project, there is continuous in-service training and feedback to the national programs. The project has kick-started the task-shifting program, and nurses have started prescribing and dispensing ART. PEPFAR will continue to support the "Master Trainer" program.



National palliative care training manuals have been developed and training has been completed in more than 80% of the health districts.

A palliative care technical working group and task force have been formed in the Ministry of Health (MOH) and the process of palliative care policy formulation has kick-started. The palliative care policy will help to address the issue of opioid usage in pain management, as currently only medical doctors are allowed to prescribe opioid drugs, and these drugs can only be accessed in hospitals not clinics.

Curriculum development for pre-service training on palliative care at Institute of Health Services is at an advanced stage.

PEPFAR supports curriculum development at the UBSOM.

Startup of the residency programs (internal medicine and pediatrics) by 2010 at the two referral hospitals is at advanced stages. Residency candidates have been interviewed and selected and they are ready for January 2010 enrolment.

Between March and November 2009, 1040 women have been screened in the "See and Treat" pilot program. Onsite cryotherapy was performed on 154 women and 184 were referred to the program gynecologist for colposcopy and LEEP. For sustainability and cost effectiveness of the project, nursing and medical officer positions in the pilot project are supported by GOB.

The national Prevention with Positives, now Positive Health, Dignity and Prevention (PHDP) strategic plan has been finalized.

Through PEPFAR support the care and treatment program has gone a long way in involving civil-society organizations in service delivery. Community-based organizations and faith-based organizations have been involved in delivering Community Home-Based Care that includes psychological, social and spiritual support. To expand and coordinate the NGO/CSO participation in the program, PEPFAR supports NGO/CSO coordinator position at the national level and PEPFAR will continue to strengthen this body as it is pivotal in community mobilization.

Goals and Strategies for the Coming Year

As depicted in PEPFAR/Botswana partnership framework, the goal of the care and treatment program is to strengthen the provision of universal access to quality HIV/AIDS services in Botswana by 2016. The overall strategic objective in this area is to decrease the morbidity and mortality of PLWHA. To this end, specific objectives include building the capacity of healthcare workers to provide high quality services through pre-service and in-service training and improved staff retention. Improvement of the logistic and procurement mechanisms will streamline availability of safe and efficacious medicines throughout the country.

For the upcoming year the MASA program evaluation report will be finalized by WHO and circulated by MOH. Based on the preliminary report, PEPFAR care and treatment program will be scaling-up activities whose main goal will be to address some of the challenges faced by the program: inadequate staffing at central level, weak structures for adolescent programs, weak community-involvement interventions.

The STI program will be evaluated with the support of PEPFAR.

PEPFAR/Botswana has come up with the PHDP strategic plan. The goal of this strategic plan is to contribute to the prevention of new HIV infections, HIV re-infections, sexually transmitted infections and other impacts related to HIV and AIDS among PLWHA. This goal will be achieved through two broad strategic objectives of the PHDP strategic plan which are in line with the national operational plan for scaling up HIV prevention in Botswana. These objectives are to enhance the institutional capacity at all levels for integration of PHDP into existing prevention, treatment and care programs, and to empower PLWHA to make and sustain effective choices that reduce HIV transmission.

Since the country has ownership of all the programs, PEPFAR will continue to strengthen and capacitate the care and treatment program so that a more robust and self sustaining program is left in place.

Costing of Care and Treatment Programs

The costing of care and treatment programs is lagging. PEPFAR care and treatment program, along with



PEPFAR Strategic Information program, will continue to lobby for PEPFAR assistance to MOH in this area.

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	7,367,000	
Total Technical Area Planned Funding:	7,367,000	0

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Among Botswana aged 15 – 49 in 2008, two thirds had had an HIV test at some point (up from 31.8% in 2004) 37.5% had been tested in the past 12 months and were told their results (up from 17.9% in 2004). HIV testing was higher among women than men, reflecting the "opt-out" offer of HIV tests to pregnant women through the Prevention of Mother to Child transmission Program, which achieved a 95% uptake. An estimated 320,000 people of all ages are living with HIV/AIDS, and Botswana is home to 124,000 orphans and vulnerable children, of which almost a fifth have lost both parents.

FY09 Activities/Accomplishments

With technical and logistical assistance from SCMS, the GOB continued strengthening the procurement and distribution of ARVs and other medicines with the total GOB budget for ARVs supplemented from FY08 funds. The results included increased procurement of pediatric formulations; procurement of pharmacopoeial reference standards and reference textbooks; the strengthening of the supply chain by hiring skilled personnel and the development and implementation of quality management systems for CMS (six new managers employed September 2009); the training of healthcare practitioners on pharmacovigilance and adverse drug reactions reporting; Good Manufacturing Practice (GMP) inspections of manufacturers of ARVs and OI medicines; the training of NDQCL staff in various areas of pharmaceutical analysis; study tours to laboratories and other organizations with Laboratory Information Management Systems (LIMS) installed.

The funds were used to strengthen process-management systems, support the technical assistance of a consultant for further in-house training of DRU staff, and evaluate dossiers for registration as well as support the salaries of pharmacists. The DRU was able to register nine non-generic ARVs, forty-nine generic ARVs, and fifteen medicines for opportunistic infections (OIs) as a result of the training and GMP



inspections.

Challenges and Responses

Challenges include issues of multiple and concurrent partnerships, alcohol abuse, nascent civil-society and human-capacity development.

The Department of HIV/AIDS Prevention and Care reports that, as of the end of September 2009, 140,303 patients were receiving Highly Active Anti Retroviral Treatment (HAART) – 86.6% of the 161,700 adults and children requiring treatment.

The Government of Botswana (GOB) financially supports 85.8% of ARV drugs procurement and receives assistance from PEPFAR, the Bill and Melinda Gates Foundation, Merck Foundation, Glaxo-Smith Kline, Boehringer Ingelheim, Clinton Foundation and Pfizer in the form of donations of anti-retrovirals (ARV), drugs for treatment of opportunistic infections (OI) and ARV price reductions. The Clinton HIV/AIDS Initiative (CHAI) supported procurement of pediatric and second-line ARV'S.

The GOB procured ARVs through the Ministry of Health's (MOH) Drugs Regulatory Unit (DRU), which is responsible for registration of medicines on the basis of quality, safety and efficacy; the National Drug Quality Control Laboratory (NDQCL), which is responsible for testing all medicines and related medical products; and Central Medical Stores (CMS), which performs all the supply chain functions including procurement, quality assurance, warehousing and distribution of drugs and related medical products to all health facilities countrywide.

These institutions are supported by PEPFAR-funded Supply Chain Management (SCMS), which provides technical assistance to various systems, including the Quality Management System, the ARV Forecasting/Quantification, the Drug Registration applications documentation process management, and an evaluation in-house mentoring/training.

The GOB program faces human-capacity constraints in terms of ARV logistics; ARV quality control; ARV IT and security infrastructure; ARV procurement; and ARV registration. The new WHO guidelines requiring universal HAART for all pregnant women and upscaling of CD4 for ART initiation to 350c/mm3 offer new financial and sustainability challenges .

FY10 Activities

PEPFAR funds will continue to support activities to strengthen and standardize supply-chain systems, quality control, and medicines regulation. SCMS will continue to support the DRU and NDQCL by providing short term technical assistance and mentoring, training in post-market surveillance.

The funds will support GMP inspection of manufacturers of drugs for treatment and management of OIs and the procurement of pharmacopoeial reference standards and reference textbooks. In addition, an SCMS-supported effort to incorporate drug supply and prescribing information in the national electronic patient management database to improve logistics will continue with PEPFAR funding.

Training activities to improve NDQCL staff analytical testing and evaluation skills will continue. CMS will team up with SCMS to monitor and evaluate the quality system and its implementation as well as strengthen the supply chain management systems at the health facilities. A Quality Management System and document management system will be developed for DRU and NDQCL.

PEPFAR budgets since 2007/8

2007/8: USD 21,504,228

2008/9: USD 13,582,633

2009/10: USD 6,599,520

The total estimated costs of ARVs to be procured in 2010/11 are USD 44,983,291. The PEPFAR funding for the CMS budget therefore represents 14.2% of the total need.

CMS-supported projects

CMS will use USD 312,500 to support two projects during this funding period:

IT systems transformation

This project is designed to transform the IT environment at CMS to better support CMS core operations. It will address the interfaces between the finance, procurement and warehouse management systems, which have been identified as a key bottleneck to the improvement of CMS' performance.



Security Systems Improvement

This project is designed to enhance the effectiveness of the security systems and procedures currently in use at CMS.

Assuring a continuous supply of ARVs

Breaks in supply for ARVs have been experienced in the last year, mainly due to long procurement processes, poor performance of suppliers and changing demand patterns. The new management team (funded by PEPFAR through the SCMS project) will address these problems through the development of a new procurement strategy. The new strategy will involve framework contracts with suppliers, which will lead to a smoother flow of supplies and less reactive emergency tendering.

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	4,075,000	
HMBL	300,100	
HMIN	643,449	
Total Technical Area Planned Funding:	5,018,549	0

Summary:

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Preliminary results from the 2009 Botswana antenatal care (ANC) sentinel surveillance survey among pregnant women showed HIV prevalence of 32.5%. When compared to previous survey results, there is an indication of prevalence stabilizing at around 33% since 2005. Nonetheless, the trend observed among young pregnant women (15-19 years) during the same period shows a clear decline in HIV prevalence while there is an increasing trend among age group 30-49 years. These observations imply that HIV/AIDS response in Botswana is beginning to show significant impact in terms of declining new infections and increasing survival with HIV/AIDS.

Botswana's achievement in HIV/AIDS program expansion continues to be impressive. According to BAIS III, 56.4% of Botswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving HAART, out of the 160,000 eligible for treatment, marking coverage of over 80%.

Biomedical prevention, which includes blood safety, injection safety and male circumcision programs, is a crucial component to a comprehensive package of HIV prevention services. While these technical areas are in different phases of maturity, each has made great strides over the past year and will continue to pursue cost-effective interventions that address the current challenges.

Blood Safety

The Botswana National Blood Transfusion Service (NBTS) is responsible for a safe, adequate and accessible supply of blood and blood products. Botswana has made significant strides in securing a safer



blood supply, evidenced through the consistent decline in HIV sero-prevalence in donated blood from 9% in 2003 to 1.5% in 2009. Transfusion transmissible infections (TTIs) have decreased from nearly 10% in 2004 to 3.4% in 2009.

Accomplishments in FY09

In FY09, 220 healthcare workers received in-service training on blood safety-related activities. Plans for the construction of a regional blood center in Francistown reached an advanced stage. Botswana's TTI testing strategy was revised and finalized. Thirty-four facilities were involved in blood transfusion activities, consisting of 32 blood banks and 2 blood centers. The accreditation process for the NBTS was initiated.

Challenges in FY09

Due to a scheduling conflict of a major blood donor panel, 23,817 units of blood were collected during FY09 instead of the target 30,000, an issue that has since been resolved. Another major challenge is the lack of leadership at NBTS. A full-time Medical Director has yet to be hired and the Acting Director has multiple responsibilities. Meanwhile, the technical head is employed on a part-time basis. These human resource constraints have hampered NBTS and blood safety activity progress.

Strategy

After five years of technical assistance from Safe Blood for Africa Foundation (SBFA), NBTS has requested that no additional long-term assistance be provided. Future support will be requested on a task-specific basis only. SBFA will continue to implement in FY10 through carried over funds, but in subsequent years PEPFAR funds for blood safety activities will focus on directly supporting NBTS and assisting in supply chain management.

FY10 Activities

In FY10, PEPFAR will support the seven focus areas with activities that include increasing blood collection to 25,000 blood units, increasing the pool of regular blood donors, improving donor retention, reducing HIV prevalence in donated blood to 1%, training 190 healthcare providers, and continuing to support some project-staff salaries. PEPFAR funds will be used to assist the implementation of the revised blood policy and usage guidelines as well as the revised TTI testing strategy. To improve a quality management system for all aspects of blood services, from donation and testing to storage and distribution, Supply Chain Management System will continue to provide support to NBTS. NBTS also plans to progress in the accreditation process and Regional Procurement Service Office will begin construction of a regional blood center in Francistown. A NBTS audit will be conducted and to ensure proper compliance, NBTS will engage a consultant to monitor project finances.

Sustainability

While PEPFAR has provided funding for staff salaries in the past, the GOB recognizes the importance of transitioning these positions to the NBTS payroll to ensure long-term sustainability. In FY10, GOB will pay for approximately three quarters of the 69 staff. GOB will also assume more of the costs associated with testing reagents, equipment, and consumables for collecting and processing blood.

Injection Safety

Transmission of bloodborne pathogens through unsafe medical practices represents a significant and increasingly important public health problem worldwide. In Botswana, given the high prevalence of HIV (17.6%) and occupational injuries in health settings (24%) complicated by poor adherence to the post-exposure prophylaxis (PEP) protocol among healthcare workers, the level of risk to transmissible bloodborne pathogens cannot be ignored.

Past Accomplishments

With PEPFAR Track 1 support, John Snow, Inc. (JSI) facilitated the development of operational



guidelines, service norms and standards for injection safety, training manuals for trainers and the development of the drug and process manual through their Making Medical Injections Safer (MMIS) project. The project covered ten health districts (62.5%) of the targeted 16 health districts, reached 224 public health facilities, and trained 9,230 individuals (8,496 healthcare workers and 734 diabetic patients).

MMIS procured and distributed retractable syringes to two districts where Ministry of Health (MOH) was piloting these syringes to determine if they could reduce needle-stick injuries among healthcare workers. Approximately 400,000 people, including the general public and healthcare workers, had been reached with injection safety messages. In addition, the project supported the GOB in the implementation of clinical waste management, provided basic equipment for managing waste, assisted district councils in maintaining incinerators used for treating infectious waste, and provided personal protection equipment in targeted settings. Since the inception of the project, the use of PEP improved from 29% to 58% in project areas and needle-stick injuries reduced by 60%-79% compared to data pre-intervention in these implementing districts.

Challenges

The main challenge experienced during the implementation of the MMIS project was a lack of any full-time staff at MOH working in collaboration with JSI. In FY09, the MOH's Occupational Health Unit assigned two officers to be fully dedicated to this project, which is crucial should there be any transfer of knowledge to the GOB.

Strategy

Until now, all PEPFAR injection safety efforts have been implemented through JSI. Now, with MOH staff dedicated to the project, future funding (FY11 and beyond) will be split between support for JSI and funding for MOH. The hope is that the Occupational Health Unit can learn from JSI staff and ultimately take responsibility for project implementation.

FY10 Activities

In FY10, the project will scale-up to six more health districts, train 1,070 healthcare workers, implement injection safety policy guidelines and reach an additional 350,000 Batswana with injection safety information. The project will prepare for accreditation of the injection safety training modules and the MMIS Trainer of Trainers Program as part of a sustainability initiative. MMIS will work to finalize the Nursing Skills Manual in collaboration with the Institute of Health Sciences to integrate the concepts of injection safety and infection prevention and control into the standard nurses teaching curriculum. MMIS will support the broader initiative of infection prevention and control by participating in policy development and will advocate for mandatory vaccination of healthcare workers against Hepatitis B as well as improved accessibility to PEP. In an effort to start transitioning some of the workload, the project will support the GOB in training infection prevention coordinators and guide the GOB in infection prevention policy development.

Male Circumcision

Recent evidence from three randomized trials conducted in sub-Saharan Africa have shown male circumcision (MC) to be an effective method of reducing a man's risk of acquiring HIV from an HIV-infected sex partner. Botswana, with one of the world's highest HIV prevalence rates and only 11% of males circumcised (BAIS III, 2009), is considered an ideal candidate for this intervention. In addition to being well-situated to conduct an MC program, the MOH is a strong proponent of MC rollout and, with assistance from WHO and UNAIDS, has developed a Safe Male Circumcision Strategy that aims to reach 80% (470,000) of 0-49-year-old HIV-negative males by 2015 at an estimated cost of US\$25,000,000. To achieve maximum impact, initial MC services have been targeted to those deemed most-at-risk, (i.e., an HIV-negative man in a sexual relationship with an HIV-positive woman, men with multiple concurrent sexual partnerships, and men with reported high risk behaviors especially in areas with low circumcision rates and high HIV prevalence).



GOB policies that impact the rollout of MC services include (a) the requirement that a medical doctor perform all medical procedures and (b) a man must be 18 years of age to consent. The lack of physicians countrywide, particularly in remote settings, makes task-shifting a critical step in reaching GOB's goal. PEPFAR will work with GOB to alter policies to engage midwives in infant circumcision and reduce the age of consent to 16 years.

FY09 Activities

During FY09, MC activities transitioned from planning and development to implementation. MC scale-up started in April 2009, and included a PEPFAR-supported multi-media campaign from Population Services International.

Through the "Know Your Facts" campaign, MC information was disseminated through television and radio advertisements, 32 billboards around the country, and 30 commuter buses carrying MC messages. Three thousand surgical operations were performed on adults and adolescents in 24 district and primary hospitals with adverse events (AEs) reported in less than 2% of clients. Eighty percent of clients were also tested for HIV.

Forty doctors, 28 nurses and ten social workers were trained in FY09 on MC services. In addition, a five-day workshop oriented the Botswana-Harvard Partnership Master Trainers, the Botswana Defense Force (BDF), and Masunga Hospital healthcare workers to the MC national strategy. A WHO quality assurance and quality assessment training for MC was conducted.

Apart from service implementation, PEPFAR Botswana funds were used to assess acceptability, safety and feasibility of infant MC. In addition, a public health evaluation focused on adult MC was developed in collaboration with I-TECH, but due to scientific questions, the protocol is still being amended.

Challenges

Expanding MC services has been made difficult by a lack of physicians.

Most MC sites did not have sufficient space for the operations, let alone private space for counseling and post-surgery recovery. Central Medical Stores has not been able to procure supplies and equipment in a timely fashion.

There is a major gap in referrals to MC services from routine HIV testing facilities and community-based organizations.

FY10 Activities

Seventy-nine percent of FY10 funds for MC will be used for service delivery, with the only major non-service delivery project being the continuation of PSI's communication campaign.

This year's goal is to both scale-up the program as well as increase the pace at which MC is implemented. This includes increasing the number of participating health facilities to 54, which will include public, private, and mine hospitals, as well as public, private and military clinics.

Jhpiego and I-TECH will train 600 non-physician healthcare workers to provide comprehensive MC services in addition to recruiting and training 20 public and private sector physicians. To ensure adequate physicians at BDF health facilities, Jhpiego will engage expatriate volunteer doctors. Recognizing the need to have continuous training and new physicians, four Master Trainers will be created.

The MC scale-up will be conducted countrywide in all 24 districts; however, increased MC activity is expected in the four strategically placed centers for excellence. The target group during this initial scale-up phase is most-at-risk men, as defined earlier. The scale-up of newborn and infant MC will await the conclusion of the current study (April 2010) to determine the safest and most cost-effective method.

During FY10, 20,000 adults and adolescents as well as 4,000 infants will be circumcised with over 80% tested for HIV and less than 2% AEs.

Given the proposed scale-up, success will only be achieved if some of the aforementioned challenges are appropriately addressed. In addition to increasing manpower, the MOH has already undertaken several projects to refurbish health facilities to ensure adequate space for MC procedures.

PEPFAR is supporting the Central Medical Stores to improve their commodity and supply chain management system at the central- and facility-level through Supply Chain Management System.



Sensitization workshops with providers, clients and communities will continue to be offered to increase MC referrals from counseling and testing sites as well as local non-governmental organizations. To ensure an appropriate pace and scale-up for MC services, PEPFAR funds will be used to support the completion of the National MC Implementation Plan as well as the development of a Monitoring and Evaluation Framework. This will be crucial to ensure that rollout is done in a safe manner, that supply meets demand, and that community behavioral disinhibition does not reduce the benefits gained through circumcision.

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	7,460,100	
Total Technical Area Planned Funding:	7,460,100	0

Summary:

Support from the Presidents' Emergency Plan for AIDS Relief (PEPFAR) has assisted the Government of Botswana to respond to challenges that HIV and AIDS present to the country. The latest Botswana AIDS Impact Survey (BAIS) round III done in 2008 indicates that the national HIV prevalence rate is 17.6%. The prevalence among adults ages 15 to 49 was 25%. The same survey conducted in 2004 showed a national prevalence of 17.1% and 23.9% among adults. This shows that HIV prevalence remained stable over the last 4-5 years.

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Botswana's achievement in HIV/AIDS program expansion continues to be impressive. According to BAIS III, 56.4% of Botswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving HAART, out of the 160,000 eligible for treatment, marking coverage of over 80%.

HIV testing and counseling (HTC) is a gateway to treatment, care and support for those who test HIV-positive. It is also a critical opportunity for HIV prevention counseling, particularly for serodiscordant couples and those with high risk of acquiring HIV. The national testing algorithm is a parallel one involving two rapid tests run simultaneously with a third rapid test or ELISA performed for discordant results.

HIV testing and counseling

In Botswana, there are two main forms of HTC services: provider-initiated or routine HIV testing (RHT), and client-initiated or voluntary counseling and testing (VCT).

All government health facilities offer RHT and VCT services, but the majority of VCT testing is performed by a local non-governmental organization. In addition to the provision of an HIV rapid test, providers are trained to offer a wide array of post-test services, including HIV prevention counseling and support for the emotional, psychological, social and spiritual needs of HIV-infected and -affected individuals and families.

FY09 Activities

Through VCT, RHT, and other methods such as mobile units, testing services were offered in all 28 health districts in Botswana. 316,882 tests were performed, with the local NGO Tebelopele responsible



for 160,605 clients, the government facilities accounting for 149,672 and the Botswana Defense Force testing 6,046 military personnel and their families.

Tebelopele

In addition to 16 free-standing and 26 satellite sites, Tebelopele provided services through mobile caravans, at the workplace, in churches, in prisons and in shopping malls. In Ghanzi district, Tebelopele conducted ward-based testing through mobile outreach that reached large numbers of people. In an effort to reach specific populations, Tebelopele partnered with the Botswana Christian AIDS Intervention Program (BOCAIP) and implemented a tent-based model aimed at increasing male testing by setting up HTC services around scheduled sporting events.

Tebelopele partnered with Humana People to People to train traditional and spiritual healers to refer their clients for HTC services.

Tebelopele conducted "moonlight" testing services, largely targeting farm workers in the Ghanzi area who do not have time to test during the day. Clients were mobilized by members of the local Post-Test Club (PTC). Group pre-test counseling combined with confidential counseling and testing services were provided.

Through the American International Health Alliance's Twinning Center, Tebelopele partnered with Liverpool VCT (LVCT) in Kenya, and with the AIDS Support Organization (TASO) in Uganda. Tebelopele and LVCT worked together to train counselor supervisors through a train-the-trainer model and rolled out the activity throughout the Tebelopele network.

Tebelopele supported the MOH in the development of a national counselor supervision program and training curriculum. MOH trained 15 master trainers for the counselor supervisor project.

Tebelopele was also engaged in community mobilization and social marketing activities, including print and electronic media campaigns. The Zebras for Life, Test for Life project specifically targets men through the use of the Botswana National Football Team as role models. In this campaign, Tebelopele joined forces with Peace Corp volunteers to assist in mobilizing communities for testing, especially men.

Volunteers meeting specific criteria set by the MOH were trained as lay counselors to provide additional manpower for CT services.

Tebelopele developed and launched a "Crazy, Sexy, Cool" campaign aimed at increasing couples testing.

University Research Corporation (URC)

There is general recognition that a more robust RHT program would have enormous impact on HTC services countrywide as hundreds of thousands of Botswana visit government health facilities each year. PEPFAR supported the University Research Corporation to provide support to the MOH and the Ministry of Local Government (MLG) in strengthening RHT using a district level process improvement model in two the districts of Kgatleng and Kweneng.

Government of Botswana

PEPFAR funds were utilized by the Ministry of Health to develop, publish and disseminate national guidelines for HTC. These guidelines provide standardized guidance to all program managers and HTC providers.

Financial assistance was also provided to the HIV Counseling and Testing program within the MOH to develop HTC guidelines for children and adolescents.

Private Sector

Major private companies, such as Debswana Diamond Company, Bamangwato Concession Ltd, and Tati Nickel Ltd and several major banks have well-established HIV/AIDS services, which include HTC services. PEPFAR funds were provided to the Botswana Business Coalition on AIDS, which provides oversight and guidance to these workplace programs.

Supply Chain Management System (SCMS)

PEPFAR supported SCMS for HTC commodity procurement and oversight. The Government of



Botswana, through the Central Medical Stores (CMS), supplies the vast majority of rapid HIV tests to both government and civil society testing sites, although supplies have been inconsistent. To ensure high-quality services, SCMS received funding to procure emergency HTC commodities as well as strengthen CMS' capacity to manage the supply chain.

Monitoring and Evaluation (M & E)

All Tebelopele centers and some government facilities participated in external quality assurance for testing.

The MOH revised M & E tools in an effort to standardize forms.

Referrals and Linkages

Tebelopele provided confidential VCT services, which allowed for follow-up of clients between VCT centers and clinical sites. Most clients provide their names and national identification number, though the option of anonymous testing is available. Because HIV testing is the gateway to other services, developing a strong referral network is a priority.

Humana People to People has implemented a tracking system that involves issuing cards to traditional healers and other key people in the community to refer clients and patients to HIV/AIDS care, treatment and support services.

If a client tests HIV-positive, he/she is referred for post-test support, as well as provided with at least the minimum package of information for prevention with positives (PWP). Should the test be performed in a government testing facility, the client is immediately referred to an HIV-positive support group member. In addition, Post-Test Club members, volunteers from Tebelopele's Youth Against AIDS program and counselors from community-based organizations (CBOs) provide additional support in following up and linking clients with various services in the continuum of care.

Challenges

While HTC services in Botswana have been successful in facilitating access to information on HIV prevention, care and treatment, the quality of the services provided needs improvement.

Even with a yearly increase in numbers tested, service coverage remains low in some hard-to-reach parts of the country and certain populations are under-represented. In the RHT program, only one-third of all clients are men, while both the RHT and VCT programs struggle to attract youth and couples.

For couples that elect to test together, post-test services addressing the needs of serodiscordant couples are inadequate and follow-up on preventive and supportive counseling services is poor. Overburdened lay counselors and clinical staff do not have sufficient counseling time in the RHT program.

Challenges continue to exist with HTC commodities management, which has led to stock-outs.

While counselors are trained on provision of referrals, there is a clear need to strengthen the link to other HIV prevention, care and treatment services.

Non-governmental organizations (NGOs), CBOs and faith-based organizations need to be further engaged in encouraging their clients to seek HTC services, as well as building their own capacity to deliver such services.

Efforts have been made to lower the age of consent for HIV testing from 21 to 16 years, yet final approval from Parliament is still pending.

FY10 Activities

Sustainability and capacity building of CBOs

A new phase of more actively integrating HTC services into the portfolio of existing CBOs will begin. Tebelopele will build capacity of at least ten CBOs around the country to assume direct service delivery. PEPFAR will provide funding to Project Concern International (PCI) to integrate testing, counseling and referrals into three of their already funded CBOs that are currently implementing behavior change communication, orphans and vulnerable children, and home-based care activities.

Expand availability of VCT through a wide range of approaches



The PEPFAR Botswana HTC portfolio will offer a strategic mix of HTC models, including community-based, home-based, facility-based, and outreach.

Tebelopele will continue their mobile and satellite services, especially to targeted populations such as prisoners and farm workers. Tebelopele will diversify services provided at fixed sites to include the minimum package of information for prevention with positives, serodiscordant couples counseling, and family planning education and counseling services.

The second phase of the Academy for Educational Development's (AED) door-to-door HIV testing pilot project will be implemented in two districts, reaching an additional 20,000 people.

Based on a 2007 MOH assessment, two isolated districts, Okavango and Kgalagadi, have limited access to HTC services. Six CBOs in these districts will begin service delivery.

Skills-building and training

As more Botswana seek HTC services, demand often outpaces supply. Critical to meeting this demand are large numbers of well-trained and highly motivated counselors. PEPFAR funding will support the development and adaptation of standardized generic training materials and MOH's program that trains and certifies both non-healthcare and health personnel to provide pre-test counseling, rapid HIV testing, and post-test supportive counseling. In addition, counselor supervisor trainings will be cascaded to the district- and facility-level. Counselor supervisors will be responsible for building the capacity and providing support to lay counselors.

Piloting of innovative referral mechanisms

Tebelopele will rollout a program using "referral buddies" who accompany HIV-positive clients from a Tebelopele testing center to a government HIV care and treatment facility. Tebelopele will pilot the use of mobile phone text messages to remind clients about their referral. For the RHT program, the use of volunteer "referral navigators," responsible for linking clients to HTC services in government facilities, will be introduced.

Support for MOH

PEPFAR will help support the Ministry of Health Testing and Counseling Unit to conduct the following activities: branding of HTC services, provision of on-site supervision and mentoring to providers, and the roll out of counselor supervision and couples counseling training. PEPFAR will also continue to support two positions to enhance the coordination of HTC services.

Enhancing access to hard-to-reach populations

While HTC services are geared towards reaching the general population, current activities are not adequately reaching all segments of society. Through Tebelopele interventions, increased CBO involvement and the new CHCT strategy, greater numbers of men, youth, children, couples and high-risk groups, such as commercial sex workers, will be reached.

Quality Assurance

With PEPFAR support, MOH plans to accredit all HTC sites and ensure that facilities participate in the lab external quality assurance for rapid testing, as per national standards. The use of personal digital assistants, which are currently used in all Tebelopele centers during outreach to ensure data accuracy and security, will be piloted with all of Tebelopele's CBO partners.

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	9,342,553	



Total Technical Area Planned Funding:	9,342,553	0
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Summary:

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Overarching approach to HSS

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of PEPFAR.

Health system strengthening is an important approach to ensure the sustainability of HIV/AIDS programs and other health services and interventions developed and rolled out under PEPFAR.

a. HSS Assessment

With PEPFAR support, the MOH has undertaken the development of an integrated health service plan to correct inequities in the distribution of health services and increase access to basic services, including HIV/AIDS prevention, care and treatment programs. The overall purpose of the plan is to strengthen strategic health planning to ensure optimal utilization of health resources, including human resources, and improve implementation of the Botswana National Health Policy (NHP). An Essential Health Services Package (EHSP) has been developed, along with supporting human resource, procurement, financial, monitoring and evaluation components.

During COP 9 USAID undertook an assessment of HIV/AIDS Civil Society Strengthening needs taking in to account the support being provided by, or proposed by, other partners including, European Union, SIDA, World Bank and Global Fund. This assessment took account of all other USG investments in this area. The Global Fund application did not succeed.

NACA is currently undertaking the drafting of a Civil Society Strengthening Strategy which the USAID program design will support.



An HRH (as a subset of HSS) assessment was undertaken in May 2008 following an OGAC recommendation.

b. Significant health system strengthening efforts within the country currently funded/implemented by the host government, other donors, and/or other USG programs
Integrated Health Service Plan (HIS)

The objective of this current project is to strengthen the capacity of MOH for strategic planning through the development of an evidence-based, comprehensive, national integrated health sector plan for the country which will ensure optimal utilization of health resources and improve implementation of health services in both the public and private sectors.

In the last year, the project completed a National Health Situation Analysis (NHSA), finalized the Essential Health Services Package and developed the supporting systems necessary for implementation. These include Human Resources, Health Financing, Health Technologies Logistics/Procurement, M & E/Health Management Information System (HMIS) and Leadership and Governance. The 1995 National Health Policy was also revised.

Commodity and Procurement Systems Support

By end of August 2009, at least 133,032 patients in the national ART program were receiving antiretroviral treatment through 32 ART sites, 109 satellite clinics and the public private partnership outsourcing scheme.

In COP 09 the development and roll out of (Patient Information Management System) PIMS II program to 21 core PIMS sites comprising of over 100 clinics with over 500 staff trained. The capacity of DMU to analyze ART sites reports and give feedback by deploying business intelligence software has been increased.

HSS Partners

The AED CAP, PCI and RTI project are strongly linked to the Health Systems Strengthening Component of the Partnership Framework and in line with priority areas HIV prevention and OVC. CAP offers capacity building of local civil society organizations in line with the need to strengthen and ensure the sustainability of the local HIV response.

HRH issues are addressed in the HRH TA Narrative.

c. Summary of HSS accomplishments under the first five years of PEPFAR

In Botswana, PEPFAR's strategy has been to contribute to HSS within specific HIV/AIDS programs, as well as to support directly various critical planning and support units within the Government of Botswana (GOB), e.g. the Ministry of Health (MOH) Department of Policy, Planning and Monitoring and Evaluation (DPPME), Central Medical Stores (CMS), and Laboratory Services, and key Civil Society leadership groups including national networks of AIDS service organizations, People Living with HIV/AIDS (PLWHA) organizations and OVC support organizations, to address underlying deficiencies in human resources (see "Human Resources for Health" T A N), policy and guidelines, infrastructure, procurement and logistics systems, management, leadership, organizational capacity and gender (see Gender Technical Area Narrative).

d. System barriers to accomplishing 3-12-12 and 140,000 health worker and health care paraprofessionals goals are addressed in the HRH TA Narrative.

e. Focus Areas

Civil Society Strengthening - leadership and governance

A new USAID PEPFAR funded Civil Society Capacity Building Project will focus on capacity building for the delivery of a wide range of HIV/AIDS related services for prevention and care ensure the sustainability



of the local HIV response through three avenues:

National NGO networks that coordinate, communicate with and represent a member NGOs and CBO's to strengthen these functions.

National NGOs that have affiliates countrywide and potential for broad reach to expand their services

Targeted districts in remote, underserved locations to provide strategic resources and linkages between the District government and local CBO's.

This program will focus on building a high level of competency in the following areas:

Strategic leadership (combined with good-governance)

Organizational structure

Human resources

Financial management

Infrastructure

Program and services management

Process management

Inter-organizational linkages

Community organizing

Finance

National Health Accounts (NHA) to improve the capacity of decision makers to identify health sector problems and opportunities for change and to develop and monitor reform strategies are to be implemented.

Technological advances, demographic changes, changing patterns of morbidity and mortality such as HIV/AIDS, require efficient resource use. The need to conduct an NHA study to depict the current use of resources in the health system is essential. Botswana conducted its first NHA in 2006.

MOH would integrate the NHA data collection within the national health information management systems. There will be a need to strengthen the capacity of the unit responsible for undertaking NHA. This proposal is to conduct a NHA in 2010. External TA to assist in developing NHA tools and quality control of data collection, analysis and report writing is required. MOH, MLG and other stakeholders will be capacitated during the process to enable them to undertake NHA in future.

Integrated Health Planning

A change management advisor to support the reorganization during the implementation of the Integrated Health System Planning. The revised National Health Policy and the Integrated Health Service Plan (IHSP) proposes health sector reforms. These include:

Reorganization of the health care delivery by a strengthened District Health Management Team (DHMT) within the purview of the MOH.

A reorganized health delivery model by levels of health care delivery as well as focusing on an EHSP.

Reforms in health financing including increased efficiency.

Development of an effective integrated M & E framework

Implementing a sector-wide approach (SWAp) to planning, financing, management, and M & E for the health sector.

A coordinated HR strategy with established workforce planning, improved performance management and capacity building.

There is inadequate capacity within the MOH for supporting these reforms. A change management structure with TA is to be established. TA will: -

1. Review the plans for all management reform initiatives to ensure they are consistent with each other, fit with the new National Health Policy and IHSP.



2. Preparation of plans for management reforms at the central and district level, particularly moving from projects to programs; restructuring the MOH; restructuring the DHMT;
3. Commission activities to assist the introduction of management reforms
4. Assist the MOH in negotiation with other sectors for effective implementation of the reforms, e.g. Ministry of Finance and DPSM on delegation issues.
5. Identify problems emerging and how the changes can be expedited or made more effective;
6. Report regularly to the Permanent Secretary and the Minister on progress and issues requiring their input.
7. Establish an effective comprehensive M & E so as to track the impact of the implementation of the new NHP and IHSP
8. Rationalize and restructure local training of health workers

TA including a full-time expert for two years and short-term consultants in the fields of Organization and Management, Human Resource Planning and Management, Human Resource Development, M & E, Health Economics/Financing is required

Commodity and Procurement Systems Support CMS and Laboratory Systems

Establishing A Logistics Management Unit

SCMS will support the design and set up of a logistics management unit (LMU) to be based at CMS. The LMU will serve as a central processing point to guide stock replenishment and ensure the continuous availability of commodities.

Strengthening Inventory Management At SDPs

SCMS will train 150 pharmacy personnel in the logistics requirements to support forecasting and re-supply activities. COP-10 training for the pharmacy officers will strengthen their capacity to use PIMS II.

CMS Management Support

MOH requested that PEPFAR provide a team of expert senior managers to manage CMS. The team started in September 2009 as change agents in this process while managing the CMS. In COP10, SCMS will provide short-term TA to priority areas in procurement, finance, warehousing and IT system complimenting government efforts.

Distribution Support: SCMS will support the hub and spoke concept as an alternative distribution systems.

Procurement Support: SCMS will support a Short Term TA team to have dedicated focus to assist with the implementation of the Procurement Strategy action which is required to transform Central Medical Stores.

IT System review: short term TA for reviewing and suggesting a suitable improvement plan for the warehousing and inventory management software currently in use at CMS will be provided.

Laboratory Infrastructure

SCMS will support laboratories earmarked for ISO accreditation and capacity building of Biomedical Engineers. Upgrading of storage capacity at SDPs and implementation of standard warehousing practices at NHL will continue under COP10.

SCMS in collaboration with NHL and BOTUSA Lab Technical team will continue supporting lab commodity specification and subsequent procurement.

Condom Logistics

CMS is to initiate integration of both female and male condom logistics management into the national commodity supply chain management system, through providing TA to national institutions, engaging government stakeholders (NACA, MOH, MoLG) and mobilizing development partners (ACHAP, UNFPA, PSI, RTI, Tebelopele) to jointly plan for continuous availability of condoms to all eligible users.

Strengthening Capacity For Medicines Quality Assurance

Collaboration between the University of Botswana Chemistry Department, North West University and USFDA to build NDQCL capacity to meet pharmaceutical analyses and microbial limit testing requirements for CMS tendering processes and DRU market authorizations will be undertaken.



Prevention Of Mother To Child Transmission

The PMTCT program needs extensive support to manage all aspects of infant formula supply chain including, forecasting, procurement planning, distribution management and commodity tracking. In COP10 will support the roll out of the implementation and monitoring of the infant formula at district level.

In COP 10 PEPFAR funds will strengthen logistics capacity at NHL and CMS including strengthening reporting mechanisms for logistics data to feed into forecasting and quantification of these commodities. SCMS will also continue to support procurement of dried blood spots collection kits.

In accordance with the Partnership Framework this commodity management function will fully transfer to the Government of Botswana in the near future.

Promoting Health Information Sharing

The focus for COP-10 will be an integrated data collection, collation, aggregation and transmission system required to link the facilities with the centre and the storage hubs

f. Spillovers and targeted leveraging among the functional areas

The IHSP is the result of the work supported by PEPFAR over the last 5 years to undertake a rational approach to the utilization of all health resources in order to recruit, train, motivate, deploy and retain an appropriately skilled workforce.

2) This and other TANS cover

Finance,
Leadership/Governance,
Commodity and Procurement Systems Support.

Plans/efforts to monitor changes in the health systems building blocks are included in the MOH's plans to Development of an effective integrated M & E framework and part of its PEPFAR supported IHSP program. The design of the CSO Strengthening program will include the establishment of a baseline and tools to monitor the increased capacity of CSOs.

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	4,955,998	
Total Technical Area Planned Funding:	4,955,998	0

Summary:

Support from the Presidents' Emergency Plan for AIDS Relief (PEPFAR) has assisted the Government of Botswana to respond to challenges that HIV and AIDS present to the country. The latest Botswana AIDS Impact Survey (BAIS) round III done in 2008 indicates that the national HIV prevalence rate is 17.6%. The prevalence among adults ages 15 to 49 was 25%. The same survey conducted in 2004 showed a national prevalence of 17.1% and 23.9% among adults. This shows that HIV prevalence remained stable over the last 4-5 years.

Preliminary results from the 2009 Botswana antenatal care (ANC) sentinel surveillance survey among pregnant women showed HIV prevalence of 32.5%. When compared to previous survey results, there is an indication of prevalence stabilizing at around 33% since 2005. Nonetheless, the trend observed among young pregnant women (15-19 years) during the same period shows a clear decline in HIV prevalence while there is an increasing trend among age group 30-49 years. These observations imply that HIV/AIDS response in Botswana is beginning to show significant impact in terms of declining new



infections and increasing survival with HIV/AIDS.

Botswana's achievement in HIV/AIDS program expansion continues to be impressive. According to BAIS III, 56.4% of Batswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving HAART, out of the 160,000 eligible for treatment, marking coverage of over 80%.

An estimated 350,000 people are living with HIV/AIDS and 140,303 people receive free antiretroviral therapy (ART) in Botswana (61% women, 9% children up to 12 years old).

The TB prevalence is estimated at about 454/100,000 (2006 WHO estimate).

Even though treatment of HIV in Botswana has been a success stories worldwide it is still a challenge for the laboratory to diagnose correctly and to monitor 140,303 people under treatment.

Laboratory Infrastructure and Challenges

The public laboratory network in Botswana is a referral system with 45 government laboratories, 15 private laboratories, and more than 700 HIV routine testing sites, as well as about 35 voluntary counseling and testing centers.

One of the main challenges of the laboratory system has been the weakness in transporting specimens and results from clinics to laboratories and back to clinics. These delays compromise the integrity of the specimens and increase the turnaround time of the results.

Data managements in the laboratories has always been a challenge because it is paper-based in all public laboratories except the 5 pilot sites that have the Integrated Patient Management System (IPMS). The procurement system remains a challenge as there are frequent stock out of reagents and supplies. Another challenge is the maintenance and calibration of equipment thereby compromising turnaround time and quality of service.

The recent evaluation of the anti retroviral (ARV) program has revealed challenges in the monitoring of patients under treatment.

From FY05 to FY07, PEPFAR supported the decentralization of CD4 and viral load to a total of 29 laboratories. This improved patient enrollment in the Masa National ART program. CD4 testing needs to be further decentralized to more facilities in order to bring the service closer to the community and also to have an integrated public health laboratory.

A recent assessment of the National Health Laboratory (NPHL) showed that it does not have the capacity to adequately develop policies, evaluate new kits and equipment, conduct surveillance of communicable diseases, conduct training, provide onsite assistance and monitoring of the laboratory network and assure quality in the laboratories by providing Proficiency Testing materials. Hence there is a need to build an integrated Public health laboratory that is able to cope with all the public health demands that the country continues to face.

FY09 Activities

PEPFAR supported:

Rollout of AFB microscopy training and TB external quality assurance (EQA)

The accreditation process for 6 MoH laboratories

The use of dried blood spots specimen for incidence testing, HIV testing and sequencing testing;

Development of a five-year strategic plan for the laboratory services in Botswana.

The piloting of the Laboratory Information system to 4 sites

Development of a quality assurance laboratory

FY10 Activities

Funding is requested to continue to improve the laboratory capacity. This will involve:

Developing an integrated NPHL to support HIV and STIs surveillance, strengthen and expand core functions of the NHL Microbiology Laboratory, and strengthen the monitoring of antibiotic resistance nationwide. The NPHL will be strengthened to support and conduct QA/QC activities by providing field training, Proficiency Testing, onsite visiting and monitoring.



Helping complete the construction of the TB culture laboratory in Francistown, to support TB diagnostic in the northern part of the country, and to complete the 4 Ministry of Local Government laboratories.
 Rolling out the laboratory based information system to 10 additional sites.
 Continuing the training and EQA program of the HIV rapid test by enrolling all routine testing sites, conducting training-of-trainers using the newly approved HIV rapid test algorithm and rolling out the training to lay counselors, nurses and midwives.
 Continuing to support the accreditation effort by including the four upgraded hospital laboratories.
 Developing a one year operational plan of the five year strategic plan with a monitoring and evaluation component.
 Developing Continuous Medical Education for MLT and developing a twining program for the Institute of Health Sciences.
 Supporting 18 laboratory staffs seconded at Ministry of Health and the Institute of Health Sciences and University of Botswana
 Continuing the integration of the lab supply management activities at NHL into Central Medical Store and supporting procurement of laboratory equipment and commodities for the different PEPFAR supported programs.
 Following up on the FY09 PEPFAR-supported upgrade program for MLT at the University of Botswana by supporting the development of a 4-Year BSc Medical Laboratory Sciences generic program through technical assistance for the development of a curriculum and benchmarking at recognized program in other settings.
 Retesting 2005-2007 BED IgG Capture Enzyme Immunosorbent assay positive samples for ARV drug tracing in collaboration with the CDC SI team.

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	14,102,987	
Total Technical Area Planned Funding:	14,102,987	0

Summary:
 (No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	5,221,560	
Total Technical Area Planned Funding:	5,221,560	0

Summary:
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Botswana's achievement in HIV/AIDS program expansion continues to be impressive. According to BAIS III, 56.4% of Botswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving HAART, out of the 160,000 eligible for treatment, marking coverage of over 80%.

Current situation of OVC due to HIV/AIDS

HIV/AIDS continues to debilitate many communities and families in Botswana. According to the 2007 Botswana National Situational Analysis (NSA), the country is home to more than 130,000 orphans and vulnerable children (OVC). According to the UNAIDS, the numbers of orphans will continue to rise even as rates of new infections level off and mortality rates will not plateau until 2020, because of the unusually long incubation period of HIV, and as a result, the numbers of orphans will continue to increase for several decades. UNICEF estimates that sub-Saharan Africa, especially Botswana, Malawi, Zambia and Zimbabwe will have the highest proportions of orphans during this period. PEPFAR support serves this marginalized social group – children orphaned or made vulnerable by HIV/AIDS – and bolsters their access to services, respect for their rights, identity and inheritance, tolerance and inclusion, and education and health care.

The 2007 NSA, using the definition that an orphan is a child below 18 years who has lost one parent, when single, or both, if married, either biological or adoptive, reported a prevalence rate of 6.5% or 51,806 children, and 3.1% of children had lost both parents. The international definition, according to UNAIDS, states that an orphan is 'a child below the age of 18 who has lost one or both parents,' and using this, the prevalence of orphans is 17.2% (137,805). The 2001 Population and Housing Census Report in Botswana indicated that out of the 737 241 children, 111 828 were orphans which included maternal, paternal and double orphans. This is slightly lower than the UNAIDS rate, suggesting that the number of OVC may be increasing. Children in Botswana are orphaned for the following reasons: 34% due to AIDS, 35% due to chronic diseases, 25% due to accidents, and about 7% due to death of the mother during child birth.

Coverage

The 2001 Population and Housing Census Report in Botswana indicated that there were 111, 828 orphans which included maternal, paternal and double orphans. As indicated above of these 34% are orphaned due to AIDS. The number is still growing.

How USG PEPFAR OVC activities complement activities of other donors and partners

Through PEPFAR support both the GOB and CSO have extended the scope of their combined efforts to address HIV and AIDS far beyond what either one could have achieved individually. Collectively, they have leveraged their strengths to implement and deliver services more effectively to OVC. Services that include: providing and ensuring OVC access to psychological and/or emotional care counseling, education, including vocational skills training, nutritional support, succession planning; giving access to



legal aid, including protection from all forms of abuse including child labor and property grabbing; and assisting with access to health care, treatment for HIV/AIDS-infected OVC, and shelter and related family care.

Major program accomplishments for FY2007 and FY2008 included the completion of the NSA, development of National OVC Guidelines, Psycho-Social Support (PSS) National Training Manual, National Monitoring and Evaluation (M & E) Framework for OVC, creation of linkages among OVC partners and government, and increasing the number of OVC benefiting from United States Government (USG) support.

In FY2010, it is expected that at least 30,000 OVC will be reached directly with services through a mix of strategies, such as supporting activities within a geographic focus to attain higher coverage, investing in priority sectors like social services, education and health, and making grants available to non-governmental organizations (NGO), community-based organizations (CBO), and faith-based organizations (FBO).

The PEPFAR-supported partners and activities complement the GOB's efforts and strategies in implementing a truly comprehensive national response to the HIV/AIDS epidemic by extending services to OVC who are almost always overlooked as a result of programs attempting to cater for the more visible face of the disease – the adults living with HIV/AIDS. Additionally, PEPFAR activities address gaps in OVC programming identified by the GOB and the 2007 NSA, which include PSS, improving livelihoods, pre-school education, birth registration, and support and care in marginalized communities.

National and District/ Local Gov roles

The GOB provides care and support to orphans through the Short Term Plan of Action (STPA), launched in 1999 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 and has reached virtually all eligible registered orphans (50,000) with key emergency services, a commendable accomplishment. It highlights the political will, leadership and management, and financial commitment Botswana has made towards addressing the impact of HIV/AIDS on children.

Outstanding HR issues

In FY2010, the Ministry of Health (MOH) and the Ministry of Education (MOE) will each continue their particular roles in addressing OVC issues, including training caregivers and CSOs in the care of infected children, malnourished children, and other childhood illnesses related to HIV/AIDS and ensuring access to education, specifically scaling up the Circles of Support program to enroll and retain OVC in schools and train teachers in PSS.

USG will continue to support a number of key technical and strategic posts in GOB and each year the GOB continues to absorb posts.

OVC National Plan of Action & critical challenges

The overall objective has been agreed as 'to improve the quality of life of orphans and vulnerable children by ensuring access to optimal care and support'. The critical challenges in achieving this are set out as the following sub-objectives:

To ensure protection of OVC through improved policy and legislation.

To ensure that OVC have access to essential services: education, health care, shelter, food and nutrition. Shortage of adequate space for the programs remained a major challenge.

To strengthen the provision of PSS to OVC and their families.



To strengthen the capacity of families and communities to protect, support and care for OVC.
To strengthen programs targeting adolescents.
To strengthen and increase resource mobilization for OVC activities.
To strengthen the coordination and monitoring of OVC programs.

Accomplishments since last COP

Children's Act 2009 was passed by GOB's parliament.

In FY2009, DSS implemented the Community Carers Model (CCM) and Family Care Model (FCM) to assist families who have little or no means of supporting the OVC and to ensure that all members of families with OVC are empowered and have their needs addressed, respectively. The government provides basic needs to OVC; however, not all of the services had been reaching the intended children and families, especially the food basket support. In an effort to address this issue, the CCM, DSS and S & CD at district level established guidelines and put tools in place to identify community carers, through the existing community structures who monitor the service delivery to identified families to ensure that OVC receive quality care and support. The FCM introduced in FY2009 ensures that the Marang Child Care network, through its members, assists DSS in monitoring the project and documenting the processes for continued project improvement, so that the successes and lessons learned are refined in preparation for replication and mainstreaming into DSS's mandate. The M & E Framework for OVC is being introduced to monitor and evaluate OVC programs and includes regular and systematic assessments, structured quarterly meetings with partners, site monitoring, and semi-annual internal program reviews.

The Botswana 'core indicators' on OVC have linkages with others being used by UNAIDS to assess global HIV/AIDS care and prevention goals for 2005 and 2010. DSS updated the OVC data base to capture the key national and program level indicators, including the number of orphans, vulnerable children, children in need of care and support, and children registered and benefiting from services. The update of the database has enabled DSS to capture, not only government data, but also data from the partners and other stakeholders providing services to children. Facilitative supervision will need to continue to be provided in FY2010.

In 2009/10, the nutrition rehabilitation program continued to enroll malnourished HIV infected and affected children for treatment. The program continued to be implemented in Gaborone and Francistown although referrals of children also came from districts surrounding program sites. Training of health workers, other service providers, caregivers and civil society organizations serving OVCs continued, using curriculum and training manuals developed by the program.

Efficient and timely transfer of lessons learned and best practices between programs are strengthening national strategies and interventions in scaling-up of OVC programming by the GOB, CSOs, donors, and the private sector. An OVC National Forum was held in 2009 with all relevant stakeholders in order to share best practices and lessons learned in OVC programming and promote evidence-based programming.

Goals and Strategies for the coming year

The aim of the Peace Corps Botswana's (PC/B) NGO program is to help build the capacity of local non-governmental HIV/AIDS service organizations, especially those serving OVCs.

PC Volunteers serving in the PEPFAR-funded Life Skills program, will work with orphans and vulnerable children.



The FCM introduced in FY2009 ensures that the Marang Child Care network, through its members, assists DSS in monitoring the project and documenting the processes for continued project improvement. The successes and lessons learned are being refined in preparation for replication and mainstreaming into DSS's mandate during FY2010.

In FY2010/11 the program will be evaluated to inform up-scaling to other districts.

MLG through the DSS in FY 2009 started the dissemination of national documents on OVC. This will continue along with monitoring of the implementation in FY2010. DSS will continue cascading PSS training in the remaining districts in FY2010. Following the passing of the Children's Act 2009, DSS will focus on the establishment of community structures set in the Act to protect children including OVCs.

In FY2010, DSS intends to strengthen its capacity at the district level to support, monitor and coordinate the implementation of OVC programs. DSS will focus on disseminating national guidelines and frameworks working with Marang.

DSS will work closely with key stakeholders to strengthen their coordinating structures enhancing partnerships with the NGO/CBO/FBO providing care and support to OVC. DSS will build a partnership with the private sector in supporting the service delivery to OVC.

The following coordinating bodies will be strengthened: District forum teams which comprise of S & CD and NGOs, establishment of the National Children's Council, and Village Child committees. These Committees will ensure that OVC are identified and have access to basic services.

The 2007 Situational Analysis on OVC in Botswana revealed that there are a significant number of OVC who are cared for by the elderly, female headed households who have little or no income and young people who are unemployed and unable to provide the basic needs to the OVC. To address the situation, DSS will use the CCM and FCM. Marang Child Care network through its members will assist DSS in the monitoring of the project and in the documentation of all the processes for the betterment of the project in preparation for replication and mainstreaming into the DSS mandate. An NGO with capacity will be engaged to provide skills to identified community carers.

DSS will take a lead role in ensuring that OVC programs are adequately monitored and evaluated using the National M & E Framework for OVC. DSS will also facilitate and ensure that OVC-serving organizations provide at least three minimum essential services as defined by DSS. DSS will collaborate with OVC-serving organizations to ensure provision of quality OVC services, monitor program results and document best practices and lessons learned. They will collaborate with other OVC-serving organizations, such as Marang, Catholic Relief Services (CRS), BOCAIP, development partners like UNICEF, Project Concern International and other GOB partners.

To ensure proper tracking and documentation of the number of OVC benefiting from essential services by type of service, age and gender, in FY2010, DSS will strengthen the OVC registration system in 16 districts.

In FY2010 with both GOB and PEPFAR resources, DSS will build the capacity of the NGO/CBO/FBO that it has used. The support will include giving these CSOs grants for OVC services, including support for the provision of psychosocial support and other basic needs.

In FY2010 800 caregivers will be trained, a reduced number due to the large pool of caregivers already trained. Follow-up activities will be initiated to assess the changes in OVC services as a result of the trainings.



Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	1,210,000	
PDTX	500,000	
Total Technical Area Planned Funding:	1,710,000	0

Summary:

Support from the Presidents' Emergency Plan for AIDS Relief (PEPFAR) has assisted the Government of Botswana to respond to challenges that HIV and AIDS present to the country. The latest Botswana AIDS Impact Survey (BAIS) round III done in 2008 indicates that the national HIV prevalence rate is 17.6%. The prevalence among adults ages 15 to 49 was 25%. The same survey conducted in 2004 showed a national prevalence of 17.1% and 23.9% among adults. This shows that HIV prevalence remained stable over the last 4-5 years.

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Botswana's achievement in HIV/AIDS program expansion continues to be impressive. According to BAIS III, 56.4% of Botswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving HAART, out of the 160,000 eligible for treatment, marking coverage of over 80%.

Infant and child mortality in Botswana continues to be dramatically affected by the HIV epidemic, and HIV continues to contribute to an alarmingly high proportion of deaths of children younger than five years old – more than 50% by some estimates. Child mortality for younger than five years old is high at 120 per 1000. Reasons for this high infant and child mortality are unclear and may relate to intra uterine HIV infection, HIV drug exposure, formula use, or other factors related or unrelated to HIV epidemic.

Accomplishments prior to FY10

Despite these challenges, Botswana has become a global leader in scaling pediatric HIV care and treatment. Anti-retroviral therapy (ART) is currently provided free of charge to all qualifying HIV-infected citizens in Botswana through the national ART program known as Masa (or "new dawn"), which was launched in January 2002 and prescribes ART through 32 hospitals and 109 satellite clinics around the country.

No partners directly provide treatment. All care is delivered through the Masa Program or Government of Botswana (GOB) licensed private practitioners. Children receive care and support and highly active anti-retroviral therapy (HAART) through the 32 hospitals. As of August 2009 there were 1096 children between the ages of 0 to 4 years on ART, 2932 between 5 and 9 years, and 2894 between 10 and 14 years on ART, for a total of 6922 pediatric patients on ART in the public sector. This represents approximately 6% of individuals receiving ART in the public sector.

PEPFAR-supported national HIV training program – Knowledge, Innovation, and Training Shall Overcome (KITSO) – gave a week-long pediatric HIV/AIDS management course in an effort to decentralize pediatric expertise and care to all parts of Botswana. This course utilized trainers from the GOB and the United



States Government (USG) partners, Baylor School of Medicine and University of Pennsylvania School of Medicine, and will continue with USG support in FY10.

HIV-exposed infants have been tested for HIV using polymerase chain reaction (PCR) testing of dried blood spots (DBS), at the age of six weeks. Breastfed infants are tested again six weeks after weaning. The 2007 data show that nationwide, 78% of all HIV-exposed infants were tested before the age of six months.

Along with nutritional support, cotrimoxazole (CTX) has been provided for all exposed infants from age six weeks until they have a negative HIV test. The 2007 data show that among infants older than 9 weeks, more than 70% were already taking daily CTX at the time they arrived for their first HIV test. HIV-infected infants are referred to the Masa Program, which provides pediatric ART at all sites that provide adult ART. HIV-exposed infants who became sick were referred to the HIV care and treatment clinic as soon as possible for evaluation and possible treatment.

FY07 data showed that only 24% of HIV-infected infants identified through routine PCR testing received treatment. Reasons for this low percentage have been explored in other studies and relate to the slow return of results and lack of adequate outreach to follow these children at their homes in a timely manner. USG funds supported clinics in developing their own protocols to track and review appointment compliance, to prioritize patients for follow-up, and to find and engage the families in care. Health workers conducted a daily review of appointment schedules to identify patients who missed appointments and, on a weekly basis, identified priority cases for follow-up. Family welfare educators, lay counselors and peer educators were engaged to track families in local communities.

"The Expert Patients" support program has been established to: identify and refer children who need testing to health facilities; follow-up on children from PMTCT and Under 5 clinics who need care, and refer them to the point of service sites for anti-retroviral therapy; and provide psychosocial support and appropriate referrals.

The Expert Patients have been functioning from clinics where children are most often seen, as well as in the community. They have linked up with community-based organizations (CBO) and NGOs in the respective communities to leverage these resources in carrying out their duties, as there are other community resources that will add value to child survival.

Project Concern International (PCI) will strengthen delivery of comprehensive services in the community and identify ways to strengthen service linkages between civil-society and government, and community and facility, in project districts. Provider-initiated counseling and testing, and strengthened referral linkages between sites of HCT and treatment, are part of this strategy.

The Catholic Relief Services-Vicariate of Francistown (CRS-VoF) project has been providing as complete and holistic a package of orphans and other vulnerable children (OVC) care and support services as possible, by integrating activities and interventions across the PEPFAR domains of palliative care. This project directly provides psychological care in the form of psychosocial support (PSS) to OVCs and guardians, spiritual care as part of home visits by trained community volunteers augmented by pastoral visits, social care comprising several forms of prevention activities including OVC peer support groups (PSG) and broad-based community sensitization, as well as assuring links to GOB-provided social services, food and education resources. The project indirectly provides clinical care by linking to the local health center in each project site for non-HIV health care, and its home-based care (HBC) outreach services for HIV-related care and support.

Strategies to increase diagnostic coverage included routine health-provider initiated testing and counseling (PITC) for all children.

Goals and Strategies for FY10

The goal of the care and treatment program is to strengthen universal access to quality HIV/AIDS services by 2016. The overall strategic objective in this area is to decrease the morbidity and mortality of people living with HIV/AIDS. Specific objectives include improving pediatrics and adolescent access and adherence to treatment, strengthening the human capacity and capability-development in advocacy and implementation of nutrition programs, and integrating care and support services such as OVC, PMTCT,



HCT and home based care.

PEPFAR will scale up support for the Ministry of Health in early identification of HIV exposure and infection status; linkage, referral, and retention in care; provision of ART for all HIV-infected infants and eligible children with appropriate pediatric formulations; regular clinical and CD4 monitoring as per the national guidelines, monitoring of growth, nutritional status, and development, infant feeding counseling and support following the WHO guidelines and their adaptations to Botswana situation; CTX prophylaxis; treatment adherence support; opportunistic infection prevention, diagnosis, and treatment; linkage to child survival interventions and improved quality of life through appropriate pain assessment and management; and provision of psychological, social, and spiritual support.

A Public Health Evaluation will be implemented to characterize stillbirth and early infant mortality rates in several large sites in order to tease out the causes of the unacceptably high infant mortality figures. A program evaluation collaboration between the MOH and CDC-Botswana will extract and analyze pediatric outcome data from the Masa Program in parallel with the routine evaluation carried out for the adult program.

PEPFAR will support purchase of supplies for early infant diagnosis.

PEPFAR will continue to support integration of pediatric HIV services into existing programs for childhood health using a family centered approach to service delivery. This will include integration with Expanded Program on Immunizations (EPI), Growth monitoring and nutrition surveillance, strengthening Integrated Management of Childhood Illness (IMCI), strengthening the health care system to improve overall healthy, HIV-free survival and Task shifting.

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	3,380,700	
Total Technical Area Planned Funding:	3,380,700	0

Summary:

Support from the Presidents' Emergency Plan for AIDS Relief (PEPFAR) has assisted the Government of Botswana to respond to challenges that HIV and AIDS present to the country. The latest Botswana AIDS Impact Survey (BAIS) round III done in 2008 indicates that the national HIV prevalence rate is 17.6%. The prevalence among adults ages 15 to 49 was 25%. The same survey conducted in 2004 showed a national prevalence of 17.1% and 23.9% among adults. This shows that HIV prevalence remained stable over the last 4-5 years.

Preliminary results from the 2009 Botswana antenatal care (ANC) sentinel surveillance survey among pregnant women showed HIV prevalence of 32.5%. When compared to previous survey results, there is an indication of prevalence stabilizing at around 33% since 2005. Nonetheless, the trend observed among young pregnant women (15-19 years) during the same period shows a clear decline in HIV prevalence while there is an increasing trend among age group 30-49 years. These observations imply that HIV/AIDS response in Botswana is beginning to show significant impact in terms of declining new infections and increasing survival with HIV/AIDS.

Botswana's achievement in HIV/AIDS program expansion continues to be impressive. According to BAIS III, 56.4% of Botswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving HAART, out of the 160,000 eligible for treatment, marking coverage of over 80%.

The Botswana National PMTCT program completed nationwide rollout in 2001 when it was integrated into maternal-child health services in all 34 hospitals, 265 clinics and 349 health posts. Without a PMTCT program, the HIV transmission rate was 35-40%. In 2009, HIV transmission to infants had been reduced



to less than 4% of HIV-exposed infants.

The Government of Botswana (GOB) provides most of the funding for PMTCT. PEPFAR collaborates with the GOB to strengthen the national PMTCT program through human resource assistance, training health workers, operational research, promoting innovation and improving PMTCT service quality.

Services

Testing pregnant women

HIV testing in Botswana is routine for pregnant women, where more than 95% of women receive antenatal care and deliver in health facilities and over 99% of these women receive an HIV test. 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 AIDS defining conditions.

Among 13,407 HIV-positive women delivering, 12,570 received ARV's either for prophylaxis or for their own health. 8,673 received either AZT,NVP or both prophylaxes for PMTCT while 3,897 received Highly Active Antiretroviral Treatment (HAART) for their own health. This is an uptake of 94%.

Testing and treatment of newborns

About 90% of infants born to HIV-positive women were started on zidovudine (ZDV) and/or sd-NVP. Among 12,107 infants born to HIV-positive mothers in 2009, 11,101 were tested for HIV using DNA-PCR on dried blood spots (DBS). Three percent (298) were found to be HIV-infected.

At six weeks of age for formula-fed infants, as well as six weeks after weaning for breastfed infants, HIV-exposed infants are tested for HIV using PCR on DBS. For infants in need, cotrimoxazole (CTX) is provided from age six weeks until an HIV-negative test. HIV-infected infants are referred to the national ART program, which provides pediatric ART at all sites.

Formula and breast feeding

In FY09, 93% of all HIV-exposed infants started infant formula at birth. High mortality occurs among HIV-exposed formula-fed infants, and problems with the formula supply chain have been common.

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 doing so is acceptable, feasible, affordable, sustainable, and safe (AFASS criteria).

Improvements to current infant feeding counseling practices started in FY08 with the adoption of the WHO five-day integrated IYCF counseling course and training of health workers. With the new WHO guidelines recommending HAART for breastfeeding HIV-positive mothers, PEPFAR will provide financial and technical support to implement the guidelines once adopted by the GOB. The Ministry of Health's PMTCT program is currently piloting the feasibility of providing universal HAART for HIV-positive pregnant women and, if successful, PEPFAR will provide necessary support for its rollout.

Guidance

In FY09, peer mothers who had been trained by the Academy for Educational Development and by Pathfinder International, and who had previously received PMTCT services, provide guidance for mothers and infants on HIV-care, ART for mothers and infants, CTX prophylaxis, infant testing, family planning, infant feeding, screening and treatment for TB, and psycho-social support. Both partners will expand to two additional districts in FY10. The peer mothers' program has also been integrated with the peer male program in order to improve partner involvement in PMTCT.

Family planning

Survey data from 2003 and 2004 indicate that 65% of all pregnancies in Botswana were unplanned. Contraceptive drugs are not provided in ART clinics and family planning counseling is not routinely done, although condoms are usually available and promoted. In FY09, PEPFAR supported the Ministry of Health (MOH) by funding the revision of family planning policies, guidelines, and curricula to include guidance adapted for HIV-positive women. In FY10, PEPFAR will support the training of health workers



on these new guidelines. In addition, the PMTCT program will work closely with the national ART program to ensure that family planning services are available in clinics.

Operational Research and Public Health Evaluations

In addition to assisting in service delivery, PEPFAR funds have been used for two research-oriented projects.

Mullan & Associates has been evaluating the impact of training on infant feeding practices but, due to delays in Institutional Review Board clearances for the evaluation protocol, trainings have yet to be completed. In FY10, once the trainings have ended, Mullan & Associates, with assistance from BOTUSA Francistown staff, will conduct home visits to interview mothers and ascertain compliance to the guidelines.

A Public Health Evaluation (PHE) 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. This study has been delayed due to administrative logistics but is currently under way.

Policy

A study conducted by CDC in March 2008 in Francistown indicated that 1.3% of women who were HIV-negative at the time of their antenatal test had sero-converted by delivery, and 2.7% had sero-converted by the time their child was one-year-old. These findings led to immediate program recommendations of repeat testing in the third trimester, or at delivery if this opportunity was missed, and during breastfeeding (perhaps when the infant reaches six months).

In FY09, the MOH adopted and instituted the repeat testing policy at 36 weeks gestation. The second part of the recommendation of testing during breastfeeding has yet to be adopted.

Strong scientific evidence suggests the benefits of starting ARV prophylaxis for PMTCT earlier during pregnancy than is currently done, and new data indicate that extended ARV prophylaxis to mothers or infants substantially decreases the risk of HIV transmission through breastfeeding. This evidence is supported by the 2009 WHO revised guidelines and recommendations on infant feeding. PEPFAR will provide support to the MOH for implementation of these guidelines once they are adopted by the GOB. In FY10, a to-be-determined partner will provide capacity development support and facilitate linkages between the PMTCT Unit and other 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 and Evaluation

Investment in health information systems remains vital to ensure that the PMTCT program can generate and use strategic information to monitor progress in scaling up PMTCT services and assess the effects of the program.

In FY09, new and streamlined data collection tools were piloted and a data audit to monitor and assess progress in the use of these new tools was conducted successfully. In FY10, the new tools will be rolled out to all districts.

Challenges

HIV-infected women are still nearly universally instructed to use formula to feed their babies without regard to AFASS criteria. Suggestions have been agreed upon to correct this situation, but implementation has been slow. Though training in the WHO curriculum has been planned and some health workers have been trained, updated and comprehensive infant feeding messages are not being used at most clinics. The use of infant formula has not declined, and ongoing high mortality among

formula-fed infants can be expected.

Where data are available, only 56% of women have a CD4 count performed by time of delivery. The high percentage of pregnant women receiving HAART mainly reflects the number of women becoming pregnant while on HAART, rather than the number of women receiving HAART for the first time during pregnancy. For maximum results, women should have CD4 results available early enough in the pregnancy to initiate ART, but this can only happen if enrollment procedures are developed that reduce the lengthy counseling and waiting period.

