

President Bush's Emergency Plan for AIDS Relief (PEPFAR)

Country Operational Plan (COP) for Botswana

Plan Period: FY2004

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Table 1. Overview of HIV/AIDS in Country

1.1 Country Profile	
a. Population (millions): 1.7	e. Per Capita Expenditure on Health (US\$): \$116.50
b. Area (sq mi): 226,900	f. Life Expectancy (years): 65 (1991); 55.7 (2001)
c. Per Capita GDP (US\$): \$3,066 (2001)	g. Infant Mortality (per 1,000 births): 48 (1991) 56 (2001)
d. Adult Literacy Rate (%): 80%	h. Under 5 Mortality (per 1,000 births): 63 (1991) 74 (2001)
Note: In National Development Plan 9 (2003-2009), the government has committed US\$366 million to combat HIV/AIDS.	
Source(s) data: Botswana Central Statistics Office; CDC/BOTUSA Country Assistance Plan for Botswana.	
Year(s) data: 2003	
1.2 HIV/AIDS Statistics	
a. HIV prevalence in pregnant women (15 to 49 years old): 37.4% in 2003.	
b. Estimated number of HIV-infected people: 320,000 (2002).	
c. Estimated number of individuals on anti-retroviral therapy: 18,000 in February 2004 (12,000 in the government ART program; 6,000 treated privately).	
d. Estimated number of AIDS orphans: 67,000 (UNGASS); 41,592 registered with Ministry of Local Government as of 03/29/04.	
Source of Data: Botswana National HIV/AIDS Strategic Framework (2003-2009); UNGASS Report (2003); MASA Program Reporting (2004); Botswana 2003 Second Generation HIV/AIDS Surveillance Technical Report.	

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1.3 Characteristics of the HIV/AIDS Epidemic

HIV/AIDS has become an endemic widespread health crisis in Botswana, affecting urban and rural areas with equal ferocity. Although in the early stages of the epidemic the prevalence in urban districts appeared to be higher than in rural areas, the gap has become less clear recently. The national rate of infection among pregnant women age 15-49 years in 2003 was 37.4%. This rate was 36.2% in 2001 and 35.4% in 2002, making it unclear whether the rate of infection has reached a plateau of sorts or continues to steadily climb. The prevalence rate varies by district. The lowest (Southern District) has a 25.7% infection rate, while the highest (Selebi/Phikwe District) has a 52.2% infection rate. In general, the northern and especially eastern districts have consistently high HIV prevalence, while the southern districts have relatively lower prevalence. The geographical pattern of the infection rate may be related to the location of truck routes and mining towns.

The pattern of HIV infection by age in 2003 was:

	Pregnant Women	Men
15-19	22.8%	1.8%
20-24	38.6%	11.6%
25-29	49.7%	27.7%
30-34	45.9%	37.9%
35-39	41.5%	43.9%
40-49	34.4%	43.5%

(Note: The prevalence among pregnant women is based on actual surveillance results. The prevalence among men is based on Tebelopele VCT statistics and modeling on the surveillance statistics for women.)

The majority of antenatal clinic attendees were single mothers. HIV prevalence was higher among these single mothers compared to those who were married. The high infection rate among single mothers is a likely contributor to the growing number of orphaned children. (Note: Statistics from CDC-run voluntary counseling and testing centers showed a similar pattern with somewhat higher rates of infection, as would be expected at such a facility.)

The median age at first sex is slightly lower in females (18.7 years) than males (19 years). Anecdotal evidence suggests that older men with more disposable income enter into sexual relationships with young girls and this may partly explain the observed gender differences. In older age groups, the male to female infection rate ratios tend to be similar, though slightly higher, in males. Data from voluntary counseling and testing centers highlight differences by age and sex and the issue of so-called intergenerational sex. In 2003 among 15-19 year old women, the HIV prevalence in VCTs was 10%. In contrast, the prevalence in 15-19 year old men was only 1%. Among those age 35 and over, the prevalence was somewhat higher in men.

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While general awareness of HIV/AIDS was found to be high (97% have heard of AIDS), general knowledge of transmission modes was low (36% correctly answered all knowledge questions in a recent survey). Reported condom use at the last sex act with a non-regular non-cohabiting partner was higher among men than women. Reported condom use was somewhat higher among young people than among the general population. Experts are concerned that these high reported rates of condom use may reflect over-reporting due to considerable social desirability bias. The VCT data also indicates the importance of condom use. For both men and women, HIV infection prevalence was highest among those who never used condoms, lowest among those who always used condoms, and intermediate among those who sometimes used condoms. Men and women reporting having "never" used condoms in the past 3 months were more likely to be HIV positive (43.9% and 39.0% respectively) than those who reported "sometimes" (41.6% and 33.7% respectively) or those who reported "always" (32.8% and 23.3% respectively). Local data, which previously suggested a powerful direct relationship between educational attainment levels and HIV status, have become less distinct. Data obtained from a sentinel survey among pregnant women indicated that clients who had received no formal education or completed only primary school were only somewhat less and more likely to be HIV positive (34.4% and 44.7% respectively) than those who completed secondary school (38.8%). Those with tertiary education were still the least likely group to be infected (26.6%). Though those unemployed previously had a significantly lower rate of infection, that difference is also becoming less marked: Unemployed - 38.2%; Regular Job - 40.8%; Temporary Job - 41.9%; Self-Employed - 45.0%.

There is positive news on the STI front. From 1999-2000, the number of cases declined from about 200,000 to about 180,000 annually, and has remained lower. Unfortunately, this is not matched by the annual trend of new cases of TB, which has steadily climbed from about 300/100,000 population in 1992. In 2002, the total number of TB cases registered was 10,823, resulting in a TB notification rate of 623/100,000 population (the total population being estimated at 1,737,239). The TB/HIV co-infection rate in 2002 was 60% based on a survey among 2,425 TB patients.

Source of data: Botswana Second Generation HIV/AIDS Surveillance, 2004 and Tebelopele data.

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Table 2. National HIV/AIDS Response

The Government of Botswana maintains a functioning national health service, has developed a comprehensive national HIV/AIDS policy, and has established a national HIV/AIDS coordinating body – the National AIDS Coordinating Agency (NACA). Though much of the Government of Botswana's national HIV/AIDS response, consisting of programs for treatment, prevention and care, starts in the capital, Gaborone, it has nationwide reach. Botswana is a sparsely populated nation of only 1.7 million people. However, judicious use of revenue from diamond mining has provided much of Botswana's population with access to at least limited health care services. For example, 80% of the population now lives within 30 miles of a health facility where they can receive voluntary HIV counseling and testing; there are now 13 sites across the nation where free ARV treatment is provided by the government. Nonetheless, as is common in the developing world, health services/information delivery diminishes dramatically in rural areas. We plan to address this gap through the PEPFAR initiative.

The wide range of USG activities proposed under Track 2 has national reach. Good examples are PMTCT and Makgabengeng, the radio drama that is heard throughout the country. Tebelopele, the CDC/BOTUSA run voluntary counseling and testing center network, has 16 locations nationwide. Non-governmental organizations, such as YOHO and Total Community Mobilization (through NACA), will be supported. The latter reaches 65% of the households in the nation. New programs, such as the funding of FBO/NGO outreach activities through UNICEF and UNFPA/PATH, as well as the strengthening of CDC/BOTUSA Francistown operations and expanded strategic information activities, will seek to address the urban/rural gap in HIV/AIDS service delivery as well as the quality and uptake of intervention programs.

Since 2000, HIV/AIDS treatment initiatives have been largely conducted by the government, funded through government appropriations and a five-year \$100 million grant from the Bill and Melinda Gates Foundation and Merck, Inc. A major gap has been a lack in the coordination of HIV training programs. The USG has supported the initial set-up of a coordinating mechanism for the national HIV care training program; it is expected that this will be further developed. HIV/AIDS care activities have been delivered through the Ministry of Local Government and its Department of Social Services; 41,000 AIDS orphans are currently receiving direct subsidies from the government. Historically, the HHS/CDC/BOTUSA program has filled the gap in national prevention activities. Track 2 continues to address the need for prevention, while laying the groundwork for expanded nationwide interventions in treatment and care, especially assistance to orphans and vulnerable children, should additional funds be available in FY2005.

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<p>2.1 National HIV/AIDS Coordinating Body</p> <p>National AIDS Council, National AIDS Coordinating Agency</p>	<p>Type of organization (government, NGO, FBO, OVC), purpose of each national coordinating body, and description of membership</p> <p>The National Response to HIV/AIDS is coordinated by a multisectoral National AIDS Council (NAC) chaired by His Excellency, President Festus G. Mogae. The secretariat of the National AIDS Council is the National AIDS Coordinating Agency (NACA). The National AIDS Council (NAC) has representatives from all seventeen sectors including civil society, private sector and the public sectors. Other coordination mechanisms include the National HIV/AIDS Partnership Forum, chaired by NACA, and the HIV/AIDS Donor Coordination Forum, chaired by Ministry of Finance and Development Planning. The government has also established HIV/AIDS sector committees in all Ministries aimed at mainstreaming HIV/AIDS into sector plans and programs. The District Response is coordinated centrally through the Ministry of Local Government. Multisectoral AIDS Committees coordinate the District response in all districts of the country. Estimated direct HIV/AIDS related expenditure of the Government of Botswana in 2002/03 was US\$69.8 million. HIV/AIDS budget allocations for 2003/04 total \$90 million. However these figures do not reflect all the indirect costs related to the HIV/AIDS epidemic.</p>
<p>2.2 Time Period Covered in National HIV Strategic Plan(s) or document(s)</p> <p>2003 to 2009</p>	<p>Title of National HIV Strategic Plan(s) or document(s) that outline priorities and objectives</p> <p>NACA also chairs the Global Fund Country Coordination Mechanism (CCM), which governs the use of Global Fund money. The CCM is composed of Government of Botswana line ministries directly involved in HIV/AIDS initiatives and international donors, including the United Nations family. CDC/BOTUSA sits on the CCM.</p> <p>The Botswana National Strategic Framework (NSF) for HIV/AIDS 2003-2009 provides a comprehensive outline of priorities, goals and objectives for the National Response. The National HIV/AIDS Response has also been aligned with the National Development Plan 9 (2003-2009). (The NSF has been approved for implementation in 2003 by NAC. The NSF supplants the Second Medium Term Plan for HIV/AIDS (MTPII) 1998-2002.) Botswana also has a draft National Operational Plan for HIV/AIDS, prepared by NACA.</p>
<p>2.3 Major Donor/Partner Organizations</p>	<p>Primary activities supported that are related to PEPFAR goals</p> <p>Estimated 2004 Budget</p>

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<p>African Comprehensive HIV/AIDS Partnership (ACHAP) (Merck/Gates)</p>	<p>The African Comprehensive HIV/AIDS Partnership contributes specifically to strengthening national coordination of the national response on HIV/AIDS, nongovernmental organizations (NGO) support, anti-retroviral (ARV) program, monitoring and evaluation, human capacity building, laboratory support and institutional capacity development.</p>	<p>\$100,000,000 (2000-2005)</p>
<p>Baylor University/Baylor International Pediatric AIDS Initiative</p>	<p>Baylor is collaborating with the Government of Botswana to operate a pediatric clinical center of excellence, with emphasis on HIV and AIDS pediatric care. Baylor is also involved in developing curriculum and training programs regarding HIV/AIDS prevention and management. Baylor is also coordinating a nurse education and physician exchange program between Botswana, Lesotho, Namibia, South Africa and Swaziland, and the United States.</p>	<p>\$889,362 (July '03 - July '04)</p>
<p>Botswana-Harvard Partnership</p>	<p>The Botswana Harvard Partnership conducts HIV research. Main areas of research include: virology, vaccine, ARV, and the prevention of mother to child transmission of HIV (PMTCT) trial. Botswana-Harvard Partnership also operates the reference lab. Additionally, the Partnership is active in training of Botswana health providers to treat and care for those that are affected by HIV/AIDS.</p>	<p>\$7,000,000 (2002)</p>
<p>Bristol Myers Squibb Foundation (BMS)</p>	<p>Secure the Future is intended to complement the broader efforts of government to identify relevant and sustainable prevention and care programs and in programs that provide for the management of HIV/AIDS. The Baylor Center was supported with a grant from Secure the Future and the Bristol-Myers Squibb Company, along with funds from the Government of Botswana and from Harvard University.</p>	<p>\$6,000,000 to build Children's Center of Excellence in 2002. On-going grants for research through Secure the Future.</p>

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<p>Centers For Disease Control and Prevention (CDC/ BOTUSA)</p>	<p>A dozen international staff and more than one hundred local technical and support staff work in the CDC/BOTUSA Project - a collaboration of the Botswana government and the Centers for Disease Control and Prevention (CDC) of the U.S. Department of Health and Human Services. The CDC/BOTUSA Project provides technical assistance, consultation, and funding; implements programs; and conducts research with the Botswana government and other local and international partners for prevention, care and support, and surveillance of HIV/AIDS, tuberculosis, and sexually transmitted diseases (STDs). Together with the U.S. Embassy, it is the lead agency in implementing PEPFAR.</p>	<p>GAP (Converted to PEPFAR): \$11,000,000 (Pre-PEPFAR) Microbicides (Non-PEPFAR): \$2,000,000 IPT (Non-PEPFAR): \$800,000 (IPT) (2004 figures)</p>
<p>United Kingdom Department for International Development (DFID)</p>	<p>DFID provides assistance in sexually transmitted infections (STI) management, condom accessibility and behavior change communication.</p>	
<p>European Union (EU)</p>	<p>The EU provides support for capacity building for analyzing, planning and evaluating best practices to the Southern Africa Development Organization Health Sector Coordinating Unit.</p>	
<p>National AIDS Coordinating Agency (NACA)</p>	<p>Acting as the Secretariat of the National AIDS Council, NACA has been tasked by the Government of Botswana with the responsibility to coordinate the national response to the HIV/AIDS epidemic.</p>	<p>\$69,800,000 (Government of Botswana FY2003 expenditure on HIV/AIDS.)</p>
<p>Swedish International Development Agency</p>	<p>Swedish International Development Agency provides support to the District multisectoral response.</p>	<p>\$290,333 (2002)</p>
<p>United States of America Embassy</p>	<p>The State Department and USAID contribute to the Botswana HIV response with targeted projects through the "Ambassador's Initiative," a public outreach activity aimed at eroding the stigma associated with HIV/AIDS through work with key sectors including university youth, remote and rural area communities and nurses. A new project under the Initiative will focus on addressing the growing burden of children orphaned by AIDS in Botswana. The US Embassy also supports the Department of Defense to provide funding for key infrastructure projects, as well as an HIV/AIDS program with the Botswana Defence Force in support of its military's internal HIV/AIDS activities. Other non-PEPFAR HIV/AIDS related programs include public diplomacy outreach, internal AIDS in the workplace programs, the Ambassador's self-help program and course content at the International Law Enforcement Academy.</p>	<p>\$1,541,900 (Non-PEPFAR)</p>

