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Condensed COP Report

Botswana

2005

Country Operational Plan (COP)

Country Name: Botswana
 Fiscal Year 2005

U.S. Embassy Contact	Theodore	Pierce	Regional Environment and Health Officer	Piercets@state.gov
HHS In-Country Contact	Peter	Kilmarx	Director, BOTUSA	PBK4@botusa.org
USAID In-Country Contact	Ikwo	Ekpo	Senior Regional HIV/AIDS Advisor	iekpo@usaid.gov
Peace Corps In-Country Contact	Jack	Timmons	Peace Corps Director	jtimmons@bw.peacecorps.gov
DOD In-Country Contact	Andrew	Overfield	Chief, Office of Defense Corporation	ODCGABORONE@state.gov
MOH Contact	Patson	Mazonde	Deputy Permanent Secretary	pmazonde@gov.bw

Table 1: Country Program Strategic Overview

1.1 National Response

Building upon the strong national health infrastructure, the Government has initiated and sustained a multi-level, multi-sector response to HIV/AIDS. The Government supports national programs for prevention, care and treatment, including behavior change communication, social marketing, HIV-testing services, PMTCT services, STI treatment, and OI, STI, and ARV treatment and services. In addition, the GOB supports surveillance, blood safety and monitoring and evaluation (M&E) programs. Currently, 80% of the population lives within a 30 mile radius of a HIV-testing center. PMTCT services are available to women in all public health facilities, which serve 90% of pregnant women. Through the government's MASA ("New Dawn") program, free ARV drugs and services are being offered through 27 public health care sites, as well as through the private sector.

Despite the strength of these programs, referral linkages between different programs need improvement. While national leadership has responded strongly to HIV/AIDS, a slow-moving governmental bureaucracy has impeded an "emergency response" to the epidemic: the same system of checks and balances that so effectively ensures transparency and prevents corruption also slows down processes of procurement, hiring and approval of new initiatives. Many government officials are not well trained in their own systems of rules and regulations, limiting their ability to navigate these systems effectively. In addition, human capacity is lacking in terms of both numbers and skills. Certain aspects of health infrastructure are lacking. Laboratory infrastructure in particular needs strengthening, along with program-level and national systems of M&E. IT infrastructure and human capacity remain inadequate.

Historically, the GOB has provided health and social services, so the civic society sector remains fairly underdeveloped. FBO/CBO/NGOs are underutilized resources that need strengthening to become effective partners in terms of management and service delivery capacity. These organizations are also limited in number and lack a collective voice in the national agenda. Due to a high level of stigma, strong participation of PLWHA is also very limited.

Through the National AIDS Coordinating Agency (NACA), the National AIDS Council (NAC) developed the National HIV/AIDS Strategic Framework 2003-2009 (NSF), which articulates national priorities and strategies for addressing the HIV/AIDS epidemic, and provides guidance to help different sectors work collaboratively to reduce HIV-infection and mitigate the effects of HIV/AIDS. The National Operational Plan (NOP) presents concrete steps for implementing the objectives and goals of the NSF, including resource needs.

The Emergency Plan in Botswana is strongly aligned with National HIV/AIDS priorities. The USG contributed to the development of the government's NSF and NOP. The development of Botswana's FY05 COP was guided by priorities articulated in the NSF, and the strategies and approaches from the NOP served as a blueprint for action. (See Annex 1: Methods Utilized in Developing the Five-Year Strategy and FY05 Country Operational Plan for Botswana.)

The national HIV/AIDS response is led by the National AIDS Council (NAC), which is chaired by President Mogae. The secretariat of NAC is the National AIDS Coordinating Agency (NACA). NAC includes representatives from seventeen sectors including civil society, and the private and public sectors. Other key coordination mechanisms include the National HIV/AIDS Partnership Forum, which is the successor group to the UN Expanded Theme Group on HIV/AIDS, and the HIV/AIDS Development Partner Coordination Forum, chaired by Ministry of Finance and Development Planning. The International Development Partners' Forum is chaired by UNDP, and brings together heads of diplomatic missions and development partners. The Health Partnership Forum, initiated by WHO and chaired by the Ministry of Health, provides broad coordination for health issues. The Ministry of Finance and Development Planning also chairs the Global Fund Country Coordination Mechanism (CCM). The CCM is composed of Government ministries directly involved in HIV/AIDS initiatives, including MOH/Technical Support Services and MLG as well as international donors, including the United Nations family.

The USG is represented on all fora except NAC, and plays a leadership role in advocating for better coordination and action on issues such as routine testing, increased attention to the problem of intergenerational sex, and accelerating the GOB response.

The Government of Botswana established the Botswana HIV/AIDS Response Information Management System (BHRIMS) to streamline national data flow, generate information on the national HIV/AIDS response, and to improve the utilization of generated information for program planning, policy formulation, and appropriate allocation of available resources. Currently, BHRIMS produces a quarterly report system with limited dissemination to NAC and other stakeholders. However, BHRIMS is still in its infancy and lacks an effective data management system. Through the Emergency Plan, the USG will continue strengthen national strategic information systems, including infrastructure, standards, best practices, and capacity. USG support will enable the harmonization of strategic information systems will be harmonized at national and sub-national levels and among all stakeholders. The USG will also support the expansion of IT infrastructure and the establishment of health information networks covering various databases, analysis tools, GIS, and other interfaces. The USG will also support BHRIMS to improve quality and comprehensiveness of HIV response information collection mechanisms and tools, including more fully integrating surveillance of HIV and related conditions and collecting data on HIV-prevention, treatment, care and support activities.

Botswana has strong health care infrastructure, with excellent access to primary health care. Health care services are offered through a decentralized network of health facilities, with 88% of the population living within 15 kilometers of a facility and 81% within 8 kilometers. The public sector provides the vast majority of health care in the country, with a small percentage of services offered through private providers, and a few civil society organizations, although the civil society sector remains small and fairly undeveloped. The USG will work to strengthen Botswana's strong health care networks to support the delivery of prevention, care and treatment services as an integrated continuum. Communication and referral linkages between different programs and levels of care will be strengthened. Health networks will also be strengthened by building the capacity of new civil society partners, and helping to integrate these partners into the care network. In addition, the systems and infrastructure that underlie the effectiveness of health networks will be strengthened, including surveillance, laboratory and supply chain management systems.

The USG supports innovative, tested interventions to help build sustainable capacity for an effective HIV/AIDS response. Health workers' skills are strengthened through integrated capacity-building approaches, including formal training, mentoring and effective supervision. Roles of non-clinical staff, lay counselors, auxiliary health workers, nurses and midwives will continue to be expanded, as they have been for PMTCT services. Service provision will be strengthened by establishing supportive policy and service delivery guidelines, ensuring a reliable supply of essential supplies, and supporting the provision of incentives and recognition for good performance. The USG will also contribute to human resource planning, including providing targeted support for pre-service education systems to ensure the production of the right number and mix of new providers to help address the epidemic, and collaborating to establish policies that support worker retention. The USG avoids draining capacity from the public sector by continuing to support key positions in the Government instead of creating parallel service delivery mechanisms.

The American Mission in Botswana, led by Ambassador Joseph Huggins, directs and coordinates the USG interagency Emergency Plan (EP) response. Coordination of the EP is achieved through an interagency Country Team. The Deputy Chief of Mission (DCM) heads this team, while the Regional Environment and Health Officer plays a key interagency liaison and planning role. Decision making is by consensus, with recommendations presented to Ambassador Joseph Huggins for his approval.

Department of State (DOS): The DOS runs the Ambassador's HIV/AIDS Initiative, which aims to erode the stigma associated with HIV/AIDS by working with key sectors. The DOS leads USG HIV/AIDS public diplomacy outreach through the Mission's Public Affairs Office, conducts an internal AIDS in the Workplace program, assists day-care centers through the Ambassador's self-help program and provides HIV/AIDS information for courses conducted by the USG-Botswana International Law Enforcement Academy. In addition, through a public-private partnership that does not utilize EP funds, Ambassador Huggins launched the "Show You Care" HIV/AIDS awareness campaign. DOS resources, in part through ICASS, support the HIV/AIDS intervention activities of all other USG agencies.

Department of Health and Human Services, Centers For Disease Control and Prevention (HHS/CDC), along with the DOS, is the primary technical agency and primary conduit for EP funding. Operating through a local partnership with the Government of Botswana (BOTUSA), it provides technical assistance, consultation, program implementation, surveillance, and monitoring and evaluation for the prevention, care and treatment of HIV/AIDS, tuberculosis, and related sexually transmitted diseases. It supports local and international partners and conducts non-EP programs in Tuberculosis/HIV research and HIV prevention research. In 2005, HSS/CDC plans to host a USAID/RHAP staff member who will oversee EP OVC and FBO/CBO/NGO strengthening activities.

United States Agency for International Development (USAID) has not had a bilateral program in Botswana since 1997. However, it maintains a regional program office in Gaborone – the Regional Center for Southern Africa (RCSA) – and a regional HIV/AIDS office in Pretoria – the Regional HIV/AIDS Program (RHAP). Funding for the Ambassador's HIV/AIDS Initiative is channeled through RHAP. In FY2005, RCSA and/or RHAP mechanisms will strengthen the capacity of FBO/CBO/NGOs.

United States Peace Corps returned to Botswana in 2003 specifically to provide human resources for the national HIV/AIDS response. Peace Corps volunteers work with District Multi-Sectoral AIDS Committees, as well in PMTCT and palliative care programs. In FY2005, Emergency Plan will fund eleven additional volunteers (over and above normal intake) to strengthen the capacity of local FBO/CBO/NGOs engaged in HIV/AIDS activities. In FY2005, Peace Corps Volunteers are expected to liaise closely with EP programs to be funded through USAID mechanisms, which will strengthen the capacity of FBO/CBO/NGOs.

Department of Defense (DOD), through the Office of Development Cooperation (ODC), supports the Botswana Defence Force in its internal military HIV/AIDS program. EP will fund this program in FY2005. ODC also constructs key infrastructure projects, including HIV/AIDS counseling and testing (HCT) centers and orphan day-care facilities. ODC liaises very closely with HHS/CDC – in recent years, it has constructed eight HCT centers housing HHS/CDC counseling and testing activities.

Other USG partners in the fight against HIV/AIDS include the HHS National Institutes of Health (NIH). The HHS Health Resources and Services Administration (HRSA) support of health care worker training is expected to expand in FY2005. The Department of Labor funds an International Labor Organization (ILO) AIDS in the Workplace initiative, which is coordinated with HSS/CDC and the DOS.

1.4.1

Public-Private Partnerships

The USG will continue to leverage capacity in the private sector in order to increase the reach and effectiveness of the HIV/AIDS response, as well as to mobilize new resources to support the fight against the epidemic. The USG will support the private sector in providing treatment services by building their capacity and by strengthening quality assurance mechanisms. The USG will continue to work with the nation's largest alcohol distributor, KBL to leverage industry distribution networks (bars; bottle shops) to promote BCC materials and messages. The USG is also providing support to small, medium, and large companies to develop workplace policies and provide information, education and communication related to HIV prevention, treatment and care. Debswana, the nation's biggest private employer is a key partner. Precise dollar amounts being leveraged for these programs have not been determined.

Botswana has strong health care infrastructure, with excellent access to primary health care with some services provided through the private sector and a small number of FBO/CBO/NGOs. HIV/AIDS prevention, care and treatment programs are strong: Currently, 80% of the population lives within a 30-mile radius of a HIV-testing center. PMTCT services are available to women in all public health facilities, which serve 90% of pregnant women. Through the government's MASA ("New Dawn") program, free ARV drugs and services are being offered through 27 public health care sites, as well as through the private sector. Despite the strength of these services, there are gaps in services, including palliative care and services for OVC. Due to HIV/AIDS, health care systems being overburdened by the HIV/AIDS: statistics from the two main referral hospitals in Botswana indicate that about 70% of hospital beds are occupied by HIV/AIDS patients. As more and more resources are dedicated to caring for HIV/AIDS patients, these systems' abilities to offer basic health care services become compromised. The USG will leverage Botswana's strong national response by continuing to strengthening the governmental programs, strengthen referral linkages and address gaps in services. The USG will also expand the capacity of private providers and FBO/CBO/NGOs, essential partners in meeting the nation's growing health care needs.

Gender roles influence women's and men's risk for infection, their ability to access and benefit from care and treatment, and their differential burdens of providing care to family and community members living with HIV/AIDS. The USG will partner with the Government of Botswana and other development partners to share research, programmatic experience and best practices for addressing gender in HIV/AIDS programs and to support the mainstreaming of gender programming. Through its own work, the USG will demonstrate the benefits of applying a "gender lens" to the development, implementation and evaluation of HIV/AIDS programs. In FY05, the USG will develop and upscale existing programs that promote male health and positive male involvement in HIV prevention. It will also support legal advocacy organizations to identify and address discriminatory institutional/organizational policies, procedures and traditional practices that perpetuate the social and economic disempowerment of women. The USG will support assessments of the risk factors associated with intergenerational and transactional sex, and raise awareness about the adverse consequences of these relationships, especially for girls. It will also support national dialogue for legal reform and support community mobilization campaigns against social norms and behaviors that enable sexual exploitation and sexual violence.

Stigma and Discrimination

In Botswana, stigma and discrimination surrounding HIV/AIDS hampers efforts to recruit partners in HIV/AIDS work, discourages people from seeking counseling and testing services and inhibits disclosure of HIV-infection status to partners and significant others. The USG will fight stigma and discrimination across all Emergency Plan activities. It will collaborate with PLWHA in program development, implementation and policy formulation, as well as address issues of stigma and discrimination that presently hamper the effective implementation of HIV/AIDS related programs. The USG will promote "positive living" and raise awareness about the extent of HIV/AIDS stigma and discrimination in communities and workplaces. Through media campaigns, community meetings, and individual dialogue, the USG can support efforts to "put a face" on the HIV epidemic, promote disclosure, and calm fears and misconceptions about HIV positive people. Through support for legal advocacy groups and partnerships with the private sector, the USG will facilitate the assessment and reform of laws, policies and practices that discriminate against PLWHA.

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Table 2: HIV/AIDS PREVENTION, CARE AND TREATMENT TARGETS

	<u>National 2-7-10</u>	<u>USG Direct Support Target End FY05</u>	<u>USG Indirect Support Target End FY05</u>	<u>Total USG Support Target End FY05</u>
Prevention	Target 2010: 116,913			
Number of pregnant women receiving a complete course of antiretroviral prophylaxis in a PMTCT setting		1,125	7,500	7,500
Number of pregnant women who received PMTCT services in FY05		4,800	32,000	32,000
Care	Target 2008: 165,000	80,000	95,000	95,000
Number of HIV-infected individuals (diagnosed or presumed) receiving palliative care/basic health care and support at the end of FY05		6,050	30,000	30,000
Number of HIV-infected individuals (diagnosed or presumed) who received TB care and treatment in an HIV palliative care setting in FY05		3,000	10,500	10,500
Number of individuals who received counseling and testing in FY05		59,500	25,000	75,000
Number of OVCs being served by an OVC program at the end of FY05		21,790	30,000	30,000
Treatment	Target 2008: 33,000	6,400	40,500	40,500
Number of individuals with advanced HIV infection receiving antiretroviral therapy at the designated PMTCT+ site at the end of FY05		0	0	0
Number of individuals with HIV infection receiving antiretroviral therapy at the end of FY05		6,400	40,500	40,500

Table 3.1: COUNTRY PLAN - FUNDING MECHANISMS AND SOURCE

Prime Partner: None Selected

Mech ID: 1,335
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

B5

Mech ID: 1,349
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

B5

Mech ID: 1,362
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

B5

Mech ID: 1,366
 Mech Type: Unallocated
 Mech Name: Unallocated
 Planned Funding Amount:
 Agency:
 Funding Source:
 Local:

B5

Prime Partner: To Be Determined
 Mech ID: 1,048
 Mech Type: Locally procured, country funded (Local)
 Mech Name:
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: Yes

B5

Mech ID: 1,306
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Track 1 AB
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Mech ID: 1,307

UNCLASSIFIED

Prime Partner:

To Be Determined

Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: B Message
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

B5

Mech ID: 1,328
 Mech Type: Locally procured, country funded (Local)
 Mech Name: Alcohol BCC
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHAI)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

B5

Mech ID: 1,333
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Prevention Approaches
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

B5

Mech ID: 1,342
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Track 1 OVC
 Planned Funding Amount:
 Agency: USAID
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Mech ID: 1,347
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: TBD VCT
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 537
 Prime Partner Type: Own Agency
 Local: No
 New Partner: No

Mech ID: 1,371
 Mech Type: Locally procured, country funded (Local)
 Mech Name: TBD Workforce Planning
 Planned Funding Amount:
 Agency: HHS
 Funding Source: GAC (GHAI account)
 Prime Partner ID: 537

B5

UNCLASSIFIED

Prime Partner: To Be Determined
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,372
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: TBD- Support to NAC
Planned Funding Amount: []
Agency: HHS
Funding Source: GAC (GHA) account
Prime Partner ID: 537
Prime Partner Type: Own Agency
Local: No
New Partner: No

B5

Prime Partner: Academy for Educational Development

Mech ID: 1,045
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: AED GHAI
Planned Funding Amount: []
Agency: HHS
Funding Source: GAC (GHA) account
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

B5

Mech ID: 1,046
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: AED HHS
Planned Funding Amount: []
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 415
Prime Partner Type: NGO
Local: No
New Partner: No

B5

Prime Partner: Advocates for Youth

Mech ID: 1,304
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount: []
Agency: HHS
Funding Source: Deferred (GHA)
Prime Partner ID: 165
Prime Partner Type: NGO
Local: No
New Partner: No

B5

Sub-Partner Name: Youth Health Organization of Botswana
Sub Partner Type: NGO
Planned Funding Amount:
Local: Funding To Be Determined
New Partner: No

Prime Partner: Associated Funds Administrators

Mech ID: 1,352
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:

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Prime Partner: Associated Funds Administrators

Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 1,958
Prime Partner Type: Private Contractor
Local: Yes
New Partner: Yes

B5

Prime Partner: Association of Public Health Laboratories

Mech ID: 1,361
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 171
Prime Partner Type: NGO
Local: No
New Partner: Yes

B5

Prime Partner: Axiom Resources Management

Mech ID: 1,231
Mech Type: Locally procured, country funded (Local)
Mech Name: Axiom Non-Deferred
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 416
Prime Partner Type: Private Contractor
Local: No
New Partner: No

B5

Mech ID: 1,234
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Axiom Deferred
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 416
Prime Partner Type: Private Contractor
Local: No
New Partner: No

B5

Prime Partner: Baylor University

Mech ID: 1,350
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: UTAP
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 473
Prime Partner Type: University
Local: No
New Partner: No