Despite Botswana's advanced PMTCT program, approximately 10% of HIV-infected women received no PMTCT drugs antenatally. Efforts to validate these data, characterize the population of missed women, and take steps to reduce this gap are urgently needed.

Newly collected incidence data for pregnant and breastfeeding women has led to new calculations of expected vertical transmission, and indicate that of the estimated 1,000 infants infected in 2007, nearly half were infected by a mother who tested HIV-negative during pregnancy. Although the implementation of the repeat testing policy during pregnancy was initiated in FY09, a policy on retesting a mother around six months post-partum is urgently needed to reduce this previously unrecognized issue.

Few infants diagnosed as HIV-positive by the national infant testing program are receiving ART. Reasons for this have been explored in other studies and relate to the slow return of results and lack of adequate outreach to follow these children at their homes in a timely manner. There is a clear need to strengthen the test-result return and client follow-up systems.

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	5,129,000	
HVOP	6,601,250	
Total Technical Area Planned Funding:	11,730,250	0

Summary:

Support from the Presidents' Emergency Plan for AIDS Relief (PEPFAR) has assisted the Government of Botswana to respond to challenges that HIV and AIDS present to the country. The latest Botswana AIDS Impact Survey (BAIS) round III done in 2008 indicates that the national HIV prevalence rate is 17.6%. The prevalence among adults ages 15 to 49 was 25%. The same survey conducted in 2004 showed a national prevalence of 17.1% and 23.9% among adults. This shows that HIV prevalence remained stable over the last 4-5 years.

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Current State of Sexual Prevention



The Government of Botswana (GOB) now has three national HIV strategy documents, all of which have identified prevention as the top priority area and detailed the importance of addressing the key drivers of the epidemic, including interventions focused on multiple concurrent partnerships, inter-generational sex, alcohol abuse, mobile populations, and gender-based violence. After reviewing the critiques from the COP09 Technical Review and gaining a better understanding of how both the US Government and the GOB would like to address HIV prevention, the sexual prevention portfolio demonstrates a far greater strategic approach than in years past.

In accordance with the Partnership Framework, the entire PEPFAR portfolio is transitioning from provision of direct services to provision of technical assistance to the national government and civil society organizations. To ensure sustainable programs become more cost-effective in FY10, sexual prevention activities will focus predominately on building local capacity.

Given that Botswana faces a generalized epidemic, it is crucial that activities target both the general population as well as specific groups that are particularly vulnerable to HIV infection, such as most-at-risk populations, military personnel and women. The sexual prevention portfolio will continue to provide services focused on reducing risk among youth, recognizing that changing social and cultural norms must begin at an early age.

Sexual prevention interventions will utilize a wide array of techniques to reach the intended audience, ranging from mass-media, to in-school lessons, to workplace discussions, to one-on-one conversations on risk reduction strategies.

In an effort to build an evidence base for prevention activities, several projects will focus exclusively on determining the effectiveness of certain interventions. All activities have been requested to enhance their monitoring and evaluation systems.

Capacity Building

The sexual prevention portfolio is focused on strengthening the local response to HIV and ensuring that skills and knowledge are transferred from international non-governmental organizations (NGOs) to local organizations. These activities will emphasize enhanced competencies in strategic leadership, financial management, networking, community organizing, and human resource management.

The Academy for Educational Development's (AED) Capable Partners Program works with local organizations to build organizational, financial, and technical capacity to be more effective in the field of HIV prevention.

Population Services International provides technical assistance to over ten local partners to conduct individual and small group interpersonal communication sessions and community theater performances to disseminate messages.

The National Association of State and Territorial AIDS Directors (NASTAD) will work to build the capacity of six community-based organizations by assisting them with the development of evidence-based planning and tailoring best practices to the local context.

Situated throughout the country, many Peace Corps volunteers are assigned to either assist schools in the implementation of life skills programs or work with the District AIDS Coordinator's office in community capacity building.

While condom procurement by GOB appears to be well-managed, condom distribution around the country is a major gap and many interventions are stymied by the lack of access to condoms. In an effort to build the capacity of Central Medical Stores (CMS) to address the distribution logistics, Supply Chain Management System will receive funds to work alongside CMS.

In addition, "The New Project" is expected to begin in FY10. When awarded it will be a massive project that will focus on building the capacity of local organizations to deliver a wide range of HIV/AIDS-related services. The project will focus on three areas:

National NGO networks that coordinate, communicate with and represent issue-specific local NGOs and community-based organizations (CBOs);

National NGOs that have affiliates countrywide and, thus, the potential to quickly expand services; and



Targeted districts in remote, under-served locations to provide strategic resources and linkages between district governments and local CBOs.

Target Audiences

General Population

Botswana is a deeply religious country, and places of worship enjoy significant trust and power in communities. PEPFAR funds will be provided to help initiate the MOH's faith-based organization (FBO) national strategy. To avoid repetition of the projects listed above under capacity building, please remember that the general population is the target audience for the vast majority of those interventions. In an effort to provide messages to the general population, mass media interventions have been developed. Recognizing the limitations of mass media, the sexual prevention portfolio also includes messaging reinforcement through interpersonal communication activities. PSI has a large national MCP media campaign "O Icheke – Break the Chain." Makgabaneng will air 104 episodes of its radio serial drama. Both provide community-based interventions to ensure that the messages provided are understood and discussed adequately.

The International Labor Organization (ILO) will provide a setting for HIV prevention interventions by providing gender-specific and industry-tailored activities based on the results from their formative assessment from a previous year. Through the use of the ILO/FHI Behavior Change Communication Toolkit in the Workplace, the project seeks to assist 20 enterprises to develop and implement HIV workplace policies and programs.

Most-At-Risk Populations (MARPs)

In FY09, the only MARP-funded project was implemented by Research Triangle Institute, which focused on reaching sex workers, clients of sex workers and women and girls in cross-generational and/or transactional sex. They will continue this activity in FY10.

In FY10, a to-be-determined (TBD) partner will conduct a needs assessment among men who have sex with men (MSM) in six urban areas across the country. There are limited data on MSM and, according to recent literature from the region, there is an urgent need to ensure that services are provided to this high-risk group.

While intravenous drug use has not become a major route of HIV transmission, a 2006 study showed that 31% of men and 17% of women met criteria for heavy drinking behaviors. University Research Corporation was funded in FY09 and will use carryover funds in FY10 to support structural interventions to reduce hazardous drinking, networks of organizations working in alcohol risk-reduction, and training of healthcare workers on issues regarding substance abuse and addiction.

The ILO project noted above focuses on working with industries that predominately employ migrant workers, a group that by the nature of their work, commonly have poorer access to HIV prevention, care and treatment services.

Military Personnel

Due to their work environment, mobility and age, military personnel are highly vulnerable to HIV infection. In an effort to reach this population, PSI will continue its campaign to address the issue of multiple concurrent partnerships while encouraging safe sex practices. Both PSI and Population Concern International will be working with the Botswana Defense Force to train peer educators who will help teach their comrades the skills and attitudes needed to form and maintain long-term, mature, and satisfying relationships.

Women

In addition to being more biologically susceptible to HIV infection, women are highly vulnerable to HIV infection due to cultural gender norms, lack of economic security, violence, and gender-related barriers to accessing services.

Gender equity is high on the GOB's agenda. Efforts to prevent HIV and mitigate its impact on women are



mentioned in all strategic documents.

In FY10, John Hopkins University will complete its formative research study on girls' vulnerabilities to HIV/AIDS in the Botswana context. This information will be critical in developing future interventions. The life skills programs that target youth, implemented by the Ministry of Education and assisted by Encompass and a TBD partner, have a strong gender component aimed at changing social and gender norms.

The Woman's Affairs Department of the Ministry of Health has received funding in previous fiscal years that will continue to be used to implement their gender sensitization program. This includes the development of a communication strategy, Information, Education and Communication materials, and training.

In addition to specifically targeting women, AED and Pathfinder International have projects that train peer males to target partners of HIV-positive pregnant women, their adult male family members, men in the workplace and the community, to support women through pregnancy and child rearing.

Youth

HIV prevalence and incidence is highest among adults, and sharply increase with age. Although youth have lower rates of HIV incidence and prevalence, it is imperative to target youth with prevention interventions if Botswana is to have an HIV-free generation. In order to reach the Partnership Framework's goal of halving new HIV infections by 2013, it is critical that prevention programs be developed and strengthened to reach youth before they engage in high-risk behaviors.

The Ministry of Education (MOE) has received support since 2002 for the development and implementation of a life skills curriculum. In FY10, the MOE will use unspent funds from previous years to integrate the materials developed and cascade the trainings to the school level.

With use of FY09 funds, Encompass LLC will support the MOE in this activity through a variety of activities, including sensitizing all deputy headmasters, providing refresher trainings, developing support materials, and building capacity within MOE to conduct ongoing monitoring of the program. Given that the Encompass contract will be ending and the MOE has requested additional assistance, a TBD partner will be funded to provide much of the same assistance as Encompass, but with a focus on building MOE's capacity to lead the project.

Family Health International will partner with five organizations that target youth aged 10-17 years, parents/guardians and organizations that reach youth to provide a variety of interventions and activities that focus on the key drivers of the epidemic, including inter-generational sex, transactional sex, alcohol use, and MCP.

Donor Coordination and Linkages

While PEPFAR is the largest HIV/AIDS donor in Botswana, many other significant actors provide services that must be coordinated and integrated with PEPFAR funds if maximum results are to be achieved. Given the world economic crisis and uncertain budgets among other donors, there is concern whether certain program areas can and will continue to be covered by another agency. As a result, PEPFAR Botswana continues to meet with other donors on a regular basis to maximize impact and minimize duplication. Public-private partnership funds for PEPFAR Botswana have yet to be allocated to any specific program area, but such monies are critical for ensuring sustainability and developing ownership by the country as a whole.

Monitoring and Evaluation

HIV prevention programs have been criticized for not assessing impact, as well as not being evidence-based.

Through the technical assistance model, PEPFAR funds will be utilized to develop and review operational manuals and organizational-specific monitoring and evaluation frameworks. These will support operational research and ultimately expand the evidence-base for prevention interventions.



In addition to the routine monitoring and evaluation that will be conducted by all partners, URC will continue to conduct two evaluations. One consists of assessing the Makgabaneng radio serial drama while the other focuses on identifying potential interventions to address the link between alcohol consumption and HIV.

Sexual Prevention Portfolio Evolution

Many of the sexual prevention PEPFAR-funded partners are reaching either the end of their agreements or contracts, or are approaching their completion. As these funding mechanisms come to an end, the PEPFAR Botswana team is using the Partnership Framework and the GOB's guiding strategies to determine how best to direct these funds in the future. PEPFAR Botswana and its GOB counterparts will collaborate to determine the most effective strategies to address HIV prevention.

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	4,171,000	
Total Technical Area Planned Funding:	4,171,000	0

Summary:

Support from the Presidents' Emergency Plan for AIDS Relief (PEPFAR) has assisted the Government of Botswana to respond to challenges that HIV and AIDS present to the country. The latest Botswana AIDS Impact Survey (BAIS) round III done in 2008 indicates that the national HIV prevalence rate is 17.6%. The prevalence among adults ages 15 to 49 was 25%. The same survey conducted in 2004 showed a national prevalence of 17.1% and 23.9% among adults. This shows that HIV prevalence remained stable over the last 4-5 years.

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Strategic Plan

The PEPFAR Partnership Framework for Botswana seeks to strengthen and implement a comprehensive and integrated monitoring and evaluation (M & E) framework during the next five years.

In FY10, the Strategic Information (SI) team in Botswana will provide technical support to the Government of Botswana (GOB), the USG agencies and other PEPFAR-implementing partners. A majority of the support will involve the continuation of projects that were initiated during FY08/09 in M & E capacity-development, data quality assurance, enhancing Health Management Information Systems (HMIS) and improving HIV surveillance.

24 M & E Officers, now supported under the Ministry of Local Government (MLG) to work with the District Health Teams (DHT), will be transitioned into the government establishment register by April



2010, as per the original project agreement. March 31, 2010, will mark 2.5 years of direct salary support from the USG for these officers, a period during which they have received intensive training and one-on-one mentoring.

USG will continue to provide salary-support to the remaining 20 M & E officers working under the District AIDS Coordinating (DAC) Offices for one more year. Two senior USG supported M & E officers at the headquarters of MLG will continue to work as supervisors to the M & E officers for a possible 2 years under USG support.

In FY09, the Primary Health Care Department at the MLG undertook a situation analysis looking at the quality of data captured at health facilities and at the district level. Findings of this assessment will inform a pilot project aimed at integrating data quality assurance procedures in routine M & E activities in all health districts and DAC Offices. The project design will tap into findings of another assessment on data flow that the International Training and Education Center on HIV (I-TECH) undertook in FY09.

I-TECH will continue its mentoring support to the IMOs at reduced. During this fiscal year, its main focus will be on helping the MLG develop tools and guidelines for training and routine supervision. By doing so, the staff at MLG will increasingly assume leadership roles in planning, coordination and management of M & E activities at the district level. A process evaluation of experiences gained in recruitment, training, mentoring and retention of M & E officers at DHT and DAC level will also be conducted by I-TECH. PEPFAR will support National AIDS Coordinating Agency (NACA) to spearhead coordination of an evaluation project in Botswana's HIV/AIDS program areas. This year, the highest ranking evaluation topic is the national program for orphan and vulnerable children (OVC). Major objectives of this evaluation include effectiveness, cost and sustainability.

USG will support NACA to organize the second National HIV/AIDS/ STI/ORID Research Conference (NHASORC) in May. This conference will be a venue where experiences gained in HIV/AIDS response will be shared among national partners and the local government. It will help define gaps in HIV/AIDS research and evidence-usage for planning.

Botswana will not conduct ANC sentinel surveillance survey. Instead, USG support will mainly go to building human capacity for HIV surveillance within the Department of HIV/AIDS Prevention and Care (DHAPC). Key functions such as M & E, data and project management and health information technology administration posts, will be filled through USG support.

Two new activities will be supported under surveillance division of the DHAPC. A study will be conducted to explore the dynamic of marriage, co-habitation and possible factors influencing risky sexual behavior among couples, and the influence of single-headed families on children's sexual behavior. This study is aimed at strengthening the behavioral component of HIV sentinel surveillance Botswana.

The second project involves supporting the ongoing initiative by DHAPC to electronically capture the routine HIV testing program data. This data contains more than 50% of the information on people who received HIV testing services in a fiscal year. This data will create an additional information source for HIV surveillance.

BOTUSA will focus on harmonization, efficiency and stabilization. The largest effort will be to transition the Patient Information Management System (PIMS) software from the development stage to the maintenance phase. In COP08, significant resources were committed to development of the software. The activity was continued in COP09 and a countrywide rollout was undertaken. While development will continue, the focus will be on institutionalizing the system and creating a help desk to provide support to users.

The newly available electronic data will be dumped into a data warehouse for processing. PEPFAR will support an Export Transfer & Load (ETL) program to work on automating this process and to develop the business intelligence tools that will help decision-makers understand the epidemic and what their programmatic response should be.

For data that is not collected in an electronic format, a pilot will be undertaken to see if scanning and optical character recognition software will limit the need for data re-entry. Recovered data will be sent to the data warehouse.

Along with assisting at the patient level, there is a plan to augment the utilization of the national aggregate level data reporting tool. The District Health Information System (DHIS) has been fully rolled out to all 28



health districts in the country, but use is low. Program officers are not used to receiving the data from DHIS and choose to hang on to the inefficient paper systems of the past.

Along with status-quo problems, there are situations where the output from DHIS isn't customized to provide maximum information quickly. A plan is underway to address these two issues with DHIS data use.

The last major information system project involves assisting the MOH in harmonizing the plethora of verticalized information systems currently in use. A pilot of an HL7 messaging middleware solution will be looked at.

With more than 10 significant information systems currently deployed, creating a mesh where all systems can talk to all other systems is extremely impractical. The rate of change of these systems also makes the mesh concept untenable. The proposed solution is to create a common interface, where all systems talk to a central post office, and the post office then delivers the data packet to the appropriate system. This will limit the data re-entry that is required between the patient system, the TB system, the reporting system, the lab system and the cell phone notification system.

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	3,614,325	
Total Technical Area Planned Funding:	3,614,325	0

Summary:

Support from the Presidents' Emergency Plan for AIDS Relief (PEPFAR) has assisted the Government of Botswana to respond to challenges that HIV and AIDS present to the country. The latest Botswana AIDS Impact Survey (BAIS) round III done in 2008 indicates that the national HIV prevalence rate is 17.6%. The prevalence among adults ages 15 to 49 was 25%. The same survey conducted in 2004 showed a national prevalence of 17.1% and 23.9% among adults. This shows that HIV prevalence remained stable over the last 4-5 years.

Preliminary results from the 2009 Botswana antenatal care (ANC) sentinel surveillance survey among pregnant women showed HIV prevalence of 32.5%. When compared to previous survey results, there is an indication of prevalence stabilizing at around 33% since 2005. Nonetheless, the trend observed among young pregnant women (15-19 years) during the same period shows a clear decline in HIV prevalence while there is an increasing trend among age group 30-49 years. These observations imply that HIV/AIDS response in Botswana is beginning to show significant impact in terms of declining new infections and increasing survival with HIV/AIDS.

Botswana's achievement in HIV/AIDS program expansion is impressive. According to BAIS III, 56.4% of Botswana aged 10-64 years have ever been tested for HIV infection. PMTCT services reach over 95% of pregnant women, lowering HIV transmission to fewer than 4% of infants born to HIV positive mothers. By August 2009, a total of 133,032 patients were receiving HAART, out of the 160,000 eligible for treatment, marking coverage of over 80%.

Summary statistics on TB and HIV

Studies show that the prevalence of HIV among TB patients ranges from 60% to 86%, that TB is responsible for 13 % of all adult deaths and 40% of deaths among people living with HIV/AIDS (PLWHA). In 2008, 8,628 TB patients were recorded in the national electronic TB register. Of these, 5,331 (64.1%) had an HIV test result; 3,765 (68.1%) were HIV-infected; and of those HIV-infected TB patients, 1,145 (30.4%) began antiretroviral therapy. Of the total number of TB patients in 2008, 701 (8.1%) were children under the age of 15; 47.1% had an HIV test result and 50% of these were HIV-infected.

The estimated incidence of TB in Botswana in 2007 was 405 cases per 100,000 population (2009 WHO



Global TB Report). The case detection rate for new positive cases (54%) is much lower than the 70% national target.

The fourth national drug resistance survey (DRS) in 2007/2008 showed that between 2002 and 2008, the prevalence of multi-Drug-resistant TB (MDR-TB) increased from 0.8% to 3.4% among new patients, and from 10.4% to 13.1% among retreatment patients. An estimated 200 patients were on treatment for MDR-TB at the end of 2009.

Partner coverage of TB/HIV activities:

PEPFAR funding supports interventions in the following strategic areas:

Enhancement and expansion of quality DOTS and IPT program implementation

Ministry of Health (MOH): staff, policy, guidelines, trainings, supervision, M AMTech: ETR.Net maintenance

Laboratory services

Supply Chain Management Systems (SCMS)

American Society of Microbiologists (ASM): technical assistance, laboratory external quality assurance (EQA), trainings

Tuberculosis Control Assistance Program (TBCAP): staff, strengthening national laboratory capacity

Expansion of TB/HIV and MDR-TB activities, including TB infection control

TBCAP: staff, TB/HIV collaboration, strengthening national laboratory capacity

University Research Corporation (URC): programmatic MDR-TB management, TB infection control

Botswana-UPenn Partnership (BUP): clinical care of TB/HIV and MDR-TB, mentorship, outreach in adult and pediatric TB/HIV

Health systems strengthening

International Training and Education Center on Health (I-TECH): TB/HIV curricula and trainings, clinical mentoring, TB/HIV operational research

Improving program-based research

BOTUSA, CDC Atlanta (Division of TB Elimination (DTBE)), Botswana National Tuberculosis Program (BNTP) and partners: periodic DRS, operational research

National policy and program activities for key TB/HIV technical priorities

The national TB strategic plan for 2008 – 2012 is the guiding document for planning and implementing TB/HIV efforts. It incorporates the new Stop TB strategy and key TB/HIV technical priorities to reduce the burden of HIV among TB patients and among PLWHA, as outlined in the "WHO Interim Policy on Collaborative TB/HIV Activities," and international guidance on MDR/XDR-TB and infection control.

HIV testing and linkage to HIV care and treatment among TB patients

Botswana has 32 ART sites and 138 satellite clinics, but referral mechanisms between TB and HIV care and treatment services are not robust. There are minimal community TB/HIV activities.

Routine HIV testing is offered in all public health facilities.

The national TB manual provides guidelines for HIV testing and referral processes for TB clinics. TB recording and reporting systems collect TB/HIV-related information such as HIV test results, cotrimoxazole preventive therapy (CPT), antiretroviral therapy (ART) and isoniazid preventive therapy (IPT). TB treatment is available at more than 600 facilities and TB sites refer HIV-positive patients to HIV care and treatment sites.

TB screening, diagnosis and treatment among PLWHA

Botswana's national IPT program, established and supported with USG funding and technical support, conducts the bulk of TB screening among PLWHA. HIV-testing sites refer HIV positive clients to health facilities for screening for IPT eligibility.



In August 2009, the MOH relocated the program from the BNTP to the Department of HIV/AIDS Prevention and Control (DHAPC). DHAPC are now revising the algorithm for IPT enrollment.

Laboratory services to support TB diagnosis and treatment

HIV testing and TB microscopy are available in 32 public health laboratories, CD4 counts tests in 21 laboratories, and PCR testing at one site.

Transportation of specimens experiences sporadic interruptions. Turn-around-time for sputum results in most districts is approximately 3 days

MDR-TB management

BUP and University Research Company (URC) have a mandate to improve the prevention and care of MDR-TB in Botswana. URC's focus is primarily at the programmatic level while BUP prioritizes clinical care, training and mentoring at facility and district level.

TB infection control

New national TB infection-control guidelines are being rolled out to the districts through training-of-trainers sessions.

The MOH desires to expand MDR-TB services to Maun and Serowe. DTBE provided technical assistance in 2008 to assess TB infection control at these hospitals.

Renovation of a 17-bed TB isolation ward at the previous BOTUSA site in Extension 12 was completed.

Construction of the Global-Fund-supported TB ward in Ramotswa has been completed.

Funding is awaited for the renovation of a ward in Francistown to allow hospitalization of MDR-TB patients.

Program monitoring and evaluation

The electronic TB register has been in use for more than a decade, and continues to be modified to enable the collection and analysis of relevant programmatic data, including TB/HIV information.

The recording and reporting system in HIV care settings does not routinely capture TB-related data.

Accomplishments since COP FY09

The proportion of HIV-infected TB patients tested increased to 68% while that of HIV-positive TB patients on ART increased to 30%. Though still below national targets, these are encouraging figures.

FY09 funding strengthened laboratory services to support TB diagnosis and treatment (culture, EQA, procurement, trainings).

The laboratory in Francistown is being renovated to enable it to perform culture and DST. USG support enabled Botswana to conduct the fourth national drug resistance surveys (DRS).

With FY09 technical and financial support, and in collaboration with the World Health Organization and other partners, BNTP produced the first national TB infection control guidelines, and rolled-out trainings on their use to the districts.

DTBE, BNTP, BOTUSA and the Prisons Services are collaborating on an intervention project in three major prisons to assess the prevalence of TB and HIV among inmates and prison staff, to implement infection control measures, and to introduce periodic TB screening.

PEPFAR funds strengthened program monitoring and evaluation by funding supervision visits to the districts to improve data collection. Through WAMTech, ETR.Net improvements are continuing. Technical assistance enabled the finalization of national MDR-TB guidelines and recording and reporting tools.

Through BUP and the BBCCOE, USG funds enabled the provision of quality clinical care for adult and pediatric TB/HIV and MDR-TB in Princess Marina and Nyangabgwe Referral Hospitals, and through outreach programs, to Ghanzi, Ramotswa, Maun, Kasane, Serowe and Bobonong.

Proposed FY 2010 COP activities

Despite these accomplishments, significant challenges remain. Many are systemic and are linked to a broader context than can be addressed through one program area. The proposed activities for FY10



funds are intended to address the challenges as they relate to TB/HIV.

In the past 2 years, Botswana has conducted external reviews of the three main national programs most relevant to TB/HIV: the IPT program (May 2008), the BNTP (April/May 2009) and the ART program (November 2009). These reviews revealed several common challenges such as: inadequate national human resource capacity, weak monitoring and evaluation systems, limited collaboration between the TB and HIV/AIDS programs, inadequate supply-chain management systems, inadequate supervision, and rising drug resistance, especially MDR-TB.

Isoniazid preventive therapy (IPT) for PLWHA implementation stalled because of the transition of the IPT program from the BNTP to DHAPC. The number of clients enrolled onto IPT decreased dramatically following the review in 2008, partly due to uncertainty about whether the program would be continued given the significant challenges identified during the review. The algorithm for enrolling clients onto IPT are being revised, a process that is likely to continue given the recent release of the BOTUSA-conducted clinical trial on IPT showing the benefit of continuous IPT for tuberculin-skin-test positive HIV infected individuals.

FY 2010 funding will be requested to continue support for the IPT program, which transitioned from BNTP to DHAPC in August 2009, and to strengthen TB/HIV collaborative activities. Salaries will be supported for 6 personnel in DHAPC (3 TB/HIV officers, 1 IEC officer and 2 data officers) and 2 personnel in BNTP (data manager and national data officer). These posts are occupied by nationals, were funded in FY09, and will eventually be absorbed by the Government of Botswana (GoB). Funding will be requested to support supervisory and monitoring visits to all districts by teams from both DHAPC and BNTP. DHAPC will launch 10 "Enhanced TB/HIV" sites to intensify interventions to link the care of patients with dual TB and HIV disease.

These activities will improve provider-initiated HIV testing and counseling, and enhance TB screening, diagnosis, and treatment among PLWHA through the training of healthcare workers and improved patient referrals between HIV care and TB treatment services. This support will intensify efforts to offer HIV testing to all TB patients, to screen HIV infected clients for TB, and to raise the proportion of TB/HIV patients who receive ART. Through other partners such as Baylor (pediatric TB diagnosis and management), Botswana-Harvard Partnership (pediatric TB diagnosis and management), and Botswana Network of Ethics, Law, and HIV/AIDS (BONELA) – a TB treatment literacy advocacy and TB buddy program – TB/HIV management will be enhanced at facility and district level.

To enhance program monitoring and evaluation and data management, funding will be requested to procure computers and printers to replace old equipment, and to purchase PDAs to facilitate data capture and transmission in selected pilot districts. FY10 funds will be requested to continue the maintenance and improvement of ETR.Net. Through the Strategic Information program, PEPFAR support will strengthen the recording and reporting system in HIV care settings to enable routine collection of these data, and to link the various databases and monitoring systems.

Funding will be requested for supplies for general programmatic activities, including printing of TB/HIV IEC materials and of the BNTP annual report and newsletter. Program officers will be supported to attend international conferences and training courses on TB and TB/HIV. Biannual meetings of TB coordinators will be funded to facilitate regular interaction and team-building. Health systems strengthening will be supported through the activities of I-TECH (trainings, mentorship), BUP (trainings, mentorship) and ASM (laboratory trainings). Funding will be requested for program-based operational research conducted collaboratively by BOTUSA, DTBE, BNTP, DHAPC and other partners.

Through the SCMS and the American Society of Microbiologists (ASM), FY 2010 funds will be requested to strengthen laboratory capacity to conduct culture and drug susceptibility testing, to expand the national external quality assurance systems in the national laboratory network, and to continue the expansion of culture and drug susceptibility testing to Francistown. These activities will support the provision of national quality-assured TB diagnostic services.

A national TB infection control assessment tool will be developed and assessments of facilities conducted through URC and BUP, with reinforcement of national TB infection-control guidelines combined with regular supervisory visits and trainings. Technical assistance will be provided to strengthen facility and district level infection control committees, ensuring the prominence of TB infection control issues.



The BNTP intends to introduce OpenMRS database for MDR-TB, and WAMTech will be funded to provide technical assistance to link ETR.Net with OpenMRS, enhancing surveillance and management of multi-drug resistant-TB (MDR-TB). Funding will be requested to support MOH expand TB/HIV and MDR-TB activities through TBCAP (laboratory strengthening, TB/HIV integration); BUP (TB/HIV and MDR-TB clinical care, trainings and mentoring, including pediatric TB/HIV management); URC (MDR-TB curriculum development and training, community involvement in TB management). BUP will extend their support to Selebi-Phikwe and Kweneng East districts; both have relatively high burdens of MDR-TB. Both BUP and University Research Company (URC) have a mandate to improve the prevention and care of MDR-TB. URC will focus primarily at the programmatic level. BUP will prioritize clinical care, training and mentoring at facility and district level.



Technical Area Summary Indicators and Targets

Redacted



Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
5026	Academy for Educational Development	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
7316	The Futures Group International	NGO	U.S. Agency for International Development		
7317	United Nations High Commissioner for Refugees	Multi-lateral Agency	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHCS (State)	250,000
7319	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	5,993,350
7320	U.S. Army Corps of Engineers	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	2,703,926
7321	Research Triangle Institute, South Africa	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,000,000
7322	Project Concern International	NGO	U.S. Agency for International Development	GHCS (State)	2,842,039
7323	Johns Hopkins University Bloomberg School	University	U.S. Agency for International Development		

	of Public Health				
7324	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
7334	EnCompass LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9886	John Snow, Inc.	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9890	National AIDS Coordinating Agency, Botswana	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	15,492,222
9893	Safe Blood for Africa Foundation	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention		
9895	University of Washington	University	U.S. Department of Health and Human Services/Health	GHCS (State)	2,838,000

			Resources and Services Administration		
9908	Tebelopele	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	6,600,000
9909	Harvard University School of Public Health	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	Central GHCS (State)	2,786,962
9910	National Alliance of State and Territorial AIDS Directors	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,200,000
9911	Makgabaneng	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
9912	Ministry of Health, Botswana	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease	GHCS (State)	100

			Control and Prevention		
9913	Catholic Relief Services	FBO	U.S. Agency for International Development		
9914	Olive Leaf Foundation	FBO	U.S. Agency for International Development		
9915	The American Society for Microbiology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	250,000
9917	Family Health International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,000,000
9918	Youth Health Organization of Botswana	NGO	U.S. Agency for International Development		
9920	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	400,000
9922	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	2,334,000
9923	John Snow, Inc.	Private Contractor	U.S. Department	Central GHCS	643,449



			of Health and Human Services/Centers for Disease Control and Prevention	(State)	
9924	Baylor University, College of Medicine	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	537,500
9925	Botswana Harvard AIDS Institute	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	910,413
9926	Light and Courage Centre Trust	NGO	U.S. Agency for International Development		
9927	KNCV TB Foundation	NGO	U.S. Agency for International Development		
9962	JHPIEGO	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	700,000
10303	Pathfinder International	NGO	U.S. Department of Health and Human	GHCS (State)	912,500

			Services/Centers for Disease Control and Prevention		
10311	University of Washington	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,200,000
10312	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	700,000
10313	University of Pennsylvania	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,166,350
10315	American International Health Alliance Twinning Center	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	100
10485	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers	GHCS (State)	280,000

			for Disease Control and Prevention		
10977	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,000,000
10978	International Labor Organization	Multi-lateral Agency	U.S. Department of Labor	GHCS (State)	400,000
11063	Population Services International	NGO	U.S. Department of Defense	GHCS (State)	125,000
11574	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	100,000
11577	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	1,765,000
11584	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	325,000
11586	Mullens & Associates	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,016,500
11589	University Research Corporation, LLC	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	450,000

			Prevention		
11591	Olive Leaf Foundation	FBO	U.S. Agency for International Development		
11592	IntraHealth International, Inc	NGO	U.S. Agency for International Development		
11594	New York AIDS Institute	Other USG Agency	U.S. Department of Health and Human Services/Health Resources and Services Administration		
11708	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
11995	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11996	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
11997	Abt Associates	Private Contractor	U.S. Agency for International Development	GHCS (State)	700,000
11998	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHCS (State)	40,000
11999	US Agency for	Own Agency	U.S. Agency for	GHCS (State)	550,000

	International Development		International Development		
12000	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12001	Botswana Retired Nurses Society	NGO	U.S. Agency for International Development		
12002	Otse Village Association	NGO	U.S. Agency for International Development		
12003	Johns Hopkins University Center for Communication Programs	University	U.S. Agency for International Development		
12004	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
12005	Project Concern International	NGO	U.S. Department of Defense	GHCS (State)	525,000
12006	Academy for Educational Development	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	912,500
12007	Botswana Harvard AIDS Institute	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	537,500
12008	Johns Hopkins	University	U.S. Department	GHCS (State)	1,300,000

	University		of Health and Human Services/Centers for Disease Control and Prevention		
12009	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12010	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12011	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12012	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12013	TBD	TBD	U.S. Department of Health and	Redacted	Redacted



			Human Services/Centers for Disease Control and Prevention		
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Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 5026	Mechanism Name: HHS/CDC - HQ - GHCS (State) - AED ()
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

The original plan was to offer testing at each home by a pair of outreach workers using the same methods as in the fixed Voluntary Counseling and Testing (VCT) centers. Following the results of Phase I ("the pilot") and discussions with the Ministry of Health, we plan to continue with mobilization at the household level, but will bring testing to the communities via tents, a common practice with Tebelopele's operations.

Goals and Objectives

Overall goals

To improve knowledge of HIV status and services by offering voluntary HIV testing, counseling and referral;

To improve HIV-related attitudes and beliefs;

To reduce the prevalence of risky sexual behaviors; and

To accomplish the above with the collaboration of the community.

Specific goals

To offer counseling, testing and referral to some 20,000 people, or about 10,000 each in Selebi-Phikwe



and Bobirwa districts.

Testing will be voluntary and designed to complement the existing ongoing HIV prevention and treatment activities. Counselors will be fully trained and certified to Botswana Government standards. The HIV rapid testing algorithm will employ a dual-test strategy with tie-breaker as necessary, as already has been validated, approved and used in Botswana.

Target Populations

All those who are legal age or older and consent to HIV testing (presently 21 years), pregnant women and mothers of any age, and minors with written consent from parents or guardians.

Geographic Coverage

Two districts in Botswana with high HIV prevalence: Selebi-Phikwe, and Bobirwa.

Making the Most of Other HIV Resources

The research project will support broader health goals by including an educational component on alcohol abuse, and the link between alcohol and HIV. With alcohol abuse highlighted as a current public health priority of the government of Botswana, PEPFAR will make a useful contribution to this priority.

The research project will contribute to overall health systems strengthening through the training counselors and other field workers receive, and through the model consultation processes involving representatives from the Ministry of Health (MOH), the Ministry of Local Government, National AIDS Coordinating Agency, the U.N. Family and other organizations.

Cross-Cutting Areas

In this project the Academy for Educational Development supports the cross-cutting areas of gender and human resources for health. Ensuring greater male participation in counseling and testing is an explicit aim of the main research phase, together with improving the ability of counselors and community mobilizers to deliver HIV prevention communication effectively.

Enhancing Sustainability

The project will help guide the MOH on the selection of cost-effective models for delivering counseling and testing services, thereby helping maximize the use of scarce resources for planning and programming.

Monitoring and Evaluation

All data collection will be conducted according to protocols approved by CDC's Institutional Review Board. Additional data collection will pertain to individuals trained to deliver services. Mechanisms will be in place to ensure that only good quality data, with no duplication, is reported and analyzed.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 TB
 Family Planning

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7316	Mechanism Name: GPO-I-00-05-00040-00: Health Policy Project
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: The Futures Group International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

Marang Child Care Network		
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Overview Narrative

Goals and Objectives:

The Marang Child Care Network Trust has a membership of 72 community-based organizations serving OVC in Botswana. 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.

Linkage to Partnership Framework goals:

The Marang Childcare Network has a linkage with the Partnership Framework goal 2 – "To increase the GOB, civil society and private sector ability to sustain high quality, cost effective HIV and AIDS services". Marang childcare network does through providing a series of capacity building programs to OVC providers (NGOs/CBOs/FBOs) to develop their capacities.

Geographic coverage and target population:

Marang Childcare Network has a wide coverage over the country. It has a membership of 72 which works to provide quality OVC services at the grassroots level.

Implementing mechanism's cross-cutting programs and key issues:

Their activities are being funded through the pipeline, they do not require additional funding this year.

Monitoring and Evaluation plans: A Monitoring and Evaluation person who reports to Health Policy Initiative on a quarterly basis is in place. The M & E person reports on relevant targets derived from the NGI Indicator's document. Health Policy Initiative in turn reports to USAID. HPI has provided support to the Nurse Association of Botswana (NAB) to form a support group for health workers affected by HIV and AIDS. Following the training, 35 facilitators established support groups at eight facilities to provide psychosocial support to 233 health workers. This was done following the recognition that health workers are on the frontline in providing services and care for the prevention and treatment of HIV/AIDS. The work is physically, emotionally, and psychologically demanding. Health workers not only provide care and support to an increasing number of clients, but many are also affected by HIV personally, either by being infected themselves and/or caring for family affected members.

On the issue of HIV/AIDS and gender, HPI is doing some work through an organization named Kgetsu Ya Tsie (KYT). A situation analysis conducted on KYT identified KYT's strengths and challenges in microfinance, gender, HIV, and community mobilization. Challenges included inadequate governance and leadership structures, limited finance and business management skills, reliance on natural resources without a sustainability plan, limited knowledge on gender and HIV/AIDS, and insufficient resources. HPI



and partners used these findings to provide training and support to KYT to revitalize its governance structure and help KYT become more familiar about gender and HIV. To foster collaboration and leverage resources to support KYT, HPI has been meeting with a variety of partners to (1) identify specific resources and TA in microenterprise, HIV/AIDS, and gender that each partner can provide to KYT and (2) foster partnership and coordination in assisting and revitalizing KYT.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7317	Mechanism Name: PRM
Funding Agency: U.S. Department of State/Bureau of Population, Refugees, and Migration	Procurement Type: Contract
Prime Partner Name: United Nations High Commissioner for Refugees	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	Funding Amount
GHCS (State)	250,000

Sub Partner Name(s)

Custom



(No data provided.)

Overview Narrative

Context

Dukwe Refugee Camp (Dukwe) is situated within the Tutume Sub-District, in the northern part of Botswana. The district has an HIV prevalence rate of 30.2% among the 20-30 age group, 46.8% among the 25-49 age group (Botswana HIV/AIDS Impact Survey III Results, May 2009). These age groups are the most highly mobile among refugees. To date no other HIV surveillance has been conducted among refugees.

One hundred and eighty eight refugees in Dukwe are known to be living with HIV. 125 are on ARVs and 63 are under monitoring.

Goals and Objectives

To provide international protection and materials-assistance to refugees

To build the capacity of government and implementing-partners to assume full responsibility for management and delivery of assistance to refugees and asylum seekers

Specific goals

To prevent and reduce the spread of HIV infection at Dukwe by supporting behavior-change initiatives

To run a prevention of mother to child transmission of HIV (PMTCT) and ARV program at Dukwe while continuing to advocate for inclusion of refugees in the national ARV programs

Major Activities

All pregnant women eligible for ARV will be enrolled for treatment.

All HIV-positive pregnant women will be counseled on breast-feeding options. Formula will be provided for babies of mothers that opt for formula feeding. The home-based care (HBC) Nurse will educate families on safe infant feeding practices.

Due to the existing government policy on ARV provision to refugees, ARV services are outsourced from a private clinic in Francistown 130 kilometers from the camp. The clinic also provides necessary laboratory tests for monitoring ARV treatment.

To relieve the logistical constraints of transporting clients on a weekly basis to Francistown, possibilities will be explored to establish a camp-based ARV program.

Care and support activities include community HBC, nutritional support for people living with HIV/AIDS (PLWHA) starting ARVs, psychosocial support for orphans (OVC) and other vulnerable children, livelihoods/economic strengthening of PLWHA, and counseling activities.

The capacity of PLWHA to have a voice in planning, implementing and monitoring of HIV prevention and care activities will be strengthened through regular training of those in the support group for PLWHA.



The support group will be supported to assume more responsibility and operate independently. Livelihood activities for PLWHA will continue, with more involvement of women.

Target populations

3,485 refugees

Geographic coverage

Dukwe Refugee camp

Making the Most of Other HIV Resources

In terms of HIV/AIDS prevention and care, the government of Botswana (GOB) will continue to provide treatment for opportunistic infections and HIV counseling and testing.

Interim ARV and HIV prevention and care will be provided by UNHCR through its implementing partner BRCS.

BRCS will identify opportunities for capacity-building for staff within the International Federation of Red Cross & Red Crescent (IFRC). Opportunities for psychosocial support for OVC in terms of tracing and family-reunification will be provided by BRCS with the support of the IFRC.

Until a longer-term program is set up, the Catholic Vicariate of Francistown will continue to support at least 13 refugees with ARVs.

UNHCR will continue to fund resources towards technical inputs into the HIV prevention and care activities.

Cross-Cutting Areas

The HIV prevention and care activities address education, food and nutrition commodities, human resources for health, renovation, gender and economic-strengthening for PLWHA.

New issues to be addressed include alcohol-abuse in the camp, denial of the existence of HIV/AIDS, use of traditional medicine, gender inequalities, multiple and concurrent partnerships, and stigma and discrimination

Prevention activities will focus on engaging men as equal partners in HIV prevention, promoting the positive aspects of masculinity, and encouraging men to participate fully in reproductive-health issues.

This will be done through partnering with nongovernmental organizations in the Tutume Sub District and the Ministry of Health to conduct regular outreach activities in the camp.

2,500 refugees will be reached with prevention messages.

20,000 condoms will be distributed.

Enhancing sustainability

UNHCR has



- trained refugees as lay counselors, HBC facilitators, and peer educators
 - engaged an HBC Nurse from the refugee community
 - provided ARV and PMTCT services according to national protocol
 - built the livelihood capacities of PLWHA to reduce dependency on humanitarian aid
- UNHCR advocates with GOB to utilize existing health infrastructure at Dukwe to provide PMTCT and ARV services, as well as to include refugees in such programs.

Monitoring and Evaluation

Monitoring will be done continuously through data collection, with reporting according to set PEPFAR indicators and standards.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Mobile Population

Budget Code Information

Mechanism ID: 7317			
Mechanism Name: PRM			
Prime Partner Name: United Nations High Commissioner for Refugees			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	
Narrative:			
10.C.AC05: UNHCR - HIV/AIDS support to refugees - 250,000.00			
Care and support services will be provided to a total of 300 refugees in FY 2010. Refugee participate			



less in care for their terminally ill relatives. BRCS will continue care and support activities by providing

1. HBC to the terminally ill through HBC facilitators, lead by the HBC nurse. HBC services will be provided in liaison with Dukwi clinic. The number of HBC patients is likely to decrease due to provision of ARV services.
2. Nutritional support of PLWHIV for the first six (6) months of starting ARV, and those on HBC. Clients will be released from the food basket after determination of their health status through ongoing assessments. Long-term and sustainable food security will be determined through allocating PLWHIV and other vulnerable groups such as OVC vegetable plots and seeds to grow their own vegetables in the garden that was developed in FY 2009.
3. Counseling through one on one sessions and the support group for PLWHIV. PLWHIV will be given more autonomy to run the support group with the support of the office in facilitation of group counseling sessions, and trainings for members. Emphasis will be placed on ARV adherence counseling and referrals for other health care services
4. Improving livelihoods initiatives for PLWHIV by upgrading the skills of some PLWHIV that were trained in FY 2009 in leather works and fabric printing. They will make products for sale through organized flea markets, shows in neighboring villages. 60% of the produce sold will be taken by individuals that make it whilst 40% will be saved in a separate bank account that would be opened for the group. The savings will be used to buy materials for them to continue their production.
5. Capacity building training of the HBC Nurse and counselors on palliative care through the Ministry of Health.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7319	Mechanism Name: GPO-I-01-05-00032 --SCMS
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,993,350	
Funding Source	Funding Amount



GHCS (State)	5,993,350
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

By end of September 2009, at least 121,666 patients in the national ART program were receiving antiretroviral treatment through 32 ART sites, 109 satellite clinics and the public private partnership outsourcing scheme (MASA Monthly Report Sept 09). The Supply Chain Management System (SCMS) was established in-country in 2007, through PEPFAR funding, to provide technical support to Central Medical Stores (CMS), Drug Regulatory Unit (DRU), Drug Management Unit (DMU) and National Drug Quality Control Laboratory by establishing or strengthening logistics management systems for ARVs and related commodities. CMS is the main government of Botswana entity charged with the responsibility of procuring, storing and distributing health commodities to public, missions and mines health facilities countrywide. However, the DRU has the mandate to ensure that all medicines produced, imported, exported or used in Botswana are of good quality, efficacious and safe, and therefore have local market authorization. CMS and DRU are supported by the NDQCL through testing of medical samples submitted for tenders or registration purposes.

In FY2010, SCMS will collaborate with relevant MOH and Ministry of Local Government departments to strengthen logistics systems by:

Establishing A Logistics Management Unit

SCMS will support the design and set up of a logistics management unit (LMU) to be based at CMS. The LMU will serve as a central processing point to guide stock replenishment and ensure the continuous availability of commodities.

Strengthening Inventory Management At SDPs

SCMS will train 150 pharmacy personnel in the logistics requirements to support forecasting and re-supply activities. COP-10 training for the pharmacy officers will strengthen their capacity to use PIMS II.

CMS Management Support

MOH requested that PEPFAR provide a team of expert senior managers to manage CMS. The team started in September 2009 as change agents in this process while managing the CMS. In COP10, SCMS will provide short-term TA to priority areas in procurement, finance, warehousing and IT system complimenting government efforts.

Distribution Support: SCMS will support the hub and spoke concept as an alternative distribution systems.

Procurement Support: SCMS will support a Short Term TA team to have dedicated focus to assist with



the implementation of the Procurement Strategy action which is required to transform Central Medical Stores.

IT System review: short term TA for reviewing and suggesting a suitable improvement plan for the warehousing and inventory management software currently in use at CMS will be provided.

Laboratory Infrastructure

SCMS will support laboratories earmarked for ISO accreditation and capacity building of Biomedical Engineers. Upgrading of storage capacity at SDPs and implementation of standard warehousing practices at NHL will continue under COP10.

SCMS in collaboration with NHL and BOTUSA Lab Technical team will continue supporting lab commodity specification and subsequent procurement.

Condom Logistics

CMS is to initiate integration of both female and male condom logistics management into the national commodity supply chain management system, through providing TA to national institutions, engaging government stakeholders (NACA, MOH, MoLG) and mobilizing development partners (ACHAP, UNFPA, PSI, RTI, Tebelopele) to jointly plan for continuous availability of condoms to all eligible users.

Strengthening Capacity For Medicines Quality Assurance

Collaboration between the University of Botswana Chemistry Department, North West University and USFDA to build NDQCL capacity to meet pharmaceutical analyses and microbial limit testing requirements for CMS tendering processes and DRU market authorizations will be undertaken.

Prevention Of Mother To Child Transmission

The PMTCT program needs extensive support to manage all aspects of infant formula supply chain including, forecasting, procurement planning, distribution management and commodity tracking.

In COP10 will support the roll out of the implementation and monitoring of the infant formula at district level.

In COP 10 PEPFAR funds will strengthen logistics capacity at NHL and CMS including strengthening reporting mechanisms for logistics data to feed into forecasting and quantification of these commodities.

SCMS will also continue to support procurement of dried blood spots collection kits.

In accordance with the Partnership Framework this commodity management function will fully transfer to the Government of Botswana in the near future.

Promoting Health Information Sharing

The focus for COP-10 will be an integrated data collection, collation, aggregation and transmission system required to link the facilities with the centre and the storage hubs

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 7319			
Mechanism Name: GPO-I-01-05-00032 --SCMS			
Prime Partner Name: Partnership for Supply Chain Management			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	163,625	
Narrative:			
<p>10.X.SI17: SCMS - Optical Character Recognition - 163,625.00</p> <p>The focus for FY10 will be an integrated system for data collection, collation, aggregation, and transmission. For the logistics system, what is required involves linking the SDPs with the CMS and developing regional storage hubs. The aim is to improve the flow, processing and analysis of logistical data, thus leading to the production of accurate and reliable information for supply chain decision making. The budget will support the following:</p> <ul style="list-style-type: none"> -Support for an extract, transform and load (ETL) programmer to facilitate the process of automated extraction of data from the various information systems used in the monitoring of different programs. Among the many positive outcomes of a central HIV data warehouse, is that the data will also be compared to CMS data and used for large scale forecasting and quantification of needs. -Support for the introduction of Optical Character Recognition (OCR) tools to facilitate the transmission of data that often comes as hard copies (usually faxed, but often mailed) from facilities. These forms then have to be converted into an electronic format for capture in the data warehouse. OCR software should help streamline this process of data re-entry. -Support for STTA to facilitate the design and implementation of the data transmission systems that will transmit logistics data from the facilities to the logistics management unit will be called upon. Procurement of data transmission equipment required to support the systems set up may also be necessary. 			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	OHSS	2,337,500	
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Narrative:

10.X.SS28: SCMS - CMS support - 2,337,500.00

The Central Medical Stores (CMS) has a mandate of procuring, storing and distributing medicines and related commodities to over 700 facilities. The GOB recognized the need to streamline and strengthen the management of CMS and transition the institution from its current status to a semi-autonomous body with PEPFAR support. MOH requested that USG/PEPFAR provide a team of expert senior managers to manage the CMS.

The team that commenced duty in September 2009 was requested to be change-agents in this process while managing the CMS as a functional MOH unit providing uninterrupted supplies of medical and laboratory commodities to the nation's health facilities. SCMS supported the recruitment of each of the following positions; Chief Operating Officer, Operational Director, Finance Director, HR Director, Procurement Director and the Quality Assurance Director.

In COP10, SCMS will continue to employ the recruited Managers and provide short term technical assistance to already identified priority areas in procurement, finance, warehousing and IT system that compliment government efforts.

Capacity will be built to enable the expatriate management team to be replaced with local hires by September 30, 2012.

Distribution Support: SCMS will support the hub and spoke concept as an alternative distribution systems through implementation of the recommendations of the hub and spoke assessment.

Procurement Support: SCMS will support a Short Term Technical Assistance team comprising of procurement consultant, procurement analyst, tendering advisor and contracts advisor, who will be able to have dedicated focus to assist with the implementation of some elements of the Procurement Strategy action which is required to transform Central Medical Stores.

IT System review: The current warehousing and inventory management software has been noted to be contributing to stock discrepancies at CMS that affect commodity availability to the end user. SCMS will provide short term technical assistance for reviewing and suggesting a suitable improvement plan for the



warehousing and inventory management software (Oracle and Pulse) currently in use at CMS.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	327,250	
Narrative:			
<p>10.P.OP26: SCMS Condom Logistics - 327,250.00</p> <p>In FY10, SCMS will take a central role in coordinating the constitution of the National Standing Committee on Condom (NSCC) and mobilizing development partners to implement recommendations from the USAID report by Xavier Tomsej of May 2009.</p> <p>With FY10 funds, SCMS will closely collaborate with CMS to initiate integration of both female and male condom logistics management into the national commodity supply chain management system. This will be done through providing technical assistance to key national institutions involved in managing the core functions of condom logistics, engaging key government stakeholders (National AIDS Coordinating Agency, Ministry of Health and Ministry of Local Government) and mobilizing development partners currently supporting some aspect of condom management to jointly plan for continuous availability of condoms to all eligible users.</p> <p>In FY10, SCMS will undertake the following strategic interventions with supporting activities:</p> <p>Streamline Policy and Coordination mechanism</p> <p>Mobilize stakeholders to review and finalize the National Condom Strategy 2009-2011 to provide the necessary framework for partner coordination and support, including identifying and recruiting human resources to guide the technical process</p> <p>Organize joint annual planning and budgeting meetings, including establishment of sub-committees to undertake quarterly annual plan reviews</p> <p>Develop standardized tools for sharing information among stakeholders as a means of promoting coordination among stakeholders</p> <p>Provide short-term technical assistance (STTA) for establishment of the NSCC secretariat and transition the role to a nominated government partner</p>			

Improve commodity availability at the central level and service delivery points (SDPs)

Provide STTA for establishing a system for undertaking accurate condom forecasting

Develop (or review and improve on existing) tools for reporting on condom utilization trend and data management to feed into national forecasts

Provide technical assistance for reviewing existing procurement mechanisms and guiding processes of adopting an efficient procurement system that suits the Botswana market dynamic and is in line with the Public Procurement and Asset Disposal Board

Ensure appropriate storage and timely distribution

Review existing warehousing and distribution system(s) for both female and male condoms utilized by each partner and share success stories for efficiently managed system(s) to promote necessary improvement among all partners

Provide support for integrating condom warehousing and distribution into on-going reforms at Central Medical Stores

Support review of the existing system for inventory management and initiate subsequent development/rollout of recommended system

Quality Assurance

Support the Drug Regulatory Unit (DRU) to establish standardized systems for condom registration and market surveillance that will guarantee that only approved condoms are utilized in the country

Provide STTA and human resources to the National Drug Quality Control Laboratory to strengthen capacity for condom testing and timely dissemination of results to relevant stakeholders

Create awareness for quality monitoring among in-country suppliers of various brands of condoms and establish a mechanism for reporting quality related issues noted in the market

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	205,700	

Narrative:

10.T.PT05: SCMS - Supplies for Early Infant Diagnosis - 205,700.00

Since receiving PEPFAR support for Early Infant Diagnosis (EID) commodities in FY07, SCMS has successfully procured and delivered rapid test kits, instruments and reagents, thereby alleviating previously prolonged periods of stock out crises. In FY08 and FY09, SCMS upgraded the commodity storage capacity at the National Health Lab (NHL) and streamlined the distribution of EID commodities. In FY10, SCMS will strengthen its logistics capacity at the NHL and Central Medical Stores (CMS), including the improving reporting mechanisms for logistics data to feed into the forecasting and quantification of these commodities and fully transfer commodity management from being PEPFAR-funded to being NHL/CMS funded. SCMS will also continue to support the procurement of dried blood spot (DBS) collection kits. It is expected that this activity will be phased out in the near future and that the Government of Botswana will be able to assume these tasks.

Since the implementation of this activity, there have been several challenges experienced, which include: (a) a lack of commodity management capacity in the Ministry of Health's PMTCT Program; (b) the slow pace of consolidation of commodity management into CMS; and (c) the poor submission of logistics reports by service delivery points.

The current proportion of infants tested by two months of age stands at 75%. The aim is to reach at least 85% of infants by the end of FY10.

The target population benefiting from this activity is HIV-exposed infants either in utero and perinatally. These newborns are tested six weeks after delivery or at any point of contact thereafter, using DBS and PCR.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,748,450	

Narrative:

10.T.LS05: SCMS - Laboratory Procurement - 1,748,450.00

In FY09, SCMS supported both the procurement of laboratory equipment and system strengthening functions, including the development of a logistics management information system (LMIS) and the integration of the Logistic Information System with the Laboratory Information System. With FY09 funds, the National Laboratory Services and the Ministry of Local Government developed standards for storage facilities and infrastructure upgrades to meet those standards, and organized training on demand forecasting the use of the new LMIS tools.

FY10 funding is requested to:

1. Continue the integration of the laboratory supply management activities at NHL into the Central Medical Stores.
2. Continue to strengthen the local capacity in forecasting and quantification of laboratory commodities.
3. Continue to support the MOH and PEPFAR-supported programs in the procurement of test kits, laboratory reagents, other supplies and equipment.
4. Strengthen the logistics office at the NHL, which is responsible for collating and analyzing the information for forecasting, procurement planning and decision making, by increasing the staffing level and advocating for the absorption of the staff by the MOH.
5. Develop and implement a monitoring and evaluation plan to measure performance and improve the supply chain in the country.
6. Work with the National Health Laboratory and the Biomedical Engineering Services Unit at the MOH to strengthen the systems for equipment maintenance and calibration, and support the standardization of laboratory instruments.
7. Develop a maintenance contract plan with the Biomedical Engineering and vendors to service the existing equipment procured with PEPFAR funds.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	654,500	

Narrative:

10.T.AD02: SCMS - ARV Drugs - 654,500.00

In FY10, SCMS will focus on systems strengthening, monitoring and evaluation to ensure the continuous availability and sustainability of ARV access through:

- Implementing the CMS QMS Manual by training and mentoring CMS staff.
- Conducting a comprehensive review of the current CMS procurement system, including supplier prequalifications, and training staff to improve efficiency.
- Establishing a Logistics Management Unit to coordinate ARV data compilation, analysis and reporting.
- Conducting a new medicines logistics design, training SDPs staff, and rolling out on-site logistics support visits.
- Supporting the establishment of regional warehouses and hubs through the provision of warehouse management training and inventory management of equipment and tools.
- Strengthening the quantification and supply planning for HIV/AIDS-related commodities through

training and mentoring in Quantimed® and Pipeline®.

- Supporting the establishment of a semi-autonomous Medicines Regulatory Authority through staff capacity building, advocacy, stakeholder consultation, policy formulation and staff training, including the setting up of a robust QMS.
- Supporting the establishment of systems for the post marketing surveillance of registered medicines and the combating of counterfeit medicines in collaboration with the DRU.
- Strengthening NDQCL pharmaceutical and microbial analysis through development of a collaborative mechanism comprised of the University of Botswana's Chemistry Department and North West University's Center for Quality Assurance of Medicines (CENQAM).
- Strengthening the ARV Procurement and Supply Management M & E system through staff training.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	556,325	

Narrative:

10.C.TB09: SCMS - Strengthening lab capacity - 556,325.00

Previous assessments and audits of the TB laboratories have shown the need for laboratory equipment and supplies in order to improve the AFB microscopy in the satellite laboratories and TB diagnosis at the National TB Reference Laboratory (NTRL). Microscopes were not maintained properly, parts were missing, and TB sputum specimens were processed without any safety precaution. The National TB Program has also experienced challenges in commodity management. With funding from PEPFAR beginning in FY07, SCMS has continuously supported the Laboratory TB Program to strengthen the logistics system for laboratory commodities and build the capacity of personnel in laboratory commodity management through technical assistance and training, when required.

SCMS has also supported the procurement of equipment, reagents and supplies for TB diagnosis, including microscopy and identification.

In FY10, SCMS will continue to support commodity logistics systems, monitor the supply pipeline for uninterrupted delivery and commodity security, and undertake the procurement of essential TB commodities for the laboratory, when needed.

As part of the national quality assurance program, SCMS will support equipment maintenance and calibration at NTRL, which will also facilitate the preparation for accreditation.

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7320	Mechanism Name: State/AF - HQ - GHCS (State) - RPSO ()
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: Contract
Prime Partner Name: U.S. Army Corps of Engineers	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,703,926	
Funding Source	Funding Amount
GHCS (State)	2,703,926

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

The Regional Procurement Support Office/Frankfurt (RPSO) is a forward-based activity of the Office of Logistics Management - Office of Acquisitions Management - A/LM/AQM.

RPSO's main objective is to provide Foreign Service posts worldwide with a responsive and efficient procurement and contracting resource.

RPSO has partnered with Centers for Disease Control and Prevention for the delivery of PEPFAR funded construction contracting for all target countries. The magnitude of construction projects frequently exceeds the \$50,000 threshold for CDC Procurement and Grants Office warrants.

Original working solutions outlined the use of Botswana Government design teams and thus did not include allowances for unforeseen internal program barriers which made delivery of design services impracticable. As a result, RPSO was asked to consider engaging the process to award Indefinite delivery/indefinite quantity (IDIQ) contracts for Commercial Design and Project Management services, which will be used to finalize the design work to be taken over from the Government of Botswana's Department of Building and Engineering Services (DBES) in January 2010.

Goals and Objectives

In order to ensure the best use of financial resources and provision of the most suitable infrastructure,



RPSO has been enlisted to utilize their contracting warrants for CDC's medical development. Portable buildings are sometimes more expensive than design/build structures making the RPSO mechanism more conducive to providing future expandability for the Ministry of Health

Major Activities

RPSO will provide infrastructure assistance to the PEPFAR portfolio through new funds as well through the use of unspent funds from previous fiscal years. RPSO projects touch many aspects of the PEPFAR portfolio, including construction projects benefiting blood safety, pediatric treatment, TB/HIV, OVC, laboratory infrastructure, and the renovation of the PEPFAR office.

Buildings which can be expanded are better suited to the placement of ancillary use by other partners under the Partnership Framework. Design functionality gives consideration to best-use, best-value planning. This clearly provides value added contributions to the healthcare system by incorporating stakeholder input in design rather than purchasing off-the-shelf solutions which often are inflexible and come with intrinsic maintenance costs.

Approved PEPFAR activities are developed by the BOTUSA Building and Design Coordinator with input from the Ministry of Health, cross-coordinated with DBES, and approved by operational partners who will ultimately manage activities in the completed structure.

Regulatory limitations of the Botswana Public Procurement process make it impossible to ensure the integrity of U.S. Federal Acquisition standards. RPSO has approved the mechanism by which commercial project design and management contracts are put in place allowing it to monitor service delivery while minimizing inefficiency and ensuring quality oversight on behalf of the USG and CDC. Each RPSO project is cross coordinated with all partners to ensure function and cost efficiencies are met. The formalized USG interagency relationship ensures monitoring of USG procurement is done by USG direct involvement as opposed to USG – GOB substantial input only.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	2,703,926
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Key Issues

Increasing gender equity in HIV/AIDS activities and services

Child Survival Activities

Mobile Population

Safe Motherhood

TB

Custom



Family Planning

Budget Code Information

Mechanism ID: 7320			
Mechanism Name: State/AF - HQ - GHCS (State) - RPSO ()			
Prime Partner Name: U.S. Army Corps of Engineers			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	350,000	

Narrative:

10.C.OV14: RPSO - Nutrition Rehabilitation for OVC - 350,000.00

THIS IS A CONTINUING ACTIVITY REQUIRING ADDITIONAL FUNDING: 08-T1105 & 07-C0803; 08-T1105

In FY07, USG funds supported the design and construction of a single rehabilitation unit for malnourished children infected and affected by HIV/AIDS at Princess Marina Hospital (PMH) in Gaborone. This project development is ongoing. The rehabilitation unit will serve several purposes:

- Affected children will be served by the unit for supportive care and proper nutrition management.
- As a training center, family care givers will learn the proper nutrition for infected and malnourished children.
- NGOs/ CBOs/FBOs working with OVC will refer needy cases to the Unit and their staff will get proper advice and regular training.
- The Unit will provide office space for the project staff.

The increased costs of building materials and services made the amount budgeted for the PMH Nutrition Center (\$800,000) insufficient to support the construction of such a unit fully. As RPSO will not authorize contracting without a fully funded government cost estimate, additional funding was sought to meet the revised estimate per unit, which is \$1 million. In FY08, the USG Botswana requested an additional \$1.2 million. The additional \$200,000 went towards the completion of the PMH center and \$1 million was earmarked for the construction of the second unit in Francistown.

Original estimates did not include design services, because DBES was developing construction tender documents and designs at no cost. In the interim, the Government of Botswana (GOB) has been unable to deliver a comprehensive construction package. At this time, an IDIQ for Commercial Design and



Project Management will be used to finalize the design work taken over from DBES in January 2010. The Francistown client has requested that additional consultation rooms be added to the original design. Geographic and topographic surveys are underway to determine the location of the buildings at the NRH and this will have an impact on the final design. Project cost-sharing will reduce the mobilization and management expenses, as this structure will be built with three other buildings on the same site. Additional funding will cover A & E costs and round out the funding of the additional rooms. An additional \$250,000 is required for these services in Francistown. The Gaborone design requires no design change, but will need \$100,000 to pay for the commercial design audit and project management costs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	100,000	

Narrative:

10.T.PT03: RPSO - Pediatrics Clinic - 100,000.00

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS:

ONGOING ACTIVITY FOR WHICH ADDITIONAL FY2010 FUNDS ARE REQUESTED; 07-T1108; 08-T1108

As per request from the Ministry of Health, the clinic will be built in Francistown at Nyangabgwe Referral Hospital, and not in Gaborone.

Botswana was one of the first countries in Africa to establish a national ART program. Provision of free treatment was built around an 'ART site' model, consisting of a hospital supported by satellite screening clinics. Beginning in January 2002, ART sites were rolled out in a phased manner.

By end of September 2009, 108,288 patients were on treatment in the public sector, of which 61.6% were females. About 6.7% of the patients were children. It has been noted that the development of care and treatment programs for children has lagged behind that of adult care and treatment. A further 13,378 patients had been out-sourced from the public sector to the private sector under the Government of Botswana's out-sourcing program. Another 18,637 patients were being treated in the private sector of the country, comprised of the Medical Aid Schemes and the workplace programs. This adds up to a total of 140,303 patients currently receiving HAART in Botswana, which amounts to 86.8% of the projected 161,700 adults and children in need of ART for the year 2009. There were about 1,832 new clients started on HAART in September 2009 of which 74.2% were initiated in clinics.

In FY10, the USG will commence the construction of a new pediatrics building on space adjacent to the



pediatrics ward at Francistown's Nyangabgwe Referral Hospital. There are multiple needs for this building, all of which complement services for or directly serve children. When complete, this facility will provide, in its first year of functioning, 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. As a training clinic, more than 250 HCWs, medical students, interns, and residents will be trained for general and HIV-related pediatrics.

Challenges result from the fact that most of the attention to pediatric HIV care has focused on the prevention of vertical transmission in the PMTCT program and on the Early Infant Diagnosis program with referral to treatment and care of HIV-positive babies in the first two months of life. Those HIV-positive 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.

Though initially funded in previous years, this project will require additional commercial design services, since DBES will only hand over the Architectural Drawing Set in January 2010. The previously reviewed concept will have to go through a full electrical, mechanical and civil design before it is complete. FY10 funding includes the addition of 16% funding for these professional fees. Preliminary design work to date will reduce A & E pre-contract services. This design will be used in conjunction with the Pediatric IDCC and Nutrition Center to be located on the same site. Cost sharing of external works layout will reduce need for redundant design services.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	169,553	

Narrative:

10.X.SS38: RPSO - Renovation/expansion MOH - \$169,553

THIS IS A CONTINUING ACTIVITY REQUIRING ADDITIONAL FUNDING IN FY2010; 07-X1508; 08-X1508

Due to the rapid growth of the Emergency Plan and increasing staff, the HHS/CDC/BOTUSA offices need to be expanded. Funding will be reserved for RPSO to plan and develop additional space on Ministry of Health property where the current offices are located. Once the initial investment is made, for this expansion, the offices will be rent free with water and electricity being paid for by the Ministry of Health.

Additional \$100,000 funding for design and construction of new Entry Gate, Drive, and Carpark to serve as the central access way for the new Nyangwabe Referral Hospital development plan. Currently the

BOTUSA team is not able to easily access the hospital grounds for our site. Additionally, clinical trials participants have no place to enter or park without passing through hospital labs. Includes complete commercial design services and project management fees. NOTE: This project will be completed prior to construction of other buildings at NRH.

Additional \$69,553.00 car park surfacing. The area needs a drainage and surfacing solution which will also prevent flooding of the HPR labs and allow for paving under this new project. Total bid was \$150k, but we will attempt to negotiate a lower bid. BOTUSA Building and Design Coordinator has designed and will manage the project to reduce costs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	300,000	

Narrative:

10.P.BS05: RPSO - Construction of the Regional Blood Transfusion Center in Francistown - 300,000.00

The current Francistown blood transfusion laboratory is operating from a porta cabin on the Nyangabgwe Hospital premises while the processing of specimens is performed on a small bench. Meanwhile, the blood bank in Maun is renting space in the city center and has been seeking a new location for quite some time. In FY08, PEPFAR funds were granted to assist in the construction of a regional blood transfusion center in Francistown as well renovate a building in Maun to serve as the new blood bank. Implementation of these projects was delayed in FY09 due to organizational setbacks with the Government of Botswana's Department of Building and Engineering Standards (DBES), which affected design coordination and service delivery.

Though design work was initiated by DBES, a general site survey was inconclusive in determining site suitability for the delivery of client-based requirements. However, preliminary concept designs were submitted and approved by the Francistown Council with a stipulation that put limits on the allowable space for on-site parking. Underground parking will help to resolve any public access problems while providing service bays for the back-up power generator and refrigeration components for 24-hour cold storage, which was required in the preliminary design. Storm water drainage and flood abatement requirements had to be added, which increased project price.

Required geotechnical and topographic surveys have yet to be conducted because the requirement is normally associated with design phase tasking, which is currently the responsibility of DBES. Per regulations, funds cannot be authorized to commit to expenditure reimbursement without a contractual mechanism in place. As a result, DBES has not moved forward and design has stalled.