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United States Peace Corps	Peace Corps recently returned to Botswana to provide human resources for the district HIV/AIDS Response. In mid-2004, the program will expand to about 50 Volunteers and will include PMTCT and palliative care components.	\$1,100,000 (2004)
Joint United Nations Program on HIV/AIDS (UNAIDS)	UNAIDS provides technical assistance to strengthen national coordination of the response and to assist in community mobilization, planning, monitoring and evaluation, human capacity building and to provide NGO support.	\$1,320,000 (2002)
United Nations Development Program (UNDP)	UNDP provides assistance to conduct situational and response analysis at the district and sectoral levels, to build capacity on HIV/AIDS and development for all stakeholders, to provide technical support to NACA and other stakeholders, and to implement district and sectoral operational plans. UNDP also provides assistance for the establishment of the national HIV/AIDS help telephone line.	\$9,700,000 (1997-2002)
United Nations Children's Fund (UNICEF)	UNICEF's flagship HIV/AIDS Prevention and Mitigation Programme promotes three interrelated projects: PMTCT Plus; Orphan Care and Support; and Adolescent Empowerment and Mobilization. UNICEF provides technical and financial support to government and civil society, at national, district and community levels, in order to: improve the quality of and access to service delivery through capacity building and institutional strengthening; promote and develop an enabling policy and program environment; strengthen family and community capacities; and apply a human rights based approach to community capacity development.	\$1,500,000 (2002)
United Nations Population Fund (UNFPA)	UNFPA provides support to improve and expand management and delivery capabilities for sexual reproductive health programs. UNFPA also provides assistance to enhance male involvement and expand youth choices and participation in sexual reproductive health/HIV/AIDS activities.	\$1,600,000 (2002)
World Health Organization (WHO)	WHO contributes specifically to strengthening national coordination of the health sector response by providing support for research on stigma, service delivery in ARV treatment, STI management, human capacity building, and institutional capacity development.	\$1,760,000 (2002)

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World University Service of Canada World	University Service of Canada contributes specifically to providing support for NGOs to build capacity, to raise awareness of people living with HIV/AIDS (PLWHA), to address legal and policy issues and to provide for life skills education.	
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Table 3. President's Emergency Plan In-Country Coordination and Targets for 2004-2008

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3.1 President's Emergency Plan In-Country Coordination

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Within USG:

- Led by Ambassador Joseph Huggins, USG governmental response is coordinated through the US Embassy (Team Botswana). The Department of State, HHS/Centers for Disease Control and Prevention (CDC/BOTUSA), DOD Office of Defense Cooperation and Peace Corps jointly plan and coordinate closely on all technical strategies.
- The U.S. Embassy HIV/AIDS team coordinates and collaborates with the National Institute of Health (NIH), which funds Harvard University to conduct research on PMTCT drug regimens, as well as research on an HIV vaccine. NIH also funds Baylor College of Medicine, partially funding the operation of a Pediatric Center of Excellence. CDC/BOTUSA also works closely with the Health Resources and Services Administration (HRSA) to train health care workers.
- The United States Peace Corps closely collaborates with CDC/BOTUSA on local/distinct level planning and on PMTCT.
- The USAID Regional HIV/AIDS Program (RHAP) in Pretoria has provided assistance, such as the funding of the Ambassador's HIV/AIDS Initiative prior to FY2004.
- Office of Defense Cooperation collaborates with CDC/BOTUSA on construction of VCT facilities and laboratory construction.
- The Department of Labor funds an ILO AIDS in the workplace initiative, which is coordinated with CDC/BOTUSA.

Between USG and other international partners:

- Global Fund: The US Mission/CDC/BOTUSA sits on the Global Fund Country Coordination Mechanism (CCM), which ensures compatibility between Global Fund and the USG HIV/AIDS program. The CCM has also been designated as the Government of Botswana's technical working group for PEPFAR.
- World Bank-MAP: The World Bank does not operate in Botswana, a middle-income country.
- Other (specify):
 - The US Mission/CDC/BOTUSA coordinates closely with Joint United Nations Program on HIV/AIDS (UNAIDS) on planning and implementation of HIV/AIDS national response.
 - The US Mission/CDC/BOTUSA provides financial support to the United Nations Human Rights Commission (UNHRC) to enhance the quality of life of people residing in the Dukwe refugee Camp through improving access of HIV/AIDS and STI services.
 - The US Mission/CDC/BOTUSA provides financial support and technical assistance to the World Health Organization (WHO) to establish a stigma reduction program among health providers.
 - United Nations Children's Fund (UNICEF) collaborates with the US Mission/CDC/BOTUSA in supporting PMTCT community capacity development, OVC and PMTCT+.
 - United Nations Development Program (UNDP) collaborates with the US Mission/CDC/BOTUSA and other stakeholders in the planning and implementation of the Botswana HIV Response Information Management System (BHRIMS) and district development and planning.
 - The US Mission/CDC/BOTUSA closely collaborates with the Bilateral International Developmental Partners Group on HIV/AIDS (Germany, Sweden, United Nations, United Kingdom, United States) in the development of guidelines and policies and in the coordination of HIV National Response.

Between USG and Host Government:

- The US Mission/CDC/BOTUSA provides technical assistance and support to National AIDS Coordinating Agency (NACA) for the coordination of Botswana National Response on HIV/AIDS. The US Mission/CDC/BOTUSA actively participates in joint planning and provides technical assistance for the coordination of programs and activities. This includes participation in the National HIV/AIDS Partnership Forum, which is chaired by NACA.
- The US Mission/CDC/BOTUSA provides technical assistance and financial support to the Ministry of Health (MOH) to support all technical strategies. The US Mission/CDC/BOTUSA and MOH collaborate in joint planning and coordination of programs.

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- The US Mission/CDC/BOTUSA provides technical assistance and financial support to the Ministry of Education (MOE) to support HIV prevention among youth. The US Mission/CDC/BOTUSA and MOE actively coordinate and plan HIV prevention efforts in schools.
- Ministry of Local Government works closely with The US Mission/CDC/BOTUSA on all technical strategies. The US Mission/CDC/BOTUSA and MOL collaborate on planning and coordinating of district level programming.
- The US Mission/CDC/BOTUSA closely collaborates in planning and provides technical assistance to District Multi-sectoral AIDS Committees for VCT, PMTCT, and BCC activities and services
- The Ministry of Communication, Science and Technology works closely with the US Mission/CDC/BOTUSA on BCC strategies.
- The Ministry of Finance and Development Planning (MFDP) works closely with the US Mission/CDC/BOTUSA on all strategies. Specifically, the US Mission/CDC/BOTUSA participates in joint planning and coordination the MFDP Development Partner Forum.
- The Peace Corps' host Ministry is the Ministry of Local Government, which is responsible for District and community level government programs. Volunteers are assigned to provide technical assistance to District Multi-Sectoral AIDS Committees.
- The DOD Office of Defense Coordination (ODC) liaises closely with the Botswana Defence Force (BDF) on the BDF HIV/AIDS program, which follows national guidelines and includes treatment, prevention and care services for soldiers and their families.
- Between USG and other in-country organizations (specify):
- CDC/BOTUSA provides technical assistance and financial support (through Advocates for Youth) to the Youth Health Organization (YHO) for youth based HIV prevention activities including peer mobilization and HIV/AIDS entertainment education.
- CDC/BOTUSA provides technical assistance and financial support to Botswana Christian AIDS Intervention Program (BOCAIP) to develop a country-wide network of 125 church-based, volunteer counselors to provide HIV/AIDS community prevention, counseling and care services.
- CDC/BOTUSA provides financial support (through Media Support Solutions) for the production and airing of the Matkgabeneng Radio Drama. CDC/BOTUSA also provides financial support for the HIV/AIDS reinforcement activities that accompany the radio drama (e.g. listener spots, road shows, contests).
- The University of Botswana collaborates with a number of country partners to provide HIV and AIDS education and research. University of Botswana specifically collaborates with CDC/BOTUSA on VCT services.
- CDC/BOTUSA collaborates with African Comprehensive HIV/AIDS Partnership (ACHAP) in many areas. For example, the equipment for Francistown Laboratory was funded by ACHAP. Other collaborations consist of coordinating on planning of HIV prevention, care and treatment activities.
- Through a CDC cooperative agreement, CDC/BOTUSA works with Association for Public Health Laboratories (APHL) to provide technical assistance and training in public health laboratory practices (including laboratory quality assurance and control for HIV/AIDS, STI and TB) to the Government of Botswana.
- CDC/BOTUSA funds Baylor College of Medicine for the development of HIV Curriculum for health professionals and for the nurse training of trainers program. Supplemental funding from CDC/BOTUSA will support an in-country coordinator to be based at the Children's Clinical Center for development of curriculum materials and training programs regarding prevention and management of HIV/AIDS in Botswana.
- CDC/BOTUSA provides technical assistance and support for a workplace needs assessment in collaboration with the Botswana Business Coalition on AIDS (Debswana, Standard Charter Bank and BOCCIM). CDC/BOTUSA also provides information to BBKA about HIV/AIDS prevention and care in the workplace and collaborates with the BBKA, government and trade unions to assist in coordinating approaches to policy and HIV prevention programs in the workforce.

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- CDC/BOTUSA closely collaborates with Botswana-Harvard AIDS Institute Partnership for HIV Research and Education Harvard (BHP), a cooperative research and training initiative between the Government of the Republic of Botswana and the Harvard AIDS Institute, on surveillance, laboratory technical support, training, and PMTCT. BHP also implements Knowledge, Innovation, Training, Shall Overcome AIDS (KITSO) Training Program (a collaboration of the National AIDS Coordinating Agency, Botswana Ministry of Health, the African Comprehensive HIV/AIDS Partnership, United Nations Program on AIDS and the Harvard AIDS Institute that aims to standardized training crafted specifically for Botswana's health professionals.) CDC/BOTUSA is a part of the planning committee for KITSO.
- ODC works closely on orphan care with several NGOs and charitable organizations, such as International Rotary Club, Shining Star Orphan Day-Care Center in Francistown, the Holy Cross Hospice, and the Orphan Day-Care Center in Mogodishane run by the Catholic Church. ODC also provides Excess Defense Articles.
- CITS (TRW) Northrop Grumman is under contract for personnel services for VCT, TB and informatics.
- Education Development Center (EDC) has a cooperative agreement with CDC/BOTUSA to assist in the development of educational materials and training for teachers in Botswana.
- NACA and CDC/BOTUSA provide financial support and technical assistance to Humana People to People to run the Total Community Mobilization Program (TCM) in Botswana. TCM activities include training a cadre of field officers to inform, educate and mobilize the community. TCM complements and supplements work of other organizations working with HIV/AIDS in Botswana. TCM supports the following technical strategies: VCT, Youth, BCC, PMTCT.
- CDC/BOTUSA provides financial support to the Institute of Development Management to provide VCT staff training, SMDP management training, Epidemiology-info training, and AIDS in the workplace training.
- CDC/BOTUSA provides financial support to International Training Education Center on HIV (I-TECH) - University of Washington & University of California - for the purposes of assessing HIV prevention programs, supporting the development of a nurse training of trainers curriculum and development of a STI algorithm training.
- McKing Corp is under contract to provide a senior retired Public Health Advisor to facilitate improved operations for CDC/BOTUSA Associate Director of Operations.
- CDC provides technical assistance and financial support to Media Support Solutions (MSS) to closely collaborate with Makgabeng in the development of scripts and the production and airing of the radio drama.
- CDC/BOTUSA provides financial support to the National Association of State and Territorial AIDS Directors (NASTAD) to provide technical assistance to the Government of Botswana to expand district level capacity to respond to the HIV/AIDS epidemic in Botswana and to provide an assessment of the TCM project.
- CDC/BOTUSA provides financial support to Population Services International (PSI) to conduct social marketing of VCT services. CDC/BOTUSA also supports PSI to conduct condom social marketing activities, which are accompanied by generic communication campaigns that educate and induce such healthy behavior as abstinence, delay of sexual relations, mutual fidelity and correct and consistent condom use. CDC/BOTUSA provides financial support to PSI to address youth, BCC and VCT technical strategies.
- Social Impact Assessment and Policy Analysis Corporation (SIAPAC) is under contract to conduct the Radio Drama listenership survey and audience perception survey.
- Through the CDC University Technical Assistant Program (UTAP) cooperative agreement, CDC/BOTUSA receives assistance from University of Medicine and Dentistry of New Jersey (UTAP) to conduct a needs assessment of training of lay counselors for PMTCT.

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3.2 President's Emergency Plan Targets for 2004-2008							
Target Area	2004	2005	2006	2007	2008	2009	2010
Total # Infections averted	11,691	11,691	15,199	15,199	16,368	23,383	23,383
# Infections averted: PMTCT	1,764	1,820	1,876	1,932	1,988	2,044	2,100
# Infections averted: Other (not PMTCT)	9,927	9,871	13,323	13,267	14,380	21,339	21,283
Total # receiving Care and Support	18,000	45,000	85,000	130,000	165,000	N/A	
# OVC receiving Care and Support	5,000	20,000	32,000	45,000	55,000	N/A	
# receiving Palliative Care	10,000	25,000	53,000	85,000	110,000	N/A	
# receiving ART	15,000	29,000	43,000	57,000	71,000	N/A	

NOTES: (1) These targets are in accordance with Botswana's National Strategic Framework for HIV/AIDS, 2003-2009.

(2) The U.S. Mission in Botswana awaits further guidance on targets from S/GAC.