B5

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Prime Partner: Baylor University
Sub-Partner Name: Ministry of Health, Botswana
Sub Partner Type: Host Country Government Agency
Planned Funding Amount: Funding To Be Determined
Local: Yes
New Partner: Yes

Prime Partner: Botswana Defence Force
Mech ID: 1,332
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: ODC/BDF
Planned Funding Amount: B5
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,956
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: Botswana Ministry of Education
Mech ID: 1,232
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: B5
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 311
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: Yes

Prime Partner: Educational Development Center
Mech ID: 1,302
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: B5
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 1,951
Prime Partner Type: Private Contractor
Local: No
New Partner: No

Prime Partner: Harvard University School of Public Health
Mech ID: 1,353
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Track 1- ARV
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 478
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: Institute of Development Management, Botswana
Mech ID: 1,370
Mech Type: Locally procured, country funded (Local) B5
Mech Name:
Planned Funding Amount:
Agency: HHS

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Prime Partner: Institute of Development Management, Botswana
Funding Source: GAC (GHA account)
Prime Partner ID: 257
Prime Partner Type: Private Contractor
Local: Yes
New Partner: No

Prime Partner: International Training and Education Center on HIV
Mech ID: 1,331
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: ITECH NON DEFERRED
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA account)
Prime Partner ID: 190
Prime Partner Type: University
Local: No
New Partner: No

B5

Sub-Partner Name: University of Pennsylvania
Sub Partner Type: University
Planned Funding Amount:
Local: No
New Partner: No

B5

Sub-Partner Name: University of Washington
Sub Partner Type: University
Planned Funding Amount:
Local: No
New Partner: No

B5

Mech ID: 1,351
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: ITECH DEFERRED
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHA)
Prime Partner ID: 190
Prime Partner Type: University
Local: No
New Partner: No

B5

Sub-Partner Name: University of Pennsylvania
Sub Partner Type: University
Planned Funding Amount:
Local: No
New Partner: No

Prime Partner: John Snow Inc
Mech ID: 1,326
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: Track 1
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHA account)
Prime Partner ID: 427
Prime Partner Type: NGO
Local: Yes
New Partner: No

Prime Partner: Ministry of Health, Botswana
Mech ID: 1,039

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Prime Partner: Ministry of Health, Botswana
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 1,790
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

B5

Sub-Partner Name: Medical Information Technology Incorporated
Sub Partner Type: Private Contractor
Planned Funding Amount: Funding To Be Determined
Local: No
New Partner: No

Mech ID: 1,308
Mech Type: Headquarters procured, centrally funded (Central)
Mech Name: MOH/Track 1
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 1,790
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

Prime Partner: National AIDS Coordinating Agency, Botswana
Mech ID: 1,330
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 361
Prime Partner Type: Host Country Government Agency
Local: Yes
New Partner: No

B5

Sub-Partner Name: Humana People to People
Sub Partner Type: NGO
Planned Funding Amount:
Local: Yes
New Partner: No

Prime Partner: National Association of State and Territorial AIDS Directors
Mech ID: 1,367
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: NASTAD
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAJ account)
Prime Partner ID: 590
Prime Partner Type: NGO
Local: No
New Partner: No

B5

Mech ID: 1,368
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: NASTAD Deferred

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Prime Partner: National Association of State and Territorial AIDS Directors
 Planned Funding Amount:
 Agency: HHS
 Funding Source: Deferred (GHAJ)
 Prime Partner ID: 590
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Pact, Inc.
 Mech ID: 1,303
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: PACT
 Planned Funding Amount: B5
 Agency: USAID
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 200
 Prime Partner Type: NGO
 Local: Yes
 New Partner: Yes

Prime Partner: Pathfinder International
 Mech ID: 1,044
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Cooperative Agreement
 Planned Funding Amount: B5
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 202
 Prime Partner Type: NGO
 Local: Yes
 New Partner: No

Prime Partner: Population Services International
 Mech ID: 1,305
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Southern African Regional PSI
 Planned Funding Amount: B5
 Agency: HHS
 Funding Source: GAC (GHAJ account)
 Prime Partner ID: 206
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Mech ID: 1,728
 Mech Type: Headquarters procured, country funded (HQ)
 Mech Name: Southern african regional PSI
 Planned Funding Amount: B5
 Agency: HHS
 Funding Source: Deferred (GHAJ)
 Prime Partner ID: 206
 Prime Partner Type: NGO
 Local: No
 New Partner: No

Prime Partner: Safe Blood for Africa Foundation
 Mech ID: 1,325
 Mech Type: Headquarters procured, centrally funded (Central)
 Mech Name: Track 1
 Planned Funding Amount:
 Agency: HHS

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Prime Partner: Safe Blood for Africa Foundation
Funding Source: GAC (GHAI account)
Prime Partner ID: 212
Prime Partner Type: NGO
Local: No
New Partner: No

Prime Partner: Tebelopele, Botswana
Mech ID: 1,345
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 214
Prime Partner Type: NGO
Local: Yes
New Partner: No

B5

Prime Partner: The Futures Group International
Mech ID: 1,338
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Ambassador's HIV-AIDS Initiative Deferred
Planned Funding Amount:
Agency: USAID
Funding Source: Deferred (GHAI)
Prime Partner ID: 435
Prime Partner Type: TBD
Local: No
New Partner: No

B5

Mech ID: 1,339
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Ambassador's HIV-AIDS Initiative NOT DEFERRED
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 435
Prime Partner Type: TBD
Local: No
New Partner: No

B5

Prime Partner: United Nations Children's Fund
Mech ID: 1,343
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 521
Prime Partner Type: Multi-lateral Agency
Local: No
New Partner: No

Prime Partner: University of Medicine and Dentistry, New Jersey
Mech ID: 1,047
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: UTAP
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 2,270

B5

UNCLASSIFIED

Prime Partner: University of Medicine and Dentistry, New Jersey
Prime Partner Type: University
Local: No
New Partner: No

Prime Partner: US Agency for International Development
Mech ID: 1,340
Mech Type: Locally procured, country funded (Local)
Mech Name: USAID RHAP
Planned Funding Amount:
Agency: USAID
Funding Source: GAC (GHAI account)
Prime Partner ID: 527
Prime Partner Type: Own Agency
Local: No
New Partner: No

B5

Prime Partner: US Centers for Disease Control and Prevention
Mech ID: 1,383
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: GHAI Deferred Management
Planned Funding Amount:
Agency: HHS
Funding Source: Deferred (GHAI)
Prime Partner ID: 528
Prime Partner Type: Own Agency
Local: No
New Partner: No

B5

Prime Partner: US Department of Defense
Mech ID: 1,348
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: ODC/VCT
Planned Funding Amount:
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner ID: 529
Prime Partner Type: Own Agency
Local: Yes
New Partner: No

B5

Prime Partner: US Department of Health and Human Services
Mech ID: 1,300
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Management GHAI
Planned Funding Amount:
Agency: HHS
Funding Source: GAC (GHAI account)
Prime Partner ID: 530
Prime Partner Type: Own Agency
Local: No
New Partner: No

Mech ID: 1,301
Mech Type: Headquarters procured, country funded (HQ)
Mech Name: Management Base
Planned Funding Amount:
Agency: HHS
Funding Source: Base (GAP account)
Prime Partner ID: 530
Prime Partner Type: Own Agency
Local: No

B5

UNCLASSIFIED

Prime Partner: US Department of Health and Human Services
New Partner: No

Prime Partner: US Peace Corps

Mech ID: 1,341
Mech Type: Headquarters procured, country funded (HQ)
Mech Name:
Planned Funding Amount:
Agency: Peace Corps
Funding Source: GAC (GHAJ account)
Prime Partner ID: 536
Prime Partner Type: Own Agency
Local: No
New Partner: No

B5

Program Area:

Mechanism ID: 1,349

Mechanism Type: Unallocated

Planned Funds:

B5

Program Area:

Budget Code:

Program Area Code:

Table 3.3.1: PROGRAM PLANNING OVERVIEW

- Result 1: Improved pre-service and in-service PMTCT training for Health Care Workers
- Result 2: Increased awareness, demand and utilization of PMTCT services
- Result 3: Increased access to care and support for HIV-infected mothers and their families
- Result 4: Improved quality of PMTCT services integrated into routine MCH program
- Result 5: Improved management and implementation of the PMTCT program
- Result 6: Increased number of Health Care Workers trained in PMTCT program management
- Result 7: Improved psychosocial support to HIV-infected mothers and their families.

Total Funding for Program Area (\$): **Current Program Context:**

Since November 2001, PMTCT services have been available in all public health facilities in Botswana, accessible to the entire population and linked to a well-structured national antiretroviral (ARV) program in which pregnant women are a priority for treatment. PMTCT services are offered as part of established Maternal Child Health/Family Planning services in which over 90% of pregnant women seek antenatal care and deliver their babies in public health facilities. Between 2002 and 2003, the HIV testing rate in antenatal clinics increased from 45% to 62%. With the introduction of routine HIV testing in January 2004, the testing rate for pregnant women approached 90%. PMTCT counselors are currently being trained in the use of rapid HIV testing and this is expected to increase the number of women receiving their test results. Nurses and midwives are also being considered for conducting rapid testing. The Government of Botswana has shown strong leadership and political commitment to the PMTCT program by providing over 90% of program funding, which includes free ARV drugs and infant formula to women and their infants. Infant formula has been endorsed in Botswana as the great majority of households do have access to clean water. Since 2002, the USG has provided technical and financial support, manpower, infrastructure and equipment to the national PMTCT program. The USG supports 13 positions in the national and regional program offices. The USG has provided additional counseling space to health facilities, and equipment for group video education. The USG has also provided technical assistance for the improvement of counseling, counselor training, the development of the lay counselor cadre, and the development of an information management system. Together with the Government of Botswana, the USG has established a program evaluation site in Francistown aimed at improving implementation and utilization of PMTCT services. The USG offers strong technical assistance to the National PMTCT Technical Advisory Committee through the support of HHS/CDC/BOTUSA and the expertise of HHS/CDC Atlanta. Advocacy for policy changes is also offered by the USG team through coordination activities with the PMTCT Reference Group at the Ministry of Health (MOH). UNICEF has provided technical support for PMTCT program evaluation and infant feeding. The USG has supported UNICEF to strengthen community participation and support for PMTCT, as well as promoting infant and young child feeding, and the integrated management of childhood illnesses (IMCI). Harvard University conducts PMTCT clinical research, largely supported through the USG HHS/NIH funds. There is broad consensus among governmental and non-governmental partners about priorities for strengthening PMTCT, including: strengthening linkages between PMTCT and ARV programs, increasing the number of HIV-exposed infants who are tested; increasing the number, and improving the skills of, health care workers; and, strengthening the procurement and distribution systems for drugs and infant formula. PMTCT services will benefit from the strengthening of supply chain management at Central Medical Stores (CMS) described in the ARV section of this plan. Other priority areas are improving monitoring and evaluation of PMTCT services and strengthening outreach of the program to communities through social marketing. All PMTCT activities are aligned with the National Strategic Plan (Goal 1, Objective 1.2) and the Emergency Plan Five-Year Strategic Plan for Botswana.

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

B5

Planned Funds:

Activity Narrative:

Result: Improved Management and Implementation of the PMTCT Program

Inputs

Through an existing Cooperative Agreement for the expansion of PMTCT, the USG will continue to support the positions created in the national and regional PMTCT program and other related Ministry of Health departments (AIDS/STD Unit, Technical Support Services and Institutes of Health Sciences). The following positions will be supported through funding:

- National Coordinator 1
- Regional Coordinator 2
- Counseling officers 3
- IEC officers 3
- Nutrition officer 1
- Data manager 1
- Data entry clerks 2
- Lab Scientist 1
- IHS Training coordinator 1
- Psychosocial Support coordinator 1

Activities/ Outputs

All vacant positions will be filled and all will continue to be supported.

New activities include:

- Four sub-regional PMTCT workshops to train 120 senior health care workers
- Procurement of an ELISA machine and accessories for the Jubilee laboratory in Francistown to improve the turn around time of HIV testing

Outcomes

The expected benefit will be strengthening of the national PMTCT human resource capacity and laboratory support to address the critical human capacity shortages and provide for effective implementation of the PMTCT program including expanding the role of and training for nurses and midwives.

Activity Category

- Human Resources
- Infrastructure
- Training

% of Funds

- 80%
- 10%
- 10%

Targets:

Not Applicable

Number of health workers newly trained or retrained in the provision of PMTCT services 500 Not Applicable

Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting 0 Not Applicable

Number of pregnant women provided with PMTCT services, including counseling and testing 0 Not Applicable

Number of service outlets providing the minimum package of PMTCT services 300 Not Applicable

UNCLASSIFIED

Target Populations:

Health Care Workers

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code.

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Cooperative Agreement / Pathfinder International

Planned Funds:

Activity Narrative: Result: Improved Psychosocial Support to HIV-infected mothers and their families

Inputs

Through a cooperative agreement with Pathfinder, the USG is providing technical assistance and funding to civil society organizations to strengthen counseling and other psychosocial support services for HIV-infected women and their families.

Activities/Outputs

Three to five selected civil society organizations (including at least one FBO) will establish counseling and psychosocial care services in underserved (currently without non-governmental, community-based or faith-based support services for PLWHAs) areas. Services will include counseling and support groups for HIV + women from the PMTCT program and their families (peer counseling and mentoring ("Mothers-to-Mothers-to-Be"), drug adherence counseling, nutrition counseling, supportive counseling and "positive living" support groups). Pathfinder will be responsible for awarding and managing grants and providing technical assistance and organizational capacity development to the selected organizations. Pathfinder will also provide training and on-going support to the selected civil society organizations receiving funds in general management and administration, financial management, supervision, monitoring and evaluation and other areas identified.

Outcomes

The expected benefit will be an increase in utilization of PMTCT services, including HIV testing, correct use of ART, safe early childhood feeding and access to continued care and support for infected women and their families.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Local Organization Capacity Development	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	5	<input type="checkbox"/> Not Applicable

Target Populations:

- HIV/AIDS-affected families
- HIV+ pregnant women
- Sex partners

Key Legislative Issues:

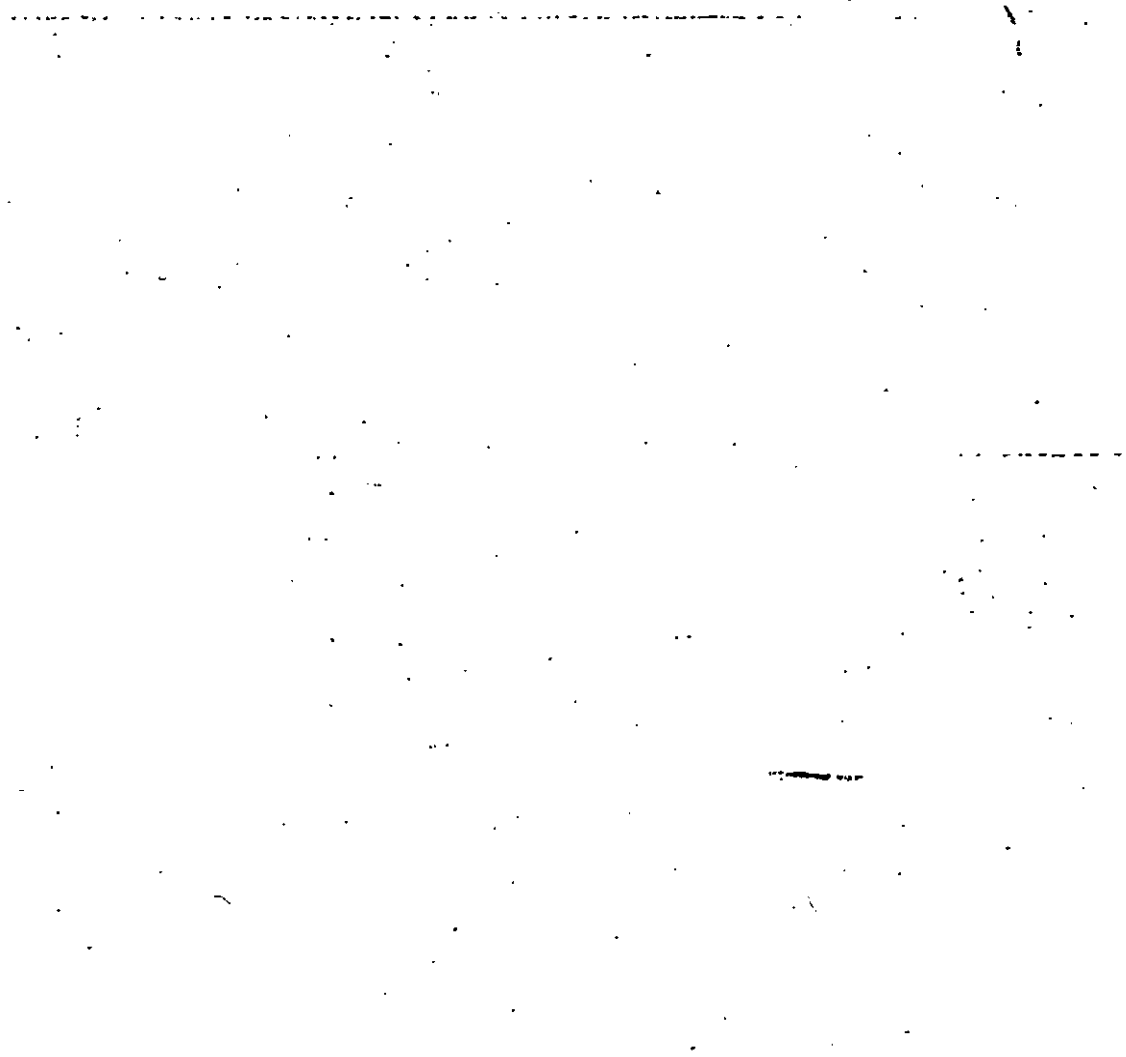
- Stigma and discrimination

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:



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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AED GHAI / Academy for Educational Development

Planned Funds:

Activity Narrative:

Result: Increased awareness, demand and utilization of PMTCT services
Inputs

Through a Task Order from the USG, AED will provide technical assistance and support to Family Health Division of Ministry of Health to implement a national PMTCT social marketing campaign for Botswana.

Activities/Outputs

AED will implement the following activities: develop and launch a new PMTCT logo, conduct a media campaign, develop, print and distribute IEC materials, design and print new PMTCT patient folders and referral cards and regularly monitor and evaluate the effectiveness of the campaign. This will increase the level of knowledge about PMTCT, foster positive attitudes, promote HIV testing, increase utilization of PMTCT services and promote support for HIV positive pregnant women amongst key target audiences.