To move the projects forward, DBES will turn over the design completion and project development to RPSO, who will task the project design to a contracted Architect and Engineering (A & E) team for completion. A & E services are estimated at \$160,000.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,534,373	

Narrative:

10.T.LS02: RPSO - National Health Laboratory Infrastructure Support - 1,534,373.00

THIS IS A CONTINUING ACTIVITY REQUIRING ADDITIONAL FUNDING IN FY2010: 07-C0714; 07-T1202; 08-T1202

Renovation of the National Health laboratory: \$1,000,000

The National Health Laboratory (NHL) in Botswana does not have the capacity to develop policies, evaluate new kits and equipment, carry out surveillance of communicable diseases, conduct training, and provide onsite assistance and monitoring of the laboratory network. In past fiscal years, PEPFAR supported the move of the clinical testing capacity from the NHL to the Princess Marina Hospital laboratory. The building, however, does not fit the minimum requirements of a National Public Health Laboratory with Biosafety level 3, which include molecular testing and other specialized tests to monitor the surveillance of communicable diseases and the ability to serve as a center of excellence, which would include training and quality assurance capabilities. Funds are requested during FY10, therefore, to support the renovation of the NHL in order to transform it into an integrated public health laboratory. The renovation will be done in different phases and this year's funds will serve to estimate the magnitude for A & E design, including assessment, reports, surveys, permits, utility deposits, and architectural expenses. The initial phase of renovation is expected to be \$850,000.

TB Reference Laboratory Francistown: \$234,773

In FY07, funds were given to develop a TB Reference Laboratory in Francistown to support the TB diagnostic and monitoring services in the northern part of Botswana. FY10 funds are requested to top up the allocated budget in order to cover the A & E services, design management, and architectural work.

MLG District Laboratory: \$300,000

FY08 and FY09 funds were allocated to construct four prefabricated laboratories for the MLG, but the funding was not sufficient to cover the construction of the four facilities due to increasing costs. FY10 funds are requested to support the commercial design and project management, as well as architectural design of these facilities.

Construction will occur in two phases:



I: Phase 1: Laboratories will be constructed at Letlhakeng, Tlokweng, Area "W", Nata District.
 II: Phase 2: If funding is sufficient, laboratories will be constructed in Mogoditshane and Block 9 (Gaborone).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	250,000	

Narrative:

10.C.TB02: RPSO - Infection control (2 districts) - 250,000.00

THIS IS A CONTINUING PROJECT REQUIRING ADDITIONAL FUNDING IN FY10; 07-C0717; 08-C0709; 08-C0702

Infection control policies are currently being developed with FY07 funds. PEPFAR funds supported 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 constructed 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.

FY08 funds were requested to procure two prefabricated buildings to be converted into isolation wards for TB patients at sites to be determined by the MOH. Prevention of TB infection in congregate settings is a major component of the 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. The need for isolation wards is widespread and location priorities are being considered. In the interim, the DBES has been working on design considerations and is preparing concept plans for BOTUSA.

It was determined, however, that one additional TB isolation ward with a clinic and feeding area would be built for the prison in Gaborone, instead of the two isolation wards in the districts. The design will require special considerations and additional funding requirements to meet inmate and staff personal security standards, incorporate tamper proof safety materials, and allow for gender segregation. Building in a high security environment will require additional construction process considerations. Design and project management services and costs will be above the norm due to the security, permits, and bonds. The DBES is working on an initial concept design, but this will have to go to the IDIQ A & E in January 2010. Economic trends have increased the per structure costs in the interim. Additional design and code considerations have made the original concept too costly and new construction is currently more cost effective. The new estimate for the prison ward is \$250,000. The total for A & E services (\$70,000) will be reduced, because the two locations will have the same design.



The construction of TB isolation wards in prisons will increase the collaboration between the Ministry of Health and the Department of Prison Services in the Ministry of Home Affairs in the area of TB control (referrals, treatment, trainings, and infection control). The construction of a TB isolation ward will strengthen national TB infection control, one of the main strategies to reduce the transmission in congregate settings with high HIV prevalence rates. One of the goals of Botswana's Round 5 TB grant from the GFATM is to strengthen TB/HIV collaborative activities. TB infection control is a major component of these interventions. The provision of a functional TB isolation ward at one of the major prisons in Botswana will, therefore, contribute to the national TB control efforts and provide a model for improving facilities in other major prisons around the country. Periodic screening of inmates and prison staff will be introduced to monitor the incidence of TB in this setting. Case notification and treatment outcome monitoring will be conducted, according to national TB program guidelines, to evaluate the success of the program.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7321	Mechanism Name: USAID - HQ - GHCS (State) - Research Triangle Institute (RTI), Prevention with Most at-Risk Populations (MARP) (GHS-1-00-07-00005-00)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Research Triangle Institute, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	Funding Amount
GHCS (State)	1,000,000

Sub Partner Name(s)

Botswana Council of Churches & Kgolagano College	Botswana Family Welfare Association	Light and Courage Centre Trust
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Matshelo Community Dev. Assoc. (MCDA)	Nkaikela Youth Group	Silence Kills Support Group
Tebelopele	True Men	

Overview Narrative

Overall project goal and objectives: The HIV Prevention for the Most-At-Risk Populations (HIV-MARPS) Project is a five (5) year funded project that began on 1 October 2008. The 2 main objectives of the HIV-MARPS project to design and implement HIV prevention MAPRS activities, and to build capacity of local civil society organizations (CSOs) to implement and monitor their HIV prevention MARPS programs.

In FY 2010, HIV-MARPS will continue to implement HIV prevention activities that were begun in FY2009 and will include:

1. Design and Implement community-based HIV prevention Interventions targeting MARPS.
 - Continue with dissemination of behavior change communication (BCC) materials already in existence, that have targeted messages incorporating benefits of condom use, voluntary male circumcision (MC), early STI screening and treatment
 - Conduct HIV prevention training for local implementing partners
 - Strengthen and develop referral linkages for MARPS in the selected districts to ensure the continuum of care
 - Provide technical assistance to implementing partners to develop a peer educator training program for MARPS
 - In partnership with implementing partners support the mobilization MARPS in venues such as youth recreational facilities, bars/shebeens, truck stops and border crossings
 - Continue to participate in high level national technical working groups such as National Technical Advisory Committee on HIV Prevention, multiple concurrent partnerships and MC
 - Convene annual district-level meetings to review program progress and promote sharing for "MARP Success Stories"
 - Begin developing a compendium of best practices on HIV prevention interventions for MARPs



2. Strengthen the technical and organizational capacity of local civil society organizations to support the implementation of MARPS HIV prevention strategies

- Develop and implement a technical assistance plan on organizational development (OD) for each local implementing partner
- Facilitate the development/ update of organizational administrative and financial policies and procedures for local partners
- Conduct OD training to network organizations and their member organizations on governance and leadership, project design and management, human and financial management
- Train local implementing partners on how to develop sustainable resource mobilization strategies and on community dialogue techniques
- On an ongoing basis provide site supportive supervision for local partners on OD issues
- Participate in USG and Non-USG Capacity Building Technical Working Groups

3. Monitoring and Evaluation

- Train local implementing partners on project data collection and reporting tools
- Implement the HIV-MARPS standard operating procedure for Data Quality Assurance
- Continue to provide site supportive supervision for M & E activities
- Review and revise project indicators and

Target population: This includes- 1) Young women 15-29 years old in cross-generational and/or transactional relationships; 2) Female sex workers (FSWs) and their clients, and 3) Migrant male populations whose work separates them from their primary partners and families

Geographical coverage: HIV-MARPS will continue implementation of activities in five (5) districts namely-



Gaborone, Tlokweng, Selebi-Phikwe, Francistown, Chobe (Kasane)

Making the Most of HIV Resources:

- Leveraging HIV resources – Project funds are being leveraged to improve the following activities and existing programs: (1) TB – improved TB case finding and among MARPS and prompt referral for diagnostic work up and treatment. TB screening activities will be implemented by incorporating by training local implementing partners to administer a simple TB questionnaire tool; (2) STI – MARP providers will be trained on how to screen for simple STI, partner notification and referrals for STI treatment; (3) PMTCT – train MARP providers in providing PMTCT services for project beneficiaries including referrals to receive antiretroviral therapy; and (4) economic livelihoods – the project will provide micro-credit schemes and craft training for MARPs. Sustainability – the HIV-MARPS project is providing capacity building for local institutions to develop and manage HIV prevention programs. This is being done thought: (1) providing local CSOs with 1-3 year grants as well as providing organization development capacity building that ensures local CSOs can mobilize and manage additional resources; (2) at the district level the project makes effort to involve the district multi-sectoral AIDS committee (DMSAC) by supporting DMSAC to accompany project team to conduct supportive site visits to the projects implementing partners, facilitating periodic review of project activities to understand challenges and develop plans to overcome implementation barriers

Cross-Cutting Budget Attribution(s)

Economic Strengthening	200,000
Human Resources for Health	257,000

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Mobile Population
- TB
- Workplace Programs
- Family Planning



Budget Code Information

Mechanism ID: 7321 Mechanism Name: USAID - HQ - GHCS (State) - Research Triangle Institute (RTI), Prime Partner Name: Prevention with Most at-Risk Populations (MARP) (GHS-1-00-07-00005-00) Research Triangle Institute, South Africa			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,000,000	

Narrative:

Overall project goal and objectives: The HIV Prevention for the Most-At-Risk Populations (HIV-MARPS) Project is a five (5) year funded project that began on 1 October 2008. The 2 main objectives of the HIV-MARPS project to design and implement HIV prevention MAPRS activities, and to build capacity of local civil society organizations (CSOs) to implement and monitor their HIV prevention MARPS programs. Activities planned for FY 2010: HIV-MARPS will continue to fund the implementation HIV prevention activities that were initiated in FY2009 and will include:

- Design and Implement community-based HIV prevention Interventions targeting MARPS.
 - Continue with dissemination of behavior change communication (BCC) materials already in existence, that have targeted messages incorporating benefits of condom use, voluntary male circumcision (MC), early STI screening and treatment
 - Conduct HIV prevention training for local implementing partners
 - Strengthen and develop referral linkages for MARPS in the selected districts to ensure the continuum of care
 - Provide technical assistance to implementing partners to develop a peer educator training program for MARPS
 - In partnership with implementing partners support the mobilization MARPS in venues such as youth recreational facilities, bars/shebeens, truck stops and border crossings
 - Continue to participate in high level national technical working groups such as National Technical Advisory Committee on HIV Prevention, multiple concurrent partnerships and MC
 - Convene annual district-level meetings to review program progress and promote sharing for "MARPS Success Stories"
 - Begin developing a compendium of best practices on HIV prevention interventions for MARPs
- Strengthen the technical and organizational capacity of local civil society organizations to support the implementation of MARPS HIV prevention strategies

- Continue to provide grants and grant management support to the 8 identified local implementing partners
 - Develop and implement a technical assistance plan on organizational development (OD) for each local implementing partner
 - Facilitate the development/ update of organizational administrative and financial policies and procedures for local partners
 - Conduct OD training to network organizations and their member organizations on governance and leadership, project design and management, human and financial management
 - Train local implementing partners on how to develop sustainable resource mobilization strategies and on community dialogue techniques
 - On an ongoing basis provide site supportive supervision for local partners on OD issues
 - Participate in USG and Non-USG Capacity Building Technical Working Groups
3. Monitoring and Evaluation
- Train local implementing partners on project data collection and reporting tools
 - Implement the HIV-MARPS standard operating procedure for Data Quality Assurance
 - Continue to provide site supportive supervision for M&E activities
 - Review, revise project indicators and in collaboration with local partners establish project targets

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7322	Mechanism Name: USAID - Local - GHCS (State) - Project Concern International (PCI) Building Bridges Project (674-A-00-08-00078)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Project Concern International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,842,039	
Funding Source	Funding Amount
GHCS (State)	2,842,039



Sub Partner Name(s)

Bakgatla Bolokang Matshelo	BOCAIP Lesedi	BOCAIP Tumelong
Botswana Association for Psychosocial Rehab	Botswana Association of Positive Living	Holy Cross Hospice
Hope Humana Child Aid	House of Hope	Mothers Union Anglican Communion Awka
Silence Kills Support Group	Tsholofelo Trust	

Overview Narrative

PCI builds upon work started in FY09. Through the Building Bridges program, PCI is strengthening the capacity of civil society organizations (CSOs) in the delivery of integrated Adult Care and Treatment, OVC Support and Pediatric Care and Treatment support services. Focus is on the needs of infected/affected children, adolescents and adults, using a family-centered approach that builds the capacity of affected families to care for their members. The program is also working to strengthen partnerships between government systems and CSOs to expand service reach and follow-up.

PCI will provide sub-grants to and build the organizational and technical capacity of 10 NGO partners to deliver a comprehensive package of integrated services to affected families. Additionally PCI will continue to provide training and technical assistance to BORNUS and Otse to provide integrated HIV services. PCI in partnership with MOH/MASA and MASCOM will continue to support Botswana Association for Positive Living (BAPL) to conduct a feasibility study on the use of SMS to provide ART adherence support adolescents and adults, as well as to create stronger data linkages related to ART support. Assuming favorable study results, in COP10 BAPL will be supported to scale-up the service. PCI is also extending training and technical assistance to other NGOs identified by Districts where PCI has NGO subgrant partners.

PCI will form strategic partnerships and provide technical assistance to umbrella bodies—BONEPWA, BONASO and Marang—to enable them to strengthen the technical and organizational capacity of their affiliates. Additionally PCI will continue to work in collaboration with Ministry of Health (MOH), Ministry of Agriculture (MOA) and Ministry of Local Government (MLG) to strengthen coordination structures, quality service delivery and effective referral.

PCI will use community mobilization through Journey of Life (JoL) as a strategy for reaching more families with services at low cost. The JoL aims at activating communities to take voluntary action and tap into existing resources (VDC, small business, churches and retired professionals) to care for vulnerable children, PLHIV and their families. Project activities with infected/affected adolescents will emphasize peer approaches, the development of life skills and livelihood/career opportunities, and sexual and reproductive health interventions. PCI will in COP10 integrate Food Nutrition and Livelihoods Security



(FNLS) initiatives in the current programs of NGO partners, which will include backyard vegetable gardens, small livestock, and nutrition education.

Goal: Improve and expand CSO delivery of integrated HIV/AIDS services for affected/infected children and families.

Objectives:

1. Strengthened technical/programmatic capacity of CSOs to deliver integrated HIV/AIDS services;
2. Strengthened organizational capacity of CSOs to manage and sustain integrated HIV/AIDS service delivery;
3. Strengthened collaboration and referral among government and CSOs to deliver integrated HIV/AIDS services;
4. Strengthened government capacity to support CSO delivery of integrated HIV/AIDS services;
5. Improved documentation and sharing of promising practices and lessons learned in delivering integrated HIV/AIDS services.

Project Sites: Building Bridges operates in the following districts: Kgatleng District, Kweneng District, Central District, Gaborone, Southern District, South East District, and North East District.

Project Beneficiaries:

- Civil society organizations
- OVC
- Children with HIV
- Adults with HIV
- Adults as caregivers of infected OVC

Key Activities: PCI will provide training, technical assistance and mentoring to build NGO partners' capacity to deliver effective, integrated services. Services include PSS, ART adherence and support, adherence counseling, food and nutrition, child protection activities, health care, livelihoods opportunities, prevention including VCT. In partnership with key MOH and MLG PCI will develop an integrated curriculum for training NGOs to provide a comprehensive package of services to the families.

Each NGO partner will be assisted to deliver as many of this services as realistic for their organization, and to ensure that clients can access the full range of services through linkages and referrals, and collaborative case management with government and other service providers.

Following on capacity assessments conducted in COP 09, PCI will support the NGO partners to implement individual capacity building plans to address their organizational development (OD) needs.

Emphasis will be placed on key areas of Sustainability/Resource Mobilization, Governance and



Leadership, Finance Management, Human Resources Management and the use of Information Communication Technology (ICT). PCI will work closely with BONASO and AED to develop guidelines and tools for these key OD areas.

Linkages with other PEPFAR Funded Programs:

Baylor/MOH MASA/Harvard - finalize and roll out the Pediatric ART access and Adherence curriculum developed in FY09

Marang/DSS - refine and implement the Journey of Life methodology and work towards national roll out of the methodology

Other PEPFAR-funded NGO Partnerships - in developing and in implementing strategic activities in support of project objectives: AED, RTI, JHU, FHI, CRS, and Tebelopele

MLG-DSS and PHC - will assist these partners to operationalize the family care model

Cross-Cutting Budget Attribution(s)

Economic Strengthening	57,000
Food and Nutrition: Policy, Tools, and Service Delivery	83,000
Human Resources for Health	425,000

Key Issues

Increasing women's access to income and productive resources

TB

Budget Code Information

Mechanism ID:	7322		
Mechanism Name:	USAID - Local - GHCS (State) - Project Concern International (PCI)		
Prime Partner Name:	Building Bridges Project (674-A-00-08-00078) Project Concern International		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	400,000	



Narrative:

PCI will continue to provide subgrants, technical assistance (TA) and organizational development services to enable 11 NGOs to deliver adult care and support. Training and mentoring will also be provided to BORNUS and OTSE (they are funded by NPI). PCI will continue to include additional NGOs identified by DACs in training and TA activities.

Building on training conducted with MOH using the MOH national palliative care curriculum, emphasis will be on post-training follow-up and mentoring of NGO partners to deliver effective care and support services. These include: Psychosocial support, ART adherence counseling and support, food and nutrition, health care, social and legal services, livelihood opportunities and prevention including VCT. Each NGO partner will be assisted to deliver as many of these services as realistic for their organization, and ensure that clients can access the full range of services through linkages and referrals and collaborative case management with Government and other service providers.

PCI will capacitate NGOs to conduct community mobilization using the Journey of Life (JOL) tool to identify and strengthen community support structures for identification and provision of basic care and support services to adults living with HIV/AIDS. PCI will also provide nutrition/food security and economic empowerment interventions to help ensure sustainable access to proper nutrition for infected adults and their families. Strategic partnerships include DSS Home Economics Unit, MOH Nutrition Department, Women's Affairs Department, Ministry of Agriculture, BONEPWA+.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,792,039	

Narrative:

10.C.OV11: PCI - OVC - 1,792,039.00

Through the Building Bridges program, PCI is strengthening the capacity of civil society organizations (CSOs) in the delivery of integrated adult care and treatment, OVC support, and pediatric care and treatment support services. The focus is on the needs of infected/affected children, adolescents and adults, using a family-centered approach that builds the capacity of affected families to care for their family members.

The Building Bridges program (OVC section) has a link with Goal 4 of the Partnership Framework. The work that they do through the different partners is on providing care and support to infected and affected OVC and their family members.



The PCI partners who are implementing the Building Bridges program are based in various parts of the country with their main target population being the infected and affected OVC and their family members.

In FY10, PCI will continue to provide subgrants, technical assistance (TA), and organizational development support to enable 11 NGOs to deliver OVC services. Training and mentoring will also be provided to Botswana Retired Nurse Society (BORNUS) and Otse Community Home Based Care Trust (they are funded by NPI). PCI will continue to include additional NGOs identified by DACs in training and TA activities.

OVC technical service strengthening will continue to focus on ensuring the health, education, protection, socialization, and emotional well being of children infected and affected by HIV/AIDS. Services will continue to be tailored to the age of the child, with specific interventions for the under-fives, primary school age and pre-teen children, and adolescents.

Building on the partnerships between the DSS, Marang, and Hope World Wide, PCI will roll out training on OVC Basics to volunteers at the NGO level and provide on-going TA to trained NGO staff. Similarly for pediatric care and support, emphasis will be on post-training follow up and mentoring of NGO partners in order to improve the quality of services provided to OVCs at the family and community levels. PCI will work with districts to strengthen referrals and linkages between CSOs and S & CD to ensure that all eligible families and children are registered and receiving all available social welfare and health services, in order to ensure a continuum of care across PMTCT, ART, OVC, MCH, and other health and social services. PCI will also adapt the Baylor Teen club model for rollout through selected NGO partners.

Also in partnership with the DSS, Marang, Hope World Wide, and REPSSI, PCI will build capacity among NGOs to conduct community mobilization using the Journey of Life (JOL) tool to identify and strengthen community support structures for the identification and provision of care and support to OVC. PCI will also provide nutrition, food security and economic empowerment interventions to help ensure sustainable access to proper nutrition for infected children and their families. Strategic partnerships include the DSS Home Economics Unit, S & CD, and the MOH Nutrition Department.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	250,000	

Narrative:

10.C.CT13: PCI - Integration of HTC with other NGO services - 250,000.00
 The PEPFAR portfolio currently supports many local community-based organizations (CBOs) to provide HIV prevention, care and treatment services to their clients. Integration of HIV testing and counseling



(HTC) and prevention services will enable providers to reach more people with a broader range of services. PEPFAR will provide funding to Project Concern International (PCI) to integrate testing, counseling, and referral services into the existing services provided by their partnering CBOs. Currently, PCI supports CBOs that provide activities in behavior change communication, that work with orphans and vulnerable children, and that offer home-based care. These activities target men, women, youth, couples, partners of people living with HIV/AIDS and family members. PCI will select three CBOs to be trained and mentored to provide HTC services.

In FY10, PCI will:

Conduct an "HTC site assessment" to determine CBO needs and challenges in an effort to develop an implementation plan, including minimum requirements such as space, staffing, protocols, and a monitoring and evaluation framework.

Train 20 lay counselors on how to perform a rapid HIV test. After the training, these counselors will do a month-long practicum at a Tebelopele VCT (TVCT) center before resuming work with their CBOs.

Liaise with TVCT to train counselor supervisors and develop tools for observation of sessions and provision of feedback.

Provide minimal facility upgrading (e.g., installation of hand wash basins in counseling rooms and ensuring adequate infection control).

Visit each CBO at least twice a month for the first three months and subsequently quarterly to provide on-the-job support and mentoring to counselors. PCI will also review and modify registers to allow for routine collection of the required HTC information.

Ensure that sites participate in the lab external quality assurance (EQA) for rapid HIV testing.

The three selected CBOs will offer parallel, rapid HIV testing with same-day results as per the MOH approved algorithm. During palliative care home visits, HIV testing for partners and family members will be offered. It is also envisioned that client-initiated testing will be provided at some of the CBO sites.

Other approaches, such as community-based and youth-focused services, will be provided depending on the CBOs selected. PCI will provide each CBO with HIV prevention materials that are audience specific.

Effective methods of referral are essential to ensure that patients and clients access prevention, care and treatment services. PCI will provide technical support to the CBOs to establish referral linkages with government facilities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	400,000	

Narrative:

10.C.PC02: PCI - Pediatric Palliative Care - 400,000.00



PCI will continue to provide subgrants, technical assistance (TA) and organizational development support to enable 11 NGOs to deliver OVC services. Training and mentoring will also be provided to BORNUS and OTSE (they are funded by NPI). PCI will continue to include additional NGOs identified by DACs in training and TA activities.

OVC technical service strengthening will continue to focus on ensuring the health, 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.

Building on the partnership between DSS, Marang, Hope World Wide, PCI will roll out training on OVC Basics to volunteers at NGO level, and provide on-going TA to trained NGO staff. Similarly for pediatric care and support, emphasis will be on post training follow up and mentoring of NGO partners in order to improve the quality of services provided to OVCs at family and community level. PCI will work with districts to strengthen referrals and linkages between CSOs and S & CD to ensure that all eligible families and children are registered and receiving all available social welfare and health services, to ensure continuum of care across PMTCT, ART, OVC, MCH, other health and social services. PCI will also adapt Baylor Teen club model for rollout through selected NGO partners.

Also in partnership with DSS, Marang, Hope World Wide, and REPSSI, PCI will capacitate NGOs to conduct community mobilization using Journey of Life (JOL) tool, to identify and strengthen community support structures for identification of and provision of care and support to OVC. PCI will also provide nutrition/food security and economic empowerment interventions to help ensure sustainable access to proper nutrition for infected children and their families. Strategic partnerships include DSS Home Economics Unit, S & CD, and MOH Nutrition Department

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7323	Mechanism Name: GHH-I-00-07-00032-00 -- Project Search
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Johns Hopkins University Bloomberg School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	Global Fund / Multilateral Engagement: No
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Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

BOCAIP AB Counseling	Makgabaneng	Youth Health Organization of Botswana
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Overview Narrative

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 focus is on the most vulnerable girls to address the antecedents of risk. They 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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Family Planning

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7324	Mechanism Name: USAID - Local - GHCS (State) - (Civil Society) TBD
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A new USAID PEPFAR funded Civil Society Capacity Building Project has been under development for the past year and will be completed and awarded in 2010. It will focus on capacity building through strengthening leadership and governance in order to deliver a wide range of HIV/AIDS related services for prevention and care and ensure the sustainability of the local HIV response through three avenues:

National NGO networks that coordinate, communicate with and represent a member NGOs and CBO's to strengthen these functions.

National NGOs that have affiliates countrywide and potential for broad reach to expand their services
 Targeted districts in remote, underserved locations to provide strategic resources and linkages between the District government and local CBO's.

This program will focus on building a high level of competency in the following areas:

- Strategic leadership (combined with good-governance)
- Organizational structure
- Human resources
- Financial management
- Infrastructure
- Program and services management
- Process management
- Inter-organizational linkages
- Community organizing

Cross-Cutting Budget Attribution(s)

Education	Redacted
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Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
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Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Child Survival Activities
 TB

Budget Code Information

Mechanism ID:	7324		
Mechanism Name:	USAID - Local - GHCS (State) - (Civil Society) TBD		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted

Narrative:

10.C.OV05: TBD - Civil Society Capacity Building - OVC - Redacted

A new USAID PEPFAR funded Civil Society Capacity Building Project will focus on capacity building through strengthening leadership and governance in order to deliver a wide range of HIV/AIDS related services for both prevention and care and will include supporting civil society organizations focusing on OVC.

The new project will ensure the sustainability of the local HIV response through three avenues:

National NGO networks that coordinate, communicate with and represent a member NGOs and CBO's to strengthen these functions.

National NGOs that have affiliates countrywide and potential for broad reach to expand their services
 Targeted districts in remote, underserved locations to provide strategic resources and linkages between the District government and local CBO's.

This program will focus on building a high level of competency in the following areas:



Strategic leadership (combined with good-governance)

Organizational structure

Human resources

Financial management

Infrastructure

Program and services management

Process management

Inter-organizational linkages

Community organizing

This project is strongly linked to the Health Systems Strengthening Component of the Partnership Framework. It will provide capacity building of local civil society organizations in line with the need to strengthen and ensure the sustainability of the local HIV response. Through capacity building efforts, organizations will gain increased knowledge and skills.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7334	Mechanism Name: Contract - Life skills consultancy
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Contract
Prime Partner Name: EnCompass LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Context

EnCompass LLC was awarded a contract (one year with a second year option) in September 2008 to provide technical assistance to support the implementation, monitoring and evaluation of Botswana's Ministry of Education's life skills curriculum, *Living: Skills for Life: Botswana's Window of Hope (Living)*. EnCompass subcontracted Education Development Center to lead tasks relating to the implementation and support of a training cascade to train all of Botswana's teachers (contract years one and two), to sensitize key stakeholders (contract years one and two), and to develop support materials (contract year two).

Goals and Objectives

EnCompass is the lead on supporting the development of a monitoring process and tools (contract year one), building the capacity of the Ministry of Education and Skills Development (Ministry) project officers to conduct monitoring and evaluation (M&E) (contract years one and two), providing support to monitoring of the curriculum (contract years one and two), to conduct process evaluations (contract year two) for schools that have been implementing the program for at least two months, and to support sensitizing all deputy headmasters (approximately 1000) about the project and their role as focal points for both implementation and M&E (this portion is completed).

Major Activities

Provide refresher training as needed to teachers.

Develop materials to support increased implementation of the curriculum in the classroom including: guidelines for implementation, a booklet and syllabus to guide infusion, a reference guide for teachers, and a guide to learner-centered methods.

Cross-Cutting Areas

EnCompass will work with the Ministry to identify and act on solutions to any problems noted and apply any lessons learned to the rollout of materials still awaiting implementation.

Monitoring and Evaluation

EnCompass will work closely with the Ministry of Education to build capacity for on-going monitoring of the curriculum.

EnCompass will provide technical assistance and support to finalizing monitoring tools that were piloted during year one, input and analysis of data, review of findings from monitoring visits, and utilization of findings to improve the program.

EnCompass will conduct a process evaluation of the implementation of the life skills program at all levels (lower primary, upper primary, junior secondary, senior secondary). The process evaluation will include a



review of the materials that have been in use in the classroom for at least 2 months and will involve discussions with Ministry staff, school heads, teachers, parents, and students, as related to issues such as: satisfaction with the program, fidelity to the program, degree of utilization as well as documentation of achievements and challenges.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9886	Mechanism Name: U62/CCU124534: Injection Safety
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

Custom



(No data provided.)

Overview Narrative

While this funding mechanism does not have any funds in FY10 and the mechanism has reached the end of its five-year cycle, carried over funds will be used during a six-month no cost-extension. The activities during this period will be identical to those of the new five-year CDC Cooperative Agreement that JSI was awarded in injection safety. The new award will begin upon the completion of all funds from this mechanism. Please see that narrative for details.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population
Workplace Programs

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

<p>Mechanism ID: 9890</p>	<p>Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana</p>
<p>Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention</p>	<p>Procurement Type: Cooperative Agreement</p>
<p>Prime Partner Name: National AIDS Coordinating Agency, Botswana</p>	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 15,492,222	
Funding Source	Funding Amount
GHCS (State)	15,492,222

Sub Partner Name(s)

Ministry of Health, Botswana	Ministry of Local Government, Botswana	
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Overview Narrative

Context

Building upon the strong national health infrastructure, the Government of Botswana (GOB) has initiated and sustained a multilevel, multi-sector response to HIV/AIDS.

The National HIV/AIDS response is embodied in the National Strategic Framework and involves several governmental bodies. These include the Ministry of Health (MOH), the Ministry of State President and the Ministry of Local Government (MLG).

Major Activities

The GOB supports national programs for prevention, care and treatment including behavior change communication, social marketing, HIV-testing services, Prevention of Mother to Child Transmission services, Orphans & Vulnerable Children, opportunistic infections, sexually transmitted diseases, ARV treatment and services.

The GOB supports surveillance, blood safety, and monitoring and evaluation (M&E) programs.

Making the Most of Other HIV Resources

The GOB leverages its own funds to provide a variety of programs to limit the spread of HIV/AIDS in Botswana, and to provide care and treatment to those affected by the disease.

Cross-Cutting Areas

As part of its HIV programs, the GOB supports the cross-cutting areas of gender, strategic information, human resources for health, and renovation.

Enhancing Sustainability



The GOB's strategies for creating a sustainable program, rooted in host-country ownership involve:

- Strengthening health systems within MOH and other relevant government ministries (MLG, National AIDS Coordinating Agency)
- Taking leadership in coordination of health-program goals and agendas among International Organizations and local nongovernmental organization, as well as with agencies such as UNICEF, UNFPA.
- Continued training of healthcare workers to add to Botswana's cadre of trained, local healthcare staff.

Monitoring and Evaluation

The GOB will use the program data it routinely collects to inform and shape ongoing project design and implementation. Its monitoring and evaluation plan will thus be programmatically relevant, based upon ongoing inputs utilizing staff expertise for data collection and data-driven interventions.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	30,000
Education	150,000
Food and Nutrition: Commodities	90,000
Food and Nutrition: Policy, Tools, and Service Delivery	625,000
Gender: Reducing Violence and Coercion	80,000
Human Resources for Health	5,482,250

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities
- Military Population
- Mobile Population
- Safe Motherhood
- TB
- Workplace Programs



Family Planning

Budget Code Information

Mechanism ID:	9890		
Mechanism Name:	U62/CCU025095 - Strengthening Prevention, Care & Treatment through		
Prime Partner Name:	Support to Programs Managed by the Government of Botswana		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	162,000	

Narrative:

10.C.AC15: MOH - STI - 62,000.00

STI Program of Department of HIV/AIDS Prevention and Care of the Ministry of Health is aiming at collaborating with PEPFAR in strengthening the STI unit. The unit will conduct clinical mentoring training and site visits in the districts. STI Program continues building capacity of the centrally placed STI trainers through on-going technical assistance and professional development opportunities and workshops. Based upon the highly positive experience of the STI Unit staff in FY2008 and 2009, Funds will sponsor one additional Ministry of Health (MOH) employee to attend the University of Washington (UW) Principles of HIV/STD Research course in July, 2010.

STI national program will continue to support STI District TOTs and Mentors trained in 2009/2010 to implement a national program in clinical mentoring for high-quality STI syndromic management in Botswana. Specifically, the Program will provide support to the National STI Training and Research Center (NSTRC) master trainers to provide on-going clinical mentoring training and supervision in the 24 health districts. Two workshops will be conducted, one will be for four clinical mentoring trainings and one workshop for clinical mentors trained in previous years. Mater trainers will have follow-up visits with the clinical mentors to health facilities in the country. The program will support skill-building and professional development of Master Trainers by providing technical assistance to the Master Trainers in developing a plan for the scale-up, monitoring and evaluation of mentoring activities.

In FY2010, PEPFAR funds will support completion of clinical mentoring rollout that began in FY2007. Technical assistance will also be provided for developing an exit strategy for I-TECH to ensure that the STI Unit's capability of carrying out the on-going clinical mentoring activities is sustainable. The MOH,

now having finalized the clinical mentoring guide and developed the mentoring and professional skills of the Master Trainers, MOH, is currently in the process of planning how to absorb the Master Trainers, and will be facilitated to do so. Ongoing clinical mentoring activities will be supported by the MOH.

Building Capacity and Systems Strengthening of the NSTRC

The NSTRC was founded in 2002 as a center of STI training and research in Botswana. The center currently houses an STI clinic and a small training hall, and hopes to expand to include laboratory facilities and a resource center. The NSTRC also plans to expand from its current training focus to include a counseling component and clinical and operations research.

10.C.AC17: MOH - MASA Opportunistic Infection Mgmt - 100,000.00

MOH has come up with an array of important interventions to reduce HIV related morbidity and mortality. Because of proven effectiveness in reducing mortality, as well as being cost effective, the provision of cotrimoxazole prophylaxis (CTX) continues to be a very high priority intervention. The Government of Botswana through MOH continues to provide other services to reduce mortality including recognition and management of tuberculosis, other opportunistic infections, screening and treatment for cervical disease/cancer and interventions to reduce the burden of cryptococcal disease as well as other common HIV co-morbidities.

Therefore treatment, care and support PEPFAR funds are specifically targeted for the improvement of HIV/AIDS clinical management including that of opportunistic infections. The annual updating and expansion of the HIV/AIDS and opportunistic infection Clinical Guidelines manual will be carried out in order to strengthen the quality of the overall provision of care and treatment. Regular supervisory site visits will be conducted to monitor inclusion of the latest clinical care updates in day to day service delivery. Also CME short courses and mentoring will be conducted with the aim of furthering clinical skills of health workers on the ground. ARV Nurse Task Shifting Initiative is planned to continue with two ARV Nurse Workshops. It is through these workshops that they will be sharing their experiences and lessons learnt from 3 years of this ARV Nurse Task Shifting Initiative. It will also allow ARV nurses an opportunity to share their challenges and successes with each other as well as inform Masa program directly on how the task shifting initiative could be further enhanced.

MOH will continue to work in collaboration with several private partners including PEPFAR to come up with a cost effective and sustainable care and treatment program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	1,709,547	



Narrative:

10.C.OV03: MOH - Nutrition Rehabilitation for OVC - 685,378.00

The overall goal of this project is to ensure effective and comprehensive nutritional management of malnourished children affected and infected by HIV/AIDS. Specific objectives include the 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.

The MOH's nutrition program's aim is linked to the Partnership Framework Goal 4 with more focus on care and support services. Currently, the program is based in Gaborone (Princess Marina Hospital) and Francistown (Nyangabgwe Hospital) and targets malnourished children affected and infected by HIV and AIDS.

This activity is linked to C0802, C0811, C0812, and C0814. The USG funds will support the construction of a rehabilitation unit for malnourished children infected and affected by HIV/AIDS at PMH in Gaborone and NRH in Francistown. This activity was initially scheduled to start in FY05. Due to insufficient funds, the initiation of the renovation was deferred to FY07 and implementation will be shifted to USG's Regional Procurement Service Office in Frankfurt, Germany. The Rehabilitation Unit will serve several purposes: 1) malnourished children will be served at the Unit; 2) the Unit will serve as a training center for care givers of malnourished children; 3) NGOs, CBOs, and FBOs working with OVC will refer needy cases to the Unit; 4) the Unit will provide office space for the Program staff. This program is identical to the PMH Rehabilitation Unit that is being renovated using FY06 PEPFAR funds. Architectural drawings are available and soil testing has been done at both sites.

In FY10, the nutrition rehabilitation program will continue to enroll malnourished HIV-infected and affected children for treatment. The program continues to be implemented in Gaborone and Francistown, although referrals of children also come from districts surrounding the program sites. The training of health workers, other service providers, caregivers and civil society organization staff serving OVCs continues, using curriculum and training manuals developed by the program. The shortage of adequate space for the program remains a major challenge.

Enrolment of malnourished children infected and affected by HIV/AIDS will continue, as well as capacity building of health workers and the community to support care of children. Needs assessments for other districts will also be undertaken. Renovation of the two Rehabilitation Units by RPSO will be completed.

In FY10 and FY11 the program will be evaluated to inform up-scaling to other districts during the PEPFAR 2 Partnership. Enrolment of malnourished children infected and affected by HIV and AIDS will

continue as well as capacity building of health workers and the community to support care of children. Needs assessments of other districts will also be undertaken. Renovation of the two rehabilitation units by RPSO will be completed.

10.C.OV06: MLG - OVC Support - 1,024,169.00

Context

Led by the Department of Social Services (DSS) under the Ministry of Local Government (MLG), the Government of Botswana provides care and support to orphans and other vulnerable children (OVC) through the Short Term Plan of Action (STPA) 1999-2003.

The STPA serves as the normative framework for responding to the immediate needs of OVC.

The DSS coordinates the provision of services to OVC and mobilizes non-governmental organizations (NGOs), community-based organizations (CBOs), and faith-based organizations (FBOs) to participate in issues that affect OVC.

Major Activities

- MLG, through DSS in FY09, started the dissemination of national documents on OVC and will carry on the dissemination and monitoring of the implementation of these documents in FY10.
- DSS will cascade psychosocial support training in the remaining districts in FY10. Following passage of the Children's Act 2009 by parliament, DSS will focus on the dissemination and establishment of community structures set up in the Act to protect children including OVCs.
- DSS will strengthen its capacity at the district level to support, monitor and coordinate the implementation of OVC programs.
- DSS will disseminate national guidelines and frameworks formulated to improve the quality and type of services being provided to OVC.
- DSS will work with the Marang Childcare Network (Marang) to disseminate relevant legislation affecting OVC to different stakeholders.
- DSS will work with stakeholders to advocate implementation of guidelines and policy frameworks on OVC, and will solicit technical assistance from UNICEF on issues of child rights, advocacy of children's issues, and implementation of legislation relevant to OVC programming and child protection.
- DSS will coordinate the provision of services to OVC and mobilize NGOs, CBOs and FBOs to participate in issues that affect OVC.
- DSS will work with Marang and other stakeholders to strengthen coordinating-structures at national and district levels through in-service training of employees, and by enhancing linkages and partnerships with the NGO/CBO/FBOs providing care and support to OVC.
- DSS will build a partnership with the private sector.
- District forum teams comprised of the Department of Social and Community Development (S&CD) and

NGOs will be strengthened.

- The National Children's Council and Village Child Committees will be established. These will not only be responsible for coordination, but will ensure that OVC are identified and have access to basic services.
- DSS will identify and train community caregivers.
- The 2007 Situational Analysis on OVC in Botswana revealed that a significant number of OVC are cared for by elderly, female-headed households with little or no income, or by young people who are unemployed and unable to provide basic needs to the OVC. To address this, DSS will use the Community Carers Model (CCM) and Family Care Model (FCM).
- DSS and S&CD, together with the CCM, will identify community carers who will monitor the delivery of government services to ensure they reach the intended OVC and their families.
- Community members will be trained on issues such as parenting skills and hygiene. Within the carers' network, supervisors will work directly with the social workers and provide monthly reports.
- The FCM will ensure that all members of families with OVC are catered for, and that their capacity to cope is strengthened by addressing their needs. Marang will assist DSS in monitoring the project and in documenting the processes in preparation for replication and mainstreaming into the DSS mandate.
- DSS will strengthen the OVC registration system in 16 districts. This will involve training staff on the use of the updated registration system.
- DSS will utilize PEPFAR resources to build the capacity of the NGO/CBO/FBOs it has been supporting. The support will include giving these organizations grants for OVC services, including support for psychosocial support and other basic needs.

Target Population

All OVC

Geographic coverage

Botswana

Integration and Linkage

The DSS OVC program's aim is linked to the Partnership Framework goal 4 with more focus on care and support services.

Monitoring and Evaluation (M&E)

DSS will take the lead in ensuring that OVC programs are adequately monitored and evaluated using the National M&E Framework for OVC.

DSS will facilitate and ensure that OVC-serving organizations provide at least three minimum essential services as defined by DSS.

DSS will collaborate with OVC-serving organizations to ensure provision of quality OVC services, monitor



program results, and document best practices and lessons learned.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	500,000	
Narrative:			
<p>10.T.AT11: MOH - Airbourne Lifeline - 500,000.00</p> <p>The Airborne Lifeline Foundation provides the first regularly scheduled preventative medical air service in Africa with its primary emphasis on HIV/AIDS treatment. It not only transports specialists from Princess Marina and Nyangabgwe hospitals to remote clinics on a scheduled basis, thereby allowing medical professionals to spend time both to treat patients, as well as train other health care providers, but also transports anti-retroviral (ARV) medications, other drugs, and medical equipment to these remote clinics in a secure and timely manner.</p> <p>The needs for the service have been identified by key members of the Ministry of Health, and as these needs change, the service will adapt its schedule to these changes. It was demonstrated that although Botswana has upgraded its rural medical facilities, the facilities were not staffed with the necessary health care specialists to tend to the local population, as most of the health care specialists were living in Gaborone and Francistown. The need was identified for a timely and efficient transport system to convey these specialists to the rural areas, so as to cover the population of Botswana with medical services more effectively.</p> <p>The Airborne Lifeline Foundation began its flight operations in Botswana in May 2007, initially funded by its founder, Johnathan Miller, and his wife, Elizabeth Thompson. Airborne has since signed a Memorandum of Understanding with the Ministry of Health in August 2006 and received its first PEPFAR grant in April 2008.</p> <p>Airborne originally flew specialists from Gaborone to Hukuntsi, Tsabong, Ghanzi and Gumare on a regularly scheduled basis. Based on feedback from the MOH, the clinics and the health care professionals that utilized the service, the schedule was expanded and changed in July 2008. Airborne continues to fly from Gaborone to Ghanzi, Hukuntsi and Tsabong, but added service from Francistown to Kasane, Maun and Gumare in 2009.</p> <p>It is anticipated that this recently expanded service will continue in FY10, and that additional flights to certain overstretched hospitals such as, Ghanzi, Maun and Kasane, will be scheduled. Furthermore, service to additional medical facilities, such as Shakawe, New Xade, Ncojane, and Lethlakane will be</p>			

created, should funds become available. Airborne would utilize a second smaller aircraft for the more remote additional clinics that have smaller airfields and poor land transport.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	

Narrative:

10.C.CT02: MOH - Counseling and Testing Unit - 200,000.00

During COP 09, PEPFAR provided funding and technical assistance to the Ministry of Health (MOH) to support the goal of expanding access to quality HTC services. Services were targeted to the entire population of Botswana, with special emphasis on the sexually active population aged 15-49. PEPFAR support to MOH is largely for the provision of provider-initiated testing and counseling also referred to as routine HIV testing (RHT), in all government facilities. PEPFAR also supports MoH in training of providers in couples counseling and testing (CHCT), development of IEC materials and provision of VCT services by selected CBOs. In 2009, the following were achieved:

- National HTC guidelines published and disseminated
- Development of the national counselor supervision program commenced with the training of 15 Master Trainers
- HTC providers were trained in CHCT
- The daily HTC register was developed and piloted in two districts
- CHCT and RHT curricula adapted to Botswana context

In FY10, PEPFAR will support MoH to carry out the following activities:

- Review and print the counselor training curriculum
- National branding of HTC services
- Support and mentor HTC providers on site
- Training in counselor supervision and CHCT
- Develop national CHCT strategy
- Promote and conduct testing during the following national HIV/AIDS events: National Month of Youth Against AIDS, the National Month of Prayer (September)
- Produce promotional materials and media activities to create awareness of HTC and support services
- Roll out the national M & E tools to all health facilities (i.e. the HTC register)
- Support the creation and improvement of referral linkages through the development of directories, tracking tools and systems

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Other	HVSI	2,420,000	
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Narrative:

10.X.SI20: MOH - Capacity Bldg Surveillance - 150,000.00

Overall goal: Build district capacity to collect, analyze, and present data, as well as use the information for planning and advocacy.

As in many countries around the world, Botswana has invested heavily the past decade in collecting information about the human immunodeficiency virus (HIV) and the behavior that spreads it. PEPFAR, the UN family and other partner organizations have supported this investment and the country has been using guidelines detailing the principles of what is now known as second generation HIV surveillance, developed by the World Health Organization (WHO). Second generation surveillance includes biological surveillance of HIV and other sexually transmitted infections (STIs), as well as systematic surveillance of the behavior that spreads them. It aims to use these data together to build up a comprehensive picture of the HIV/AIDS epidemic.

By tracking the past course of the HIV/AIDS epidemic, warning of possible future spread, and measuring changes in infection and behavior over time, second generation surveillance is designed to produce information that is useful in planning and evaluating HIV/AIDS prevention and care activities. This objective has been met in many countries where useful, high-quality data are now available.

Nevertheless, a gap remains between the collection of useful data and the actual use of these data to reduce people's exposure to HIV infection and improve the lives of those infected. More effort has been put into improving the quality of data collection than into ensuring the appropriate use of data.

Collecting high-quality data is an important prerequisite to using them well, but why are available data not used better? One reason is that surveillance systems are often fragmented. This means that many departments or groups are responsible for various aspects of data collection. Each considers its job done after it has held its own "dissemination workshop." No single entity is responsible for compiling, analyzing, and presenting all the data as a cohesive whole. Furthermore, very few countries budget adequately for analyzing, presenting and using data in terms of either financial or human resources. When financial resources are allocated, people often underestimate the skills and time required to use data well. Many surveillance officials simply do not know how to use the data. This is hardly surprising because most often the people responsible for surveillance systems are physicians and public health professionals who are good at interpreting trends in disease, but who have limited training in the different

ways HIV surveillance data can be used to improve programming, measure the success of prevention, lobby for policy change and engage affected communities in the response.

Specific Objectives

This activity aims to provide guidance in the following major areas:

- Improve surveillance data quality and data analysis
- Use data for program planning, program monitoring and evaluation, and advocacy. The activity will concentrate on the mechanics of using data, not just what can be done with data, but how it can be done (analysis) as well.
- Package data for different audiences, i.e., information communication strategies, who should be involved in dissemination, and what makes a good press release, how to produce a district report, develop interesting and persuasive presentations and present data effectively.

Targets

The targets of this project are the public health officials at district level (public health specialists, matrons, district program officers, information management officers, district AIDS officers, and DAC officers). An anticipated total of 240 people are targeted by this activity.

Geographic coverage

The project will cover all of the 24 health districts in Botswana.

Leveraging HIV resources

This activity will build the capacity of the district officials to monitor the epidemic and use the data for better HIV response programming. This will contribute to less reliance on the national surveillance unit's annual surveys and minimize the cost of monitoring the epidemic in the country.

Enhancing sustainability

The end result of this activity is to build capacity for data use at the district level. Once this objective is attained, the districts will be able to conduct the own HIV surveillance to monitor the epidemic and avail the information to decision makers at the district level for a prompt response.

10.X.SI23: MOH - DHAPC Strategic Information Support (Data Warehouse) - 41,640.00

The DPPME recently awarded a tender to Meditech to (a) upgrade IPMS to the latest version; (b) add additional modules to the existing modules; and (c) implement IPMS in an additional three hospitals, namely Ghanzi, Mahalapye and Molepolole (Scottish Livingstone). The DHAPC's Data Warehouse currently extracts data from IPMS, but this will need to be substantially modified to cater for the new

versions of the existing modules that will be coming on line. New data extracts must also be developed for the new modules, as well as for the continued automation that will result from system maturation. A Meditech consultant with detailed knowledge of the new IPMS system will be required to ensure that the development of these extracts happens in an efficient and timely manner. It will then be necessary to travel to IPMS sites to train staff in data capture, conduct rudimentary data quality audits, provide feedback regarding the outputs from the data warehouse, and train staff on interpretation and processing of the site manager's report (produced from the Data Warehouse). Site visits will also be necessary in order to reconcile the uptake of data from the old systems into the new version of IPMS and audit the statistics produced from IPMS after the new deployments. In order to keep the Data Warehouse software current, QlikView and Microsoft licenses must be renewed every year to get the latest upgrades and support.

10.X.SI24: MOH - DHAPC Strategic Information Support (PIMS 2) - 38,360.00

Masa, with PEPFAR support, deployed the upgraded patient information management system (PIMS II) and trained staff in its use in ARV clinics across Botswana in FY09 and will continue to do so in FY10. This upgrade has more robust functionality, integral operation audit logs, improved data security and confidentiality, and greater capacity than the previous Access-based version (PIMS).

It will be necessary to undertake site support visits to PIMS II facilities to maintain the efficient operation of the system. These visits are envisaged to integrate training, data quality audits, and IT support. Support visits will be particularly needed at facilities that are identified through data analysis and/or validation as having challenges with quality data. These activities are planning to ramp up within the government, as partner support to this project begins to decrease.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,525,000	

Narrative:

10.X.SS29: NACA - Support to UB FHS, includes SOM, SON and SPH - 400,000.00

During FY2010 the President's Emergency Plan for AIDS Relief (PEPFAR) will support the development of public health education in the University of Botswana Faculty of Health Science through:

- the completion and continuation of activities planned for, and begun in FY2009;
- employing an expert consultant to assist the School of Medicine in the planning and implementation of a public health residency; and

- provision of resources and logistical backing to the School of Nursing to enable the delivery of a program to teach HIV/AIDS prevention, education and control and integrate it into University of Botswana curricula.

In recognition of the need for national capacity-building to ensure sustainable combating of HIV/AIDS, FY2010 will also see PEPFAR give support to five School of Medicine (SoM) initiatives directed at establishing a credible and high quality Faculty of Health Sciences teaching health system[1], including:

- family medicine where two district hospitals will be piloted as Family Medicine/Community Health Learning Centres. PEPFAR funding will provide ICT infrastructure (hardware and software) and specialist assistance in the planning and assessment of the requirements for setting up Centres at Maun and Mahalapye district hospitals.

- trauma and emergency care for which is required a coordinator working with SoM Trauma and Emergency Department and School of Nursing on operational planning and priority setting for establishment of an integrated teaching health system- wide program for trauma and emergency care.

- quality improvement in-patient care and theatre technology and process assessment in the referral hospitals that will require (i) a doctor-nurse team to provide advanced life support training and certification and (ii) a coordinator/educator (likely with advanced nursing training) to assess, evaluate and improve the processes within the operating theatres.

- infant and maternal mortality requiring technical assistance for study of the 2001 to 2009 mortality statistics leading to introduction of a position with responsibility for "oversight of labour services in the teaching health system".

[1] Relationships and collaborative activities involving the Faculty and the entirety of the health services of Botswana can be considered as a teaching health system, in relation to which the Faculty would pursue education, research and service functions. In practical terms, undergraduates, graduate trainees and academic staff will be distributed through the health care system

10.X.SS31: MOH - Health Inspectorate Strategic Planning - 200,000.00

The provision of quality health care services has long been one of the main challenges faced by the health system in Botswana. Until recently capacity constraints within the government have limited the approach to issues of health regulation, monitoring and evaluation of health service delivery and quality improvement issues to pragmatic ad hoc activities driven by the need to respond to incidents and crises rather than being grounded in an organized structured system. In order to address this deficiency the Health Inspectorate was established in 2005 by the Ministry of Health during its restructuring process, to undertake statutory and inspection related functions with respect to health care regulation and quality improvement.

The main objective of the activities listed below are to build the capacity of the Health Inspectorate to carry out its mandate to safeguard the general public by promoting and driving improvements in the quality and safety of health care to assist it to eventually become autonomous from Government.

1. Strategic Plan

There is an urgent need to develop a robust and long-term strategic plan that will result in a series of activities that will keep the organization relevant and responsive to the needs of the health system and contributes to its stability and growth.

2. Staff Training

In view of the fact that the staff of the Health Inspectorate have been drawn from various clinical backgrounds and do not have a background in health regulation or quality improvement, there is an important need to provide explicit structured training in these areas:

- Quality assurance and quality improvement processes
- Clinical and quality audits
- Inspection, assessment and evaluation processes and the differences between them
- Evaluation and analysis of facility self-assessment audits
- Accreditation processes
- Implementation and monitoring of standards
- Development and refinement of operational tools
- Clinical governance in the context of facility management
- Report writing

3. Guidance in the preparation and drafting of health regulatory legislation

The Health Inspectorate has been charged with preparing material for legislation to govern its operation and the powers with which it will be invested. Whilst the final drafting of this legislation will be the responsibility of the Attorney General's Chambers, the Inspectorate is expected to provide the drafting instructions.

4. Creation and implementation of an effective incident and complaints management system

Patient safety matters are paramount and so the accurate, reliable and diligent recording of incidents and complaints involving patients, health care workers and members of the public so that they can be correctly managed is an essential component of good practice. An effective incident and complaints management system will be developed and implemented in all health facilities.

5. Development of standardized clinical guidelines for common conditions

To ensure that patients will receive the most appropriate treatment for their condition wherever they might be in the country, it is important that standardized clinical guidelines are developed for all common conditions. If implemented correctly this will guarantee best practice based on current evidence and will also accommodate assessment of hospital performance and clinical outcomes. Such information can be used not only for quality improvement purposes but also to inform government health policy.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	75,000	

Narrative:

10.P.AB23: MOH Faith based initiative - mega coag - 75,000.00

According to the first Botswana National HIV/AIDS Strategic Framework (2003-2009), faith-based organizations (FBOs) were to play a central role in addressing HIV/AIDS. As such, a FBO national strategy was developed to ensure a comprehensive and cohesive response to the epidemic. FBO is defined as any charity or non-profit organization aligned to any one of the world's major religions. In Botswana, FBOs are extremely well placed to respond the HIV/AIDS epidemic because they: (a) are based in both rural and urban settings; (b) have large followings and gather communities; (c) promote ethics and provide counseling on health, compassion and care; and (d) are highly trusted and revered by their communities. Religious leaders are central in their teachings on abstinence from all sexual involvement until marriage and faithfulness within marriage, both of which are in-line with the national response.

In FY07, PEPFAR supported a study to assess the capacity of FBOs to implement HIV prevention activities, which was followed by the development of the Ministry of Health's (MOH) FBO Strategy. The MOH proceeded to hire a consultant to develop an implementation plan yet rollout has yet to occur.

In FY10, MOH will be funded to strengthen FBOs that have already begun initiatives within their communities. Some of these activities will include:

- establishing abstinence clubs;
- conducting a training of trainers on abstinence education and counseling;
- increasing age of first sex by promoting abstinence and virginity through primary schools and churches;
- developing and disseminating HIV prevention and behavioral change communication; and
- mobilizing churches and schools to promote abstinence, avoidance of premarital sex among youth, and faithfulness among married couples.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Prevention	MTCT	1,250,000	
Narrative:			
10.P.PM01: MOH - PMTCT Program Support - 650,000.00			
<p>This activity is to directly support the PMTCT program within the Ministry of Health (MOH). The support complements the Government of Botswana's efforts to build human resource capacity to manage the PMTCT program both at the national and district level.</p>			
<p>The MOH's PMTCT Unit continues to provide leadership and coordination to the national PMTCT program towards the goal of universal access to comprehensive integrated quality PMTCT services. In collaboration with the MOH's Nutrition and Food Control Division (NFCD) and the Sexual and Reproductive Health Division (SRHD), the PMTCT Unit will strengthen its regulatory and supervisory functions, including implementing quality assurance mechanisms to ensure delivery of comprehensive and integrated PMTCT services, which reflect current scientifically-proven interventions.</p>			
<p>In FY10, PEPFAR funds will be used to support the establishment of systems and mechanisms for stronger linkages and coordination across related programs. Through the PMTCT Technical Working Group, the PMTCT program will guide the national roll out of comprehensive integrated PMTCT services in addressing all the four PMTCT prongs, with special emphasis on primary prevention, provision of family planning services and partner testing and counseling.</p>			
<p>Other significant activities will include training on early infant diagnosis using DNA-PCR on dried blood spots, enhancing post-natal care including improved follow-up, printing of the revised Botswana Training Package (BTP) and PMTCT guidelines, updating workshops for health workers and strengthening the referral system for continuum of care.</p>			
<p>The BTP and PMTCT guidelines have recently been harmonized with the 2008 revised ART guidelines to provide health workers with the latest evidence-based PMTCT information and recommendations to enable providers to deliver quality PMTCT services. The revisions necessitate on-going and regular in-service training on PMTCT at all levels. PEPFAR will support workshops for 300 lay counselors, 150 trainers and 24 focal persons.</p>			
10.P.PM04: MOH - Family planning - 100,000.00			
<p>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 maternal and child health (MCH) clinics, but these data suggest problems in the uptake of</p>			



family planning services and that unintended pregnancies among HIV-positive women are common. Although condoms are freely available in most facilities offering HIV counseling and treatment services, there is a need to integrate family planning services—with an emphasis on dual contraception—not only in MCH facilities but at all places of contact with people living with HIV/AIDS (PLWHA), particularly ART clinics.

With support from PEPFAR, the Ministry of Health's Sexual and Reproductive Health (SRH) Division made major progress in FY09, which saw the revision and printing of 100 family planning manuals incorporating HIV issues and the training of 49 health workers on these new guidelines. In FY10, an additional 200 health providers will be trained on the manuals. PEPFAR is a strong supporter of linkages between HIV/AIDS and voluntary family planning and reproductive health programs.

The need for family planning services for HIV-positive women who desire to space or limit births is an important component of the preventive care package of services for PLWHA and for women accessing PMTCT services. In FY10, through PEPFAR support, the SRH Division will work to expand access to SRH and routine HIV testing and counseling (RHT) services by co-locating the two services whenever possible. Efforts will be made to ensure facilities provide confidential RHT at family planning sites.

Another area that remains of major concern is cervical cancer screening. PAP smear screening remains sub-optimal; for example, in 2009, 25,497 PAP smears were done compared to 30,777 PAP smears in 2008. The main reason for the reduced numbers is because of untrained staff and lack of equipment. In FY10, the SRH Division intends to scale up training of health workers in PAP smear screening by training 150 staff and will ensure equipment is available in all health facilities providing SRH services.

10.P.PM05: MOH - Infant Nutrition Support - 500,000.00

The Ministry of Health's Nutrition Unit has made significant progress in training its health workers on growth monitoring, nutrition, management of severe acute malnutrition and the infant and the infant and young child feeding (IYCF) guidelines. Through PEPFER support, the program has managed to procure anthropometric equipment, comprising of 700 scales, 420 infant beam type scales and 210 mother/child scales that have been distributed to the districts. Additional scales have been ordered and are expected to arrive by March 2010.

The current IYCF policy states that HIV-positive women will be counseled about the risks and benefits of breastfeeding and formula feeding, and guided to choose formula only if it is acceptable, feasible, affordable, sustainable, and safe to do so. The WHO has just announced new infant feeding guidelines that recommend breastfeeding with the use of antiretroviral therapy. It is anticipated that the Government

of Botswana will in turn adjust its infant feeding recommendations and thus additional trainings will be needed to support any new policies. In FY10, there will be 60 health workers engaged in the training of trainers program and 400 other health care workers trained on the new integrated IYCF counseling course.

It has been noted that advice given to HIV-positive mothers recommending replacement feeding has spilled over to the HIV-negative population. In light of this and the anticipated revised national guidelines recommending breastfeeding with HAART, health workers providing maternity services at ten hospitals will be trained in the Baby Mother Friendly Hospital Initiative. This initiative is an effort recommended by WHO to ensure that all maternities, whether free standing or in hospital, become centers of breastfeeding support.

Severely malnourished children are still seen frequently and health worker skills for managing these children are inadequate. In FY10, PEPFAR will support the scale up of training for 150 health workers on growth monitoring as well as 120 health workers for hospital-based and community-based management of severe acute malnutrition. This program entails provision of ready to use therapeutic foods to identified acutely malnourished children at health facilities. To aid in the proficient training of health workers and women, other supplies to be purchased include sterilizing units, breast pumps, graduated cups and body mass index calculators.

To improve the effectiveness of the adapted WHO/UNICEF training course, the Ministry of Health's Nutrition, Food and Control Division will print course materials, purchase teaching aids and produce IEC materials for mothers through PEPFAR support. PEPFAR will also support the printing and dissemination of child welfare cards that include HIV, PMTCT and nutrition information as well as the trainings of health workers to ensure appropriate distribution of such materials.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	338,175	

Narrative:

10.T.LS01: MOH - Laboratory Support - 338,175.00

In FY10, funds are requested to continue some of the activities of FY09 as follows.

1. Laboratory Information Management System (LIMS) Support

In FY09, a new laboratory-based Laboratory Information System (LIS) was piloted at four sites. In FY10, funds are requested to help roll out the LIS to six additional sites. The funds will be used for site assessments and for the procurement of scanners and printers for the sites.

2. HIV Rapid Test Support

In FY09, PEPFAR funds were used to support the evaluation of new rapid HIV test kits and revise the HIV training manual. In FY10, funds are requested to support the training of trainers (TOT) on the new testing algorithm.

3. Salary Support

FY10 funds are requested to continue support for the positions at the Institute of Health Sciences and the MOH laboratories.

4. Quality Assurance Support

In FY07, six laboratories were enrolled for the accreditation process with the South African National Accreditation System (SANAS), and two of these labs are now at the stage of applying for accreditation with SANAS. Progress, however, has been hampered by the lack of calibration and certification of equipment, including biosafety cabinets, centrifuges, balances, pipettes and timers. This has been a major setback in the accreditation process. Biosafety cabinets need to be validated annually. FY10 funding is, therefore, requested to assist the GOB in calibrating and certifying biosafety cabinets, pipettes, centrifuges, thermometers, timers and balances for the laboratories enrolled in the accreditation process.

5. The Upgrading of Laboratory Space

PEPFAR supported the construction of five pre-fabricated laboratories for Athlone Hospital, Princess Marina Hospital microbiology laboratory, the National Quality Assurance Laboratory, and the Letlhakane and Tutume primary hospital laboratories. The funds allocated for the construction of the laboratories, however, could not cover the costs of cabinet and storage space, basic laboratory furniture, and safety features, such as fire extinguishers and smoke detectors, in the laboratories. In FY10, funding is requested to upgrade the safety features in these laboratories.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	6,712,500	

Narrative:

10.T.AD01: MOH - Central Medical Stores Support - 6,712,500.00

Central Medical Stores (CMS) is a government entity, under the Department of Clinical Services in the Ministry of Health, responsible for managing the supply chain for all drugs, medical supplies, and essential health commodities used in the public sector.

There are currently 126 operational ART sites in Botswana, serving more than 93,000 patients, as of December 2008. CMS provides monthly ARV distribution services to all hospitals and District Health Teams, combined with the distribution of other medicines and health products.

ARV Procurement

CMS intends to use the majority of its funding (US\$ 6,400,000) to procure ARVs for the public health system. A list of the ARVs that this funding will cover is included on the overleaf.

The total funding envelope for ARV procurement in the public sector includes the following streams:

- The PEPFAR budget, administered through NACA and implemented by CMS.
- The NACA budget (DDF), which is the government budget for ARV procurement.
- Donations for specific products or groups of products from the Clinton Foundation and ACHAP.

The PEPFAR budget used by CMS to procure ARVs since 2007/8 is as follows:

2007/8: USD 21,504,228

2008/9: USD 13,582,633

2009/10: USD 6,599,520

The total estimated cost of ARVs to be procured in 2010/11 is USD 44,983,291. The proposed figure for the CMS budget, therefore, represents 14.2% of the total need. The majority of the rest of the funding will come from the Government of Botswana's (GOB) budget through NACA.

Some breaks in the supply of ARVs were experienced in the last year, mainly due to long procurement processes, poor performance of suppliers, and changing demand patterns. The new management team at CMS (funded by PEPFAR through the SCMS project) is addressing these problems through the development of a new procurement strategy. The new strategy will involve framework contracts with suppliers, which will lead to a smoother flow of supplies and less reactive emergency tendering.

CMS will use ARV stock availability at CMS as the performance indicator for the use of this year's PEPFAR funding. The target will be 100% availability throughout the funding period.

Systems Strengthening

CMS proposes to use USD 312,500 to support two strategic projects during this funding period:

- IT systems transformation: this project is designed to transform the IT environment at CMS to support the CMS core operations more effectively. In particular, this project will address the interfaces between the finance, procurement and warehouse management systems in use, which have been identified as



key bottlenecks to the improvement of CMS's performance.

- Security Systems Improvement: this project is designed to enhance the effectiveness of the security systems and procedures currently in use at CMS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	600,000	

Narrative:

10.C.TB01: MOH - TB/HIV & IPT Support - 500,000.00

FY10 funds will support collaborative activities, notably integrated clinical management, treatment and strategic information, for both the Botswana National TB Program (BNTP) and the Department of HIV/AIDS Prevention and Control (DHAPC). Specifically, the budget provides salary support for all of the existing program personnel who are now positioned within the DHAPC. Funds for additional computers and related equipment reflect the urgent need to update old hardware systems that are no longer able to deliver reliable data on TB/HIV indicators. Laptops and personal data assistants (PDAs) will be used for training and improved data collection mechanisms, respectively.

As part of a new TB/HIV integrated approach, revision of current IPT policy and clinical guidelines will require printing, training seminars, and improved clinical monitoring. Efforts to launch the initial ten "Enhanced TB/HIV Sites" are reflected in the ten supervisory visits scheduled by DHAPC. Additionally, information, education and communication (IEC) material will be developed. The support and supervision for other TB/HIV activities will be focused in the other 19 sites/districts.

Quarterly TB coordinators' meetings will ensure the continued strict monitoring and evaluation of the TB/HIV activities by the central level, and mentoring of the district staff. Patient and health care worker education will also be emphasized. Improved TB/HIV collaborative activities will need proper documentation to demonstrate best practices. This will be achieved through the development of the TB/HIV collaborative website, which in turn will allow routine program monitoring to be shared across sites and districts. Results from operational research will be shared in local and international scientific meetings, hence the budget for international travel for BNTP and DHAPC staff.

10.C.TB20: GOB - Bonela - 100,000.00

FY10 funds will be requested to support the salaries of one FSN and one contractor, and the travel costs of the FSN for site visits and attendance at regional and international meetings. Funds will also be requested to support the printing of the national TB/HIV guidelines and IEC materials, the maintenance



and development of the electronic TB register (ETR.Net), the pilot project on mobile telephone technology for TB data transmission, and the procurement of one laptop and printer for use by the TB/HIV program officers. Contingency funds will be requested for anticipated requests for emergency IC measures, e.g., ultraviolet light fittings, fans, and respirators in the MDR-TB sites and in selected Infectious Disease Care Clinics (IDCCs).

FY10 funds will be requested to provide TA from CDC Atlanta for the following activities: the assessment of treatment outcomes among TB patients with INH mono-resistance; a pilot project to intensify TB case finding in the health facilities in Francistown; an intervention project on TB infection control in the national prison network; and a project to assess the transmission of TB in outpatient care settings that serve persons with HIV-infection and evaluate measures to reduce TB transmission in these outpatient care settings.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9893	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)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Safe Blood for Africa Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)



Overview Narrative

Context

Botswana's blood supply has reached a plateau of approximately 20,000 units per annum, against a long-standing target of 34,000 units. Data collected by Botswana National Blood Transfusion Service (BNBTS) show that up to 29% of the available blood-supply is utilized to treat HIV related anemia.

Continuing Medical Education (CME) for clinicians remains a priority to promote the rational use of blood and blood products.

Safe Blood for Africa Foundation's (SBFA) mission is to facilitate capacity-building of blood services in Africa in order to deliver adequate, accessible and affordable safe blood through appropriate best practices.

SBFA has a strong staff and consultant database with unique experience in establishing sustainable blood services in Africa.

Since 2004, SBFA has been receiving Track 1 PEPFAR funding to provide technical assistance to the BNBTS.

Goals and Objectives

To support BNBTS and the Botswana Ministry of Health to achieve a safe and adequate supply of blood to meet the estimated annual national need of 34,000 units

Major Activities

SBFA will work toward implementation of the revised Transfusion Transmissible Infections testing strategy, provide training and guidance on the implementation of the National Quality Program for the BNBTS, support the introduction of the revised National Blood Policy, finalize the updated Clinical Guidelines (in collaboration with the National Committee on the Clinical Use of Blood), ensure distribution of the revised guidelines to each public-service doctor who practices transfusion medicine, and engage an external consultant to assess the project.

SBFA will assist BNBTS to increase the supply of safe blood for Botswana's clinical treatment programs. Blood donors will be rigorously counseled and screened for HIV and other Transfusion Transmissible Infections.

Medical personnel from all hospitals will be targeted for training in rational clinical use of blood, and will receive updated clinical guidelines on blood transfusion.