Updated: 03/31/2004

Table 4. Implementing Partners, FY 04 Objectives, Activities, Budget

Table 4.1.A 4.1.A Current status of program in country	Prevention of Mother to Child Transmission (PMTCT) - PEPFAR (FY 2004)
	<p>National Program Goal: To improve child survival and development through the reduction of HIV related morbidity and mortality; To reduce the annual incidence of HIV infections in children by at least 50 percent by the year 2009; To increase the percentage of HIV positive pregnant women receiving a complete course of ARV prophylaxis to 70 percent by 2006 and 100 percent by 2009.</p> <p>Mission Program Goal: To contribute to increasing utilization of PMTCT services by women and their families to reduce transmission of HIV from mother to child.</p> <p>CDC/BOTUSA provides technical and financial support, manpower, infrastructure and equipment to the national PMTCT program. CDC/BOTUSA supports 13 positions in the national and regional program offices (1 National Coordinator, 2 Regional Coordinators, 3 IEC, 3 Counseling, 3 Data Management and 1 Nutritionist). CDC/BOTUSA has provided additional counseling space to health facilities (200 two-roomed portable buildings), and equipment for group video education (200 TV/VCR sets). CDC/BOTUSA has also provided technical assistance for the improvement of counseling, counselor training, the development of the lay counselor cadre, and the development of the information management system. Together with the Government of Botswana and other partners, CDC/BOTUSA has established a program evaluation site in Francistown aimed at improving implementation and utilization of services. PMTCT activities are in alignment with the National HIV/AIDS Strategic Framework.</p>
4.1.B How new activities will contribute to PEPFAR targets linkages to other activities	<p>The Mission's PMTCT PEPFAR program in FY04 will constitute continued strengthening of the national PMTCT program through ongoing technical and financial support. Support to the Ministry of Health will provide increased human resources, which will enable more effective program implementation nationwide. UMDNJ will provide technical assistance to strengthen pre-and in-service training of health workers to improve the delivery of services, while the Francistown evaluation site, serving a population of 54,000, will generate valuable best practices that will be used to influence policy changes and program improvements. Through these combined efforts, a greater number of new infections in infants will be averted.</p> <p>Additional activities may be added in FY2005 if funds and prioritization of activities permit. Through policy and guideline development and training, such activities will increase the number of women tested through routine testing and the number receiving ARV. The overall program will be strengthened through monitoring and evaluation.</p>

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Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount(s)	Budget Source (BASE, PMTCT, S/GAG)	Track (HHS, 2)
MINISTRY OF HEALTH COOPERATIVE AGREEMENT FBO? No	Strengthen national human resource capacity to enable more effective program implementation.	Provide salaries for 13 positions in the national and regional PMTCT program offices of the Family Health Division: 1 National Coordinator 2 Regional Coordinators 4 IEC Officers (2 National + 2 Regional) 2 Counselors 1 Data Manager 2 Data Clerks 1 Nutritionist (Note: Additional Ministry of Health PMTCT activities are funded through PMTCT/PI - Table 4.1.B)	HHS/ CDC	<input type="text"/> (April 1, 2004 - March 31, 2005.)	BASE	2
CDC/BOTUSA PMTCT OPERATIONS FBO? No	Strengthen the national PMTCT program, increasing uptake in the program, adherence, and efficacy.	Support CDC/BOTUSA PMTCT technical operations through provision of salaries, travel costs, training, rents, printing, supplies and associated operational costs.	HHS/ CDC	<input type="text"/>	BASE	2

B5

UNCLASSIFIED

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UMDNJ UTAP FBO? No	Strengthen pre- and in-service training of health workers for the improvement of service delivery and program uptake.	Develop and provide PMTCT updates for national and district staff, Institute of Health Sciences (IHS) faculty, PMTCT trainers and health care workers; assist IHS to revise the midwifery curriculum; provide support to the development of a national training plan; and develop guidelines for follow up care of HIV-infected women and their infants.	HHS/ CDC		S/GAC	1.5
4-114A Proposed new activities in FY 04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		
CDC/BOTUSA PMTCT - FRANCISTOWN OPERATIONS New partner? No FBO? No	Strengthen the national PMTCT program by evaluating alternative delivery systems and demonstrating best practices for diagnosis, follow up and referral of infants after delivery.	Implementation of the use of polymerase chain reaction (PCR) laboratory techniques for infant HIV diagnosis. Currently this is national policy, but its implementation has been delayed. Through this demonstration project in Francistown, we plan to implement PCR testing nationwide for infant diagnosis.	HHS/CDC			
Total partners: 2	New partners: 0	FBOs: 0	Total budget:			

Updated: 03/31/2004

<p>Table 4.1.B</p>	<p>Prevention of Mother-to-Child Transmission - PMTCT/PI (President's Initiative) (FY04 Only)</p>
<p>4.1.1.B Current status of program in country</p>	<p>National Program Goal: To improve child survival and development through the reduction of HIV related morbidity and mortality; To reduce the annual incidence of HIV infections in children by at least 50 percent by the year 2009; To increase the percentage of HIV positive pregnant women receiving a complete course of ARV prophylaxis to 70 percent by 2006 and 100 percent by 2009.</p> <p>Mission Program Goal: To contribute to increasing utilization of PMTCT services by women and their families to reduce transmission of HIV from mother to child.</p> <p>CDC/BOTUSA provides technical and financial support, manpower, infrastructure and equipment to the national PMTCT program. CDC/BOTUSA supports 13 positions in the national and regional program offices (1 National Coordinator, 2 Regional Coordinators, 3 IEC, 3 Counseling, 3 Data Management and 1 Nutritionist). CDC/BOTUSA has provided additional counseling space to health facilities (200 two-roomed portable buildings), and equipment for group video education (200 TV/VCR sets). CDC/BOTUSA has also provided technical assistance for the improvement of counseling, counselor training, the development of the lay counselor cadre, and the development of the information management system. Together with the Government of Botswana and other partners, CDC/BOTUSA has established a program evaluation site in Francistown aimed at improving implementation and utilization of services. PMTCT activities are in alignment with the National HIV/AIDS Strategic Framework.</p>
<p>4.1.2.B How new activities will contribute to PEPFAR targets; linkages to other activities</p>	<p>The Mission's PMTCT program in FY04, supported by President's PMTCT Initiative funds, will strengthen the national PMTCT program and improve uptake by supporting training, social marketing and non-governmental organizations. Through these efforts, a greater number of new infections in infants will be averted and new indigenous partners will be engaged.</p> <p>Notes:</p> <p>(1) Section 4.1.B contains only PMTCT/PI funds. This section is included for information and does NOT constitute a request for funds under PEPFAR.</p> <p>(2) The PMTCT/PI program ends in FY2004. Continued funding of these activities in FY2005 under the Mission's PMTCT PEPFAR program is anticipated, but will depend on the availability of funding in FY2005 and the performance of the activities in FY2004.</p> <p>(3) Due to the rapid roll-out of Track 1.5, and consequent lack of guidance on how to account for PMTCT/PI program funds, some PMTCT/PI activities were inadvertently included in the Track 1.5 application. These have now been rectified.</p>

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4183 Existing activities, Initiated prior to FY04						
Partner	FY04 objective	Activities for each objective	Agency	Budget Amount(\$)	Budget Source (Base, PMTCT, S/GAO)	Track (0,1,5,2)
MINISTRY OF HEALTH FBO? No	Strengthen the national PMTCT program, increasing uptake in the program, adherence, and efficacy.	Develop teacher materials, train teachers, hire coordinator for the integration of HIV and PMTCT into mid-wife training; develop and implement a "caring for the caregivers" program for PMTCT health workers at all sites; develop and implement in-service training for PMTCT trainers and counselors and train 125 trainers; hold eight 2-day meetings for 300 PMTCT counselors; train 24 district coordinators in supervision and support of counselors; send 10 PMTCT implementers on management short courses so that 450 nationals will in the end be trained by 09/04. Budget: <input type="text"/> through March 31, 2005.	HHS/ CDC		PMTCT/ PI	PEPFAR Funding will be requested in FY2005.
AED SOCIAL MARKETING New partner? Yes FBO? No	Increase uptake and adherence in the national PMTCT program.	Provide technical assistance and support to develop and implement a national social marketing campaign for PMTCT. Budget: <input type="text"/> (Note: <input type="text"/> of this amount was included in Track 1.5.)	HHS/ CDC		PMTCT/ PI	PEPFAR Funding will be requested in FY2005.

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<p>PMTCT NGO SMALL GRANTS PROGRAM (VENDOR TBD)</p> <p>New partner? Yes FBO? YES**</p>	<p>Provide technical assistance and funding to three NGOs for the expansion of counseling and other psychosocial support services for women and their families.</p>	<p>Establish 3 new centers providing counseling and psychosocial care. Develop and implement a mothers-to-mothers-to-be program in 6 districts. Train 125 community counselors. Train and support PLWHAs as ARV counselors at implementing sites. Budget: [] (Note: Original budget in IP was [])</p>	<p>HHS/ CDC</p>	<p>PMTCT/ PI</p>	<p>PEPFAR Funding will be requested in FY2005.</p>
<p>CDC/BOTUSA PMTCT - FRANCISTOWN SALARIES</p> <p>FBO? No</p>	<p>Strengthen the national PMTCT program by evaluating alternative delivery systems and demonstrating best practices.</p>	<p>Support CDC/BOTUSA PMTCT technical operations in Francistown through provision of salaries. Budget: []</p>	<p>HHS/ CDC</p>	<p>PMTCT/ PI</p>	<p>PEPFAR Funding will be requested in FY2005.</p>
<p>RENOVATIONS OF CDC/BOTUSA AND FRANCISTOWN LABORATORY</p> <p>FBO? No</p>	<p>Strengthen the national PMTCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>Provide more effective technical and laboratory support to national PMTCT operations through CDC/BOTUSA by renovating facilities. Budget: []</p>	<p>HHS/ CDC</p>	<p>PMTCT/ PI</p>	<p>PEPFAR Funding will be requested in FY2005.</p>
<p>Total partners: 3</p>	<p>New partners: []</p>	<p>2</p>	<p>FBOs: []</p>	<p>Total budget: []</p>	<p>[] (NOT PEPFAR)</p>

** While the U.S. partner is not an FBO, the project is designed to fund the activities of indigenous faith-based NGOs. Engagement of FBO partners in Botswana is therefore accomplished. Identification of specific local FBO partners will occur as the project rolls out.

Updated: 03/31/2004

Table 4.2 A.2.1. Current status of program in country	Abstinence and Faithfulness Programs
	<p>Key National Program Goals: Increase the number of persons within sexually active populations who adopt key HIV prevention behaviors by 2009; increase the number of young people aged 15-24 who adopt key HIV prevention behaviors by 2009.</p> <p>Mission Program Goal: To contribute to behavior change relevant to HIV prevention, care and treatment among populations at risk in Botswana.</p> <p>The Mission's existing activities contribute to the uptake of abstinence and faithfulness behavior by the population of Botswana.</p> <p>CDC/BOTUSA supports several information, education and communication activities including Makgabeng (radio drama), a nationally broadcast radio drama, which is accompanied by a set of associated community based activities. The radio drama broadcasts four times per week, with two new episodes. Preliminary results of a national survey indicate that approximately 45% of a sample of districts listen to Makgabeng at least once a week and listenership is strongly associated with recent HIV testing and PMTCT uptake. Behavioral change activities are aligned with National HIV/AIDS Strategic Framework.</p> <p>CDC/BOTUSA funds a local NGO, the Botswana Christian AIDS Intervention Project (BOCAIP), to develop a countrywide network of 125 church-based, volunteer counselors to provide HIV/AIDS community prevention, counseling and care services. Part of this initiative incorporates PMTCT into a counselor-training course, training 20 counselor trainers and 120 community counselors in PMTCT in 2004. Faith based activities are aligned with National HIV/AIDS Strategic Framework.</p> <p>CDC/BOTUSA employs a number of efforts aimed at youth. CDC/BOTUSA provides technical assistance and support for the development, piloting and dissemination of school-based HIV prevention materials (with a stress on abstinence) and trainings for teachers to use school-based curriculum and materials in collaboration with the Ministry of Education. CDC/BOTUSA also supports the Youth Health Organization (YHO), a locally based and managed NGO, through a cooperative agreement with Advocates for Youth to conduct youth-based peer prevention and educational entertainment programs. Youth supported activities are closely aligned with National HIV/AIDS Strategic Framework.</p>

Updated: 03/31/2004

<p>4.2.2 How new activities will contribute to PEPFAR targets. Linkages to other activities</p>	<p>YOHO, founded and run by young people, is perhaps the preeminent organization in Botswana effectively tackling the issue of HIV/AIDS among youth. Support of YOHO's new abstinence program will lead directly to an increase in abstinence among youth and will lead to greater utilization of readily available VCT, ARV, palliative care and OVC services.</p> <p>Additional abstinence and faithfulness activities will be added in FY2005 if funds and prioritization of activities permit.</p>					<p>Track (1,1.5,2)</p>
<p>4.2.3 Existing activities initiated prior to FY04</p>						
<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base, PMTGT, S/GAG)</p>	<p>Track (1,1.5,2)</p>
<p>Axiom/MSS Makgabengeng FBO? No</p>	<p>Prevent new HIV infections through modeling behavior change and increase care and treatment by encouraging HIV testing and decreasing stigma through the production and airing of a radio drama twice a week.</p>	<p>Setswana-language radio drama "Makgabengeng" incorporates HIV/AIDS information (prevention/testing/treatment) in a radio drama broadcast twice weekly to a nationwide audience. Listener surveys have indicated that the drama's messages have a significant impact. Funding covers salaries/production costs of two episodes a week; hiring of 2 behavioral change experts to test/develop new messages and assist in monitoring and evaluation; expansion of reinforcement activities (Makgabengeng road shows, contests, etc).</p>	<p>HHS/ CDC</p>	<p></p>	<p>S/GAC S/GAC S/GAC</p>	<p>1.5 1.5 2</p>
<p>(Note: This budget funds operations through January 2005, and includes hiring a behavioral scientist @ [redacted])</p>						

Updated: 03/31/2004

<p>BOCAIP AB COUNSELING</p> <p>FBO? Yes**</p>	<p>Prevent new HIV infections through faith-based behavior change counseling and increase HIV care and support through supportive counseling and training of 408 counselors on HIV/AIDS prevention, support and counseling skills for families and communities in 12 health districts reaching 2,500 clients.</p>	<p>Provide 1/3 salary and benefits support to three faith-based HIV/AIDS counseling training officers; provide 1/3 salary and benefits support to M&E officer. Fund four 10-day training sessions for 80 faith-based HIV/AIDS counselors. Fund four 5-day field assessments.</p>	<p>HHS/ CDC</p>	<p>[Redacted] (Note: Listed as [Redacted] in track 1.3)</p>	<p>S/GAC</p>	<p>1.5</p>
<p>WHO/DASH</p> <p>(NOTE: "DASH" IS HHS/CDC'S DIVISION OF ADOLESCENT SCHOOL HEALTH.)</p> <p>FBO? No</p>	<p>Strengthen national abstinence efforts among school children. Botswana teachers will have available culturally sensitive, developmentally appropriate and gender sensitive HIV/AIDS/STI prevention and life-skills materials in every primary and secondary school.</p>	<p>Through the Education Development Center (EDC) in the Ministry of Education, assist in the development and implementation of appropriate HIV/AIDS educational materials for all 12 grade levels and the training of teachers in the curriculum.</p>	<p>HHS/ CDC</p>	<p>[Redacted]</p>	<p>S/GAC</p>	<p>1.5</p>