Outcomes

The expected benefit to the program is an increase in the number of pregnant women tested for HIV and utilizing full PMTCT services, including replacement feeding, with increased support from partners, families and communities.

Activity Category

- Community Mobilization/Participation
- Information, Education and Communication

% of Funds

- 20%
- 80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- HIV+ pregnant women
- Pregnant women
- Youth
 - Girls
 - Boys

UNCLASSIFIED

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / University of Medicine and Dentistry, New Jersey

Planned Funds:

Activity Narrative:

Result: increased number of health care workers trained in PMTCT program management

Input

Under an ongoing University Technical Assistance Program (UTAP) agreement, the Francois-Xavier Bagnoud Center (FXBC) at the University of Medicine and Dentistry of New Jersey is twinning with MOH/ FHD, the Botswana Institute of Health Sciences (IHS) and the University of Botswana to strengthen pre- and in-service training of health workers for the improvement of service delivery and program uptake.

Activities/Outputs

Activities for 2005 will include the development of a comprehensive in-service PMTCT training program/plan, inclusive of role/responsibility definitions, monitoring and evaluation mechanisms, skills development for trainers, and didactic and facility-based models of training; and development of a family-centered care model for PMTCT inclusive of follow-up care guidelines for mothers, fathers and infants. They will also develop the integration of PMTCT into the midwifery curriculum at the Institute of Health Sciences (IHS) and provision of in-service training for faculty biannually; development of an HIV master educator cadre at IHS; circulation of a monthly PMTCT listserv as a training tool for PMTCT managers, trainers and implementers; and development of strategies to disseminate best practices developed at the HHS/CDC/BOTUSA PMTCT demonstration site.

Outcomes

The expected benefit to the program will be the improvement in the human resource capacity of the PMTCT staff and all other implementers at the district level to improve the quality of care of the PMTCT program.

Activity Category

- Human Resources
- Training

% of Funds

- 20%
- 80%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	150	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	300	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Nurses
- Counselors
- Doctors
- Program managers

UNCLASSIFIED

Key Legislative Issues:

Twinning

Coverage Area: National

State Province:

ISO Code:

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / To Be Determined

B5

Planned Funds:

Activity Narrative: Result: Improved management and implementation of the PMTCT program

Input

Under an ongoing University Technical Assistance Program (UTAP) agreement, the Botswana Harvard Partnership will be funded to hire a laboratory technician. The Botswana Harvard Partnership conducts HIV research in virology, vaccine trials, ARVs and PMTCT. The Botswana-Harvard Partnership also operates the reference laboratory.

Activities/Outputs

A laboratory technician will be hired to be responsible for the management of the early infant HIV testing PMTCT project in the Botswana Harvard Partnership laboratory which will lead to early HIV diagnosis in HIV-exposed infants.

Outcomes

The expected benefit to the program will be the improvement in the human resource capacity of the PMTCT program and the improvement in the quality of HIV care of infants and young children.

Activity Category

Human Resources

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Infants

Key Legislative Issues:

Twinning

Coverage Area: National

State Province:

ISO Code:

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

Budget Code: (MTCT)

Program Area Code: 01

Table 3.3.1: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management Base / US Department of Health and Human Services

Planned Funds:

Activity Narrative: Prevention of Mother and Child Transmission Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the national prevention of mother to child transmission programs and projects, including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category % of Funds
 Human Resources 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of health workers newly trained or retrained in the provision of PMTCT services	0	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,125	<input checked="" type="checkbox"/> Not Applicable
Number of pregnant women provided with PMTCT services, including counseling and testing	4,800	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing the minimum package of PMTCT services	12	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.2: PROGRAM PLANNING OVERVIEW

- Result 1: Strengthened capacity of underutilized and new partners for HIV/AIDS prevention efforts
- Result 2: Sustained and strengthened media campaigns aimed at BCC
- Result 3: Increased effectiveness and reach of BCC programs
- Result 4: Strengthened early childhood development and school-age programs through integrating HIV/AIDS prevention activities
- Result 5: Promoted and integrated abstinence and partner reduction in behavior change communication (BCC) programs and messages
- Result 6: Reduced high-risk behaviors across the population through promotion of abstinence and being faithful
- Result 7: Strengthened linkages to care and treatment programs.
- Result 8:

Total Funding for Program Area (\$): **Current Program Context:**

The Government of Botswana takes the lead on national abstinence/be faithful (AB) activities, which include abstinence curricula in schools and related programs for youth. HHS/CDC/BOTUSA provides strong support for these efforts, the United Nations agencies and ACHAP (African Comprehensive HIV/AIDS Partnership) provide significant collaborative support, for example through the "Talk Back" educational TV program for teachers with the Ministry of Education. The Mission's existing AB activities contribute to the uptake of abstinence and faithfulness behavior by the people of Botswana. HHS/CDC/BOTUSA has supported several information, education and communication activities with strong abstinence and be faithful components. The flagship program is Makgabeng, a nationally broadcast radio drama, which is accompanied by a set of associated community-based activities to support its behavior change messages. Results of a household survey conducted in seven health districts indicate that 45% of respondents listen to Makgabeng at least once a week and weekly listenership is positively associated with, among other outcomes, greater knowledge about HIV issues and less stigmatizing attitudes toward persons living with HIV/AIDS. HHS/CDC/BOTUSA has also funded a local FBO, the Botswana Christian AIDS Intervention Programme (BOCAIP), to develop a countrywide network of 125 church-based, volunteer counselors to provide HIV/AIDS community prevention, counseling and care services. As a priority for future activities, BOCAIP will reach out to other faith-based organizations. Recent activities also include a collaborative project with the Ministry of Education, to support the development and piloting of instructional material for grade 1-12 teachers to help them better teach the life skills curricula to their students. HHS/CDC/BOTUSA supports YOHO, a national youth health organization, to develop more materials and messages promoting abstinence and partner reduction, to reach youth in novel ways such as through arts festivals and other outreach programs, and to help other youth organizations strengthen their work on abstinence. All behavioral change activities are aligned with National HIV/AIDS Strategic Framework (Goal 1, Objective 1.1) and the Emergency Plan Five-year Strategic Plan for Botswana.

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Axiom Non-Deferred / Axiom Resources Management

Planned Funds:

Activity Narrative: Result: Sustained and Strengthened Media Campaigns Aimed at BCC Messages

Setswana-language radio drama "Makgabeng" incorporates HIV/AIDS information (abstinence, faithfulness, partner reduction, testing, and treatment) in a radio drama broadcast twice weekly to a nationwide audience. Qualitative and survey data have indicated that the drama's messages have a significant impact. Reinforcement activities (for example Makgabeng road shows, student/faith-based/community discussion groups, contests, epilogues, etc) are also a part of this activity, to further support the messages modeled in the radio drama. The activity is a part of the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) project, based in HHS/CDC/Atlanta. The NGO Media Support Solutions (MSS) has provided technical assistance to the drama team in the past.

Inputs: Funding to cover training of volunteer group facilitators, monitoring and evaluation, road shows and development of IEC materials, as well as radio production costs and technical and support staff for the drama. Funding will also cover salaries, benefits, and other technical costs (e.g. travel, related temporary-duty assignments (TDYs), printing, workshops) of two BOTUSA senior staff who work all or part-time on this project and who link with the broader behavior change project of which this is a part, MARCH (Modeling and Reinforcement to Combat HIV). This line item is a corollary of the BOTUSA internal budget.

Activities: In FY05, we plan to continue the radio drama in its current form and with its current support from MSS as well as to further pilot and develop reinforcement activities. Evaluation data collected in the previous year about listenership and other topics will be analyzed and disseminated to appropriate channels, and other sustainable evaluation activities will be developed and implemented. Also, activities will be added to provide technical assistance to help train the radio drama staff in areas such as management, accounting, grants management, and development of organizational policies and procedures. It is expected that the radio drama will become its own NGO sometime in 2006.

Outcome: The radio drama will continue to be popular across the country and will cover a range of important behavior change topics. The program will be strengthened as a result of having technical staff on the ground, in particular the development of the reinforcement activities, evaluation research, and data analysis. Reinforcement activities will be upscaled and monitored. Local capacity to provide high quality behavior change communication media programs will be strengthened.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	40%
<input checked="" type="checkbox"/> Local Organization Capacity Development	10%

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- Strategic Information (M&E, IT, Reporting) 10%
- Training 15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,000,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	30,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	300	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Community-based organizations
- Country coordinating mechanisms
- Faith-based organizations
- Students
 - Primary school
 - Secondary school
- Volunteers
- Youth
 - Girls
 - Boys

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Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
 - Reducing violence and coercion
 - Increasing women's access to income and productive resources
 - Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Botswana Ministry of Education

Planned Funds:

B5

Activity Narrative:

Result: strengthened early childhood development activities and school-age programs through integrating HIV/AIDS prevention activities

In collaboration with the MOH and with technical assistance from Educational Development Center (USA), BOTUSA has helped develop instructional materials for students and teachers to promote the teaching of the government's life skills curricula and to ensure application of the curricula in schools. The curricula is a life skills program on HIV/AIDS and related topics (e.g. self awareness, peer pressure) for all the schools in the country, grades 1- 12, and emphasizes abstinence among the lower and upper grades and adds discussions of partner fidelity in high school grades. The instructional materials provide background information on these topics as well as age-appropriate, participatory exercises for teachers to do with their students. The materials have been piloted in numerous primary schools, and pilot testing in secondary schools is underway.

Inputs: The USG will provide funding and technical assistance for the continuation of this project.

Activities/Outputs: During FY05, the Ministry of Education, with a contractor selected by them, will develop a plan to monitor and evaluate the use and impact of the instructional materials and the life skills curricula more generally. The initial stages of that plan (e.g.-baseline survey) will be implemented.-MOE will also assess the need for additional supportive materials to give to students and/or teachers, to reinforce the curricula and the companion instructional materials. Funding may also be used to supplement the MOE budget for printing and distributing the materials and providing training to teachers in their use.

Outcome: The curricula will be launched and implemented nation-wide, evaluation mechanisms will be in place, and youth life skills strengthened.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	25%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	25%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	450,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	10,000	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Students
 - Primary school
 - Secondary school
- Teachers

Key Legislative Issues:

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

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs
 Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Axiom Deferred / Axiom Resources Management

Planned Funds:

Activity Narrative: Result: sustained and strengthened media campaigns aimed at BCC

Inputs: The USG provides funding human resources and other support costs.

Activities/Outputs: The Axiom contract includes funding for the salaries, benefits, and other technical costs (e.g. travel, related temporary duty assignments (TDYs), printing, workshops) of two BOTUSA senior staff who work all or part-time on this project and who link with the broader behavior change project of which this is a part, MARCH (Modeling and Reinforcement to Combat HIV). This line item is a corollary of the BOTUSA internal budget.

Outcome: All aspects of the radio drama will be strengthened as a result of having technical staff on the ground, in particular the development of the reinforcement activities, evaluation research, and data analysis.

Activity Category Human Resources % of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

USG in country staff

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management Base / US Department of Health and Human Services B5

Planned Funds:

Activity Narrative: Abstinence/Be Faithful/Behavior Change Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the national abstinence and faithfulness programs and projects, including work with the Ministry of Education, YOHO, the Makgabeng radio drama, and other partners funded under the abstinence/faithful program area. Costs related to workshops for the piloting and roll-out of school life skills instructional materials are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters. 25% of this budget is allocated to the printing and potential contractor costs related to the roll-out of the Ministry of Education's new life skills instructional materials.

Activity Category
 Human Resources % of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Educational Development Center

Planned Funds:

Activity Narrative:

Result: strengthened early childhood development and school-age programs through integrating HIV/AIDS prevention activities

Life Skills Curricula Instructional Materials

Educational Development Center (EDC) has provided technical assistance on this project for the last two years, coordinating with the Ministry of Education and working closely with HHS/CDC/BOTUSA on the instructional materials and pilot testing. Their current contract ends in March of 2005.

Inputs: The USG will provide funding and technical assistance.

Activities/Outputs: The processes that EDC has helped initiate are still ongoing (e.g. pilot testing, revision of materials), EDC will therefore be contracted to see through the final steps of the project. EDC will assist with the collection and review of feedback from the secondary school teachers who are piloting the materials now, participate in the revision of both primary and secondary school materials (including the complete redesign of the Grade 1 curricula, which needs to be revised to meet the needs of non- or new readers), further modify the training program that will be used to disseminate the new materials to teachers across the country, and help plan the final roll-out of the materials. The materials should be rolled out in September or October of 2005.

Outcome: The instructional materials will meet international education standards, be polished and appropriate for Botswanan teachers and learners, and be introduced into the curriculum.

Note: These inputs will contribute to the work of the Ministry of Education (see previously described activity), and the targets associated with this project are described there.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	15%
<input checked="" type="checkbox"/> Information, Education and Communication	70%
<input checked="" type="checkbox"/> Training	15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- Students
 - Primary school
 - Secondary school
- Teachers

Key Legislative Issues:

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

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

FACT / Fact, Inc.

B5

Planned Funds:

Activity Narrative:

Result: strengthened capacity of underutilized and new partners for HIV/AIDS prevention efforts

Civil society remains a weak sector in the national response to HIV/AIDS in Botswana. Community-based organizations, in particular, are a largely untapped resource for expanding the reach of HIV/AIDS prevention and care services to communities. The USG will provide funds to PACT, an existing USAID/Regional HIV/AIDS Program (RHAP) mechanism, which is pre-competed. PACT's mission is to strengthen grass roots organizations and networks. In Botswana, the main focus of PACT's work will be to strengthen Botswana-based, non-governmental organizations through a central Botswana HIV/AIDS umbrella organization to become a leading partner in the HIV/AIDS response and to expand services provided by the sector. Three umbrella AIDS service networks exist, but all are constrained in their capacity to provide adequate leadership and support to members. With the USG support, one of these three umbrella organizations will develop into a strong, well-functioning and sustainable organization capable of providing leadership and strengthening member organizations. The umbrella organization will be charged with, and developed, in the areas of coordination, advocacy, organizational capacity building, resource mobilization, grants management, training, partnership building, strategic planning, monitoring and evaluation and service delivery. It will also work with local FBOs/CBOs/NGOs to fund activities in prevention (abstinence/be faithful), palliative care, orphans and vulnerable children, and systems strengthening.

A local reference group has been formed to oversee and coordinate this activity with representation from the relevant sectors of the government of Botswana, USG Emergency Plan agencies, and the UN family. This reference group will also act as a technical review panel for selection of grant recipients. Over the multi-year project period the capacity of the local umbrella organization will be strengthened so that the need for support from PACT will decrease substantially.

Inputs: The USG will fund a contractor (PACT) to provide technical assistance and resources to build the organizational capacity of a central HIV/AIDS umbrella organization. The umbrella organization will be provided with the skills and resources to operate a small to medium sized grants program and build organizational capacity in member organizations to expand service delivery.

Activities/Outputs: In the area of abstinence/be faithful, these funds will be used to support local FBOs/CBOs/NGOs that promote abstinence/be faithful behavior change activities. Criteria for selection and distribution of the allocations of funds will be determined at a later date. However, minimum amounts will be set aside for faith-based organizations (e.g. [] and youth organizations (e.g. [])

Outcome: Civil society's contribution to the Botswana HIV/AIDS response will increase and more new partners will benefit from Emergency Plan support. A well-functioning and sustainable central umbrella organization will be created, capable of providing funding, coordination, organizational capacity building and technical support to members that do work in the area of abstinence and faithfulness programs.

Note: Once the grants have been awarded, targets and target groups will be better defined.

Activity Category

	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Advocates for Youth

Planned Funds:

Activity Narrative: Result: promoted and integrated abstinence and partner reduction in BCC programs and messages

YOHO: Enhanced work on abstinence

YOHO is a well-known youth-run organization dedicated to a number of key health issues facing youth, including HIV/AIDS. HHS/CDC/BOTUSA has provided funding for many years to facilitate technical assistance for their various outreach and IEC projects on HIV/AIDS as well as for institutional strengthening.

Input: The USG provides funding for this project.

Activities/Outputs: In FY05, these funds will be used to enhance YOHO's work on abstinence. Activities will include training other youth groups, schools, and faith-based organizations in ways to reach youth and deliver messages about abstinence to them and their parents. They will also include strengthening the abstinence messages and activities in YOHO's current programs, including their annual arts festival and bus/taxi outreach programs. Part of the salaries of YOHO staff and YOHO's internal capacity building to better serve as a resource on abstinence and abstinence programs will also be covered with these funds.

Outcome: YOHO's capacity to work and train on abstinence will be strengthened and large numbers of youth will be reached with abstinence messages and programs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Information, Education and Communication	40%
<input checked="" type="checkbox"/> Training	40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	2	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	40	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Faith-based organizations
- Teachers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Southern African Regional PSI / Population Services International

Planned Funds:

Activity Narrative:

Result: increased effectiveness and reach of behavior change communication programs

Youth behavior change

PSI has been working for several years to promote behavior change among youth through its varied communication activities, such as radio and TV programs and jam sessions.

Inputs: The USG will provide funding and technical assistance.

Activities/Outputs: In FY05, PSI will continue and strengthen its behavior change communication directed at youth. Funding will be used to help cover costs related to the promotion and production of media shows for youth and distribution of other IEC materials and related interpersonal reinforcement activities. Funding will be used to further expand Youth Clubs in schools and other communities.

Outcome: Youth are better informed and mobilized around HIV/AIDS and are adopting healthy behaviors.

Activity Category

- Information, Education and Communication
- Local Organization Capacity Development

% of Funds

- 80%
- 20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	20,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	30	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Business community
- Community leader
- Community members
- Media
- Mobile populations
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 AB / To Be Determined

Planned Funds:

Activity Narrative:

Result: reduced high-risk behaviors across the population through promotion of abstinence and being faithful

Awardee is a faith-based organization that has been working in HIV prevention and abstinence promotion work for years in various parts of Africa. This grant is a part of a multi-country project to work with youth in five countries to encourage abstinence, faithfulness, and avoidance of unhealthy behaviors among youth.

Inputs: The USG will provide funding and technical support.

Activities/Outputs: The program involves advocacy on the national and local levels to help mobilize decision-makers and community members to support the general concepts of the program and to commit to working on it. Working with churches, youth groups, and schools, the awardee will use a participatory methodology to help those groups to assess their HIV competency and to plan and develop local action plans, with an emphasis on abstinence-based solutions. Trainings and skills-building sessions will be held on site to help groups meet their identified needs, and the awardee will help its partners to link with other groups, so that they can better leverage available services and programs. Funding will also be used for documentation of all parts of the process.

Outcomes: Abstinence programs for youth will be strengthened; communities will be better mobilized to address the needs of youth.