Target Population

The estimated 10,000 to 15,000 patients per annum who require blood transfusions. These include the estimated 3,000 patients in treatment programs who require transfusion for severe HIV-related anemia



Maternity cases requiring transfusion for hemorrhage

The eligible donor community, including military populations

Medical personnel from all hospitals

Geographic coverage

All 32 hospitals and healthcare facilities which provide blood for transfusion

Cross-Cutting Areas

SBFA activities support HIV-prevention through blood-donor programs which promote healthy lifestyles, low-risk behavior, counseling and testing, and referral for HIV positive donors.

SBFA activities support HIV treatment by assuring a critical supply of safe blood to treat severe HIV-related anemia.

SBFA activities support malaria prevention and treatment where safe transfusion is essential for preventing infection and for treating severe malaria-related anemia.

SBFA activities support safe motherhood by providing blood for maternal hemorrhage and pediatric transfusion.

SBFA activities support all the above by training clinicians in transfusion medicine.

Enhancing Sustainability

SBFA works with BNBTs staff and clinicians from all hospitals to provide blood for transfusion

In line with the intention of BNBTs (and PEPFAR) to develop and implement total quality management systems (QMS), additional technical assistance (TA) resources have been allocated to accelerating QMS in BNBTs. This directly supports the sustainable delivery of a safe and high-quality service for Botswana's hospitals.

The sustainability of BNBTs is largely dependant upon its human-resource capacity. Permanent staff appointments, particularly fulltime leadership of BNBTs, are a remaining challenge. Essential posts such as a fulltime Medical Director need to be filled. SBFA will provide TA in FY10, for the Medical Director post to be advertised, a candidate appointed, and training commenced.

Monitoring and Evaluation (M&E)

SBFA will ensure proper M&E of PEPFAR indicators for blood safety, and will support operational research to gather data to quantify the demand for blood and blood-products related to HIV treatment programs.

In the Project close-out period, an independent end-of-program evaluation will identify remaining priorities and direct future Blood Safety activity.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9895	Mechanism Name: U69/HA00047 -- I-TECH
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,838,000	
Funding Source	Funding Amount
GHCS (State)	2,838,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

The International Training and Education Center for Health (I-TECH) envisions a world in which all people have access to high quality, compassionate and equitable healthcare .

I-TECH was founded in 2002 by HRSA in collaboration with CDC. It is a global network that supports the



development of a skilled health work force and well-organized national health delivery systems, in order to provide effective prevention, care, and treatment of infectious disease in the developing world. I-TECH works primarily on activities that contribute to the achievement of PEPFAR.

Goals and Objectives

To provide technical assistance to strengthen government health systems and to ensure that healthcare providers deliver high-quality care for HIV/AIDS patients.

I-TECH will support ongoing health-workforce capacity-development activities in the program areas of laboratory, TB/HIV, continuing medical education, Prevention of Mother to Child Transmission of HIV (PMTCT), strategic information and in-service training.

Male circumcision and the lay counselor evaluations will continue with 2009 carryover funds.

HIV-Specific Objectives

To improve HIV/AIDS training programs and build the capacity of physicians in treating HIV+ patients

To build the capacity of national HIV training and coordinating unit at the Ministry of Health to ensure standardized and coordinated healthcare worker training

To increase access to laboratory tests

To build the capacity of healthcare professionals in treating TB-HIV co-infection

To improve quality of data relating to PMTCT through building human resources and organizational capacity to collect data

To directly reduce risk in HIV-negative males and, indirectly, reduce HIV in females through building capacity to scale up safe male circumcision (SMS) services; set standards and quality systems for long-term HIV prevention; and monitor and evaluate acceptance, performance, coverage, safety and impact of SMC services

To improve use of data for HIV policy decision-making through mentoring of 44 Information Management Officers (IMOs), providing technical assistance for two IMO supervisors, expanding the utilization of the District Health Information System and supporting two government-seconded staff

Geographic Coverage

All 28 districts throughout Botswana

Target Populations

Healthcare workers, both at the national and district levels.

Leveraging HIV Resources

I-TECH will work in partnership with other organizations to effectively support the Ministry of Health



(MOH).

I-TECH has embarked upon a strategic plan to diversify funding through identification and securing additional funding from new donors.

I-TECH will establish legal and operational capacity for diversification by completing its registration as a local NGO in keeping with its plan to localize its staffing for sustainability of its programs.

Cross-Cutting Areas & Priority Areas

In collaboration with CDC, Global AIDS Program, the MOH, the Ministry of Local Government (MLG), and the University of Botswana (UB), I-TECH builds human and institutional capacity in training, strategic information, quality improvement, and program evaluation.

I-TECH supports the Botswana National Tuberculosis Program (BNTP) to provide training to various healthcare worker cadres on TB care and treatment.

Enhancing Sustainability

I-TECH's approach to partnership with MOH, MLG, and UB serves to enhance the Government of Botswana (GOB)'s capacity to provide high quality HIV/AIDS services to the people of Botswana. I-TECH's approach to sustainable programs is as follows:

I-TECH supports health systems strengthening in Botswana through development and strengthening of data collection and training systems, and the provision of technical assistance in operations research.

I-TECH will continue to develop capacity of MOH staff to deliver national health programs through assignment of 13 staff members to the Department of Policy, Planning, Monitoring & Evaluation; the KITSO Training and Coordinating Unit; BNTP; the PMTCT Unit; National Quality Assurance Laboratory; and Botswana Harvard HIV Reference Laboratory.

I-TECH will utilize its strengths in curriculum development, training, systems-strengthening, quality-improvement, and monitoring and evaluation to meet Botswana's HIV prevention strategy through rollout of SMC.

Monitoring and Evaluation

I-TECH Botswana will ensure appropriate monitoring of activities in each program area through quarterly reports documenting targets achieved, progress toward objectives, lessons learned and best practices.

Reporting on activities conducted will be through existing reporting mechanisms, and will be submitted to BOTUSA. Progress and other requested reports will be provided as needed to BOTUSA.

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9895			
Mechanism Name: U69/HA00047 -- I-TECH			
Prime Partner Name: University of Washington			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	138,000	

Narrative:

10.C.AC20: I-TECH - STI Unit Staff - 138,000.00

Since 2004, the International Training and Education Center on HIV (I-TECH) has successfully collaborated with the Ministry of Health's National STI Training and Research Center (NSTRC) to improve management of Sexually Transmitted Infections (STI) in primary care settings nationwide. A national STI prevalence study conducted in 2000 found a high burden of STI, particularly genital ulcer disease (GUD), in Botswana. Given concerns about the synergistic relationship between HIV and other STIs, it has been a priority of the MOH to reinforce STI management using a syndromic management approach, including the introduction of acyclovir for treatment of symptomatic genital ulcer disease. I-TECH has assisted the NSTRC to roll-out a proven training package on the revised national STI syndromic management guidelines, including routine HIV testing (RHT) of clients as well as risk reduction counseling. I-TECH has also supported the NSTRC to strengthen supportive supervision and monitoring and evaluation of STI services, through training of district trainers in these areas and through support to the implementation of a routine facility checklist related to quality of STI care. In 2007, I-TECH began supporting the NSTRC to implement clinical mentoring among their district trainers and health care providers. Over 60 STI clinical mentors have been trained and will continue to support improvement of STI quality of care.

In COP 2010, I-TECH requests funds to support two positions, Principal Health office 1 and Principal health officer II in the National STI Control Programme of the Ministry of Health. These officers will function as focal persons for STI/HIV contact tracing and Most at Risk Population projects/initiatives. These officers will build on the STI training, clinical mentoring and capacity building work supported by I-TECH in previous COPs.



MoH will provide transport and subsistence for district support visits of these officers.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	100,000	

Narrative:

10.T.AT02: I-TECH Continuing Medical Education courses - 100,000.00

Botswana was one of the first countries in Africa to establish a national ART program for the provision of free treatment. The ART program has contributed to HIV infection becoming a chronic condition. With more and more people surviving the HIV infection and with ongoing research into providing care for PLWHA, the medical field is rapidly changing to meet these challenges. In response to this challenge, the MOH and the Botswana-Harvard AIDS Initiative Partnership developed the KITSO training program that uses a five-day basic course and a three-day abbreviated course to train providers. Continuing medical education opportunities to ensure that private practitioners who are trained in the provision of ART keep abreast of the rapidly changing world of HIV prevention, treatment and care remain critical. I-TECH, through its CME sessions, aims to complement the KITSO training program and the other in-service training programs that are available.

I-TECH began conducting annual CME sessions in 2005, providing critical updates and exploring in-depth scientific perspectives on advanced issues in HIV care. I-TECH collaborates with the Associated Fund Administrators (AFA) to identify private and public practitioners for these CME sessions.

I-TECH requests funding to conduct quarterly CME sessions on advanced HIV treatment and care topics for both public and private sector medical providers at each of the three sites.

Continuing Medical Education

This activity continues to complement the Botswana national KITSO training program by providing a series of didactic and skill-building workshops to medical providers, including physicians, pharmacists, and nurses, on six advanced HIV/AIDS topics.

I-TECH will offer CME workshops on two topics in Gaborone, Francistown and Maun. For each topic, a local or regional clinical expert will conduct interactive workshops, present recent clinical research findings and optimal care practices, including relevant Botswana national treatment guidelines, and utilize cases that demonstrate relevant clinical decision-making. The trainer will also facilitate discussion of actual Botswana cases brought to the workshops by participants. I-TECH staff will ensure that each CME session is grounded in specific, relevant learning objectives, is clinically accurate, and applies the best practices on interactive teaching and learning. I-TECH will also evaluate all CME sessions to inform improvements as each topic is repeated and as the CME series continues over time.



The resources required to sustain the CME series include staff time and logistical costs for the sessions (staff travel, venue rental, refreshments, and printing of materials).

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	1,000,000	

Narrative:

10.X.SI10: I-TECH - M&E Support - 400,000.00

I-TECH will continue its activity in the area of strategic information during FY10 at a scaled down rate as compared to preceding years. This activity will focus on three main project areas that include supporting one senior technical position at the DHAPC in the MOH, strengthening capacity at the MLG level for continued training and mentoring of information management officers (IMO), and supporting the enhanced deployment of district health information management systems (DHIS).

FY10 funds will be used to finalize activities related to training and mentoring of IMOs with the focus on ensuring that materials and systems are in place for the MLG to takeover the full responsibility.

I-TECH will develop self-directed learning modules that can be completed independently by newly hired officers as a first level of standardized, non-resource intensive training. Two additional sets of self-directed learning modules will also be developed for on-the-job training after the officers have been posted. I-TECH will develop a basic orientation and training curriculum and four more editions of the 'M & E Focus' newsletter. Additionally, I-TECH will work with the MLG and other partners to develop a minimum package of data management, use, and analysis activities that should be completed by the M & E Officers on a periodic basis.

I-TECH will work collaboratively with their partners to conduct a process evaluation of the M & E Officer placement at the district level. The evaluation will provide systematic data on lessons learned, opportunities missed, and future directions. To share this innovative project with national and international organizations, a video documenting the process will be developed.

Finally, through the secondment of a senior epidemiologist at the DHAPC, I-TECH will help strengthen surveillance systems and build local technical skills.

10.X.SI15: I-TECH - HMIS Middleware - 250,000.00

The GOB currently has numerous separate health information systems being utilized throughout the HIV response. Although these systems contain vast amounts of data, there is no mechanism that allows the systems to share relevant and synonymous data. This poses challenges for staff working with patient records and all other systemic data that reside on multiple systems which need to be harmonized. As time progresses, the rising costs of service delivery create a need for the more effective and efficient use of resources through integrated service delivery models. Integrated health systems are widely considered to provide superior performance in terms of quality and safety as a result of effective communication and standardized protocols.

PCI, through a partnership with BAPL, proposes the creation of a health data messaging service that could be viewed as a 'post office' where each health information system could communicate via a standardized interface. The plan would allow all participating information systems to deliver specific records to the 'post office' that other systems would then access and programmatically use to update associated relevant records on their own systems. This interface would use the HL7 health system interfacing language. This system would facilitate system-wide coordination of all clinical data. This solution, utilizing open source technology (Mirth HL7 messaging software), is a cost effective mechanism of achieving the desired functionality.

In the upcoming year, BAPL will integrate the new patient information management system (PIMS II) with an SMS messaging platform, BOTS 1.2, to show that mobile network and SMS technology can be used to connect different systems and facilitate seamless communication between them. This would allow the patient level tool to utilize the specialized libraries of the SMS tool to send SMS reminders as required, without needing significant redevelopment of the large and complex PIMS system. From there, the way forward would involve linking in the new laboratory information management system, blood banking software, and other patient level tools, the aggregate level tools and the TB tools with an aim of creating a single network, instead of the siloing that currently exists.

10.X.SI16: I-TECH - DHIS Support - 200,000.00

I-TECH will continue its activity in the area of strategic information during FY10 at a scaled down rate as compared to preceding years. This activity will focus on three main project areas that include supporting one senior technical position at the DHAPC in the MOH, strengthening capacity at the MLG level for continued training and mentoring of information management officers (IMO), and supporting the enhanced deployment of district health information management systems (DHIS).

The DHIS system has been fully deployed to the health district level, but is currently experiencing problems with a lack of use. With this funding, I-TECH will support increased utilization of the DHIS software. This will include meeting with the DHIS TWG, conducting a rapid assessment, and working with the TWG to develop and assist in implementing an operational plan to increase the programmatic use of DHIS. STTA may also be required to customize the output reports and plan for more effective use of the data. I-TECH will leverage the IMOs and the IMO training plan extensively in this process as well.

10.X.SI22: I-TECH - Financial Manager & IT - 150,000.00

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	660,000	

Narrative:

10.X.SS16: I-TECH - In-service Training Technical Assistance - 300,000.00

This is a continuing activity that aims to build the capacity of the training unit in the Department of HIV/AIDS Prevention and Care in the Ministry of Health (MOH). Funding and support for three training unit staff seconded to MOH, development and dissemination of national training standards and tools and the maintenance of the Resource Center will continue.

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. A wide range of trainings and training materials were developed by various partners involved in HIV prevention, care and support.

The KITSO training coordination unit (KTCU) of the Ministry of Health was established to coordinate all in-service HIV trainings. I-TECH has been supporting the KTCU since 2007.

Systems Barriers

Despite the creation of coordination unit, human resources to support this unit have remained a challenge. I-TECH support for three positions in this unit has been in an effort to support this challenge. I-TECH supports a training assistant, a resource center coordinator and a data manager for the training information system.

In an effort to ensure comprehensive, standardized, coordinated HIV/ AIDS training, I-TECH collaborated with KTCU to develop national training standards. These standards were finalized in FY09. The training standards provide minimum requirements for the provision of HIV/AIDS in-service trainings for health care providers in Botswana to ensure quality, effectiveness, harmonization and standardization of training. These standards cover the entire spectrum of the provision of in-service training -Assessment, Design, Development, Implementation and Evaluation of training programs and events (ADDIE).

I-TECH will continue to work with KTCU to develop and disseminate tools for monitoring the training standards. The training standards and any curricula that meet these training standards will be posted on the DHAPC website.

I-TECH will continue to support the Training Information Management System (TIMS) through salary support of the data manager.

LinkagesKTCU will explore how TIMS could be linked to the iHRIS being developed by DPPME. The HRIS has individual health worker information; by linking this information with TIMS, district management will at a glance be able to identify which individuals have attended specific trainings. The resource center will continue to link with all other units in DPHAC as a way of sharing existing documents, including approved curricula both within department and with the general public.

10.X.SS35: I-TECH: PPP - NIIT SI Positions in Districts - 360,000.00

At district-level and facility-level, there are a numerous health information systems in place to collect and use patient-level data as well as electronic systems focusing on aggregate-level data to monitor the national response addressing HIV/AIDS. These electronic data systems are serving a critical need in terms of patient care as well as monitoring and evaluation. However, the shortage of qualified IT personnel at the district-level is an impediment to the efficient and effective use of the IT systems in place throughout the country. IT is a scarce skill in Botswana, making it a challenge to find suitably qualified personnel at the district level who can provide much needed IT support so that systems operate as intended. Moreover, the mobility of personnel with these skills is very high and so there is a retention problem as well.

I-TECH proposes to work with NIIT (a tertiary education college offering certificate, diploma and degree programmes in IT) as part of a Public Private Partnership to help ensure that sufficient IT support is

available for the District Health Team (DHT) and the Districts Aids Councils (DAC), the major players in the implementation of the various HIV initiatives. Specifically, I-TECH will work with NIIT and GOB to develop and implement a one-year district-level IT internship program for NIIT graduates. I-TECH will provide strategic and technical guidance in the development of the implementation and monitoring plan for the project. I-TECH will also pass-funds through to NIIT for the implementation of the project. NIIT will be responsible for overall administration, implementation, and monitoring of the project. NIIT will contract graduates for a year-long assignment as district IT Interns. These graduates will be guided and supervised by senior personnel from NIIT in addition to the administrative support that will be provided to the project. The NIIT supervisors will also assess the performance and development needs of these graduates and provide them with relevant additional training, if required. NIIT will provide I-TECH and the funding agency with quarterly reports of the relevant activities at the various districts.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	300,000	

Narrative:

10.C.TB15: I-TECH - Co-morbidity of HIV - 300,000.00

Tuberculosis is a serious public health problem in Botswana. In 2007, the case notification rate was 477 per100 000. The 2006 and 2007 HIV surveillance data estimate the TB/HIV co-infection rate to be between 60% and 86%. In response to this public health challenge, I-TECH has supported the Botswana National TB Program (BNTP) through the development of TB training and mentoring materials based on the National TB Program manual.

To support the training rollout, I-TECH seconded two master trainers to the MOH/BNTP. The role of the two trainers is to develop the capacity of health care workers to provide care for TB/HIV co-infected patients using the training of trainers (TOT) model. Trainers are trained in every district and they in turn are to conduct cascade trainings within their own districts.

As of October 2009, over 600 health care workers had been trained. Despite the large numbers of health care workers trained, the quality of the management of TB/HIV co-infected individuals has remained poor. To complement the training program, in FY09, I-TECH recruited two clinical mentors to help bridge the gap between the training and the clinical practice. While many of the shortcomings identified were policy and structural issues, most can be addressed through training and support.

In FY10, I-TECH will continue to support both the training and the clinical mentoring programs. The Government of Botswana will fund the costs of the training, while I-TECH will support the per diem and



lodging costs for the trainers.

Major FY10 activities for which I-TECH is requesting funding include: (1) support for the salaries, benefits and professional development of four BNTP staff; (2) two district TOT workshops with 20 participants per training, as a response to the high attrition rate, with the master trainers supporting the district cascade trainings; (3) a TB clinical mentoring program where two mentors will spend at least two weeks in each of the eight districts selected for mentoring.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	

Narrative:

10.P.PM08: I-TECH - PMTCT Data Quality Improvement - 500,000.00

This is a continuing activity that aims to build the capacity of the PMTCT Unit in data collection, management and analysis. In FY10, I-TECH will support the roll out of the PMTCT data collection tool and seven registers, both of which were piloted in FY09. District health care workers (HCWs) will be trained to accurately use the new tools. I-TECH will collaborate with the PMTCT Unit to develop Standard Operating Procedures (SOPs), which will guide the district HCWs in using the new registers.

FY10 funds will be used to cover conference facility costs for 39 workshops for training district health care workers (lay counselors, site facilitators, data clerks, midwives and nurses), in the country-wide roll out. In order to ensure high-quality structured and standardized trainings, the trainers will undergo a five-day training-of-trainers course before embarking on district trainings. I-TECH will support salaries, per diem and lodging for the six training officers, who will conduct training (two months) and support visits (three months) to mentor HCWs and carry out data audits during the roll out. To ensure sustainability upon completion of the roll out, the district PMTCT focal person and both the District AIDS Coordinating Office (DAC) and District Health Team (DHT) M & E Officers will also be trained and will form part of the teams that will conduct the trainings and support visits in the districts. I-TECH will also continue to support the secondment of a Data Manager to the PMTCT Unit.

I-TECH will provide support to the PMTCT Unit and the Data Manager in ensuring that ongoing data audits are performed to ensure quality and completeness of data. The Data Manager will elaborate protocols for quality control. I-TECH's PMTCT Officer will provide support to the Data Manager to identify strengths and weaknesses in the data and to problem-solve systems-related solutions to ensure utility. I-



TECH will also ensure the new data collection tools are integrated into existing mentorship and support of the M & E Officers and their work with HIV Program Officers.

Funding will also continue to support the subcontract with Data Management Systems (DMS) to input early infant diagnosis (EID) data to help clear the backlog.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	140,000	

Narrative:

10.T.LS03: I-TECH - Laboratory Positions Support - 140,000.00

In order to strengthen the capacity for laboratory management, quality assurance of laboratory testing, and access to pediatric HIV diagnosis, funding is requested to support the following activities:

Human Resources:

- Salary support and professional development for three positions at NQA Laboratory.
- Support for training of laboratory scientists at the CDC/NICD training center in South Africa
- Salary support and professional development for a laboratory scientist position at BHHRL.
- Salary support and professional development for the Head of the Department of the Medical Laboratory Sciences.
- Professional development opportunities for laboratory scientists and technicians.

Development of Training Modules:

Technicians admitted into the B.Sc. (Medical Laboratory Sciences) program are weak in the areas of research methodology, biostatistics, and protocol design. This has handicapped their ability to cope with some of the most important required courses, including their research projects and genetics. I-TECH is requesting funding to support curriculum development of a two-week intensive, modular-based course in research methodology for the students. The support will be for the development of three modules (Research Methods, Introduction to Biostatistics, and Protocol Design). Training will be conducted by lecturers at the University of Botswana.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9908	Mechanism Name: U62/CCU25113: Expanding
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	and Enhancing Voluntary Counseling and Testing Services
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Tebelopele	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 6,600,000	
Funding Source	Funding Amount
GHCS (State)	6,600,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

Transitioned from BOTUSA into a local Non-governmental organization (NGO) in 2004, Tebelopele's goal is to make a critical difference in HIV prevention in Botswana by expanding the coverage and accessibility of high quality, same-day, confidential and Voluntary Counseling and Testing (VCT) services. TVCT's goals and objectives are aligned with the Botswana National Strategic Framework (NSF).

Goals and Objectives

- To prevent HIV infection among Youth
- To position VCT as a key public health goal and an entry point for a healthy life
- To position Tebelopele as a reliable, high-quality option for VCT services
- Ensuring the sustainability of TVCT services

Major Activities

- Building on its success in providing quality VCT services over the years, TVCT will use PEPFAR 2010 funds to support salary of 240 staff to continue delivering Voluntary Counseling and Testing (VCT) services in partnership with the Ministry of Health (MOH) and others.
 - Funds will support outreach services, community mobilization and social marketing activities.
- Procurement of essential backup HIV test kits and supplies will to support expanded coverage and accessibility of services to children and adolescents, the deaf, Most-At-Risk Populations (MARPS),



couples and men.

- Funds will be used to provide supportive counseling, Post Test Clubs (PTCs), TB screening of VCT clients, and strengthening referral linkages will also be supported. HIV prevention messages, counseling and referral will be provided for Safe Male Circumcision (SMC), prevention for discordant couples, reduction of multiple concurrent partnerships (MCP), and other risk reduction strategies.
- The TVCT HIV Training Initiative, accredited in 2009, will provide in-service courses in peer education, lay counseling and Couples Counseling and Testing (CHCT).
- Funds will support 2 sub-partners (Humana People to People and Botswana Christian AIDS Intervention Program) to provide youth VCT and conduct training of traditional healers on HIV/AIDS and referral strategies.

Geographic Coverage

TVCT centers are distributed countrywide, with 16 free standing and 26 satellite sites, and cover all the 28 health districts. TVCT covers more than 90% of villages and more than 60% of all the settlements in the country. Sites are situated in such a way that over 80% of the population is within a 50km radius.

Target population

The general population (below and above 15 years of age), males and females; couples, men, youth, children, MARPS, the deaf and pregnant mothers referred for Prevention of Mother to Child Transmission of HIV (PMTCT) services. TVCT will reach 120,000 individuals with VCT. Of these, 16,000 will be in couples, 7000 individuals will be reached with supportive counseling, 90,000 individuals will be reached with prevention messages – with at least 50% of these being men.

Making the Most of HIV Resources

GoB provides most of TVCT's HIV test kits, condoms and Information Education and Communication materials. TVCT will capacity build 6 CBOs in VCT service provision thus expanding reach to remote areas and reducing outreach cost.

TVCT will form and consolidate partnerships with the private sector and the District Multi Sectoral AIDS Committee (DMSACs) to leverage outreach resources while strengthening linkages.

TVCT will work with the following partners

Twining program with American International Health Alliance (AIHA) in NGO capacity-building Community Based Organizations (CBs).

Zebras4Life, Test4Life Project for mobilizing men to test

Involving Youth Against AIDS (YAA) volunteers with support from the Ministry of Sports Youth and Culture



DMSACs to make combined outreach trips, thus reducing transport costs

TVCT will leverage funds

Some staff time will be compensated with funds from projects for construction of Dikgathong dam and Tlokweng road.

Internal efficiencies will be improved

All vehicles will be equipped with tracking devices to enhance controls and efficient usage.

Supply Chain Management System (SMC) strategies will be implemented in the tracking and controls of HIV test kits

Multitasking (e.g. redeploying receptionists to provide counseling) will be introduced, thus lowering the use of part-time counselors

Community and Youth Against AIDS (YAA) volunteers and Post Test Club members will be utilized for mobilization

Partnering with local clinics for combined mobile outreach

Disposal of aged and high maintenance vehicles

Implementing fee-for-service for specific services to private organizations

Training more counselors on issues of MCP, SMC, Anti Retroviral Therapy adherence, TB screening, child counseling and PMTCT.

Conducting fund-raising for the YAA program

Pursuing opportunities for supplying specialized M&E and medical information services together with Satelife.

Cross-Cutting Areas

TVCT will support activities for increasing women's equity and addressing male norms and behaviors in VCT and PMTCT, intensified verbal TB screening and referral for assessment and treatment.

Twenty-five sex workers in the Kasane will be assisted to start sustainable income-generating activities in collaboration with RTI International.

Through the Zebras4Life project, more men will be reached with MCP messages and SMC counseling and referral.

TVCT will continue collaboration with its partners to provide workplace VCT services in the mines, construction sites and other workplaces.

Monitoring and Evaluation

TVCT implements a well established M&E system, and will capture the PEPFAR NGIs and the country-level indicators.

TVCT has data-collection tools which have been approved by CDC and has successfully introduced the



use of PDAs to capture data accurately and report in a timely manner.

TVCT has been trained in SCMS logistics-monitoring tools and systems to track HIV test kits and supplies.

TVCT will work with prevention and palliative-care programs to report on their respective indicators for which TVCT provides services and collects information.

M&E tools are designed to allow session-type specific information and the incorporation of emerging issues (such as those involving disabled persons and Most-At-Risk Populations.)

Site visits will be undertaken to ensure data systems function, and to address data issues at collection points.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	330,000
Human Resources for Health	260,000

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Mobile Population
- Workplace Programs
- Family Planning

Budget Code Information

Mechanism ID:	9908		
Mechanism Name:	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and		
Prime Partner Name:	Testing Services		
Prime Partner Name:	Tebelopele		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	600,000	
Narrative:			

10.C.AC10: Tebelopele - Prevention with Positives - 600,000.00

Tebelopele has a wide reach with 16 standalone sites throughout the country. We are placed such that 80% of the population is within a 50km radius from a Tebelopele site. This geographic proximity makes it easier for a pool of people to access services. Although our counseling focus has been in HIV counseling and testing, the number of clients visiting the centers presenting with a combination of factors has been increasing as such we have put measures in place to accommodate general psychosocial support in a more systematic manner. We offer targeted counseling and supportive counseling services to couples, men and women and children/adolescents. 75% of TVCTC clients test HIV negative the few that test positive have an opportunity to come back for supportive counseling. It is however worth mentioning that HIV negative clients are given an opportunity to come back for supportive services: these are mainly clients who although tested HIV negative have risk factors that put them at a greater susceptibility for HIV infection. Supportive counseling clients are identified during post test counseling by counselors and lay counselors though services that are provided by qualified counselors. As for lay counselors they identify clients who will benefit from such a service and make referrals to the more qualified counselors. Post test clubs keep communities mobilized.

POST TEST CLUBS

Post Test Clubs are an initiative whereby people who have tested for HIV, whether positive or negative, meet together regularly to share experiences, information and insights, and to support one another regarding challenges that some maybe facing. The PTCs are semi formal facilitated meetings that are aimed at addressing issues and topics that are of interest to the members with the overall objective of enhancing prevention of HIV transmission, as well as to promote utilization/access to the available relevant post test services including treatment, care and or supportive services. PTCs also serve to provide information and support for those who have tested and are still dealing with issues of disclosure to partner and/or family and adherence to personal risk reduction plan. Ultimately PTCs are an extension of the gateway to prevention, treatment, care and support through which the members may be referred for services like ongoing supportive counseling and clinical assessment for treatment.

YAA

The YAA Lay counselors are deployed in various secondary schools where they assist to reach adolescents and youth with timely guidance into supportive counseling services where need arises. This strategy is effective in that troubled young people especially those living with HIV/AIDS have fundamental distrust of adults and thus more comfortable with younger individuals to confide in. YAA volunteers are widely accepted by the school counseling and guidance unit as an invaluable resource.

DISTRICT MULTI-SECTORAL AIDS COMMITTEES

Tebelopele has engaged the District Multi-Sectoral 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.

FY10 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 rollout 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	6,000,000	

Narrative:

10.C.CT01: Tebelopele - VCT Network - 6,000,000.00

Tebelopele (TVCT), a local NGO, provides high quality, same-day, confidential HIV testing and



counseling services through 46 service points nationwide. TVCT uses a HIV testing algorithm that consists of two rapid test kits running simultaneously, with Ora-quick HIV 1/2 for indeterminate results. When the results are clear, the testing process takes 15-20 minutes. The ACTS (Assess, Consent, Test, and Support) counseling protocol has been adapted for use at all sites. To take advantage of client waiting times before seeing a counselor, pre-counseling group education sessions are offered. For clients that receive this information, the counseling session is shortened.

While all TVCT tests are client-initiated, nearly 40% of tests come as a result of a campaign or special event, mostly through youth activities and soccer matches. TVCT performs about 50% of all HIV tests in the country annually. Outreach services are provided in hard-to-reach areas. Couples counseling and testing services are provided in collaboration with the Ministry of Health and the office of the District Commissioner, which conducts marriages every Thursday. TVCT's post-test services include on-going supportive counseling, post-test clubs and TB screening (through the use of a questionnaire). In FY08 and FY09, TVCT introduced counseling supervision, with mentorship from Liverpool VCT, and in FY10, this activity will be rolled out to other CBOs. Six community-based organizations will also be supported to expand VCT services in remote areas as a more cost-effective intervention than sending TVCT staff to these locations.

Even though TVCT services are open to anyone, specific target populations include couples, adolescents and youth (ages 15-29), men, and most at-risk populations, specifically sex workers and truck drivers in high construction and tourist areas. TVCT also reaches these groups with prevention messages through radio and sports activities. In FY10, TVCT will: (a) provide VCT to 120,000 individuals, including 16,000 couples; (b) reach 90,000 individuals with prevention messages; and (c) offer on-going supportive counseling to 7,000 people.

Recognizing the need to strengthen the referral process, TVCT will make efforts to bolster this aspect of their program in FY10. Referral buddies, who accompany a referred client to government sites, have been introduced and will be rolled out nationwide. Referral slips will continue to be used and mechanisms have been put in place to collect them from various partners for cross-matching to monitoring successful referrals. TVCT centers provide confidential VCT services, a change that enables follow-up of clients between the test and clinical sites. Most clients provide their names and national identification number (omang). The omang is a unique identifier that allows for data interlink with other providers. Traditional healers in Kweneng West district have been trained to refer their clients for VCT and other HIV/AIDS services. Referral cards are used to track and monitor the performance of this activity.

To improve on data quality, personal digital assistants (PDAs) are currently used in all TVCT centers and are utilized during outreach activities to ensure data accuracy and security. TVCT also participates in

internal/external quality assurance mechanisms as per national standards.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9909	Mechanism Name: 5U51HA02522: Palliative Care Support
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: Harvard University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,786,962	
Funding Source	Funding Amount
Central GHCS (State)	2,786,962

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Target Area: All 32 current ART sites and their 138 satellite clinics and future ART roll out sites in Botswana

Implementing Partners: Implementing Partners: Masa – The National ARV Therapy Program, Ministry of Health (MoH), Botswana; Botswana-Harvard AIDS Institute (BHP); and Harvard School of Public Health (HSPH)

Statement of Needs: Started in 2002, the Masa Program is currently supporting more than 107,000(Aug 09) ART patients at 32 ART sites and their 109(Aug 09) currently 138 satellite clinics countrywide.

Constraints that will continue to impede the Botswana Government's plans to provide treatment and care to an estimated 125,000 patients in 600 ART treatment sites by 2013are: shortage, turnover, and attrition of qualified health professionals; lack of coordination among HIV/AIDS-related programs, limited capacity



to conduct timely CD4 and viral load testing; and an inadequate system of tracking and monitoring ART patients.

Major Goals and Targets Planned: The goal of the project is to support the Masa program and its current 32 sites and their 138 satellite clinics and future ART sites by: 1) developing a sustainable capacity in clinical care and treatment of HIV/AIDS patients through training, on-site support, and roll out of facilities; 2) developing a sustainable capacity in CD4, viral load, and other lab testing, and supporting countrywide decentralization of laboratories; 3) establishing a Monitoring and Evaluation Unit to track ART patients and monitor the progress and effectiveness of the Masa program; and 4) implementing and operationalizing a fully functional Botswana-based NGO, BHP, whose governance is shared between the Botswana Ministry of Health and Harvard to ensure PEPFAR sustainability.

Project Accomplishments: In Year 06, the Clinical Master Trainers' pharmacists, physicians and nurse/midwives conducted needs and pharmacy assessments, training in ART care & treatment, Nurse Dispensing and Prescribing, on-site and/or telephone support at 29 ART sites and 95(Sept 09) satellite clinics, set up treatment failure management registries and pilot of Universal HAART in 4 sites (incl hospital, supporting clinics and feeder health posts). QAI activities continued to be integrated into site support. The Laboratory Master Trainers collaborated on production of a laboratory training manual and provided training and follow-up support for 23 laboratories in CD4 and 10 laboratories in viral load testing. Decentralized labs performed 55% and 29% CD4 and viral load tests respectively countrywide this year. The M&E Unit of Masa provided consolidated monthly reports, conducted data training and data audits, upgraded, piloted, and rolled out a SQL-server-based electronic application (PIMS II), and provided a dataset?? QOL BHP was operationalized as a Limited Liability Corporation (LLC) in Botswana on September 1, 2009. BHP applied for and was awarded two PEPFAR Cooperative Agreements as well as other USG and non-USG awards.

Overview of Continuation Activities: In Year 07, the Clinical Master Trainers will continue to roll out facilities; provide training and support in HIV/AIDS treatment and care to all ART sites and their satellite clinics with specific training and support for nurse prescribing and dispensing, QAI, and pediatric scale-up; continue to develop training materials; and collaborate to integrate PMTCT, TB and other HIV/AIDS-related activities. The Laboratory Master Trainers will continue to provide training and support in, CD4 and viral load testing at the decentralized labs; provide new training in hematology, chemistry, microbiology, lab data management, reagent logistics, and QAI; and provide Rapid HIV and Dry Blood Spot testing training for lay counselors. The M&E Unit will complete deployment and training on PIMS II, to ARV sites; refine and expand indicators & management tools, especially for PMTCT; integrate functions of the national system, and establish IT support to the department. BHP as an LLC will be fully operationalized.



Future Goals and Targets: By the end of Yr 7, all established ART sites will have received training and support through the Clinical Master Trainer, Lab Master Trainer, and Monitoring and Evaluation Unit programs. The M&E Unit will have developed systems to monitor the national ART program and provided reports and analyses to inform the Government of Botswana in HIV/AIDS care and treatment policies. All activities of the Harvard Botswana PEPFAR grant will have been fully transitioned to the BHP LLC. and will continue to apply for future funding to support and sustain HIV prevention, care and treatment programs in Botswana in the years to come.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9909			
Mechanism Name: 5U51HA02522: Palliative Care Support			
Prime Partner Name: Harvard University School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	2,786,962	
Narrative:			
10.T.AT07: Harvard Botswana AIDS Initiative partnership - 2,786,962.00			
<p>The Clinical Master Trainer program will expand its activities in the following areas in conjunction with:</p> <ul style="list-style-type: none"> -The Prevention of Mother to Child Transmission (PMTCT) Program to include the PMTCT pilot project for universal highly active anti-retroviral therapy (HAART) with the PMTCT program and training on dried blood spots (DBS) and Routine HIV Testing (RHT) for the expanded nursing role in testing. -The Botswana National TB Program (BNTP), which will include TB/HIV co-infection, Isoniazid Preventative Therapy (IPT) integration activities in anti-retroviral (ARV) roll out clinics, and the development of TB/HIV adherence materials to be incorporated into the training and mentoring activities. 			



-Masa, the anti-retroviral (ARV) distribution program, will incorporate expanded pediatric expert training for identifying infected children, the Nurse Training Initiative for prescribing and dispensing, and training in conjunction with the Palliative Care Unit on the training package for community volunteers.

-The Ministry of Local Government (MLG) will add the nurse dispensing training.

-The Laboratory Master Trainers program will expand its activities to include the development of training manuals and training in chemistry, hematology and tuberculosis microscopy in the ARV clinic laboratories and standardization, standard operating procedures (SOP), and an external quality assurance (EQA) program for new ARV clinic laboratories.

The Track I funding mechanism will end by 2012. In this regard and in line with the PEPFAR requirements, a local organization will be put in place to implement Harvard's activities in Botswana. The Harvard School of Public Health will embark on strengthening the capacity of the Botswana Harvard Partnership LLC, a local organization to implement the Master Trainer program in Botswana, which has in place a transition plan to achieve this.

The transition plan consists of:

1. Harvard will ensure that the local entity fulfills the PEPFAR definition of a local organization.
2. An amount TBD will be subgranted to BHP LLC in FY10 to assist the organization in setting up and picking up activities of the Master Trainers Health Care Provider Training.
3. BHP LLC will then progressively take over activities related to the project and in the future, apply for PEPFAR or any other award relevant to the program. BHP LLC will be able to subgrant to Harvard in the case of the need for any consultancies or other technical assistance required.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9910	Mechanism Name: Capacity building assistance for GAP through technical assistance collaboration
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Alliance of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 1,200,000	
Funding Source	Funding Amount
GHCS (State)	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD was named in August 09 reprogramming.

Context

The National Alliance of State and Territorial AIDS Directors (NASTAD), founded in 1992, is the only officially established organization that represents AIDS Directors of all 50 U.S. states. A membership driven, participatory and peer-led organization. NASTAD's mission is to strengthen state and territory-based leadership, expertise, and advocacy, and bring them to bear in reducing the incidence of HIV infection and on providing care and support to all who live with HIV/AIDS.

The NASTAD Global Program draws upon the peer-based, participatory, and experiential approaches proven to be of value to U.S. state AIDS directors in NASTAD's domestic programs, and uses a peer-based learning model that places country HIV management experience at the center of its training and technical assistance methodology.

NASTAD was engaged by CDC/ BOTUSA in 2003 to provide capacity building and technical support to the Botswana Ministry of Local Government (MLG) in the planning and implementation of the district response. Initially, NASTAD worked with the MLG to develop revised national terms of reference for the District Multi Sectoral AIDS Committees (DMSACs) and standardized national guidelines for the preparation of annual comprehensive plans.

NASTAD now works in partnership with the MLG, Department of Primary Healthcare Services (DPHCS) to provide in-depth on-site technical assistance and training to all District AIDS Coordinators(DACs) and DMSACs to help assure the development and implementation of high-quality annual evidenced-based comprehensive district HIV plans.

NASTAD collaborates with DAC office staff and Peace Corps Volunteers serving in districts to provide district HIV prevention implementing partners with organizational, technical, and financial support for the



implementation of HIV prevention activities identified through the district planning processes.

Goals and Objectives

To strengthen capacity of national and local public sector staff to plan, manage and evaluate, and coordinate public sector HIV prevention, care and treatment programs

To build organizational capacity of public sector offices to support the delivery of national and local public sector HIV programs

To create sustainability in national and local HIV programs

Major Activities

NASTAD has a head office in Gaborone where programmatic and operational activities are coordinated. NASTAD is fully integrated into the MLG, DPHCS, coordinating its work with MLG monitoring and evaluation, the Community Capacity Enhancement Program (CCEP) and with other policy advisors and staff. NASTAD staff visit districts to provide one-on-one technical support to DACs, DMSACs and their Technical Advisory Committees, and collaborating with the US Peace Corps (PCV) program in Botswana whose volunteers are partners with NASTAD in building capacity to implement the revised NASTAD Evidence Based Planning Toolkit.

NASTAD also draws upon U.S. state health department twinning partners who, as professional counterparts and peers to DAC can provide peer-to-peer support, technical and content expertise.

Together, these staff and technical assistance providers aim to implement increasingly cost efficient and sustainable activities by transferring technical and programmatic skills, guidelines and processes to local public health staff.

Target Populations

In- and out-of-school youth aged 10 to 29 years of both sexes.

Geographic Coverage

Northeast, Kweneng West, Mahalapye, and Kanye/Moshupa districts.

Cross cutting programs

NASTAD will strengthen and support human resources within districts by facilitating the hire of 14 CCEP project officers by the Ministry of Local Government.

Monitoring and Evaluation Plan

NASTAD will develop a comprehensive monitoring and evaluation framework that identifies performance indicators and data collection sources and methodologies.

NASTAD will establish systems to collect unduplicated numbers of participants, and will rely on pre-post



surveys of training participants, and interviews with participating district, and local staff to monitor targets and measure positive changes in the performance indicators.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	40,000
Human Resources for Health	300,000

Key Issues

Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID:	9910		
Mechanism Name:	Capacity building assistance for GAP through technical assistance		
Prime Partner Name:	collaboration National Alliance of State and Territorial AIDS Directors		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	
Narrative:			
10.X.SI18: NASTAD - epidemiological profile of HIV in Botswana - 50,000.00			
Objective 1: To establish an ongoing process and specific guidelines for the iterative production of national and district level HIV/AIDS epidemiologic profiles.			
Objective 2: To develop a 2010 HIV/AIDS epidemiologic profile for Botswana.			
Objective 3: To strengthen the capacity of the MOH and NACA for the development HIV/AIDS epidemiological profiles and updates.			
NASTAD will establish a technical working group (or expand the terms of reference of an existing technical working group) to:			
i. agree upon a framework/format and guidelines for the development of a national epidemiologic profile;			

- ii. identify and select relevant national and district data sources;
- iii. review and validate draft and final versions of the epidemiologic profile;
- iv. plan for distribution and use of the epidemiologic profile, including sensitization/advocacy meetings at the national and district levels;
- v. identify roles and responsibilities and resources to ensure future ongoing updates of the epidemiologic profile.

NASTAD will identify a consultant to:

- i. undertake an inventory and review available data sources;
- ii. analyze and develop narratives for review by the technical working group;
- iii. produce, format, print, and distribute the final document;
- iv. organize and implement national and local sensitization/advocacy and dissemination meetings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	550,000	

Narrative:

10.X.SS02: NASTAD - Community Planning - 550,000.00

NASTAD works in partnership with the Ministry of Local Government's (MLG), Department of Primary Health Care Services (DPHCS) to: 1) institutionalize the use of the evidence-based approach (EBP) for the development of annual comprehensive district HIV plans, and 2) implement the Community Capacity Enhancement Program (CCEP).

The goal of technical assistance in EBP is to build capacity of national and district level government to respond effectively to the epidemic by applying the EBP approach. NASTAD will:

- Provide training on EBP to the AIDS Coordinating Unit (ACU).
- Train a core group of trainers within MLG who will provide implementation support for the EBP Strategy.
- With MLG, train new DACs and Ministerial AIDS Coordinators to promote EBP and facilitate harmonization between Ministerial and District Plans.
- Partner with MLG DPHCS to provide on-site tailored technical assistance to all 29 districts
- With MLG staff training co-facilitate on EBP, implementation and monitoring for up to 15 Peace Corps Volunteers (PCVs)
- With MLG, review and assess comprehensive plans to determine EBP technical assistance needs



for DACs

- Support MLG's effort to develop and implement a standardized reporting system for district planning and prevention activities.
- Provide one training of DACs and Implementing Partners (IPs) on Logic Model for planned Implementation & Outcomes and for Planned Monitoring in the 24 non-focus districts

The CCEP is currently being implemented by the MLG DPHCS. The project engages communities in ongoing conversations to identify priority community needs and sustainable, community initiated interventions by which to address them.

The goal of this assistance is to strengthen the capacity of Botswana Government institutions and Community Based Organizations (CBOs) to use CCEP to enhance HIV district planning and delivery of HIV prevention interventions. NASTAD will:

- With MLG, establish and train a core group of Master Trainers at MLG who will provide ongoing training and implementation support for the CCEP Strategy
- Using existing Community Conversation (CC) program management training (currently being delivered in Ethiopia), design and implement a training program for Master Trainers on quality management and monitoring of CCEP.
- With MLG, support the Master trainers in training of IPs and Facilitators in the 4 implementing Districts, on CCEP including the relationship between CCEP district planning, and the HIV prevention work of the IPs
- Provide one-on-one support and follow up with CCEP MLG staff and CCEP facilitators to ensure integration of CC recommendations into DMSAC activities as part of its ongoing EBP capacity building visits to districts
- Identify and document Best Practices or Areas of Competence in partnership with MLG and the National AIDS Coordinating Agency

Activities for supportive supervision and quality assurance

In collaboration with MLG, NASTAD will provide one-on-one, on-site follow up and support to DACs and DMSACs in applying EBP and CCEP and integrating CCs priorities and solutions into District HIV/AIDS Comprehensive Evidence Based Plans.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	350,000	

Narrative:

10.P.AB05: Nastad - Assistance to MLG District Prevention Program - 350,000.00

This activity seeks to strengthen HIV prevention interventions at the district level by providing financial and technical support to district level HIV prevention implementing partners (IPs).

Target Population

In- and out-of-school youth aged 10 to 29 years.

Main Objectives

- a) Build capacity within three civil society organizations to be independent self-sustaining HIV prevention IPs;
- b) Ensure that IPs deliver high quality, effective and sustainable HIV prevention activities; and
- c) Ensure sustainable capacity of District Multi-Sectoral AIDS Committees and the District AIDS Coordinators (DACs) to coordinate district level HIV prevention strategies.

NASTAD will select three of the five currently funded IPs and their activities would be as follows:

1. Baga Mmanaana Cultural Group will establish friendship group/abstinence clubs in four secondary schools in Moshupa to provide HIV prevention life skills education to students in Forms 1, 2 & 3.
2. CHLD Tapologo Marriage and Family Project will seek to reduce HIV transmission rates among youth and couples in Kanye/Moshupa by promoting a culture of self control, fidelity and respect for the institution of marriage and family.
3. Motlware Theatre Group will establish friendship groups/abstinence clubs to provide HIV prevention life skills education at secondary schools for students and at churches for out-of-school youth.
4. House of Men Theatre Group will use theatrical performances to provide HIV prevention peer education on life skills and parent-child communication targeting youth ages 10-29 in Letlhakeng Primary and Junior Secondary Schools.
5. Tsholofelo Trust will develop youth clubs in Ditshegwane, Sesung and Serinane that promote HIV awareness and behavior change among the participants and in the community.

Activities for Supportive Supervision and Quality Assurance

NASTAD will work closely with the Ministry of Local Government and the DACs in four districts to provide supervision and quality assurance through:

- a) One-on one technical assistance site visits;
- b) Delivery of quarterly workshops on organizational capacity building;

- c) BCIC manuals and IEC materials to enhance quality by providing guidance on the application of effective interventions; and
- d) Coordination with evidence-based planning program for district level interventions.

Linkages

Linkages will be made with adolescent sexual reproductive health programs and UNFPA projects targeting young people in districts where there is such a presence. Ministry of Education will train IPs on Life Skills Curriculum so that they can start implementing in schools.

Monitoring and Evaluation Plan

NASTAD will develop a comprehensive monitoring and evaluation framework that identifies performance indicators and data collection sources and methodologies. NASTAD will establish systems to collect unduplicated numbers of participants, and will rely on pre- and post-surveys of training participants, and interviews with participating districts and local staff to monitor targets and measure positive changes in performance indicators.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	

Narrative:

10.P.OP05: Nastad - Assistance to MLG District Prevention Program - 250,000.00

This activity seeks to strengthen HIV prevention interventions at the district level by providing financial and technical support to district level HIV prevention implementing partners (IPs).

Target Populations

Sexually active men and women aged 15-64 years.

Description of Services

Six of the following seven currently funded IPs will receive FY10 funds to continue implementing their activities:

Ditshegwane Support Group will provide information and support to promote HIV prevention through

behavior change interventions.

Madiba Drama Group will use drama as a vehicle to educate youth and adults throughout Mahalapye sub-district on HIV/AIDS and behavior change.

Vision Support Group will work in Mahalapye, Shoshong and Mookane to promote healthy sexual lifestyles including safe and consistent condom use among adult men and teach sexually-active HIV-positive and HIV-negative persons.

Voice of Women will mobilize, sensitize and raise awareness about HIV/AIDS and problems of stigma and gender-based violence.

Nlapkwane Community Development Trust will educate adults about HIV prevention and mobilize them to utilize services and empower youth with life skills to reduce the risk of HIV infection among them and their peers.

Pelagano Support Group will develop community mobilizers to educate about the importance of knowing one's HIV status, reinforce and undertake behavioral change related activities among those who know their status and do condom use demonstration drives in eight villages.

Top Banana will develop the capacity to provide group counseling, primarily focusing on addressing stigma and discrimination to people infected and affected by HIV for residents of Tsesebe and nearby villages.

Activities for Supportive Supervision and Quality Assurance

All IPs will be trained on evidence-based planning and promising practices in prevention to improve the effectiveness of their interventions. Coaching during the one-on-one technical assistance visits covers accurate and timely reporting on indicators and record keeping.

NASTAD will continue to work closely with the Ministry of Local Government in supporting the District AIDS Coordinators to provide technical supervision to the local IPs.

IEC materials are sourced as appropriate and guidance manuals and others secured by NASTAD are availed to IPs.

Linkages

NASTAD will provide networking and referral coaching to improve collaboration and access to services within districts. This will assist in building long-term project sustainability.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 9911	Mechanism Name: U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Makgabaneng	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

Makgabaneng is a behavior-change Setswana-language education-entertainment radio serial drama (RSD) designed to support the nation's HIV prevention and mitigation goals.

Makgabaneng combines drama with community-based reinforcement activities to encourage safer HIV-related behaviors (such as delaying initiation of sex, being faithful, avoiding cross-generational sex, accessing services and providing support to people living with HIV/AIDS).

Makgabaneng uses the Global Reproductive Health communication strategy framework: modeling and reinforcement to combat HIV/AIDS that has been developed by CDC's Division of Reproductive Health.

Goals and Objectives

To promote safe sexual and reproductive health behaviors among 10 - 49- year-old Batswana

Specific Goals

- To promote regular listenership (one or more times each week)
- To provide 10 to 49 year-olds with accurate information about HIV, STDs, reproductive health, HIV mitigation, and people living with HIV/AIDS support, and to dispel misinformation through Makgabaneng interpersonal reinforcement activities
- To promote uptake of national HIV/AIDS services (adherence to care and treatment of HIV/AIDS, TB,



STI's and other opportunistic infections) among 10 to 49 year-olds

- To contribute to the increase in the number of 10 to 49 year-olds reporting adoption of preventative behaviors

Major Activities

Makgabaneng will:

- Produce, deliver and broadcast 104 highly entertaining episodes annually of an HIV-prevention behavior-change radio soap opera targeting 10 to 49 year-olds. 60% of the scenes will be about abstinence and faithfulness, and 40% about health-services utilization and other forms of prevention (i.e. service uptake, condom use, VCT's, isoniazid prevention therapy, TB prevention and therapy, prevention of mother to child transmission of HIV, dangers of alcohol abuse).
- Evaluate feedback (phone calls and listeners' letters etc).
- Write, produce, distribute and discuss 20,000 copies of Teen Mag three times a year (once a term) to 29 schools in the target areas.
- Record and assess feedback to Teen Mag (phone calls and letters etc).
- Conduct four youth-health fairs promoting utilization of health services in four localities targeting 3,000 adults and out-of-school youth.
- Hold a school rally at each of 29 schools in the target districts three times a year to reach a total of 20,000 students.
- Hold listening and discussion groups (LDGs) in the target districts to reach 2,000 adults and out-of-school youth.
- Produce and use mass-media campaigns to promote service utilization using four epilogues and seven trailers.
- Produce the late-night interactive chat show: Makgabaneng Extra

Target Population

10 to 49 year-old Batswana

Geographic Coverage

Regions where Radio Botswana 1 and Radio Botswana 2 are broadcast

Supporting Health Goals and System Strengthening

Makgabaneng has subcontracted with Botswana National Youth Council (BNYC) to drive implementation of in- and out- of school youth interventions, and with Humana People to People (HPP) for LDGs, home visits and follow-ups.

New BNYC and HPP field officers will be trained using a tailor-made manual. Refresher trainings will be conducted on an annual basis.



Workshops and meetings will strengthen implementation capacity.

Cross-Cutting Areas

Makgabaneng is involved in the Family Health International project

Makgabaneng is involved in the Johns Hopkins University Go Girls Initiative project (a nine month project)

Makgabaneng has submitted a proposal to the National AIDS Coordinating Agency for Multiple Concurrent Partnership intervention in Francistown and Selebi-Phikwe (a twelve month project).

Makgabaneng is developing a proposal on Alcohol and Drug abuse for submission to the Ministry of Trade and Industry for funding with a view to expand Makgabaneng youth Interventions to other areas.

Makgabaneng collaborates with other service-providers for specialized service such as VCT.

Enhancing Sustainability

The bulk of Makgabaneng's new five-year strategic plan (2010 -2015) deals with sustainability beyond the current funding.

Monitoring and Evaluation (M&E)

Makgabaneng will:

- Review M&E Activity Plan and framework with Makgabaneng's departments
- Discuss RSD outcomes at all levels with Makgabaneng staff
- Review and update reporting tools with subcontractors
- Discuss scheduling of LDGs with HPP officers
- Conduct routine Technical Advisory Committee meetings (every six weeks) and Program Officers' meetings to ensure improved story quality and accurate information
- Conduct staff meetings to ensure improved service quality, and learning and sharing among departments.
- Conduct field visits to assess implementation by field officers, and provide feedback on implementation progress.
- Assess listener understanding of the Makgabaneng drama among target communities (in school and in the community)
- Assess listenership of the Makgabaneng Late Night Talk Show
- Identify capacity-building opportunities for evaluation in the form of local or regional short trainings.
- Produce monthly, quarterly, semiannual and annual reports.

Cross-Cutting Budget Attribution(s)



Education	150,000
Gender: Reducing Violence and Coercion	60,000
Human Resources for Health	200,000

Key Issues

Addressing male norms and behaviors
 Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID:	9911		
Mechanism Name:	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention		
Prime Partner Name:	Makgabaneng		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	250,000	

Narrative:

10.P.AB01: Makgabaneng - Radio Serial Drama - 250,000.00

Makgabaneng has been successful in developing a radio serial drama series that has gained the attention of Batswana in both rural and urban settings. Recognizing the need to provide additional follow-up to the messages provided during the radio broadcast, Makgabaneng developed community-based interpersonal activities that clarify and reinforce key messages in the drama.

In FY10, Makgabaneng will:

- a) Conduct health fair events at community gathering areas for youth between the ages of 15 and 29 in the four districts of Tutume, North East, Gantsi and Kgalagadi. These events consist of information sharing through stalls and drama performances as well the provision of health services, such as voluntary HIV counseling and testing and diabetes screenings.
- b) Conduct school rallies to increase the interest of students aged 12 to 18 years. The rallies conducted in the selected districts will encourage students to discuss issues contained in the drama and apply them.

to their own lives.

c) Distribute Teen Magazine to students in junior and senior secondary schools in the four target districts to reinforce key messages.

d) Develop, produce and air 104 episodes of the radio serial drama targeting 10-49 year olds in areas where Radio Botswana is broadcast. Makgabaneng staff will also conduct feedback sessions on in-school activities with teachers and Listening and Discussion Groups (LDGs). In-school activities include holding a rally at assembly time where the entire student body is present to converse about the show's issues. Classroom sessions are also held for discussions on the radio serial drama. LDGs are held in communities to discuss topics broadcast on the radio serial drama. Other activities include home listening visits and listening spots. Field staff make occasional visits to certain students' homes to reinforce messages in the radio serial drama. Listening spots are additional radio spots produced and aired to discuss certain HIV related topics in depth. The field staff discuss these listening spots during classroom rallies and sessions as well as at LDGs.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	

Narrative:

10.P.OP01: Makgabaneng - Radio Serial Drama - 250,000.00

Makgabaneng has been successful in developing a radio serial drama series that has gained the attention of Batswana in both rural and urban settings. Recognizing the need to provide follow-up to the messages provided during the radio broadcast, Makgabaneng developed community-based interpersonal activities that clarify and reinforce key messages in the drama, such as listening and discussion groups (LDGs). LDGs are held in communities in two districts where Makgabaneng works.

In FY10, Makgabaneng will introduce transitional characters to the drama who will show listeners the different life encounters that expose people to various health risks and consequences and how characters resolve these as they move towards more desirable behaviors. Epilogues to the show will continue to be aired, which educate listeners about HIV-related issues, including voluntary counseling and testing and adherence to medications. Public service announcements will be made through Radio Botswana as part of the strategy to inform the public about how to access services and about upcoming events such as road shows and health fairs held by Makgabaneng. Health fairs are held in the two focus districts to bring people preventive health screenings, including HIV, cholesterol and blood sugar testing. Road shows are held two to three times a year and include the voice actors reciting their scenes during



these events. Makgabaneng Extra is a late night call in talk show hosted two to three times a week. Listeners are able to call in over the phone or send text messages, allowing for an interactive session about the show.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9912	Mechanism Name: U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Ministry of Health, Botswana	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100	
Funding Source	Funding Amount
GHCS (State)	100

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and objectives

- To ensure a comprehensive national blood-safety program that includes a safe mechanism for blood collection, testing, distribution, transfusion and training
- To develop a cohort of regular blood donors

Major Activities

The NBTS will utilize the no-cost extension budget, and continue to provide the wide array of services that it has been funded to do from previous years. These include:

- Implementation of a quality management system



- Public sensitization campaigns on blood transfusion and transfusion transmissible infections
- Training of blood transfusion personnel
- Supervisory visits to the regional centers and blood banks
- Supporting the establishment of blood-donor clubs
- Initiation of the accreditation process
- Paying the salaries of 20 NBTS staff

The project will train 190 NBTS staff and clinicians in different aspects of transfusion.

Target population

Donors aged 16-65

Patients requiring blood transfusion

Geographic Coverage

32 hospitals nationwide

All health districts country-wide

Supporting Health Goals and System Strengthening

NBTS is the major player in terms of providing guidance and resources to improving and strengthening the national blood safety program.

Through infrastructural development and capacity-building, implementation of a quality management system, and implementation of national guidelines on clinical use of blood and blood products, NBTS helps to ensure that the country's healthcare system is effective.

Cross-Cutting Areas

Since all donors must be tested for HIV, the blood-donation program links nicely with HIV counseling and testing services.

By developing a cohort of voluntary, regular, unpaid donors, NBTS has improved its ability to provide safe and sufficient amounts of blood to those in need which, at present, are most commonly HIV-related anemia patients, including severely anemic AIDS patients following first-line ART.

Enhancing sustainability

A proposed blood depot in Maun will improve accessibility of blood and blood products for the hospitals in the Ngami, Okavango, and Chobe districts. This will decrease the cost of blood transport services.

NBTS will partner with the Botswana Red Cross which has 32 fixed centers to expand donor recruitment activities nationally.

Monitoring and Evaluation



NBTS will conduct regular supervisory visits to hospital blood banks and produce quarterly reports on the project.

An annual financial audit of the project will be performed.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Workplace Programs

Budget Code Information

Mechanism ID:	9912		
Mechanism Name:	U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries		
Prime Partner Name:	Ministry of Health, Botswana		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	100	
Narrative:			
10.P.BS02: MOH - Support to the National Blood Transfusion Service - 100.00			
One hundred US dollars of new funding will be granted to the Ministry of Health for this activity to meet CDC Procurement and Grants regulations that require a minimal amount of new funding be awarded in order for a grantee to receive approval to use carryover funds from previous fiscal years.			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9913	Mechanism Name: GPO-A-00-04-0008: OVC:
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	Support to OVCs Affected by AIDS
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Catholic Relief Services	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives:

CRS Botswana's response to the AIDS pandemic focuses mainly on Orphans and Vulnerable Children. The goal of the program is to improve the quality of life of OVC in Botswana. The major objective of the program is to provide services and technical support to OVC, their families, communities, and local organizations in order to build capacity to respond to the needs of OVC and their families.

Linkage to Partnership Framework goals:

CRS Botswana's OVC program has a linkage with the Partnership Framework goal 4 – "To provide comprehensive and quality treatment, care and support services to people infected and affected by HIV". The program promotes and supports access by OVC to pre-school education while also providing psychosocial support to both OVC and their families.

Geographic coverage and target population:

The program is currently implemented at six sites: Kasane, Gumare, Maun, Sebina, Palapye and Francistown. Four (4) of the sites Maun, Palapye, Sebina and Francistown extends their cover to other locations in their areas. The program mainly targets OVC and their families.



Key contributions to health systems strengthening:

CRS provides training opportunities to the employees, clergies and religious sisters of the Catholic Church to enable them to contribute to the national response to HIV and AIDS. In addition, the program recruits and trains volunteers who provide home visits and support to families in need.

Implementing mechanism's cross-cutting programs and key issues:

Their activities are being funded through the pipeline, they do not require additional funding this year. Their programs have not changed from 2009.

Monitoring and Evaluation plans: CRS Botswana provides quarterly reports to USAID offices in Gaborone. The reports are guided by the OVC NGIs to make it easy to follow on whether or not CRS Botswana is achieving the targets it had set itself.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9914	Mechanism Name: GPO-A-00-05-0007: HWW/ABY
Funding Agency: U.S. Agency for International	Procurement Type: Cooperative Agreement



Development	
Prime Partner Name: Olive Leaf Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The objectives of the OLIVE LEAF Foundation (OLF), formerly Hope World Wide ABy HIV prevention program include:

- Increasing abstinence and secondary abstinence until marriage among young unmarried people aged 10-24, their families and their communities.
- Increasing faithfulness in monogamous relationships among both youth and general public.
- Promoting HIV Testing to encourage faithfulness and abstinence.
- Reducing the incidence of gender-based violence, sexual coercion, and cross generational sex.

OLIVE LEAF Foundation's (OLF) ABy Program focuses on a providing a comprehensive HIV prevention program through a skills-based gender Program for youth and adults, and the promotion of Abstinence, Be Faithful messages for young people within communities. The Program activities target children and youth (both in- and out-of-school aged 10-14 & 15-24 years), adults, parents, teachers and religious and community leaders. Primary intervention areas for the ABy Program are Community Capacity Enhancement, Community Mobilization, Training of Peer Educators, Dissemination of Information, Education and Communication. OLF also has the Parent Empowerment Program and the Men as Partners gender components which are designed to broaden and deepen the impact of the Program.

Through the ABy program HIV/AIDS education and prevention has been provided to the sites around Africa for over 15 years. Today OLIVE LEAF Foundation's ABy HIV Prevention Program is operational in 5 sites namely: South Africa, Botswana, Kenya, Nigeria and Cote D'Ivoire. OLF South Africa has developed a comprehensive life skills curriculum with strong emphasis on abstinence and fidelity as the primary means of HIV and STI prevention. This curriculum is extensively used in all ABy sites around Africa and is continually modified to best suit the needs of youth at risk of HIV infection and related



issues.

OLF's Prevention program works closely with other key focus areas to address the issue of holistic prevention, care and support for children, youth and people living with HIV and AIDS. The aim for the ABy program is to have a lasting impact at grass roots level by enabling sustainable community development through interventions such as Community Conversation Enhancement Program (CCEP) or and the Community Action Team (CAT) Strategies.

The activities of the ABy program align very well with goals 1 and 4 of the partnership framework. Additionally the program addresses issues of gender, which is an important area of focus for the framework.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

<p>Mechanism ID: 9915</p>	<p>Mechanism Name: U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration</p>
<p>Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention</p>	<p>Procurement Type: Cooperative Agreement</p>



Prime Partner Name: The American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	Funding Amount
GHCS (State)	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

The American Society of Microbiology (ASM) is a life-science society composed of over 42,000 scientists and health professionals.

Its mission is to promote research and research training in microbiological sciences, and to assist communication between scientist, policy makers and the public to improve health, economic wellbeing and the environment. ASM goals are to: develop and package training tools using new and existing resources through a consensus approach; monitor and evaluate progress and impact in order to identify best practices; and create sustainability at national levels through quality-assured programs and working with in-country partners.

Goals and Objectives

- Strengthening and expanding core functions of the National Health Laboratory Microbiology Laboratory
- Strengthening monitoring of antibiotic resistance nationwide
- Strengthening in-service, and continuing medical education (CME), for microbiology and the clinical microbiology network
- Providing onsite technical assistance for the development of the second regional TB culture laboratory in Botswana
- Supporting a national microbiology External Quality Assurance (EQA) program
- Supporting national Acid Fast Bacilli (AFB) microscopy EQA program

Target populations

Laboratory personnel

Geographic Coverage

Custom



All laboratories in Botswana

Cross-Cutting Areas

ASM will build human capacity through mentoring and training programs.

Making the Most of Other HIV Resources

Working with MOH laboratory employees to strengthen the microbiology network and to establish an EQA program for AFB microscopy.

Establishing South-to-South collaborations involving sharing of evaluated, culturally appropriate and highly effective strategies and programs.

Encouraging south-to-north collaborations in order to continue to strengthen the cadre of highly competent microbiologist mentors for countries.

Enhancing Sustainability

Mentoring staff at different facilities and training them to run the program themselves by training trainer-of-trainers in different microbiology disciplines. This ensures sustainability once PEPFAR funding dries up.

ASM approach to strengthening laboratory capacity includes: ensuring countries have ownership of the programs as the countries are ultimately responsible for implementing them.

Monitoring and Evaluation

ASM monitors and evaluates all its intervention and trainings to ensure that capacity is built in-country.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000
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Key Issues

TB

Budget Code Information

Mechanism ID: 9915
Mechanism Name: U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS



Prime Partner Name:		Microbiology Laboratory Program Development through Technical Assistance Collaboration	
		The American Society for Microbiology	
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	250,000	
Narrative:			
<p>10.C.TB05: American Society of Microbiology - TA - 250,000.00</p> <p>Objective 1: Improve human resource capacity for clinical microbiology diagnostics.</p> <p>1. Strengthen and expand core functions of the NHL Microbiology Laboratory. Consultants will continue to improve the surveillance of communicable diseases by providing training for detection and identification of STIs, diarrheal outbreaks, and respiratory outbreaks using molecular and automated methods. This includes the establishment of PCR for the rapid detection of STIs and automated Enzyme Immunoassays for the detection of infectious diseases, such as toxoplasma, measles, rubella, and Herpes simplex, among other diseases.</p> <p>2. Strengthen monitoring of antibiotic resistance nationwide. Consultants will assist the NHL staff with the collection of bacteria and information throughout the country to monitor resistance, ensure capacity and quality control (QC) for antimicrobial susceptibility testing (AST), use WHONET to develop antibiograms and publish the annual resistance report, and disseminate reports to other laboratories throughout the country.</p> <p>3. Strengthen in-service training and continuing medical education (CME) for microbiology and the clinical microbiology network. Consultants will focus on strengthening in-service training and CME for microbiology by reproducing the model developed for the AFB smear microscopy.</p> <p>4. Consultants will provide additional training of staff at referral and peripheral microbiology laboratories in bacteriology, parasitology, and mycology procedures. They will expand the services of the Botswana referral hospitals to include automated and rapid diagnostics, such as automated blood culture.</p> <p>Objective 2: Improve the quality of laboratory services.</p> <p>1. Support for the national microbiology EQA program. Consultants will continue to strengthen the bacteriology EQA program and support competency assessments of the microbiology laboratory staff.</p>			



2. Support for the national AFB microscopy EQA program. Consultants will provide continuous onsite supervision and training for the strengthening of the AFB microscopy EQA program. This includes mentoring the QA team on conducting blinded rechecking, supervisory visits, and panel testing as well as providing feedback on results.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9917	Mechanism Name: U2G/PS000599- The Basha Lededi (Youth are the Light) Project
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Family Health International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	Funding Amount
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

BLP is a comprehensive prevention intervention targeting youth (primary), key adults (secondary) and local organizations (tertiary). All interventions are designed to deliver comprehensive messages depending on the individual's needs.

Goals and Objectives

To reduce HIV infection among youth (ages 10-17) through a multi-component, community-based intervention. To accomplish this, BLP has three specific objectives:

- To help youth in target districts and communities gain necessary skills, attitudes, and social support to



avoid infection or infecting others through abstinence and the application of related life skills.