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<p>MINISTRY OF EDUCATION AB SCHOOL CURRICULUM FBO? No</p>	<p>Prevent new HIV infections among youth.</p>	<p>Together with HHS/CDC, the Ministry of Education has developed a life skills curriculum on HIV/AIDS for all grade levels. This will be piloted in 34 schools the beginning of 2004. These funds will pay a printing company for printing of the pilot curriculum materials to be used in classrooms when the school year starts. (Note: This was inaccurately estimated at [redacted] in Track 1.5.)</p>	<p>HHS/ CDC</p>	<p>[redacted]</p>	<p>S/GAC</p>	<p>1.5</p>
<p>CDC/BOTUSA MODELING AND REINFORCEMENT TO COMBAT HIV (MARCH) TECHNICAL OPERATIONS FBO? No</p>	<p>Strengthen national abstinence and faithfulness efforts, increasing uptake in the national program, adherence, and efficacy through increasing the number of persons within sexually active populations who adopt key HIV prevention behaviors by 10%; increasing the number of young people aged 15- 24 who adopt key HIV prevention behaviors by 10%.</p>	<p>Provide support to CDC/BOTUSA Modeling And Reinforcement to Combat HIV (MARCH) technical operations through provision of salaries, travel costs, training, rents, printing, supplies and associated operational costs. 50% of all 15-49 year olds in the country will be reached through MARCH operations.</p>	<p>HHS/ CDC</p>	<p>[redacted]</p>	<p>BASE</p>	<p>2</p>

Updated: 03/31/2004

<p>CDC/BOTUSA BEHAVIOR CHANGE COMMUNICATION (BCC) TECHNICAL OPERATIONS FBO? No</p>	<p>Strengthen national abstinence and faithfulness efforts, increasing uptake in the national program, adherence, and efficacy through increasing the number of persons within sexually active populations who adopt key HIV prevention behaviors by 10%; increasing the number of young people aged 15-24 who adopt key HIV prevention behaviors by 10%.</p>	<p>Provide support to CDC/BOTUSA BCC technical operations through provision of salaries, travel costs, training, rents, printing, supplies and associated operational costs. Includes CDC/BOTUSA technical support for all BOTUSA supported behavioral change communication projects (education project, TCM, BOCAIP, YOHO, Call Center.)</p>	<p>HHS/ CDC</p>	<p>[]</p>	<p>BASE</p>	<p>2</p>
<p>CDC/BOTUSA BBC FSN IEC (MOE) OFFICER FBO? No</p>	<p>Strengthen national abstinence and faithfulness efforts, increasing uptake in the national program, adherence, and efficacy through increasing the number of persons within sexually active populations who adopt key HIV prevention behaviors by 10%; increasing the number of young people aged 15-24 who adopt key HIV prevention behaviors by 10%.</p>	<p>Provide technical support to CDC/BOTUSA BCC AB and communications activities with the Ministry of Education (MOE). (Note: This new position is part of CDC/BOTUSA BCC technical operations. Budget covers salary from Jun 1 - September 30, 2004.)</p>	<p>HHS/ CDC</p>	<p>[]</p>	<p>BASE</p>	<p>2</p>

Updated: 03/31/2004

OFFICE OF DEFENSE COOPERATION (ODC)	Increase uptake and adherence in both national and Botswana Defence Force (BDF)-run HIV/AIDS prevention programs by members of the BDF and their families.	ODC funds marriage workshops through the BDF HIV/AIDS program. Workshops include BDF chaplains, BDF social workers and Medical Corps personnel, who discuss abstinence and faithfulness with BDF married members and dependent family members.	DOD/ODC	Non-PEPFAR Activity
Budget: <input type="text"/> in FY 2004				
4.2.4 Proposed new activities in FY04				
Partner	FY04 Objective	Activities for each objective	Agency	Budget
UNFPA/PATH New Partner: Yes FBO? Yes**	Strengthen national abstinence efforts, increasing uptake in the national program, adherence, and efficacy.	Provide sensitization, training, materials and support to FBO and youth organizations seeking to spread the message of abstinence among the youth of Botswana. UNFPA will work through the Botswana Christian Council, which incorporates the Evangelical Fellowship of Botswana and the Organization of Africa Independent Churches. Altogether, about 75 denominations will be supported.	HHS/CDC	<input type="text"/>
YOHO New Partner: No FBO? Yes**	Reach 100,000 youth with information & skills building opportunities to help them understand the importance of abstinence in efforts to prevent HIV transmission.	A new activity with an old partner: Build capacity of 25 local school, faith and community based HIV/AIDS prevention programs to deliver youth-oriented abstinence messages and skill building opportunities. Specific activities will include "edutainment" activities (including theater); training; outreach; community mobilization; national radio outreach; AB materials development and dissemination; and capacity building and training of local partner organizations outside Gaborone.	HHS/CDC	<input type="text"/>
Total partners: 6	New partners: 1	FBOs: 3**	Total budget:	<input type="text"/>

Updated: 03/31/2004

** BOCAIP is an FBO. While UNFPA/PATH and YOHO are not FBOs, their projects are designed to fund the activities of indigenous FBOs. Engagement of faith-based NGO partners in Botswana is therefore accomplished. Identification of specific FBO partners will occur as the projects roll out.

Updated: 03/31/2004

Table 4.3 Blood Safety															
4.3.1 Current status of program in country	<p>Mission Program Goal: To broaden and upgrade the national blood collection and storage systems and improve national blood safety practices.</p> <p>Prior to PEPFAR, the Government of Botswana had not requested USG assistance for this technical strategy. Blood safety activities are supported by other partners in Botswana, particularly ACHAP through their partnership with Safe Blood for Africa. UNICEF and WHO have supported epidemiology injection safety assessments. CDC/BOTUSA is aware that safe medical practices is an issue of concern and has assisted the Government of Botswana to develop a safe blood and medical practices proposal for submission to PEPFAR. These and any future activities will be in alignment with the National HIV/AIDS Strategic Framework.</p>														
4.3.2 How new activities will contribute to PEPFAR targets; linkages to other activities	<p>The Government of Botswana's Track 1 blood safety proposal to PEPFAR will enable the government to implement a safer and more widely available national blood supply, thereby preventing new infections - a key PEPFAR target.</p>														
4.3.3 Existing activities initiated prior to FY04	<table border="1"> <thead> <tr> <th>Partner</th> <th>Activities for each objective</th> <th>Agency</th> <th>Budget Amount (\$)</th> <th>Budget Source (Base, PMU, S/GAO)</th> <th>Track (1-15, 2)</th> </tr> </thead> <tbody> <tr> <td>NONE</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Partner	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMU, S/GAO)	Track (1-15, 2)	NONE							
Partner	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMU, S/GAO)	Track (1-15, 2)										
NONE															
4.3.4 Proposed new activities in FY04	<table border="1"> <thead> <tr> <th>Partner</th> <th>FY04 Objective</th> <th>Activities for each objective</th> <th>Agency</th> <th>Budget Amount (\$)</th> <th>Budget Source (Base, PMU, S/GAO)</th> <th>Track (1-15, 2)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMU, S/GAO)	Track (1-15, 2)							
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMU, S/GAO)	Track (1-15, 2)									

Updated: 03/31/2004

<p>MINISTRY OF HEALTH TECHNICAL SUPPORT SERVICES</p> <p>New partner? No FBO? No</p>	<p>Broaden and upgrade the national blood collection and storage systems and improve national blood safety practices.</p>	<p>The MOH Blood unit will engage medical and laboratory staff, purchase office equipment, laboratory equipment and supplies, fund travel, procure four vehicles and improve and construct blood collection centers. The requested budget for 12 months is <input type="text"/></p>	<p>HHS/CDC</p>	<p>PROPOSED FOR TRACK 1</p>
<p>INTERNATIONAL TECHNICAL ASSISTANCE PARTNER/MINISTRY OF HEALTH TECHNICAL SUPPORT SERVICES</p> <p>New partner? Yes FBO? No</p>	<p>Broaden and upgrade the national blood collection and storage systems and improve national blood safety practices.</p>	<p>We understand that an international technical assistance partner has applied through Track 1 (4078) to assist the Ministry of Health Technical Services Department. The requested budget is unknown.</p>	<p>HHS/CDC</p>	<p>PROPOSED FOR TRACK 1</p>
<p>Total partners: 1</p>	<p>New partners</p>	<p>1, maybe 2</p>	<p>Total budget</p>	<p>Requested to Date</p>
<p>Total partners: 1</p>	<p>New partners</p>	<p>0</p>	<p>Total budget</p>	<p>Requested to Date</p>

Updated: 03/31/2004

Table 4.4 Safe Injections and Prevention of Other Medical Transmission of HIV						
Mission Program Goal: To improve safe injection practices and the level of prevention of other medical transmission of HIV.						
Prior to PEPFAR, the Government of Botswana had not requested assistance for this technical strategy. The US Mission is aware that safe injection practices and prevention of other medical transmission of HIV is an issue of concern and welcomes the John Snow, Inc. Track 1 initiative in this sector. These and any future safe injection activities will be in alignment with the National HIV/AIDS Strategic Framework.						
John Snow, Inc. will partner with the Academy for Educational Development (AED) and the Program for Appropriate Technology in Health (PATH) to implement a PEPFAR Track 1 injection safety proposal, which will enable the government health network to implement a safer and more comprehensive injection safety system and reduce accidental medical transmission of HIV, thereby preventing new infections - key PEPFAR targets. The partners will (a) conduct an initial assessment of the current injection practices within; (b) draft a national plan for the safe and appropriate use of injections; (c) design and field test a project to enhance injection safety in selected area(s) of each country that would address improving provider skills, improving procurement and management of safe injection equipment and supplies, increasing managers' awareness and skills, and advocacy to reduce demand for injections and knowledge about injection safety among the general public; (d) develop and implement an advocacy strategy for wider public understanding and support to the development of the national injection safety plan; and (e) finalize the National Plan for Injection Safety. The approved budget is <input type="text"/> for seven countries, including Botswana.						
4.4.3 Existing activities initiated prior to FY04						
Partner	FY04 objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMT/GI, S/GAG)	Track (0, 1, 5, 2)
NONE						
4.4.4 Proposed new activities in FY04						
Partner	FY04 objective	Activities for each objective	Agency	Budget	Agency	Budget

Updated: 03/31/2004

<p>JOHN SNOW, INC. New partner? Yes FBO? No</p>	<p>1</p>	<p>Improve safe injection practices and the level of prevention of other medical transmission of HIV.</p>	<p>New partners: 1</p>	<p>See 4.4.2 above. (Note: The local John Snow, Inc. representative was unable to specify the specific amount budgeted for Botswana as of 03/29/04.)</p>	<p>FBOs: 0</p>	<p>HHS/CDC</p>	<p>APPROVED IN TRACK 1</p>
						<p>Total budget:</p>	

Updated: 03/31/2004

Table 4.5
4.5.1 Current status
of program in
country

4.5.1 Current status of program in country	Other Prevention Initiatives (e.g., provision of condoms, control of STIs, high-risk groups)
	<p>Mission Program Goal: To contribute to a variety of other prevention initiatives that will prevent new infections among all populations in Botswana.</p> <p>In partnership with the Government of Botswana, CDC/BOTUSA supports prevention activities that contribute to the achievement of PEPFAR prevention goals.</p> <p>CDC/BOTUSA supports several wide-ranging information, education and communication activities, including Total Community Mobilization (TCM), Ipoleise (call center) and PSI sensitization and distribution of condoms programs. TCM activities include training a cadre of field officers (one per 2,000 population) to inform, educate and mobilize the community. (Note: 65% of the households in Botswana have been reached.) TCM complements and supplements work of other organizations working with HIV/AIDS in Botswana. Ipoleise call center provides information on HIV/AIDS prevention, care, treatment, testing and referral services. PSI supports sensitization and distribution of condoms programs aimed at sexually active populations at high risk.</p> <p>CDC/BOTUSA employs a number of efforts aimed at youth, including support of the Youth Health Organization (YHO) through a cooperative agreement with Advocates for Youth to conduct youth-based peer prevention and educational entertainment programs.</p> <p>A national HIV/AIDS program goal is to increase the number of skilled health workers providing accurate diagnosis and treatment of opportunistic infections. CDC/BOTUSA, through the International Training Education Center on HIV (I-TECH) and the Ministry of Health, supports the development of syndromic case management algorithms and treatment guidelines; development of training materials for health workers and clients; training in syndromic case management; and evaluation of the effectiveness, acceptability and coverage of quality STI care. By improving the quality of STI care, more persons with STI symptoms - and at very high risk for HIV infection - will seek STI services. This initiative includes introduction of routine HIV counseling and testing in STI care and strengthens HIV risk assessment, HIV prevention counseling, and condom promotion for persons with STI symptoms. The anticipated result will be greater adoption of risk reduction behaviors by both high-risk HIV negative patients, and by HIV positive patients to avoid passing HIV and other STIs to others. In 2002, CDC/BOTUSA conducted an assessment of STI etiologies and syndromic treatment algorithm validation study. This technical strategy is aligned with National HIV/AIDS Strategic Framework.</p> <p>Other prevention activities are aligned with National HIV/AIDS Strategic Framework.</p>

Updated: 03/31/2004

<p>4.5.2 How new activities will contribute to PEPFAR targets, linkages to other activities</p>	<p>During FY2004, the U.S. Mission will consolidate and strengthen existing activities. There are no proposed new activities. Additional activities may be added in FY2005 if funds and prioritization of activities permit.</p>								
<p>4.5.3 Existing activities initiated prior to FY 04</p>									
<p>Partner YOHO FBO? No</p>	<p>FY04 Objective Encourage youth nationwide to avoid risky sexual behavior.</p>	<p>Activities for each objective By 2005, reach 200,000 youth with youth-specific HIV/AIDS prevention messages through "Edutainment" activities, including theater, training; outreach; community mobilization. Conduct national radio outreach. Develop and disseminate BCC materials. Build capacity of five local partner organizations outside of Gaborone to deliver youth-specific HIV/AIDS prevention messages.</p>	<p>Agency HHS/ CDC</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base, PMTCT, ST/GAG)</p> <p>BASE</p>	<p>Track (M1-S12)</p> <p>2</p>			