Please note: Funding request is because the funds - are being provided centrally through Track 1.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Community Mobilization/Participation	25%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	50%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1,800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	200	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Youth
- Girls
- Boys

Key Legislative Issues:

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

Coverage Area:

State Province: Southern

ISO Code: BW-SO

Program Area: Abstinence and Be Faithful Programs

Budget Code: (HVAB)

Program Area Code: 02

Table 3.3.2: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner:

B Message / To Be Determined

Planned Funds:

[Empty box]

B5

Activity Narrative:

Results: increased effectiveness and reach of behavior change communication programs; sustained and strengthened media campaigns aimed at BCC

Social marketing campaign of the "Be Faithful" message

The time is ripe for further promotion of the AB messages on a wide scale in Botswana, to help individuals challenge norms that tolerate concurrent and multiple partnerships.

Input: The USG will provide funding and technical assistance.

Activities/Outputs: In collaboration with a range of governmental and nongovernmental partners and stakeholders in Botswana, awardee will develop a comprehensive plan to conduct social marketing of abstinence/be faithful activities across the country. The social marketing plan should be multifaceted, innovative, culturally-appropriate, segmented accordingly, and in line with behavior change theories. In FY05, awardee and partners will develop and test key messages, modes of dissemination, and monitoring and evaluation mechanisms. The project should also involve capacity-building of local partners in both developing behavior change communication messages and promoting abstinence/be faithful messages more generally.

Outcomes: Strengthening of abstinence and be faithful messages throughout the country.

Note: Targets and target groups will be better defined once the awardee has been identified.

Activity Category

- Information, Education and Communication
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

- 75%
- 10%
- 15%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	750,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful	100	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that promote abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.3: PROGRAM PLANNING OVERVIEW

- Result 1: Full supply of related medical equipment and supply achieved
- Result 2: Management of blood transfusion services strengthened
- Result 3: Standard blood safety precautions in public and private hospitals strengthened
- Result 4: Pool of regular blood donors secured
- Result 5: Infrastructure for blood collection, testing, storage and distribution of safe blood and blood products built and expanded

Total Funding for Program Area **Current Program Context:**

The National Blood Transfusion Services (NBTS), part of the MOH, has two operating centers in the country. The MOH has a national policy on blood transfusion but it is only partially implemented. The two blood centers support the whole country for collection and screening of blood to maintain safe blood supply. There is a national guideline on clinical use of blood.

The NBTS can only collect 30% (12,000), of the 40,000 units required annually due to limited resources. An additional 28,000 units need to be collected to meet the annual need of the country. The actual rate of infected blood collected is about 9%. All blood transfusion activities in Botswana are coordinated by the NBTS centers which are funded and fall under the direct control of the MOH as part of the Laboratory Service Division. The NBTS has received per year for five years through Track 1 for the rapid strengthening of the NBTS. It receives technical assistance from Safe Blood For Africa (SBFA). ACHAP (African Comprehensive HIV/AIDS Partnership) funds a blood safety and youth HIV prevention project but concentrates mainly on the youth component of the project. SBFA was granted annually for their technical assistance to the MOH. No funding will be provided outside Track 1.

All prevention/medical transmission/blood safety activities are aligned with National HIV/AIDS Strategic Framework (Goal 1, Objective 1.3) and the Emergency Plan 5-year Strategic Plan for Botswana.

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative: Results: Infrastructure for blood collection, testing, storage and distribution of safe blood and blood products built and expanded; Standard blood safety precautions in public and private hospitals strengthened; Management of blood transfusion services strengthened; Full supply of related medical equipment and supply achieved

Input: The Ministry of Health/ Technical Support Services (T.S.S) will coordinate all activities to achieve strengthening of blood transfusion services.

Activities/ output: This will be done by expanding existing blood transfusion laboratories and building new blood transfusion centers in Gaborone and Francistown. The Technical Support Services has already embarked in training existing laboratory staff involved in blood transfusion. It has also initiated logistic procurement process including software for computerization of transfusion centers, PH- conductivity meters and refrigerated centrifuges to upgrade equipments in all blood transfusion laboratories.

The Ministry of Health/T.S.S is working with SFBA which will secure 100% of the blood requirement of the country within the next five years. Ministry of Health/ T.S.S which will strengthen the national blood transfusion services in the country by providing financial and technical support.

Outcome: These activities will improve blood transfusion services within the country and provide annual country requirement on blood.

Please note: Funding request is because the funds are being provided centrally.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals trained in blood safety	6	<input type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	2	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Doctors
 - Medical/health service providers
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Medical Transmission/Blood Safety

Budget Code: (HMBL)

Program Area Code: 03

Table 3.3.3: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / Safe Blood for Africa Foundation

Planned Funds:

Activity Narrative:

Results: pool of regular blood donors secured; full supply of related medical equipment and supply achieved

Input: SBFA with the NBTS and MOH has already embarked on a program to achieve strengthening of blood transfusion services.

Activities/ Output: SBFA will educate the public and blood donors, identify low risk donor groups, improve selection and counseling procedures for blood donors, and expand and improve existing blood transfusion collection, testing and issuing facilities throughout the country.

Outcome: SBFA has determined that 40,000 blood donations are required each year in Botswana. At the end of the five year life of the project, MOH and the NBTS will procure the total requirement of the country annually. SBFA will align their targets with the MOH.

Please note: Funding request is because the funds are being provided centrally through Track 1.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	35%
<input checked="" type="checkbox"/> Logistics	20%
<input checked="" type="checkbox"/> Policy and Guidelines	10%
<input checked="" type="checkbox"/> Quality Assurance and Supportive Supervision	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	10%

Targets:

Target	Value	Applicability
Number of individuals trained in blood safety	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs carrying out blood safety activities	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Youth
 - Girls
 - Boys

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.4: PROGRAM PLANNING OVERVIEW

- Result 1: Retractable injection device pilot project completed
- Result 2: Improved health care waste management
- Result 3: Strategies on behavior change and communication in injection safety implemented

Total Funding for Program Area

Current Program Context:

The Government of Botswana was aware of the importance of blood and injection safety precautions long before the advent of the HIV/AIDS epidemic. Botswana started using disposable injection devices in the 1970s and has an established National Blood Transfusion Services (NBTS) which coordinates all blood transfusion activities in the country. There are policies and guidelines on post exposure prophylaxis in the country.

The MOH & World Health Organization (WHO) national injection safety assessment study (October 2003) highlighted several unsafe injection practices in public health care settings in Botswana during the administration of injectable immunizations and therapeutic medications. The study found that about 26% of injection providers experience needle-stick injuries in a year. The national injection safety survey also found that while measures are in place to prevent indiscriminate disposal of sharps, 18% of the public health facilities surveyed do not normally have a buffer stock of safety boxes in their health facilities despite prescribing an average of 50+ injections per week.

The USG is currently supporting a pilot project on the use of retractable syringes in health facilities in Lobatse and Kgateng districts. The results of this project will be used to advise the Government of Botswana to assess the feasibility of introducing retractable injection devices at the national level.

All prevention/medical transmission/injection safety activities are aligned with National HIV/AIDS Strategic Framework (Goal 1, Objective 1.3) and the Emergency Plan 5-year Strategic Plan for Botswana.

Program Area: Medical Transmission/Injection Safety

Budget Code: (HMIN)

Program Area Code: 04

Table 3.3.4: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 / John Snow Inc

Planned Funds:

Activity Narrative:

Results: strategies on behavior change and communication in injection safety implemented; improved health care waste management; retractable injection device pilot project completed

Input: JSI has been awarded funding to implement an injection safety project under Track1. The goal is to prevent new infections due to unsafe injections. JSI has conducted the initial assessment of injection safety in Botswana which was completed in April 2004 and findings were used to establish baseline data and identify informational gaps related to injection safety. JSI has also procured retractable syringes to be piloted in the districts of Lobatse and Kgatleng. There will be no additional funds provided outside of track 1.

JSI has developed a strategy for advocacy as well as behavior change communication (BCC). BCC materials are being developed and advocacy to health professionals in Botswana is continuing. There are plans to monitor all aspects of the projects.

Activities/ Outputs: JSI will compile all lessons learned and document experiences and recommendations of the initial project interventions to inform the National Injection Safety Reference Group about policy development. Best practices will then be adapted into national level guidelines, norms and standards for injection safety. As part of scaling up injection safety, JSI will evaluate and modify field-tested advocacy and BCC to address issues that directly or indirectly constrain injection safety.

JSI will provide logistical and commodity management for retractable devices for Kgatleng District and Lobatse Town Council (in the Southern district) to ensure that they are properly used. There will be distribution of sufficient quantities of retractable syringes and matching quantities of sharps boxes and equipment in the two districts. Monthly supervision to all health care facilities using retractable injection devices will be carried out to assess emerging issues. JSI will address gaps identified during collection, sorting, transportation, treatment and final disposal of health waste.

Outcome: JSI will complete the project and provide guidance to the Government of Botswana to improve injection safety in the country.

Please note: Funding request is because the funds are being provided centrally through Track 1.

Activity Category

- Commodity Procurement
- Policy and Guidelines
- Training

% of Funds

- 8%
- 40%
- 52%

UNCLASSIFIED

Targets:

Not Applicable

Number of individuals trained in injection safety

300

Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Youth
 - Girls
 - Boys
- Injection providers

Key Legislative Issues:

Coverage Area:

State Province: Kgatleng
State Province: Southern

ISO Code: BW-KL
ISO Code: BW-SO

UNCLASSIFIED

Program Area:

Budget Code:

Program Area Code:

Table 3.3.5: PROGRAM PLANNING OVERVIEW

- Result 1: Reduced transmission of HIV among STI clients
- Result 2: Strengthened capacity to provide clinic-based and other potential biomedical HIV prevention services
- Result 3: Developed and strengthened programs that mitigate the way that gender relations and structures inhibit HIV prevention
- Result 4: Increased consistent, correct condom use among high risk populations
- Result 5: Integrated alcohol and substance abuse prevention messages into BCC, especially in schools and health care settings
- Result 6: Partnered with alcohol distributors, breweries and related business partners to promote responsible drinking and sensitization to the role that alcohol plays in HIV infection
- Result 7: Increased effectiveness and reach of behavior change communication programs

Percent of Total Funding Planned for Condom Procurements

0

Total Funding for Program Area (\$):

B5

Current Program Context:

In partnership with the Government of Botswana, HHS/CDC/BOTUSA supports prevention activities that contribute to the achievement of Emergency Plan prevention goals. HHS/CDC is the primary Government of Botswana partner in HIV prevention activities. United Nations agencies and ACHAP (African Comprehensive HIV/AIDS Partnership) are also important partners. ACHAP is undertaking strategic planning and, while its specific prevention programs are not defined yet, prevention will continue to be a priority area for its work. HHS/CDC/BOTUSA has supported several wide-ranging information, education and communication activities, including Total Community Mobilization's (TCM) door-to-door work in communities across the country, Ipoletse HIV/AIDS Hotline Call Center and Population Services International (PSI) sensitization and distribution of condoms programs. Reducing the contribution of alcohol and substance abuse to HIV infection is another priority area for intervention in FY05. Alcohol use is prevalent among adults and youth and poses another challenge for HIV prevention, in that alcohol and substance abuse can facilitate high risk sexual practices and play a role in sexual coercion. In FY05, HHS/CDC/BOTUSA will help fill some of the gaps in this critical area, and build on the groundwork laid by ACHAP and its partners in 2004, when they held a national conference on the HIV-alcohol use connection. Despite continuing active promotion of the ABC (abstinence, be Faithful, and, when appropriate, correct and consistent use of condoms) prevention strategy, HIV prevalence and incidence remain high, and there is need both to strengthen behavioral prevention methods and supplement them with effective biomedical ones. While preventive vaccines and microbicides are still both many years away from being proven effective and available for widespread use, two biomedical interventions look promising now and will be explored more fully in FY05: pre-exposure use of ARVs and male circumcision. Laboratory and animal studies have shown that the use of ARVs (particularly Tenofovir) prior to exposure to HIV may significantly reduce the chance of infection. Also, many studies worldwide have identified significantly lower prevalence of HIV infection among circumcised men. All prevention activities are aligned with National HIV/AIDS Strategic Framework and the Botswana Emergency Plan 5-year strategic plan.

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative: Result: increased effectiveness and reach of prevention messages

Inputs: The USG will provide funding and technical assistance.

Activities/Outputs: The AIDS/STD unit within the MOH conducts several HIV/AIDS and STI related activities, e.g., monitoring and evaluation, surveillance, training, information, and education & counseling. Salaries will be provided for 3 positions in MOH (one surveillance officer and two counseling officers) and the strengthening of an HIV/AIDS hot-line call center. For the hot-line call center, the support will be used to further promote the hot-line and utilization of it by various programs in and out of government, monitor caller profiles and topics to assess utilization by the public, and provide training and equipment to strengthen the call center's capacity to answer calls and provide appropriate responses.

Outcome: Utilization of the call center by HIV programs in and out of government will increase, and call volume from the general public will rise. Government capacity to respond to the HIV/AIDS epidemic will be sustained.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	50%
<input checked="" type="checkbox"/> Information, Education and Communication	50%

Targets:

Target	Value	Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	50,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults Boys
- Men
- Women
- Host country national counterparts
- M&E specialist/staff
- Youth
- Girls

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

UNCLASSIFIED

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management GHAI / US Department of Health and Human Services

Planned Funds:

B5

Activity Narrative:

Other Prevention Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for national other prevention projects, including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category
 Human Resources

% of Funds
 100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management Base / US Department of Health and Human Services

Planned Funds:

B5

Activity Narrative:

Other Prevention Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for national other prevention projects, including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category

Human Resources

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Host country national counterparts

USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Southern African Regional PSI / Population Services International

Planned Funds:

Activity Narrative:

Result: increased consistent, correct condom use among high risk populations
 Social marketing of condoms has been an activity for over 10 years and complements the free distribution of condoms provided largely through the government. PSI has also been working to promote behavior change among youth through its varied communication activities, such as radio and TV programs and jam sessions.

Inputs: The USG will provide funding and technical assistance to PSI to continue their work promoting correct and consistent condom use among high risk groups through social marketing.

Activities/Outputs: In FY05, PSI will continue with the re-launch of its condom brand, Lover's Plus. Funding will be used to help cover sales person salaries and transportation costs, and the monitoring of condom sales.

Outcome: Increased sales and use of condoms among high risk population; reduction of high risk sexual behavior.

Activity Category

- Information, Education and Communication
- Strategic Information (M&E, IT, Reporting)

% of Funds

- 80%
- 20%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	200,000	<input type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	100,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Business community
- Community leader
- Community members
- Media
- Mobile populations

UNCLASSIFIED

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Alcohol RCC / To Be Determined

Planned Funds:

Activity Narrative:

Result: integrated alcohol and substance abuse prevention into BCC, especially in schools and health care settings

Alcohol and substance abuse prevention work: health care provider focus
The objective of this activity is to strengthen the HIV health care sector's ability to screen for alcohol and substance abuse among clients and provide appropriate referrals.

Inputs: The USG will provide funding and technical assistance.

Activities/Outputs: The awardee will work with HIV counselors and other health care providers to heighten their awareness of the relation between alcohol and substance abuse and HIV prevention, care, and treatment. Tools to screen clients will be developed and piloted, an appropriate training program will be developed and implemented, and referral networks will be strengthened.

Outcome: HIV/AIDS health care sector will be better prepared to identify and handle alcohol and substance abuse among clients.

Note: Once the grant is awarded, the targets and target groups will be better defined.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	15%
<input checked="" type="checkbox"/> Training	70%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Medical/health service providers*

Key Legislative Issues:

- Gender**
 - Addressing male norms and behaviors**
 - Reducing violence and coercion**

Coverage Area: **National**

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Coordinating Agency, Botswana

Planned Funds:

Activity Narrative: Result :increased effectiveness of prevention messages and improved linkages between prevention, care and treatment activities.

Community based (door to door) prevention
 NACA and HHS/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 through a variety of means and on a variety of topics. TCM complements and supplements work of other organizations working with HIV/AIDS in Botswana and supports the technical strategies of HIV Counseling and Testing, Youth-focused activities, Behavior Change Communication and PMTCT.

Input: The USG will provide funding and technical assistance.

Activities/Outputs: TCM will continue its varied, community-based HIV prevention work. In FY 2005 TCM is to begin work with BOTUSA and other partners to help develop, pilot, and implement home-based HIV testing in the Selibe-Phikwe region.

Outcome: Community members will be more aware of HIV/AIDS issues and services; communities will increase service utilization; more people will adopt healthy behaviors; and, HIV testing will increase.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	55%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Training	15%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	900,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	500	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Caregivers
- Community members
- Students
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area:

State Province: North-East
State Province: North-West
State Province: South-East

ISO Code: BW-NE
ISO Code: BW-NW
ISO Code: BW-SE

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: I-TECH NON DEFERRED / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: Result: reduced transmission of HIV among STI clients

Targeting High Risk Populations: STI Clients

In 2002, the MOH AIDS/STD Unit, I-TECH, and HHS/CDC/BOTUSA began working with STI providers and clients to improve linkages between high risk individuals and HIV prevention, treatment, and care. Among the activities was an effort to improve management of STIs, so that high risk populations can be better identified, and more quickly linked with HIV testing and related services. The project has also involved working with the MOH to develop videos on routine testing of HIV, with an accompanying facilitator's guide and distribution plan. This teaching tool emphasizes the importance of learning one's HIV status and is offered for use in clinics that offer STD and other health services, such as TB client service sites.

Inputs: The USG will provide funding.

Activities/Outputs: In FY05, the USG will provide financial assistance to I-TECH to complete its work improving the identification of people with STIs who are at high risk of HIV infection. Funding will also support further implementation of the video program on routine HIV testing and the improvement of HIV risk assessments and risk reduction counseling among this population. Activities will include planning to apply this program to Tuberculosis (TB) patients, another population at high risk of HIV.

Outcome: Better linkage between HIV and STI health care providers and systems; better identification of individuals at high risk of HIV infection; higher rate of HIV testing among STI clients; reduced transmission of HIV among STI clients; and improved management of STIs in the health care sector.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	20%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	5%
<input checked="" type="checkbox"/> Training	75%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	8,500	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	250	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- High-risk population
- M&E specialist/staff
- Ministry of Health staff

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province: _____ ISO Code: _____

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ODC/BDF / Botswana Defence Force

Planned Funds:

Activity Narrative:

For years, the Department of Defense Office of Defense Cooperation (ODC) has collaborated with the Botswana Defense Force (BDF) in addressing HIV/AIDS among soldiers, their families, and the communities in which they are stationed. In 2004, a five-year project was initiated to strengthen HIV prevention activities, such as workshops and seminars for BDF forces at all levels, training and support for peer counselors, and the development and dissemination of related IEC materials. Activities have also focused on addressing stigma and discrimination, promoting testing, promoting the use of condoms with casual sex partners, and strengthening the referral network between the BDF and other HIV/AIDS services (e.g. ARV program, orphan care). Some funds also have been used to purchase materials (e.g., books), services (e.g., ongoing internet access for HIV counselors), and rapid HIV test kits. In FY 2004, this program was fully funded through the ODC Humanitarian Assistance program. Beginning in FY2005, the initiative will be undertaken utilizing Emergency Plan funds.