- To improve the abilities of community leaders, parents, and guardians of youth to be more effective supporters of healthy choices for youth through improved knowledge, attitudes, communication, and parenting skills. To increase the capacities of national and local organizations and individuals in target communities to help prevent HIV infection among youth.
- Interventions focus on key drivers of the epidemic in Botswana, including intergenerational sex, transactional sex, alcohol use and abuse, and multiple concurrent partnerships.

Major Activities

The following interventions will be implemented for no more than six months:

Interpersonal communications

Using behavioral theory (social learning theory, health belief model, and theory of planned behavior), Family Health International's (FHI) designed Humana People to People's (HPP) one-on-one communications intervention. It is a two-visit, systematic process that entails information sharing, risk assessment, behavioral commitment setting, behavioral practice through role-play, and follow-up support.

Families Matter! Program

FHI adapted CDC's evidence-based parent-child communication program for Botswana. It entails six 2-3 hour small-group learning sessions with caregivers.

Christian Family Life Education

Botswana Christian AIDS Intervention Program (BOCAIP) uses FHI 24-hour comprehensive sexuality education curriculum with small groups of young people during 3 day camps conducted during school holidays.

Aunties and Uncles

FHI and Botswana Network of AIDS Service Organizations developed an Implementation Guide for Aunties and Uncles to use during household visits with vulnerable and HIV-infected and affected adolescents and their caregivers.

Radio Drama Listener Discussion Groups

HPP and BOCAIP conduct weekly sessions with small groups of youth and/or adults. The radio drama was developed using the Modeling and Reinforcement to Combat HIV approach and has an accompanying discussion guide used by facilitators.

Target Populations



Youth 10-17 years
 Adults, including parents/guardians
 Organizations with the ability to reach youth

Geographic Coverage
 Goodhope sub-district and Northeast district.

Monitoring and Evaluation (M&E)
 FHI developed an M&E plan for BLP, including monitoring tools with instructions for all interventions. Data are collected routinely, aggregated and reported monthly and entered into the project database for dissemination. Because 2010-2011 is the final year of FHI's agreement with CDC, the primary focus will be on conducting the final evaluation of the project. Once all IRB approvals are in place, FHI will conduct an intervention-non-intervention comparison study to assess differences in youth's HIV prevention-related knowledge, attitudes, and behaviors. This is to compensate for the lack of a baseline.

Cross-Cutting Budget Attribution(s)

Education	300,000
Human Resources for Health	100,000

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID: 9917			
Mechanism Name: U2G/PS000599- The Basha Lededi (Youth are the Light) Project			
Prime Partner Name: Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	880,000	
Narrative:			
10.P.AB02: FHI - Youth Focused Community Intervention - 880,000.00			

The Basha Lesedi Project (BLP) is a five-year Cooperative Agreement that is entering its fifth and final year. Due to a natural phase out as well a reduction in funding, this Family Health International (FHI) activity will have a noticeably reduced scope of work.

Geographic Coverage

BLP will continue to focus in Goodhope sub-district and Northeast district.

Target Populations

BLP targets three populations: (1) youth aged 10-17 years; (2) adults, including parents/guardians; and (3) organizations with the ability to reach youth.

Partners

In an effort to build local capacity, BLP works with five organizations: Botswana Network of AIDS Service Organizations (BONASO), the Botswana Network for People Living with HIV/AIDS (BONEPWA), the Botswana Christian AIDS Intervention Project (BOCAIP), Stepping Stones International, and Humana People to People (HPP).

Project Description

BLP reaches youth and key adults with a variety of interventions and activities. Interventions focus on key drivers of the epidemic in Botswana, including intergenerational sex, transactional sex, alcohol use and abuse, and multiple concurrent partnerships (MCP). The following interventions will be implemented for approximately six months of FY10:

? **Interpersonal communications:** Using behavioral theory (social learning theory, health belief model, and theory of planned behavior), FHI designed HPP's one-on-one communications intervention to promote behavior change.

? **Families Matter! Program:** FHI adapted CDC's evidence-based parent-child communication program for Botswana. It entails six 2-3 hour small-group learning sessions with caregivers.

? **Christian Family Life Education:** BOCAIP uses FHI's 24-hour comprehensive sexuality education curriculum with small groups of young people during three-day camps conducted during school holidays.

? **Aunties and Uncles:** FHI and BONASO developed an Implementation Guide for Aunties and

Uncles to use during household visits with vulnerable and HIV-infected and -affected adolescents and their caregivers.

? Radio Drama Listener Discussion Groups: HPP and BOCAIP conduct weekly sessions with small groups of youth and/or adults. The radio drama was developed using the MARCH approach and has an accompanying discussion guide used by facilitators.

Quality assurance

Interventions were all developed with accompanying materials to standardize implementation. FHI has also developed quality assurance tools to be used during monitoring to ensure fidelity to intervention designs.

Linkages

Through its encounters with youth and adults, BLP interacts with a variety of people, many of whom are in need of additional services. BLP refers clients to health and social services in their respective communities. The project also works closely with the District Health Teams and Department of Social Services in project villages to support the achievement of project and government goals.

Monitoring and Evaluation (M & E) Plans

FHI developed an M & E plan for BLP, including monitoring tools with instructions for all interventions. Data are collected routinely, aggregated and reported monthly and entered into the project database for dissemination. During the final year of the agreement, the primary focus will be on conducting a final evaluation of the project. FHI plans to conduct an intervention vs. non-intervention comparison study to assess differences in youth's HIV prevention-related knowledge, attitudes, and behaviors. This design is to compensate for the lack of a baseline.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	120,000	

Narrative:

10.P.OP02: FHI - Youth Focused Community Intervention - 120,000.00

The Basha Lesedi Project (BLP) is a five-year Cooperative Agreement that is entering its fifth and final year. Due to a natural phase out as well a reduction in funding, this Family Health International (FHI)



activity will have a noticeably reduced scope of work.

Geographic Coverage

BLP will continue to focus in Goodhope sub-district and Northeast district.

Target Populations

BLP targets three populations: (1) youth aged 10-17 years; (2) adults, including parents/guardians; and (3) organizations with the ability to reach youth.

Partners

In an effort to build local capacity, BLP works with five organizations: Botswana Network of AIDS Service Organizations (BONASO), the Botswana Network for People Living with HIV/AIDS (BONEPWA+), the Botswana Christian AIDS Intervention Project (BOCAIP), Stepping Stones International, and Humana People to People (HPP).

Project Description

Basha Lesedi reaches youth and key adults with a variety of interventions and activities. Interventions focus on key drivers of the epidemic in Botswana. The following interventions will be implemented for approximately six months of FY10:

Interpersonal communications: Using behavioral theory (social learning theory, health belief model, and theory of planned behavior), FHI designed HPP's one-on-one communications intervention. It is a two-visit, systematic process that entails information sharing, risk assessment, behavioral commitment setting and behavioral practices.

Families Matter! Program: FHI adapted CDC's evidence-based parent-child communication program for Botswana. It entails six two to three hour small-group learning sessions with caregivers of children 10-13 years.

Christian Family Life Education: BOCAIP uses FHI's 24-hour comprehensive sexuality education curriculum with small groups of young people (clustered by 10-13 and 14-17 years) during three-day camps conducted during school holidays.

Aunties and Uncles: FHI and BONASO developed an Implementation Guide for Aunties and Uncles to use during household visits with vulnerable and HIV-infected and -affected adolescents (10-17 years) and their caregivers.

Radio Drama Listener Discussion Groups: HPP and BOCAIP conduct weekly sessions with small groups of youth (10-17 years) and/or adults. The radio drama was developed using the MARCH approach and has an accompanying discussion guide used by facilitators.



Quality assurance

Interventions were all developed with accompanying materials to standardize implementation. FHI has also developed quality assurance tools to be used during monitoring to ensure fidelity to intervention designs.

Linkages

Through its encounters with youth and adults, BLP interacts with a variety of people, many of whom are in need of additional services. BLP refers clients to health and social services in their respective communities. The project also works closely with the District Health Teams and Department of Social Services in project villages to support the achievement of project and government goals.

M & E Plans

FHI developed an M & E plan and monitoring tools with instructions for all interventions. During the final year of the agreement, the primary focus will be on conducting a final evaluation of the project.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9918	Mechanism Name: GHH-A-00-07-00011: Youth Health Organization
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Youth Health Organization of Botswana	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Yoho Implementing Narrative

The main objectives for the project are to:

- a. To increase information and motivation for youth in and out of school to adopt key prevention behaviors,
- b. To improve skills, self efficacy for youth in and out of school to adopt key prevention behaviors,
- c. To strengthen institutional capacity for YOHO headquarters, Regional office and Seven affiliate youth groups,
- d. Improve documentation and dissemination of lessons learnt from project interventions at all levels.

The Seboza Youth for Zero Transmission Lifestyles program aims to promote zero transmission lifestyles among youth of ages 10 – 29 in Botswana. This involves encouraging younger youth (10-18 year olds), those who are not yet sexually active, to abstain from sexual activities and to delay sexual debut. The program encourages older youth (19-29 year olds), those that are sexually active, to practice secondary abstinence from sex, to reduce their sexual partners and to consistently and correctly use condoms whenever they have sex. Cross cutting co-factors like alcohol, VCT, Cross generational sex and gender equity are mainstreamed into the strategies and approaches used by the program. The program also targets other drivers of the HIV and AIDS epidemic that are relevant to its target population like concurrent multiple sexual partnerships and safe blood transfusion among others.

These messages are presented through an interactive and entertaining strategy, the triple E approach – Entertainment, Education and Empowerment - that blends performing arts, life skills education, service provision and organizational development to contribute to the national goal of an HIV free generation by 2016. The program is implemented in seven sites: Francistown where YOHO has a regional office and in Lobatse, Hukunsi, Ghanzi, Kasane, Letlhakane, and Serowe where youth serving organizations affiliated to YOHO operate. The program extends to five satellite villages surrounding each of the major centres mentioned above. During COP09 the program also extended to satellites groups of Mahalapye, Jwaneng & Gaborone supported by other partners, UNICEF, ACHAP and the Botswana Government.

YOHO plans a no cost extension for 3 months and will complete documentation on best practice during this time

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Mobile Population
 TB

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9920	Mechanism Name: U47/CCU323096: APHL
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 400,000	
Funding Source	Funding Amount
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

APHL is a membership organization comprised of public health laboratories. Its member organizations have approximately 5,000 professionals and provide a readily available resource of training laboratories and experienced experts to assist and support others in supporting HHS/CDC. This includes strategic planning for national laboratory networks, implementing training programs, planning and managing renovation projects, implementing laboratory management information systems, and procuring equipment



and supplies.

Goals and Objectives

Advance training, recruitment and retention of competent workers to meet public health laboratory needs.

Enhance the visibility, status and influence of the public health laboratory community through effective advocacy, partnerships and public relations.

Improve the informatics and knowledge-management capabilities of APHL and its members.

Advance the development and use of comprehensive quality systems and practices for public health laboratories at the local, state, national and international level.

Major Activities

Phase 2 of the Laboratory Information Management System (LIMS) project

Monitoring and evaluating the pilot phase and supporting the roll-out of the new LIMS to 6 additional primary and district laboratories. This will include technical assistance, procurement of hardware and software, training of laboratory personnel.

Integrating the LIMS to the existing Health Information Management System developed by the Ministry of Health (MOH).

Quality Assurance laboratory

Identifying a Proficiency-testing provider to twin with the Botswana Quality Assurance Laboratory. The twining will be an exchange program where the laboratory staff can work closely with the identified laboratory.

Rapid Test training Program

Supporting the rapid test-training program through technical assistance.

Public Health Laboratory

MOH, with the support of PEPFAR, is planning to renovate the National Health laboratory and turn it into an integrated public health laboratory. This fund will support the laboratory in the development of the core function, training and twining of the laboratory

Target Population

Laboratory personnel

Geographic coverage

All laboratories and testing centers in Botswana



Making the Most of Other HIV Resources

APHL partners with George Washington University School of Public Health and Health Sciences to offer advanced seminars in leadership, laboratory science, and strategic planning; and with Miami Dade College Medical Campus to provide medical laboratory science training.

APHL is a partner in the World Health Organization's "Laboratory Twinning Initiative," a program that matches national laboratories in developing countries with "expert" institutions to improve quality laboratory practice and international infectious disease surveillance and response.

APHL collaborates with WHO/AFRO to support a national laboratory communications network, and with the WHO Lyon Office in initiatives to strengthen public health laboratories.

In Africa, APHL supports training courses at the African Center for Integrated Laboratory Training with faculty and curricula.

In Botswana APHL convenes and collaborates with BOTUSA and MOH. The jointly sponsored meetings provide forums for planning for laboratory related HIV activities. These meetings offer training and networking opportunities for the local laboratory community.

Enhancing Sustainability

APHL's provision of mentoring, training and skills-transfer ensures local capacity building. Laboratorians trained by APHL are charged with training peers in areas of HIV Rapid Test External Quality Assurance (EQA) down their health system. APHL support of the EQA program in Botswana will strengthen local capacity, and ultimately ensure quality laboratory testing for years to come.

Monitoring and Evaluation

Phase 2 of the LIMS project

APHL will assure constant and consistent reporting on the progress of these activities through country visits and contact with all involved parties including the vendors, MOH lab personnel, BOTUSA staff and all necessary parties.

Quality Assurance laboratory

APHL will work with BOTUSA and MOH to develop a Memorandum of Understanding between the twinning partners, either the Botswana Bureau of Standards and/or (an)other laboratory(ies) yet to be determined.

Rapid Test training Program

APHL will note the progress of the program through the provision of training and certification activities.

Public Health Laboratory



APHL will assure constant and consistent reporting on the progress of these activities through country visits and contact with all involved parties including the vendors, MOH lab personnel, BOTUSA staff and all other necessary parties.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9920			
Mechanism Name: U47/CCU323096: APHL			
Prime Partner Name: Association of Public Health Laboratories			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	400,000	

Narrative:

10.T.LS07: APHL - Technical Assistance - 400,000.00

In FY10, funding is requested to implement the following activities:

1. Carry out Phase 2 of the LIMS project:
 - With the support of the Association of Public Health Laboratories (APHL), the CDC/BOTUSA and the Botswana Ministry of Health (MOH) developed and piloted a robust Laboratory Information Management System (LIMS) following the Office of the Global AIDS Coordinator's (OGAC) approved guidelines that were developed by the APHL in 2005. Funding is requested to monitor and evaluate the pilot phase and support the roll out of the new LIMS to six additional primary and district laboratories. This will include technical assistance, procurement of hardware and software, and training of laboratory personnel.
 - Funds are also requested to integrate the LIMS to the existing Health Information Management

System (HIMS) developed by the MOH.

2. Strengthen the Quality Assurance Laboratory

- The Botswana MOH with the support of PEPFAR developed a Quality Assurance Laboratory to support the quality assurance system and serve as a proficiency testing provider for HIV serology (rapid test and ELISA), hematology, chemistry, microbiology, TB, CD4, and viral loads for the laboratory network in the country.

- The APHL will support the strengthening of the laboratory by providing technical assistance and organizing a hands on training program for the laboratory staff on method validation and the basics of statistical analysis for use in Laboratory Quality Control and PT result analysis.

- APHL will also identify a proficiency testing provider to twin with the Botswana Quality Assurance Laboratory. The twinning will be an exchange program where the laboratory staff can work closely with the identified laboratory.

3. Continue the Rapid Test Training Program

The APHL will continue supporting the rapid test training program through technical assistance.

4. Support the National Public Health Laboratory

The MOH with the support of PEPFAR is planning to renovate the National Health Laboratory to turn it into an integrated public health laboratory. This funding is requested to support the laboratory in the development of its core functions through training and the twinning of the laboratory with a public laboratory in the US.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9922	Mechanism Name: USAID - Local - GHCS (State) - Academy for Educational Development Capable Partners Project (AED/CAP) (674-A-00-08-00077)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,334,000



Funding Source	Funding Amount
GHCS (State)	2,334,000

Sub Partner Name(s)

African Methodist Episcopal Services Trust	Botswana Business Coalition on AIDS	Botswana Christian AIDS Intervention Program
Evangelical Fellowship Of Botswana	Humana People to People (HPP)	Society Against HIV and AIDS (SAHA)
True Love Waits	Young Women's Friendly Centre	

Overview Narrative

On July 31, 2008, AED was awarded a USAID/RHAP Associate Cooperative Agreement for the Local Partners Capacity Building Program under the Capable Partners Leader Award.

During 2010, the 3rd year of implementation, the AED CAP project will continue to support the development of increased capacity among NGOs, FBOs and CBOs in Botswana to implement successful HIV/AIDS prevention programs. Support will include technical assistance (TA) and grants management. Technical assistance will include, but not be limited to: organizational development, USG compliance (PEPFAR program and USAID funding regulations and guidance), HIV prevention program delivery, monitoring and evaluation, and finance management.

The nine organizations who will receive sub grants and technical assistance include: African Methodist Episcopal Services Trust (AMEST), True Love Waits (TLW), Evangelical Fellowship Botswana (EFB), Students Against HIV and AIDS (SAHA), Young Women's Friendly Centre (YWFC), Botswana Christian AIDS Intervention Programme (BOCAIP), Botswana Network of People Living with HIV and AIDS (BONEPWA), Humana People to People (HPP), Botswana Business Coalition on AIDS (BBCA) and small CBO's through the Peace Corps Community Grants Programme.

The types of prevention programmes all of these organizations offer are similar in nature in that they utilize locally relevant, standardized tools through similar communications channels including peer-based, small group and one-on-one discussions. The geographical reach is large and includes all regions in Botswana from Kang to Kasane. The majority of the programmes reach out to youth, both male and female, ages 15-24 with AB messages. However, given the most recent data from BAISIII, several organizations will also be focusing their attention on the older male populations and hiring age-appropriate peers to address intergenerational sex and multiple concurrent partnerships in this cohort.



As institutional capacity building is the backbone of CAP, the project will continue to provide extensive customized, one-on-one technical assistance (TA) to each sub-grantee. The TA is prioritized and strategized based on participatory assessments, organizational performance reviews and active engagement with organizational leadership and employees. Technical assistance includes but not limited to on-site coaching and mentoring, phone and email support, as well as small group and one-on-one trainings. In addition to providing capacity building support to the CAP sub-grantees, AED will continue to engage the district representatives where the grantees are implementing to assist with strengthening programme development, monitoring and evaluation at the district level.

The AED CAP project is strongly linked to the Health Systems Strengthening Component of the Partnership Framework and in line with the number one priority being HIV prevention. CAP offers capacity building of local civil society organizations which is in line with the need to strengthen and ensure the sustainability of the local HIV response. Through CAP's capacity building efforts, organizations gain increased knowledge and skills with regard to HIV programme design, management, monitoring and evaluation. In addition, organizations also gain strength in overall HR management, as well as grants and financial management oversight.

Cross-Cutting Budget Attribution(s)

Education	300,000
Human Resources for Health	670,000

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9922		
Mechanism Name:	USAID - Local - GHCS (State) - Academy for Educational Development		
Prime Partner Name:	Capable Partners Project (AED/CAP) (674-A-00-08-00077)		
	Academy for Educational Development		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HKID	67,000	
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Narrative:

The Peace Corps Community Grants Program offers seed grants to CBO's providing HIV prevention, care and treatment services – OVC services are included in this programme. Currently three small community-based organizations are offering OVC programs. During 09-10, AED will be awarding approximately 5-7 seed grants to organizations offering OVC programs. OVC programs can include OVC care and support ranging from peer education, livelihood development, nutritional support and psychosocial support.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,122,000	

Narrative:

Institutional Capacity Building is the backbone of the CAP project. As part of the systems strengthening mandate, CAP provides extensive customized, one-on-one technical assistance (TA) to each sub-grantee. The TA is prioritized and strategized based on participatory assessments, organizational performance reviews and active engagement with organizational leadership and employees. Technical assistance includes but not limited to weekly and quarterly on-site coaching and mentoring, phone and email support, as well as small group and one-on-one trainings. Small group and one-on-one training includes topics such as finance and HR management, governance, sustainability training, evidence based programming, M&E and data quality assurance. AED also plays an active role in helping each of the grantees to broaden their resource base through grant preparation assistance and advocacy for more local civil society support. In addition to providing capacity building support to the CAP sub-grantees, AED actively engages the district representatives where the grantees are implementing to assist with strengthening programme development, monitoring and evaluation at the district level. During the 3rd year of implementation, AED will continue to work closely with the NGO networks (BONEPWA, BOCAIP and now BONASO) to help facilitate the implementation of their mandates, which in turn strengthens the individual NGO's implementing HIV prevention programmes.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	778,000	

Narrative:

10.P.AB07: AED - CAP - 778,000.00

All of the USAID CAP sub-grantees and four small community organizations through the Peace Corps Community Grants Program offer AB prevention messages through behavior change communication

projects. Individual projects are designed with community input and based on formative assessments in the respective communities, in addition to district and national prevalence/incidence data. Target groups range from youth 15-24 to adults 25-45 and older in some cases depending on implementation site. Interventions utilize locally relevant and effective tools through various activities, which include mainly peer-based small group and one-on-one discussions. Key drivers addressed during these sessions include early sexual debut, partner fidelity and multiple concurrent partnerships. The total target is the sum of the targets for each sub-grantee and take into consideration community population and potential reach, as well as the number of peer educators/outreach officers implementing the projects. All programs are closely monitored on a monthly basis for data quality through internal mechanisms and AED oversight. All grantees are provided with technical assistance to upgrade HIV prevention communication with relevant tools, standardize monitoring and evaluation approaches and data quality assurance systems, upgrade volunteer management and supervision systems, and strengthen linkages to the national prevention programs and the national minimum package of prevention activities.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	322,000	

Narrative:

10.P.OP07: AED - CAP - 322,000.00

Four of the CAP sub-grantees and several small community based organizations through the Peace Corps Community Grant Programme offer OP messages through behavior change communication projects. Individual projects are designed with community input and based on formative assessments in the respective communities, in addition to district and national prevalence/incidence data. Target groups range from youth (M&F) 15-24 to adults (M&F) 25-45 and older in some cases (depending on implementation site such as a Kgotla's, clinics and bars). Interventions utilize locally relevant and effective tools through various activities which include mainly peer-based small group and one-on-one discussions. Key drivers addressed during these sessions include alcohol, gender-based violence, intergenerational sex, multiple concurrent partners and safe male circumcision. The total target is the sum of the targets for each sub-grantee and take into consideration community population and potential reach, as well as the number of peer educators/outreach officers implementing the projects. All programmes are closely monitored on a monthly basis for data quality through internal mechanisms and AED oversight. All grantees are provided with technical assistance to upgrade HIV prevention communication with relevant tools, standardize M&E approaches and DQA systems, upgrade volunteer management and supervision systems, and strengthen linkages to the national prevention programmes and the national minimum package of prevention activities

Strategic Area	Budget Code	Planned Amount	On Hold Amount
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Treatment	HVTB	45,000	
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Narrative:

10.C.TB12: AED - TB/HIV Working with BBKA - 45,000.00

ACTIVITY UNCHANGED FROM FY2009

Effective collaborative treatment, care and support of patients with dual TB and HIV diagnoses remain a challenge at all levels of the health care system. The very high rate of HIV infection among TB patients (60 - 86%) implies that many of them do not receive adequate support with respect to HIV. The majority of TB/HIV patients are within the economically active age groups. Businesses face financial losses due to absenteeism, decreased 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 BBKA 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.

2010 Plans:

FY10 plans include a pilot project in Gaborone focused on the provision of workplace TB/HIV activities, in collaboration with the BBKA. FY10 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, 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 with respect to TB care.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9923	Mechanism Name: HHS/CDC - HQ - GHCS (State) - JSI (PS001958-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	Global Fund / Multilateral Engagement: No
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Total Funding: 643,449	
Funding Source	Funding Amount
Central GHCS (State)	643,449

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD was named in August 09 reprogramming.

Goals and Objectives

To support the Government of Botswana in preventing the medical transmission of HIV and bloodborne infections by strengthening the injection safety (IS), infection prevention and control (IPC), and healthcare waste-management (HCWM) structures and systems.

Specific Goals

- To build capacity of healthcare workers on safe and rational use of medical injections and effective HCWM (including sharps waste) through training, onsite technical assistance and harmonization of stakeholder activities
- To reduce demand for unnecessary injections through advocacy and behavior-change communication targeting healthcare workers, patients, and the community; and by ensuring that injections are necessary and safe and do not harm the patient, the provider, or the community
- To build capacity of the healthcare systems in IPC by supporting development of the national IPC policy and training of IPC focal persons for the public hospitals and lower-level facilities
- To strengthen monitoring and evaluation (M&E) in the above areas in order to provide data for tracking and benchmarking project performance, reporting, and informed decision-making

Major Activities

Implementing strategic IS, IPC and HCWM interventions to reduce the risk of occupational exposures to HIV and other bloodborne pathogens. This will contribute to improving the quality of health services as stipulated in the partnership framework goals and benchmarks.

The project will work with the Ministry of Health in the Clinical Services Department to train IPC focal persons in district hospitals and district health teams.



Target Population

Healthcare workers in targeted areas

IPC focal persons in district hospitals and district health teams

Geographic coverage

As of April 2010, 10 health districts and 224 public-health facilities

As of September 2010, 16 health districts (Kgalagadi North (Hukuntsi), Ghanzi, South East, Kweneng West, Tutume and Boteti will be added) and 374 public-health facilities

Supporting Health Goals and Systems Strengthening

Increased knowledge and skills through training and other capacity-building efforts are fundamental to creating an environment where patient and healthcare worker safety is a professional and social norm.

Enhancing Sustainability

The project will enhance the sustainability of all IS/HCWM/IPC interventions by working with government departments and partners in the integration and harmonization of IS, IPC and HCWM activities into the existing health systems, and by assisting in planning for the resource allocations (financial and human) to support these activities.

The project will work with the Institutes of Health Science in supporting development of a comprehensive teaching manual in which IS/IPC/HCWM are an integral part of pre-service education for healthcare providers in Botswana.

The project's training of trainers-of-trainers is aimed at creating the capacity of Botswana's healthcare personnel. In turn, the trainers-of-trainers will conduct IS/IPC/HCWM trainings in their respective districts, thereby cutting cost and improving implementation efficiency.

The project will coordinate with local partner organizations, including PEPFAR partners in undertaking activities to maximize resources and avoid duplication of costs.

Monitoring and Evaluation

The project is committed to promoting evidence-based decision-making as a benchmark for its implementation of the project interventions.

The output indicators (see M&E plan) will be reported quarterly as a measure of progress through continuous supervisory monitoring of project interventions. Monitoring will be combined with technical assistance aimed at improving quality assurance and quality of services.

Outcome indicators will be measured through health-facility assessments, which will be conducted at baseline (prior to expansion to new districts) and at follow-up.

Baseline outcome indicators will be used as a basis upon which to measure project impact. This will be assessed by comparing with project outcome during the fourth year of the project.



The project will conduct a midterm review halfway through the 5-year life of the project to assess achievements, challenges and lessons learned so that recommendations can be used to improve effectiveness during the second half of the project.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9923			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - JSI (PS001958-01)			
Prime Partner Name: John Snow, Inc.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	643,449	
Narrative:			
<p>one time central funding for 2010 going into this mechanism.</p> <p>10.P.IS02: JSI - Technical assistance on Injection Safety</p> <p>Goal and Objectives</p> <p>(1) Build capacity of healthcare workers on safe and rational use of medical injections and effective healthcare waste management (HCWM);</p> <p>(2) Promote reduction and demand for unnecessary injections targeting;</p> <p>(3) Build capacity of the healthcare systems in infection prevention and control (IPC); and</p> <p>(4) Strengthen monitoring and evaluation (M & E) of project activities.</p> <p>Coverage and Scope of Activities</p> <p>During FY10, the project will scale-up to six additional health districts (totaling 16) and will target 150 public facilities.</p>			

Capacity Building, Support and Training

Capacity building is aimed at increasing health care worker competency, knowledge and skills of healthcare workers in injection safety (IS), IPC, HCWM and health commodity management. The project will target training of doctors, nurses, allied health professionals, and non-professionals.

Logistics and Commodity Management

Logistics will focus on improving the availability of adequate health commodities and establishing systems for sustained health commodity security.

Behavior Change and Communication

Behavior change will aim at reducing unnecessary use of medical injections by ensuring that therapeutic injections are prescribed judiciously. Efforts to reduce demand for injections will target patients and the community.

Healthcare Waste Management

HCWM will promote effective management waste from the source of generation to the final disposal using sustainable and affordable approaches. The project will ensure safe environment for healthcare workers, patients and the community.

Health Worker Safety

The project will advocate for improved IPC interventions, increased access to PEP, and provision of Hepatitis B vaccination to health care workers.

Ownership and Sustainability for Injection Safety

The project will focus on building necessary capacities of institutions and personnel in IS, IPC and HCWM to ensure continuation of activities beyond 2013.

Monitoring & Evaluation

Health facility assessment will be used to benchmark for outputs and outcomes during project implementation. Monitoring will be on-going to monitor progress and identify implementation gaps.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 9924	Mechanism Name: New CoAg- PediatricCare
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor University, College of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 537,500	
Funding Source	Funding Amount
GHCS (State)	537,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives

Strengthen referral and consultation services for HIV/AIDS and TB/HIV care

- Provide HIV/AIDS and TB/HIV technical support at Princess Marina Hospital (PMH) and Nyangabgwe Referral Hospital (NRH) and increase technical and consultative support of Sekgoma Memorial Hospital (SMH) and Mahalapye General Hospital (MHG).
 - Enlist non-pediatricians to care for stable patients
 - Increase the time that the Center of Excellence (COE) HIV specialists mentor
 - Improve referral linkages with clinics and other healthcare centers to allow referrals of stable clients to peripheral sites, while building capacity at those sites.
 - Expand adolescents services and training at the COE and supported sites
 - Strengthen relationships with civil-society organizations and community-level strategies that benefit HIV-infected children and adolescents
 - Strengthen services in pediatric TB prevention, diagnosis and treatment at referral centers in Gaborone, Francistown, and Serowe.
 - Build capacity in TB-care through training and mentorship at COE-supported referral centers
 - Begin transition of project to Masa and Botswana National Tuberculosis Program within 5 years.
- Build the sustainability and impact of Botswana's supportive onsite, case-based mentorship
- Continue coverage of current mentorship sites, incorporating Master Trainer strategies, and expanding sites in the Francistown and Serowe regions
 - Coordinate clinical attachments at the COE with the goal of every specialist-patient encounter being a



mentorship opportunity

- Assist in all pediatric components of the ARV Nurse Prescriber Training Program, develop a plan for task-shifting to train nurse prescribers, and implement that plan
 - Begin transition of mentorship program to University of Botswana (UB) in the upcoming five years. Eliminate gaps in didactic training on pediatric HIV/AIDS and TB/HIV care
 - Revise and update Pediatric KITSO (KITSO HIV/AIDS Training Coordinating Unit) curricula annually.
 - Deliver Pediatric KITCU to all of Botswana's health districts annually, working with the Ministry of Health (MOH) and the Ministry of Local Government (MLG) to maximize coverage among those caring for HIV-infected children.
 - Distribute standard Pediatric ART reference tools during Pediatric KITCU trainings
 - Develop new easy-reference clinical tools to encourage guidelines-based HIV care
 - Institute routine post-Pediatric KITCU follow-up, assessing knowledge retention and application of key clinical practices
 - Develop pre-service assistance strategies for UB and Institute for Health Sciences, and implement desired curricula
 - Begin transition of training activities to UB within five years.
- Develop and support a program in adolescent HIV/AIDS care.
- Develop and deliver an "Adolescent Care Package"
 - Incorporate new modules on adolescent treatment and care into Pediatric KITCU training.
 - Develop and publish Guidelines on the Care and Treatment of HIV-Positive Adolescents.
 - Roll-out the COE "Teen Club" program nationally
 - Develop and implement an adolescent-focused community partners training program
 - Begin transition of adolescent-focused activities to UB and Masa within 5 years.

Target populations

HIV and TB-infected and affected children, families and communities

Geographic coverage

Botswana

Cross-Cutting Areas

Human resources for health, Food and nutrition/commodities

Education, Reducing violence and coercion.

The BBCCOE program involves the following:

- Child survival activities
- Gender equity in HIV
- Male norms and behaviors



The BBCCOE will become more cost efficient, particularly in coordinating service-delivery with other partners, including the MOH, MLG and Masa, in building sustainable capacity through assisting local skills acquisition, including specialist support of Botswana's pediatric HIV referral centers; Pediatric KITCU; task shifting through nurse prescriber mentoring and training and development of expert patient curricula; decentralized site mentorship designed to build sustainable capacity throughout the country; TB enhanced diagnosis; and adolescent care and support.

Partnership with the Princess Marina and Nyangabgwe Referral hospitals and the University of Botswana School of Medicine will expand.

Baylor will obtain the master trainer methodology (adult-focused) from the MOH and partners, and will work with the MOH and partners in its adaptation to a pediatric focus.

Baylor will work with local partners involved in pediatric training to ensure a smooth, non-overlapping implementation of pediatric master-trainer activities throughout Botswana.

Enhancing Sustainability

BCCOE will transition pediatric HIV/AIDS care and treatment to the Government of Botswana in a manner that ensures sustained care of a reference standard.

We will assist in capacitating the MOH, such that the MOH will be able to take the lead nationally in pediatric HIV/AIDS care and treatment.

Monitoring and Evaluation

The BBCCOE has a detailed Monitoring and Evaluation plan for Center activities, including those under this RFA, and makes regular reports to BOTUSA and other stakeholders. The BBCCOE's complete M&E document is available for review upon request.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	107,500
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Key Issues

TB



Budget Code Information

Mechanism ID: 9924			
Mechanism Name: New CoAg- PediatricCare			
Prime Partner Name: Baylor University, College of Medicine			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	230,000	

Narrative:

10.C.PC08: Baylor - Pediatric Care and Outreach Support - 230,000.00

We will continue strengthening referral and consultation services for HIV/AIDS and TB/HIV care with a careful focus on appropriate decentralization and capacity building. Activities will include continued support to PMH, NRH, SMH (Serowe) and Maun GH, triaging of stable clients to qualified non-pediatricians, maximizing mentorship hours of experienced providers at the COE and other supported sites, minimizing the number of HIV specialists consulting clients in the absence of a learner, improving linkages with clinics and other healthcare centers nationwide along with the allocation of limited specialist resources to complex care and building technical capacity, expanding services and training to improve support of older children and adolescents, providing decentralized HIV support services to community-based NGOs, and strengthening community-based care. Baylor will further strengthen pediatric HIV/AIDS and TB/HIV care by continuing to build the sustainability and positive impact of supportive on-site, case-based mentorship through the Pediatric Master Trainer strategy, clinical attachments of HCWs to the COE, and appropriate task shifting, including Baylor's leading role in the roll out of the ARV Nurse Prescriber Training Program.

In cooperation with the various partners (MOH, MLG, BHP, and other KITSO partners), Baylor staff will work toward the elimination of coverage gaps in up-to-date, in-service, didactic training on pediatric HIV/AIDS and TB/HIV care and strengthen pre-service training delivery. This will include the development and deployment of a Pediatric Master Trainer Model, and the revising and delivering of pediatric KITSO curricula to all of Botswana's health districts annually. Teacher training in Setswana will continue to expand, as will routine post-training follow-up, including linkages with the COE Clinical Mentorship Team for site-specific follow-up and performance assessment in relation to key teaching points. Baylor staff will continue to work closely with the MOE, IHS, the UB School of Nursing, and the UB School of Medicine to develop, revise and implement desired pediatric HIV pre-service curricula. In the critical area of adolescent care, the COE, in collaboration with the MOH, drafted an "Adolescent Care Package," the finalization and implementation of which will be pursued in FY10.



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	200,000	

Narrative:

10.T.PT08: Baylor - Pediatric ART treatment - 200,000.00

Baylor is aiming to strengthen the referral and consultation services for HIV/AIDS and TB/HIV care, with a focus on appropriate decentralization and capacity building by:

- Triaging stable clients to qualified non-pediatricians, including trained medical officers and certified nurse prescribers, as appropriate.
 - Maximizing the mentorship hours of experienced providers at the COE and other supported sites and minimizing the number of HIV specialists consulting clients in the absence of a learner.
 - Improving linkages with clinics and other health care centers nationwide to allow for appropriate referrals to and from peripheral sites.
 - Continuing to cover the currently mentored sites, with the step-wise implementation of our newly-designed Pediatric Master Trainers strategy.
 - Continuing clinical attachments at the COE with the goal of every patient encounter being a learning opportunity for Botswana health care workers, including task-shifting, which plays a leading role in the roll out of the ARV Nurse Prescriber Training Program.
 - In cooperation with the MOH, MLG, and other KITSO partners, revising and delivering Pediatric KITSO curricula and a Pediatric Master Trainer Model to all of Botswana's health districts annually.
 - Instituting routine post-training follow-up, including linkages with the COE Clinical Mentorship Team for site-specific follow up and performance assessments in relation to key teaching points.
 - Continuing to work closely with the MOE, IHS, the UB School of Nursing, and the UB School of Medicine to develop, revise and implement desired pediatric HIV pre-service curricula.
- Additionally, Baylor plans to develop and support the implementation of a program in adolescent HIV/AIDS care and treatment by:
- Developing national guidelines on the care and treatment of HIV-positive adolescents to guide providers in adolescent care, and developing and implementing a comprehensive training and mentoring program, including new adolescent modules within the pediatric KITSO training program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	107,500	

Narrative:



10.C.TB14: Baylor Pediatric HIV/TB mangemnt - 107,500.00

The diagnosis of tuberculosis in children has always been a challenge. To improve the management of children with TB and TB/HIV co-infections, the BHP will collaborate with the National TB Program (and other stakeholders) to:

- a. review and refine the existing screening algorithm for TB diagnosis in children, and review and provide current information, education and communication materials for adolescents and parents of children with TB/HIV co-infection.
- b. provide training for health care workers on routine HIV testing (RHT) services for children presenting with TB in all facilities through awareness training to facilitate early identification of HIV co-infections.
- c. provide training of health care workers on pediatric TB case management.
- d. undertake joint support supervisory visits for M & E.
- e. improve logistical support.
- f. decentralize pediatric training and care efforts, which have been concentrated mainly in hospitals, through the BHP Master Trainer Team who are currently involved in the expansion and devolving of pediatric training and support to peripheral facilities.
- g. facilitate training of laboratory personnel on TB microscopy at peripheral labs.
- h. integrate pediatric TB care with community support mechanisms.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9925	Mechanism Name: HHS/CDC - HQ - GHCS (State) - BHP (PS001994-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Botswana Harvard AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 910,413

Funding Source	Funding Amount
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GHCS (State)	910,413
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD was awarded in August 09 reprogramming.

Context

Started in 2002, the Masa Program is currently supporting more than 108,288 (Aug 09) ART patients at 32 ART sites and their 109 satellite clinics (Aug 09). There are currently 138 satellite clinics countrywide. Constraints that will continue to impede the Botswana Government's plans to provide treatment and care to an estimated 125,000 patients in 600 ART treatment sites by 2013 are: shortage, turnover, and attrition of qualified health professionals; lack of coordination among HIV/AIDS-related programs, limited capacity to conduct timely CD4 and viral load testing; and an inadequate system of tracking and monitoring ART patients.

Goals and Objectives

The goal of the project is to support the Masa program and its current 32 sites and their 138 satellite clinics and future ART sites by: 1) developing a sustainable capacity in clinical care and treatment of HIV/AIDS patients through training, on-site support, and roll out of facilities; 2) developing a sustainable capacity in CD4, viral load, and other lab testing, and supporting countrywide decentralization of laboratories; 3) establishing a Monitoring and Evaluation (M&E) Unit to track ART patients and monitor the progress and effectiveness of the Masa program; and 4) implementing and operationalizing a fully functional Botswana-based NGO, Botswana Harvard Project (BHP), whose governance is shared between the Botswana Ministry of Health and Harvard to ensure PEPFAR sustainability.

Major Activities

Activities prior to FY10

In FY06, the Clinical Master Trainers' pharmacists, physicians and nurse/midwives conducted needs and pharmacy assessments, training in ART care and treatment, Nurse Dispensing and Prescribing, on-site and/or telephone support at 29 ART sites and 95 (by Sept 09) satellite clinics.

BHP set up treatment failure management registries and pilot of Universal Highly Active Antiretroviral Treatment (HAART) in 4 sites (hospital, supporting clinics and feeder health posts).

Quality Assurance Initiative (QAI) activities continued to be integrated into site support.

The Laboratory Master Trainers collaborated on production of a laboratory training manual and provided training and follow-up support for 23 laboratories in CD4 and 10 laboratories in viral load testing.



Decentralized labs performed 55% and 29% CD4 and viral load tests respectively countrywide this year. The Monitoring and Evaluation Unit of Masa provided consolidated monthly reports, conducted data training and data audits, upgraded, piloted,, and rolled out a SQL-server-based electronic application (PIMS II), and provided a data set QOL.

BHP was operationalized as a Limited Liability Corporation (LLC) in Botswana on September 1, 2009. BHP applied for and was awarded two PEPFAR Cooperative Agreements as well as other USG and non-USG awards.

Activities in FY10

The Clinical Master Trainers will continue to provide training and support in HIV/AIDS treatment and care to all ART sites and their satellite clinics with specific training and support for nurse prescribing and dispensing, QAI, and pediatric scale-up.

BHP will continue to develop training materials; and collaborate to integrate Prevention of Mother to Child Transmission (PMTCT), TB and other HIV/AIDS-related activities.

The Laboratory Master Trainers will continue to provide training and support in, CD4 and viral load testing at the decentralized labs; provide new training in hematology, chemistry, microbiology, lab data management, reagent logistics, and QAI; and provide Rapid HIV and Dry Blood Spot testing training for lay counselors.

The M&E Unit will complete deployment and training on PIMS II, to ARV sites; refine and expand indicators and management tools, especially for PMTCT; integrate functions of the national system, and establish IT support to the department.

BHP as an LLC will be fully operationalized.

By the end of FY10, all established ART sites will have received training and support through the Clinical Master Trainer, Lab Master Trainer, and Monitoring and Evaluation Unit programs.

Enhancing Sustainability

All activities of the Harvard Botswana PEPFAR grant will be fully transitioned to the BHP LLC and will continue to apply for future funding

Monitoring and Evaluation

The M&E Unit will develop systems to monitor the national ART program and provided reports and analyses to inform the Government of Botswana in HIV/AIDS care and treatment policies.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	55,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9925			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - BHP (PS001994-01)			
Prime Partner Name: Botswana Harvard AIDS Institute			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	
Narrative:			
<p>10.C.AC06 BHP - Health care providers training - 100,000.00</p> <p>In FY2008 and FY2009, the Clinical Master Trainer (CMT) program trained a total of 623 health personnel on ART and palliative care service delivery. These included ACCF (39), Introduction to AIDS Care (39), Pediatric and Neonatal care (52), ARV Nurse Prescribers (129), ARV Nurse Dispensers (299), and Universal HAART (65). It supported and mentored 32 Hospitals and 84 ARV Clinics Sites. The ARV Nurse Training curriculum completed and the Universal HAART Pilot at 10 facilities. The Laboratory Master Trainers (LMT) have decentralized to an additional 2 CD4 and 2 VL labs bringing CD4 labs to 21 and VL labs to 10. BHP trained 61 laboratory technicians on lab manuals, 56 nurses and 42 nurses on dried blood spot. An EQA program is running and the lab training manual completed. All 21 CD4 and 10VL labs are supported.</p> <p>M&E reached all 32 sites. The M&E Unit has monitored the number of patients on HAART on a monthly basis. PIMS II application and associated SQL Server database has been finalized and was rolled out in August 2009. Data validation of Site Managers Reports has continued. Training on application systems has been conducted for 200 providers and the unit provided support for review of the tools and indicators for PMTCT, HIV Counseling and Testing, Safe Male Circumcision, and Community and Home Based Care. The KITSO Training Unit database was also evaluated.</p> <p>BHP will have a three pronged approach to using the master trainer model, which will include Clinical Master Trainers, Laboratory Master Trainers and M&E Technical Advisors.</p>			

The Clinical Master Trainers will:

- train of nurse dispensers and nurse prescribers;
- train health care providers on QAI and implementation of QA activities at ART sites;
- provide continuing medical education at district level and telephone site support;
- develop training materials for the rollout of the universal HAART program and mentoring health facilities in implementing it; and
- integrate pediatric care in clinical care and site support.

The Laboratory Master Trainers will:

- support the established CD4, VL, hematology, chemistry, DBS and microbiology support;
- train on LIS issues on lab data management, reagent logistics and quality assurance;
- lead EQA activities;
- strengthen quality for hematology, TB and chemistry; and
- train on TB diagnostics.

C) The M&E Unit within Masa will:

- refine and expand indicators and management tools;
- roll out new PIMS II system to all PIMS locations;
- integrate functions with all other national systems;
- train end users on new systems;
- create a support desk and use DEC to perform vital roles; and
- conduct DEC trainings.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	413,038	

Narrative:

10.T.AT12: BHP - Health Care Provider Training - 413,038.00

BHP will develop a sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expand CD4 and viral load laboratory testing to decentralized laboratories, and strengthen the Ministry of Health's (MOH) Monitoring and Evaluation (M&E) capacity to assess the effectiveness of the national anti-retroviral (ARV) program, Masa.

In FY07 and FY08, the Clinical Master Trainer (CMT) program trained a total of 492 health personnel on ART service delivery and 635 on palliative care service delivery. It also supported and mentored staff at 18 hospitals and 39 satellite clinics. The Laboratory Master Trainers have, so far, been able to train a

total of 22 laboratory technicians and have supported and mentored staff at approximately 22 facilities, 15 of which were decentralized sites.

The M&E results indicated that there were 32 sites reached, 59 data entry clerks (DEC) trained, a data warehouse developed with the ongoing integration of Masa and DHIS, and a data security and confidentiality system with encrypt and decrypt completed.

BHP will have a three pronged approach to using the Master Trainer model, which will include Clinical Master Trainers, Laboratory Master Trainers, and M&E technical advisors.

The Clinical Master Trainers will:

- enhance task-shifting through training of nurse dispensers and nurse prescribers;
- train health care providers on QAI, implement QA activities at the ART site level, and provide QAI training for district/site leadership cadres;
- provide continuing medical education at district level and telephone site support; and
- develop training materials, SOPs, guidelines, memos, checklists, and other tools for care and treatment sites

The Laboratory Master Trainers will:

- support the established CD4 and VL decentralized laboratories and expand training to include hematology, chemistry and microbiology support;
- formalize the training manuals on CD4, VL, hematology, chemistry and microbiology, including TB, in collaboration with the MOH and HHS/CDC/BOTUSA; and
- train staff on LIS issues, laboratory data management, reagent logistics and quality assurance at decentralized laboratories/sites.

The M&E Unit within Masa will continue to:

- refine and expand indicators and management tools;
- replace PIMS (Masa) and roll out the new system to all PIMS locations;
- integrate functions of, for example, PMTCT, and integrate into all other national systems, for example, DHIS;
- train end users on the new systems;
- establish a support desk and use DEC to perform vital roles; and
- conduct a targeted patient evaluation study on medication adherence.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	397,375	

Narrative:

10.X.SI21: BHP - PIMS Support - 397,375.00

Goal 3 of the Partnership Framework is to strengthen the strategic information system of the national response. The following support to the national HIV patient information management system (PIMS II) project is required to achieve this goal.

Ongoing support for PIMS II

- Resources for staff and travel for an IT helpdesk to provide technical assistance to users of PIMS II and ensure its sustainability, optimization, and efficient use.
- Procurement support to maintain the effective use of the system during the initial phases of implementation. Central procurement of supplies, such as labels for the pharmacy label printers, will maximize the effectiveness of the system and minimize costs. Software required to establish and support the system may also be required, such as bug tracking software and/or the development of environment upgrades.
- Continued deployment (system installation and training) of PIMS II to newly operational and newly computerized ARV clinics.

System development

- Include PMTCT, HIV testing and counseling, and TB modules to PIMS II, which involves development of user requirements and actual programming. Pilot these modules in facilities piloting universal HAART and those at the forefront of TB/HIV integration before the national roll-out.
- Develop PIMS II as a distributed system, and pilot the transfer and record linkage of datasets between facilities to share and update patient records. This would allow clinicians to access historical information of patients who transfer between facilities and potentially improve the quality of patient care. At the local level, this would also make facility and site-level data available for routine analysis by site managers and district M&E Officers. At the national level, this would facilitate the routine collection of a truly national electronic dataset by collecting data from the districts/sites for all of their facilities and feeding back reports.

Strategy development

Post-deployment workshops are needed to gather feedback on future user requirements and areas for improvement of the current system.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 9926	Mechanism Name: GHH-A-00-07-00017: Light & Courage Trust- New Partners Initiative
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Light and Courage Centre Trust	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

BOCAIP AB Counseling	Bopaganang Basha	Francistown Home-based Care
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Overview Narrative

Goals and Objectives:

The Light and Courage Centre Trust provides an array of services to HIV positive adults. Additionally they have a pre-school OVC program which aims at ensuring that the children of HIV positive parents accessing services through the Centre have access to pre-school. While this is a benefit to the child, it also creates time for the parent to take part in rehabilitation programs offered through the Centre.

Linkage to Partnership Framework goals:

The activities of the Light and Courage Centre Trust OVC program link very well with the Partnership Framework Goal 4.

Geographic coverage and target population:

Based in Francistown, Light and Courage Centre extends coverage to pre-school children of parents who are HIV positive and accessing services through the Centre.

Implementing mechanism's cross-cutting programs and key issues:

Their activities are being funded through the pipeline, they do not require additional funding this year.

Monitoring and Evaluation plans:



A Monitoring and Evaluation person who reports to the funding agency on a quarterly basis is in place. The M & E person reports on relevant targets derived from the NGI document.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Increasing women's access to income and productive resources
TB

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9927	Mechanism Name: GHS-A-00-05-00019: TBCAP
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: KNCV TB Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Contextual information: The Botswana National TB Program (BNTP) is funded with contributions from the Botswana Government (GOB), PEPFAR, the Global Fund Round 5 grant and the African Comprehensive HIV/AIDS Partnership (ACHAP).

Botswana, a middle-income country with a population of 1.86 million, is plagued by one of the most serious TB and HIV epidemics worldwide. It has one of the highest TB notification rates. In 2005 10,392 (all cases) have been notified which translates into a rate of 602 per 100,000 population. 93.4% were new, 6.6% re-treatment cases. But only 33.8% were sputum smear positive cases. In 44.7% of cases no smear was done. 12.1% are extra-pulmonary TB cases. The treatment success rates in new ss+ cases registered in 2004 were 71% with 11% death rate, 8% default rate, 9% transfer out rate and 1% treatment failure rate (overall 13% of patients were not evaluated). In 2006 only 8,519 (all cases) were notified (rate 453 per 100,000 population), 38% were new smear positive case. Treatment success in new ss+ patients registered in 2005 was equally low at 70% (37%), failure, default and transfer out rates similar to the year before. However, the death rate decreased from 11 to 7%. The decline in cases is rather related to the problems with data capturing at district level than caused by a real decline. There is a wide variation in performance between districts. There are more than 200 cases of MDR-TB have been detected in 2005. 4,583 TB cases or 53% of TB cases were tested for HIV of whom 71% tested positive (2006).

TB Infection Control (IC) is considered a serious problem by caretakers, and a national TB infection control manual was produced. Challenges remain at district and health care settings in terms of implementation. Scale-up of TB-IC - particularly in HIV/AIDS care settings - is not well established. New hospitals were constructed without any consideration to TB-IC. Admission/isolation facilities for X/MDR-TB patients are not present, not even in the main referral hospital, although a 17 bed ward was refurbished for this purpose in Gaborone. Turn-around time for sputum-smears in the hospital is around 3 days generally.

The scale-up of TB/HIV in Botswana appears to be rather successful in provision of provider initiated counseling and testing (PICT) to TB patients and ensuring care, with about 68% of TB patients having an HIV test result, Cotrimoxazole preventive treatment (CPT) being routinely offered, and about 30% of TB patients started on ART (ETR.Net reports, 2008).

Current situation and proposed activities: TB CAP was approached by the USAID country mission to support capacity building and accelerate scale-up of TB/HIV collaborative activities, MDR-TB management, and TB-IC through the recruitment and posting of three TB CAP technical staff in the Botswana Ministry of Health (MoH) and the National TB Reference Laboratory (NTRL). Assessment missions conducted by PMU TB CAP and KNCV consultants in November 2007 and March 2008 discussed with different stakeholders (MOH, CDC/BOTUSA, ACHAP, PENN, etc.) how the above



mentioned areas could be strengthened. Job descriptions for 3 staff were discussed and agreed upon. Contracting modalities and financial management in Botswana were discussed. Since the formulation of a 5 year costed strategic plan is considered critically important by all stakeholders, TB CAP technical assistance to the development of this plan is a part of this proposal. In order to be able to manage the TB CAP project in an efficient manner, KNCV Tuberculosis Foundation was advised to register as an international NGO in Botswana and hire financial administrative services to manage any in-country expenditures.

Three technical staff were recruited:

1. TB Technical Advisor to the National Health Laboratory, based in the NTRL in Gaborone; working in close collaboration with BNTP and BOTUSA professional staff, focusing on capacity building and development of quality assured C/DST services, laboratory management system, data management, MDR-TB surveillance, new laboratory technology
2. Chief Medical Laboratory Technician, based in the NTRL in Gaborone; working closely with the Head of the NTRL and TB CAP NHL Technical Advisor, focusing on the development of External Quality Assurance (EQA) of the sputum smear microscopy network
3. TB/HIV Technical Advisor, seconded to the Central Unit of BNTP; assisting the Program Manager of the BNTP on collaborative TB/HIV activities and related components of the Stop-TB Strategy, functioning as the liaison between TB CAP, BNTP, the Department of HIV/AIDS Prevention and Control (DHAPC), and other important implementing partners in particular CDC/BOTUSA.

KNCV will provide technical support through backstopping, country visits and facilitating of training for the recruited staff where appropriate, in order to ensure high quality technical assistance, appropriate for the needs of the Botswana BNTP.

Rationale: Given the operational challenges faced by the BNTP, TB CAP support is considered strategically important to provide support to the strengthening of the laboratory services for TB control, as well as the program management of patients dually infected with TB/HIV, with or without drug resistant tuberculosis. TB CAP wishes to support, in good partnership with MOH, the development of the NTRL/CRL into a well-functioning laboratory, fully equipped and capable of performing the roles and responsibilities needed for supporting excellent clinical management of drug susceptible and X/MDR-TB, routine drug resistance surveillance, and quality assurance of the sputum-smear microscopy network. TB CAP will support coordination between the many different partners now supporting TB, TB/HIV and TB-IC activities, in particular: MOH, CDC/BOTUSA, ACHAP, PENN, I-TECH and URC.



Comparative advantage: TB CAP conducted a TB-IC training followed by a TB-IC country strategic workshop in Botswana in February and May 2008 in Gaborone. KNCV has participated in the World Bank (WB) mission in 2007 for the upcoming HIV/TB WB loan to the Botswana Government and participated in the IPT program joint review in May 2008. The composition of partners in TB CAP, and their track record in building strong TB programs, is considered an important comparative advantage.

Attribution: TB CAP will operate in Botswana in partnership to BOTUSA/CDC, PEPFAR, GAP, UPenn, ACHAP and URC, which all support TB and TB/HIV work. The impact of TB CAP support can so far only be measured by the successful performance of the three staff it will recruit. This technical assistance can be strategically very important for capacity building, and improved management of the laboratory and the BNTP. It is however obvious that much of the capital inputs for improving program operations will come from GOB and other donors.

Project technical approach:

1. Registration as international NGO

KNCV registered as an international not-for-profit NGO in Botswana, and as a USAID technical partner in TB, thus benefiting from the USAID/GOB bilateral agreement. A local organization familiar with the USAID/GOB bilateral agreement and procedures for registering as a foreign organization was contracted to assist with recruitment of staff, with opening of a bank account in Botswana, and with other support in managing payments of the salaries of the three TB CAP staff that will be hired, and with facilitating country visits of KNCV consultants.

2. Recruitment of three professionals

All three staff were in place by October 2009.

3. Memorandum of Understanding BMOH/KNCV

KNCV signed a Memorandum of Understanding with the Botswana MOH. This MOU describes how KNCV and BMOH will administratively cooperate under the existing USAID-MOH bilateral agreement, in order to achieve transparency and accountability of KNCV's operations with the MOH and vice versa.

4. Professional development TB CAP/KNCV staff

Capacity building of and knowledge transfer to the Botswana colleagues is considered critically important and core to this project. KNCV values that the KNCV contracted staff remains up-to-date with latest policies and technical standards and therefore provides support for professional development where this is considered relevant for contract staff. Funding will be set aside for in-service training of recruited KNCV



staff as considered appropriate.

5. External technical assistance

It is important that the KNCV staff is also properly supported, advised and supervised. KNCV will therefore provide external technical assistance to the three staff both during country visits as well as from a distance. This support will also be available to supporting the Central Unit BNTP in whatever issue that needs technical support and needs the assistance from the external KNCV advisor.

Next steps and relation with other interventions and IRs:

One of the three staff was appointed as Coordinator of the TB CAP Project (COP) in Botswana. Personal annual workplans will be developed and in-service training will be conducted as required. KNCV will guarantee regular distant support by e-mail and telephone. Three country field visits are budgeted during the project period in support of staff and general technical support according to pre-agreed TORs with BMOH and USAID. Reporting on progress and activities will be quarterly. Annual performance evaluation with employees and beneficiaries will be conducted

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9962	Mechanism Name: U2G/PS001309 -- Pre service training
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement



Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	Funding Amount
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

Jhpiego is an international non-profit health organization affiliated with Johns Hopkins University. Jhpiego enhances the health and saves the lives of women and families in limited-resource settings. For nearly four decades, we have put evidence-based health innovations into everyday practice to overcome barriers to high-quality healthcare services for the world's most vulnerable populations.

Goals and Objectives

To ensure that the Government of Botswana (GOB), through its Health Training Institutions (HTIs) develops the capacity to consistently and sustainably produce healthcare professionals with the knowledge, skills, and confidence they need to provide quality HIV services; and that healthcare workers including students, faculty and staff of the HTI, are supported by a comprehensive and proactive workplace wellness program.

Major Activities

Strengthening the skills of faculty and preceptors through technical updates on HIV/AIDS while coaching them in mastering state-of-the-art instructional skills. Close linkages will be forged between pre-clinical education and clinical practice.

Target population

Approximately 302 healthcare providers across several cadres.

Geographic Coverage



National. The program entails working with the Ministry of Health (MOH) and the 8 HTIs across the country.

Making the Most of Other HIV Resources

Jhpiego will leverage other resources e.g. expanding Francis Xavier Bagnoud Center kiosks to a network platform for increased accessibility.

Jhpiego is exploring collaboration with the American International Health Alliance HIV/AIDS Twinning Center to integrate HIV/AIDS into their curriculum.

Jhpiego will leverage technical assistance from groups such as CISCO to strengthen the network capabilities of HTIs. Through this partnership, Jhpiego will facilitate access to technical assistance on network strengthening, tapping into CISCO's corporate social responsibility agenda.

Jhpiego will use the instructors trained to train other HTI instructors. This ensures both sustainability and transfer of skills. These subsequent trainings will be supported directly by the MOH and/or HTIs.

Cross-Cutting issues

Jhpiego will build the HTIs capacity to ensure quality and to increase quantities of healthcare providers.

These providers will receive high-quality instruction that will be based on the latest HIV/AIDS information.

Jhpiego's approach will contribute to human resources for health via the curriculum revisions and content updates at national level for continued relevance and appropriateness.

Instrumental to this process will be both the national working and technical working groups expected to drive specific clinical, technical, policy or instructional matters identified as critical through stakeholder consultations. These groups will be at the core of driving the PSE agenda in the country. The networking and instructional skills received by the project participants (faculty) will be used broadly through their responsibilities that transcend HIV/AIDS matters.

Enhancing Sustainability

Jhpiego's close collaboration with the MOH and HTI faculty in implementing our activities enhances both the program's sustainability and the GOB's capacity to produce high-quality healthcare professionals.

Specific activities which ensure sustainability include: our support and mentorship of the National and Technical Working Groups, comprised of HTI Principals and Deputies and other senior faculty members, in developing policy recommendations to the MOH and revising and updating curricula; ongoing mentoring of the MOH HIV/AIDS Training Coordinator via program implementation, local and regional professional-development opportunities; and providing supportive supervision to HTI faculty as they plan and deliver development workshops to their colleagues.

National working and technical working groups will be at the core of driving the PSE agenda in the country.

Jhpiego emphasizes a competency-based approach in skills development thereby ensuring highly skilled



professionals in all program areas. This pool of trainers will continue to be a resource in the country well beyond the PSE project timeframe. Additionally, Jhpiego's relationship with groups such as CISCO opens up long-term approaches to partnerships that enhance student learning.

Monitoring and Evaluation (M&E)

Jhpiego will regularly monitor program activities and will report on essential indicators with and without HQ reporting requirements.

PEPFAR-recommended indicators will be included in the M&E plan as appropriate. Jhpiego will calculate these indicators on the project level to inform implementation and management of the project.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	760,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 9962			
Mechanism Name: U2G/PS001309 -- Pre service training			
Prime Partner Name: JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	700,000	

Narrative:

10.X.SS09: JHPIEGO - Health care worker Wellness & Pre-service Training - 700,000.00
 In 2010, the Pre-service Education project will enter its third year. The overall goal of this project is to ensure that the GOB, through its Health Training Institutions (HTIs), develops the capacity to consistently and sustainably produce healthcare professionals who graduate with the knowledge, skills, and confidence they need to provide quality HIV services upon deployment; and that the healthcare workers in Botswana, including students, faculty and staff of the HTIs are supported by a comprehensive and proactive workplace wellness program. There is a strong focus on faculty development. Jhpiego will improve preclinical education in HIV/AIDS at the HTIs, build bridges between preclinical education and

clinical practice, and enhance workforce wellness programs.

In COP 2010: Training and skills upgrade: As follow-on to COP 09 activities, Jhpiego will offer the following courses through the year. A new cohort of faculty and preceptors will be recruited to participate in these courses: Effective Teaching Skills; Student Performance Assessment; Preceptor Development; and Learning Technology courses.

Needs Assessment Reference Group Support: Jhpiego will support the implementation of those recommendations finalized in year 2 by the Reference Group (subgroup of National Working Group).

Support for the National Working Group and Technical Working Group: Jhpiego will continue to support both the National Working Group and Technical Working group on developing recommendations for policy implementation to the MOH. Additionally, we will host the second annual TWG/NWG congress.

Distance Education Program: Midwifery: Jhpiego will implement a distance learning program through one HTI that offers the 18 month midwifery program in a select geographic area.

Workforce Wellness and Clinical updates: Jhpiego will continue to provide updates as requested by the MOH and to support the strengthening of the MOH HIV Team's capacity for providing clinical updates to HTI faculty. Jhpiego will seek ongoing opportunities to strengthen the workforce wellness program through materials development and mentoring workforce wellness committees.

In-service Training Recommendations: In collaboration with the MOH, Jhpiego will conduct a comparative analysis of in-service training models employed in Botswana and make recommendations. Jhpiego's evaluation will determine components of training systems that are most efficient, flexible and effective, thereby resulting in recommendations directly contributing to GOBs capacity to produce a skilled and competent workforce.

Activities for supportive supervision and quality assurance: The Jhpiego PSE Advisor, working with appropriate HQ TA, will mentor HTI faculty in the planning and delivery of local faculty development workshops within their institutions. The Jhpiego PSE Advisors will visit clinical sites to improve the supportive supervision of service providers participating in the clinical education of students.

Activities directly related to Human Resources for Health (HRH): The majority of 2010 project costs will be related to training and supporting HTI faculty. Faculty development workshops include Effective Teaching Skills, Student Performance Assessment, and Learning Technology. Select faculty attending these workshops will be provided supportive supervision within their institutions so that they may plan and execute development workshops for their colleagues. Additionally, the quality of the local area network of computers will be improved in one HTI. This computer network will provide a site for educational materials currently on single electronic kiosks within the libraries, materials housed by faculty and those created by faculty following faculty development workshops.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 10303	Mechanism Name: HHS/CDC - HQ - GHCS (State) - Pathfinder (PS001886-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 912,500	
Funding Source	Funding Amount
GHCS (State)	912,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD was named in August 09 reprogramming. the award was split between AED and Pathfinder

Context

In 2010, with PEPFAR support, Pathfinder will continue to contribute to the improvement of the health and well-being of pregnant women and new mothers, their partners and infants through increased access to comprehensive and integrated quality Prevention of Mother To Child Transmission of AIDS (PMTCT) services at facility and community levels.

Goals and Objectives

- Establish project sites that implement a comprehensive model of increased peer-mother and male involvement
- Improved men's positive and gender-equitable attitudes and behaviors toward HIV/AIDS prevention at family and community levels
- Strengthened community and facility based Peer counseling and psychosocial support for PMTCT mothers
- Improved knowledge, skills and attitudes towards adoption of healthy reproductive-health practices amongst HIV negative mothers
- Increased community awareness and engagement in HIV activities



- Increased technical and institutional capacity of local implementing partners

Major Activities

Consultation and advocacy meetings with stakeholders at National and District level (Ministry of Health (MOH), Ministry of Local Government (MLG), and Men Sector, District Health Teams (DHTs), District Multi Sectoral AIDS Committee (DMSAC), and Community leaders) to sensitize stakeholders about the project and advocate for its sustenance.

Identification, recruitment of peers (male peers for male component and peer mothers for the PMTCT component) and 2 weeks training of 12 new peers (5 peer mothers and 7 male peers) at sites where either peer mother or Male Involvement (MI) projects were not available in the previous phase of the project. At the sites that had been implementing the MI and PMTCT project, the old peers will be recruited. Pathfinder will use the developed training manual to train the new peers at local level.

Ongoing Capacity Building mentorship of project staff (site supervisors, site facilitators and peers) conducted during monitoring and support visits by project officers, covering: monitoring and evaluation concepts, and leadership and supervision. At the national level, Pathfinder will continue to build the organizational capacity of the implementing partners.

Collaboration with other stakeholders running national campaigns or commemoration days - (Mothers' Day; Fathers' Day; Valentines' Day Campaigns, World AIDS Day, Month of Youth, Month of Prayer, Women's Day).

Peer counseling/Service Provision for both PMTCT and Male Involvement (MI)

Recruitment and registration of clients

Peer mothers provide service to PMTCT mothers whilst male peers serve the men in the community, including the partners to the PMTCT mothers. The peers have a registration target of 3 new clients per week.

Peer counseling/education/family counseling

Peer counselors and site facilitators offer client-focused one-on-one counseling. This involves conducting a risk assessment profile for each client, and providing peer education and counseling, both at the health facilities and in the individuals' homes, within the first week of registration.

Each peer counselor will conduct at least two peer education/counseling sessions per day and refer clients to other service providers for other needs. Clients with issues and concerns beyond the peer counselors capability are referred to relevant service providers.



Group counseling sessions

Peer counselors will conduct group counseling sessions. These sessions will be conducted in the health facilities (health talks) as well as in the community (churches, workplaces, and drinking places).

Group and monthly meetings

Each facility will establish at least one support group and conduct one meeting per group fortnightly. These groups will provide a forum for experience sharing and mutual support for members.

Monitoring, supervision and Support

Site facilitators will supervise and provide support to the peers. They will monitor the peers' work on a daily basis and ensure that their records are in order. Through practical observation, they will assess their work on a monthly basis.

Monthly meetings for peers at local level

Site facilitators will conduct monthly meetings with their peers to assess the progress of the project, identify gaps and challenges, and map a way forward.

Monitoring and support visits

To ensure that work is of good quality, implementing partners' project officers will conduct monitoring and support visits quarterly.

Annual Review Meetings (ARM)

ARM will be attended by all partners at the end of each year to review progress and map a way forward. All implementing partners will be encouraged to hold semi-annual meetings to review progress and get inputs for the annual review meetings.

Quarterly Update Meetings

Pathfinder staff will attend quarterly update meetings by Pathfinder and national partners (BOTUSA, Men Sector, MOH, MLG).

Monitoring and Evaluation

Based on ARM results, Pathfinder will refine an M&E plan. Tools will be and systems put in place as per the plan.

Target Population and Geographic Coverage

Pathfinder implements PMTCT and Male Involvement (MI) activities in 8 districts and 52 health facilities/sites in the next five (5) years.



The project targets both HIV Positive and Negative women.

MI targets men aged 15 and above at Francistown City, Chobe District, Serowe Administrative Authority, Palapye Administrative Authority, Boteti, Tonota, Good Hope and Kgalagadi North Sub Districts.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	100,000

Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID: 10303			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - Pathfinder (PS001886-01)			
Prime Partner Name: Pathfinder International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	
Narrative:			
10.P.OP14: Pathfinder - Expansion of Counseling and Psy/Soc. Support - 300,000.00			
<p>Pathfinder International will continue to contribute to the improvement of the health and well-being of men through better access to facility- and community-level male involvement (MI) peer counseling and education services for the reduction of HIV incidence. Pathfinder works in partnership with local partners in implementing this project.</p> <p>FY10 Objectives</p> <p>Increase the number of sites implementing a MI activity;</p>			



Improve men's positive and gender-equitable attitudes and behaviors toward HIV prevention at family- and community-levels;
 Strengthen community- and facility-based peer counseling and psychosocial support;
 Increase community awareness and engagement in HIV activities; and
 Increase technical and institutional capacity of local implementing partners.