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<p>NACA FBO? No</p>	<p>Increase uptake and adherence in national HIV prevention, treatment and care programs.</p>	<p>NACA and CDC/BOTUSA provide financial support and technical assistance to Humana People to People to run the Total Community Mobilization Program (TCM), a nationwide door-to-door community HIV education program, which has reached 65% of Botswana households. TCM activities include training a cadre of field officers to inform, educate and mobilize the community. TCM complements and supplements work of other organizations working with HIV/AIDS in Botswana and supports the technical strategies of VCT, Youth, BCC, PMTCT.</p> <p>Roll-out TCM to the remaining 35% of households in the country.</p> <p>Eighty percent of all people in catchment areas will receive additional educational sessions by Total Community Mobilization (TCM) field officers.</p>	<p>HHS/ CDC</p>	<p>[Redacted] (April 1, 2004 - March 31, 2005)</p>	<p>BASE</p>	<p>2</p>
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<p>I-Tech STI CONTROL</p> <p>FBO? No</p>	<p>Reduce the incidence of HIV transmission through STI.</p>	<p>Provide assistance and support to implement and evaluate the adoption of new sexually transmitted infection (STI) algorithms in primary health care clinics (including curriculum development, training of trainers, training of personnel, implementation, data collection and data analysis) so that 60 providers in 8-10 primary care facilities in 3 health districts will successfully implement the new guidelines for syndromic management of STI, together with introduction of routine HIV counseling and testing in STI care, strengthening HIV risk assessment, HIV prevention counseling, and condom promotion for persons with STI symptoms who are at very high risk for HIV infection. This also includes development and production of the health care worker training video for the new national routine HIV testing policy.</p>	<p>HHS/ CDC/ HRSA</p>	<p>[Redacted]</p>	<p>S/GAC</p>	<p>1.5</p>
<p>PSI SOCIAL MARKETING</p> <p>FBO? No</p>	<p>Increase uptake and adherence in national HIV prevention programs.</p>	<p>The PSI social marketing campaign will stimulate 50 percent increase in utilization of Tebelopete VCT services in 2004. Campaign also supports youth behavior change, and sensitization and distribution of condoms programs</p>	<p>HHS/ CDC</p>	<p>[Redacted]</p>	<p>S/GAC BASE</p>	<p>1.5 2</p>

Updated: 03/31/2004

<p>MINISTRY OF HEALTH COOPERATIVE AGREEMENT FOR AIDS/STD UNIT (ASU) FBO? No</p>	<p>Increase implementation, monitoring and evaluation of national HIV prevention, treatment and care programs through national capacity building.</p>	<p>Salaries for 3 positions (surveillance and counseling officers), supplies, and establishment of a HIV/AIDS call center (Note: Funding period of this COAG is through March 31, 2005.) (Note: In addition, [] will be used for HIV reagents and a monitoring and evaluation consultant contract. This will not count towards the PEPFAR FY04 ceiling, as FY2003 carry-over funds will be used.)</p>	<p>HHS/ CDC</p>	<p>[]</p>	<p>BASE</p>	<p>2</p>
<p>HIV PREVENTION RESEARCH FBO? No</p>	<p>Empower women to reduce the incidence of HIV transmission through vaginal microbicides and other biomedical interventions.</p>	<p>Preparations are underway for clinical trials of vaginal microbicides and other biomedical interventions women and men could use to prevent transmission of HIV. (Note: The budget, [] in FY2004, comes from HHS/CDC's Division of HIV/AIDS Prevention. The Mission awaits guidance from S/GAC as to whether this activity will become part of PEPFAR in FY2005.)</p>	<p>HHS/ CDC</p>	<p></p>	<p></p>	<p>Non-PEPFAR Activity</p>
<p>OFFICE OF DEFENSE COOPERATION (ODC) FBO? No</p>	<p>Increase uptake and adherence in both national and Botswana Defence Force (BDF)-run HIV/AIDS prevention, treatment and care programs by members of the BDF and their families.</p>	<p>Support of Botswana Defence Force (BDF) five-year HIV/AIDS mitigation plan, including contracting with PSI to conduct social marketing activities among the troops. 2004 Budget: [] from Naval Health Research Center DHAPP Program). (Note: DHAPP funds will be reduced after FY2004 as Botswana is a PEPFAR country.)</p>	<p>DOD/ ODC</p>	<p></p>	<p></p>	<p>Non-PEPFAR Activity</p>

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4.5.4 Proposed new activities in FY 04									
Partner	FY04 Objective	Activities for each objective	Agency	Budget	Total partners	New partners	FBOs	Total budget	
NONE					5	0	0		

Updated: 03/31/2004

<p>Table 4.6 Voluntary Counseling and Testing</p>	
<p>4.6.1 Current status of program in country</p>	<p>Mission Program Goal: To improve access to, availability of, and use of VCT services.</p> <p>The expansion and strengthening of VCT, the flagship operation of CDC/BOTUSA, will increase the number of infections prevented and the number of people under treatment, as well as reduce stigma.</p> <p>Voluntary Counseling and Testing (VCT) is a cornerstone for early access to prevention as well as to care and support services. CDC/BOTUSA has established 16 free-standing VCT centers, called <i>Tebelopele</i>, that offer free, anonymous counseling and testing with reliable same-day results using rapid testing. CDC/BOTUSA also operates two mobile units that canvass rural areas and one mobile unit that serves the University of Botswana. All <i>Tebelopele</i> activities support Botswana's Know Your Status campaign. <i>Tebelopele</i> is a Setswana word meaning "look into the future." Demand for testing is high - more than 105,000 have been counseled and tested. CDC/BOTUSA also provides technical assistance to partners to expand services to other settings. CDC/BOTUSA VCT activities became even more critical at the beginning of 2004 as the Government of Botswana rolled out routine testing as national policy. VCT activities are aligned with National HIV/AIDS Strategic Framework.</p> <p>In 2000, in the interests of rapid roll-out, HHS/CDC/BOTUSA and the U.S. Embassy in Botswana established the "Tebelopele" voluntary counseling and testing center program as a USG Government-run entity in partnership with the Government of Botswana. More than 100 locally engaged staff members are currently employed as USG employees. The time has come to establish a new management strategy to restructure <i>Tebelopele</i> as an entity independent of the USG. It has been agreed with the Government of Botswana that <i>Tebelopele</i> should be reorganized as an independent NGO and that an American organization should be employed through PEPFAR to oversee the restructuring. The USG anticipates being able to continue funding the <i>Tebelopele</i> program under PEPFAR.</p> <p>Restructuring <i>Tebelopele</i> will enable it to grow and become a self-sustaining indigenous organization, neither of which is possible under its current organizational structure as a USG run organization. <i>Tebelopele's</i> contribution to the national VCT program and its referrals to government ARV and care services will expand and grow stronger. Funding of a social marketing video on routine testing and the purchase of additional test kits for the government are direct responses to requests from the government. These activities will strengthen the ability of the local health network to deliver VCT services.</p> <p>Additional activities may be added in FY2005 if funds and prioritization of activities permit.</p>
<p>4.6.2 How new activities will contribute to PEPFAR targets, linkages to other activities</p>	<p>Additional activities may be added in FY2005 if funds and prioritization of activities permit.</p>

Updated: 03/31/2004

4.63 Existing activities initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Tracks (1=1-5, 2)
TEBELOPELE VCT CENTERS EQUIPMENT & SUPPLIES FBO? No	Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.	The CDC-operated Tselopele centers have tested more than 105,000 Batswana since 2000; we propose extending Tselopele services and hours by purchasing two caravans to provide additional mobile testing services; purchase a vehicle to tow one of the caravans; purchase rapid test kits and related lab supplies, and purchase furniture for the new expanded Gaborone VCT set to open in mid-2004. 75,000 clients (a 50% increase in the utilization of VCT services) will receive quality and anonymous VCT services with same-visit results at Tselopele Centers.	HHS/ CDC		S/GAC	1.5

Updated: 03/31/2004

<p>CDC/BOTUSA/ TEBELOPELE TECHNICAL OPERATIONS</p> <p>FBO? No</p>	<p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>Provide VCT services throughout the nation at 16 Tebelopele centers.</p> <p>Provide support to CDC/BOTUSA VCT technical operations through provision of salaries, travel costs, training, rents, printing, supplies and associated operational costs.</p> <p>75,000 clients (a 50% increase in the utilization of VCT services) will receive quality and anonymous VCT services with same-visit results at Tebelopele Centers.</p> <p>Ninety-five percent of HIV positive VCT clients will be referred to appropriate resources/services for care and support and a baseline of clients accessing services will be established.</p> <p>(Note: <input type="checkbox"/> included in Track 1.5.)</p>	<p>HHS/ CDC</p>	<p>BASE</p>	<p>1.5 & 2</p>
<p>INSTITUTE OF DEVELOPMENT MANAGEMENT (IDM) VCT TRAINING</p> <p>FBO? No</p>	<p>To provide training and support for the BOTUSA/CDC project and NGO programs in management and HIV/AIDS counseling.</p>	<p>One epidemiology information training course for 20 participants, one management course for 20 participants, and stress management course for 50 counselors. Curriculum development in couple counseling.</p>	<p>HHS/ CDC</p>	<p>S/GAC</p>	<p>1.5</p>

Updated: 03/31/2004

<p>MOH - PURCHASE OF RAPID TEST KITS</p> <p>FBO? No</p>	<p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>Botswana initiated routine testing at government hospitals and clinics in January 2004; this procurement and provision of rapid test kits to the Botswana government will help ensure testing demand can be met. Test kits will also be used in training.</p> <p>25,000 clients will receive HIV testing at government facilities using rapid test kits.</p>	<p>HHS/ CDC</p>	<p>S/GAC</p>	<p>1.5</p>
<p>OFFICE OF DEFENSE COOPERATION (ODC)</p> <p>FBO? No</p>	<p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>Construction of Mahalapye CDC/BOTUSA VCT center.</p> <p>Budget: <input type="text"/> From EUCOM Humanitarian Assistance funds.)</p>	<p>DOD/ ODC</p>	<p>Dept. of Defense</p>	<p>Non-PEPFAR Activity</p>
<p>4.6 Proposed new activities in FY 04</p>					
<p>Partner</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget</p>	
<p>TASK ORDER FOR TEBELOPELE TRANSITION - VENDOR TBD</p> <p>New partner? Yes FBO? No</p>	<p>Establish Tebelopele as an independent NGO to ensure its independence from the USG and long-term sustainability.</p> <p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>An American organization will be contracted to manage the restructuring of Tebelopele from a USG entity to an independent NGO. All USG funds will be channeled through the American organization. Restructuring will enable Tebelopele to expand hours of operation at existing sites and establish new sites across the nation.</p>	<p>HHS/CDC & EMB. GABS</p>	<p><input type="text"/> (Thru Dec. 2004)</p>	

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<p>[Redacted]</p> <p>New partner? No FBO? No</p>	<p>Establish Tebelopele as an independent NGO to ensure its independence from the USG and long-term sustainability.</p> <p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>In spinning off CDC/BOTUSA Tebelopele as an independent NGO, the employment status of Tebelopele local staff will shift from that of USG employee to that of NGO employee. USG severance pay will be required [Redacted]. A change management consultant [Redacted] and a labor lawyer [Redacted] have been retained to advise on the restructuring.</p>	<p>HHS/CDC & EMB. GABS</p>	<p>[Redacted]</p>
<p>[Redacted]</p> <p>New partner? No FBO? No</p>	<p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>A CDC/BOTUSA Tebelopele VCT national coordinator will be added to Tebelopele staff in 2004 to better plan and coordinate Tebelopele operations, thereby expanding the number of people counseled and tested, and increasing Tebelopele's effectiveness. (Note: This person will become a staff member of the new NGO when the transition occurs.)</p>	<p>HHS/CDC</p>	<p>[Redacted] (7 months of annual salary & benefits through 12/2004)</p>
<p>[Redacted]</p> <p>New partner? No FBO? No</p>	<p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>Ten additional CDC/BOTUSA Tebelopele VCT counselors will be added to Tebelopele staff in 2004 to expand the number of people counseled and tested, and increase the effectiveness of VCT services offered. (Note: These people will become staff members of the new NGO when the transition occurs.)</p>	<p>HHS/CDC</p>	<p>[Redacted] (7 months of annual salary & benefits through 12/2004.)</p>
<p>I-TECH/U. OF WASHINGTON</p> <p>New partner? No FBO? No</p>	<p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>I-Tech will shoot a video for the Ministry of Health for use on TV and elsewhere to better enable the Government of Botswana to roll out its routine testing program.</p>	<p>HHS/CDC</p>	<p>[Redacted]</p>

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<p>MOH - PURCHASE OF TEST KITS</p> <p>New partner? No FBO? No</p>	<p>Deliver VCT services so as to strengthen the national VCT program, increasing uptake in the program, adherence, and efficacy.</p>	<p>Botswana initiated routine testing at government hospitals and clinics in January 2004; this procurement and provision of rapid test kits to the Botswana government will help ensure testing demand can be met. Test kits will also be used in training.</p> <p>50,000 clients will receive HIV testing at government facilities using rapid test kits.</p>	<p>HHS/CDC</p>	<p></p>
<p>Total partners: 4</p>	<p>New partners: 1</p>	<p>FBOs: 0</p>	<p>Total budget:</p>	<p></p>

Updated: 03/31/2004

Table 4-7 4-7-1 Current status of program in country	HIV/Clinical Care and Support, Prevention and Treatment of TB and Other OIs (non-ART)				Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base PM/JGT, S/GAG)	Track (1-15-2)		
	<p>Mission Program Goal: To enhance HIV/AIDS clinical care, support and prevention (non-ART) and expand the treatment of TB and other opportunistic illnesses.</p> <p>Mission activities directly support HIV/AIDS clinical care and contribute to PEPFAR care goals.</p> <p>CDC/BOTUSA funds a position of training coordinator at the Baylor Medical College center in Botswana (mentioned elsewhere), whose primary role is to coordinate the production of a national HIV care training program. CDC/BOTUSA is also funding I-TECH (mentioned elsewhere) to support the development of a nurse Training of Trainers curriculum and development of a training program. CDC/BOTUSA provides technical assistance to the Clinical Management Advisory Committee on Botswana Guidelines on Therapy. All activities are aligned with the National HIV/AIDS Strategic Framework.</p> <p>Following a successful pilot, the Isoniazid Preventive Therapy (IPT) program is being expanded nationwide to prevent tuberculosis among people with HIV/AIDS. (Note: TB is the leading cause of death among adults with AIDS in Botswana.) CDC/BOTUSA provides technical assistance and support to the Government of Botswana for TB Surveillance. TB prevention and care is closely aligned with National HIV/AIDS Strategic Framework.</p> <p>In close collaboration with the Government of Botswana and through a cooperative agreement with the University of Pennsylvania, CDC/BOTUSA provides support for an in-patient training program, and the training of health professionals nationwide in prevention and treatment of opportunistic infections and palliative care.</p> <p>Additional activities may be added in FY2005 if funds and prioritization of activities permit.</p>												
4-7-2 How new activities will contribute to PEPFAR targets, linkages to other activities													
4-7-3 Existing activities initiated prior to FY 04													