Inputs: The USG will provide funding and some technical assistance.

Activities/Outputs: In FY05, this project will become an Emergency Plan initiative, including the range of activities described above

Outcome: High-risk behavior among BDF soldiers and family members will decrease; capacity of BDF to address HIV/AIDS will increase.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Infrastructure	10%
<input checked="" type="checkbox"/> Linkages with Other Sectors and Initiatives	5%
<input checked="" type="checkbox"/> Training	45%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	1	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	5,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	81	<input type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

Military

Key Legislative Issues:

- Addressing male norms and behaviors
- Reducing violence and coercion
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Prevention Approaches / To Be Determined

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Result: strengthen the capacity to provide biomedical HIV prevention services; develop and strengthen programs that mitigate the way that gender relations and structures inhibit HIV prevention

Promoting Innovative Prevention Approaches:

Multi-part task order to address four short-term projects to lay the groundwork for potential program work in the future. Issues addressed are: pre-exposure ARV provision; male circumcision; transactional sex; and gender and HIV/AIDS.

The goal of this activity is to lay the groundwork for potential implementation of programs in a number of areas. Two are biomedically-oriented HIV prevention approaches in Botswana, the provision of the ARV Tenofovir prior to exposure to HIV infection and male circumcision. The other two are transactional sex, including commercial sex work, and gender and HIV/AIDS more generally.

Regarding the ARV arm of this project, a randomized control trial is underway in Gaborone and Francistown as part of a multi-site, international effort to test the safety and efficacy of Tenofovir as a pre-exposure preventive drug. Preliminary results of this and similar studies being carried out in other countries should become available in approximately 12-18 months, depending on the drug's effectiveness. Given that Tenofovir is expected to reduce HIV infection risk significantly, it is important to start considering the programmatic implications of introducing pre-exposure ARV to the HIV prevention and/or care services in Botswana. Regarding male circumcision, while some programmatic work has been done in neighboring countries (e.g. Zambia), little is known about the acceptability of male circumcision within the Botswana population or the readiness of the health sector to integrate this service into their care. Similarly, there is a need to further identify the extent and nature of transactional sex in Botswana and to promote commitment and program planning to address that important aspect of HIV transmission. Finally, efforts have already been made to identify the various ways that gender relations affect and are affected by HIV/AIDS. However there is a need to strengthen knowledge about particular issues so that stronger commitments are made by government and other agencies to better address such issues. Collaboration and coordination among members of the HIV/AIDS community about how gender is addressed in prevention activities needs strengthening.

Inputs: HHS/CDC/BOTUSA will provide funding and technical assistance.

Activities/Outputs: The project has four parts that will be addressed separately. For two parts of this activity, the objective is to link with key stakeholders and begin to outline how each service (pre-exposure Tenofovir and male circumcision), if proven to be effective prevention strategies, would be introduced to the health care community and the general population. The contractor and stakeholders would explore and vet potential ethical, logistical, biomedical, social, and other questions about both interventions in Botswana and contribute to a preliminary plan for a Tenofovir HIV prevention program and a male circumcision program. For the gender-HIV/AIDS part of this activity, the contractor will organize and hold two full day workshops and meetings to gather partners and stakeholders to discuss some of the gender issues that inhibit HIV prevention efforts, share best-practices on these issues, and outline research and programmatic needs and priorities. The format, participants, and specific topics will be determined in collaboration with key partners. Experts from the region and outside the region may be invited to participate. Topics might include men's health; male norms; and/or gender-based violence. For the transactional sex part, the contractor will conduct a needs assessment and outline steps for future action.

Outcomes: Preliminary plans for introduction of pre-exposure ARV and male circumcision programs; broader awareness of these issues among key stakeholders; lines of communication and collaboration established and ready to use, if and when program development begins; and strengthened momentum for addressing gender and transactional sex within the HIV/AIDS community.

UNCLASSIFIED

Activity Category

- Community Mobilization/Participation
- Needs Assessment

% of Funds

75%

25%

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	4	<input type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	800	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Country coordinating mechanisms
- Health Care Workers
- Host country national counterparts
- International counterpart organization
- Ministry of Health staff
- Policy makers
- USG in country staff

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other Prevention Activities

Budget Code: (HVOP)

Program Area Code: 05

Table 3.3.5: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Southern african regional PSI / Population Services International

Planned Funds: []

Activity Narrative:

Result: partnered with alcohol distributors, breweries and related business partners to promote responsible drinking and sensitization to the role that alcohol plays in HIV infection

The objectives of this activity are to reduce unsafe sexual behavior and poor medical adherence to ARVs associated with alcohol consumption among Batswana that attend bottle shops (liquor stores), bars/nightclubs and other high transmission areas associated with alcohol and to better mobilize the alcohol and beverage industry to address the links between HIV/AIDS and alcohol and substance abuse.

Inputs: The USG will provide funding and technical assistance.

Activities/Outputs: The awardee will strengthen the collaboration already begun between the major brewery in Botswana-KBL, with HHS/CDC/BOTUSA and other HIV/AIDS partners, to help KBL better address HIV/AIDS through its distribution network and products. Awardee will work with KBL and related private sector companies and the government of Botswana to sustain a discussion about the HIV/AIDS-alcohol/substance abuse link and to act on priorities outlined in a national meeting on the link between alcohol and HIV held in 2003. Through this collaboration, IEC and other interventions that promote both HIV prevention messages (ABC) and anti-alcohol abuse messages will be offered in key areas where alcohol is served or distributed, including bottle shops, bars, and night clubs. Localized media and interpersonal communication activities will be developed for these sites to increase the adoption of safe sex behavior among customers and clients in such sites.

Outcome: High risk behavior among alcohol drinkers will be reduced; collaborative relationships with breweries and other private sector groups related to the alcohol industry will be strengthened.

Note: Once the grant is awarded, the targets and target groups will be better defined.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Information, Education and Communication	60%
<input checked="" type="checkbox"/> Local Organization Capacity Development	20%
<input checked="" type="checkbox"/> Training	20%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Estimated number of individuals reached with mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals reached with community outreach HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable
Number of mass media HIV/AIDS prevention programs that are not focused on abstinence and/or being faithful	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Business community
- Community leader
- Media
- Mobile populations
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Addressing male norms and behaviors
 - Reducing violence and coercion

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.9: PROGRAM PLANNING OVERVIEW

- Result 1: Increased understanding of the importance of HIV counseling and testing by training community leaders through grassroots structures
- Result 2: Increased demand and utilization of HCT services through community mobilization and social marketing activities
- Result 3: Improved quality of HCT services through development of national service delivery guidelines, quality assurance and standardized monitoring and evaluation tools
- Result 4: Strengthened FBO/CBO/NGO for provision of VCT
- Result 5: Strengthened institutional capacity of the Tebelopele NGO
- Result 6: Increased access to and availability of VCT services
- Result 7: Improved linkages with other prevention, care, and treatment services.

Total Funding for Program Area (\$): **Current Program Context:**

HIV counseling and testing (HCT) in Botswana includes traditional voluntary counseling and testing (VCT), routine HIV testing (RHT), and supportive counseling. The Botswana National Strategic Framework (NSF) identifies *counseling and testing as "perhaps the most important [HIV/AIDS] priority", since HCT is the gateway to prevention, care and other support.* Since 2000, the HHS/CDC/BOTUSA Project, in collaboration with the MOH, has established 16 freestanding VCT centers, 8 satellite sites and mobile services across the country. Tebelopele, as the VCT centers are called, is the main vehicle for realizing Botswana's national "know your status" campaign. Since inception, Tebelopele centers have provided free and anonymous VCT services with same-visit results using rapid HIV tests (> 150,000 visits). Through networking with other HIV/AIDS service delivery agencies including public facilities, Tebelopele has established linkages and referral procedures to help HIV infected and affected clients access treatment, care and support including legal services. The USG, through the BOTUSA/HHS/CDC project, is the main donor supporting counseling and testing in Botswana.

The Tebelopele VCT program was established as a USG-run program. However, for long term sustainability, it was agreed with the Government of Botswana that *Tebelopele should be reorganized as an independent NGO and that an American organization should be employed to oversee the restructuring.*

Tebelopele is an active representative in District Multi-sectoral AIDS Committees with primary goal of improving such linkages. In the third quarter of 2004, 85% of HIV-infected clients were referred for IPT, 91% were referred for ARV and 83% of HIV-infected pregnant women were referred for PMTCT. Furthermore, as a now-independent NGO, Tebelopele is engaged in an strategic planning process including *consideration of adding care services.*

In 2003 BOTUSA provided technical support for national consultation, training and development of guidelines for the government's routine HIV testing policy. In January 2004, the Government of Botswana launched and rolled out routine testing nationwide. The Tebelopele experience of providing accurate HIV rapid testing with same-visit results informed the acceptance and development of policy for the use of rapid HIV tests in the public setting. From January to July 2004, over 22,000 patients have been tested in public facilities using the new approach.

Although an increasing proportion of Botswana know their HIV status as a result of the establishment of Tebelopele VCT centers and the introduction of routine HIV testing in the public setting, surveys indicate that still only about 25% of Botswana know their HIV status. Access to, availability of, and utilization of these services is still limited. There is broad consensus among government and civil society agencies, including faith-based organizations, that the USG provide ongoing financial and technical support to Tebelopele VCT centers as a successful model for increased access to and utilization of VCT services in Botswana. There is also consensus that the USG should support the Government of Botswana's routine testing policy through training, procurement of rapid test kits, and monitoring and evaluation. To increase availability of services, partners also recommended the USG support for integration of counseling and testing into existing services of FBO/CBO/NGO.

Improving the quality of counseling and testing services, as well as increased understanding of the importance of HCT among community leaders and the public in general are also considered key areas for the USG support.

All counseling and testing activities are aligned with National HIV/AIDS Strategic Framework (Goal 1, Objective 1) and the Botswana Emergency Plan 5-year strategic plan. The National Plan includes VCT as a prevention activity rather than a care activity. CT in the EP is more comprehensive than the NSF.

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative:

Result: Increased access to and availability of VCT; improved quality of HCT services through development of national service delivery guidelines, quality assurance and standardized monitoring and evaluation tools; Strengthening the capacity of FBO/CBO/NGOs to provide VCT services

Input: Through a cooperative agreement with the MOH, the USG will provide funding and technical support in the expansion of counseling and testing services through integration into the existing services of FBO/CBO/NGOs. Due to limited capacity, the MOH, through competitive bidding, will sub-contract an umbrella organization that will be responsible for identification of FBO/CBO/NGO organizations suitable for adding VCT into their work through a rapid needs assessment, and for administering smaller grants to those organizations. The USG will also support the MOH in the development of national guidelines, service delivery standards and monitoring and evaluation tools for HCT including VCT, routine HIV testing and supportive counseling.

To enhance the capacity for meeting demand for RHT in the public facilities, the USG will fund the procurement of HIV rapid tests by the MOH (Technical Support Services). The USG will also support the MOH in the adoption of the curriculum for couples HIV counseling and testing (CHCT) currently near completion by HHS/CDC, and the training of a core country team of CHCT trainers based in various HIV/AIDS training institutions.

Activities/Outputs: The umbrella organization, in collaboration with the MOH, will coordinate the training of two additional counselors for each of about six community-based organizations, procurement of HIV test kits and supplies, renovation of existing facilities for HCT, and monitoring of quality of HCT services provided by those organizations. Counseling and testing protocols used at the Tebelopele VCT centers will be modified and adopted to the NGO situations. Counseling centers supported by Global Fund will be targeted to add on the testing component, where they meet the required minimum standards. Geographical areas and populations that are currently deprived of VCT centers/facilities will be prioritized. VCT and RHT service delivery standards and monitoring and evaluation tools will be developed and disseminated for use by all facilities. Referral linkages will be created between these agencies and government ARV sites by developing referral forms and procedures within and among the service agencies and creating a forum for periodic discussion and coordination of referral linkages.

Outcome: Through expanding counseling and testing services to community-based organizations, development of guidelines, strengthening of capacity for couples CHCT, and procurement of rapid HIV tests, more people will be able to receive counseling and testing with same -visit results, as well as referral to community groups for ongoing support services. With more people learning their status and more organizations providing VCT, stigma and discrimination will be reduced and capacity for ongoing provision of VCT services will be enhanced.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan Botswana FY 2005

12/09/2004

Page 92 of 188

UNCLASSIFIED

- Commodity Procurement 18%
- Local Organization Capacity Development 64%
- Policy and Guidelines 4%
- Training 14%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	70	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	6	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- Community-based organizations
- Faith-based organizations
- HIV/AIDS-affected families
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AED GHAI / Academy for Educational Development

Planned Funds: []

Activity Narrative: This is supplemental funding to Program Area Code 09 Budget Code HVCT during the period of January to September 2005. Our preliminary consultation with the contractor revealed that their operation cost for capacity development is significantly deficient. This funding is anticipated to strengthen activities listed under the program and yield similar outputs and outcomes.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	66%
<input checked="" type="checkbox"/> Local Organization Capacity Development	34%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	58,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	28	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- High-risk population
- Discordant couples
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

- Gender
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: AED HHS / Academy for Educational Development

Planned Funds:

[Empty box]

Activity Narrative:

Result: increased access to and availability of VCT services through institutional capacity building of the Tebelopele VCT Center network; integrate VCT in selected FBO/CBO/NGO services

Input: Through a competitive bidding process, the Academy for Educational Development (AED) was awarded a Task Order Contract to build the management (financial, human resources and public relations) capacity of Tebelopele to provide quality VCT services as an independent indigenous NGO, and serve as a model for expansion of these services to other settings including public and civil society agencies. In a period of 14 months (August 2004 to September 30th 2005), AED will support Tebelopele VCT centers to achieve management capacity for ongoing VCT service delivery. The USG through, HHS/CDC/BOTUSA, will provide funding and technical support to AED in building the organizational capacity of Tebelopele.

Activities/Outputs: From January 2005 through September 30, 2005, AED will be responsible for establishing administrative, personnel and finance systems for the organizational capacity development of the newly established Tebelopele VCT centers NGO. Through this project, Tebelopele will establish accounting policies and procedures, a personnel manual and payroll system for over 100 local employees; and a business (or strategic plan) for the next five years for consolidation and expansion of quality VCT services throughout Botswana. AED will also strengthen the capacity of Tebelopele VCT centers to manage its information system to generate timely monthly, quarterly and annual reports on key program and national indicators. During post-test counseling, HIV infected clients are counseled about positive living, and using a referral form developed through networking, these clients will be referred to existing providers of care, treatment and support services. Referral linkages will be further strengthened through joint periodic reviews with key partners and providers.

Outcome: Restructuring and building the organizational capacity of Tebelopele will enable it to grow and become a self-sustaining indigenous organization, acting as a model for government and civil society in providing VCT services. Tebelopele's contribution to President Mogae's call for an "AIDS free generation and no new infections by 2016" through provision of quality VCT services and referral of HIV infected individuals to treatment and care services will expand and grow stronger. Thousands of Botswana will learn their HIV status with pre-and post-test counseling from the Tebelopele centers. Clients will be helped to develop risk-reduction plans suitable to their life situations, and infected people counseled about positive living and referred as appropriate.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	66%
<input checked="" type="checkbox"/> Local Organization Capacity Development	34%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	58,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	28	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- High-risk population
 - Discordant couples
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

- Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management GHAI / US Department of Health and Human Services

Planned Funds:

Activity Narrative: Counseling and Testing Technical Operations

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the national counseling and testing programs and projects, including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category % of Funds
 Human Resources 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Coordinating Agency, Botswana

Planned Funds:

Activity Narrative: Result: increased understanding of the importance of HIV counseling and testing by training of community leaders through grassroots structures

Input: The USG will develop a cooperative agreement with Humana People to People for the training/sensitization of community leaders in HCT (VCT, RHT, supportive counseling) through grassroots structures. Because of its wide experience with community mobilization and training in Botswana, Humana People to People will be better placed to conduct a two-day HCT awareness courses for members of Village Development Committees (VDC), Youth and Health Committees, and traditional healers. Community-based support groups of PLWHAs will also be trained.

Activities/Outputs: The USG will provide technical assistance to Humana People to People in the development of a two-day HCT awareness course including curriculum and piloting it through training of at least one VDC. Training will be extended to the media so as to increase their understanding of HCT services. A referral directory of treatment, care and support services will be developed per geographical area to facilitate linkages of people with HIV/AIDS to these services.

Outcome: Training of grassroots structures in HCT will increase the awareness of community leaders about the importance of counseling and testing, promote referral of people needing counseling and testing to appropriate services, and eventually reduce stigma associated with HIV/AIDS. These community leaders will be advocates for HCT and, in turn, sensitize their own community members, refer people for HCT and increase demand and utilization of HCT services.

Activity Category

Community Mobilization/Participation

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	200	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community leader
- Community members
- Traditional healers
- People living with HIV/AIDS

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

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Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Tebelopele, Botswana

Planned Funds:

Activity Narrative:

Result: increased access to and availability of VCT services through institutional capacity building of the Tebelopele VCT Center network ;integrated VCT in selected FBO/CBO/NGO services .

Input: Through a cooperative agreement with Tebelopele VCT centers, the USG will provide technical assistance and funding to support ongoing provision of HIV counseling and testing services. Through competitive bidding, Tebelopele will select and subcontract a qualified agency (secondary partner) to conduct social marketing activities for VCT services. These funds cover six months of funding for Tebelopele operations following the end of the AED contract, which builds capacity from August 2004 to September 2005 (under both the FY 2004 and FY 2005 Country Operational Plans).

Activities/Outputs: After the AED's support for capacity development, Tebelopele will be responsible for all aspects of VCT service delivery and overall administration and management, human resources, logistics, financial management, supportive supervision, monitoring and evaluation of VCT services. Tebelopele will be responsible for providing HIV counseling and testing with same-visit results. Approximately 40% of Tebelopele clients test HIV positive. These clients will be counseled about positive living and referred to treatment, care and support using a referral form that has been developed. Referral linkages will be improved through an assessment of the current process and by conducting follow-up activities with AIDS service agencies in the network in various geographical locations. Tebelopele will also develop referral directories in collaboration with partners in the network.