Project geographic coverage and target population

In FY10, Pathfinder will continue to implement MI activities in eight districts and 52 health facilities in an effort to support the Government of Botswana and the NGO community in building a sustainable model for the rapid scale up of peer counselor activities. The project targets men aged 15 and above.

Major activities in FY10:

Consultation and advocacy meetings with stakeholders at national and district level. Such groups include Ministry of Health, Ministry of Local Government, District Health Teams, District Multi-Sectorial AIDS Committee, a male-focused NGO and community leaders) to sensitize stakeholders about the project and advocate for its sustenance;

Identification and recruitment of male peers followed by a two-week training for seven male peers where male involvement activities were not available in the previous phase of the project;

Ongoing mentoring of project staff (site supervisors, site facilitators and peers) conducted during monitoring and support visits by project officers;

Organizational capacity building of the implementing partners;

Collaboration with other stakeholders running national campaigns or commemoration days such as TB Day and World AIDS Day; and

Peer education and counseling services to male clients.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	612,500	

Narrative:

10.P.PM09: Pathfinder - Expansion of Counseling and Psy/Soc. Support - 612,500.00

In FY09, Pathfinder International (PI) provided support for the implementation of PMTCT services in eight districts. The services included the: (a) establishment of mothers living with HIV/AIDS support groups who have benefited from PMTCT program services; (b) provision of counseling and support



services to pregnant women and their male partners; (c) identification of HIV-exposed infants and referrals for early infant diagnosis; and (d) provision of referral linkages to ART clinics for continuum of care for the mother, infant and male partner.

In FY10, PI will continue to contribute to the improvement of the health and well-being of pregnant women, new mothers, their partners and infants through increased access to quality PMTCT services at the facility- and community-level.

These activities will include:

- Partnership building and advocacy meetings to expand the project to new areas in existing districts;
- Training and updating skills of peer counselors and other service providers to provide quality services and improved program monitoring;
- Provision of community- and facility-based peer counseling and psychosocial support services for PMTCT mothers;
- Community outreach and mobilization activities aimed at increasing community awareness and engagement in HIV activities;
- Establishment of additional support groups to reduce stigma and denial; and
- Provision of technical assistance and capacity building with local implementing partners.

Project geographic coverage and target population

PI will implement PMTCT activities in eight districts and 52 health facilities/sites during FY10 in support of the Government of Botswana and NGO community to build a sustainable model for the rapid scale up of peer counselor activities. The project targets both HIV-positive and HIV-negative women. PI will implement a new "buddy" system among antenatal clients to increase the understanding of PMTCT interventions, feel supported, provide an avenue to express concerns and allow for the possibility of home follow-up visits.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10311	Mechanism Name: HHS/CDC - HQ - GHCS (State) - I-TECH (PS001824-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement



Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,200,000	
Funding Source	Funding Amount
GHCS (State)	1,200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

TBD was named in August 09 reprogramming. Split between JHU and U of Washington

Overall Goals and HIV-Specific Objectives

The International Training and Education Center for Health (I-TECH) was founded in 2002 by the Health Resources and Services Administration (HRSA) in collaboration with the Centers for Disease Control and Prevention. I-TECH is a global network that supports the development of a skilled health work force and well-organized national health delivery systems in order to provide effective prevention, care, and treatment of infectious disease in the developing world. I-TECH works primarily on activities that contribute to the achievement of PEPFAR.

Overall Goals:

Since 2004, I-TECH's overall goal in Botswana is to provide technical assistance to strengthen government health systems and to ensure that health care providers across the public and private sectors deliver high-quality care for HIV/AIDS patients in Botswana. I-TECH also enhances health care worker skills development through in-service training and mentoring and pre-service training.

SMC HIV-Specific Objectives:

To reach its overall goals, I-TECH's work in Botswana is focused on reaching the following objectives:

- o To directly reduce risk in HIV-negative males and, indirectly, reduce HIV in females through building capacity to scale up SMC services; set standards and quality systems for long-term HIV prevention; and systematically monitor and evaluate acceptance, performance, coverage, safety and impact of SMC services (Prevention – Safe Male Circumcision)



- o To improve HIV/AIDS training programs and build the capacity of physicians
- o To build the capacity of national HIV training and coordinating unit at Ministry of Health to ensure standardized and coordinated health care worker training
- o To increase access to laboratory tests
- o To build the capacity of health care professionals in SMC
- o To improve quality of data relating to SMC through building human resources and organizational capacity to collect data
- o To improve use of data for HIV policy decision-making through mentoring of 44 Information Management Officers (IMOs), providing technical assistance for two (2) IMO supervisors and supporting two (2) government-seconded staff (Strategic Information)

Geographic coverage

I-TECH supports all 28 districts throughout Botswana and provides key contributions to health systems strengthening.

Target Populations

I-TECH Botswana's target population are health care workers, both at the national and district levels.

Leveraging HIV Resources

I-TECH works leverages resources and expertise by working in partnership with other organizations to effectively support Ministry of Health. For instance, in consortium with Supply Chain Management Systems, I-TECH supports Ministry of Health in the rollout of safe male circumcision. I-TECH has embarked upon a strategic plan to diversify funding through identification and securing additional funding from new donors. Key to I-TECH Botswana's success will be to establish legal and operational capacity for diversification by completing its registration as a local non-governmental organization. This is in keeping with plans to become an indigenous organization and to continue to localize its staffing for sustainability of its programs.

Cross-cutting Areas & Priority Areas

Human Resources for Health: In collaboration with the Centers for Disease Control and Prevention Global AIDS Program in Botswana, Ministry of Health, the Ministry of Local Government, and the University of Botswana, I-TECH builds human and institutional capacity in training, strategic information, quality improvement, and program evaluation.

Enhancing Sustainability

I-TECH's approach to partnership with Ministry of Health, Ministry of Local Government, and University of Botswana serves to enhance the Government of Botswana's capacity to provide high quality HIV/AIDS



services to the people of Botswana. I-TECH's approach to sustainable programs is as follows:

I-TECH supports health systems strengthening in Botswana through development and strengthening of data collection and training systems and the provision of technical assistance in operations research. I-TECH will continue develop capacity of MOH staff to deliver national health programs through 13 seconded staff members to the Department of Policy, Planning, Monitoring & Evaluation; the KITSO Training and Coordinating Unit; National Quality Assurance Laboratory; and Botswana Harvard HIV Reference Laboratory.

I-TECH Botswana recognizes the need to strengthen HIV prevention efforts in Botswana in order to mount a sustainable response to the HIV epidemic. I-TECH will utilize its strengths in curriculum development, training, systems strengthening, quality improvement, and monitoring and evaluation to meet Botswana's HIV prevention strategy through rollout of safe male circumcision.

M&E

I-TECH Botswana will ensure appropriate monitoring of activities in each program area through quarterly reports documenting targets achieved, progress toward objectives, lessons learned, and best practices. Reporting on activities conducted will be through existing reporting mechanisms, and will be submitted to BOTUSA. Progress and other requested reports will be provided as needed to BOTUSA.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	540,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10311		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - I-TECH (PS001824-01)		
Prime Partner Name:	University of Washington		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,200,000	



Narrative:

10.P.MC01: I-Tech - Expansion of Safe MC - services - 1,200,000.00

This is a continuing activity that aims to build the capacity of the Ministry of Health (MOH) to effectively implement its safe male circumcision (SMC) add-on strategy. Since the beginning of the epidemic, the Government of Botswana has responded proactively and rapidly to the HIV/AIDS epidemic. Despite this, the number of new HIV cases remains largely unchanged. For these reasons, WHO, PEPFAR and international partners have placed increasing emphasis on male circumcision. Three recent clinical trials found male circumcision to be an effective intervention for decreasing the risk of HIV acquisition in adult males. Following the recommendations of WHO, the Government of Botswana has begun to roll out SMC as an add-on strategy to the comprehensive HIV prevention package.

In FY10, I-TECH will continue to work closely with MOH to support rollout of safe male circumcision through: (1) training of health care workers; (2) providing technical assistance for quality assurance/quality control; (3) monitoring and evaluation (M & E); and (4) partnering with Supply Chain Management Systems (SCMS) to provide effective logistics management.

In FY10, I-TECH will:

- 1) Support three seconded staff and two additional (four total) Master Trainers to assist MOH in rolling out the five-day training for health care workers, based on the 2009 revised and updated national SMC training materials;
- 2) Enhance quality control through the provision of mentoring support for trained health care workers and advise on adverse events;
- 3) Assist MOH to systematically monitor and evaluate acceptance, performance, coverage, safety and impact of SMC services through assistance with the implementation of the SMC M & E Framework. This will include site training and data audits; and
- 4) Collaborate with SCMS to provide effective supply chain management for SMC commodities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10312	Mechanism Name: HHS/CDC - HQ - GHCS (State) - PSI (PS001841-01)
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Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	Funding Amount
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This TBD was named in August 09 reprogramming.

PSI/Botswana is the country office of Population Service International, an international non-governmental organization that is headquartered in Washington, D.C., and that has offices in more than 60 countries around the world. In Botswana PSI is one of the leading organizations involved in HIV prevention, playing a key role in behavior change communications efforts on a number of topics and actively supporting the Government of Botswana through involvement in a range of national fora, such as the Reference Group for the Second National Strategic Framework, the Steering Committee of the Partnership Forum, and as the Chair of the National Prevention Technical Advisory Committee.

The overall goal of this project is to contribute to the efforts to prevent new HIV infections in Botswana through Safe Male Circumcision (SMC). The specific purpose of this project is to increase SMC prevalence while avoiding risk compensation among circumcised men by improving and strengthening the delivery of the behavior change communications component of Botswana's national SMC Strategy, as led by the Ministry of Health. This is in line with international recommendations from groups such as the World Health Organization and UNAIDS, which emphasize the importance of ensuring that communications is an essential part of the package of services offered in relation to male circumcision. Communications is particularly essential to ensure that circumcision is not perceived as a "magic bullet" that makes a circumcised man "immune" from HIV infection.

To contribute to this goal and purpose, this project will work towards achieving the following objectives:



- Increase the level of accurate knowledge of the benefits and limitations of SMC;
- Increase motivation of the target population to request SMC; and
- Establish SMC as a cultural norm.

HIV prevention is the top priority of the Partnership Framework and SMC is a key part of the national prevention package and in line with the overall PEPFAR prevention goals. The national strategy's overall goal is to circumcise 480,000 men in Botswana aged 0 – 49 years. To achieve this goal, intervention communications speak to all men across the country at different stages of their lives plus females who are either partners or mothers of possible circumcision candidates. National coverage will be attained by using a combination of mass media (TV, radio, billboards and print), interpersonal communications and educational materials within counseling and health settings.

A key element of the program is the strengthening of existing behavior change communications structures within the Government of Botswana via day-to-day capacity building meetings and responsiveness to all Ministry of Health requests for assistance in training needs such as the regular annual Health Education Officers training in behavior change communications.

The project is implemented hand-in-hand with the Ministry of Health. To ensure coordination with other partners, PSI participates regularly in the technical and oversight structures created by the Ministry for SMC, including the SMC Reference Group and the Technical Working Group. To ensure that the SMC communications efforts complement other communications activities, PSI participates in the relevant structures, such as the National Prevention Technical Advisory Committee and the Health Sector Technical Advisory Committee. PSI will also coordinate with other partners financed by PEPFAR to work on SMC, such as Jhpiego and I-TECH. These efforts at coordination will help ensure the sustainability of the project's results.

The primary tool for monitoring the project will be the "TRaC" study. This methodology is used by PSI internationally to measure behaviors and behavioral determinants. In this case, the study will establish what drives men to want (or to avoid) male circumcision across the different life stages of the target audiences, as well as to ascertain the effectiveness of the interventions to date.

The project will be sustained through creating cultural ambassadors in partnerships with Botswana Football Association, National Youth Council, Family Welfare Associations, Council of churches and other faith-based organizations. It is also envisaged that health care workers at national and district levels will be capacitated in the design of BCIC information to ensure appropriate targeting and sequencing of information.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10312			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - PSI (PS001841-01)			
Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	700,000	

Narrative:

10.P.MC02: PSI - Expansion of Safe MC - communication - 700,000.00

The specific objective of this project is to increase safe male circumcision (SMC) prevalence while avoiding risk compensation among circumcised men by strengthening the behavior change communications component of the national SMC Strategy.

To achieve this objective, PSI is working with the Government of Botswana to develop a behavior change communications strategy for SMC which comprises of the following facets:

- a) Development of a long-term, evidence-based, culturally-appropriate communications strategy in consultation with key stakeholders utilizing the PSI proprietary DELTA marketing tool. The strategy will be informed by data from the 2010 PSI "TRaC" study, which targets specific audiences to find out factors that inhibit or drive SMC services uptake.
- b) Continuation of the existing "Know Your Facts Campaign" while the long term strategy is being developed to avoid a gap in SMC communications.
- c) Implementation of the long term communications strategy that increases knowledge of and informed demand for SMC via the life-stages approach and leverages them as opportunities for SMC



communications. The selection of communication channels will be guided by data to determine the most effective channel for reaching someone in a given life stage.

d) Generation of broad-based support from local community, political, religious and youth leaders for SMC via national sensitization workshops, the creation of cultural ambassadors in youth and entertainment and message dissemination throughout communities and workplaces.

e) Attention to gender and human rights issues as they relate to SMC by ongoing consultative work with local ethical and legal societies that ensure behavior change communications campaigns are equitable to Batswana society. The success of these efforts will be measured primarily through the TRaC survey. This will enable changes in knowledge, risk perception, and behavior to be monitored over time, as well as to assess the extent to which the campaign's messages are reaching the target audience which are those deemed most at risk, (i.e., an HIV-negative man in a sexual relationship with an HIV-positive woman, men with multiple concurrent sexual partnerships, and men with reported high risk behaviors especially in areas with low circumcision rates and high HIV prevalence). This will also involve mothers of circumcising newborn/infant males. In addition, PSI will continue to collaborate with the PEPFAR partners working on SMC service delivery to develop a strong monitoring and evaluation system that monitors acceptance, safety and impact of SMC.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10313	Mechanism Name: HHS/CDC - HQ - GHCS (State) - U-Penn (PS001949-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Pennsylvania	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,166,350	
Funding Source	Funding Amount
GHCS (State)	2,166,350



Sub Partner Name(s)

(No data provided.)

Overview Narrative

TBD was named in August 09 reprogramming.

Context

Botswana UPenn Partnership (BUP) has received PEPFAR funding since 2004, and has established programs for health-system strengthening in the management of the complications of HIV/AIDS. BUP provides expertise in managing complex medical problems in HIV-infected individuals such as HIV-TB co-infection, multi-drug resistant (MDR)-TB, pediatrics and precancerous cervical lesions. BUP focuses on providing technical assistance through direct care and clinical mentoring, as well as case-based teaching discussions and conferences for healthcare workers at tertiary, secondary and primary hospitals and local government clinics.

BUP's pediatric program worked closely with Ministry of Health (MOH) and the University of Botswana (UB) during FY09 and has developed five guidelines. Focal diseases for Pediatrics have included TB and common opportunistic infections such as gastroenteritis and pneumonia.

Within the cervical-cancer prevention program, BUP has set up a pilot See and Treat (SAT) clinic in Gaborone, with a referral Colposcopy and Loop electrosurgical excision procedure (LEEP) clinic at the nearby tertiary hospital – Princess Marina Hospital. BUP has trained healthcare workers in visual inspection of the cervix after application of acetic acid, enhanced digital imaging, record-keeping, picture manipulation, cryotherapy, colposcopy and LEEP.

BUP will collaborate with MOH to assist with the development and implementation of guidelines for common medical problems seen in HIV+ individuals. The topics include: community acquired pneumonia, meningitis, CVA, status epilepticus, diabetic ketoacidosis and hyperosmolar non-ketotic hyperglycemia, status asthmaticus, hypertensive crisis, drug overdose, congestive cardiac failure, acute cardiopulmonary resuscitation, acute confusion state, acute coronary syndrome, sepsis, acute renal failure and GI bleed and precancerous cervical lesions.

Goals and Objectives

To increase access to quality care and treatment services through building the capacity and capability of healthcare workers. BUP will do this in two broad areas – adults and children.

Major Activities

The Pediatric team will work with UB and MOH to develop pediatric guidelines. An additional ten guidelines will be completed in FY10. Focal diseases include TB and common opportunistic infections



such as gastroenteritis and pneumonia. The guidelines will initially be targeted at the tertiary hospitals with eventual rollout to the primary and secondary hospitals.

To facilitate implementation of adult treatment guidelines, BUP has restructured its outreach curriculum and will develop and implement 3 sets of guidelines for FY10.

BUP will give weekly conferences at current outreach sites. Mochudi, Kanye, Lobatse, and the Gaborone DHT, and monthly conferences at Tsabong, Hukuntsi, Ghanzi, Serowe, Maun, Kasane, Bobonong and Selebi-Phikwe.

BUP has advertised for an outcomes-based epidemiologist and is in the process of short-listing candidates. The epidemiologist will be appointed in FY10.

BUP will seek accreditation from the Botswana Health Professions Counsel for continuing medical education for those who attend these sessions. The cervical cancer program has already received ethical clearance from the Botswana Ministry of Health and the University of Pennsylvania.

The TB program will reinforce through direct care and clinical mentoring the National Guidelines regarding HIV-TB co-infection, MDR/XDR TB and pediatric TB. The program will provide clinical care, training and mentoring, outreach services and technical assistance to MOH regarding HIV-TB co-infection and MDR/XDR TB.

The cervical cancer prevention program will provide expert care and training in cervical cancer screening and treatment of precancerous lesions.

Enhancing Sustainability

The goals of the program were produced in collaboration with colleagues at the UB School of Medicine and MOH, including the Botswana National TB Program (BNTP), the Ministry of Local Government, and the Health Professions Council.

Monitoring and Evaluation

BUP will report on PEPFAR indicators, including data relevant to medical problems in HIV-infected individuals targeted in guideline development.

BUP will conduct operational research on various aspects of its program to evaluate impact and guide public-health policy. The enhanced diagnosis component of the Pediatric TB program is being reviewed by the institutional review boards mentioned above.

During 2009, BUP hired a data manager for all PEPFAR programs. Her current focus is working with the BNTP piloting an MDR point-of-care clinical and outcomes database.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	805,000
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Key Issues

TB

Budget Code Information

Mechanism ID: 10313			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - U-Penn (PS001949-01)			
Prime Partner Name: University of Pennsylvania			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,311,350	

Narrative:

10.C.AC03: Upenn - new FOA Palliative care, PAP Smear testing - 411,350.00

As a country that has been successful in the rollout of its national antiretroviral therapy (ART), more women in Botswana are living longer and are now at risk of other secondary conditions like cervical cancer. These conditions, if not effectively dealt with, can undermine the benefits gained through the ART program. The Botswana-UPENN Partnership Cervical Cancer Prevention Program Team has been providing cervical care to chronically infected HIV+ women in Botswana since October 2008.

This pilot program utilizes the cost effective method of 'See and Treat' (SAT) where onsite screening and treatment can be offered to women accessing ART. This involves visual inspection of the cervix after application of acetic acid (VIA), with enhanced digital cervicography (EDI) as an adjunct, and cryotherapy or loop electrosurgical excision procedure (LEEP) as treatment methods.

To date, 5 nurses have been trained in VIA, EDI, record keeping, picture manipulation and cryotherapy. One medical officer has been trained in colposcopy and LEEP. Detailed Standard Operation Procedures for the clinic have also been developed.

Since 10 March - 30 November 2009, 1040 women have been screened using VIA/EDI. Onsite cryotherapy was done on 154 women and 184 were referred to the program gynecologist for colposcopy and LEEP. Out of the 184 women examined with colposcopy, 129 have been treated with LEEP and 12 referred for Cone Biopsy because of extensive lesions not amenable to treatment under local anesthesia. Two cancers were confirmed, with subsequent appropriate referral to, and treatment by the Gynecology



department at the tertiary hospital, Princess marina Hospital (PMH).

The LEEP clinic also provides treatment to patients referred via the different government clinics for management of abnormal Pap smears. Between the period of May-November 2009, an additional 229 were referred from these government clinics and were reviewed by colposcopy with a total of 166 LEEP procedures done. Twenty patients were referred for either Cone Biopsy or hysterectomy because of extensive lesions not legible for treatment by LEEP. In this group, 2 cases of invasive cancer were also identified with appropriate referral for treatment.

The program goal for FY10 is to extend the colposcopy and LEEP services to Nyangabwe Referral Hospital (NRH), to cater for the northern part of the country, and train an additional medical officer in colposcopy and LEEP. The number of LEEP procedures done will be doubled in the same period. After march 2010, a program evaluation will be done to look at the numbers screened and treated in the first year with regards to estimate of impact on disease prevention.

Through the program, expert advice is provided to the National Cervical Cancer Prevention Committee, especially in formulating national guidelines for screening and treatment of pre-cancer lesions. Several lectures on cervical cancer prevention have been given to various organizations including The HIV Society, The University of Botswana and other health institutions. Various members of the Cervical Cancer Prevention Team have been asked to speak at several wellness days for both government and private organizations. All these activities will continue in FY10.

10.C.AC13: Upenn - new FOA Palliative care - 900,000.00

The Botswana-UPenn Partnership HIV care and Support Team has been committed to addressing the needs of chronically infected HIV+ individuals in Botswana since 2006. This has been accomplished through a multifaceted approach of clinical mentoring of medical officers and case based discussions at the primary, secondary and referral hospitals. Teaching is centered on common medical problems affecting HIV+ individuals in the districts of Mochudi, Kanye Lobatse, Tsabong, Hukunzi, Ghanzi, Selebi-Phikwe, the Gaborone DHT clinics, Princess Marina Hospital and Nyangabwe Hospital.

Botswana has been enormously successful with the rollout of antiretroviral therapy, but diseases commonly associated with aging populations such as stroke, hypertension, diabetes and coronary artery disease are increasingly seen in HIV+ individuals. There is an urgent need to build and expand local capacity to expertly manage patients with complications of chronic HIV disease and common medical



problems seen in HIV+ individuals.

To address this need, we will continue to collaborate with the MOH to assist with the development and implementation of guidelines for 15 common medical problems seen in HIV+ individuals. The 15 topics include: community acquired pneumonia, meningitis, CVA, status epilepticus, DKA/HNNK, status asthmaticus, hypertensive crisis, drug overdose, congestive cardiac failure, acute cardiopulmonary resuscitation, acute confusional state, acute coronary syndrome, sepsis, acute renal failure and GI bleed. Since 2006, we have also been offering technical support to the University of Botswana's Department of Medicine. Since COP09 we have increased our technical support and have agreed to assist with staffing the UB Medicine teaching service at Princess Marina Hospital, starting in January 2010.

Program Goals for COP10:

1. Increasing access to quality care and treatment services and building the capacity and capability of health care workers towards the provision of quality care and treatment service delivery. To facilitate implementation of treatment guidelines, we have restructured our outreach curriculum surrounding the 15 topics (listed above) to span 47 weeks of teaching. We will continue to give weekly conferences at Mochudi, Kanye, Lobatse, and the Gaborone DHT, and monthly at Tsabong, Hukunzi, Ghanzi and Selebi-Phikwe. We will seek accreditation from the Botswana Health Professions Counsel for continuing medical education for those who attend these sessions. By the end of 2010, we project that approximately 320 lectures will be given at the aforementioned sites to approximately 80 health professionals and that there will be approximately 150 clinical mentoring sessions. There will be approximately 150 site visits, with 2,250 direct patient encounters. This will strengthen the clinical knowledge of the healthcare providers in the 15 clinical areas listed above. We will also identify goals for the educational development of the staff at each site. Once these goals have been identified, they will be assessed over the next year and plans will be made to decrease site visits depending on the percentage of goals met. Finally in partnership with the Ministry of Health, we will begin to use government transportation through Princess Marina Hospital to travel to the sites of Mochudi, Kanye, and Lobatse. Ministry-sponsored flights will continue to Tsabong, Hukunzi and Ghanzi.

2. To strengthen pre-service and in service training programs for health care workers and students in learning institutions. As part of our continued collaboration with the UB Department of Medicine, we will continue to offer technical assistance upon request to develop the Internal Medicine residency program. The program begins January 2010 with 4 residents, and we have committed to assist with staffing the teaching service. We have also offered support for their residency lecture series. We will continue to provide staffing throughout the year, offering 2-4 days per week of clinical attending time on the two teaching services at Princess Marina. This amounts to Botswana-UPenn Partnership contributing to 20-40% of the clinical teaching or 104-208 teaching encounters in 2010. By supporting the residency program, we will be contributing directly to the training of future leaders in healthcare in Botswana,



strengthening its healthcare system over time.

Targeted Geographical Areas:

The geographic targets of our program currently include Gaborone and at the tertiary referral hospitals where specialists and subspecialists teach at conferences, and perform bedside mentoring on the inpatient medical and wards. These tertiary hospitals are the planned training sites for the UBSOM medical students and postgraduate trainees. We perform outreach to district hospitals surrounding Gaborone (Mochudi, Kanye, Lobatse). We travel to primary (regional) hospitals in the western part of Botswana (Ghanzi and Hukuntsi) as well as to Selebi-Phikwe monthly. We also perform outreach to many local clinics in Gaborone, where we lecture, mentor, and consult on topics related to HIV Care and Support.

Monitoring and evaluation plans for included activities:

We will continue to report on PEPFAR indicators that document the number of HIV+ patients seen and whether they are on antiretroviral therapy. In the next year, we will collect additional data on the number of HIV+ individuals presenting with common medical problems (see 15 topics, above). Additional data collected will be age, sex, CD4 count (if known), on HAART, medical officer at bedside, site and date. Data will be recorded using an excel spreadsheet and on a database that could be uploaded to the Ministry of Health. Personal health information or any identifying information will not be captured unless authorized by the Health and Research Development Committee of the Ministry of Health of Botswana. This data will be used in the context of guideline development to define the epidemiology at each district. These data will be communicated to each site and will be for reporting purposes only.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	50,000	

Narrative:

10.T.AT13: Upenn - new FOA Palliative care - 50,000.00

The aim of this activity is to increase access to quality care and treatment services and build the capacity and capability of health care workers toward the provision of quality care and treatment service delivery. To facilitate the implementation of treatment guidelines, UPENN has restructured the outreach curriculum to span 47 weeks of teaching. UPENN will continue to give weekly conferences at Mochudi, Kanye, Lobatse, and the Gaborone DHT, and monthly ones at Tsabong, Hukuntsi, Ghanzi and Selebi-Phikwe. UPENN will seek accreditation from the Botswana Health Professions Counsel for continuing medical



education for those who attend these sessions. By the end of 2010, it is projected that approximately 320 lectures will be given at the aforementioned sites to approximately 80 health professionals and that there will be approximately 150 clinical mentoring sessions. There will be approximately 150 site visits with 2,500 direct patient encounters. This will strengthen the clinical knowledge of the healthcare providers in the 15 clinical areas of community acquired pneumonia, meningitis, CVA, status epilepticus, DKA/HNNK, status asthmaticus, hypertensive crisis, drug overdose, congestive cardiac failure, acute cardiopulmonary resuscitation, acute confusional state, acute coronary syndrome, sepsis, acute renal failure and GI bleed.

UPENN will continue to report on PEPFAR indicators that document the number of HIV-positive patients seen and whether they are on anti-retroviral therapy. In the next year, additional data will be collected on the number of HIV-positive individuals presenting with common medical problems (see the 15 topics, above). Additional data collected will be the age, sex, CD4 count (if known), receiving HAART, medical officer at bedside, site and date. Data will be recorded using an Excel spreadsheet on a database that could be uploaded onto the Ministry of Health's system. Personal health information or any identifying information will not be captured unless authorized by the Health and Research Development Committee of the Ministry of Health of Botswana. These data will be used in the context of guideline development to define the epidemiology at each district, will be communicated to each site, and will be used for reporting purposes only.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	805,000	

Narrative:

10.C.TB16: Upenn - new FOA Palliative care - 805,000.00

The Adult TB/HIV Program of the Botswana-UPENN Partnership (BUP) began in FY06 at the Princess Marina Hospital (PMH) in Gaborone. The original scope of the program was clinical TB/HIV care, including the care of patients with drug-resistant TB (DR-TB). Over the past three years, the program has expanded both geographically and in terms of its scope. The program has identified two areas of priority to complement the Botswana National TB Program's (BNTP) strategic plan for 2008-2012: the integration of TB/HIV services and the prevention and management of DR-TB. To address these priorities, activities have expanded to include clinical teaching and mentorship, outreach services to health facilities nationwide, and technical assistance to the Ministry of Health (MOH).

Program Objectives and Goals:

1. Provide clinical care to patients with TB/HIV and DR-TB:

For the past three years, the BUP has managed a TB/HIV referral clinic and consultation service at the PMH. Two weekly clinics provide longitudinal care for all patients with multi-drug resistant TB (MDR-TB) in southern Botswana. One monthly clinic serves pediatric MDR-TB patients and their families in collaboration with the University of Botswana Department of Pediatrics. A third weekly clinic sees referrals for complicated TB/HIV cases from Gaborone and surrounding health districts. Referrals include patients with suspected DR-TB, adverse TB/HIV drug reactions, severe immunosuppression initiating anti-retroviral therapy (ART), and patients suffering from TB immune reconstitution inflammatory syndrome (TB-IRIS). The clinic staff provided by BUP include an infectious diseases specialist, an internal medicine specialist, a social worker, a nurse, and a health care auxiliary. Staff support provided by the PMH include the hospital TB coordinator and four medical officers on a rotating basis. A major goal is to gradually increase the proportion of care provided by MOH staff to 100% by 2014.

2. Provide consultative and outreach services to medical providers caring for patients with TB/HIV co-infection and DR-TB.

The TB/HIV clinic specialists provide daily consultation services to medical providers at the PMH, including staff responsible for MDR-TB inpatients, and daily phone consultations to clinicians nationwide. Once per week, a specialist attends the PMH Department of Medicine morning meeting to discuss TB/HIV cases and teach on TB/HIV-related topics.

The main goal of the BUP TB/HIV outreach services is to build the capacity of local health care workers (HCW) to provide appropriate care for patients with TB/HIV and DR-TB. Since 2007, a BUP specialist has been providing monthly outreach visits to Ghanzi, a district in western Botswana with a high prevalence of TB and MDR-TB. Outreach activities have included clinical care for MDR-TB patients, training and mentoring of clinicians in MDR-TB care and management, and didactic training on TB/HIV-related topics. Beginning in January 2010, visits will be expanded to include a full week every other month to provide additional time for training and mentoring activities. In addition, outreach services will be expanded in FY10 to another district with a high TB burden, specifically Kweneng East.

Since 2008, a BUP specialist has been providing outreach services to Maun, one of the four sites identified by the BNTP as a national MDR-TB center. In 2009, BUP hired a second infectious diseases specialist and nurse to provide TB/HIV and DR-TB services to the Nyangabgwe Referral Hospital (NRH) in Francistown. The BUP specialist provides direct clinical mentoring to the NRH medical officer responsible for the care of TB/HIV and DR-TB patients, and assists with the inpatient evaluation of patients suspected to have TB. In FY10, this physician will also provide outreach services to Selebi-Phikwe, a district with a high prevalence of MDR-TB in northern Botswana.

3. Provide clinical training and mentoring for clinicians involved in the care and management of TB/HIV and DR-TB

One of the major BNTP priorities is to de-centralize MDR-TB care in Botswana. To assist in this effort and strengthen the health system by building workforce capacity, the TB/HIV Clinic at the PMH was identified to serve as a training center for clinicians involved in the care and management of MDR-TB. In



2009, BUP clinic staff provided direct clinical training and mentoring for eight clinicians designated by the MOH as future providers of MDR-TB care in Ghanzi, Serowe, and Francistown. To build on the success of this initial training, BUP specialists provide on-going clinical training and mentoring for MOH MDR-TB providers in Francistown, Serowe, Ramotswa and Ghanzi. The PMH clinic also provides on-going direct clinical training and mentoring for four PMH medical officers. In collaboration with the BNTP, BUP is developing a training curriculum for health care workers who deliver DOT to MDR-TB patients and training will begin in January 2010. Finally, BUP specialists regularly assist the BNTP with TB Case Management Training, the national TB training for medical providers, by teaching sessions on TB Infection Control, DR-TB and TB/HIV co-infection. These activities are intended to build the capacity of the MOH providers who will assume complete responsibility for the care and management of TB/HIV and DR-TB patients by 2014.

4. Provide technical assistance to the MOH on issues related to TB/HIV co-infection and DR-TB. Since 2006, the BUP has provided technical assistance to the MOH on issues related to TB/HIV co-infection and DR-TB. Currently, BUP physicians serve on the MOH TB/HIV Advisory Committee and the BNTP Infection Control and MDR-TB Committees. BUP has also made significant contributions to the BNTP National Program Manual, the MDR-TB Treatment Guidelines, and the TB Infection Control Guidelines.

Coordination with PEPFAR-funded partners:

The BUP has a history of working closely and cooperatively with other partners to achieve its goals and objectives, and avoid duplication of services. In FY10, both the BUP and the University Research Company (URC) have mandates to improve prevention and care related to MDR-TB in Botswana. While the URC will focus primarily at the programmatic level, the BUP will prioritize clinical care, training and mentoring at facility and district levels. Close communication between the two partners will ensure minimal overlap in activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10315	Mechanism Name: HHS/HRSA - HQ - GHCS (State) - AIHA (U97HA04128-06-00)
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	Global Fund / Multilateral Engagement: No
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Total Funding: 100	
Funding Source	Funding Amount
GHCS (State)	100

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

AIHA, through a Cooperative Agreement with the Health Resources and Services Administration (HRSA), has established an "HIV/AIDS Twinning Center" (TC) to support partnership and volunteer activities as part of the implementation of PEPFAR.

Through twinning partnerships, volunteers, and supportive programs, the TC contributes to building local human and organizational capacity to address HIV/AIDS.

Goals and Objectives

In 2010, all activities in Botswana will continue with FY 2009 carryover funds. The TC implements the following partnerships:

Zambia Institute of Mass Communication Education Trust (ZAMCOM) in Zambia and the University of Kentucky School of Journalism and Telecommunications twinned with the Media Institute of Southern Africa (MISA) Botswana chapter to improve the quality of HIV/AIDS reporting conducted by journalists and media houses in Botswana.

Liverpool Voluntary Counseling and Testing (VCT) Care and Treatment (LVCT) based in Kenya twinned with Tebelopele VCT in Botswana to improve the quality and accessibility of HIC counseling and testing (HCT) services available in Botswana.

The Foundation for Professional Development in South Africa twinned with the Botswana Christian AIDS Initiative Program (BOCAIP) to build the capacity of BOCAIP to deliver quality HCT services.

African Palliative Care Association (APCA) based in Uganda twinned with the Institute of Health Sciences (IHS) in Botswana to strengthen the capacity of IHS and other health training institutions to provide quality palliative care education and training for healthcare workers in Botswana.

The Twinning Center supports the Marang Child Care Network Trust (Marang) to strengthen the response to orphans and other vulnerable children (OVC) in Botswana.

Target Populations



Target populations for the media twinning

Journalists, NGO and CBO/FBO leaders, people living with HIV/AIDS, activists and advocates, policy and decision makers, the general public.

Target populations for HCT

Health professionals, care-givers, social workers, counselors, and those served by BOCAIP and Tebelopele. For palliative care (Adult Care and Support), health educators, students, care-givers in hospices and home-based care settings, social workers, and palliative care advocates.

Target populations for OVC twinning

NGO and CBO/FBO leaders in the Marang network, and those benefiting from the services provided by the network.

Total planned to reach through twinning activities

600, including 235 in palliative care (IHS), 185 through media twinning, 160 in HCT, and 20 in OVC.

Geographic Coverage

Nationwide

Leveraging Resources

With its volunteer-driven twinning model, AIHA is able to leverage the resources of participating partners not available through conventional contractual relationships. The Twinning Center fosters collaboration among partners and other organizations in Botswana and internationally which results in cost-sharing. Individuals placed through the Volunteer Healthcare Corps (VHC) provide their expertise on an in-kind basis for extended periods of time, have supported twinning partnerships in Botswana, and can support other areas such as laboratory and pharmacy.

Key Contributions to Health Systems Strengthening

Through twinning with APCA, IHS trains health professionals who will provide effective palliative care in health facilities, hospices, home-based-care, and other settings. The institutional capacity of BOCAIP is enhanced by participating in a facilitated strategic planning process with FPD and with the support of an organizational development specialist volunteer. With the support of LVCT, Tebelopele better manages its training programs and HCT services. Marang will better support its network of NGOs and CBOs providing services to OVC throughout the country. The media is capacitated to provide more effective coverage of HIV/AIDS and to provide training of local partners on advocacy and press relations.

Cross-Cutting Programs



Through twinning with APCA, IHS will educate and train healthcare providers across multiple disciplines who are able to provide quality palliative care.

With twinning support, Marang will be better capacitated and positioned to support the para-social worker ("community carer") model through future twinning initiatives.

Through the media twinning, local CBOs and FBOs as well as journalists will benefit from the advocacy and public relations training and community outreach.

Enhancing Sustainability

The Twinning Center program focuses on building the capacity of the local organizations and individuals within those organizations, ensuring their ability to sustain activities. Twinning activities are demand-driven, ensuring local ownership long-term. The Twinning Center liaises with appropriate ministry officials and works with local partners to ensure their activities fit into the Botswana policy framework.

Monitoring and Evaluation

All partnerships collaboratively develop work plans with objectives, activities, and indicators. Progress versus the work plans is regularly monitored by the Twinning Center.

The Twinning Center will ensure proper development and measurement of existing and new generation PEPFAR indicators.

An external evaluation of the AIHA Twinning Center program (Building Capacity from Within: AIHA's Twinning Program in Africa) was published in July 2008, which includes input from site visits to Botswana and extensive interviews with the partners.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10315
Mechanism Name:	HHS/HRSA - HQ - GHCS (State) - AIHA (U97HA04128-06-00)
Prime Partner Name:	American International Health Alliance Twinning Center



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	100	

Narrative:

10.C.CT08: AIHA - Twinning Centre - 100.00

One hundred US dollars of FY10 funding will be granted to AIHA to meet CDC Procurement and Grants regulations that require a minimal amount of new funding be awarded in order for a grantee to receive approval to use carryover funds.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10485	Mechanism Name: HHS/CDC - HQ - GHCS (State) - ASCP (U62/PS001285)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 280,000	
Funding Source	Funding Amount
GHCS (State)	280,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

The American Society of Clinical Pathology (ASCP) is a recognized organization for continuing-education

Custom



in pathology and laboratory medicine.

Goals and Objectives

To achieve greater scientific proficiency in clinical pathology, and to maintain the status of clinical pathologists on an equal plane with other specialists.

ASCP works with the A Global Health Public Foundation (AGHPF) to achieve the following objectives:

- Document QMS as per ISO 15189 - standard for medical laboratories
- Conduct Assessment of Laboratory Quality Management System, document per ISO 15189 - (standard for medical laboratories and related regulatory mechanisms)
- Develop Quality Manual and Quality Management System
- Develop Monitoring and Evaluation framework for the laboratory services

Major Activities

- Continuing to document QMS as per ISO 15189
- Conducting Assessment of Laboratory Quality Management System, document per ISO 15189
- Developing Quality Manual and Quality Management System
- Presenting Botswana-Harvard HIV Reference Laboratory for assessment by the South African National Accreditation System
- Developing a Monitoring and Evaluation framework for the laboratory services

Target population

Laboratory Personnel

Geographic Coverage

Botswana laboratories

Enhancing Sustainability

AGHPF works closely with Government of Botswana, leading to continuous information sharing and the transfer of skills to laboratory personnel. The Ministry of Health is in the process of hiring a National Quality Manager who will be responsible for overseeing all the quality issues in the country.

A quality committee will be responsible for doing quality audits and assessments. Bureau of Standards, which is a local partner, is being strengthened to take over most of the work being done by AGHPF.

Monitoring and Evaluation

AGHPF is constantly monitoring the accreditation process in the country to look at gaps and ways of improving implementation. A monitoring and evaluation component will be added to go hand in hand with the 5-year Strategic Plan for the Laboratory Service.



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10485			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - ASCP (U62/PS001285)			
Prime Partner Name: American Society of Clinical Pathology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	280,000	

Narrative:

10.T.LS06: ASCP - Laboratory Accreditation Support - 280,000.00

1. Accreditation: \$280,000

In FY09, PEPFAR funds helped conduct an assessment and support the implementation of the Laboratory Quality Management System document per ISO 15186 in four sites, Nyangabgwe Hospital HIV Reference laboratory (NHHRL), Nyangabgwe Hospital Laboratory (NHL), the National TB Reference Laboratory (NTRL) and the Botswana Harvard Reference Laboratory (BHHRL) with an existing Quality Manual.

The funds also financed the development of a quality manual and a quality management system in two sites, notably the Princess Marina Hospital Laboratory (PMH) and the National Health Laboratory (HNL). In FY10, funding is requested to continue the accreditation process for the four sites that have already enrolled and have developed and implemented their quality system for assessment by the South African National Accreditation System to be certified and accredited, if all the requirements are met. FY10 funds will also serve to continue the development of the remaining two sites with regard to the implementation of the quality system following the ISO 15189 standard by on-site training and monitoring.



2. Develop an M & E framework for the laboratory services: \$20,750
 The MOH with the support of PEPFAR has just developed a five year strategic plan for laboratory services. There is a need to develop a Monitoring and Evaluation framework for the laboratory services and funding is requested to develop such a plan with indicators, an operational plan, and M & E training.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10977	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
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	Funding Amount
GHCS (State)	1,000,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

Multiple concurrent partnerships (MCP) are one of the key drivers of HIV in Botswana. Botswana has developed a national campaign on MCP, called "O Icheke – Break the Chain", which was launched in March 2009. PSI is the "Lead Technical Agency" supporting the National AIDS Coordinating Agency (NACA).



Goals and Objectives

The goal of "O Icheke" campaign is to reduce concurrent partnerships by 50% in the coming years in the ten districts.

Major Activities

PSI partners with local community- and faith-based organizations and community theater groups. These groups are trained by PSI in behavior-change communications and the basics of project management, including financial management and monitoring and evaluation. The groups conduct small-group and one-on-one interventions in settings such as bars and shebeens, churches, households, schools, and workplaces.

A small part of the project focuses on alcohol consumption and the risk behaviors associated with it. This part of the project focuses on educating youth about the connections between alcohol use and HIV/AIDS, with an aim of reducing unsafe sexual behaviors related to alcohol. To date the project, named "Celebrate Life", has focused on Gaborone.

Geographical Coverage

10 health districts across Botswana: (Chobe, Francistown, Gaborone, Ghanzi, Lobatse, Mabutsane, Mahalapye, Maun, Palapye, and Selebi Phikwe).

Target Population

Women aged 18-24 years old and men 25-35 years old.

Integration and Linkages

Implementation is done in close collaboration with district structures, particularly the District Multi-Sectoral HIV/AIDS Committees, as well as with the Multiple Concurrent Partnership Campaign Coordinating Unit at the National AIDS Coordinating Agency, to ensure that the project's activities contribute to the broader national campaign and to promote sustainability.

Monitoring and Evaluation

Monitoring is done with a set of tools developed by PSI for the project. These enable partner organizations to track the number of people reached, and PSI to assess the number of people trained. Additional tools assist with improving the quality of interventions.

Monitoring of changes in behavior and evaluation of impact are not financed under the project, but are included in the broader national effort on MCP. They will enable measurements to be made of exposure to project interventions, changes in the rates of concurrent partnerships, and the extent to which the



national campaign is impacting HIV transmission in the country.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	400,000
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Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID: 10977 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 Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	450,000	

Narrative:

10.P.AB04: PSI - Be Faithful/Partner reduction - 450,000.00

This project is a five-year Cooperative Agreement that is entering its fifth and final year. Due to a phase out as well a reduction in funding, this PSI project will have a noticeably reduced scope of work and coverage.

This activity is a comprehensive social marketing and behavior change intervention focused on promoting sexual partner reduction, particularly concurrent partner reduction, and faithfulness. Multiple concurrent partnerships (MCP) has been identified as a key driver of HIV transmission in Botswana. This led to the development of the national campaign on MCP, "O Icheke – Break the Chain", to which the activities in this project contribute. Alcohol misuse and abuse is one of the key mitigating factors that the campaign

emphasizes.

Target Population

This project targets young women aged 18-24 years old and men 25-35 years old.

Geographic Coverage

The project covers ten districts that were strategically selected due to their high prevalence rates of HIV.

Project Description

This project uses individual and small group interpersonal communication sessions and community theater performances to disseminate messages. PSI works with community- and faith-based organizations and community theater groups to implement the project. These groups are trained by PSI in behavior change communications as well as in some of the basics of project management, including financial management and monitoring and evaluation. The groups conduct a range of activities, including small group and one-on-one interventions in settings such as bars and shebeens, churches, households, schools, and workplaces. Implementation is done in close collaboration with district structures, particularly the District Multi-Sectoral HIV/AIDS Committees, as well as with the MCP Campaign Coordinating Unit at NACA, to ensure that the project's activities contribute to the broader national campaign and to promote sustainability.

Mechanisms for Quality Assurance

Those implementing the intervention are trained on HIV/AIDS and behavior change communications. PSI creates standardized materials for the partners to use, such as a flipchart that explains MCP, interactive exercises that are used to explain sexual network, and a script of a play for community theater. PSI staff also conducts field sessions and provide feedback on how to improve the interventions.

Integration and Linkages

This project is closely linked to the broader national "O Icheke – Break the Chain" campaign led by the Government of Botswana, specifically the National AIDS Coordinating Agency (NACA). At the national level, a coordination meeting with NACA happens regularly, while at the district level, implementing organizations participate in District Multi-sectoral HIV/AIDS Committees and interact regularly with the offices of the District AIDS Coordinators.

Monitoring and Evaluation Plan

Routine monitoring and data collection are handled primarily by the partners, using tools designed by PSI. PSI provides training and support for their use. This information will be complemented by other



monitoring, evaluation, and research activities such as PSI's "TRaC" survey, which will provide information on behaviors and behavioral determinants.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	550,000	

Narrative:

10.P.OP04: PSI - Be Faithful/partner reduction & Condom Hotspot Distribution - 550,000.00

Alcohol fuels HIV transmission in Botswana by reducing inhibitions and increasing risk taking. Heavy drinkers are three times more likely to report having multiple partners and three times more likely to report having unprotected intercourse.

PSI is working with the network of community- and faith-based organizations that are active in ten districts across Botswana. These groups have peer educators that visit bars and shebeens to conduct one-on-one and small group sessions. They build strong relationships with the bar owners/shebeen queens, enabling them to visit the alcohol establishments regularly.

The project will support interventions under the "Celebrate Life" brand. This project will reach young people and promote alternatives to alcohol consumption. The project also aims to help youth practice safer sexual behaviors when drinking, such as encouraging them to know their limits, utilizing buddies, preparing for a night out by predetermining their drinking limit and carrying condoms.

PSI builds organizational capacity and also conducts trainings and prepares standardized materials that are used with target audience members to ensure the quality and consistency of the interventions. Regular field visits by PSI staff support these tools and help maintain consistency.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10978	Mechanism Name: ILO
Funding Agency: U.S. Department of Labor	Procurement Type: Grant
Prime Partner Name: International Labor Organization	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 400,000	
Funding Source	Funding Amount
GHCS (State)	400,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Overall goals and specific objectives

The ILO is the UN agency with special responsibility for advancing decent and productive work in conditions of freedom, equity, security and human dignity. Because AIDS threatens the health and livelihoods of its constituents and compromises the achievement of its strategic objectives, the ILO has embarked in a comprehensive project aiming at:

Raising awareness of the economic and social impact of HIV/AIDS in the workplace;
Helping governments, employers and workers address HIV/AIDS through technical cooperation, training, and policy guidance on prevention, care and social protection; and
Fighting discrimination and stigma related to HIV status.

The ILO encourages a comprehensive approach to workplace policies and programmes, based on protecting the rights of HIV-infected and -affected workers, offering prevention and care services through existing workplace structures or the establishment of enterprise HIV/AIDS committees, and through mobilization of the organizations of employers and workers.

This ILO intervention involves the implementation of the ILO Code of Practice on HIV/AIDS, which provides the internationally recognized guidelines for the development and implementation of HIV/AIDS workplace interventions. The adoption of an international labor standard on HIV/AIDS and the world of work in FY10 will further strengthen this standardized approach.

Target populations

Through initial funding from the United States Department of Labor and more recently PEPFAR, the ILO has been implementing a number of HIV/AIDS initiatives in Botswana since 2004. To date, 13 enterprises and 26 Trade Unions have been assisted to develop and implement HIV/AIDS polices and programs, effectively reaching well over 20,000 workers.



In FY10, the ILO will expand trade union activities initiated in FY09. The ILO will also assist 20 enterprises develop and implement workplace policies and programs. These companies will be selected from the most vulnerable sectors of the economy, namely construction, tourism, agriculture and transport. The majority of workers in these sectors are migrant workers, hence their increased vulnerability to HIV infection. By the nature of their work, these workers do not have easy access to HIV prevention, care, treatment and support services.

Geographic coverage

The 20 companies to be assisted in FY10 will be selected from the rural districts of Chobe, Ngamiland, Ghantsi and Kgalagadi. The project will also continue to give support to the enterprise and trade union HIV/AIDS initiatives started in FY08.

Making the most of the HIV/AIDS resources

The ILO works very closely with the Government of Botswana's Department of Labour and Social Security to leverage government funds to strengthen the social partner's response. As the coordinator of the labor sector's HIV/AIDS response, the department receives a substantial annual budget from the National AIDS Council. So the ILO assists the department with implantation capacity, including the transfer of skills and tools. In order to diversify its funding sources, the ILO and its constituents will explore possibilities of funding with the World Bank, ACHAP, and the Global Fund.

Health systems strengthening

The ILO will contribute to health systems strengthening through training of shop stewards, focal persons, human resource managers in peer education, behaviour change communication and HIV/AIDS project planning, monitoring and evaluation.

Quality Assurance and Sustainability

To quality and sustainable interventions the DOL/ILO project will do the following:

- The DOL/ILO program will continually work with the Ministry of Labor to transfer more of the program management responsibilities.
- To ensure cost-effectiveness the project will build public-private partnership with the partner enterprises. Memorandum of cooperation will be signed with partner enterprises clearly stating the role and responsibilities of the partners.
- Work with the business coalition and the Trade Unions to enhance their capacity to find additional funding sources.
- ILO will ensure the transfer of technical skills and tools to the social partners for them to be better equipped to implement on their own.



Monitoring and Evaluation

Project performance will be monitored as data will be captured on a quarterly basis. Project officers will conduct field visits for quality assurance purposes. Baseline data collected will be used not only to inform the behaviour change strategies to be developed but also with the objective of assessing the impact of the interventions.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Workplace Programs

Budget Code Information

Mechanism ID: 10978			
Mechanism Name: ILO			
Prime Partner Name: International Labor Organization			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	

Narrative:

10.P.AB24: ILO - Workplace Program - 100,000.00

A healthy workforce is the mainstay of any sustainable economy. The ILO with its national partners uses the workplace as an entry point to reach workers with a continuum of HIV/AIDS services.

With COP 2009 funds, the ILO is carrying out a study on the vulnerability of migrant workers in the construction, tourism, agriculture and transport sectors. Twenty enterprises will be selected to participate in the project in the districts of Chobe, Ngamiland, Gansti and Kgalagadi.

Under COP 2010, the ILO will use the ILO/FHI BCC Toolkit for the Workplace as well as the results of the formative assessment conducted to develop sector-specific targeted strategies with members of the target populations to reach both young and adult workers with gender-specific tailored interventions.

Key risk behaviors targeted:

- Multiple concurrent partnerships
- Intergenerational sex

Twenty Enterprise HIV/AIDS focal-points will be trained to implement the behavior change strategies as well as train peer educators in a ratio of about 1 peer educator/30 workers.

The ILO intervention involves the implementation of the ILO Code of Practice on HIV/AIDS and the "World of Work" which provides the internationally recognized guidelines for the development and implementation of HIV/AIDS workplace interventions. The potential adoption of an international labor standard on HIV/AIDS and the "World of Work " in 2010 will further strengthen this standardized approach.

The ILO office will work closely with the peer educators and focal persons in the 20 partner enterprises to support the development and implementation of the policies and behaviour change programmes. The ILO country team will receive technical backstopping from the ILO Program on HIV/AIDS at Headquarters and the "World of Work office as well as the ILO Sub-Regional Office.

The ILO has also developed an enterprise audit check list to be used by partner enterprises to improve the quality of their interventions.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	

Narrative:

10.P.OP15: ILO/USDOL trade Union HIV/AIDS Project - 300,000.00

A healthy workforce is the mainstay of any sustainable economy. The ILO with its national partners uses the workplace as an entry point to reach workers with a continuum of HIV/AIDS services.

With COP 2009 funds, the ILO is carrying out a study on the vulnerability of migrant workers in the construction, tourism, agriculture and transport sectors. Twenty enterprises will be selected to participate in the project in the districts of Chobe, Ngamiland, Gansti and Kgalagadi.

Under COP 2010, the ILO will use the ILO/FHI BCC Toolkit for the Workplace as well as the results of the formative assessment conducted to develop sector-specific targeted strategies with members of the target populations to reach both young and adult workers with gender-specific tailored interventions.

Key risk behaviors targeted:

- Alcohol abuse
- Multiple concurrent partnerships
- Inconsistent condom use
- Clients of commercial sex workers
- Intergenerational sex

Twenty Enterprise HIV/AIDS focal-points will be trained to implement the behavior change strategies as well as train peer educators in a ratio of about 1 peer educator/30 workers.

Union representatives' capacity will be further strengthened through trainings in policy development and integration of HIV issues within collective bargaining agreements (legally binding agreements between the union and employer).

Workers' organizations who have benefited from capacity building from the project during the past five years will be expected to use their newly developed expertise at the grassroots level and play a key role in providing assistance for the development of HIV/AIDS workplace policies and in training peer educators.

Training of trainers will be conducted in the areas of HIV/AIDS workplace planning, monitoring and evaluation.

From the results of the formative assessment, capacity building activities will be organized to build entrepreneurship skills among vulnerable populations.

The ILO intervention involves the implementation of the ILO Code of Practice on HIV/AIDS and the "World of Work" which provides the internationally recognized guidelines for the development and



implementation of HIV/AIDS workplace interventions. The potential adoption of an international labor standard on HIV/AIDS and the "World of Work " in 2010 will further strengthen this standardized approach.

The ILO office will work closely with the peer educators and focal persons in the 20 partner enterprises to support the development and implementation of the policies and behaviour change programmes. The ILO country team will receive technical backstopping from the ILO Program on HIV/AIDS at Headquarters and the "World of Work office as well as the ILO Sub-Regional Office.

The ILO has also developed an enterprise audit check list to be used by partner enterprises to improve the quality of their interventions.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11063	Mechanism Name: DOD - HQ - GHCS (State) - PSI
Funding Agency: U.S. Department of Defense	Procurement Type: Grant
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 125,000	
Funding Source	Funding Amount
GHCS (State)	125,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

Multiple concurrent partnerships (MCP) are one of the key drivers of HIV in Botswana.

Goals and Objectives

Custom



To reduce concurrent partnerships by 50% in the coming years within the Military community.

Major Activities

PSI will work with the Botswana Defense Force (BDF) to produce IEC materials which will focus on abstinence and be faithful.

PSI partners with local community- and faith-based organizations and community theater groups. These groups are trained by PSI in behavior change communications and the basics of project management, including financial management and monitoring and evaluation. The groups also conduct small-group and one-on-one interventions in bars and shebeens, churches, households, schools, and workplaces.

This program is spearheaded by the BDF Chaplaincy Directorate. It promotes abstinence and faithfulness through spiritual counseling. PSI will develop and disseminate IEC materials, messages and banners and will facilitate edutainment events to raise awareness of the dangers of multiple concurrent partnerships.

A small part of the project will focus on risky behaviors associated with alcohol. The project focuses on educating youth about the connections between alcohol use and HIV/AIDS, with the aim of reducing unsafe sexual behaviors related to alcohol. To date the project, named "Celebrate Life," has focused on Gaborone.

Target Population

Military personnel aged 18-49 years old

Geographical Coverage

The project is implemented in all major BDF installations (Gaborone, Francistown, Selebi-Phikwe, Thebe, Phatshwa, Maun, Glenvalley, Sir Seretse Khama Barracks and Village Garrison)

Integration and Linkages

Implementation is accomplished in close collaboration with district structures, particularly the District Multi-Sectoral HIV/AIDS Committees, as well as with the MCP Campaign Coordinating Unit at the National AIDS Coordinating Agency, to ensure that the project's activities contribute to the broader national campaign, and to promote sustainability.

Monitoring and Evaluation

Monitoring is done with tools developed by PSI. These enable partner organizations to track the number of people reached, and PSI to assess the number of people trained. Additional tools assist with improving



the quality of interventions. Monitoring of changes in behavior and evaluation of impact are not financed under the project, but are included in the broader national effort on MCP. They will enable measurements to be made of exposure to project interventions, changes in the rates of concurrent partnerships, and the extent to which the national campaign is impacting HIV transmission in the country.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID: 11063			
Mechanism Name: DOD - HQ - GHCS (State) - PSI			
Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	25,000	
Narrative:			
10.P.AB19: PSI - BDF - AB - 25,000.00			
<p>The overall goal of this project is to contribute to the efforts to prevent new HIV infections in the Botswana Defence Force (BDF). The specific purpose of this project is to increase knowledge and practice of the key AB HIV prevention strategies as defined by international best practices.</p> <p>To achieve program objectives, PSI is working with BDF on the development of behavior change communications with messaging targeted for the BDF based on national HIV prevention methods (such as the national OiCheke! multiple concurrent partnership campaign) to ensure education and information is specific to BDF personnel.</p> <p>The success of these efforts will be measured primarily through monitoring surveys as well as the PSI</p>			



TRaC approach which will enable changes in knowledge, risk perception, and behavior to be monitored over time, as well as to assess the extent to which the campaign's messages are reaching the target audience.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
Narrative:			
10.P.OP20: PSI - BDF - C/O Prevention - 100,000.00			
<p>The overall goal of this project is to contribute to the efforts to prevent new HIV infections in the Botswana Defence Force (BDF). The specific purpose of this project is to increase knowledge and practice of the key HIV prevention strategies as defined by international best practice, namely regular HIV testing, consistent condom usage, faithfulness to one partner, safe male circumcision and abstinence.</p> <p>To achieve the program objectives, PSI is working with BDF on the following interventions:</p> <ul style="list-style-type: none"> a) Development of behavior change communications related to the annual "Survive and Thrive" VCT campaign. Communications will cover both mass media (via TV, billboard and posters) and interpersonal communications (via road-shows and on site interventions). b) Support of the Camouflage Packaging research trial through development of new condom packaging and procurement of specific flavored and unflavored condoms based on BDF brief. In addition, PSI will moderate qualitative focus groups with BDF personnel before and after the quantitative study. c) Support for the expansion of safe male circumcision within the BDF via the dissemination of information that educates and creates informed demand for the SMC procedure within the BDF as clinical services expand. <p>The success of these efforts will be measured primarily through monitoring surveys as well as the PSI TRaC approach which will enable changes in knowledge, risk perception, and behavior to be monitored over time, as well as to assess the extent to which the campaign's messages are reaching the target audience.</p>			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11574	Mechanism Name: Peace Corps Mechanism
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Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	Funding Amount
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

Peace Corps Botswana's (PC/B) HIV/AIDS Capacity Building project serves to strengthen the capacity of individuals, service providers, organizations, and communities in mitigating the effects of HIV/AIDS through behavior change, preventive services and care delivery.

113 Peace Corps Volunteers (PCVs) (as of December, 2009) work in four programs. They are based in district AIDS coordinator offices, clinics and social and community development offices, non governmental organizations, and schools.

PEPFAR funds 2 of the 4 HIV/AIDS capacity-building programs: NGO and Life Skills.

Goals and Objectives

Goals and objectives are in the process of being revised to align with Botswana's new National Strategic Framework for HIV/AIDS 2009-2016 (NSF2).

Primarily prevention of new infections and systems strengthening, but PCVs also play a role in strategic information management and capacity-building in treatment, care and support services.

Major Activities

Alignment with Botswana epidemic and USG strategy.

Continuation of the NGO and Life Skills programs in 2010

Align with the Botswana National Strategic Framework 2009-2016 and the nearly finalized PEPFAR Partnership Framework for Botswana, both of which emphasize prevention and systems strengthening (with an emphasis on civil society).

PEPFAR- and Peace-Corps- funded PCVs all benefit from training funded by PEPFAR. PCVs extend the reach of other PEPFAR-funded programs through assistance in implementation and monitoring at the



grassroots level, reinforcing of other systems-strengthening efforts (such as assistance with grant proposals or grants management, budget and financial management, etc.), helping to implement PEPFAR funded program (e.g., life skills curriculum roll-out).

Target Population
People of Botswana

Geographic Coverage

More than 70 communities across Botswana.

The PEPFAR funded NGO PCVs are spread across the country, while the Ministry of Education has clustered the Life Skills PCVs in three adjacent districts: Kweneng, Southern, and Kgatleng. Cross-Cutting areas
In the four PC/B programs, PCVs work in the cross-cutting areas of human resources for health, food and nutrition, economic strengthening, education, and gender. Strategy to become more cost efficient

The PC/B programs all build local capacity. Over time, the programs could be phased out as the people of Botswana become proficient. Monitoring and evaluation
On a quarterly basis, PC/B collects reports from PCVs in the field regarding the activities they are doing in support of the project goals and objectives. New PEPFAR indicators are imbedded in the Volunteer Reporting Tool.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	2,500
Economic Strengthening	4,300
Education	51,600
Food and Nutrition: Policy, Tools, and Service Delivery	1,300
Gender: Reducing Violence and Coercion	3,500

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Child Survival Activities
- TB
- Workplace Programs



Budget Code Information

Mechanism ID: 11574			
Mechanism Name: Peace Corps Mechanism			
Prime Partner Name: U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	50,000	

Narrative:

10.C.OV02: Peace Corps - OVC NGO Capacity Building Program - 581,000.00

The aim of the Peace Corps Botswana's (PC/B) NGO program is to help build the capacity of local non-governmental HIV/AIDS service organizations, especially those serving orphans and vulnerable children (OVCs) and others directly affected by HIV and AIDS.

The Peace Corps – OVC NGO Capacity Building program's aim is linked to the Partnership Framework Goal 2, which is about building capacity, as stated under the goals and objectives above.

Currently, the program is based in Gaborone (Princess Marina Hospital) and Francistown (Nyangabgwe Hospital) and targets malnourished children affected and infected by HIV and AIDS.

Peace Corps Volunteers (PCVs) associated with the NGO program live within the villages and towns where their host organizations are based and assume various roles, depending on the needs of the organization. PCVs build capacity in the host organization and with staff in a variety of ways including:

- Introducing or strengthening programs, management, and financial or administrative systems.
- Creating linkages among NGO, government, private sector and international agencies.
- Reinvigorating volunteerism, expanding community understanding of HIV/AIDS, and encouraging commitment to the values of Botswana Vision 2016.
- Assisting in grant writing to secure funding.

In addition, PCVs serving in the PEPFAR-funded Life Skills program and the Peace Corps-funded PCVs also work with orphans and vulnerable children. Specific examples include PCVs who are based at the Social and Community Development offices to help with registration and home visits and PCVs who are involved with OVCs in school and after school activities and camps.

FY10 PEPFAR funds will support 12 new PCVs arriving in 2010 for two years of service who will work with NGOs and up to ten PCVs who will extend for a third year with the NGO program. Specifically, the



funds will support pre-arrival, travel, pre-service and in-service training, living and readjustment allowances, medical care and supplies, safety and security, and home leave for the PCVs extending for a third year. In addition, the funds will provide in-service training for other PCVs involved in OVC activities. PC/B is revising the Volunteer Reporting Tool so that it can be used to capture data on new indicators for PEPFAR reports, as well as reports to PC, and provide a monitoring tool.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	50,000	

Narrative:

10.P.OP12: Peace Corps - Life Skills Program - 581,000.00

Peace Corps/Botswana's (PC/B) Life Skills Program is a comprehensive HIV prevention program for youth which endeavors to equip adolescents with skills to remain free of HIV and unintended pregnancies, and includes the discussion of condoms and STI treatment when appropriate.

In addition to Peace Corps Volunteers (PCVs) assigned to the Life Skills Program, many other PCVs work in district AIDS coordination, community capacity building, and PEPFAR-supported NGO capacity building. PCVs are engaged in youth development activities such as clubs, sports and recreation, and camps and youth forums.

Life Skills PCVs undertake a range of activities. They serve as a resource to teachers and counselors, support teachers to develop their own life skills and the emotional resilience to teach the Life Skills materials, promote out of school activities, work with parents and community leaders, mentor youth (including those out of school), and assist in monitoring Life Skills Program implementation.

In FY10, PC/B will recruit, train and place 15 additional PCVs to replace some PCVs who will end their two year service, and expand to new schools in locations identified by the Ministry of Education (MOE). In addition, PC/B will discuss with MOE whether a PCV should be placed within MOE itself.

PC/B will begin to take over the administration of the PEPFAR-funded small grants program that is currently administered by an implementing partner, Academy for Educational Development.

For new and existing Life Skills PCVs, FY10 funds will support trainee pre-arrival costs, travel, pre-



service and in-service training, living and readjustment allowances, housing and medical expenses and home leave for third year PCVs. Also covered are seven locally employed staff to support PC/B's PEPFAR program, prevention-related in-service training for all volunteers and counterparts, Peer Support and Diversity Network activities, regional meetings (convened in five different geographic locations to strengthen PCV support and sharing of effective prevention strategies), and brochures to be used in site development and with MOE officials and civil society leaders that highlight the accomplishments of PCVs and their counterparts in addressing HIV/AIDS.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11577	Mechanism Name: ODC Mechanism
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: US Department of Defense	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,765,000	
Funding Source	Funding Amount
GHCS (State)	1,765,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

In the past, DoD through PEPFAR funding has provided technical assistance and support to the Botswana Defense Force (BDF) military personnel, their families, housemaids, couples, and community projects to address HIV prevention including changing male norms, reducing violence, reducing the number of partners and concurrent partnerships.

Goals and Objectives

Addressing gender issues in all BDF program areas.



Major Activities

- DoD will work closely with PCI and PSI in supporting the BDF in Abstinence/Being Faithful.
- BDF wives' clubs, building on activities already started by the BDF, will be further supported with technical assistance and information, education and communication 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 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 the number of partners and reduction of multiple partners. They also promote changing male norms and encouraging men to support women's equality. The BDF conducts one outreach event each month, and reaches an average 18,000 men in the course of a year.
- Funds will also be used to support the annual BDF HIV awareness and testing campaign (OPERATION SURVIVE AND THRIVE). Past campaigns with DOD support and funding have been largely successful. Future efforts will support refinement of this campaign and reaching a larger supporting and neighboring civilian communities adjacent to BDF installations.
- Funds will be used to send a delegate from BDF to the 2nd Military HIV/AIDS Prevention Conference to be held in Tanzania.

Target Population

Military personnel, their families, household staff and neighboring affected local communities.

Geographic coverage

Military bases and adjacent communities throughout the country.

Cross-Cutting Budget Attribution(s)

Construction/Renovation	300,000
Human Resources for Health	15,000



Key Issues

Military Population

TB

Budget Code Information

Mechanism ID: 11577			
Mechanism Name: ODC Mechanism			
Prime Partner Name: US Department of Defense			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	450,000	
Narrative:			
10.C.CT04: Botswana Defense Force - Counseling and testing - 450,000.00			
<p>PEPFAR will continue to support the Botswana Defense Force (BDF) in training counselors and peer educators at its various camps to promote competency and adherence to national standards. Funds will be used to empower leadership across all levels to create an environment conducive for HIV testing.</p> <p>With women officers entering the BDF ranks for the first time, programs and messages will be reconstructed to ensure gender sensitivities and inclusivity of all military personnel. This will be evidenced during the annual Survive and Thrive voluntary counseling and testing (VCT) campaign, which will place a larger emphasis on media as the channel for attracting people to test.</p> <p>In FY10, PEPFAR funds will be used to support the construction of a voluntary testing and counseling center in Francistown. Data indicate that northern Botswana is disproportionately impacted by the epidemic, which led to the decision to select Francistown as the location for this new site. The center will focus on military personnel, their partners and families yet will be available to the greater civilian community.</p>			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	100,000	
Narrative:			
10.X.SI09: DOD - BDF - M&E support - 100,000.00			

PEPFAR has supported the BDF with training in monitoring and evaluation, as well as with the procurement of computers to use in data storage and reporting. In FY10, the BDF intends to approach relevant stakeholders in order to assist the BDF in formulating a monitoring and evaluation mechanism, which will help the BDF have database that will ensure continuity of all programs offered in the military. A lot of HIV/AIDS activities are conducted by the BDF, but when reporting these activities, some are occasionally missed.