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<p>MINISTRY OF HEALTH COOPERATIVE AGREEMENT (Isoniazid Preventative Therapy) FBO? No</p>	<p>Prevent and treat TB disease among HIV positive people and assist in improving access to HIV counseling and testing for TB patients.</p>	<p>Isoniazid Preventive Therapy for Tuberculosis treatment (IPT): Following a successful pilot, the IPT program is being expanded nationwide to prevent tuberculosis, the leading cause of death among adults with AIDS in Botswana. Funding of salaries and training of 5 national and regional positions will improve delivery and evaluation of the national program (Note: In addition, [] carry-over of FY03 funds) will be used for equipment and laboratory support to increase diagnosis of TB and HIV. These funds do not count toward the FY04 PEPFAR ceiling.)</p>	<p>HHS/ CDC</p>	<p>[]</p>	<p>BASE</p>	<p>2</p>
<p>TB RESEARCH FBO? No</p>	<p>Conduct research into improvements in epidemiology, diagnosis, treatment and prevention of tuberculosis and TB/HIV.</p>	<p>Conduct annual risk of infection survey; conduct serodiagnostic study among pediatric inpatients; analyze results from enhanced sputum testing reagent study; launch long-term Isoniazid preventive therapy trial; provide technical support to the MOH National TB Program (NTP) for TB and TB/HIV related activities. Budget: []</p>	<p>HHS/ CDC</p>	<p>[]</p>	<p>[]</p>	<p>Non-PEPFAR Activity</p>
<p>474 Proposed new activities in FY04</p>		<p>Activities for each objective</p>		<p>Agency</p>	<p>Budget</p>	<p>[]</p>
<p>Partner</p>		<p>FY04 Objective</p>		<p>Activities for each objective</p>		

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<p>UNIVERSITY OF PENNSYLVANIA</p> <p>New partner? Yes FBO? No</p>	<p>Increase HIV treatment and care.</p>	<p>The Penn Program will address the human resources gap in the Ministry of Health by undertaking AIDS patient care, while training health workers in delivery of inpatient care for AIDS sufferers. A useful twinning link will be established with an American medical school. In particular, funds are requested to support travel and salary of Penn faculty, Infectious Disease Fellows and Internal Medicine Residents participating in the inpatient component of the Penn program. Penn will fund the participation of Penn fourth year medical students.</p> <p>PEPFAR funds will be matched by a clinical research component supported by grants from Penn's NIAID-sponsored Center for AIDS Research and other Penn sources.</p>	<p>HHS/HRSA</p>	<p>[]</p>
<p>Total partners 2</p>	<p>New partners 1</p>	<p>FBOs 0</p>	<p>Total budget</p>	<p>[]</p>

Updated: 03/31/2004

Partner	FY04 Objective	Activities for each objective	Agency	Budget
NONE				
Total partners: 1	New partners: 0	FBOs: 0	Total budget:	

Updated: 03/31/2004

Table 4.9 Support for Orphans and Vulnerable Children											
4.9.1 Current status of program in country	<p>Mission Program Goal: To make more available and improve the quality of care programs for children orphaned or made vulnerable by HIV/AIDS, including psychosocial support.</p> <p>The government has officially registered 41,592 orphans -- mostly orphaned by AIDS -- to whom it provides food and other basic necessities, such as clothing and school supplies. About \$34 million has been spent by government departments on orphan care during the past year.</p> <p>Largely due to the absence of a bilateral USAID program in Botswana, the Mission has assisted OVCs only in a limited manner through the Ambassador's HIV/AIDS Initiative, the DOD Office of Defense Cooperation (ODC) and the Ambassador's Self-Help Fund. The Ambassador's HIV/AIDS Initiative, which preceded PEPFAR, enables the Ambassador to directly fund NGOs and FBOs assisting OVCs. The Mission's programs have directly benefited OVCs and the local organizations that support them.</p> <p>In 2004, Peace Corps -- which works solely on HIV/AIDS in Botswana -- will expand its program to include 11 Peace Corps volunteers working in OVC. In Track 1.5 we have enabled UNICEF, a new partner, to expand its ongoing OVC program, which will focus on reaching out to FBOs.</p> <p>We expect to significantly increase support for OVC activities in 2005 if sufficient funding is available.</p>										
4.9.2 How new activities will contribute to PEPFAR targets linkages to other activities											
4.9.3 Existing activities initiated prior to FY04											
Partner	<table border="1"> <thead> <tr> <th>Activities for each objective</th> <th>Agency</th> <th>Budget Amount (\$)</th> <th>Budget Source (Base, PMTCT, SIGAC)</th> <th>Track (01-5-2)</th> </tr> </thead> <tbody> <tr> <td>FY04 Objective</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, SIGAC)	Track (01-5-2)	FY04 Objective				
Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, SIGAC)	Track (01-5-2)							
FY04 Objective											

Updated: 03/31/2004

<p>AMBASSADOR'S HIV/AIDS INITIATIVE/POLICY PROJECT FBO? Yes</p>	<p>Improve service delivery and strengthen capacity of indigenous NGOs supporting children orphaned or made more vulnerable by HIV/AIDS.</p>	<p>The Regional Environment and Health Office identifies and funds small projects proposed to the Ambassador by FBOs and other NGOs supporting orphans and vulnerable children. (Administered in 2004 through Policy Project, a USAID RHAP contractor in Capetown, South Africa.)</p>	<p>EMB. CABS</p>	<p>[]</p>	<p>S/GAC</p>	<p>2</p>
<p>AMBASSADOR'S SELF-HELP INITIATIVE FBO? No</p>	<p>Improve service delivery and strengthen capacity of indigenous NGOs supporting children orphaned or made more vulnerable by HIV/AIDS.</p>	<p>A variety of OVC facility expansion, building materials, daycare educational materials, food processing equipment and toys. Eight OVC facilities serving 250 OVCs were assisted in 2003. 2004 Budget: [] (Note: It is not planned to incorporate this activity, which also funds non-HIV/AIDS projects, into PEPFAR in FY2005.)</p>	<p>EMB. CABS</p>	<p>[]</p>	<p>USAID</p>	<p>Non- PEPFAR Activity</p>
<p>OFFICE OF DEFENSE COOPERATION (ODC) FBO? No</p>	<p>Improve the quality of life for children orphaned by AIDS.</p>	<p>Construction of Orphanage in Mogoditshane. Provision of excess defense articles (EDA) to orphanages. 2004 Budget: [] EUCOM carryover from FY2004 Assistance (HA) money; [] remainder of EUCOM FY2004 funds; [] EDA.) (Note: It is not planned to include orphanage construction in PEPFAR in FY2005. Provision of EDA to orphanages will continue as a non-PEPFAR activity.)</p>	<p>DOD/ ODC (2004 HA and EDA funds)</p>	<p>[]</p>	<p>DOD/ ODC</p>	<p>Non- PEPFAR Activity In 2004</p>
<p>4194 Proposed new activities in FY04</p>						

Updated: 03/31/2004

Partner	FY04 Objective	Activities for each objective	Agency	Budget
UNICEF New partner? Yes FBO? Yes**	Improve service delivery in care and support of OVCs.	Strengthen FBO/NGO institutional capacities; ensure OVC access to essential services/protection from abuse and exploitation; scale-up community-based responses to OVCs. FBOs/NGOs to be assisted include Salvation Army Psychosocial Support Initiative, Thireletso Shiring Stars (Francistown), Tlifsanyo Catholic Commission (Kgalagadi and Mogoditshane), Mankgodi Catholic Reneeswe Orphan Project (Kweneng South), Bible Life Ministries - Bafenyi Street Kids Rehabilitation Project (Bokaa, Mochudi), Botswana Christian AIDS Intervention Program (BOCAIP) (Maun, Molepolole, Ramotswa and Tsabong), Bona Lesedi Orphan Care Project (Kanye), Botshelo Orphan Care Project (Serowe).	HHS/CDC	[] (Track 1.5)
Total partners 2	New partners 1	FBOs 1**	Total budget	[]

** While UNICEF is not an FBO, the project is designed to fund the activities of indigenous faith-based NGOs. Engagement of FBO partners in Botswana is therefore accomplished. Identification of specific FBO partners will occur as the project rolls out.

Updated: 03/31/2004

Table 4.10	Anti-Retroviral Therapy (Non-PMCT/Plus)
<p>4.10.1 Current status of program in country</p>	<p>National Program Goal: Scale up provision of treatment services for HIV/AIDS including ART in all districts in Botswana; increase the level of productivity of persons living with HIV/AIDS (PLWHA), especially those on ARV; Number of people with advanced HIV infection eligible for and receiving therapy increased to 45,000 in next 12 months.</p> <p>Mission Program Goal: Strengthen the national ARV program, increasing uptake in the program, adherence, and efficacy. The Mission's support of ARV activities will directly increase the number of people on ARV therapy.</p> <p>In 2001, the Government of Botswana committed itself to providing free antiretroviral therapy to all citizens who require treatment through the Botswana national antiretroviral treatment program (commonly referred to as "MASA", the Setswana word for "new dawn"—signifying hope). In early 2001, it was estimated that approximately 110,000 HIV positive individuals would be eligible to begin highly active antiretroviral therapy (HAART) based upon the Botswana national treatment guidelines. Approximately 12,000 Botswana are currently on treatment at 13 government-run sites and 6,000 are receiving treatment privately. The number on treatment is rising steadily. The ARV Therapy Program's major partner is ACHAP. CDC/BOTUSA is funding a position of training coordinator at Baylor whose primary role is to coordinate the production of a national HIV care training program. CDC/BOTUSA also provides technical assistance to the Clinical Management Advisory Committee on Botswana Guidelines on Therapy. CDC/BOTUSA provides technical assistance and support to the Ministry of Health Francistown laboratory, which is aimed at improving implementation and utilization of services throughout northern Botswana. All activities are aligned with the National HIV/AIDS Strategic Framework.</p>
<p>4.10.2 How new activities will contribute to PEPFAR targets; linkages to other activities</p>	<p>The U.S. Mission in Botswana welcomes the addition of Harvard School of Public Health's "Rapid Expansion of ART Programs for HIV-Infected Persons" through Track 1.</p> <p>A new innovative partnership with Associated Fund Administrators, a private health care provider, will provide funds for training in HIV/AIDS and the medical management of ART, which will enable medical practitioners to provide more comprehensive and higher quality ART services to the 160,000 people currently enrolled in AFA-administered medical insurance schemes. (Note: 4,169 clients are currently receiving ARV treatment through AFA schemes.)</p> <p>An additional CDC/BOTUSA program staff member will be employed to strengthen national HIV/AIDS treatment, prevention and care programs.</p> <p>Additional activities may be added in FY2005 if funds and prioritization of activities permit.</p>

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4.10.3 Existing activities, Initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTGT, S/GAG)	Track (1, 1.5, 2)
BAYLOR SCHOOL OF MEDICINE FBO? No	Expand emphasis on pediatric HIV/AIDS and the family approach to HIV/AIDS clinical management for children.	The Botswana National Pediatric and Family HIV Medicine Training Initiative builds on existing ARV training programs. 25 physicians plus eligible support staff and generalists will be trained in diagnostic criteria, management of clinical manifestations, opportunistic infections, primary care for HIV-infected children, ARV for children, HIV counseling and testing, and psycho-social dimensions of HIV/AIDS.	HHS/ CDC		S/GAC	1.5
OFFICE OF DEFENSE COOPERATION (ODC) FBO? No	Strengthen the national HIV/AIDS ART treatment program, increasing uptake, adherence and efficacy.	Provision of Viral Load Analyzer to Botswana Defence Force. Budget: [] (From Naval Health Research Center DHAPP funds.)	DOD/ ODC		Dept. of Defense /Naval Health Research Center	Non-PEPFAR Activity
4.10.4 Proposed new activities in FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		

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<p><input type="checkbox"/></p> <p>New partner? Yes FBO? No</p>	<p>Strengthen the national HIV/AIDS ART treatment program, increasing uptake, adherence and efficacy.</p>	<p>Associated Fund Administrators, a private health care provider, will train medical practitioners in HIV/AIDS and the medical management of ART, enabling more comprehensive and higher quality ART services to be provided to 160,000 people currently enrolled in AFA-administered medical insurance schemes. (Note: 4,169 clients are currently receiving ARV treatment through AFA schemes.)</p>	<p>HHS/CDC</p>	<p><input type="checkbox"/></p>
<p>CDC/BOTUSA</p> <p><input type="checkbox"/></p> <p>New partner? No FBO? No</p>	<p>Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.</p>	<p>Provide technical advice and coordinate CDC/BOTUSA treatment and care programs, making their operations more efficient, effective and responsive to PEPFAR's 2-7-10 treatment, prevention and care goals.</p>	<p>HHS/CDC</p>	<p><input type="checkbox"/></p> <p>(Salary: June 1 - September 30, 2004.)</p>
<p><input type="checkbox"/></p> <p>New partner? Yes FBO? No</p>	<p>Strengthen the national ARV treatment program, increasing uptake in the program, adherence and efficacy.</p>	<p>(A) Support and scale up HIV VCT to maximize identification of HIV positive people for ARV treatment; (B) Provide care and social support to HIV infection individuals, including rapid follow up treatment when required; (C) Provide and manage ARV therapy using best clinical practices and in accordance with established national guidelines; (D) Provide treatment for relevant HIV related opportunistic infections; (E) Provide ongoing training and infrastructure development to enhance sustainability; and (F) Monitor and evaluate.</p> <p>The budget is <input type="checkbox"/> or the first year of five years.</p> <p>(Note: CDC/BOTUSA has assisted Harvard in broadening the original proposal to include greater emphasis on reaching out to rural areas, training, and monitoring and evaluation.)</p>	<p>HHS/CDC</p>	<p>TRACK 1</p>
<p>Total partners: 3</p>	<p>New partners: 2</p>	<p>FBOs: 0</p>	<p>Total budget: <input type="checkbox"/></p>	<p><input type="checkbox"/></p>