Outcome: During the period October 2005 to March 2006, thousands of Botswana will receive quality HIV counseling and testing services, including couples counseling and testing, and referral to the government ARV treatment, care and support services. A number of AIDS counseling and testing agencies will learn from the Tebelopele experience with VCT service delivery over the years. Tebelopele counseling and testing protocols will be adapted to other settings and ensure increased access to counseling and testing services. An increased number of people who know their HIV status will also reduce the stigma and discrimination associated with HIV/AIDS in Botswana.

Activity Category

- Human Resources
- Information, Education and Communication
- Logistics

% of Funds

- 48%
- 12%
- 40%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	60	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	58,500	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	28	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Community members
- High-risk population
- Disadvantaged groups*
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Counseling and Testing

Budget Code: (HVCT)

Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD VCT / To Be Determined

Planned Funds:

Activity Narrative:

Result: increased access to and availability of VCT services; integrate VCT in selected FBO/CBO/NGO services; increased demand and utilization of HCT services through community mobilization and social marketing activities

Input: In several communities in the northeast of Botswana (Selebi-Phikwe and Bobirwa), over 70% of pregnant women aged 25-29 are infected with HIV. Yet most people in these communities are not utilizing counseling and testing from VCT centers or routine testing from public health facilities. In light of this major concern, HHS/CDC/BOTUSA is planning a large intervention that will eventually test large numbers of people (~20,000) in these communities for HIV in their own homes, and provide counseling and referral to HIV treatment centers. To understand how these plans can be implemented most effectively, and to test them in an actual community setting, a public health agency will be selected to run a pilot program. The selection will be by competitive bidding. In running the pilot program, the agency will collaborate closely with BOTUSA and its partners.

Activities/Outputs: The selected grantee will be responsible for development of training materials, promotional information, counseling and testing protocols and procurement of HIV test kits for home-based testing and counseling. Volunteers and PLWHAs will be involved in sensitizing the communities about the service and liaising with community leaders to prepare schedules for home-based testing. HIV prevalence will likely be very high in this community. Therefore, the grantee will ensure that referral directories, forms and procedures are in place to facilitate referral to treatment, care and support. Follow up and transportation of people referred will be provided to ensure they actually receive services. The grantee will document lessons learned from the pilot and begin preparations for taking the intervention to scale.

Outcome: The pilot HCT intervention will provide lessons that will inform possible large-scale rollout of home-based testing in these hard-hit areas of Botswana. For Botswana who receive counseling and testing through the pilot, referrals will be made to treatment, care and support facilities for those who learn they are infected. Those who learn they have negative HIV-status will receive prevention counseling and be helped to develop risk reduction plans focusing on reduction of sexual partners.

Activity Category

% of Funds

Targets:

Activity Category	% of Funds	
		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	90	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	1,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Men
- Women
- Commercial sex industry
- Clients of sex workers
- Community members
- Community-based organizations
- High-risk population
- Discordant couples
- Miners

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Key Legislative Issues:

- Gender
- Volunteers
- Stigma and discrimination

Coverage Area:

State Province: North-East

ISO Code: BW-NE

Program Area: Counseling and Testing
 Budget Code: (HVCT)
 Program Area Code: 06

Table 3.3.9: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ODC/VCT / US Department of Defense.
 Planned Funds:

Activity Narrative: Result: increased access to and availability of VCT services

The Department of Defense Office of Defense Cooperation (ODC) is the only USG Agency operating in Botswana that has the authority to initiate contracts for construction of new facilities that don't remain in the USG possession. Consequently, from 2001-2004 ODC was engaged in building eight Tebelopele counseling and testing centers in support of HSS/CDC efforts to extend sound and sustainable counseling and testing services nationwide- the first step in coping with the HIV/AIDS pandemic. This project continues that tradition, constructing three additional centers. The project will employ a partnership that makes use of the comparative advantages of ODC's contracting capability, HSS/CDC's technical expertise in managing counseling and testing programs, and the newly established Tebelopele voluntary and counseling NGO's capability to deliver services nationwide. Tebelopele and local municipal governments are able to site permanent structures in central locations in each community, increasing the program's visibility and access for all citizens. Without this partnership, Tebelopele lacks the capacity to construct these facilities. In the past, HHS/CDC/Tebelopele was forced to either forego establishing critical testing capabilities in a community or to lease buildings in remote locations at exorbitant rates with facilities ill-suited for laboratory service and counseling/education activities.

Inputs: The USG through ODC will provide technical and financial support.

Activities/Outputs: In partnership with the HHS/CDC and the newly formed Tebelopele counseling and testing NGO, ODC will construct three counseling and testing centers to complete the coverage of permanently sited centers in all major population centers in Botswana, thus allowing the majority of Botswana easier access to free, anonymous counseling and testing for HIV/AIDS. Tebelopele will furnish and equip the facilities, hire and train counselors, provide testing supplies and equipment, fund the continuing operation of the centers and provide program oversight for continued operation of the entire HIV/AIDS voluntary counseling and testing program.

Outcome: Capacity for HIV/AIDS counseling and testing strengthened and services made more accessible to the public.

Activity Category Infrastructure % of Funds 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in counseling and testing	0	<input type="checkbox"/> Not Applicable
Number of individuals who received counseling and testing	16,200	<input type="checkbox"/> Not Applicable
Number of service outlets providing counseling and testing	3	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults Youth
- Men Girls
- Women Boys

UNCLASSIFIED

Key Legislative Issues:

Stigma and discrimination

Coverage Area:

State Province: Kgatleng

State Province: Kweneng

State Province: South-East

ISO Code: BW-KL

ISO Code: BW-KW

ISO Code: BW-SE

Program Area:

Budget Code:

Program Area Code:

Table 3.3.7: PROGRAM PLANNING OVERVIEW

- Result 1: IEC materials provided that enhance community awareness of tuberculosis, and its therapeutic and preventative options for PLWHA
- Result 2: Contacts of smear-positive TB patients screened for TB and tested for HIV.
- Result 3: Strengthened delivery of integrated TB and HIV surveillance and services facilitated by a TB/HIV coordinating body
- Result 4: Utility of IPT ensured through drug resistance nationwide testing of MTB isolates in February 2006
- Result 5: Isoniazid preventive therapy (IPT) for prevention of TB provided in all districts with full monitoring and evaluation of TB screening and provision of preventive therapy to PLWHA

Total Funding for Program Area (\$):

Current Program Context:

Botswana suffers from the second-highest estimated rate of TB (664 cases/100,000 population in 2001) in the world with a notification of 12,000 cases annually. Approximately 60% of TB patients in Botswana are HIV-infected and the leading cause of death among adult PLWHA in Botswana is TB. With the USG assistance, an electronic TB register (ETR) was implemented nationally in 1998 and more recently new computers were purchased for each district so that a Windows version of the ETR will soon be utilized. The Windows-based ETR will allow more detailed monitoring of HIV-testing of TB patients. Fixed dose combination anti-TB drugs are now approved for use by the MOH which should ease adherence and reduce the likelihood of the emergence of drug resistant TB. With WHO support, the National TB Program (NTP) has begun implementation of Community TB Care to improve access to TB care. The challenge remains that there is little integration of HIV and TB services at this time and the escalation of the TB epidemic has not been matched by adequate redirection of resources to the TB Program.

Through the USG-funded activities, IPT was piloted in 2001 and, by 2004, was implemented throughout all districts. Through this program all PLWHA are screened for TB symptoms. Except for the provision of isoniazid, the Government of Botswana has not been able to fund this initiative. At this time the critical needs of the IPT Program are to maintain high levels of training of district and local staff as well as to improve monitoring and evaluation of this program. Through the USG-funded activities, Botswana has conducted three drug resistance surveys (DRS) for Mycobacterium Tuberculosis isolates. An increase in multi-drug resistance (resistance to at least both isoniazid and rifampin) was observed to increase from 0.2% in 1995-96, to 0.8% in 2002. Annual DRS must be continued to ensure the continued utility of IPT.

In the widespread prevalence of TB/HIV co-infections, it is vital to integrate surveillance activities and services being offered to TB patients and PLWHAs. These services would include: targeting HIV-prevention messages to TB patients; provision of ARVs to TB patients diagnosed with HIV; training in the provision of both TB Directly Observed Therapy (DOT) and ARVs for healthcare workers in the workplace as well as community home-based care volunteers; and, the expansion of the ETR to better monitor HIV testing of TB patients and provision of CPT. A TB/HIV Coordinating Body, supported by the MOH, will be able to develop joint plans for surveillance and service provision. The WHO has and will continue to maintain a supportive role in TB activities in Botswana through the provision of technical guidance and has been supportive of TB/HIV integration issues.

A number of activities are needed to improve the general population's health and awareness of TB/HIV. Screening contacts of smear-positive patients is standard procedure in Government of Botswana policy. In other countries where there is a high prevalence of TB-HIV co-infection it has proven useful to test household contacts of TB patients for HIV and to screen for TB symptoms among contacts of smear-positive TB-HIV patients. A great deal of ignorance by the general populace about TB has been observed in a recent programmatic evaluation. Providing correct information to the public about TB/HIV is needed to address this ignorance, to encourage HIV testing, and to emphasize that TB can be cured and HIV can be treated. Through the USG-sponsored activities, an annual survey on the rate of TB infection is now on the verge of completion for Botswana for 2004. Results of this survey will permit us to comment on the efficacy of the TB control efforts so important to PLWHAs.

All TB activities are aligned with National HIV/AIDS Strategic Framework (Goal 2, Objective 2.2) and the Botswana Emergency Plan 5-year strategic plan.

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative: Results: IPT for prevention of TB provided in all districts with full monitoring and evaluation of TB screening and provision of preventive therapy to PLWHA; contacts of smear positive TB patients screened for TB and tested for HIV.

Input: The USG will provide funds and technical assistance to the MOH.

Activities/Outputs: This activity will support the IPT program through human resources, training, and strategic information; monitor utility of isoniazid for IPT through drug resistance survey among MTB isolates; integrate TB/HIV surveillance and services through training, strategic information and development of policies and guidelines; promote HIV testing among TB patients through training and strategic information; promote HIV testing and TB screening among household contacts of smear-positive TB cases through training and strategic information; promote DOTS expansion in the workplace through training; and, develop, print and distribute IEC materials to increase community knowledge of TB and awareness of therapeutic preventive options to PLWHA against TB.

Outcomes: Delivery of TB palliative care services will be strengthened.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	18%
<input checked="" type="checkbox"/> Human Resources	56%
<input checked="" type="checkbox"/> Information, Education and Communication	
<input checked="" type="checkbox"/> Policy and Guidelines	
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	
<input checked="" type="checkbox"/> Training	26%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB	3,000	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed)	2,000	<input type="checkbox"/> Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed)	436	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Community-based organizations
- Faith-based organizations
- Health Care Workers
- Infants
- Miners
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Policy makers
- Trainers
- Volunteers
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: TB/HIV

Budget Code: (HVTB)

Program Area Code: 07

Table 3.3.7: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management Base / US Department of Health and Human Services

Planned Funds: []

Activity Narrative: Palliative Care/TB Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the national prevention of palliative care/TB activities including work with the MOH. Costs related to workshops are included in this activity.

Activity Category: [x] Human Resources % of Funds: 100%

Targets:

Table with 3 columns: Target Description, Value, and Status. Rows include: Number of HIV-infected individuals (diagnosed or presumed) who received clinical prophylaxis and/or treatment for TB (0, Not Applicable); Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) (0, Not Applicable); Number of service outlets providing clinical prophylaxis and/or treatment for TB for HIV-infected individuals (diagnosed or presumed) (0, Not Applicable).

Target Populations:

- [x] Host country national counterparts
[x] USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.6: PROGRAM PLANNING OVERVIEW

- Result 1: Rehabilitation units for management of malnourished children established
- Result 2: Umbrella NGO organization engaged and FBOs, CBOs, NGOs organizational capacity strengthened
- Result 3: Training of adult and pediatric palliative care provided to health workers, community-based service providers and family caregivers
- Result 4: Training materials on adult and pediatric palliative care developed
- Result 5: Guidelines and policies on adult and pediatric palliative care reviewed and strengthened

Total Funding for Program Area (\$): **Current Program Context**

As of 2003, it was estimated that there are 350,000 people living with HIV/AIDS in Botswana (UNAIDS, 2004). Most of these people are likely to suffer from chronic illnesses and therefore will need palliative care services to help them manage their illnesses, and help them maintain a high quality of life as much as possible. Statistics from the main national hospitals in Nyangabgwe and Princess Marina reveal about 70% of the hospital beds are occupied by patients with HIV/AIDS related illnesses (NACA 2000). Since early 2004, the University of Pennsylvania has been assisting with ARV treatment of in-patients as well as training of ARV clinicians. Due to the inability of the health care system to cope with increased demand for hospitalization, patients are discharged from the hospital when they still need care. This calls for extension of palliative care services to the community and at the household level to ensure the continuum of care. In response to the need to extend palliative care into the community, the Government of Botswana established the Community Home Based Care (CHBC) Programme. Currently there are more than 12,000 patients registered in this program, across 24 districts. The continuously increasing demand for HIV/AIDS services has resulted in the inability of Botswana's health care system to provide optimal quality care and support services. There is the need to continuously improve the knowledge and skills among service providers for service delivery. However, one of the greatest challenges facing the health sector is insufficient human resource capacity in terms of numbers as well as in technical skills, which is worsened by the lack of the country's capacity to train for itself. In 2003, the CHBC programme conducted a situation analysis on palliative care services to guide the development of a country proposal for strengthening these services. The needs assessment revealed that the quality of care in relation to counseling, pain and other symptoms management and psychosocial support to families were low (Needs Assessment report 2003). Some of the factors which contributed to the low quality of care included insufficient knowledge and skills on palliative care among service providers, and lack of specific policy and guidelines on palliative care. Especially problematic is the lack of pain management protocols, limited access by CHBC patients to strong analgesics due to laws restricting prescription of such drugs to doctors, and burnout among care providers. Capacity was a problem: the assessment revealed a limited number of skilled personnel and limited numbers of FBOs, CBOs, and NGOs involved in care. Other issues which impacted the quality and availability of palliative care were: the burden of care put on families, poverty among patients and their families, stigma associated with HIV/AIDS and terminal illnesses that HIV/AIDS patients face. A country proposal was developed to address these gaps but it was never implemented due to lack of technical expertise in palliative care and lack of financial resources. The Botswana government has requested help from the USG to address gaps in CHBC. All palliative care activities are aligned with National HIV/AIDS Strategic Framework Goal 2 and the Botswana Emergency Plan 5-year strategic plan.

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative:

Result: training of adult and pediatric palliative care provided to health workers including nurses, community-based service providers and family caregivers

The USG will provide financial and technical assistance to Government of Botswana/MOH/AIDS/STD Unit to support two palliative care specialist positions, as well as support activities to review and revise adult and pediatric palliative care policies and service delivery guidelines, to develop training curricula, to deliver training to community-based and clinic-based health care providers, and to improve linkages between clinic-, community-, and home-based care.

Input: The USG will provide financial support, as well as facilitate technical assistance from regional and international palliative care experts.

Activities / Outputs: The first specialist will facilitate review of existing policies and guidelines for palliative care, and will develop training curricula and facilitate the training of five master trainers and 280 service providers in collaboration with the palliative care sub-unit. In addition, the specialist will develop a plan for rolling out training in key districts nationally through the master trainers. The second specialist will plan and conduct training on the management of opportunistic infections among PLWHA, using existing materials based on revised clinical guidelines, reaching 1,000 clinicians, nurses, and community health care workers in clinical settings across Botswana.

Outcomes: Palliative care policies and guidelines will be strengthened. Training programs in palliative care will be established, addressing a key gap in the health care system. A core cadre of health care providers will be trained to deliver high-quality palliative care services, improving health care delivery for PLWHA.

- Activity Category**
- Human Resources
 - Policy and Guidelines
 - Training

- % of Funds**
- 10%
 - 20%
 - 70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	1,285	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	436	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	436	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Doctors
- Nurses
- People living with HIV/AIDS
- Youth

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PACT / Pact, Inc.

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Result: umbrella NGO organization engaged and FBOs, CBOs, NGOs organizational capacity strengthened

Civil society remains a weak sector in the national response to HIV/AIDS in Botswana. Community-based organizations, in particular, are a largely untapped resource for expanding the reach of HIV/AIDS prevention and care services to communities. The USG will provide funds to PACT, an existing USAID/Regional HIV/AIDS Program (RHAP) mechanism, which is pre-competes. PACT's mission is to strengthen grass roots organizations and networks. In Botswana, the main focus of PACT's work will be to strengthen Botswana-based, non-governmental organizations through a central HIV/AIDS umbrella organization here to become a leading partner in the HIV/AIDS response and to expand services provided by the sector. Three umbrella AIDS service networks exist, but all are constrained in their capacity to provide adequate leadership and support to members. With the USG support, one of these three umbrella organizations will develop into a strong, well-functioning and sustainable organization capable of providing leadership and strengthening member organizations. The umbrella organization will be charged with, and developed, in the areas of coordination, advocacy, organizational capacity building, resource mobilization, grant management, training, partnership building, strategic planning, monitoring and evaluation and service delivery. It will work with local FBOs/CBOs/NGOs to fund activities in prevention (abstinence/be faithful activities), palliative care, orphans and vulnerable children, and systems strengthening.

A local reference group has been formed to oversee and coordinate this activity with representation from the relevant sectors of the government of Botswana, USG Emergency Plan agencies, and the UN family. This reference group will also act as a technical review panel for selection of grant recipients. Over the multi-year project period the capacity of the local umbrella organization will be strengthened so that the need for support from PACT will decrease substantially.

Inputs: The USG will fund a contractor (PACT) to provide technical assistance and resources to build the organizational capacity of a central HIV/AIDS umbrella organization. The umbrella organization will be provided with the skills and resources to operate a small to medium-sized grants program and build organizational capacity in member organizations to expand service delivery.

Activities/Outputs: The USG will support the expansion of adult and pediatric palliative care services through an expanded network of existing and new FBO/CBO/NGOs. One of these organizations will be the African Palliative Care Association (APCA). These FBO/CBO/NGO organizations are uniquely positioned to work with PLWHA and their families at the community level. Through small grants, technical assistance and capacity building, their adult and pediatric palliative care service delivery capacity will be strengthened, including positive living/prevention, home-based symptom and clinical care, psychosocial and spiritual care, referral to other government programs for financial and nutritional support (i.e. welfare and food basket programs), and to improve linkages between clinic-, community-, and home-based care. Program management capacity will also be strengthened, to help ensure sustainability.

Outcome: Civil society's contribution to the Botswana HIV/AIDS response will increase and more new partners will benefit from Emergency Plan support. A well-functioning and sustainable central umbrella organization will be created, capable of providing funding, coordination, organizational capacity building and technical support to members that do work in the area of palliative care.

Note: Once the grants have been awarded, targets and target groups will be better defined.