Further, the BDF intends to train coordinators and focal persons on data methodology, which is a course offered by the University of Pretoria, South Africa.

The BDF, with PEPFAR support, managed to carry out an HIV prevalence study in FY09 and in FY10, funds will be used to organize a data training workshop to improve the capacity of the BDF in the field of research, as well as look at the data from the survey.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	30,000	

Narrative:

10.X.SS05: DOD - BDF - Policy Support - 30,000.00

In FY 2009, PEPFAR supported the BDF in reviewing their HIV/AIDS policy as well as trained some officers in policy formulation and development.

In FY 2010, DoD will support the BDF to train 50 health care workers, particularly laboratory staff, to ensure that the laboratories in Francistown and Selibe-Phikwe can be accredited. Health systems governance, monitoring of policy reforms of the various programs will be promoted and protocols reviewed to determine compliance. Training of 30 program coordinators and implementers on policy issues will be emphasized.

Infection control will be a priority list in the BDF health facilities. The training will help each facility to develop protocols for the infection control section.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	575,000	

Narrative:

10.P.MC06: DOD - BDF MC Activity - 575,000.00



In FY10, PEPFAR will support the Botswana Defense Force (BDF) to scale up its safe male circumcision (MC) program by training BDF medical personnel to perform MC as well as upgrading BDF facilities to WHO standards. The BDF will develop one pre-fabricated health facility in the northern part of the country and another in the south to expand access to MC services. PEPFAR will support the BDF in capacity building and infrastructure renovations in selected camps. There is a plan to use mobile operating rooms at various camps to enhance service provision. The goal is for these facilities to circumcise 500 BDF employees, their dependents, and near-by civilians.

MC services will be integrated within the existing health services, in particular with sexual and reproductive health (SRH), in an effort to get more men involved in SRH issues.

Funds will also be used to assist the BDF in the development of promotional materials as well as campaigns that educate and create demand for safe male circumcision procedures. Campaigns will cover all major BDF camps across the country.

Finally, a monitoring and evaluation (M&E) system for MC will be developed to enable for proper oversight of the program.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	20,000	

Narrative:

10.P.AB11: DOD - BDF - AB - 20,000.00

The US Department of Defense continues to support the Botswana Defense Force (BDF) HIV/AIDS Prevention Program to ensure healthy and productive military personnel and their families. In FY10, funds will be used to support the BDF in developing and implementing military specific HIV/AIDS prevention programs. This includes training Chaplains who are responsible for running the BDF abstinence/be faithful program. The BDF will also: (a) engage outside organizations to assist with life skills training; (b) combat HIV/AIDS through spiritual activities; (c) training additional peer educators; (d) develop BDF-specific IEC materials; and (e) address multiple concurrent partnerships through interpersonal communication activities such as road shows.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	125,000	

Narrative:

10.P.OP11: DOD - BDF - C/O Prevention - 125,000.00



DoD continues to support the Botswana Defence Force (BDF) in their HIV/AIDS response to ensure healthy and productive military personnel. The overall goal is to reduce the incidence of and impact of HIV/AIDS among the military personnel and their families through strengthening the BDF HIV/AIDS response.

In FY10, funding will be provided to the BDF to engage in training and capacity building aimed at promoting positive behavior change among its members of the BDF and their families.

Multiple concurrent partnerships (MCP) has been identified as one of the drivers of HIV infections in Botswana and the BDF has taken a deliberate step to disseminate information about the dangers of MCP through different forums, such as theater, television commercials and radio spots.

Through PCI, DoD will assist the BDF to implement behavior change strategies that address key drivers of the epidemic, and are integrated with other HIV/AIDS services, including strengthening and expanding the peer education program, refining behavior change communication materials, strengthening existing drama groups, and developing intensive interventions to encourage relationship building with monogamous partners. Prevention intervention topics will be prioritized through various needs assessments within the BDF.

Funding will also be used to assist the BDF to refine their peer education (PE) training strategies and materials as needed, train master trainers (MT) and PEs, and provide technical assistance to the trained MTs and PEs. We will assist the BDF to develop new cadres of PEs, that include spouses and teenage children of BDF personnel, significant others of unmarried personnel, and civilian personnel working on BDF bases. With DoD support, the BDF will adapt and develop behavior change materials, and learn how to use these effectively. Existing drama groups will be trained in theatre-for-development skills to help them improve script development and use of drama for behavior change.

DoD will assist the BDF to develop or adapt tools and strategies that help young, unmarried personnel develop the skills and attitudes needed to form and maintain long-term, mature, and satisfying relationships, and to support each other in this decision; and to help married couples strengthen their relationships. PCI will help train PEs, social workers, Chaplains, and lay counselors in the implementation of these strategies.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	450,000	

Narrative:



10.T.LS04: DOD - BDF – Laboratory Support - 450,000.00

In FY08, PEPFAR funds were requested to provide support to the BDF laboratories in Francistown and Selibe Phikwe, as well as the Sir Seretse Khama Base (SSKB) and the Thebephatwa Airbase (TAB) laboratories.

FY09 funds were used to improve the monitoring of patients on ARV treatment at three of these facilities, namely SSKB, TAB and the Francistown laboratory. A facility was build for the Maun Garrison to diagnose and provide basic investigations of patients. Training was organized for the laboratory staff at all of the BDF laboratories.

FY10 funds are requested to continue supporting the BDF laboratories at the TAB and SSKB, and in Fancistown, Selibe Phikwe, and Maun.

They will conduct training on quality management, TB testing, bacteriology, quality assurance, and safe laboratory practices, and the laboratories will be enrolled in the National Quality Assurance Scheme, as well as the External Quality Assurance program. Funding will also be used to finance the participation of laboratory staff in laboratory management training organized by the CDC/NICD training center in Johannesburg.

Additionally, the FY10 funds will be used to procure equipment and laboratory supplies to support the four BDF laboratories in the country and operational research that will be conducted by the army.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	15,000	

Narrative:

10.C.TB06: DOD - BDF - TB training - 15,000.00

In FY08 and FY09, PEPFAR supported the Botswana Defense Force (BDF) in training officers who deal directly with TB/HIV. This enabled the military to provide sound TB care to the military community (disseminating correct TB information to members of the BDF, as well as offering correct and recommended treatment for TB at all times).

In FY10, funding will be used to send six BDF medical personnel for training on the identification and treatment of TB. Training will ensure that the BDF personnel are prepared to take full advantage of the laboratory equipment provided by PEPFAR and are able to provide identification and care for TB patients without increasing the burden on the civilian health care system. Training will ensure that there is a TB trained professional at each of the four major BDF treatment locations.

Monitoring and evaluation will include monthly statistical returns, visits to the sites, and clients' log books from program managers, which are all in place and will continue to be re-visited.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11584	Mechanism Name: State Mechanism
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 325,000	
Funding Source	Funding Amount
GHCS (State)	325,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The US State Department is an active participant of the PEPFAR Team in addressing the HIV/AIDS epidemic in Botswana. Through small grants to small-scale community projects, Self Help funds are used to encourage self-reliance within local communities and to demonstrate the U.S. Embassy's interest in the welfare and social development of Botswana.

The Zebras for Life Test for Life is an activity that focuses on certain populations that are less commonly tested for HIV and creates an environment where HIV/AIDS can be discussed freely.

Context

Zebras for Life Test for Life (Z4L) is an ongoing initiative that uses soccer players to motivate men and youth to undergo HIV testing.

The campaign seeks to reduce HIV transmission, eliminate AIDS-related stigma, and foster a supportive



environment for behavior change. It has proved very popular and has created a momentum on issues of counseling and testing.

Goals and Objectives

Working with the Ministry of Youth, Sports and Culture (MSYC), Ministry of Health (MOH), National AIDS Council (NAC), Botswana Defense Force (BDF) the campaign aims to build capacity of community sports clubs to provide ongoing support through prevention education and linkages to care and treatment.

Major Activities

Z4L will continue to build capacity to enhance referral of men for HIV testing.

Z4L will expand its focus to include educating pregnant women about HIV

In line with the Government of Botswana National Plan for MC, Z4L will provide referrals for pre- and post-male circumcision (MC).

The community sporting clubs will be used as a vehicle to encourage men and youth to access counseling and testing facilities. It will also work within its existing networks to identify pregnant women expecting boys to refer them to the pre and post male circumcision. In total 120,000 men with 8,000 under 15 years will be reached with prevention messages, total number of 100 health workers Volunteers will successfully complete an in-service training, 15000 individuals will receive testing and counseling services for HIV and receive their test results; 700 individuals will participate in community wide events and 750 HIV positive clients will be referred and reach referral site.

Target population

Men and youth.

Geographic coverage

Countrywide, covering a wide range of sites to include very remote villages and hard-to-reach populations

Leveraging HIV Resources

The collaboration with Men Sector and the armed forces (in particular BDF) will continue, with a focus on encouraging young men to know their HIV status and adapt safer behaviors for HIV prevention. This will be done in partnership with Youth Against AIDS (YAA) and administered through Tebelopele.

The Zebras Post-Test Clubs' capacity will be built to educate couples on HIV prevention, and will focus on the reduction of multiple concurrent partnerships (MCP). Youth couple-education through men-to-men approach will be key in driving the reduction of MCP.

Cost efficiencies will result from alliances with YAA as well as better leveraging relationships with community based organizations and the Peace Corp Volunteers placed throughout the country.



Support from government, as well as the use of volunteers as Zebras Post-Test Club peer educators, will assist in cost efficiencies and longer term sustainability.

Cross-Cutting areas

Z4L supports the cross-cutting areas of gender, prevention and human resources for health.

Z4L is expert in expanding male and youth involvement in health programs such as male circumcision and referrals to existing networks in care and treatment.

Z4L's training program will train approximately 100 volunteers across the country. Its goal is to train a critical health care workers cadre as part of the PEPFAR strategy.

Z4L PEPFAR funds will address many of this year's priority issues including increasing the number of men and youth accessing counseling and testing services as well as the number of men circumcised.

Enhancing Sustainability

The partnership with MSYC, Men Sector and MOH service network enhances both the program's sustainability and Botswana's capacity to provide high-quality health care. Z4L strategies for creating sustainable program, rooted in Botswana ownership are:

- Strengthening the partnership with the National AIDs Council and MSYC to strengthen the Zebras Post-Test Clubs and build capacity to educate couples on HIV prevention and multiple concurrent partnerships, and youth-couple education through men-to-men and MC.
- Collaborating with existing structures to ensure that the men and youth agenda in the fight against HI/AIDS is realized. This will take place through quarterly meetings where topics of mutual interest are discussed and strategies harmonized.
- Training volunteer health workers to add to Botswana's cadre of trained local healthcare staff

Monitoring and Evaluation

Z4L will ensure proper monitoring and evaluation of PEPFAR existing and next-generation indicators for prevention, testing and counseling.

Z4L routinely collects data on people reached and accessed with prevention information.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	11584		
Mechanism Name:	State Mechanism		
Prime Partner Name:	U.S. Department of State		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	200,000	

Narrative:

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. Edutainment 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.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	125,000	

Narrative:

10.X.SS27: State/AF - Self Help Fund - 125,000.00



The Small Grants Program provides grants to assist small-scale community development projects. The objective of the program is to encourage self-reliance within local communities and to demonstrate the U.S. Embassy's interest in the welfare and social development of Botswana.

Funding priority is given to projects that include a significant community contribution and/or involvement, plan to generate income or employment opportunities, or address community social concerns. The purpose of this assistance is to lead to ongoing, self-sustaining activities. With funds from the President's Emergency Plan for AIDS Relief (PEPFAR), the Self-Help Fund Coordinator will be able to increase the number of communities and people supported by their office through the Small Grants Program. The US Embassy Grants Officer will be authorized to sign these Small Grant agreements and thereby, obligate these PEPFAR funds. These \$5,000 to \$25,000 grants will assist HIV/AIDS home-based care centers as well as orphanages, pre-schools, and day-care centers which support HIV/AIDS orphans and children with HIV/AIDS.

Potential projects include construction of classrooms and kitchen facilities for schools and orphanages, purchase and installation of water tanks, drip-line irrigation systems, and shade netting to assist home-based care organizations in the growing of fresh fruits and vegetables with which to feed HIV/AIDS patients.

It is estimated that with these funds we will reach an additional five to ten communities serving 5000 to 20,000 people.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11586	Mechanism Name: HHS/CDC - HQ - GHCS (State) - Mullan & Associates (U2G/PS000941)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Mullens & Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 1,016,500	
Funding Source	Funding Amount
GHCS (State)	1,016,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

Mullan & Associates (Pty) Ltd, is a private consulting firm specializing in Human Resources, Capacity Building, Program and Project Management and Operations Research.

Formed in 1982 and based in Gaborone, Botswana, Premiere was awarded a cooperative agreement in 2008 for "Building Human Resource Capacity to support Prevention, Care and Treatment Strategies" by CDC utilizing PEPFAR funds.

Working in collaboration with the CDC/BOTUSA office and several Government of Botswana (GOB) Ministries (Health, Local Government and Education), other organizations and individuals, Premiere's Co-Ag is a funding mechanism to provide support and assistance in the implementation of activities enhancing the country's health polices and procedures, and to build capacity across a range of programmatic areas.

Goals and Objectives

Build capacity within the Republic of Botswana health system

Major Activities

Premiere will support the following programmatic activities: Prevention of Mother to Child Transmission (PMTCT), Counseling and Testing (C&T) Care and Treatment, Laboratory Support, Institutional Developmental Management (IDP) Sustainable Management Development Program and Botswana Network of Ethics Law and HIV/AIDS (BONELA)

The following will receive support with carryover funding: Media Institute of Southern Africa, Orphans and Vulnerable Children, National AIDS Coordinating Agency and Sub-partners, Botswana Harvard Partnership, Associated Fund Administrators and the School of Public Health Consultancy

Target Populations

For PMTCT support: infants from 6 weeks, HIV+ mothers, clinicians, healthcare workers and lay counselors.

For activities undertaken by the NGO coordinator, Lab DMO, C&T, IDM and BONELA: Government



healthcare workers

BONELA's target extends to schoolchildren, teachers and NGOs.

C&T: counselors, CBOs and FBOs

Geographic Coverage

The entire geographical area of Botswana (except the Impact of Infant Feeding Practices evaluation study which is limited to the health districts of Francistown Tutume and Tonota)

Supporting Health Goals and System Strengthening

The NGO coordinator will leverage resources within Botswana-based CBOs and NGOs to ensure a coordinated approach to the country's health objectives.

The Lab Data Management Officer's (DMO) role is to strengthen the dissemination of information relating to TB and the national response.

Cross-Cutting Areas

Education is addressed by a number of programs leading to the training of more than 1000 people during the year, through the Sustainable Management Development Program by International Development Management, the training of critical Health workers in specific infant survival issues (Early Infant Diagnosis [EID] and infant formula feeding practices [IFFP]) and Botswana Network of Ethics, Law, and HIV/AIDS (BONELA) program on awareness of stigma and discrimination for children and Teachers. EID and IFFP training programs are closely linked to the key priority areas of child survival and safe motherhood.

IFFP is also linked to the issues of Food and Nutrition service delivery.

TB is addressed by the employment of the Lab DMO, enabling information regarding TB lab results to be disseminated quickly and ensuring information on key issues of drug resistant TB and infection rates are readily available.

Gender issues, including women's legal rights and gender equality in HIV/Aids activities are addressed in the policy advocacy program undertaken by BONELA

Enhancing Sustainability

Premiere, in collaboration with CDC/BOTUSA and the Ministry of Health (MOH), are working towards government absorption of the seconded staff positions (NGO Coordinator, Lab DMO and others)

Some of the other programs, e.g. IFFP, EID are shorter-term programs designed to support the GOB strategic health and HIV plans by ensuring that the appropriate policies are in place and fully implementable.

Premiere is careful to negotiate cost-efficient contracts with sub-awardees and with established reputable providers of goods and services to ensure the best possible pricing. Needs for equipment and supplies is



looked at not just on an individual program basis but holistically across projects when possible.

Monitoring and Evaluation

Premiere, together with BOTUSA, will provide project management, support and monitoring, both financial and programmatic to all sub-awardees.

Premiere works closely with MOH and other GOB departments to ensure all projects are within the Botswana national health strategy and objectives.

Projects are closely tracked and monitored in line with PEPFAR indicators. Information gathered is used to shape and enhance ongoing project design and implementation.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	20,000
Human Resources for Health	900,000

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID: 11586			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - Mullan & Associates (U2G/PS000941)			
Prime Partner Name: Mullens & Associates			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	100,000	
Narrative:			
10.C.AC14: Mullan - NGO Coordinator & Technical Advisor - 100,000.00			
The involvement of civil society organizations can be traced back to the first Short Term Plan of Action (1987-1989) on HIV and AIDS, the Medium Term Plan I and II, respectively, and now the National Strategic Framework for HIV/AIDS 2003-2009. The Government of Botswana (GOB), communities and other development partners have acknowledged the strategic role played by civil society organizations in			

responding to HIV and AIDS.

Civil society's role became evident in the early 1990s when the epidemic became more mature resulting in many people suffering from chronic conditions related to HIV/AIDS, thus increasing the demand for HIV/AIDS-related services. This increased need has overwhelmed the capacity of the public sector to deliver services to all people in need, resulting in many of them, still needing care and support, being discharged back to their families and communities who are not always capable of handling the varying situations.

In 1995, the government adopted community home-based care (CHBC) as a strategy to ensure continuity of care and to support people living with HIV and AIDS (PLWHA) and other chronically ill patients. The government realized it had limited capacity to implement the program, hence family and community mobilization was adapted as a major intervention. The community response has been very supportive, as evidenced by the emergence of several civil society organizations working country-wide. In 1998, there were 78 community groups and, currently, there are more than 300 local Civil Society Organizations (CSO) involved in the response to HIV and AIDS, including Faith Based Organization (FBOs), NGOs such as Botswana National AIDS Service Organization (BONASO), Botswana Network of People Living with HIV/AIDS (BONEPWA), Botswana Network for Ethics, Law and HIV/AIDS (BONELA), Botswana Christian AIDS Intervention Program (BOCAIP), and others. It is obvious that the public sector in Botswana recognizes the importance of CSOs, so they have played an active role in establishing the CSO sector and continue to nurture its growth.

CSOs, therefore, provide a strategic opportunity to increase geographical coverage of services and reach marginalized, vulnerable and underserved communities with ease. They can provide a range of services, both stand alone and integrated, depending on a given organization's capability and comparative advantage. These services include traditional community mobilization, distribution of health resources such as condoms, bed nets, and community TB Dots, dissemination, health information, psychosocial support, voluntary counseling and testing, peer education on HIV, income generating activities, care for orphans and vulnerable children (OVC), awareness campaigns, training on human rights, and advocacy to more complex activities, such as anti-retroviral (ARV) treatment literacy and adherence counseling, palliative care, home based care, hospices and day care centers, and youth and adolescent friendly reproductive health services. They also play a role in the development of health sector HIV and AIDS related policies and programs and in shaping the health systems. There is, however, significant variability in the scope and quality of their services, as well as in their levels of accountability. The public sector, particularly the Ministry of Health (MOH) still has the overall accountability to the public at large on the quality of services provided by these CSOs in the health sector.



Needs assessments done in the country indicate that most of these organizations are faced with challenges in terms of service delivery, adequate coverage, insufficient funding, and inadequate material and human resources. Due to a lack of skilled personnel, most of them are operating with a minimal number of skilled staff for both management and technical operations with most of staff being lay or unskilled volunteers.

Since the inception of the CHBC program, the government has been providing CSOs with financial, material and technical support and most are still dependent on the government for these resources. It is important to note, however, that as the numbers of CSOs increase and diversify their services, the provision and coordination of both financial and technical support to all of them is becoming a challenge to the government. The sharing of information on HIV and AIDS prevention and care and the support of programmatic issues between CSOs and the public sector both at national and implementation levels of the health sector response are weak. Additionally, public sector-CSOs collaboration linkages and patients referral systems are inadequate. This has implications on both the CSOs' and the government/public sector's accountability to the general public on quality of health services.

The above-mentioned capacity challenges experienced by the local organizations have attracted international organizations through various donor agencies' bilateral twinning programs, such as PEPFAR, United States Agency for International Development (USAID), Swedish International Development Cooperation Agency (SIDA), and BMS among others, to assist and strengthen the capacity of CSOs in Botswana. These international organizations come with both financial and technical expertise as well as pre-packaged options and ideas. For the health sector, both government ministries and CSOs, to maximize the benefits of these international NGOs' and donor agencies' support, there is a need to have formal mechanisms for communication, for example, on the sharing of information about the support they are able to give Botswana as well as what the public sector envisions, given the Botswana health sector's HIV/AIDS national priorities, objectives, policies, guidelines and challenges. This will enable NGOs and donor agencies to align their support with both local CSOs and the MOH to address the country's needs within the policy and legal framework, further strengthen the public sector -CSOs collaboration, and maximize the benefits of their financial and technical support to the country.

PEPFAR will support the position of a CSO Technical Advisor and Coordinator within the department of HIV/ AIDS Prevention and Care (DHAPC) at a government scale of D2 to enable the MOH to coordinate and strengthen links between CSOs and the public and private sectors.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	110,000	

Narrative:

10.C.CT10: Mullan - National Counseling and Testing Workshops - 110,000.00

Since FY08, Mullan & Associates has provided support to the Counseling and Testing (CT) program through logistics support, including organizing workshops, meetings, study tours, and trainings as well as printing technical materials.

In FY10, funds will provide logistics support to the following activities:

1. A study tour for six government and NGO/faith-based organization participants to a country in the region to share experience and learn more about child and adolescent CT service provision.
2. A workshop for 100 HTC providers to share best practices, receive technical updates, and discuss achievements and challenges.
3. A skills-building training for 30 lead HTC counselors on how to address the issue of repeat testing and what prevention messages to give different types of HTC clients
4. Two technical working group meetings for PEPFAR-funded HTC partners to review progress, discuss challenges and strategize for the attainment of set targets.
5. Printing of additional couples HIV counseling and testing (CHCT) training manuals and job-aids to support providers
 - 500 participant manuals
 - 200 cue cards
 - 100 CHCT protocol charts

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	541,500	

Narrative:

10.X.SS08: Mullan - IDM/Sustainable Management Development Program - 466,500.00

The SMDP was established in 2003 at the Institute of Development Management (IDM) with the assistance of CDC/BOTUSA. The program provides a local management course, adapted from the CDC Management of International Public Health (MIPH) Course. The aim is to strengthen management and leadership abilities of public health managers working in HIV/AIDS in both the public, NGO, CBO and Faith Based Organization (FBOs) sectors and improve the quality of service delivery and care. The program has been institutionalize at the IDM and a standardized curriculum developed. This standard curriculum is in modular form allowing for shorter training in specific sections of the curriculum. To date, more than 180 health managers have been trained.

In 2008 and 2009, the following activities were undertaken: 30 mid-level public health managers trained in SMDP Course I, 20 in SMDP Course II, 20 in SMDP Course III, 20 in Healthy Plan-It, 20 HIV and AIDS Civil Society Organizations in Leadership, Networking and Strategic Resource Development, the IDM program manager underwent advanced training in Quality Assurance course at Harvard School of Public Health, and an alumni conference was convened to solicit experiences, challenges and feedback on course improvement. In addition, the program is expanding to include a cooperatives-based approach to spread and sustainability.

In 2010 Mullan & Associates will support the continuation of the training of another 110 mid-level public health managers and one IDM Senior Consultant in Management for International Public Health (MIPH) at CDC/Emory University in Atlanta during September-October 2009. The Alumni Conference will also be held, but with an attendance expected of at least 120 graduates.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	

Narrative:

10.T.PT04: Mullan - Early Infant Diagnosis Training - 100,000.00

With PEPFAR support over the past two years, Mullan & Associates have been able to support the training of clinicians in the implementation of Early Infant Diagnosis (EID) using DNA-PCR on dried blood spots (DBS). The trainings were undertaken by officials from the Ministry of Health, with Premiere providing logistical support. Trainings have not been rolled out as anticipated due to the shortage of ministry staff and challenges with coordination of the various health districts. Twelve training sessions have taken place thus far, but late in FY09, the Mullans scope of work was changed to a more intensive approach, such that Premiere now provides two teams of nurse trainers, thereby alleviating the demands on the ministry staff.

In FY10, these two teams will continue the roll out of training for 200 clinical and health care workers across Botswana in the implementation of EID by undertaking an intensive six-month training schedule. Training sessions will be conducted in each of the districts, as well as in individual clinics/health posts, as required by the Ministry of Health. Mullans will also provide vehicles, drivers, logistical support and supervision to enable the program to run effectively. The training by nurse trainers will be supervised by the MOH and CDC technical staff for purposes of quality assurance.

The target population for the trainings is clinical staff, but the focus of the program is the testing of 12,300



HIV-exposed infants from six weeks of age in FY10. During trainings, clinical staff will be required to demonstrate the newly learned procedures in a supervised environment.

10.P.PM06: Mullan - Impact of Infant Feeding Practices - 100,000.00

For several years, the Government of Botswana has supported infants born to HIV-infected mothers with infant formula for replacement feeding as part of the PMTCT program. As a result of the new WHO Infant Feeding Guidelines, the Ministry of Health will almost certainly adapt their guidelines, which will require additional training of health workers.

The goal of this activity is to evaluate the effect of training on actual infant feeding practices. With PEPFAR support over the past two years, Mullan has been able to support the capacity building and training of health care workers in the implementation of the Infant and Young Child Feeding (IYCF) guidelines. In FY08, training was provided to 112 healthcare workers, most of whom were nurses. In FY09 and FY10, following a change in the scope of work due to a delay in obtaining IRB clearances for the evaluation protocol, a total of 199 healthcare workers will be trained. Of this group, 49 will be lay counselors and 150 will be nurses in the Francistown and Tutume sub-districts. Training is scheduled to be complete by the end of February 2010.

In FY10, Mullan will focus on the implementation of the evaluation study. The evaluation is to take place four to six months after the completion of the capacity building and training phase. It consists of recruiting mothers and children from post-natal wards at hospitals and clinics in the Francistown, Tutume and Tonota health districts who will allow for a home visit once infants are between eight and 24 weeks old to ascertain the level of information that has been provided to mothers, check for compliance to the guidelines and identify any difficulties or challenges that exist.

The target population for the training is health care staff, but the focus of the program is on infants born to HIV-positive mothers and the impact of the infant feeding practices as it pertains to the PMTCT objectives.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	65,000	

Narrative:

10.T.LS11: Mullan lab position - 65,000.00

Mullens & Associates employs and seconds, under PEPFAR funding, a Laboratory Data Management



Officer to the Ministry of Health. The National Tuberculosis Reference Laboratory requested this, due to the fact that their methods and operations at the laboratory generate very large volumes of data. This position is needed to assist with the clerical work in microscopy, culture and susceptibility testing, and specifically with the registration of specimens in the manual and electronic registers, the capture of results from the laboratory request forms to the manual registers and electronic database, the daily management of data on TB drug resistance, including 1st and 2nd line drug testing for MDR-TB and XDR-TB, the conveyance of results to clinicians, peripheral laboratories, and TB coordinators for quick interventions, and assistance to the laboratory technical staff in using databases.

A Laboratory Data Management Officer was employed by Mullens & Associates with FY08 PEPFAR funding with the employment and secondment commencing on 1 February 2009.

The Laboratory Data Management Officer works at the National Tuberculosis Reference Laboratory and liaises with clinicians and peripheral laboratories which geographically cover the whole of Botswana. Furthermore, this officer's involvement in the management and dissemination of data on TB drug resistance and the resulting interventions ensure that activities are aligned with the national policies and strategic plans. By virtue of being involved in data entry and management at the National TB Laboratory, this officer is also involved in the implementation of the M&E framework and tools.

In FY10, funding is requested to continue supporting this position.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11589	Mechanism Name: HHS/CDC - HQ - GHCS (State) - URC (U2G/PS000947)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 450,000	
Funding Source	Funding Amount



GHCS (State)	450,000
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

URC works with the Ministry of Health (MOH) and the Ministry of Local Government (MOLG) to improve the quality of and increase access to HIV prevention and care services at facility levels.

Goals and Objectives

To strengthen HIV/AIDS prevention and care services in the Republic of Botswana.

Main Activities

- URC will expand its successful Routine HIV Testing (RHT) services strengthening program to new districts in the country.
- URC will employ up to six lecturers for the Serowe Institute of Health Sciences to expand the midwifery program.
- Other activities include supporting Multi-Drug Resistant Tuberculosis Program Evaluations (Health Training Institutes, National Association of State and Territorial AIDS Directors, and Makgabaneng), alcohol related harms reduction activities and four sub-awards (Nurses Association of Botswana, Futures Group, Catholic Relief Services and Francis Bagnound Xavier Center) will be implemented using carryover funds.

Target populations

The general population (adults and children) that visit health facilities and who will be tested for HIV, People Living with HIV/AIDS (PLWHA) who will be referred for care and treatment, and TB suspects who will be screened for MDR TB.

Emphasis will be placed on increasing recruitment of couples and families, including children and adolescents to Routine HIV Testing (RHT) services. URC supported program activities will reach a total population of about 700,000.

Approximately, 30,000 adults and children will receive RHT counseling and training.

6,000 PLWHA will be referred for onward care and treatment.

Geographic coverage

Custom

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Healthcare facilities in up to six districts.

The project will cover 150 facilities providing RHT, MDR TB and counseling and training for children and adolescent and train 600 healthcare providers in RHT, alcohol prevention, behavior change communication, TB and counseling and training.

Leveraging HIV Resources

URC is leveraging government resources to improve and expand availability of high quality RHT and HIV prevention activities in the country. This helps us ensure that programmatic strategies are better integrated within the health system.

URC is leveraging WHO resources to develop and implement a national strategy for HIV testing among children and adolescents.

URC will support the MOH in Global Fund to Fight AIDS, Tuberculosis and Malaria supported areas to integrate provider-initiated testing and counseling and MDR TB interventions.

Cross-Cutting Areas

URC is working to advance the rights of marginalized communities that face stigma such as drug or alcohol users and people living with HIV. Plans to enhance support for RHT, TB and alcohol related harm prevention services will ensure equitable access to high-quality care for these marginalized populations.

URC will advocate for strategies to address male norms and behavior, specifically seeking male involvement in RHT and highlighting the importance of partner testing and partner support at all levels. The URC program includes sensitizing staff to the importance of male testing and participation in RHT programs. Male counselors will be trained at some facilities, to enhance the current system.

URC will assist participating facilities in building linkages with community-based groups to increase awareness about RHT as well as address issues of psychosocial support, stigma reduction and prevention of domestic violence for HIV-infected pregnant women. This will involve working with communities, community-based and home-based care organizations.

URC will host open days for clinic staff and community members to showcase improvement activities and encourage support for improvement initiatives.

Enhancing sustainability

URC has placed deliberate focus on the strategic strengthening of health systems in Botswana. The emphasis is on building a model of partnership with the MOH and Ministry of Local Government in order to enhance Botswana government's capacity to provide sustainable high-quality healthcare .



URC strategies for creating a sustainable program:

Working with Government of Botswana to identify, develop and implement harmonized health-system measurement tools

Strengthening patient records as well as recording and reporting systems

Integrating quality assurance/improvement at facility and district levels

Training and mentoring of healthcare workers and program managers

Working with sub-grantees to enhance their capability to find additional funding sources and properly monitor and manage existing resources.

Monitoring and Evaluation

URC will ensure proper monitoring and evaluation of PEPFAR old and next generation indicators for HTC.

URC routinely collects program data. It will use this information to inform and shape ongoing project design and implementation.

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	62,500
Human Resources for Health	400,000

Key Issues

Addressing male norms and behaviors

Impact/End-of-Program Evaluation

Increasing gender equity in HIV/AIDS activities and services

TB

Budget Code Information

Mechanism ID: 11589			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - URC (U2G/PS000947)			
Prime Partner Name: University Research Corporation, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	250,000	



Narrative:

10.C.CT11: URC - Strengthening Routine HIV Testing - 250,000.00

Target population, coverage and promotional activities

Since FY08, URC has provided support to the Ministry of Health (MOH) and the Ministry of Local Government (MLG) in strengthening the quality and uptake of routine HIV testing (RHT) services in two pilot districts. In FY10, activities will be expanded to two additional districts for a total of 100 health facilities (HF) in the four districts, catering to 300,000 individuals. The participating facilities will integrate RHT services and will emphasize the recruitment of couples and families, including children and adolescents.

Facility-based RHT improvement teams, with support from URC and MOH/MLG staff, are responsible for improving RHT services through integration of services, referrals, improved case management and follow-up. Each facility team will be responsible for reviewing facility performance data and developing a plan for increasing RHT uptake. In FY09, RHT promotional materials were developed and volunteers were trained as RHT promoters. This activity will continue in FY10.

Supportive supervision, quality assurance and M & E

URC will conduct trainings for 600 health care providers (HCW) as well as train district- and facility-level supervisors in quality assurance (QA) methods and facilitative supervision techniques. Training will include ensuring service quality and compliance with national RHT guidelines. All HF will use a parallel, rapid HIV testing algorithm, with same-day results. URC will provide job-aids to support providers in service delivery and visit each facility at least twice a month to provide on-the-job support and mentoring to HCW in participating facilities. During these visits, URC will assist facility staff in carrying out regular review of program data to determine attainment of targets. URC will enhance internal/external quality assurance mechanisms as per national standards. Emphasis will be placed on indicators that monitor program performance, such as uptake of services by target population and quality.

Testing and counseling services provided

To ensure that RHT is widely available, innovative counseling and testing approaches, such as family-based, door-to-door, community-based, outreach services, youth-focused and home-based testing, will be incorporated into existing programs. URC will roll out couples HIV counseling and testing using the CDC curriculum that has been adapted by MOH for use in Botswana.

Referrals and linkages

URC promotes a continuum of care so that all clients or patients who test positive for HIV are referred for



treatment, care and support.			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
Narrative:			
10.X.SS34: URC - Midwifery Tutors - 200,000.00			
<p>The Institutes of Health Sciences (IHS), public tertiary institutions for the training of health personnel, train the vast majority of nurses and other allied health workers for the country at basic and post-basic diplomas. There are eight health training institutes with a total of 1,500 students: three-hundred and twenty-five (325) general nurses, sixty-five allied health workers annually and one-hundred and seventy-five midwives (175) and 75 other post-basic nursing biannually. Currently, there is a severe shortage of midwives in the country. In recent years, both midwives and midwifery lecturers have been leaving the system for other opportunities outside government because of poor conditions of service and pay. The midwifery course is 18 months.</p> <p>This is a new activity to place 4 midwifery lecturers in the newly renovated Serowe Institute of Health Sciences. Currently the institute admits only 20 student midwives. Placing 4 additional lectures in the program for 18 months will allow a doubling of the output of midwives at the institution at the internationally accepted ratio of 1 lecturer to five students (1:5).</p> <p>Human Resources for Health: The entire cost of this activity, minus management fees, is directly related to pre-service education of new Health care professionals. This activity will support salaries for additional faculty to enable the doubling of the current class size at the Serowe institution.</p>			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11591	Mechanism Name: GPO-A-00-05-00014 -- HWW
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Olive Leaf Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

Masiela Trust		
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Overview Narrative

The Olive Leaf Foundation ANCHOR program's overarching goal is to improve the quality of life of orphans and vulnerable children (OVC) in sub Saharan Africa. ANCHOR seeks to achieve this goal through 3 strategic objectives that focus on:

1. Increasing care and support services to OVC.
2. Strengthening the capacity of families to cope with their problems.
3. Mobilizing and strengthening community based responses.

The ANCHOR program has a linkage with the Partnership Framework goal 4 – "To provide comprehensive and quality treatment, care and support services to people infected and affected by HIV". This goal is connected to the ANCHOR program's strategic objective 1 of "Increasing care and support services to OVC". Work has been done to meet this objective which includes establishing a teen club, provision of HIV prevention and life skill training to OVC and having kid's club activities in over 28 sites.

The program has established 28 sites in the Molepolole area. These include 15 primary schools, 3 junior secondary schools, 7 kid's clubs and 3 day care centres.

Their activities are being funded through the pipeline, they do not require additional funding this year.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Child Survival Activities



Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11592	Mechanism Name: 674-A-00-07-00003-00 -- Capacity Project
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(SAHCD)	Southern Africa Human Capacity Development Coalition	
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Overview Narrative

Overall Goals and HIV-Specific Objectives: The Southern Africa Human Capacity Development (SAHCD) Coalition is an Associate Cooperative Agreement issued by USAID. SAHCD is implemented through a partnership among IntraHealth International (the Lead Partner), Management Sciences for Health (MSH), the Foundation for Professional Development (FPD), the Council of Health Service Accreditation of Southern Africa (COHSASA), and the Eastern, Central and Southern African Health Community (ECSA). This project serves as a mechanism for implementing a regional human capacity building program to improve the quality of HIV/AIDS service delivery and client care.

In Botswana, SAHCD's goal is to strengthen the MOH and MOLG human resources for health and implement the customer care strategy. In order to reach this goal SAHCD will provide support for Human Resource Systems Strengthening in Botswana in two principle areas; improved quality of care through the



design and implementation of integrated quality improvement, results-oriented leadership, and management skills development and ; strengthening the capacity of the Human Resource Management Information System (HRMIS) of the Ministry of Health (MOH) for production of quality data that will enhance decision-making (i.e., Data Driven Decision-Making) for HR planning, recruitment, deployment, retention of health worker.

Target Populations and Geographic Coverage: The primary focus of SAHCD's program in Botswana is on HRH and Health Systems Strengthening and is designed to be implemented at all levels within the health system i.e. national, regional and facility level. The LPD/QA program plans to expand to 7 district hospitals and 14 clinics during FY10, the target population being the population from the catchment area of these facilities. HRIS activities will expand to 2 regions. The specific regions will be further identified in collaboration with the appropriate ministries. In FY11 SAHCD will also further institutionalize program activities within the MOH, MLG and Councils with the aim of reducing costs and inputs from SAHCD and moving more toward mentorship, targeted technical assistance and supportive supervision.

Leveraging Resources: SAHCD leverage resources from coalition partners in assuring the highest level of technical expertise is provided. Partner organizations such as MSH, COHSASA, ECSA, and FPD in addition to providing contracted inputs, contribute significantly to program quality and effectiveness as they bring a wealth of knowledge and experience in all facets of program implementation. SAHCD leverages this expertise through various mechanisms such as partner meetings, sharing of reports, information and tapping into targeted technical assistance when required.

Cross-Cutting Programs: The LDP/QA component will address HRH strengthening across all departments within the targeted facilities. Managers will be provided with the tools and support necessary to improve the delivery and quality of HIV/AIDS services through human capacity development. The HRIS component will also contribute to HRH strengthening in providing policy makers and management staff with the required data/information and tools that will generate reports required by management for effective decision making.

Enhancing Sustainability: Improving the capacity of local institutions in delivering quality HIV/AIDS services is the overall goal of the program. SAHCD recognizes that capacity building is an ongoing process and that local institutions need to be equipped with the necessary skills and tools to continue the process after program completion. With this in mind, the LDP/QA program will develop the capacity of IDM Botswana with the needed skills to continue and scale up future LDP/QA projects. In addition to this MOH staff participants will also receive training to continue LDP/QA training within the ministry. For the HRIS, senior level management within the participating institutions will be provided with the tools and skills to enable them to maintain the required data bases. The Data for Decision Making training –



workshops and mentorship- will assure that data is used and not just stored. The Stakeholder Leadership Group will increasingly be given greater and greater responsibility for champion and maintaining momentum.

Monitoring and Evaluation: The SAHCD Coalition has a comprehensive Performance Monitoring Plan (based on PEPFAR indicators but also has custom-designed indicators), which tracks and monitors all activities implemented by SAHCD. The SAHCD Regional M & E Advisor has proactively started reviewing the PMP custom indicators to address anticipated changes in programming and to respond to the upcoming new generation indicators. He is also responsible for reporting, data collection, processing and storage of information. The indicators included in the activity narrative (see indicator table) are illustrative and highlight the often complex challenges faced in developing a Performance Monitoring Plan to measure changes expected from HRH and HSS implementation. The coalition has designed its core indicators to measure implementation around QA/LDP and HRIS. The web based COHSASA Quality Information System (CoQIs) is incorporated into the coalition monitoring system to provide QA data on participating facilities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11594	Mechanism Name: CoAg
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement



Prime Partner Name: New York AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Background

This project was initially planned to be implemented by the Ministry of Local Government. Given the role of Ministry of Health in formulating health related policies and its important role in the care and management of HIV/AIDS, a decision was made to move this activity under the Ministry of Health. The HIVQUAL program in Botswana is now executed under the leadership of MOH and in close collaboration with MLG as partner and 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 MOH.

Strategy and Sustainability

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.

Project Outcome

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.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11708	Mechanism Name: HHS/CDC - Local - GAP - CDC
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Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

2009 Achievements

This activity supported the recently concluded HHS/CDC/BOTUSA clinical trial on IPT. The findings were presented at a special session at the Annual Global Conference of the International Union Against Tuberculosis and Lung Disease (IUATLD) held in Cancun, Mexico.

2010 Plans

This activity will require \$500,000 to fund a public health evaluation (PHE) by HHS/CDC/BOTUSA and the University of Botswana School of Medicine (UBSOM) to evaluate enhanced tuberculosis case-management to reduce mortality and morbidity among persons with advanced HIV infection presenting for HIV care in sub-Saharan African countries. In many African countries, patients with advanced HIV infection who are assessed for antiretroviral therapy (ART) and those in the first months of ART have a high risk of dying. Thereafter, their mortality is similar to that of patients in other parts of the world. The reasons for this higher mortality are not clear, but it is hypothesized that it is due to tuberculosis (TB), which is one of the leading cause of death among persons living with HIV (PLWHA) in Africa. In Botswana, which has one of the highest rates of TB in the world at 600 cases/100,000 over 80% of incident TB cases are also HIV positive. This study will assess whether enhanced TB diagnosis leading to earlier initiation of TB therapy will reduce deaths and hospitalization in this population.

Objectives of PHE

To evaluate the efficacy of enhanced TB case-finding to reduce six-month mortality and morbidity among patients with advanced HIV disease presenting for care at HIV clinics. The intervention consists of a TB



case manager to assure comprehensive TB screening and enhanced laboratory testing (fluorescence microscopy, liquid-media mycobacterial culture and molecular line-probe assay).

Site Specific Details

Botswana will contribute 10 sites, randomized to receive standard of care or TB case manager to the study and represent the 5th country to join the multi-country protocol and the only southern African country. The study will be implemented and coordinated by the TB-HIV Research Division of BOTUSA (PI - Dr. James Shepherd) in collaboration with the Department of Medicine, University of Botswana School of Medicine (Co PI- Dr. Sandro Vento). The School of Medicine is brand new and has limited capacity for operational research at the current time so that the personnel, study management, data management and other study functions will be carried out by the TB-HIV Research Division of BOTUSA with UBSOM faculty, scientists and students as partners to build their capacity to develop operational research programs in the future.

Operations Costs

In order to implement the aforementioned activities, some funding may be utilized for operational costs.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000
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Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Military Population
- Mobile Population
- TB
- Workplace Programs

Budget Code Information

Mechanism ID: 11708



Mechanism Name: HHS/CDC - Local - GAP - CDC		Prime Partner Name: HHS/Centers for Disease Control & Prevention	
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	500,000	

Narrative:

10.C.TB08: HHS/CDC/Botswana TB section support - 500,000.00

2009 Achievements

This activity supported the recently concluded HHS/CDC/BOTUSA clinical trial on IPT. The findings were presented at a special session at the Annual Global Conference of the International Union Against Tuberculosis and Lung Disease (IUATLD) held in Cancun, Mexico.

2010 Plans.

This activity will require \$250,000 to fund a public health evaluation (PHE) by HHS/CDC/BOTUSA and the University of Botswana School of Medicine (UBSOM) to evaluate enhanced tuberculosis case-management to reduce mortality and morbidity among persons with advanced HIV infection presenting for HIV care in sub-Saharan African countries. In many African countries, patients with advanced HIV infection who are assessed for antiretroviral therapy (ART) and those in the first months of ART have a high risk of dying. Thereafter, their mortality is similar to that of patients in other parts of the world. The reasons for this higher mortality are not clear, but it is hypothesized that it is due to tuberculosis (TB), which is one of the leading cause of death among persons living with HIV (PLWHA) in Africa. In Botswana, which has one of the highest rates of TB in the world at 600 cases/100,000 over 80% of incident TB cases are also HIV positive. This study will assess whether enhanced TB diagnosis leading to earlier initiation of TB therapy will reduce deaths and hospitalization in this population.

Objectives of PHE

To evaluate the efficacy of enhanced TB case-finding to reduce six-month mortality and morbidity among patients with advanced HIV disease presenting for care at HIV clinics. The intervention consists of a TB case manager to assure comprehensive TB screening and enhanced laboratory testing (fluorescence microscopy, liquid-media mycobacterial culture and molecular line-probe assay).

Site Specific Details

Botswana will contribute 10 sites, randomized to receive standard of care or TB case manager to the study and represent the 5th country to join the multi-country protocol and the only southern African country. The study will be implemented and coordinated by the TB-HIV Research Division of BOTUSA (PI - Dr. James Shepherd) in collaboration with the Department of Medicine, University of Botswana School of Medicine (Co PI- Dr. Sandro Vento). The School of Medicine is brand new and has limited capacity for operational research at the current time so that the personnel, study management, data

management and other study functions will be carried out by the TB-HIV Research Division of BOTUSA with UBSOM faculty, scientists and students as partners to build their capacity to develop operational research programs in the future.

10.C.TB90: Technical expertise & support PC/TB - 150,000.00

FY10 funds will be requested to support the salary of one FSN and one contractor, and travel costs of the FSN for site visits and attendance at regional and international meetings. Funds will also be requested to support the printing of national TB/HIV guidelines and IEC materials, to support the maintenance and development of the electronic TB register (ETR.Net), to pilot mobile telephony technology for TB data transmission, and to procure one laptop and a printer for use by TB/HIV program officers. Contingency funds will be requested for anticipated requests for emergency IC measures (e.g., ultraviolet light fittings, fans, respirators) in the MDR-TB sites and in selected Infectious Disease Care Clinics (IDCCs).

FY10 funds will be requested to provide TA from CDC Atlanta for the following activities: to assess treatment outcomes among TB patients with INH mono-resistance; a pilot project to intensify TB case finding in health facilities in Francistown; an intervention project on TB infection control in the national prison network; and a project to assess transmission in outpatient care settings that serve persons with HIV-infection and evaluate measures to reduce TB transmission in these outpatient care settings

10.C.TB91: Technical expertise & support PC/TB - 262,649.00

FY10 funds will be requested to support the salary of one FSN and one contractor, and travel costs of the FSN for site visits and attendance at regional and international meetings. Funds will also be requested to support the printing of national TB/HIV guidelines and IEC materials, to support the maintenance and development of the electronic TB register (ETR.Net), to pilot mobile telephony technology for TB data transmission, and to procure one laptop and a printer for use by TB/HIV program officers. Contingency funds will be requested for anticipated requests for emergency IC measures (e.g., ultraviolet light fittings, fans, respirators) in the MDR-TB sites and in selected Infectious Disease Care Clinics (IDCCs).

FY10 funds will be requested to provide TA from CDC Atlanta for the following activities: to assess treatment outcomes among TB patients with INH mono-resistance; a pilot project to intensify TB case finding in health facilities in Francistown; an intervention project on TB infection control in the national prison network; and a project to assess transmission in outpatient care settings that serve persons with HIV-infection and evaluate measures to reduce TB transmission in these outpatient care settings

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 11995	Mechanism Name: USAID - Local - GHCS State - TBD - Follow-on to Intrah/SAHCD for Human Capacity Development Assistance
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Overall Goals and HIV-Specific Objectives: This follow-on project will serve as a mechanism for implementing a regional human capacity building program to improve the quality of HIV/AIDS service delivery and client care.

In Botswana the goal will be to strengthen the MOH and MOLG human resources for health and implement the customer care strategy. In order to reach this goal support will be provided for Human Resource Systems Strengthening in Botswana in two principle areas; improved quality of care through the design and implementation of integrated quality improvement, results-oriented leadership, and management skills development and ; strengthening the capacity of the Human Resource Management Information System (HRMIS) of the Ministry of Health (MOH) for production of quality data that will enhance decision-making (i.e., Data Driven Decision-Making) for HR planning, recruitment, deployment, retention of health worker.

Target Populations and Geographic Coverage: The primary focus of the program in Botswana is on HRH and Health Systems Strengthening and is designed to be implemented at all levels within the health system i.e. national, regional and facility level. The LPD/QA program plans to expand to district hospitals and clinics during FY10, the target population being the population from the catchment area of these facilities. HRIS activities will expand to 2 regions. The specific regions will be further identified in collaboration with the appropriate ministries. In FY11 program activities will be further institutionalized



within the MOH, MLG and Councils with the aim of reducing costs and inputs and moving more toward mentorship, targeted technical assistance and supportive supervision.

Leveraging Resources: In addition to providing contracted inputs, leveraged resources from coalition partners in assuring the highest level of technical expertise is provided will contribute significantly to program quality and effectiveness as they bring a wealth of knowledge and experience in all facets of program implementation.

Cross-Cutting Programs: The Leadership Development Program/Quality Assurance (LDP/QA) component will address HRH strengthening across all departments within the targeted facilities. Managers will be provided with the tools and support necessary to improve the delivery and quality of HIV/AIDS services through human capacity development. The Human Resources Information System (HRIS) component will also contribute to Human Resources for Health (HRH) strengthening in providing policy makers and management staff with the required data/information and tools that will generate reports required by management for effective decision making.

Enhancing Sustainability: Improving the capacity of local institutions in delivering quality HIV/AIDS services is the overall goal of the program. Capacity building is an ongoing process and local institutions need to be equipped with the necessary skills and tools to continue the process after program completion. With this in mind, the LDP/QA program will develop the capacity of IDM Botswana with the needed skills to continue and scale up future LDP/QA projects. In addition to this MOH staff participants will also receive training to continue LDP/QA training within the ministry. For the HRIS, senior level management within the participating institutions will be provided with the tools and skills to enable them to maintain the required data bases. The Data for Decision Making training – workshops and mentorship- will assure that data is used and not just stored. A Stakeholder Leadership Group will increasingly be given greater and greater responsibility for champion and maintaining momentum.

Monitoring and Evaluation: The comprehensive Performance Monitoring Plan (based on PEPFAR indicators and custom-designed indicators), which tracks and monitors all activities implemented by the program needs to be built upon. The core indicators will need to measure implementation around LDP/QA and HRIS. The web based Quality Information System (CoQIs), incorporated into the existing monitoring system to provide QA data on participating facilities, will need to be continued.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11995		
Mechanism Name:	USAID - Local - GHCS State - TBD - Follow-on to Intrah/SAHCD for		
Prime Partner Name:	Human Capacity Development Assistance		
	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

Activity 1: Leadership and Management Development for Quality Improvement of Health Services

The Prime Partner will provide quality improvement training and monitoring visits to selected facilities. A central aim will be to ensure developed local management capacity at both national and facility level. At the facility level, this will be achieved by supporting the inter- and intra-departmental quality improvement teams as they facilitate quality improvement activities and develop guidelines and procedures, working towards achieving substantial compliance with standards.

Building on the activities from 2009, the LDP/QA program will be expanded to empower more cohorts from the MOH/MOLG and the facilities. For LDP the expansion will be to facilities beyond the 7 that were part of the pilot. For QA the process will involve continued support for the 6 facilities that are in the program and an additional 21 facilities (7 Hospitals and 14 clinics).

Main Activities

- To continue to empower the leadership within the 7 health facilities (2 Hospitals and 5 Clinics) for better health service delivery through the combined LDP-QA program.
- To involve 7 Hospitals and 14 Clinics in the QA program to ensure better health service delivery.
- To identify participants from these 7 Hospitals and 14 Clinics for training in LDP. These participants will use data gathered through the baselines performed through the baseline surveys to identify projects for LDP.
- To continue to empower the leadership within the MOH and MOLG. For LDP, this will be through

identifying 5 groups within MOH and 5 groups within MOLG. These groups will be program specific (e.g. a group from Pharmacy, Laboratory, Performance improvement, e.t.c.). This will enable the groups to identify challenges within their work environment for use in the projects. For QA this will be through empowering the program (Health Inspectorate, Performance Improvement, e.t.c.) to conduct supportive supervision visits for purposes of ensuring quality service delivery.

Activity 2: Strengthening the Human Resource Information System (HRIS)

To date, technical assistance has been provided to adapt the iHRIS software and for salary, infrastructure support and equipment in establishing iHRIS in the MOH. Assistance has also been extended to the Botswana Nursing and Midwifery Council and the Health Professions Council. In COP 2010, this support will continue in addition to further expanding its scope to include the Ministry of Local Government and the Faculty of Health Sciences.

Ministry of Local Government

- Develop and refine tools, data collection forms and provide support data entry into the new computerized system.
- Conduct an Audit and Validation Study for data quality improvement
- Train MLG HR Management, ICT Department , DPPME and clinical services staff in use of HRIS
- Conduct DDDM workshops

Ministry of Health

- Support decentralization of iHRIS to the regions
- Implement iHRIS Plan in the MOH
- Implement iHRIS Qualify in the Faculty of Health Sciences
- Build a transactional portal for the autonomous Botswana Health Professional Council and the Botswana Nursing and Midwifery Council
- Integrate HRIS and the HPC and NMCB and the TIMS systems

To ensure sustainability the Partner will continue to strengthen the functioning of the Stakeholder Leadership Group in championing the use of quality data for decision making.

The Prime Partner will provide one program coordinator to support project implementation and follow-up with the MOH and MLG. Targeted short-term technical assistance for HRIS will be provided as needed.

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 11996	Mechanism Name: USAID - HQ - GHCS (State) - TBD Follow-on to Tuberculosis Control Assistance Program (TB CAP)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Funding will be requested to continue the support previously provided by TB CAP through a TBD organization that will operate in Botswana in partnership with the USG agencies and the PEPFAR-supported implementing partners, the World Health Organization (WHO) and the African Comprehensive HIV/AIDS Partnership (ACHAP). The TBD organization will support TB and TB/HIV work with technical assistance for capacity building and improved management of the laboratory and the Botswana National TB Program (BNTP).

Given the operational challenges faced by the BNTP, the TBD organization assistance will remain strategically important to provide support for the strengthening of the laboratory services for TB control, as well as the program management of patients dually infected with TB/HIV, with or without drug resistant tuberculosis. The TBD organization will continue to support, in partnership with the MOH, the development of the National TB Reference Laboratory (NTRL) into a well-functioning laboratory, fully equipped and capable of performing the roles and responsibilities needed for supporting excellent clinical management of drug susceptible and drug-resistant TB, routine drug resistance surveillance, and quality assurance of the sputum-smear microscopy network. The TDB organization will support three long-term advisors to the Ministry of Health at national level: one senior laboratory advisor, one laboratory External Quality Assurance advisor, and one TB/HIV advisor.

Personal annual work plans will be developed and in-service training conducted, as required. The TBD organization will provide regular support from a distance by e-mail and telephone consultations. Three



country field visits per year will be conducted during the project period in support of staff and general technical activities, according to pre-agreed TORs with the MOH and USAID. Reporting on progress and activities will be quarterly. Annual performance evaluations with employees and beneficiaries will be conducted.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	11996		
Mechanism Name:	USAID - HQ - GHCS (State) - TBD Follow-on to Tuberculosis Control		
Prime Partner Name:	Assistance Program (TB CAP)		
	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
Narrative:			
10.C.TB19: TBD follow-on TB CAP - Redacted			
FY10 funds will be requested to support the salaries of one FSN and one contractor, and the travel costs of the FSN for site visits and attendance at regional and international meetings. Funds will also be requested to support the printing of the national TB/HIV guidelines and IEC materials, the maintenance and development of the electronic TB register (ETR.Net), the pilot project on mobile telephone technology for TB data transmission, and the procurement of one laptop and printer for use by TB/HIV program officers. Contingency funds will be requested for anticipated requests for emergency IC measures, e.g., ultraviolet light fittings, fans, and respirators in the MDR-TB sites and in selected Infectious Disease Care Clinics (IDCCs).			



FY10 funds will be requested to provide TA from CDC Atlanta for the following activities: the assessment of treatment outcomes among TB patients with INH mono-resistance; a pilot project to intensify TB case finding in the health facilities in Francistown; an intervention project on TB infection control in the national prison network; and a project to assess the transmission of TB in outpatient care settings that serve persons with HIV-infection and evaluate measures to reduce TB transmission in these outpatient care settings.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11997	Mechanism Name: USAID - HQ - GHCS (State) - Abt Associates, Inc., Health Systems 20/20 (GHS-A-00-06-00010)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	Funding Amount
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

This will be a new partner in Botswana.

Overall Goals and Objectives: The Health Systems 20/20 (HS 20/20) project is a Leader with Associates Cooperative Agreement awarded by USAID for the period September 30, 2006 to September 29, 2011, with a total potential value of \$125,000,000. The HS 0/20 cooperative agreement helps USAID-supported countries address health system barriers to the use of life-saving priority health services. The goal of HS



20/20 is to strengthen health systems through integrated approaches to improving financing, governance, and operations, and building sustainable capacity of local institutions. The project's results framework calls for improvements in these areas primarily Sub-Saharan Africa, while also working in Latin America, South and East Asia, as well as the Middle East and North Africa.

The project team brings together an exceptional pool of professionals with depth and experience in the project's intermediate results areas plus significant field presence and experience to link health system improvements to increased service access and use. Abt Associates Inc., the prime recipient, is joined by the Aga Khan Foundation USA, Deloitte Consulting, LLP, Bitrán y Asociados (Chile), BRAC University (Bangladesh), Broad Branch Associates, Forum One Communications, RTI International, Training Resources Group, Inc. (TRG), and Tulane University's School of Public Health.

The HS 20/20 project shares the vision of the Office of the Global AIDS Coordinator (OGAC) and USAID to harness political will and resources across the public and private health sectors to build innovative, replicable, quality, and sustainable HIV/AIDS services as well as to build requisite support systems for laboratory and HIS. The PEPFAR I initiative has produced significant results in prevention, treatment, care and support of HIV/AIDS services in the focus countries in a relatively short period. PEPFAR II will increasingly focus on Health Systems Strengthening and the sustainability and integration of the USG program into the national program.

HS 20/20 will provide technical assistance to the Government of Botswana and its development partners in the area of health system strengthening by applying the National Health Accounts (NHA) tool to clarify expenditures and resource allocations. We will make our activities in the country more cost-effective over time by involving local and regional consultants and experts, and investing in Ministry capacity building. HS 20/20 will work to incorporate partnerships in their activities. As each activity continues the process of cost sharing, program coverage and depth will increase at lower costs.

Target Population and Geographic Coverage: The target population will be primarily the Department of Policy, Planning, Monitoring and Evaluation (DPPME) in the Ministry of Health headquarters.

Cross-cutting Areas: Abt Associates will focus on building the capacity of headquarters staff (human resources for health) in DPPME to undertake National Health Accounts.

Enhancing Sustainability: The project will be designed to build capacity within the country such that



NHAs can be undertaken in future without outside technical assistance.

Monitoring and Evaluation: At its onset, HS 20/20 drafted a set of program indicators to benchmark its performance. We will apply them to each of the activities proposed for Botswana in order to both monitor and evaluate performance and create opportunities for learning.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	350,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	11997		
Mechanism Name:	USAID - HQ - GHCS (State) - Abt Associates, Inc., Health Systems 20/20		
Prime Partner Name:	(GHS-A-00-06-00010)		
Prime Partner Name:	Abt Associates		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	700,000	

Narrative:

National Health Accounts are a powerful tool used to improve the capacity of decision makers to identify health sector problems and opportunities for change and to develop and monitor reform strategies. National Health Accounts (NHA) measures total public (all relevant sectors), private (including households, enterprises, NGOs) and donor health expenditures.

Technological advances, demographic transitions, rapid changing patterns of morbidity and mortality, and the emergence of public health problems such as HIV/AIDS, all call for a more efficient use of resources; therefore the need to conduct an NHA study is vital to depict the current use of resources in the health system, an essential element in health care monitoring and evaluation. Botswana conducted its first NHA in 2006.

The Ministry of Health is striving to cultivate an evidence-based decision-making culture in the health sector that will create demand for health information. The vision is for health systems managers (public and private) at various levels to be responsible for generating evidence and information (including NHA) for use in decision-making and planning.

The MOH would like to institutionalize NHA that would be undertaken on a regular and sustained basis. Institutionalization is an ongoing process in which NHA activities, structures, and values become an integral and sustainable part of the government operations. With institutionalization, a department or a unit is designated to oversee the collection, analysis, and reporting of health expenditure data in a routine and systematic fashion. MOH would integrate the NHA data collection within the national health information management systems. There will be a need to strengthen the capacity of the unit responsible for undertaking NHA.

The last NHA report was published in 2006 with the data for the years 2000/2001, 2001/2002, and 2002/2003. This proposal is to conduct a NHA in 2010 which would cover data for the financial years 2007/2008, 2008/2009 & 2009/2010. It will be necessary to strengthen the existing set of data collection instruments for use among sources, financing agents, health care providers (including functions and inputs) and critically important to ensure that all relevant data (e.g. expenditures from all sources, flow of resources from sources to: financing agents, providers of health services, public health functions, and inputs), some of which was missed in the first NHA exercise, is collected.

An outside technical assistance provider will be engaged to assist in developing NHA tools (questionnaires) and the quality control of data collection, analysis and report writing. Officials of the Ministry of Health, Ministry of Local Government and other stakeholders will be capacitated during the process to enable them to undertake NHA in future.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11998	Mechanism Name: USAID - HQ - GHCS (State) - Univeristy of North Carolina, MEASURE Evaluation (GPO-A-00-03-00003)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 40,000	
Funding Source	Funding Amount
GHCS (State)	40,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The implementation of PEPFAR-Botswana's numerous HIV and AIDS interventions coupled with expansion of resources by both Government and the Donors has led to a marked increase in the amount of health-related data being generated nationwide. The systematic collection, analysis, dissemination and use of the data on the National response to HIV and AIDS are critical to ensure appropriate planning, policy formulation and resource allocation. Data quality is a key component in ensuring that the appropriate conclusions are drawn from the data captured at the facility level and transferred to national level.

Data quality basically means that the information collected as part of a program accurately represents its measurable activities. The information must be accurate and reliable, accurate in the sense that it measures what we intend to measure and reliable in that it has been collected and measured in the same way each programs across time, i.e., over all of the reporting periods.

More specifically, a program's information system adequately represents a program's activities if, along with accuracy and reliability, the data have qualities of completeness, precision, timeliness, and integrity. USAID working with other agencies, CDC, DOD and Peace Corps is planning on strengthening the interagency efforts to achieve quality data from all USG partners.

The major goals of the DQA project are:

To contextualize a standard DQA tool selected by PEPFAR-BW to the Botswana setting.

To conduct DQA on 8 partners selected by PEPFAR-BW

To produce a report of the DQA that has recommendations for improved DQAs as well as how to incorporate DQA results into planning and program management

Disseminate the findings of the report and suggest follow up strategies.



Objectives:

1. To conduct data quality assessment amongst USG-implementing partners in order to inform program performance
2. To strengthen partner capacity in institutionalizing regular, reliable reporting on data within their M & E systems
3. To institutionalize DQA procedures within PEPFAR-Botswana

Project site:

8 partners' programs (4 USAID, 4 CDC) selected by PEPFAR-Botswana

Key activities;

Conduct a workshop on how to conduct DQA for implementing partners
Contextualize/adapt a standard DQA tool selected by PEPFAR-Botswana to the Botswana setting with the assistance of a Consultant from Measure Evaluation
Piloting the developed tool and conduct the DQA on the eight selected partners' programs.
Production of a report on the findings of the DQA and set recommendations and follow up mechanisms.
Disseminate the DQA report to the PEPFAR-Botswana team

This project is in line with the Partnership Framework goal 3, "To strengthen Strategic Information management of the National Response to enhance evidence based planning."

It will assist to build the capacity of all USG PEPFAR M & E to carryover the activity and achieve quality data from USG partners through leveraging M & E resources within USG agencies. This will enhance synergy and good quality data. Through this activity done jointly, sustainability will also be enhanced as the Botswana PEPFAR SI Team members are all trained.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000
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Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	11998		
Mechanism Name:	USAID - HQ - GHCS (State) - Univeristy of North Carolina, MEASURE		
Prime Partner Name:	Evaluation (GPO-A-00-03-00003)		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	40,000	

Narrative:

MEASURE Evaluation will be requested to conduct capacity building for data quality assurance and auditing for PEPFAR program level output indicators in Botswana.

MEASURE Evaluation will provide a consultant/technical advisor to:

1. Conduct training on data quality auditing/assessment
2. Coordinate a data quality assessment for priority indicators at selected Implementing Partners (IP), and
3. Assist in the integration of data quality assurance into routine program monitoring through the creation of Program and IP-specific data quality work plans.

Main activities will be:

1. Training of auditors in DQA methodology and tools
2. Data Quality Audit
3. USG Data Quality Work Plan

The deliverables will include; Training Report, Audit Report and DQA Work Plan.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11999	Mechanism Name: USAID - HQ - GHCS (State) -
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	Central Contraceptive Procurement (CCP) Condoms (936-2057)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: US Agency for International Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 550,000	
Funding Source	Funding Amount
GHCS (State)	550,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Due to documented stock-outs and inconsistent availability of condoms, these funds will be used to procure and ship condoms to Botswana to support the Government of Botswana and NGOs in their prevention activities.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

- Military Population
- Mobile Population
- Workplace Programs
- Family Planning

Budget Code Information



Mechanism ID:	11999		
Mechanism Name:	USAID - HQ - GHCS (State) - Central Contraceptive Procurement (CCP)		
Prime Partner Name:	Condoms (936-2057) US Agency for International Development		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	550,000	

Narrative:
 10.P.OP25: CCP - Condom Procurement - \$550,000
 Due to documented stock-outs and inconsistent availability of condoms, these funds will be used to procure and ship condoms to Botswana to support the Government of Botswana and NGOs in their prevention activities.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12000	Mechanism Name: USAID - Local - GHCS (State) - TBD 11 - OVC/Gender
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The main goal of the OVC and Gender project is to bring more focus on women and children on issues of



HIV and AIDS prevention, care and support. Specifically the project aims to:

- Increase women and children's legal rights and protection
- Increase gender equity in HIV and AIDS activities and services
- Address male norms and behaviors
- Increase women's access to income and productive resources
- Increase OVC's access to services that promote early childhood development and income and productive resources

The current OVC projects, four (4) of which are coming to an end, are in place to fill existing gaps in the government program and they cover a wide range of services including but not limited to:

- Psychosocial support
- Early childhood development mainly by facilitating access to pre-school
- Adherence counseling
- Training of care givers

All these services are provided in order to ensure that OVC have access to a wide range of HIV/AIDS related services for prevention, care and support. However, one of the missing pieces is the issue of gender focus. The new project will be developed to both strengthen the existing OVC projects by including gender in their programming as well as establish new partners that already have gender as an area of focus. For a long time, HIV and AIDS prevalence rates in Botswana have shown that more women than men are infected/affected thereby making it important to not only focus on HIV and AIDS but on other factors that contribute to the problem such as gender.



The Partnership Framework requires gender to be mainstreamed in all HIV and AIDS programs hence this program has a strong link with the framework. In addition, gender is an area of emphasis during PEPFAR II because women and children have been impacted by HIV and AIDS in a unique way. For women, this has been exacerbated by their role within society and their biological vulnerability to HIV infection. The project will work to educate the girl-child on the challenges facing women as well as empower her with the skills necessary to deal with all forms of gender based abuse that may be directed at her. Additionally, the project will focus on the boy-child to empower him to appreciate and respect women as well as treat them as equals with the aim of addressing gender based violence.

Through this program, non-governmental organizations will be provided with grants to provide direct service to OVC and women. Additionally, in-service and pre-service training on issues of gender will be provided to service providers to enable them to deliver quality and effective services.

Since the project is still to be designed, the geographic coverage is not yet known but it is anticipated that it will cover most areas in Botswana.

Cross-Cutting Budget Attribution(s)

Economic Strengthening	Redacted
Education	Redacted
Food and Nutrition: Policy, Tools, and Service Delivery	Redacted
Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Child Survival Activities
- Safe Motherhood
- TB



Family Planning

Budget Code Information

Mechanism ID: 12000			
Mechanism Name: USAID - Local - GHCS (State) - TBD 11 - OVC/Gender			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
<p>10.C.OV13: New OVC Gender Project - Redacted</p> <p>The main goal of the OVC and Gender project is to bring more focus on women and children on issues of HIV and AIDS prevention, care and support. This is because women and children have been impacted by HIV and AIDS in a unique way. For women, this has been exacerbated by their role within society and their biological vulnerability to HIV infection. The project aims to empower children to grow up being aware of the challenges facing women and how to address these to prevent them from experiencing similar issues when they are adults. The project will also address issues of child-headed households and sexual abuse.</p> <p>The Partnership Framework requires the mainstreaming of gender in all HIV and AIDS programs hence this program has a strong link with the framework. In addition, gender is an area of emphasis during PEPFAR II.</p> <p>Since the project is still to be designed, the geographic coverage is not yet known but it is anticipated that it will cover most areas in Botswana.</p> <p>The current projects, four (4) of which are coming to an end, are in place to fill existing gaps in the government program and they cover a wide range of services including but not limited to:</p>			

- Psychosocial support
- Early childhood development mainly by facilitating access to pre-school
- Adherence counseling
- Training of care givers

All these services are provided in order to ensure that OVC have access to a wide range of HIV/AIDS related services for prevention, care and support. The new project will be developed to both strengthen the existing OVC projects by including gender in their programming as well as establish new partners that already have gender as an area of focus.