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Table 4.11 4.11.1 Current status of program in country	PMTCT Plus (access to care and treatment) by women and families through PMTCT						
4.11.2 How new activities will contribute to PEPFAR targets; linkages to other activities	<p>National Program Goal: To improve child survival and development through the reduction of HIV related morbidity and mortality; To reduce the annual incidence of HIV infections in children by at least 50 percent by the year 2009; To increase the percentage of HIV positive pregnant women receiving a complete course of APV prophylaxis to 70 percent by 2006 and 100 percent by 2009.</p> <p>Mission Program Goal: To contribute to increasing utilization of PMTCT services by women and their families to reduce transmission of HIV from mother to child.</p> <p>CDC/BOTUSA provides technical and financial support, manpower, infrastructure and equipment to the National Response. CDC/BOTUSA supports 13 positions in the national program office (1 National Coordinator, 2 Regional Coordinators, 3 IEC, 3 Counseling, 3 Data Management and 1 Nutritionist). CDC/BOTUSA has provided additional counseling space to health facilities (200 two-roomed portable buildings), and equipment for group video education (200 TV/VCR sets). CDC/BOTUSA has also provided technical assistance for the improvement of counseling, counselor training, the development of the lay counselor cadre, and the development of the information management system. Together with the Government of Botswana and other partners, CDC/BOTUSA has established a program evaluation site in Francistown aimed at improving implementation and utilization of services. PMTCT activities are in alignment with the National HIV/AIDS Strategic Framework.</p> <p>The Mission's PMTCT program in FY04 will largely constitute a continuation and strengthening of the successful PMTCT/PI program and the continued support of ongoing programs such as UMDNJ (mentioned elsewhere). Two new initiatives will strengthen CDC/BOTUSA Francistown operations and provide grants to non-governmental organizations working in the PMTCT sector (mentioned elsewhere). A new Track 1.5 initiative with UNICEF will expand PMTCT Plus programs. A greater number of new infections in infants will be averted and new indigenous partners will be engaged.</p> <p>With additional funding in FY2005, PMTCT efforts will be further broadened.</p>						
4.11.3 Existing activities, initiated prior to FY04	Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/CAO)	Track (1.1.5.2)

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NONE													
4.1.4 Proposed new activities in FY04													
Partner	FY04 Objective	Activities for each objective		Agency	Budget								
UNICEF	Increase the numbers of Batswana receiving ARVs, and increase PMTCT program uptake as women see additional benefits to HIV testing.	Expand PMTCT-plus (linking national PMTCT programs with ARV program); strengthen Community and Family Models of Care to facilitate treatment for HIV-positive pregnant women and HIV-positive children.		HHS/CDC	(Track 1.5)								
New partner? Yes FBO? No													
Total partners:	1	New partners:	1	FBOs:	0	Total budget:							

Updated: 03/31/2004

Table 4.12	Strategic Information, Surveillance, Monitoring, Program Evaluation
<p>4.12.1 Current status of program in country</p>	<p>National Program Goal: Collect and analyze yearly information on HIV prevalence and incidence to assist with measuring the effectiveness of the National Response; Establish a monitoring and evaluation infrastructure; Support the storage and analysis of all available HIV/AIDS data at different levels in the country; Improve the accessibility of HIV/AIDS information and data; Increase the utilization of available reports and data for action; Maintain institutional memory of the HIV/AIDS National Response.</p> <p>Mission Program Goal: To enhance HIV surveillance systems and utilization of data.</p> <p>CDC/BOTUSA is providing technical assistance and financial support to strengthen capacity in surveillance with NACA. CDC/BOTUSA provides continued support of annual sentinel surveillance for prevalence study, behavioral surveillance and surveillance as needed in large workplace surveys. CDC/BOTUSA also provides funding and technical assistance on incidence studies on stored samples and for an electronic system to track TB (Electronic TB Reporting or ETR). This technical strategy is aligned with National HIV/AIDS Strategic Framework.</p> <p>Monitoring and evaluation is aligned with National HIV/AIDS Strategic Framework and is integrated as a critical element in each of the technical strategies. However, there is not a single clearly distinguishable monitoring and evaluation project that can be described as an existing activity. CDC/BOTUSA provides broad technical assistance and support to build capacity for monitoring and evaluation of HIV/AIDS prevention, care and treatment services. CDC/BOTUSA supports Botswana HIV Response Information Management System (BHRIMS). Additionally, CDC/BOTUSA provides support for the NASTAD evaluation of the Total Community Mobilization (TCM) program; for the Voluntary, Counseling and Testing Management Information System, for PMTCT monitoring and evaluation activities; I-TECH monitoring and evaluation of STI algorithm; Makgabeng listening survey and audience understanding study; sentinel surveillance; and behavioral surveys. These activities, which are not primarily monitoring and evaluation programs, are mentioned elsewhere in this application.</p>
<p>4.12.2 How new activities will contribute to PEPFAR targets linkages to other activities</p>	<p>A CDC emergency investigation will seek to determine why sustained prevention measures in northeastern Botswana, specifically Selebi Phikwe and Bobirwa Districts, have failed to produce a decline in the rate of infection. The knowledge gained will enable these extraordinarily high-risk districts to be more effectively targeted in the future and will be applied to prevention programs nationwide. The Government of Botswana has specifically requested assistance for this investigation.</p> <p>Additional CDC/BOTUSA program staff will enable the USG PEPFAR program to more effectively achieve the PEPFAR 2-7-10 goals.</p> <p>Additional activities may be added in FY2005 if funds and prioritization of activities permit.</p>

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4.12.3 Existing activities initiated prior to FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base, PMTCT, S/GAG)	Track (1, 1.5, 2)
INTEGRATED WITHIN ALL PEPFAR ACTIVITIES						
4.12.4 Proposed new activities in FY04						
Partner	FY04 Objective	Activities for each objective	Agency	Budget		
CDC EMERGENCY INVESTIGATION New partner? No FBO? No	Strengthen national prevention programs, increasing uptake in the national program, adherence, and efficacy.	An emergency investigation will seek to determine why sustained prevention measures in northeastern Botswana have failed to produce a decline in the rate of HIV infection. Targeted districts are Selebi Phikwe and Bobirwa. These districts had a prevalence of 49.3% and 52.2% respectively in the 2003 sentinel surveillance among pregnant women. In the age group 15-19, the prevalence was 38.3 and 36.8%. In the age group 25-29 years, the prevalence was 71.7% and 70.8%. The Government of Botswana has specifically requested assistance for this investigation. The knowledge gained will enable these extraordinarily high-risk districts to be more effectively targeted in the future and will be applied to prevention programs nationwide.	HHS/CDC			

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<p>U.S. EPIDEMIOLOGIST - CDC/BOTUSA ASSOCIATE DIRECTOR FOR EVIDENCE BASED PROGRAMS (NON- FTE) - VENDOR TBD</p> <p>New partner? Yes FBO? No</p>	<p>Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy</p>	<p>Provide technical advice and coordinate all CDC/BOTUSA strategic information activities, bringing them into line with PEPFAR indicators and ensuring that all USG HIV/AIDS programs are contributing effectively to PEPFAR's 2-7-10 treatment, prevention and care goals.</p>	<p>HHS/CDC</p>	<p>[] (12-month Task Order - or other mechanism - commencing in FY2004.)</p>
<p>MACRO U.S. M&E FIELD OFFICER (NON-FTE) - VENDOR TBD</p> <p>New partner? Yes FBO? No</p>	<p>Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy</p>	<p>Provide technical advice and coordinate selected CDC/BOTUSA strategic information activities, bringing them into line with PEPFAR indicators and ensuring that all USG HIV/AIDS programs are contributing effectively to PEPFAR's 2-7-10 treatment, prevention and care goals.</p>	<p>HHS/CDC</p>	<p>[] (12-month Task Order - or other mechanism - commencing in FY2004.)</p>
<p>CDC/BOTUSA FSN M&E SECTION CHIEF</p> <p>New partner? -No FBO? No</p>	<p>Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy</p>	<p>Provide technical advice relating to CDC/BOTUSA strategic information activities, helping to bring them into line with PEPFAR indicators and ensure that all USG HIV/AIDS programs are contributing effectively to PEPFAR's 2-7-10 treatment, prevention and care goals.</p>	<p>HHS/CDC</p>	<p>[] (Salary: June 1 - September 30, 2004.)</p>
<p>Total partners: 2</p>	<p>New partners: 2</p>	<p>FBOs: 0</p>	<p>Total budget: []</p>	<p>[]</p>

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Table 4.13
Gross-Cutting Activities

Updated: 03/31/2004

A13.1 Current
status of program
in country

Mission Program Goal: Through targeted cross-cutting activities and efficient administrative support, strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.

Cross-cutting activities provide the technical and administrative support necessary for all PEPFAR treatment, prevention and care activities to proceed in an efficient and effective manner.

CDC/BOTUSA supports several major activities that are aimed at building sustainable national capacity to address the epidemic. CDC/BOTUSA is supporting the Sustainable Management Development Program (SMDP) aimed at senior to mid-level managers in CDC/BOTUSA, Botswana Government and government supported organizations to become better managers and to improve their current operations and programs. Additionally, CDC/BOTUSA will provide through NASTAD, technical assistance to the Government of Botswana to expand district level capacity to respond to the HIV/AIDS epidemic in Botswana.

CDC/BOTUSA has provided assistance for the production and dissemination of an HIV/AIDS Facilitator's Training Handbook and an HIV/AIDS Information Handbook being used by Ministry of Health (MOH). A Training-of-Trainer for this curriculum is currently underway. Additionally, CDC/BOTUSA is supporting the development of a needs assessment/market survey of the private sector in Botswana. The purpose of this survey is to determine what the private sector wants to assist in private sector HIV/AIDS program development, from whom they would like assistance, in what format, and how they see workplace programs fitting into their workplace framework. As a result of the market survey, it is expected that materials and information will be developed and perhaps distributed in the form of a toolkit. Workplace activities are closely aligned with National HIV/AIDS Strategic Framework.

CDC/BOTUSA has conducted EPIDEMIOLOGY info training for the National AIDS Coordinating Agency (NACA), district health workers and CDC/BOTUSA staff on use of technology, on general surveillance and on basic epidemiological studies. CDC/BOTUSA has also provided provision of computers to NACA as requested from Government of Botswana. This strategy is aligned with National HIV/AIDS Strategic Framework.

Training is an important component of any successful health intervention and therefore is integrated into all technical strategies. Training efforts focus on basic HIV/AIDS counseling and testing, STI management, youth leadership, use of curriculum among teachers, use of curriculum in the workplace, PMTCT services, HIV care and support services, stigma reduction, informatics, management, and basic epidemiological studies and surveillance. This strategy is aligned with the National HIV/AIDS Strategic Framework.

Operations Management is the foundation for successful CDC/BOTUSA programs. Efforts to increase the capacity of the operations management to support these programs, including IT, will focus on increasing both the knowledge of official procedures and policies as well as the skills required to implement such procedures. Building the capacity of staff to perform at the level required to support programmatic activities will be addressed through the training of current staff. Additionally, capacity will be augmented through the addition of staff positions to address areas of need. Areas of improvement that have been identified include accounting system

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4.13a) Current status of program in country. (Continued)

management, human resources management, communications, administrative staff supervision and evaluation, and property management.

Communication and public relations with various constituencies continues to support the overall USG response to global HIV/AIDS. Much time and energy goes into developing appropriate responses to a myriad of requests as well as planning for VIP visits to country. CDC/BOTUSA plans to hire a communication officer to assist in public relations as well as overall communication activities. CDC/BOTUSA is also actively involved in ensuring coordination among response partners. CDC/BOTUSA representatives sit on various committees and play an important role in coordinating response strategies. Additionally, CDC/BOTUSA continues to be a key stakeholder in reviewing and updating policies and guidelines that impact prevention, care and treatment of HIV/AIDS, TB and STI.

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<p>4.13.2) How new activities will contribute to PEPFAR targets/ linkages to other activities.</p>	<p>The USG HIV/AIDS intervention program in Botswana is already well established. We will add two new administrative support staff to CDC/BOTUSA operations, as well as an additional IETA TDYer, in order to establish the optimal level of administrative support staff necessary to backstop all PEPFAR treatment, prevention and care activities.</p>						
<p>4.13.3) Existing activities, initiated prior to FY04</p>	<p>Partner:</p>	<p>FY04 Objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget Amount (\$)</p>	<p>Budget Source (Base, PM/JGT, S/GAG)</p>	<p>Track (1-5, 2)</p>
<p>BOCCIM/DMA AIDS IN THE WORKPLACE FBO? No</p>	<p>Contributes to prevention through guiding implementation of behavior change interventions in the work place, but is cross-cutting as it will also encourage HIV testing and reduction in stigma thus enhancing uptake of HIV care and treatment.</p>	<p>Provide technical assistance and support to BOCCIM to partner in marketplace survey of Botswana businesses; conduct data analysis of surveys; compile reports; make recommendations -- then work with BOCCIM to develop an operational plan for HIV/AIDS workplace programs.</p>	<p>HHS/ CDC</p>	<p>S/GAC</p>	<p>1.5</p>		

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CDC/BOTUSA AIDS IN THE WORKPLACE TECHNICAL OPERATIONS FBO? No	Strengthen the national AIDS in the workplace program, increasing uptake in the program, adherence, and efficacy.	Provide support to CDC/BOTUSA AIDS in the Workplace technical operations through provision of salaries, travel costs, training, rents, printing, supplies and associated operational costs.	HHS/ CDC		BASE	2
NASTAD FBO? No	Increase uptake and adherence in national HIV prevention, treatment, care and support, particularly in rural areas.	Capacity building for District Multi-Sectoral AIDS Committees (DMSACs) and an evaluation of the on-going Total Community Mobilization program to see how better to move prevention, treatment and care into rural areas.	HHS/ CDC		S/GAC	1.5
IETA TDYers FBO? No	Provide vital support to CDC/BOTUSA in administration, and monitoring and evaluation.	Support of 2 International Experience and Technical Assistance Program (IETA) TDYers who will assist in monitoring of contracts and task orders, assist in monitoring of obligation of funds, assist in producing annual reports.	HHS/ CDC		S/GAC	1.5
CDC/BOTUSA OFF-SITE MEETING FBO? No	Keep CDC/BOTUSA staff skills current and motivation high.	2-day off-site staff meeting for an estimated 150 direct-hire and local employees to re-focus energies, apply "lessons learned", and explore PEPFAR opportunities. Includes all transportation, conference facility rentals, per diem, etc. Past experience has shown the off-site meeting to be successful.	HHS/ CDC		S/GAC	1.5
ICASS FBO? No	Reimburse Department of State for support services provided.	Reimburse Department of State for support services provided.	HHS/ CDC		BASE	2

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<p>CDC/BOTUSA ADMIN OPERATIONS</p> <p>FBO? No</p>	<p>Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.</p>	<p>Provide administrative support to USG national HIV/AIDS treatment, prevention and care operations through CDC/BOTUSA by providing salaries, travel costs, training, rents, printing, supplies and associated operational costs. (Note: Includes cost of a program support officer.)</p>	<p>HHS/ CDC</p>	<p>BASE</p>	<p>1.5 & 2</p>
<p>CDC/BOTUSA IT OPERATIONS</p> <p>FBO? No</p>	<p>Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.</p>	<p>Provide technical and administrative support to USG national HIV/AIDS treatment, prevention and care operations through CDC/BOTUSA by providing salaries, travel costs, training, rents, printing, supplies and associated operational costs related to CDC/BOTUSA information technology.</p>	<p>HHS/ CDC</p>	<p>BASE</p>	<p>2</p>
<p>CDC/BOTUSA ASSOCIATE DIRECTOR (GLOBAL AIDS PROGRAM) OFFICE OPERATIONS</p> <p>FBO? No</p>	<p>Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.</p>	<p>Provide technical and administrative support to USG national HIV/AIDS treatment, prevention and care operations through CDC/BOTUSA by providing salaries, travel costs, training, rents, printing, supplies and associated operational costs related to the CDC/BOTUSA Associate Director's office.</p>	<p>HHS/ CDC</p>	<p>BASE</p>	<p>2</p>
<p>COMPUTER EQUIPMENT</p> <p>FBO? No</p>	<p>Improve the delivery of overall CDC/BOTUSA operations so as to strengthen national HIV/AIDS treatment, prevention and care programs.</p>	<p>Provide computer equipment to all CDC/BOTUSA sites (including 16 Tebelepele Centers) plus software, networking and training (supports real-time monitoring and evaluation of VCT; tracking of results/costs/gaps in service provision)</p>	<p>HHS/ CDC</p>	<p>S/GAC</p>	<p>1.5</p>

(Note: This was budgeted as [] in Track 1.5.)