Activity Category

% of Funds

President's Emergency Plan for AIDS Relief
Country Operational Plan Botswana FY 2005

UNCLASSIFIED

12/09/2004

Page 116 of 188

UNCLASSIFIED

- Human Resources 25%
- Information, Education and Communication 20%
- Local Organization Capacity Development 20%
- Strategic Information (M&E, IT, Reporting) 10%
- Training 25%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	5,000	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	50	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	10	<input checked="" type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	10	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community leader
- Community members
- Community-based organizations
- HIV/AIDS-affected families
- Implementing organization project staff
- Nongovernmental organizations/private voluntary organizations
- People living with HIV/AIDS
- Volunteers

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ITECH NON DEFERRED / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: Result: strengthened human resources capacity to deliver ARV clinical care services

Input: The USG will provide financial support to the University of Pennsylvania to conduct expansion of their activities for inpatients by creating a second team of HIV care providers at the Princess Marina Hospital and provide similar services at the Nyangabgwe Hospital in Francistown.

Activities/ Outputs: The University of Pennsylvania activities in assisting the National ARV program include providing human resources to deliver clinical ARV care and assisting in improving guidelines for quality of care. This is done through teaching medical care providers at the patient's bedside, initiating in-patients on ARV according to the national ARV treatment guidelines and following-up of patients in the outpatient setting. The University of Pennsylvania medical team or "Firm" has also been involved in strengthening the HIV testing for inpatients in Princess Marina Hospital.

Outcome: These activities will improve the shortage of staffing in the national hospitals, increase access to treatment and improve quality of HIV patient care.

Activity Category

Training

% of Funds

100%

Targets:

Not Applicable

Number of individuals provided with general HIV-related palliative care	1,050	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	25	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable

Target Populations:

Doctors

Medical/health service providers

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: North-East

State Province: Southern

ISO Code: BW-NE

ISO Code: BW-SO

Program Area: Palliative Care: Basic health care and support

Budget Code: (HBHC)

Program Area Code: 08

Table 3.3.6: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: ITECH DEFERRED / International Training and Education Center on HIV

Planned Funds:

Activity Narrative: Result: strengthened human resources capacity to deliver ARV clinical care services

Input: The USG will provide financial support to the University of Pennsylvania to conduct expansion of their activities for inpatients by creating a second team of HIV care providers at the Princess Marina Hospital in Gaborone and provide similar services at the Nyangabgwe Hospital.

Activities/ Outputs: The University of Pennsylvania's activities in assisting the National ARV program consist of providing human resources to deliver clinical ARV care and assisting in improving guidelines for quality of care. This is done through teaching medical care providers at the patient's bedside, initiating in-patients on ARVs according to the national ARV treatment guidelines and following up patients in the outpatient setting. The University of Pennsylvania medical team of "Firm" has also been involved in strengthening the HIV testing for inpatients in Princess Marina Hospital. This activity is expected to continue in 2005.

Outcome: These activities will improve the shortage of staffing in the national hospitals, increase access to treatment and improve quality of HIV patient care.

(This is a continuation of FY 2004 activities)

Activity Category

Training

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals provided with general HIV-related palliative care	1,050	<input type="checkbox"/> Not Applicable
Number of individuals trained to provide general HIV-related palliative care	25	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing general HIV-related palliative care	2	<input type="checkbox"/> Not Applicable
Number of service outlets/programs providing malaria care and/or referral for malaria care as part of general HIV-related palliative care	0	<input type="checkbox"/> Not Applicable

Target Populations:

Doctors

Medical/health service providers

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area:

State Province: North-East
State Province: Southern

ISO Code: BW-NE
ISO Code: BW-SO

Program Area:

Budget Code:

Program Area Code:

Table 3.3.8: PROGRAM PLANNING OVERVIEW

- Result 1: Improved ability of caregivers and service providers to support holistic health care for children
- Result 2: Existing FBO/CBO/NGOs orphan support programs strengthened and expanded
- Result 3: Strengthened capacity of families and communities for the provision of care to children orphaned by AIDS
- Result 4: Policy initiatives that support care for children orphaned by AIDS advanced

Total Funding for Program Area (\$): **Current Program Context:**

The Government of Botswana has been providing care and support through the "Short Term Plan of Action" (STPA) 1999-2003 for children orphaned and made vulnerable (OVC) by AIDS. The Multiple Indicator Survey of 2002 estimated that by the year 2002, there were 78,000 orphans in Botswana. It was also estimated that given the prevailing prevalence rate of 37.4% for pregnant women, the number of orphans will increase to 159,000-214,000 by 2010. Government departments have spent over \$34 million in the past year on food, clothing and school expenses for orphans. The government, through the Ministry of Local Government (MLG), along with United Nations Children's Fund (UNICEF) and other partners, has implemented a number of initiatives including a situational analysis in 2002, and the development of guidelines and regulations to address issues related to children orphaned by AIDS. The situational analysis showed that there are strategic areas of need that call for increased technical and financial support for implementation of programs for children orphaned by AIDS. According to the USAID/UNICEF/UNAIDS Children on the Brink Report (2004) it is projected that about 70% of orphan children in Botswana are orphaned due to AIDS. It is important to note that with the presence of PMTCT and ARV programs in Botswana, there is little likelihood that Botswana will meet these projections yet it is still necessary to step up service delivery for OVCs all over the country. This presents a challenge to the Government response programs, which call for multi-sectoral programs to address the needs of these children. It is clear that the Government's efforts, with the support of FBO/CBO/NGOs at the local level, are dominated by relief efforts such as the supply of food, shelter and clothing, overlooking the critical areas of psychosocial support and the health needs of children affected by HIV/AIDS. Key stakeholders see a need to strengthen the current response by the scaling up of current best practices to address the health and psychosocial needs of OVC. In addition, there is a need to support effective community mobilization strategies and interventions by ensuring that policies, structures and regulations are put in place to support and guide service providers. Largely due to the absence of a bilateral USAID program (and funding mechanisms) in Botswana prior to the Emergency Plan, the Mission has assisted children affected by HIV/AIDS in only 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 directly funded FBO/CBO/NGOs assisting children orphaned by HIV/AIDS. In 2004, Peace Corps, which works solely on HIV/AIDS in Botswana, will expand its program to include 11 additional Peace Corps volunteers working mostly with FBOs, CBOs, and NGOs assisting children orphaned by AIDS. In FY 2004, the Emergency Plan enabled UNICEF, a new partner, to expand its ongoing program, which will focus on reaching out to FBO/CBO/NGOs. We will significantly increase support for activities dealing with children orphaned by AIDS in FY2005. All orphans and vulnerable children activities are aligned with National HIV/AIDS Strategic Framework (Goal 4 Objective 4.1) and the Botswana Emergency Plan Five-year strategic plan.

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative: Result: improved ability of caregivers and service providers to support holistic health care for children

The USG will provide funds to enable the establishment of a rehabilitation unit for malnourished children infected with HIV/AIDS in two referral hospitals (Nyangabgwe and Princess Marina), which will serve as a model care center and provide on-site training for caregivers and health care workers. The center staff will also develop training materials and facilitate training-of-trainers activities to develop a cadre of master trainers, and a plan for roll out of ongoing training.

Inputs: The USG will provide financial and technical assistance to the MOH, who will distribute resources to the national hospitals.

Activities/Outputs: The MOH will support an expert in the field of child nutrition, to set up rehabilitation units in Nyangabgwe and Princess Marina hospitals. These units will serve as model care centers, and will provide training opportunities through clinical rotations. Within the unit, children's caregivers will receive information and instructions about home care. In addition, training modules for pediatricians and dieticians will be developed. Through training-of-trainers activities, a cadre of master trainers will be developed with the goal of conducting ongoing training for health care providers across the nation.

Outcome: The establishment of these units will enable the efficient management of malnourished children at both of Botswana's national hospitals, and reduce hospital admissions due to HIV malnutrition.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Training	70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	2	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	200	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	20	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Health Care Workers
- Medical/health service providers
- Youth
 - Girls
 - Boys

UNCLASSIFIED

Key Legislative Issues:

Coverage Area:

State Province: Central

State Province: Southern

ISO Code: BW-CE

ISO Code: BW-SO

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PACT / Pact, Inc.

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Result: Existing FBO/CBO/NGOs orphan support programs strengthened and expanded

Civil society remains a weak sector in the national response to HIV/AIDS in Botswana. Community-based organizations, in particular, are a largely untapped resource for expanding the reach of HIV/AIDS prevention and care services to communities. The USG will provide funds to PACT, an existing USAID/Regional HIV/AIDS Program (RHAP) mechanism, which is pre-competed. PACT's mission is to strengthen grass-roots organizations and networks. In Botswana, the main focus of PACT's work will be to strengthen Botswana-based, non-governmental organizations through a central HIV/AIDS umbrella organization to become a leading partner in the HIV/AIDS response and expand services provided by the sector. Three umbrella AIDS service networks exist, but all are constrained in their capacity to provide adequate leadership and support to members. With the USG support, one of these three umbrella organizations will develop into a strong, well-functioning and sustainable organization capable of providing leadership and strengthening member organizations. The umbrella organization will be charged with, and developed, in the areas of coordination, advocacy, organizational capacity building, resource mobilization, grant management, training, partnership building, strategic planning, monitoring and evaluation and service delivery. It will work with local FBOs/CBOs/NGOs to fund activities in prevention (abstinence/be faithful), palliative care, orphans and vulnerable children, and systems strengthening.

A local reference group has been formed to oversee and coordinate this activity with representation from the relevant sectors of the government of Botswana, USG Emergency Plan agencies, and the UN family. This reference group will also act as a technical review panel for selection of grant recipients. Over the multi-year project period the capacity of the local umbrella organization will be strengthened so that the need for support from Pact will decrease substantially.

Inputs: The USG will fund a contractor (PACT) to provide technical assistance and resources to build the organizational capacity of a central HIV/AIDS umbrella organization. The umbrella organization will be provided with the skills and resources to operate a small to medium-sized grants program and build organizational capacity in member organizations to expand service delivery.

Activities/Outputs: In the area of orphans and vulnerable children, these funds will be used to support local FBOs/CBOs/NGOs that promote programs for orphans and vulnerable children. One of the activities that will be carried out will be to work with existing day care centers run by FBOs/CBOs/NGOs to identify the health needs of children orphaned and made vulnerable by AIDS. This information will then be used to develop training materials for providers.

Outcome: Civil society's contribution to the Botswana HIV/AIDS response will increase and more new partners will benefit from Emergency Plan support. A well-functioning and sustainable central umbrella organization will be created, capable of providing funding, coordination, organizational capacity building and technical support to members that do work in the area of orphans and vulnerable children.

Note: Once the grants have been awarded, targets and target groups will be better defined.

Activity Category

- Human Resources
- Local Organization Capacity Development
- Training

% of Funds

20%
62%
18%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	15	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	4,500	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	200	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Implementing organization
principal staff

Key Legislative Issues:

- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Local Government, Botswana

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Result: policy initiatives that support care for children orphaned by AIDS advanced

In order to help create an enabling environment for the implementation of programs on children affected by HIV/AIDS in the country, the MLG has been providing funding to support provision of basic needs to children affected by HIV/AIDS using the Short Term Plan of Action of 1999-2003. There is a need to develop a long-term plan of action to address identified gaps in services for children affected by HIV/AIDS, especially to focus support on their psychosocial needs. Finally, there is a need to strengthen the skills of health care workers to better address psychosocial and health needs of children affected by HIV/AIDS.

Inputs: Through a cooperative agreement with the USG, the Ministry will coordinate the development of a National Long Term Plan of Action, using a consultant to be identified with technical support from the USG.

Activities/Outputs: Activities will include evaluation of the "Short Term Plan of Action (1999-2003)", and development of a Long Term Plan with implementation guidelines. MLG will form reference groups made up of key stakeholders to guide the implementation of this activity.

The ministry will also work with a consultant to develop training modules on psychosocial support (PSS). Using these modules, as well as those on health needs developed by the MOH elsewhere in the Emergency Plan, the MLG will facilitate training of trainers activities with 260 community caregivers including teachers, social workers, community leaders, and service providers in FBOs/CBOs/NGOs who work with children affected by HIV/AIDS. The training will be for a period of two weeks covering key components of PSS such as the design and delivery of services responding to health, physical, mental, educational, social and spiritual needs of children orphaned by AIDS including overall AIDS specific issues. These issues are essential elements of meaningful and positive human development, as well as training skills to equip participants to conduct ongoing training. Training courses will be in partnership with regional and US based technical bodies working on PSS, and will focus on equipping participants with community organizations to train them on integrating PSS needs of children orphaned by AIDS in their programs. The identified organizations will strengthen services in their organizations to ensure that they provide comprehensive care.

Funding will also be used to support the upgrading of the OVC registration system to identify additional AIDS orphans and vulnerable children, so that services can be delivered. The ministry will identify an information technology consultant to review and update registration tools. The MLG will coordinate and chair a multi-sectoral team to work with the identified consultant in order to ensure that the tools used capture all the disaggregated data needed for programming to provide holistic care to children affected by HIV/AIDS.

Outcomes: The MLG will have a long term plan to facilitate the implementation of programs which will guide different stakeholders implementing programs for children affected by AIDS care in the country. Sensitized community members will assist in making sure that children orphaned by AIDS are identified and registered in order for them to access services. Trained government officers, and FBO/CBO/NGOs will act as leaders in the implementation of PSS to ensure that comprehensive services to children orphaned and made vulnerable by AIDS are provided.

Activity Category

- Human Resources
- Policy and Guidelines
- Strategic Information (M&E, IT, Reporting)
- Training

% of Funds

10%
30%
20%
40%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	260	<input type="checkbox"/> Not Applicable

Target Populations:

- Community leader
- Community-based organizations
- Faith-based organizations
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Ambassador's HIV-AIDS Initiative Deferred / The Futures Group International

Planned Funds:

Activity Narrative:

Results: existing FBO/CBO/NGOs orphan support programs strengthened and expanded; strengthened capacity of families and communities for the provision of care to children orphaned by AIDS.

Ambassador's HIV/AIDS Initiative

The Ambassador's Initiative directly funds FBOs, CBOs and NGOs working with children affected by AIDS. The fund has facilitated training on community mobilization, and kids' club formation, advocacy and provision of grants to ten organizations working in five villages and two towns. The project is implemented under the technical guidance of Policy Project, which is a contractor of USAID/RHAP. The fund also provides support to the Society of Students against AIDS (SAHA), which is a youth project at the University of Botswana that does awareness raising and behavior change activities for the student community, and Nurses Association of Botswana (NAB), which has developed a manual on Caring for Caregivers.

Inputs: The USG will provide funds and technical support through the USAID/RHAP office to Regional Psychosocial Initiative (REPSSI) to implement OVC activities, as well as support SAHA and NAB.

Activities/Outputs: Policy Project will provide technical support for monitoring and evaluation, training and material development. Policy Project will partner with REPSSI to develop a mentoring program between the currently supported ten organizations as well as new organizations in the districts of Ghanzi, Tsoabong, Okavango, North East, North West and Hukuntsi. The program will include training on life skills, kids' clubs, memory books development, child counseling, volunteer training, community mobilization and advocacy. Policy Project and REPSSI will also link with MLG, MOE and MOH in training of trainers for OVC. Funds will also support SAHA and NAB. NAB will be supported in implementing four regional training workshops on caring for caregivers for nurses; SAHA will be supported to carry out peer education programs, develop mobilization materials for university students, and implement a secondary school outreach project. Funds will additionally support other local initiatives conducted by FBOs/CBOs/NGOs that strive to eliminate stigma and discrimination in the response to HIV/AIDS in the country.

Outcome: Capacity for program and effective services delivery among FBO/CBO/NGOs working with children affected by AIDS will be enhanced; the skill-base for nurses to provide care will be strengthened; and, a pool of young leaders active in the response to HIV/AIDS will be created.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	62%
<input checked="" type="checkbox"/> Training	18%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	20	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	6,000	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	300	<input type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community-based organizations
- Faith-based organizations
- Implementing organization project staff

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Ghanzi
State Province: Kgalagadi
State Province: North-East
State Province: North-West

ISO Code: BW-GH
ISO Code: BW-KG
ISO Code: BW-NE
ISO Code: BW-NW

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Ambassador's HIV-AIDS Initiative NOT DEFERRED / The Futures Group International
Planned Funds: []

Activity Narrative: Results: existing FBO/CBO/NGOs orphan support programs strengthened and expanded; strengthened capacity of families and communities for the provision of care to children orphaned by AIDS.

Ambassador's HIV/AIDS Initiative

The Ambassador's Initiative directly funds FBOs, CBOs and NGOs working with children affected by AIDS. The fund has facilitated training on community mobilization, and kids' club formation, advocacy and provision of grants to ten organizations working in five villages and two towns. The project is implemented under the technical guidance of Policy Project, which is a contractor of USAID/RHAP. The fund also provides support to the Society of Students against AIDS (SAHA), which is a youth project at the University of Botswana that does awareness raising and behavior change activities for the student community, and Nurses Association of Botswana (NAB), which has developed a manual on Caring for Caregivers.

Inputs: The USG will provide funds and technical support through the USAID/RHAP office to Regional Psychosocial Initiative (REPSSI) to implement OVC activities, as well as support SAHA and NAB.

Activities/Outputs: Policy Project will provide technical support for monitoring and evaluation, training and material development. Policy Project will partner with REPSSI to develop a mentoring program between the currently supported ten organizations as well as new organizations in the districts of Ghanzi, Tsabong, Okavango, North East, North West and Hukuntsi. The program will include training on life skills, kids' clubs, memory books development, child counseling, volunteer training, community mobilization and advocacy. Policy Project and REPSSI will also link with MLG, MOE and MOH in training of trainers for OVC. Funds will also support SAHA and NAB. NAB will be supported in implementing four regional training workshops on caring for caregivers for nurses; SAHA will be supported to carry out peer education programs, develop mobilization materials for university students, and implement a secondary school outreach project. Funds will additionally support other local initiatives conducted by FBOs/CBOs/NGOs that strive to eliminate stigma and discrimination in the response to HIV/AIDS in the country.

Outcome: Capacity for program and effective services delivery among FBO/CBO/NGOs working with children affected by AIDS will be enhanced; the skill-base for nurses to provide care will be strengthened; and, a pool of young leaders active in the response to HIV/AIDS will be created.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Local Organization Capacity Development	62%
<input checked="" type="checkbox"/> Training	18%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	20	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	6,000	<input checked="" type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	300	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Community members
- Community-based organizations
- Faith-based organizations
- Implementing organization project staff

Key Legislative Issues:

- Stigma and discrimination

Coverage Area:

State Province: Ghanzi	ISO Code: BW-GH
State Province: Kgalegadi	ISO Code: BW-KG
State Province: North-East	ISO Code: BW-NE
State Province: North-West	ISO Code: BW-NW

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: USAID RHAP / US Agency for International Development

Planned Funds:

Activity Narrative: Results: policy initiatives that support care for children orphaned by AIDS advanced; strengthened capacity of families and communities for the provision of care to children orphaned by AIDS; existing FBO/CBO/NGOs orphan support programs strengthened and expanded; improved ability of caregivers and service providers to support holistic health care for children. Also capacity built and strong coordination achieved of all Emergency Plan FBO/CBO/NGO activities supported through Part and a local umbrella NGO.