10.C.OV16: New OVC Gender Project PPP Component - Redacted

The main goal of the OVC and Gender project is to bring more focus on women and children on issues of HIV and AIDS prevention, care and support. This is because women and children have been impacted by HIV and AIDS in a unique way. For women, this has been exacerbated by their role within society and their biological vulnerability to HIV infection. The project aims to empower children to grow up being aware of the challenges facing women and how to address these to prevent them from experiencing similar issues when they are adults. The project will also address issues of child-headed households and sexual abuse.

The Partnership Framework requires the mainstreaming of gender in all HIV and AIDS programs hence this program has a strong link with the framework. In addition, gender is an area of emphasis during PEPFAR II. Additionally one of the key governing principles of the partnership framework is to promote public-private partnerships in order to enhance sustainability and additional resources.

Since the project is still to be designed, the geographic coverage is not yet known but it is anticipated that it will cover most areas in Botswana.

The current projects, four (4) of which are coming to an end, are in place to fill existing gaps in the government program and they cover a wide range of services including but not limited to:

- Psychosocial support
- Early childhood development mainly by facilitating access to pre-school



- Adherence counseling
 - Training of care givers
- All these services are provided in order to ensure that OVC have access to a wide range of HIV/AIDS related services for prevention, care and support. In addition all these programs are implemented by either government, non-governmental organizations, community based organizations or faith based organizations. None are implemented with input from the private sector hence the objective of this project is to promote public private partnership in OVC and gender programming. The involvement of the private sector will hopefully encourage this sector to contribute more to the development or upbringing of the orphaned and vulnerable children in Botswana.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12001	Mechanism Name: USAID - HQ - GHCS (State) - BORNUS Palliative Care and Support for PLWHIV and OVC (NPI) (GHO-A-00-09-00013-00)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Botswana Retired Nurses Society	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No
Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Goals and Objectives:

BORNUS exists to relieve the burden of care on individuals, families and communities and health facilities through provision of comprehensive quality health care and support for people living with HIV/AIDS,



orphans and those with chronic and terminal illnesses.

Linkage to Partnership Framework goals:

The activities of the BORNUS program link very well with the Partnership Framework Goal 4.

Geographic coverage and target population:

Based in Tlokweng, BORNUS provides covers 10-16 areas within Tlokweng as well as implementing the relevant programs in Kanye and Mochudi villages.

Implementing mechanism's cross-cutting programs and key issues:

BORNUS focuses on two areas:

- Adult palliative care
- Orphans and Vulnerable Children

Activities Narrative (Adults)

BORNUS has expanded and up-scaled Home Based Care services to the villages of Kanye and Mochudi, which both have HIV prevalence rates above 24%. Two rapid assessments for Kanye and Mochudi villages began on the 3rd August 2009 simultaneously and data collection was completed on the 14th August 2009. It is hoped that the information generated from these assessments will enable BORNUS to provide relevant care and support services to PLWHA and their families based on the identified needs. The reports have been finalized and dissemination of results to community leadership and the relevant stakeholders will be done during the 3rd week of January 2010 in Kanye.

BORNUS continues to conduct community mobilization campaigns in the three villages through kgotla and community meetings, while on the other side volunteers intensify the door to door home visits, to identify and register individuals needing HIV adult care and support services. Despite not managing to expand Tlokweng operational areas to 5 farm areas as indicated in the 2009 financial work plan, the



original six (6) areas were expanded to sixteen (16) areas given the number of CHBC volunteers that were recruited which raised their number from six volunteers to 10 volunteers. Kanye and Mochudi villages each have five (5) volunteers. The volunteers continue to work under the direct supervision of nurse counselors who assess the clients to determine their needs and eligibility for registration and treatment. Programme implementation derives its strength from experienced and qualified Nurse Counselors and Social Workers.

Kanye and Morwa each have two Nurse Counselors and a Social Worker. The Nurse Counselors conduct clinical assessment to determine the needs and refer to relevant programs e.g. Prevention of Mother to Child Transmission of HIV (PMTCT) and voluntary counseling and testing and others. On the other side the Social Workers conduct assessment to determine the psycho-social needs of clients and refer to the relevant programs for Psychosocial support. All the three villages have vehicles which enable field officers to conduct home visits.

The provision of integrated services through the Family Care Model remains the best practice that BORNUS prides itself with and it is an experience that will go a long way in promoting quality service delivery. The Family Care Model presents the practitioner with an opportunity to provide holistic care and support not only to the identified client but encompasses all members of the family addressing their physical, social, economic, spiritual and emotional needs of the affected and infected. The Family Care Model uses one client as an entry point into the family such that all family members will be assessed and their needs identified.

The identified PLWHA, who are found to be on ART, are counseled for adherence. This also includes pill count, education on the importance of keeping medical appointments, refills, CD4 counts and viral load analysis in accordance with doctors' prescriptions. Since most clients are single and cohabit with partners, their partners are counseled for Voluntary Counseling and Testing (VCT).

Activities Narrative (OVC)

In the 2nd year of the project (October 1st 2009- September 30th 2010) BORNUS plans to provide OVC care and support services to children aged between 2 1/2 to 18 years as follows:

The Centre Based Children aged 2 ½ - 6 years who are enrolled in the children's Developmental Stimulation. These children are collected from their homes to the centre and are provided with breakfast and lunch. They are taken through scheduled activities such as nursery rhymes, story telling, reading, writing, painting, colouring etc. Their growth and development is monitored through weighing, nutritional assessment including immunization coverage. Another category of children is based in the homes and



are taken care of by their parents. These home based care children are supported through follow –up visits, social, material and nutritional support by a team of volunteers, Nurse Counsellors and Social Workers to ensure continuity of care.

The school going children who may be on ART are counseled for adherence, keeping doctors appointment, positive living and prevention of stigma. Last but not least the After School Tutorial group, who are assisted with home work by retired teachers. Efforts are continuing to provide the adolescents with HIV prevention messages and life skills through "Journey of Life" tool which enables us to assess the needs of children including that of their families. It also facilitates involvement of family members and the community at large to solve children problems. The children's are also taken for retreats which give them the opportunity to express their feelings, learn facts on HIV/AIDS and to be accountable for their behaviours.

Training

I. CHBC Volunteers- The twenty (20) volunteers have already been trained on community Home Based Care and palliative care. The content covered included but were not limited to the volunteers role in home visiting, data collection, use of data collection tools, volunteerism, communication in palliative care, Code of conduct, succession plan, will writing, team work, conflict resolution. The training was facilitated by Nurse Counsellors, Social workers using BORNUS Curriculum and other national guidelines on HIV/AIDS. The two volunteers trainings took place on November 3rd – 5th 2009, and December 17th – 19th 2009 respectively.

ii. Care-givers;- Two workshops for caregivers are forthcoming and the content to be covered will include, care of the sick, environmental health, hygiene, infection control in the home, nutrition, exercise, stigma reduction, psycho-social and spiritual support. These workshops are facilitated by BORNUS staff.

iii. Professional staff will be trained by Academy for Educational Development, for example in Human Resource Management, strategic planning including financial management.

Monitoring and Evaluation

BORNUS has just had a technical visit on the 24th- 27th November 2009 by the AED Monitoring and Evaluation officer who provided assistance in developing a plan for M & E systems. In order to track PEPFAR indicators BORNUS will continuously monitor and evaluate the activities based on the set objectives. The project officers track PEPFAR indicators against data collected by volunteers for improved service delivery and preparation of monthly and quarterly reports to stakeholders. Two support visits to



Kanye and Mochudi villages respectively on monthly basis during the first 2 quarters of the 2nd year of the project. This will help them gain confidence in using the recently developed data collection tools.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

- Increasing women's access to income and productive resources
- Child Survival Activities
- Safe Motherhood
- TB

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12002	Mechanism Name: USAID - HQ - GHCS (State) - OTSE Home-based Care , Palliative Care and OVC (NPI) (GHO-A-00-09-00003-00)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Otse Village Association	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Otse Home-based Care (HBC) is a specialized and independent type of HBC that implements a wide range of activities that provide delicate and appropriate services to communities affected and/or infected by HIV/AIDS. The following are activities undertaken by Otse HBC through a pool of its volunteers:

1. Provision and expansion of care and support services for 1113 OVCs during 2010.

The care and support services are provided to the community through a family-centered care model which is a comprehensive approach that involves assessing the needs of the entire family and bringing integrated services to the entire family of the infected and/or affected. Volunteers are at the front-line of assessing the comprehensive needs of the family by conducting house to house visits to provide care and support basing on the client's needs and refer to Family Welfare Educators and/or Clinical nurse who will provide required service or refer externally to other service providers and stakeholders.

Volunteers visit homes to reach at least four clients from different households for four days a week, one of which will be a first contact whilst the other three are follow ups. OVC clients are assisted with any identified and arising established arising need they may have such as bathing, cooking, cleaning and counseling or simply guiding the care taker at home. The volunteer will also check OVC welfare cards for immunization schedules, check school attendance status, access to health care, and protection among others. Otse also has a Nutrition Officer who does home visits with volunteers in order to complement them by specifically addressing issues of healthy eating habits.

2. Increasing organizational capacity through provision of training services to 200 caregivers to provide care and support during 2010 to OVCs.

Otse HBC is in the process of training 100 caregivers from Ramotswa, 60 from Otse, and 40 from Mogobane most of which will be female as they are often found to be the ones specifically caring for the children. This skills development will be conducted during (Four) 4 or five-day workshops/trainings. The workshops are conducted and facilitated by OHBC staff with assistance from other available health agencies.

3. To increase the capacity of 150 stakeholders to support and motivate community members to work with HBC agencies in 2010.

Stakeholders are defined as community leaders, such as Kgosi, Pastors, teachers and other community organizers. Their influential support is needed for the successful implementation of home based care services within a community. Otse HBC will conduct three five-day awareness workshops throughout the year in order to inform and educate 75 stakeholders from Ramotswa, 55 from Otse, and 20 from



Mogobane about home-based care. Each will consist of 50 participants.

4. Provision of Training for 20 new volunteers to provide care and support during 2010.

Otse HBC will conduct a 5-day workshop for the 20 newly recruited volunteers (15 in Ramotswa and 5 in Mogobane). The purpose of additional volunteers is to strengthen the home based care services for quality and growth provided at the two sites.

5. Public Education in three sites about nutrition and healthy eating.

For rehabilitation and empowerment, Otse has also embarked on home or kitchen gardens project in Otse village only and this has not yet been extended to the other sites. The project is founded on continued efforts of four other younger HIV positive ex-client youth of Otse Home-based Care. There is a garden facilitator volunteer who conducts home visits to households in Otse, teaching them about gardening and growing vegetables. Otse helps the households with kraal manure and seedlings to grow vegetables.

6. To build volunteers' capacity in care and support.

Otse will provide four three-day workshops as in-service training for 58 volunteers. These workshops will be completed on a quarterly basis. The purpose of the workshops is to enhance their approach in service delivery.

7. To conduct annual general meeting for the organization.

Otse will utilize this general meeting to elect new board members, report on the previous year's activities, evaluate those activities, share success stories and analyze challenges. The meeting will also serve as a forum to map the way forward for Otse.

8. Annual staff planning retreat.

Otse will review the previous year's work plan, develop the new work plan for the upcoming year, and create a sustainability strategy for the future. This will also provide staff an opportunity to take a break from the challenges of care provision and debrief on the year's events.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



Increasing women's access to income and productive resources
TB

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12003	Mechanism Name: USAID - HQ - GHCS (State) - JHU CCP Alcohol Study (GHH-I-00-07-00034)
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Johns Hopkins University Center for Communication Programs	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount

Sub Partner Name(s)

Premiere		
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Overview Narrative

Brief Description of Study

The link between alcohol consumption and HIV sexual risk behavior is believed to be an important contributor of new HIV infections in Botswana. Interventions to break or minimize this link are often complex if not controversial. The plan is to conduct a formative research followed by a continuous surveillance activity to inform program development and decision making around the issue of alcohol use and HIV infection. This study aims to adapt and implement a time location sampling (TLS) protocol for use as an Integrated HIV Behavioral Surveillance Survey (IHBS) in Gaborone, Botswana. The



proposed TLS will entail formative research to identify a comprehensive "universe" of locations where alcohol is consumed (e.g., bars, bottle stores, and other legal alcohol-consuming venues) and their attendance patterns, a random sample of all possible Venue, Day and Time (VDT) periods when the alcohol-consuming locations are attended, consecutive recruitment of eligible adults at each selected VDT until the desired sample size is reached, and adjusted analysis to account for venue attendance patterns and clustering. The target population will be adult men and women attending the alcohol-consumption venues.

The research will also assess the feasibility of implementing HIV sentinel surveillance among this target population at alcohol-consumption venues in the future.

The objectives of the study are;

1. To adapt and implement a Time Location Sampling (TLS) protocol for use as an Integrated HIV Behavioral Surveillance Survey (IHBS) in Botswana
2. To estimate HIV prevalence among men and women attending alcohol-consumption venues
3. To estimate risk behaviors associated with HIV transmission
4. To develop the capacity and skills of in-country collaborators at the MOH to implement TLS surveys in the future.

Study Design

A contextual assessment will be carried out prior to the development of the research protocol. A description of the contextual assessment and the draft in-depth interview questions will be presented to IRB at JHU/SPH and in Botswana requesting exemption from research for this phase of the study, prior to embarking on the site visit.

The primary goal of the contextual assessment is to understand better the local context and the logistics of conducting behavioral and biological assessments, and to use this information to develop a research



protocol that is specific to the city of Gaborone.

Secondary goals include collaborating with study partners, establishing local processes to support the study, and conducting a workshop in TLS Mapping for a local research firm.

The TLS method will be conducted in three phases:

1. Mapping of the universe of venue-day-times, culminating in the development of a sampling frame
2. Random selection of venues-day-times and alternates for the development of monthly sampling calendars
3. Enumeration, participant recruitment and data collection

Study sites:

Alcohol drinking venues in Gaborone that satisfy the Time Location Sampling eligibility selection criteria

Although multiple links between alcohol use and transmission of HIV infection are well documented in the literature, limited research has been done in this area in Botswana, and little is known about rates of HIV infection and risk-taking behaviors among alcohol users in Botswana, specifically in the social context of alcohol use. Prior studies have mainly been population-based household surveys or clinic-based samples that did not explore environmental influences on behavior and risk. This is the first venue-based survey of alcohol users in Gaborone; this approach recognizes that behavioral risk for HIV infection may differ within the physical context that supports drinking behaviors compared to other environments. It aims to better understand the burden of HIV in Botswana by describing the epidemiology, scope, level of risk, and possible drivers of the HIV infection epidemic among alcohol consumers in the places where they drink. The study will also characterize the individual vulnerabilities and venue-based factors that may influence the relationship between alcohol use and risk of HIV. Results may be useful in the development of targeted HIV prevention programs that focus interventions in the places where they



matter most, such as alcohol-consumption venues. A comprehensive strategy will diversify prevention approaches and simultaneously assess and intervene not only among alcohol-users, but also the different drinking environments enabling the inter-related behaviors that increase one's risk of acquiring HIV infection.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
 Mobile Population

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12004	Mechanism Name: TBD for Youth Risk Reduction PPP formerly known as USAID TBD 10 - PPP
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted



Sub Partner Name(s)

(No data provided.)

Overview Narrative

As the budget for Botswana begins to decline, the PEPFAR/Botswana team has identified several strategies to increase the long-term sustainability of our program. One key strategy is the development of public-private partnerships (PPP).

The PEPFAR/Botswana team proposes to set aside Redacted to develop new public-private partnerships in FY 2010. This funding will be leveraged by a new Public Private Partnership specialist, who will work with an interagency team to develop programs that are in line with the Partnership Framework, and leverage private sector resources.

The team has proposed diving up this funding in three areas. First, Redacted of the funds have been targeted for PPPs in the areas of treatment and care. These areas received the largest decline in our FY 2010 budget, so therefore, the team felt it was a priority for us to try to foster creative health financing solutions in this area.

Second, Redacted has been targeted toward PPPs in the area of OVC. There is a great deal of potential in this area, which can also have key linkages to other youth and gender activities.

Finally, the remaining Redacted has been set aside to help fund innovative proposals in all other program areas.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	12004
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Mechanism Name:	TBD for Youth Risk Reduction PPP formerly known as USAID TBD 10 -		
Prime Partner Name:	PPP TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted

Narrative:

10.X.SS32: TBD - Public Private Partnerships - Redacted

As the budget for Botswana begins to decline, the PEPFAR/Botswana team has identified several strategies to increase the long-term sustainability of our program. One key strategy is the development of public-private partnerships (PPP).

The PEPFAR/Botswana team proposes to set aside Redacted to develop new public-private partnerships in FY 2010. This funding will be leveraged by a new Public Private Partnership specialist, who will work with an interagency team to develop programs that are in line with the Partnership Framework, and leverage private sector resources.

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Finally, the remaining Redacted has been set aside to help fund innovative proposals in all other program areas.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12005	Mechanism Name: DOD - HQ - GHCS (State) - PCI ()
Funding Agency: U.S. Department of Defense	Procurement Type: Grant



Prime Partner Name: Project Concern International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 525,000	
Funding Source	Funding Amount
GHCS (State)	525,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

PCI is a US-based non-profit organization with headquarters in San Diego, California. PCI's mission is to prevent disease, improve community health, and promote sustainable development.

Goals and Objectives

To strengthen the capacity of the Botswana Defense Force (BDF) to implement effective HIV prevention activities.

Promote sexual behavior change among BDF personnel and their families.

Engage BDF leadership in response to HIV prevention, focusing on Battalion and Company Commanders, Military Chaplains, and other key actors.

Strengthen service delivery partnerships among units of the BDF.

Strengthen BDF capacity to monitor, evaluate and document their HIV/AIDS programs.

Major Activities

PCI will assist the BDF to implement behavior change-strategies that address key drivers of the epidemic, and are integrated with other HIV/AIDS services, including strengthening and expanding the peer education program, refining behavior change communication materials, strengthening existing drama groups, and developing intensive interventions to encourage relationship-building with monogamous partners. Prevention intervention topics will be prioritized through various needs assessments within the BDF.

PCI will assist the BDF to refine its peer education (PE) training strategies and materials, train master trainers (MT) and peer educators (PEs), and provide technical assistance to the trained MTs and PEs. PCI will assist the BDF to develop new cadres of PEs, that include spouses and teenage children and significant others of BDF personnel, and civilian personnel working on BDF bases. PCI will assist the BDF



to adapt and develop behavior change materials, and learn how to use these effectively. Existing drama groups will be trained in theatre-for-development skills to help them improve script development and use of drama for behavior change.

PCI will assist the BDF to develop or adapt tools and strategies that help young, unmarried personnel develop the skills and attitudes needed to form and maintain long-term, mature, and satisfying relationships, and to support each other in this decision; and to help married couples strengthen their relationships. PCI will help train PEs, social workers, Chaplains, and lay counselors in the implementation of these strategies.

PCI will conduct sensitization activities with Commanding Officers to strengthen their active involvement and provide leadership to BDF HIV/AIDS activities.

PCI will support the BDF in developing a monitoring and evaluation system for the BDF prevention program, and will strengthen BDF capacity in strategic information management and promote evidence-based planning and decision-making at all levels.

Target Populations

Military personnel, their spouses/partners and children

Geographic Coverage

The BDF bases in Gaborone, Francistown, Selebi-Phikwe, and Thebephatshwa
The rotational camps in Maun, Tsabong and Kasane.

Sustainability

Sustainability starts with the Project Management Team, comprised of key BDF and PCI staff, to ensure that all decisions about PCI support are made jointly and are based on a shared value of sustainable capacity building.

Activities to strengthen the involvement of BDF Commanding Officers will ensure that HIV prevention activities are built into daily work of the BDF at all levels.

Monitoring and Evaluation

The system of monitoring, supervision and evaluation for this program is designed to measure the achievement of outputs and outcomes that contribute to the program's impact, determine the constraints to progress, and promptly adjust interventions as needed. Data will be collected on PEPFAR indicators and supplemental indicators and reported to PEPFAR quarterly.

PCI will provide capacity building to develop or strengthen protocols that include guidance on tracking project activities and beneficiaries; operational definitions of the indicators to be reported; specific guidance on submission of data; standardized reporting instruments and templates; and data and program quality procedures.



PCI will assess the existing BDF electronic data-management system and work with the BDF to strengthen the system, to ensure that it is appropriate to the complexity and volume of data generated to track project activities and other information. PCI will facilitate annual project review and work-plan development workshops at the end of the first and second project years.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Military Population

Budget Code Information

Mechanism ID: 12005			
Mechanism Name: DOD - HQ - GHCS (State) - PCI ()			
Prime Partner Name: Project Concern International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	425,000	
Narrative:			
10.P.AB20: PCI - BDF - AB - 425,000.00			
<p>PCI will work with the Botswana Defense Force (BDF) HIV/AIDS Coordination Office, Social Welfare Unit, and Chaplaincy to develop and/or adapt tools and strategies to reach a total of 4,000 individuals. This activity will help young, unmarried personnel develop the skills and attitudes needed to form and maintain long-term, mature, and satisfying relationships, and to support each other in this decision. The activity will also aim to help 500 couples in long-term relationships develop skills for strengthening these relationships and getting more enjoyment out of both the emotional and sexual aspects of their marriage. PCI and the BDF will review existing toolkits, such as the Combating HIVAIDS through Spiritual and Ethical Conduct, developed by the South Africa National Defense Force, which is being implemented by</p>			



BDF Chaplains, and tools developed by the PCI - Department of Defense HIV/AIDS Prevention program in Zambia. Existing materials will be adapted into a relationship strengthening toolkit for use in the BDF program, and PCI will help train peer educators (PEs), social workers, Chaplains, and lay counselors in the implementation of these strategies.

PCI will assist the BDF to implement relationship skills-building methods through both individual counseling (as provided by PEs, social workers and Chaplains) and also in small group settings. Internationally, PCI has utilized men's groups in churches, prisons, schools, and the general community as important platforms for challenging male stereotypes about gender and relationships, building new skills, and creating peer pressure for change. PCI will explore approaches that are appropriate to the BDF context to bring together small groups of men on a regular basis for such interventions. These groups will be focused on improving relationships between men and women in addition to issues of HIV/AIDS.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	

Narrative:

10.P.OP21: PCI - BDF - C/O Prevention - 100,000.00

PCI will assist the Botswana Defense Force (BDF) to further refine their peer education (PE) training strategies and materials and will assist the BDF to train master trainers (MTs) and PEs using the revised materials. PCI will also provide on-going technical assistance to MTs and PEs to help them apply their new knowledge. PCI will assist the BDF to develop new cadres of PEs, that include spouses and teenage children of BDF personnel, significant others of unmarried personnel, and civilian personnel working on BDF bases. PCI will assist the BDF to adapt and implement training and outreach materials and to develop creative strategies for utilizing such PEs in conjunction with the more typical PEs.

PCI will assist the BDF to adapt and develop behavior change materials to create a vibrant, engaging, and effective set of peer education and outreach tools for use in the BDF that is wholly owned by the BDF and reflects their unique needs and context. Materials to be developed with the BDF may include cue cards/picture codes with discussion guides, videos with discussion guides, leaflets/brochures, posters, and musical productions. Existing MTs will be re-trained and new MTs will be trained to use newly adapted/developed materials, and will then be assisted to train existing and new PEs in the same fashion.

PCI will train MTs in each of the four base drama groups in how to use theater for development techniques to revitalize their dramas and achieve their potential. A training guide and support materials will be developed for the BDF to train drama groups. PCI will assist the BDF to measure the impact of drama performances using pre-and post-exposure questionnaires to ensure quality and effectiveness of drama performances.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12006	Mechanism Name: HHS/CDC - HQ - GHCS (State) - AED (PS001844-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 912,500	
Funding Source	Funding Amount
GHCS (State)	912,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

A new mechanism in 2010, was TBD (mech 11088) in the 09 COP, split between AED and Pathfinder in Aug 09 reprogramming.

Goals and Objectives

- To increase from 25% to 30% the access rates to care programs for women and infants with AIDS-defining conditions
- To increase from 75% to 80% ART adherence rates for women and their infants identified in prevention



of mother to child transmission of HIV (PMTCT) clinics

- To increase by 1,000 the number of HIV-positive pregnant mothers provided with psychosocial support and empowerment counseling
- To increase by 1,500 the number of male partners enrolled and active in PMTCT and other HIV-prevention programs
- To maintain at 52 the number of peer males trained to provide outreach in the target communities
- To expand the target intervention to groups of men of 500 or larger at two new sites
- To increase the number of door-to-door community activities to 32 villages in eight districts

Major Activities

AED and the Botswana Christian AIDS Intervention Program (BOCAIP) will build on the successful peer PMTCT program.

AED will use a three-pronged approach to address individual, contextual, and cultural factors to reduce mother-to-child transmission. This will include:

- Interpersonal/individual interventions delivered in clinics and communities
- Facility and health-systems strengthening
- Monitoring and evaluation (M&E) systems for evidence-based decision-making. AED will continue to make the community an extension of facility services for a seamless continuum of recruitment, care, and follow-up

Target Population

All newly identified HIV-positive mothers and pregnant women receiving antenatal care (ANC) services

Those mothers who have not yet been tested, or are eligible for and are not receiving, ARV prophylaxis

HIV-exposed infants up to the age of 18 months who need ARV prophylaxis or treatment

Men targeted by peer males

All partners of HIV-positive pregnant women, their adult male family members

Men in workplaces and elsewhere in the community

Geographic Coverage

52 health facilities and their catchment areas in nine districts: South East, Lobatse, Maun, Mahalapye, Kgalagadi South, Tutume, Masunga, Selebi-Phikwe and Bobirwa

Supporting Health Goals and Health System Strengthening

This program will support overstretched health-facility personnel in PMTCT case-management.

Peer volunteers will work closely with health workers to ensure that clients receive the appropriate combination of psychosocial support, community follow-up, and clinical interventions.

Staff will contribute to strengthened recording and reporting systems to improve the ability of healthcare



providers to identify and manage priorities.

Wraparound issues of family planning, safe motherhood and child survival are integrated into this peer PMTCT program. Peer mothers counsel pregnant women and mothers on family planning, assist with birth planning, follow up on ANC and post-natal visits, and provide information to the mothers on safe infant feeding, early infant care, early infant diagnosis of HIV, and care for HIV-exposed babies.

Making the Most of Other HIV Resources

AED will implement strategies that leverage resources and make the project more cost-efficient and effective. This will include co-locating project staff within BOCAIP's existing offices, coordinating with other data-collection efforts and making use of existing data, task shifting, and making use of vehicles and buildings BOCAIP has received through donations.

AED will collaborate with Pathfinder International to share tools, approaches, and lessons learned to achieve synergy and optimize the use of resources.

Cross-Cutting Areas

AED and BOCAIP will conduct refresher training for all peer volunteers, as well as the district supervisors, thereby strengthening human resources for health, a PEPFAR cross-cutting issue.

Peer males will identify and reach out to men, including partners, fathers, grandparents, and traditional leaders. They will educate and recruit male partners of pregnant women to participate in the PMTCT process by conducting individual counseling, facilitating support groups, and conducting community discussions aimed at mobilizing men for HIV prevention and PMTCT support.

Monitoring and Evaluation

This project relies primarily on routine service statistics collected by peer volunteers capturing their daily interactions with clients. There are separate registers for women, men, babies born to HIV-positive women, and for health talks. On a monthly basis, these registers are summarized to generate the indicators required by CDC.

Monthly and semiannual supervision is conducted of each peer volunteer by district supervisors using a checklist to monitor program quality and provide feedback.

AED will conduct routine data quality investigations at each site to validate results and provide targeted assistance as needed.

Continual feedback will be sought from project beneficiaries and stakeholders to fine-tune the program. Key performance indicators will be analyzed to identify issues and monitor performance.

Cross-Cutting Budget Attribution(s)



Gender: Reducing Violence and Coercion	100,000
Human Resources for Health	350,000

Key Issues

- Addressing male norms and behaviors
- Child Survival Activities
- Safe Motherhood
- Family Planning

Budget Code Information

Mechanism ID: 12006			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - AED (PS001844-01)			
Prime Partner Name: Academy for Educational Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	300,000	

Narrative:

10.P.OP22: AED - Expansion of Counseling and Psy/Soc. Support - 300,000.00

In Year 2 of the program, AED and BOCAIP will continue to work with 52 trained peer males to target partners of HIV-positive pregnant women, their adult male family members, men in workplaces and the community to support women through the PMTCT process. These activities will take place in nine districts and 52 health facilities. AED will conduct a refresher training for all peer volunteers and district supervisors, and provide supportive supervision through site visits. AED will develop materials and job aids for peer volunteers to standardize consistent and quality messages.

Interpersonal interventions will reach both men and women with information, support, and encouragement to practice healthy behaviors. Peer males will increase the involvement of male partners at clinics, with traditional leaders, in workplaces, homes and in the community. Peer males will also encourage men to accompany women to PMTCT services, receive couples counseling and testing, support mother and baby access to ARV services, and practice safe infant feeding. These interactions

will lead to an increase in the uptake of testing among partners of pregnant women, reaching at least 20% of these men, and will be an important forum for HIV prevention education. Issues such as multiple concurrent partnerships, male circumcision, and alcohol use and HIV will be addressed. Prevention efforts will be bolstered by the development of male-focused materials and messages, and new initiatives such as football tournaments, script development for radio campaigns, or improved use of technology including cell phones to strengthen PMTCT. For all peer volunteers, the program will support opportunities for learning, skills-based achievement, and activities aimed at preventing burnout.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	612,500	

Narrative:

10.P.PM10: AED - Expansion of Counseling and Psy/Soc. Support - 612,500.00

In the second year of the program, AED and BOCAIP will continue to target newly identified HIV-positive pregnant women, women in the community yet to be tested, pregnant women who are eligible for and not receiving ARV prophylaxis or HAART, and HIV-positive mothers who have recently delivered, along with their HIV-exposed infants under 18 months of age through 52 trained peer mothers. These activities will take place in 52 health facilities in nine districts. AED will conduct a refresher training for all peer volunteers and district supervisors, and provide supportive supervision through site visits. AED will develop materials and job aids for peer volunteers to standardize and ensure quality messages.

The peer volunteers will work closely with health workers to ensure that clients receive the appropriate combination of psychosocial support, community follow-up, and clinical interventions. Interpersonal interventions will reach women with information, support, and encouragement to practice healthy behaviors. Peer mothers will work to ensure that HIV-positive pregnant women access and adhere to ART or ARV prophylaxis, practice safe infant feeding, ensure that HIV-exposed babies are tested, are started on Cotrimoxazole prophylaxis and are put on HIV treatment, if required. Peer volunteers will work with mothers and their support systems to foster supportive attitudes and an environment for healthy behaviors and practices. For first-time antenatal clients, this project will implement a "buddy" system to help clients understand PMTCT interventions, feel supported, ask questions, express concerns, and be tracked for follow-up.

Peer mothers will complement their clinic-based activities by conducting home visits to support ARV/ART adherence, promoting couples counseling and testing, supporting newborn access to ARV services and safe infant feeding practices. These interactions will be an important forum for HIV



prevention education. Prevention efforts will be bolstered by the development of new initiatives such as improved use of technology including cell phones to strengthen PMTCT. For all peer volunteers, the program will support opportunities for learning and skills-based achievement.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12007	Mechanism Name: HHS/CDC - HQ - GHCS (State) - BHP (PS001882-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Botswana Harvard AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 537,500	
Funding Source	Funding Amount
GHCS (State)	537,500

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Context

Started in 2002, the Masa Program is currently supporting more than 108,288 (Aug 09) ART patients at 32 ART sites and their 109 satellite clinics (Aug 09). There are currently 138 satellite clinics countrywide. Constraints that will continue to impede the Botswana Government's plans to provide treatment and care to an estimated 125,000 patients in 600 ART treatment sites by 2013 are: shortage, turnover, and attrition of qualified health professionals; lack of coordination among HIV/AIDS-related programs, limited capacity to conduct timely CD4 and viral load testing; and an inadequate system of tracking and monitoring ART patients.

Goals and Objectives

Custom



The goal of the project is to support the Masa program and its current 32 sites and their 138 satellite clinics and future ART sites by: 1) developing a sustainable capacity in clinical care and treatment of HIV/AIDS patients through training, on-site support, and roll out of facilities; 2) developing a sustainable capacity in CD4, viral load, and other lab testing, and supporting countrywide decentralization of laboratories; 3) establishing a Monitoring and Evaluation (M&E) Unit to track ART patients and monitor the progress and effectiveness of the Masa program; and 4) implementing and operationalizing a fully functional Botswana-based NGO, Botswana Harvard Project (BHP), whose governance is shared between the Botswana Ministry of Health and Harvard to ensure PEPFAR sustainability.

Major Activities

Activities prior to FY10

In FY06, the Clinical Master Trainers' pharmacists, physicians and nurse/midwives conducted needs and pharmacy assessments, training in ART care and treatment, Nurse Dispensing and Prescribing, on-site and/or telephone support at 29 ART sites and 95 (by Sept 09) satellite clinics.

BHP set up treatment failure management registries and pilot of Universal Highly Active Antiretroviral Treatment (HAART) in 4 sites (hospital, supporting clinics and feeder health posts).

Quality Assurance Initiative (QAI) activities continued to be integrated into site support.

The Laboratory Master Trainers collaborated on production of a laboratory training manual and provided training and follow-up support for 23 laboratories in CD4 and 10 laboratories in viral load testing.

Decentralized labs performed 55% and 29% CD4 and viral load tests respectively countrywide this year.

The Monitoring and Evaluation Unit of Masa provided consolidated monthly reports, conducted data training and data audits, upgraded, piloted, and rolled out a SQL-server-based electronic application (PIMS II), and provided a data set QOL.

BHP was operationalized as a Limited Liability Corporation (LLC) in Botswana on September 1, 2009.

BHP applied for and was awarded two PEPFAR Cooperative Agreements as well as other USG and non-USG awards.

Activities in FY10

The Clinical Master Trainers will continue to provide training and support in HIV/AIDS treatment and care to all ART sites and their satellite clinics with specific training and support for nurse prescribing and dispensing, QAI, and pediatric scale-up.

BHP will continue to develop training materials; and collaborate to integrate Prevention of Mother to Child Transmission (PMTCT), TB and other HIV/AIDS-related activities.

The Laboratory Master Trainers will continue to provide training and support in, CD4 and viral load testing at the decentralized labs; provide new training in hematology, chemistry, microbiology, lab data management, reagent logistics, and QAI; and provide Rapid HIV and Dry Blood Spot testing training for lay counselors.



The M&E Unit will complete deployment and training on PIMS II, to ARV sites; refine and expand indicators and management tools, especially for PMTCT; integrate functions of the national system, and establish IT support to the department.

BHP as an LLC will be fully operationalized.

By the end of FY10, all established ART sites will have received training and support through the Clinical Master Trainer, Lab Master Trainer, and Monitoring and Evaluation Unit programs.

Enhancing Sustainability

All activities of the Harvard Botswana PEPFAR grant will be fully transitioned to the BHP LLC and will continue to apply for future funding

Monitoring and Evaluation

The M&E Unit will develop systems to monitor the national ART program and provided reports and analyses to inform the Government of Botswana in HIV/AIDS care and treatment policies.

Cross-Cutting Budget Attribution(s)

Human Resources for Health	107,500
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Key Issues

TB

Budget Code Information

Mechanism ID:	12007		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - BHP (PS001882-01)		
Prime Partner Name:	Botswana Harvard AIDS Institute		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	230,000	
Narrative:			
10.C.PC01: BHP - Pediatric Care and Outreach Support - 230,000.00			
The PEPFAR team is involved in the expansion and decentralization of pediatric HIV care and training to			



peripheral ARV facilities. BHP-PEPFAR will continue to support capacity building in all segments of pediatric HIV/AIDS treatment and care through the updating of the knowledge of best practices, the provision of pediatric clinical training, and the mentoring and support of health care personnel to ensure that the minimum required standards of care are continually met.

Given the high rate of TB infection among HIV-infected patients, the PEPFAR team will train health care workers on routine HIV testing (RHT) services for children presenting in all facilities through awareness training to facilitate early identification of HIV/TB co-infection.

With HAART available, more HIV infected children are entering into adolescence and lately, issues relating to adolescent care have assumed prominence. Although there are no clearly defined adolescent care guidelines, currently limited adolescent-focused programs exist to address this emerging need. The PEPFAR team in collaboration with other stakeholders aims to:

- a. develop a framework that comprehensively addresses adolescent HIV/AIDS care by empowering health care providers through training.
- b. provide clinical mentoring and support of the adolescent ART program.
- c. review existing services (psychosocial, nutritional, educational and medical) available for adolescents.
- d. improve access to these services and other existing community-based resources and programs.

Consistent good nutrition for children requires support. The annual average malnutrition rate in the last three years is 5% with marginal improvement over this period. Addressing the challenges of malnutrition in the country requires:

- a. a review of existing guidelines on pediatric nutrition.
- b. increased awareness and training of care givers, health care workers, the community and other stakeholders, such as NGOs, in the guidelines and the indicators of malnutrition in HIV settings.

Another area of concern is care for orphans and vulnerable children which can be improved by:

- a. strengthening the linkages in care within the medical, psychosocial, and nutritional realms.

BHP is committed to building partnerships and linkages. The MOH as primary coordinator and BHP as primary implementers of the program will ensure that the linkages with other relevant training partners avoid duplication of services and resources.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	200,000	

Narrative:

10.T.PT01: BHP - Pediatric ART treatment - 200,000.00

CONTINUING ACTIVITY UNDER PERFORMANCE PASS:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The TBD organization is expected to develop a sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expand CD4 and viral load laboratory testing to decentralized laboratories, and strengthen the Ministry of Health's (MOH) Monitoring and Evaluation (M & E) capacity to assess the effectiveness of the national anti-retroviral (ARV) program, Masa.

In FY07 and FY08, the Clinical Master Trainer (CMT) program trained a total of 492 health personnel on ART service delivery and 635 on palliative care service delivery. It also supported and mentored staff at 18 hospitals and 39 satellite clinics. The Laboratory Master Trainers have, so far, been able to train a total of 22 laboratory technicians and have supported and mentored staff at approximately 22 facilities, 15 of them were decentralized sites.

The M & E results indicated that there were 32 sites reached, 59 data entry clerks (DEC) trained, a data warehouse developed with the ongoing integration of Masa and DHIS, and a data security and confidentiality system with encrypt and decrypt completed.

The TBD organization is expected to have a three pronged approach to using the Master Trainer model, which will include Clinical Master Trainers, Laboratory Master Trainers, and M & E technical advisors.

The Clinical Master Trainers will continue to:

(1) do task shifting, in this case, the training of nurse dispensers and nurse prescribers; (2) train health care providers on QAI, implement QA activities at the ART site level, and provide QAI training for district/site leadership cadres; (3) provide CME at the district level and telephone site support; (4) continue the development of training materials, SOPs, guidelines, memos, checklists and other tools for care and treatment sites.

B) The Laboratory Master Trainers will continue to:

(1) support the established CD4 and VL decentralized laboratories and expand training to include hematology, chemistry and microbiology support; (2) formalize the training manuals on CD4, VL, hematology, chemistry and microbiology, including TB, in collaboration with the MOH and HHS/CDC/BOTUSA; (3) train staff on LIS issues, laboratory data management, reagent logistics and quality assurance at decentralized laboratories/sites.

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 the new system to all PIMS locations; (3) integrate functions of, for example, PMTCT, and integrate into all other national systems, for example, DHIS; (4) train end users on the new systems; (5) establish a support



desk and use DEC to perform vital roles; and 6) conduct a targeted patient evaluation study on medication adherence.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	107,500	

Narrative:

10.C.TB18: BHP pediatric HIV/TB management - 107,500.00

The diagnosis of tuberculosis in children has always been a challenge. To improve the management of children with TB and TB/HIV co-infections, the BHP will collaborate with the National TB Program (and other stakeholders) to:

- a. review and refine the existing screening algorithm for TB diagnosis in children, and review and provide current information, education and communication materials for adolescents and parents of children with TB/HIV co-infection.
- b. provide training for health care workers on routine HIV testing (RHT) services for children presenting with TB in all facilities through awareness training to facilitate early identification of HIV co-infections.
- c. provide training of health care workers on pediatric TB case management.
- d. undertake joint support supervisory visits for M & E.
- e. improve logistical support.
- f. decentralize pediatric training and care efforts, which have been concentrated mainly in hospitals, through the BHP Master Trainer Team who are currently involved in the expansion and devolving of pediatric training and support to peripheral facilities.
- g. facilitate training of laboratory personnel on TB microscopy at peripheral labs.
- h. integrate pediatric TB care with community support mechanisms.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12008	Mechanism Name: HHS/CDC - HQ - GHCS (State) - JHU (PS001822)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement



Prime Partner Name: Johns Hopkins University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,300,000	
Funding Source	Funding Amount
GHCS (State)	1,300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Overall Goals and HIV Specific Objectives

John Hopkins University (JHU) puts evidence-based health innovations into everyday practice to overcome barriers to high-quality health care services for the world's most vulnerable populations. JHU's goal is to support the Government of Botswana in implementing the SMC Strategy and Operational Plan by rapidly expanding comprehensive newborn/infant, adolescent and adult SMC services to 40 health facilities.

This comprehensive package includes STI screening and treatments, HIV risk reduction and reproductive health counseling (including counseling for female partners), HIV testing and counseling and condom promotion.

The following are the objectives and accompanying activities for this project:

1. Strengthen the capacity of government to manage the SMC program at national and district levels;
2. Provide human resources through the recruitment and hiring of ten medical doctors;
3. Train health staff from both public and private health facilities in comprehensive SMC service, quality assurance and monitoring of SMC AEs using updated training guidelines and standard operating procedures;
4. Orient 20 facility managers, train 40 MC providers and train 80 MC counselors;
Provide onsite supervisory visits to facilities providing SMC for quality assurance and monitoring of AEs;
5. Support integration of SMC content and selected skills into 70% of Health Training Institutes (HTI) curricula;
6. Support the procurement of neonatal, adolescent and adult SMC equipment and supplies by coordinating with other implementing partners;
7. Strengthen quality assurance systems to enhance and maintain the quality of SMC services



provided;

8. Assist the Government of Botswana (GOB) and other partners (i.e., I-TECH) in implementation of QA standards, QA mentoring guides and accreditation of SMC sites in private and public sectors; and
9. Assist the GOB and other partners in active surveillance of adverse events (AEs) and to reduce the incidence of moderate and severe AEs to rates.

Coverage

The activities will be conducted nationally and target HIV-negative males 0 – 49 years of age. JHU will be responsible for reaching 10,000 of the national target of 20,000 for this period of time.

Contributions to health systems strengthening

Other health care programs will benefit through recruitment of additional medical doctors for SMC activities as these doctors will also be available for general health care of patients. Reducing the number of people newly infected with HIV through SMC will ease the burden on the health care system.

Cross-cutting issues

JHU will contribute to strengthening the human resource base through the hire and placement of medical doctors. Additionally the training and supervision provided to these doctors, private practitioners, facility managers and counselors will add to the goal of strengthening HR resources during this period.

JHU will also contribute to securing long term health human resources capacity in Botswana through the integration of SMC content and selected skills into Health Training Institutes (HTI) curricula. This will happen through revisions and content updates at national level for continued relevance and appropriateness. Instrumental to this process will be both the national working and technical working groups for SMC which currently drive specific technical, policy issues which are identified as critical through stakeholder consultations.

Increased efficiency

Given the various organizations working in SMC in Botswana, the SMC Reference Group and the SMC Technical Working Group will be crucial to maximizing funds and reducing overlap. These forums have and will continue to provide an opportunity to collaborate with other key stakeholders on all technical areas, including guidelines development, trainings and materials, procurement, and service delivery both within the public and private sector. JHU is an active member of these two groups. Explore MOVE models in line with evolving GOB policy on SMC standalone/mobile campaigns/service delivery and progress towards achieving country SMC targets.

Sustainability



The contribution to strengthening the health human resource base through the hire and placement of medical doctors, training and supervision of private practitioners, counselors and facility managers, will contribute to securing ongoing and future quality and level of SMC services and other health services offered in Botswana's public health system. By reducing the number of people newly infected with HIV and thus requiring HIV clinical care, SMC promotes the sustainability of Botswana's national HIV response.

Monitoring and evaluation plans for included activities. JHU will regularly monitor program activities and report on essential indicators identified in Botswana's SCM M&E framework and PEPFAR recommended indicators. JHU will calculate these indicators on the project level to inform implementation

Cross-Cutting Budget Attribution(s)

Human Resources for Health	505,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12008			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - JHU (PS001822)			
Prime Partner Name: Johns Hopkins University			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,300,000	

Narrative:

10.P.MC05: JHU - Expansion of Safe MC - services - 1,300,000.00

In an effort to reach the Government of Botswana's (GOB) ambitious goal of 80% of Botswana males circumcised by 2015, John Hopkins University (JHU) has been awarded funds to assist the GOB in rapidly scaling up safe, comprehensive adult, adolescent and infant male circumcision (MC) services. In FY10, JHU will focus on assisting the GOB in expanding the MC service delivery package to 40 health facilities. In addition to the surgical operation, this package includes STI screening and treatments, HIV



risk reduction and reproductive health counseling (including counseling for female partners), HIV testing and counseling (HTC) services and condom promotion. JHU will also provide training and quality assurance assistance to the GOB. Trainings will be geared towards facility managers, MC providers and counselors in the public and private sectors, as prioritized by the GOB. JHU will also recruit and hire ten additional doctors to support MC service delivery in the public sector. Finally, in addition to working with the GOB, JHU will work in coordination with the other major PEPFAR-funded service provider, I-TECH, as well collaborate with Population Services International in their communications campaign.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12009	Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 2 - Life skills ()
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

PEPFAR began providing funds to the Ministry of Education (MOE) in 2002 to support the development and eventual roll-out of a Life Skills curriculum. While many achievements have been recorded, there are still many challenges facing project implementation. Given the completion of a short-term contract with a partner that provided technical assistance to MOE, it was determined that additional support was needed to ensure the success of the activity. A TBD partner will be responsible for: (a) improving capacity of MOE Officers and other officials assigned to the program; (b) providing refresher courses for master trainers;



(c) supporting the training cascade at both primary and secondary schools; (d) printing of materials; and (e) monitoring the implementation of program materials. In addition, there is a significant need to establish a plan for schools to be able to train new teachers as they come into the school system as well as the development of guidelines on effective implementation strategies. The result will be a substantial measurable expansion in the number of schools implementing the life skills curriculum and an improvement in the quality of the program.

Given the importance of closely monitoring program implementation, a TBD partner will work with MOE conduct monitoring visits as well as refine monitoring tools where needed. The TBD partner will work closely with MOE to build capacity of their program officer for on-going monitoring of the curriculum. This will include technical assistance and support for: (a) finalizing monitoring tools following the completion of the pilot; (b) inputting and analyzing data; (c) reviewing findings from monitoring visits; and (d) utilizing findings for program improvement.

Cross-Cutting Budget Attribution(s)

Education	Redacted
Human Resources for Health	Redacted

Key Issues

Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID: 12009			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 2 - Life skills ()			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
Narrative:			
10.P.AB21: TBD - New Coag Life skills - Redacted			



PEPFAR began providing funds to the Ministry of Education (MOE) in 2002 to support the development and eventual roll-out of a Life Skills curriculum. While many achievements have been recorded, there are still many challenges facing project implementation. Given the completion of a short-term contract with a partner that provided technical assistance to MOE, it was determined that additional support was needed to ensure the success of the activity. A TBD partner will be responsible for: (a) improving capacity of MOE Officers and other officials assigned to the program; (b) providing refresher courses for master trainers; (c) supporting the training cascade at both primary and secondary schools; (d) printing of materials; and (e) monitoring the implementation of program materials. In addition, there is a significant need to establish a plan for schools to be able to train new teachers as they come into the school system as well as the development of guidelines on effective implementation strategies. The result will be a substantial measurable expansion in the number of schools implementing the life skills curriculum and an improvement in the quality of the program.

In FY10, a TBD partner will conduct an assessment on implementation progress to date as well as develop a revised project work plan in light of these results. In addition, an evaluation of the materials used in the Life Skills program will be performed and a list of recommendations to improve the roll-out of materials will be developed. Given the noted difficulties experienced in the cascading of trainings, a TBD partner will analyze the status of these trainings and assist in the revision of guidelines for the training cascades, including new strategies, timelines, costs, supervision, monitoring, and quality assurance. Finally, a TBD partner will conduct six three-day refresher master trainer trainings for primary school teachers with 50 participants each as well as six three-day refresher workshops for Deputy School Heads.

Given the importance of closely monitoring program implementation, a TBD partner will work with MOE to conduct monitoring visits as well as refine monitoring tools where needed. The TBD partner will work closely with MOE to build capacity of their program officers for on-going monitoring of the curriculum. This will include technical assistance and support for: (a) finalizing monitoring tools following the completion of the pilot; (b) inputting and analyzing data; (c) reviewing findings from monitoring visits; and (d) utilizing findings for program improvement.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

10.P.OP23: TBD - New Coag Life skills - Redacted



PEPFAR began providing funds to the Ministry of Education (MOE) in 2002 to support the development and eventual roll-out of a Life Skills curriculum. While many achievements have been recorded, there are still many challenges facing project implementation. Given the completion of a short-term contract with a partner that provided technical assistance to MOE, it was determined that additional support was needed to ensure the success of the activity. A TBD partner will be responsible for: (a) improving capacity of MOE Officers and other officials assigned to the program; (b) providing refresher courses for master trainers; (c) supporting the training cascade at both primary and secondary schools; (d) printing of materials; and (e) monitoring the implementation of program materials. In addition, there is a significant need to establish a plan for schools to be able to train new teachers as they come into the school system as well as the development of guidelines on effective implementation strategies. The result will be a substantial measurable expansion in the number of schools implementing the life skills curriculum and an improvement in the quality of the program.

In FY10, a TBD partner will develop complementary materials for learners to support the core curriculum in the classroom and at home. Learners and teachers have requested additional materials to the workbooks, which could include posters, hand-outs for learners and their guardians, videos, and photo cards to stimulate discussion. These support materials will further engage learners, give teachers more options for integrating the curriculum into their classrooms, and help engage parents/guardians into the program. The content will reflect that of the core curriculum and highlight key issues, such as alcohol abuse prevention and inter-generational sex, among others.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12010	Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 3 - PF Priorities ()
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No



Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The PEPFAR/Botswana team has set aside Redacted of the budget as "TBD" to specifically respond to priorities raised by the Partnership Framework (PF). This funding is tentatively split between prevention and care and treatment, though it is recognized that some funds may be reprogrammed based on the outcome of the Partnership Framework Implementation Plan (PFIP) process, which is scheduled to be completed by April 30, 2010.

The team took the approach of trimming partner budgets where possible to not only adjust to the 6.2% budget decline in FY 2010, but also to try to find money to allow us begin to adjust our programs in response to the outcomes of the Partnership Framework and PFIP. Some of these funds have already been used to address a number of clearly prioritized needs, including the transformation of the Central Medical Stores, as well as numerous capacity building, technical assistance, and health system strengthening projects. However, not all projects identified in the Partnership Framework have been prioritized, so the Botswana team proposes to set aside these remaining funds to allow us to respond more quickly to the outcome of the PFIP prioritization process.

The team has proposed to allocate these "TBD PF Priority" funds to prevention and treatment and care for the following reasons. First, Prevention – and specifically sexual prevention – has been identified as the top priority in the recently completed Second National Strategic Framework for HIV and AIDS (NSF II). Therefore, as we work with the Government of Botswana (GOB) on prioritizing investments in the PFIP process, we want believe that prevention is the top area where we will be supporting them by filling critical gaps in the national response. Second, Treatment and Care is the area where we are making most of our shifts to achieve a stronger technical assistance model. Therefore, we propose to hold funds to invest in TA activities and other one-time investments we believe will be identified in the PFIP.

The team believes that as we work together with the GOB on the PFIP we will be able to allocate these funds in time for the April reprogramming. These funds will likely be allocated both to existing partners, including the GOB to help them adjust existing programs to meet PF Priorities, and in some cases to new RFAs where new priorities are identified.



(For additional information on the progress and timeline of Botswana's Partnership Framework, please see the Executive Summary.)

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Military Population
- Mobile Population
- Workplace Programs

Budget Code Information

Mechanism ID: 12010			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 3 - PF Priorities ()			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted

Narrative:

10.C.AC16: TBD AC (PF Priorities) - Redacted

The PEPFAR/Botswana team has set aside Redacted of the budget as "TBD" to specifically respond to priorities raised by the Partnership Framework (PF). This funding is tentatively split between prevention and care and treatment, though it is recognized that some funds may be reprogrammed based on the outcome of the Partnership Framework Implementation Plan (PFIP) process, which is scheduled to be completed by April 30, 2010.

The team took the approach of trimming partner budgets where possible to not only adjust to the 6.2% budget decline in FY 2010, but also to try to find money to allow us begin to adjust our programs in response to the outcomes of the Partnership Framework and PFIP. Some of these funds have already been used to address a number of clearly prioritized needs, including the transformation of the Central Medical Stores, as well as numerous capacity building, technical assistance, and health system strengthening projects. However, not all projects identified in the Partnership Framework have been prioritized, so the Botswana team proposes to set aside these remaining funds to allow us to respond more quickly to the outcome of the PFIP prioritization process.

The team has proposed to allocate these "TBD PF Priority" funds to prevention and treatment and care for the following reasons. First, Prevention – and specifically sexual prevention – has been identified as the top priority in the recently completed Second National Strategic Framework for HIV and AIDS (NSF II). Therefore, as we work with the Government of Botswana (GOB) on prioritizing investments in the PFIP process, we want believe that prevention is the top area where we will be supporting them by filling critical gaps in the national response. Second, Treatment and Care is the area where we are making most of our shifts to achieve a stronger technical assistance model. Therefore, we propose to hold funds to invest in TA activities and other one-time investments we believe will be identified in the PFIP.

The team believes that as we work together with the GOB on the PFIP we will be able to allocate these funds in time for the April reprogramming. These funds will likely be allocated both to existing partners, including the GOB to help them adjust existing programs to meet PF Priorities, and in some cases to new RFAs where new priorities are identified.

(For additional information on the progress and timeline of Botswana's Partnership Framework, please see the Executive Summary.)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted

Narrative:

10.T.AT15: TBD AT (PF Priorities) - Redacted

The PEPFAR/Botswana team has set aside Redacted of the budget as "TBD" to specifically respond to priorities raised by the Partnership Framework (PF). This funding is tentatively split between prevention and care and treatment, though it is recognized that some funds may be reprogrammed based on the outcome of the Partnership Framework Implementation Plan (PFIP) process, which is scheduled to be

completed by April 30, 2010.

The team took the approach of trimming partner budgets where possible to not only adjust to the 6.2% budget decline in FY 2010, but also to try to find money to allow us begin to adjust our programs in response to the outcomes of the Partnership Framework and PFIP. Some of these funds have already been used to address a number of clearly prioritized needs, including the transformation of the Central Medical Stores, as well as numerous capacity building, technical assistance, and health system strengthening projects. However, not all projects identified in the Partnership Framework have been prioritized, so the Botswana team proposes to set aside these remaining funds to allow us to respond more quickly to the outcome of the PFIP prioritization process.

The team has proposed to allocate these "TBD PF Priority" funds to prevention and treatment and care for the following reasons. First, Prevention – and specifically sexual prevention – has been identified as the top priority in the recently completed Second National Strategic Framework for HIV and AIDS (NSF II). Therefore, as we work with the Government of Botswana (GOB) on prioritizing investments in the PFIP process, we want believe that prevention is the top area where we will be supporting them by filling critical gaps in the national response. Second, Treatment and Care is the area where we are making most of our shifts to achieve a stronger technical assistance model. Therefore, we propose to hold funds to invest in TA activities and other one-time investments we believe will be identified in the PFIP.

The team believes that as we work together with the GOB on the PFIP we will be able to allocate these funds in time for the April reprogramming. These funds will likely be allocated both to existing partners, including the GOB to help them adjust existing programs to meet PF Priorities, and in some cases to new RFAs where new priorities are identified.

(For additional information on the progress and timeline of Botswana's Partnership Framework, please see the Executive Summary.)

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted

Narrative:

10.P.AB22: TBD - AB Activity (PF Priorities) - Redacted

With the signing of the Partnership Framework imminently pending and the Implementation Plan (PFIP) being completed during FY10, the PEPFAR Botswana Team wanted to set aside funding to allow funds to be more quickly allocated to identified gaps and priority areas. Given that sexual prevention has been



identified as the top priority by the Government of Botswana (GOB) and in turn, the Partnership Framework as well, significant funds have been set aside to support GOB in its national response.

The team believes that as we work together with the GOB on the PFIP we will be able to allocate these funds in time for the April reprogramming. These funds will likely be allocated both to existing partners, including the GOB to help them adjust existing programs to meet PF priorities, and in some cases to new request for proposals where new priorities are identified.

Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

10.P.OP27: TBD OP Activity (PF Priorities) - Redacted

With the signing of the Partnership Framework imminently pending and the Implementation Plan (PFIP) being completed during FY10, the PEPFAR Botswana Team wanted to set aside funding to allow funds to be more quickly allocated to identified gaps and priority areas. Given that sexual prevention has been identified as the top priority by the Government of Botswana (GOB) and in turn, the Partnership Framework as well, significant funds have been set aside to support GOB in its national response.

The team believes that as we work together with the GOB on the PFIP we will be able to allocate these funds in time for the April reprogramming. These funds will likely be allocated both to existing partners, including the GOB to help them adjust existing programs to meet PF priorities, and in some cases to new request for proposals where new priorities are identified.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12011	Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 6 - High Risk Men ()
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: Yes	Global Fund / Multilateral Engagement: No
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Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

In order to gain a better understanding of behaviors of high-risk men in Botswana and increase their access to high quality HIV prevention, care and treatment services, a TBD partner will conduct a needs assessment as well as a behavioral survey, in addition to a review of existing programs targeting males, which will lead to the development of tailored interventions for this vulnerable population. These interventions will be implemented in future years following the information gathered in FY10.

The needs assessment will be conducted in six urban areas of Botswana: Gaborone, Francistown, Lobatse, Mahalapye, Palapye and Maun. The needs assessment will include both quantitative and qualitative methods such as surveys, interviews and focus groups. These methods will be used to determine: (a) venues where high-risk men commonly gather; (b) communication techniques used by high-risk men, such as Internet/chat rooms or mobile phone text messaging; (c) issues of stigma and discrimination; (d) knowledge and understanding among high-risk men on HIV and STI prevention and transmission; (e) high-risk males' access to HIV prevention, care and treatment services; and (f) the extent of partner involvement [i.e., how many partners were reached and accessed services]. The needs assessment will also identify existing resources and gaps and will shed light on the feasibility and actions required to develop appropriate HIV prevention interventions for the high-risk male population. Community consultations with key informants, local NGOs, service providers and select community members will be undertaken for the purpose of developing locally- and culturally-appropriate high-risk male prevention intervention activities.

The behavioral survey will be conducted to better understand risk behaviors among identified high-risk men. The survey will shed light on issues of intercourse, alcohol use, illicit drug abuse, sex work, and/or transactional sex. Upon the completion of the aforementioned needs assessment and behavioral survey, the TBD partner will develop tailored prevention activities that ensure high-risk men and their partners are able to access the needed identified services.



Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	Redacted
Human Resources for Health	Redacted

Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Mobile Population

Budget Code Information

Mechanism ID: 12011			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 6 - High Risk Men ()			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted

Narrative:

10.P.OP24: TBD - New Coag for High Risk Men - Redacted

In order to gain a better understanding of behaviors of high-risk men in Botswana and increase their access to high quality HIV prevention, care and treatment services, a TBD partner will conduct a needs assessment as well as a behavioral survey, in addition to a review of existing programs targeting males, which will lead to the development of tailored interventions for this vulnerable population. These interventions will be implemented in future years following the information gathered in FY10.

During FY10, a TBD partner will conduct a needs assessment in six urban areas of Botswana: Gaborone, Francistown, Lobatse, Mahalapye, Palapye and Maun. The needs assessment will include both quantitative and qualitative methods such as surveys, interviews and focus groups. These methods will



be used to determine: (a) venues where high-risk men commonly gather; (b) communication techniques used by high-risk men, such as Internet/chat rooms or mobile phone text messaging; (c) issues of stigma and discrimination; (d) knowledge and understanding among high-risk men on HIV and STI prevention and transmission; (e) high-risk males' access to HIV prevention, care and treatment services; and (f) the extent of partner involvement [i.e., how many partners were reached and accessed services]. The needs assessment will also identify existing resources and gaps and will shed light on the feasibility and actions required to develop appropriate HIV prevention interventions for the high-risk male population. Community consultations with key informants, local NGOs, service providers and select community members will be undertaken for the purpose of developing locally- and culturally-appropriate high-risk male prevention intervention activities.

In addition, a behavioral survey will be conducted to better understand risk behaviors among identified high-risk men. The survey will shed light on issues of intercourse, alcohol use, illicit drug abuse, sex work, and/or transactional sex.

Upon the completion of the aforementioned needs assessment and behavioral survey, the TBD partner will develop tailored prevention activities that ensure high-risk men and their partners are able to access the needed identified services.

While target number of high-risk men reached with individual and/or small group interventions will be 500 persons, Year 1 of the project will not report on any indicators as the only activities are the needs assessment and the behavioral survey.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12012	Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 8 - Refugees ()
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted



Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

The Government of Botswana (GOB) provides comprehensive health care services to refugees in the Dukwi refugee camp clinic, with the exception of ART. Botswana is the only country in the region with a national ART program that excludes refugees. This proposal seeks support for ART for refugees in Botswana. There are 3300 recognized refugees in Botswana with 125 refugees enrolled in ART and 50 others being monitored. The UNHCR availed funding to BRCS to start the ART and Prevention of Mother to Child Transmission (PMTCT) programs to save lives in the interim while waiting for a longer term program to be funded by PEPFAR, which is planned to start in FY10.

The BRCS introduced the program in April 2009. There is a need to scale up adherence counseling at the Dukwi camp, strengthen the monitoring of treatment outcomes, and continue the provision of PMTCT through the community-based program. Refugees are currently receiving ARVs at a private clinic in Francistown. In FY10, the UNCHR and BRCS plan to establish more conducive conditions under which to run the ARV program at Dukwi camp. The program will be administered following the Botswana ARV protocols.

All women refugees who are HIV-positive and pregnant are monitored. If eligible, they start ARVs or PMTCT during their pregnancies. ARV medications for PMTCT are also obtained from the private clinic in Francistown. The BRCS nurse organizes the ARVs for the midwives in Dukwi clinic to administer to patients. All of the above activities are organized without the involvement of the Ministry of Health. The UNHCR and BRCS tried from the inception of the ARV program, Masa, to institute and maintain a regular exchange of communication with the different ministerial levels. The treatment of opportunistic infections and inpatient care are still done through the GOB medical facilities. Most refugees who begin ARVs in Botswana will be able to continue treatment upon return to their countries of origin. The UNHCR Botswana will facilitate treatment referrals through its offices in the refugees' countries of origin on a case-by-case basis.

Cross-Cutting Budget Attribution(s)



(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12012			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 8 - Refugees ()			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
<p>10.T.AT14: UNHCR - Refugees - Redacted</p> <p>The Government of Botswana (GOB) provides comprehensive health care services to refugees in the Dukwi refugee camp clinic, with the exception of ART. Botswana is the only country in the region with a national ART program that excludes refugees. This proposal seeks support for ART for refugees in Botswana. There are 3300 recognized refugees in Botswana with 125 refugees enrolled in ART and 50 others being monitored. The UNHCR availed funding to BRCS to start the ART and Prevention of Mother to Child Transmission (PMTCT) programs to save lives in the interim while waiting for a longer term program to be funded by PEPFAR, which is planned to start in FY10.</p> <p>The BRCS introduced the program in April 2009. There is a need to scale up adherence counseling at the Dukwi camp, strengthen the monitoring of treatment outcomes, and continue the provision of PMTCT through the community-based program. Refugees are currently receiving ARVs at a private clinic in Francistown. In FY10, the UNCHR and BRCS plan to establish more conducive conditions under which to run the ARV program at Dukwi camp. The program will be administered following the Botswana ARV protocols.</p> <p>All women refugees who are HIV-positive and pregnant are monitored. If eligible, they start ARVs or PMTCT during their pregnancies. ARV medications for PMTCT are also obtained from the private clinic in Francistown. The BRCS nurse organizes the ARVs for the midwives in Dukwi clinic to administer to patients. All of the above activities are organized without the involvement of the Ministry of Health. The</p>			



UNHCR and BRCS tried from the inception of the ARV program, Masa, to institute and maintain a regular exchange of communication with the different ministerial levels. The treatment of opportunistic infections and inpatient care are still done through the GOB medical facilities. Most refugees who begin ARVs in Botswana will be able to continue treatment upon return to their countries of origin. The UNHCR Botswana will facilitate treatment referrals through its offices in the refugees' countries of origin on a case-by-case basis.

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12013	Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 10 - PPP ()
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

As the budget for Botswana begins to decline, the PEPFAR/Botswana team has identified several strategies to increase the long-term sustainability of our program. One key strategy is the development of public-private partnerships (PPP).

The PEPFAR/Botswana team proposes to set aside Redacted of our budget, or Redacted to develop new public-private partnerships in FY 2010. This funding will be leveraged by a new Public Private Partnership specialist, who will work with an interagency team to develop programs that are in line with



the Partnership Framework, and leverage private sector resources.

The team has proposed dividing up this funding in three areas. First, Redacted of the funds have been targeted for PPPs in the areas of treatment and care. These areas received the largest decline in our FY 2010 budget, so therefore, the team felt it was a priority for us to try to foster creative health financing solutions in this area.

Second, a total of Redacted has been targeted toward PPPs in the area of OVC. There is a great deal of potential in this area, which can also have key linkages to other youth and gender activities.

Finally, the remaining Redacted has been set aside to help fund innovative proposals in all other program areas.

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12013			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD 10 - PPP ()			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
10.C.AC19: TBD - Care & Treatment PPPs - Redacted			
As the budget for Botswana begins to decline, the PEPFAR/Botswana team has identified several strategies to increase the long-term sustainability of our program. One key strategy is the development of public-private partnerships (PPP).			



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Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

1.
Redacted
2.
Redacted
3.
Redacted
4.
Redacted
5.
Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				95,000		95,000
Management Meetings/Professional Development				24,200		24,200
Non-ICASS Administrative Costs				694,383		694,383
Staff Program Travel				73,820		73,820
USG Staff Salaries and Benefits				643,800		643,800
Total	0	0	0	1,531,203	0	1,531,203

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
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ICASS		GHCS (State)		95,000
Management Meetings/Professional Development		GHCS (State)		24,200
Non-ICASS Administrative Costs		GHCS (State)		694,383

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				15,000		15,000
Non-ICASS Administrative Costs				5,000		5,000
USG Staff Salaries and Benefits				175,000		175,000
Total	0	0	0	195,000	0	195,000

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		15,000
Non-ICASS Administrative Costs		GHCS (State)		5,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category
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						Total
Capital Security Cost Sharing				141,889		141,889
Computers/IT Services			604,000			604,000
ICASS				586,211		586,211
Institutional Contractors			2,184,722	838,837		3,023,559
Non-ICASS Administrative Costs			887,915	250,000		1,137,915
Staff Program Travel			647,915	150,000		797,915
USG Staff Salaries and Benefits			2,822,448	1,055,124		3,877,572
Total	0	0	7,147,000	3,022,061	0	10,169,061

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GHCS (State)		141,889
Computers/IT Services		GAP		604,000
ICASS		GHCS (State)		586,211
Non-ICASS Administrative Costs		GAP		887,915
Non-ICASS Administrative Costs		GHCS (State)		250,000

U.S. Department of State

Agency Cost	Central	DHAPP	GAP	GHCS (State)	GHCS	Cost of
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of Doing Business	GHCS (State)				(USAID)	Doing Business Category Total
ICASS				27,267		27,267
Management Meetings/Professional Development				27,000		27,000
Non-ICASS Administrative Costs				70,000		70,000
Staff Program Travel				21,500		21,500
USG Staff Salaries and Benefits				609,000		609,000
Total	0	0	0	754,767	0	754,767

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		27,267
Management Meetings/Professional Development		GHCS (State)		27,000
Non-ICASS Administrative Costs		GHCS (State)		70,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total



Non-ICASS Administrative Costs				50,600		50,600
Peace Corps Volunteer Costs				1,062,000		1,062,000
Staff Program Travel				24,800		24,800
USG Staff Salaries and Benefits				315,600		315,600
Total	0	0	0	1,453,000	0	1,453,000

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		50,600