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<p>EMBASSY HUMAN RESOURCES UNIT AIDS IN THE WORKPLACE PROG. FB07 No</p>	<p>Strengthen Mission's internal HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.</p>	<p>The U.S. Embassy in Gaborone has 388 Foreign Service National employees working for eight different U.S. Government agencies. A wide range of HIV/AIDS-related benefits are available, including mandatory health and life insurance, funeral and death leave benefits, long-term sick leave, a voluntary leave transfer program and admin leave for testing or initial laboratory work to qualify for ARV therapy. Budget: []</p>	<p>EMB. GABS</p>		<p>Embassy Gabs Funds</p>	<p>Non-PEPFAR Activity</p>
<p>EMBASSY HEALTH UNIT AIDS IN THE WORKPLACE PROGRAM FB07 No</p>	<p>Strengthen Mission's internal HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.</p>	<p>The Embassy Health Unit organizes regular talks and small group discussions, all of which are directly related to HIV/AIDS or have an HIV/AIDS education component. A comprehensive six-month counseling program is offered as part of an "outreach" message encouraging staff to educate themselves and others. Budget: []</p>	<p>EMB. GABS</p>		<p>Embassy Gabs Funds</p>	<p>Non-PEPFAR Activity</p>

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<p>PUBLIC DIPLOMACY</p> <p>FBO? No</p>	<p>Strengthen Mission's HIV/AIDS outreach and education efforts through making accurate information available about HIV/AIDS.</p>	<p>Arranges the HIV/AIDS study, research and publishing program of Fulbright scholars (six in 2004). Recruits Fulbrighters from Botswana for the Junior Staff Development Program on HIV/AIDS. Recruits Humphrey Fellows from Botswana on HIV/AIDS. Sent four Botswana on HIV/AIDS related study tours to the U.S. in past six months. Provides grants to cultural groups promoting HIV/AIDS themes. Recruits U.S. Speakers on HIV/AIDS. Arranges media coverage of HIV/AIDS events. Reproduces and disseminates HIV/AIDS information.</p> <p>Budget: <input type="text"/></p>	<p>EMB. GABS</p>		<p>Embassy Gabs Funds</p>	<p>Non- PEPFAR Activity</p>
<p>"SHOW YOU CARE"</p> <p>FBO? No</p>	<p>Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.</p>	<p>Ambassador Joseph Huggins launched the "Show You Care" HIV/AIDS social marketing campaign in November 2003. Subsequently, it has garnered support from the media, private sector and government. In 2004 a private sector-funded roadshow of well-known media and entertainment personalities will tour the country to spread the message: "Know your status and act accordingly."</p> <p>Budget: <input type="text"/></p>	<p>EMB. GABS</p>		<p>Embassy Gabs Funds</p>	<p>Non- PEPFAR Activity</p>

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<p>NIH FBO? No</p>	<p>Strengthen knowledge about the impact of HIV/AIDS in Botswana and ways in which treatment, prevention and care programs can be strengthened.</p>	<p>The NIH Office for AIDS Research and S/GAC at the Department of State are developing a mechanism to provide comprehensive country-specific information on all NIH HIV/AIDS activities in PEPFAR countries. This information and the budgets for awards related to Botswana from various NIH institutes are not yet available.</p>	<p>NIH</p>	<p>To Be Determined</p>	<p>NIH Funds</p>	<p>Non-PEPFAR Activity</p>
<p>PEACE CORPS FBO? No</p>	<p>Strengthen national HIV/AIDS prevention and care programs at the district and community levels, increasing uptake in programs, adherence, and efficacy.</p>	<p>Under the guidance of the NACA, Peace Corps has initiated a partnership with the AIDS Coordinating Unit (ACU) of the Ministry of Local Government, which is responsible for coordinating HIV/AIDS programming at the district and village levels. Currently, 11 Volunteers are assigned to District HIV/AIDS Offices to help them build capacity to implement HIV/AIDS programs and mobilize community-led responses. In March 2004, 39 Volunteers are scheduled to arrive, who will work in additional District Offices as well as initiate new programs in Homebased and Orphan Care, and Prevention of Mother to Child Transmission (PMTCT) in collaboration with CDC/BOTUSA.</p>	<p>Peace Corps</p>	<p>Peace Corps Funds</p>	<p>Peace Corps Funds</p>	<p>Non-PEPFAR Activity</p>

Budget: (2004)

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INTERNATIONAL LAW ENFORCEMENT ACADEMY (ILEA)	Strengthen national and regional HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy.	ILEA is a USG-run regional law enforcement training center in Botswana. A three-hour block of training titled "A Public Safety Challenge for Police: HIV/AIDS," is presented in each of the ILEA program sessions in 2004.	ILEA	Agency	Non-PEPFAR Activity
4.13.4 Proposed new activities in FY 04					
Partner	FY04 Objective	Activities for each objective	Agency	Budget	
<input type="checkbox"/> New partner? Yes <input type="checkbox"/> FBO? No	Provide vital support to CDC/BOTUSA in administration, and monitoring and evaluation.	Support of 1 IDYers who will assist in monitoring of contracts and task orders, assist in monitoring of obligation of funds, assist in producing annual reports.	HHS/CDC		
U.S. PSC PUBLIC HEALTH ADVISOR (NON-FTE) - VENDOR TBD <input type="checkbox"/> New partner? Yes <input type="checkbox"/> FBO? No	Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy	Provide technical advice and coordinate CDC/BOTUSA operational programs, ensuring they are contributing effectively to PEPFAR's 2-7-10 treatment, prevention and care goals.	HHS/CDC	<input type="checkbox"/> (12-month Task Order - or other mechanism - commencing in FY2004.)	
<input type="checkbox"/> New partner? No <input type="checkbox"/> FBO? No	Strengthen national HIV/AIDS treatment, prevention and care programs, increasing uptake in the programs, adherence, and efficacy	Provide technical advice and coordinate selected CDC/BOTUSA operational programs, ensuring they are contributing effectively to PEPFAR's 2-7-10 treatment, prevention and care goals.	HHS/CDC	<input type="checkbox"/> (Salary: July 1 - September 30, 2004.)	
Total partners:	4	New partners:	2	FBOs:	0
Total budget:					

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Table 4.1.4 Laboratory Support		Mission Program Goal: Improve laboratory services to enhance national HIV prevention, treatment, care and support programs.		Budget		Track			
4.1.4.1 Current status of program in country	4.1.4.2 How new activities will contribute to PEPFAR targets, linkages to other activities	4.1.4.3 Existing activities initiated prior to FY 04	4.1.4.4 Partner	FY04 Objective	Activities for each objective	Agency	Budget Amount (\$)	Budget Source (Base PMTCT S/GAC)	Track (0=1-5, 2)
<p>Laboratory capacity is a critical element for the success and sustainability of HIV prevention, care and treatment programs. CDC/BOTUSA and APHL provide technical assistance and laboratory service for the Government of Botswana. Additionally, Botswana was active in holding a regional meeting for Global AIDS Program and Ministry counterparts on laboratory quality control and quality assurance. Botswana continues to be active in follow-up with recommendations from the meeting. CDC/BOTUSA is providing support and technical assistance to establish a lab in Francistown to assist in ARV and is providing financial support for major renovations at other laboratories. CDC/BOTUSA laboratory support is assisting in improving quality assurance of HIV testing by perfecting technique of dry blood spots testing. Laboratory technical support is aligned with National HIV/AIDS Strategic Framework.</p>		<p>There are currently no new laboratory support programs planned. Additional activities may be added in FY2005 if funds and prioritization of activities permit.</p>							

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<p>APHL ARV LAB FBO? No</p>	<p>Improve national laboratory services to enhance HIV prevention, treatment and care uptake and adherence.</p>	<p>Provide technical assistance for management of Francistown HIV reference laboratory, for national HIV laboratory quality control and quality assurance, and for rapid testing guidelines and training. Includes a consultant for six months who will strengthen national laboratory operations, including evaluating the effectiveness of rapid test kits and gearing up laboratory operations as the new national policy of routine testing rolls out.</p>	<p>HHS/ CDC</p>	<p>[]</p>	<p>S/GAC</p>	<p>1.5</p>
<p>4.14.4 Proposed new activities in FY 04</p>						
<p>Partner: NONE</p>	<p>FY04 objective</p>	<p>Activities for each objective</p>	<p>Agency</p>	<p>Budget</p>		
<p>Total partners: 1</p>	<p>New partners: 0</p>	<p>FBOs: 0</p>	<p>Total budget:</p>			

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Table 5.1 U.S. Agency Management and Staffing – U.S. Agency for International Development (USAID)

5.1.1 U.S. Agency Management Items and Activities								Budget
There is no USAID bilateral program in Botswana.								
5.1.2 U.S. Agency Management and Program Staff: Existing and New, by Category								Total
	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff	
Number of Program Staff	N/A							
Number of Management Staff								
Total Number of Staff								

Table 5.2 U.S. Agency Management and Staffing – Department of Health and Human Services (HHS)

5.2.1 U.S. Agency Management Items and Activities								Budget
HSS/CDC/BOTUSA manages most of the USG HIV/AIDS activities in Botswana and is the lead agency, together with the Department of State, on PEPFAR.								
Budget: (2004 figures)								

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5.2.2 U.S. Agency Management and Program Staff, Existing and New, By Category								Total
	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff	
Number of Program Staff	2		107	15		3	127	
Number of Management Staff	1		25			1	27	
Total Number of Staff	3		132	15		4	154	

Table 5.3 U.S. Agency Management and Staffing - U.S. Department of Defense (DOD) (subject to further review and approval by the Office of the Secretary of Defense)

5.3.1 U.S. Agency Management Items and Activities		Budget
Support of HIV/AIDS programs is only one component of the operations of the DOD Office of Defense Cooperation (ODC) in Botswana. One ODC officer spends 40% of her time administering such programs. In 2004, this position is programmed to become an FSN position. In FY2004, ODC activities are non-PEPFAR activities.		
5.3.2 U.S. Agency Management and Program Staff, Existing and New, By Category		Total

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	Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
Number of Program Staff							
Number of Management Staff	0.40						0.40
Total Number of Staff	0.40						0.40

Table 5.4 U.S. Agency Management and Staffing - Department of State (DOS)

5.4.1 U.S. Agency Management Items and Activities	Budget
The Regional Environment and Health Officer (REHO) spends 60% of his time on HIV/AIDS activities. The REHO Assistant devotes all her time to HIV/AIDS. The administrative staff, composed of 2 direct hire officers and 10 FSN staff, spend 50% of their time on HIV/AIDS activities.	
Total	
5.4.2 U.S. Agency Management and Program Staff, Existing and New, By Category	Total
Number of Existing U.S. direct-hire	Number of Existing International PSC
Number of New U.S. direct-hire for PEPFAR	Number of Existing International PSC
Number of Existing FSN	Number of New FSN for PEPFAR
Number of New U.S. direct-hire for PEPFAR	Number of New International PSC for PEPFAR
Total Number of Staff	Total Number of Staff

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Number of Program Staff	1.6								1.6
Number of Management Staff	1			5					6
Total Number of Staff	2.6			5					7.6

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Table 5.5 U.S. Agency Management and Staffing - Other

5.5.1 U.S. Agency Management Items and Activities		Budget				
<p>Though the Peace Corps operation is composed of 3 direct-hire American staff, 1 FSN, 7 full-time local personal services contractors (PSCs), .5 person-years USPC (for training), 3 man-years temporary host-country national PSCs, and 50 Volunteers (by March 31, 2004). It is devoted entirely to HIV/AIDS programming. However, Peace Corps is not currently regarded as part of PEPFAR (except insofar as PEPFAR funds are used to support Peace Corps initiatives - See Table 4.9.4).</p>						
Total						
5.5.2 U.S. Agency Management and Program Staff, Existing and New, By Category		Total				
Number of Existing U.S. direct-hire	Number of New U.S. direct-hire for PEPFAR	Number of Existing FSN	Number of New FSN for PEPFAR	Number of Existing International PSC	Number of New International PSC for PEPFAR	Total Number of Staff
2.5 50 Volunteers		1		6	9.5 Staff 50 Volunteers	
1		0		4	5	
3.5		1		10	14.5 Staff 50 Volunteers	
Number of Program Staff						
Number of Management Staff						
Total Number of Staff						

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Table 6. Budget for the President's Emergency Plan for AIDS Relief

Program/Area	USAID		HHS		DOD		Other	TOTAL
	Base Budget FY04	PMCT Budget FY04	Base Budget FY04	PMCT Budget FY04	Base Budget FY04	PMCT Budget FY04		
PMCT								
Abstinence/Faithfulness								
Blood Safety								
Safe Medical Injections								
Other Prevention								
VCT								
HIV clinical care (non-ART)								
Palliative Care								
OVC								
ART (non-PMCT Plus)								
PMCT Plus								
Strategic Information								
Cross Cutting Activities								
Laboratory Support								
Management & Staffing								
TOTAL								

* Subject to further review and approval by the Office of the Secretary of Defense