The FBO/CBO/NGO and Orphans and Vulnerable Children Coordinator will assist in the coordination and support of all partners, including FBOs, CBOs and NGOs, that are supported by the USG in implementing support activities for orphans affected by HIV/AIDS. The coordinator will also advise the USG mission on matters relating to the strengthening of FBOs, CBOs and NGOs across all sectors. The coordinator will provide technical and programmatic support to OVC partners to facilitate a comprehensive delivery of services and the identification of linkages and gaps in order to strengthen the delivery of OVC services. The incumbent will also maintain contacts with NGO and Government officials nationally as well as link with other regional and international partners.

Inputs: Funds will support salary and benefits, travel, office equipment and other administrative costs.

Activities/Outputs: These funds will support USAID in hiring a contractor to coordinate and provide technical assistant for Emergency Plan OVC activities and and to oversee the capacity-building initiative for local FBO/CBO/NGOs. The Coordinator will be housed in the HHS/CDC/BOTUSA offices to maximize complimentary and coordination across HHS/CDC/BOTUSA activities.

Outcome: This activity will ensure that planning, coordination and oversight of the USG-supported programs 1) for children who have been affected by HIV/AIDS and 2) to support local FBO/CBO/NGOs are effectively implemented.

Activity Category
 Human Resources % of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	0	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	0	<input type="checkbox"/> Not Applicable

Target Populations:

- Government workers
- Nongovernmental organizations/private voluntary organizations
- Orphans and other vulnerable children

Key Legislative Issues:

UNCLASSIFIED

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKD)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / US Peace Corps

Planned Funds:

UNCLASSIFIED

Activity Narrative:

Results: strengthened capacity of family and communities for the provision of care to children orphaned by AIDS

Peace Corps Botswana proposes to develop a program to address the urgent need for civil society to play a more significant role in the care and support of orphans and to fully participate in the country's fight against HIV/AIDS. Peace Corps seeks support for the creation of an FBO/CBO/NGO Capacity Building project. The NGO Capacity Building project meets the Emergency Plan's objectives in terms of the prevention of new infections and increasing access to quality care and support. To a lesser degree, but also importantly, the project will promote an increase in the access to and the use of services, including HIV Counseling and Testing, home based health care, and ARVs. These objectives all neatly overlap with the Government of Botswana's National Strategic Framework for HIV/AIDS (2003 - 2008).

Inputs: EP funding will support 11 Peace Corps Volunteers working with FBO/CBO/NGOs which are mobilize and implement community-based programs for OVC. Program costs include: trainee prearrival costs, travel, pre-service training, training materials, and medical costs for 10 new volunteers (this should be for only the extended PCV) ; in-service training (in FY 05 not IST costs are requested), living and readjustment allowances, housing and medical costs for one volunteer extending for a third year of service; administrative and staffing costs including PC/Washington administrative costs and funding of a Program Assistant to support this project, he/she is expected to join Peace Corps Botswana in June 2005. (See attached Peace Corps EP Budget FY05-07, for more information.)

Activities/Outputs: Following ten weeks of training, the PCVs will be placed with one or more organizations for the full period of two years. Emergency Plan Volunteers will report to an NGO Capacity Building Program

Assistant an/or the Associate Peace Corps Director in accordance with Peace Corps guidelines and program specifications. NGO Capacity Volunteers will live in the communities where the host organizations are located. Preliminary talks with the three national NGO membership organizations have yielded exciting possibilities in terms of developing creative partnerships. Peace Corps is planning to partner with either one or all of these networks (specifically the Botswana Network of AIDS Service Organizations [BON/ASO], the Botswana Network of People Living with HIV/AIDS [BONEPWA] and the Botswana Christian AIDS Intervention program [BOCAIP). Because of this, Peace Corps Botswana requests an additional (third year) Volunteer to work directly with these NGO membership organizations. The third year Volunteer will serve as both a resource and point person for NGO Volunteers in the field, as well as a capacity builder with a specific mandate to help the host organizations (and their memberships) to increase skills in project design and management, monitoring and evaluation, reporting, and the documentation of best practices

Outcomes: These Volunteers will have a mandate to work toward the following:

- The introduction and/or strengthening of appropriate programming strategies and programming skills (i.e. design, implementation, monitoring and evaluation)
- The growth of organizational capacities (management, financial, administrative, etc.) and the establishment of appropriate and effective systems;
- The development of networks between NGO's/CBO's/FBO's, government, private sector, and international partners;
- The stimulation of creativity and growth of both the confidence and skills needed for successful resource mobilization;
- The reinvigoration or introduction of the value of volunteerism leading to an increase in the number of citizens participating in HIV/AIDS programming and activities at the community level;
- The expansion of community understanding about HIV/AIDS and the growth of a commitment to the values of Botswana's Vision 2016, leading to the reduction of stigma and discrimination;
- The expansion of community understanding concerning available government HIV/AIDS programs, services and resources and the increase in citizen use of what is available.
- The strengthening or creation of support for PLWHAs and those affected by

HIV/AIDS.

Activity Category
 Human Resources

% of Funds
100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	11	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	4,840	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	500	<input type="checkbox"/> Not Applicable

Target Populations:

- Orphans and other vulnerable children
- People living with HIV/AIDS

Key Legislative Issues:

- Volunteers

Coverage Area: National

State Province:

ISO Code:

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1 OVC / To Be Determined

Planned Funds:

Activity Narrative:

Results: strengthened capacity of families and communities for the provision of care to children orphaned by AIDS

Input: Grantee will provide OVC technical assistance through community-based mobilization.

Activities/Outputs: Grantee will strengthen and scale up community-based interventions to provide comprehensive care and to improve the quality of life for orphans and vulnerable children (OVC) in disadvantaged communities in Gaborone. Grantee will use community-based approaches for community mobilization and for OVC care and support that have been developed over 14 years with support from public and private donors, including USAID; will coordinate with other practitioners to identify additional effective methodologies; and will monitor progress and make adjustments as needed. The community mobilization approach, recognized as a 'Best Practice', promotes community reflection around OVC needs and concerns and helps communities plan and implement appropriate and sustainable activities to support its children.

Outcome: Grantee will improve the well-being and protection of orphans and vulnerable children by building the capacity of families and communities to cope and to respond.

Activity Category

Community Mobilization/Participation

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	10	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	2,500	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	20	<input type="checkbox"/> Not Applicable

Target Populations:

Orphans and other vulnerable children

Key Legislative Issues:

Coverage Area:

State Province: South-East

ISO Code: BW-SE

UNCLASSIFIED

Program Area: Orphans and Vulnerable Children

Budget Code: (HKID)

Program Area Code: 09

Table 3.3.8: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / United Nations Children's Fund

Planned Funds:

Activity Narrative: Result: improved ability of caregivers and service providers to support holistic health care for children

Inputs: The USG will provide funds and technical assistance.

Activities/Outputs: UNICEF will engage in the following activities: improve service delivery in care and support of OVCs through support to and strengthening of FBOs/CBOs/NGOs' institutional capacities; ensure access of OVCs to essential services, development and protection from abuse and exploitation; and, create awareness and conduct OVC-related mobilization for scaling up community-based responses.

Through this activity, the FBOs/CBOs/NGOs to be assisted include Salvation Army Psychosocial Support Initiative, Thireletso Shining Stars (Francistown), Tirisanyo Catholic Commission (Kgalagadi and Mogoditshane), Mankgodi Catholic Reneetswe 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).

Outcomes: Improve the quality of life of children already orphaned and made vulnerable by the epidemic by increasing their access to quality health, education and psychosocial support provided by FBOs.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Commodity Procurement	10%
<input checked="" type="checkbox"/> Human Resources	20%
<input checked="" type="checkbox"/> Training	70%

Targets:

		<input type="checkbox"/> Not Applicable
Number of OVC programs	15	<input type="checkbox"/> Not Applicable
Number of OVC served by OVC programs	3,750	<input type="checkbox"/> Not Applicable
Number of providers/caretakers trained in caring for OVC	60	<input type="checkbox"/> Not Applicable

Target Populations:

- Caregivers
- Community-based organizations
- Faith-based organizations
- Orphans and other vulnerable children
- Youth
 - Girls
 - Boys

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.10: PROGRAM PLANNING OVERVIEW

- Result 1: Trained staff in good manufacturing, inspection and pharmaco-vigilance
- Result 2: CMS staff trained in supply chain management and quality assurance for ARVs and related medical supplies
- Result 3: Suppliers for drugs and dressings for HIV/AIDS pre-qualified by CMS
- Result 4: Facilities in the districts are supplied with ARVs that are available and accessible to HIV/AIDS patients
- Result 5: Security system installed at Central Medical Store (CMS)

Estimated Percentage of Total Planned Funds that will Go Toward ARV Drugs for PMTCT:	0
Percent of Total Funding Planned for Drug Procurement	37%
Total Funding for Program Area (\$):	

Current Program Context:

Since January 2002, Botswana has been providing free ARV treatment to people living with HIV/AIDS. This program started with one site and has grown over the years to the current 23 sites with approximately 24,000 patients currently on treatment. This program was achieved through procurement, quality assurance and distribution management from one Central Medical Store (CMS) in the country. CMS is the government department responsible for procurement and distribution of drugs and drug items for the entire country. The program is faced with constraints such as shortage of staff, inadequate ARV logistics skills, inadequate ARV quality assurance skills, inadequate ARV security infrastructure, and prolonged procurement processes due to non pre-qualification of suppliers as well as limited funds. Botswana received assistance from the Bill and Melinda Gates Foundation, Merck Foundation, Glaxo-Smith Kline, Boehringer Ingelheim and Pfizer in the form of donations of ARVs and drugs for treatment of opportunistic infections and ARV price reductions. There is, however, a need to strengthen areas such as training, suppliers pre-qualification, drug security at CMS and in the districts, logistics management information within the supply chain management system and quality assurance in the process of program roll out to cover more people. The Drug Regulatory Unit (DRU) in Botswana was set-up in 1992 by the Drug and Related Substances Act of 1992 and thereof the regulation of 1993. Since then, the DRU has encountered difficulties in conducting scheduled inspections due to staff shortage, lack of transport and lack of expertise. There is evident need to strengthen the inspection rate to ensure that the quality of ARV drugs and opportunistic infection drugs within Botswana is maintained. Please note: There are no PMTCT+ sites in Botswana. All treatment/ARV drugs activities are aligned with National HIV/AIDS Strategic Framework (Goal 2) and the Botswana Emergency Plan 5-year strategic plan.

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative:

Results: security system installed at Central Medical Store (CMS); facilities in the districts supplied with ARVs that are available and accessible to HIV/AIDS patients; suppliers for drugs and dressings for HIV/AIDS pre-qualified; CMS staff trained in supply chain management and quality assurance for ARVs and related medical supplies

Input: The USG will provide funds.

Activities/ Outputs: The MOH will use one million in funds from the USG to supplement the procurement of drugs and related supplies so as to increase the availability of these drugs and increase the number of people accessing ARVs. The MOH will use funds from the Emergency Plan to engage a contractor to procure and install security systems at CMS and facilities in the districts. This will ensure that these drugs are kept safe and that only the intended people benefit. On training activities, the MOH will use the USG funds to train CMS staff on supply chain management and quality assurance. This will cover 20 CMS staff who are involved in procurement, distribution and quality assurance of ARVs to cover 100% of the country. The MOH will further use the USG funds to engage a contractor to expedite the pre-qualification of suppliers by CMS so as to put in place an efficient system for procurement of drugs and related supplies.

Outcome: These activities will ensure a safe and stable supply of ARVs in Botswana.

Activity Category

- Commodity Procurement
- Infrastructure
- Logistics
- Training

% of Funds

- 40%
- 40%
- 12%
- 8%

Targets:

Not Applicable

Target Populations:

- Pharmacists
- People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Drugs

Budget Code: (HTXD)

Program Area Code: 10

Table 3.3.10: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative:

Result: Trained staff in good manufacture, inspection and pharmaco-vigilance

Input: The Ministry of Health will use USG funds to train two D.R.U. staff in good manufacture practice, inspection and pharmaco-vigilance to ensure that quality of ARV drugs and opportunistic infection drugs is maintained.

Activity/ Outputs: The trained staff will strengthen the inspection rate and carry out scheduled inspections and conduct training of trainers to cover the whole country. The recipient will improve transportation of staff to conduct scheduled inspections nationwide.

Outcome: This activity will improve performance in good manufacture practice and allow staff to conduct efficient inspection and pharmaco-vigilance resulting in maintained quality of ARV and opportunistic infection drugs in the country.

Activity Category

- Infrastructure
- Training

% of Funds

- 30%
- 70%

Targets:

Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.11: PROGRAM PLANNING OVERVIEW

- Result 1: Security of identified District Health Team clinics for ARV delivery strengthened
- Result 2: Strengthened human resource capacity to deliver ARV clinical care services
- Result 3: Strengthened monitoring and evaluation of the national ARV program
- Result 4: Strengthened institutional capacity to deliver ARV services
- Result 5: Strengthened linkages to prevention and care services including "prevention for positives" and PMTCT.

Estimated Percent of Total Planned Funds that will Go Toward ARV Services for PMTCT+

0

Total Funding for Program Area (\$): **Current Program Context:**

Botswana has been rolling out ART since 2002 through its MASA ("New Dawn") program. The Government of Botswana has mainly funded this activity. The main development partner in this effort is the African Comprehensive HIV/AIDS Partnership (ACHAP), a partnership between Merck and the Gates Foundation and the Government of Botswana. In Botswana, public hospitals fall under the MOH and the public clinics under the MLG. The initial ARV rollout model involved what is called "sites." A site consists of a hospital that acts as the treatment initiation center and is supported by four satellite clinics, whose primary role is to screen patients, determine eligibility and refer eligible patients to the treatment center (hospital). Patients are referred back to the satellite clinic after initiation and stabilization at the hospital. This is part of the Botswana network model. (Three percent of women in PMTCT facilities are referred to ARV treatment sites.)

The Botswana network model has worked well at the start of the program and, to date, 27 out of the 32 sites are functional and approximately 25,839 people are on treatment by October 2004. The remainder of the sites are planned to be functional by December 2004. Unfortunately, at the clinic level, there is little mechanism for safe storage of ARV drugs. This situation makes it difficult to bring treatment in proximity to the patients who may travel up to 500 km to get treatment and endure long lines. Proximity of treatment sites is critical to ensuring high levels of adherence and compliance.

The Government of Botswana has been receiving technical assistance in the form of training of clinicians in HIV pediatric care from Baylor Children's Clinical Center of Excellence (COE). The Associated Funds Administrators provide continuous medical education (C.M.E.) to private practitioners and harmonizes the training according to the national training curriculum and provide an example of a public-private partnership. These efforts are supported with financial and technical assistance from the USG.

There is a major concern in Botswana about poor monitoring and evaluation of the ARV program due to lack of expertise; strengthening of the monitoring and evaluation component of the ARV program is considered urgent. The private sector has been a key player in the delivery of ARVs with a total of 7,000 patients initiated under treatment in the private sector. This increases the total number of people on ARV to 32,839 in Botswana as a whole. Unfortunately, public-private partnerships in health care delivery, particularly ARV services, are poor and need strengthening.

Please note: There are no PMTCT+ sites in Botswana.

All treatment/ARV activities are aligned with National HIV/AIDS Strategic Framework (Goal 2, Objective 2.1) and the Botswana Emergency Plan 5-year strategic plan.

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management Base / US Department of Health and Human Services

Planned Funds:

Activity Narrative: ART Treatment Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the ARV Treatment Services including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category

Human Resources

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Host country national counterparts

USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Local Government, Botswana

Planned Funds:

Activity Narrative: Result: strengthened institutional capacity to deliver ARV services

Input: The USG will provide financial support to the MLG who will be responsible for identifying partner(s) to conduct necessary procurement and/or renovation of existing space in order to securely dispense ARVs.

Activities/ Outputs: The recipient will ensure strengthening of ARV drug security in 13 identified local clinics with the highest HIV prevalence rates. The recipient will also procure the following to ensure security and safety of the drugs:

- Renovation/or expansion of the existing building, where necessary;
- Creation or expansion of dispensing window;
- Shelving space, and storage space for bulk items;
- Purchasing lockable secure cabinets; installing burglar bar and ceiling wire mesh; and,
- Reinforcing security doors, installing motion sensors as well as contracting security companies to provide response services.

Outcome: These activities will ensure secure dispensing of ARV therapy at the clinic level.

Activity Category
 Infrastructure

% of Funds
 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	13	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

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Key Legislative Issues:

Coverage Area:

State Province: Central
State Province: North-East
State Province: Southern

ISO Code: BW-CE
ISO Code: BW-NE
ISO Code: BW-SO

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: UTAP / Baylor University

Planned Funds:

Activity Narrative:

Result: strengthened institutional capacity to deliver ARV services; strengthening human resource capacity to deliver ARV clinical care services

The Baylor Children's Clinical Center of Excellence (COE) was opened on June 20, 2003. The Center is a collaborative public-private partnership. Conceptualized by Baylor School of Medicine and the Government of Botswana, construction and equipment were funded by Bristol-Myers Squibb, a private pharmaceutical company. The Baylor COE is integrated with the national MASA ARV program; ARV drugs and other commodities are mainly procured by the government of Botswana.

Input: The USG will provide financial assistance to Baylor COE.

Activities/Outputs: Currently, 1,000 children and 82 families are registered for Highly Active Antiretroviral therapy (HAART) through the COE and a daily HIV screening attends to 20 to 30 patients. The COE routinely hosts health professionals to broaden their clinical experience in dealing with HIV-infected children. In 2003, the COE played a key role in reviewing the old KITSO (Knowledge, Information, Training Shall Overcome AIDS) training program and in developing the current and more comprehensive KITSO training plan. This activity was funded by HHS/CDC. HHS/CDC BOTUSA is supporting the position of an HIV/AIDS training coordinator at the COE. The coordinator is charged with the oversight and coordination of all pediatric HIV training that takes place at the COE. In addition, the COE orients all the doctors and nurses to pediatric HIV care in Botswana. Under the direction of the COE training coordinator, the COE staff, the Department of Pediatrics at Princess Marina Hospital and the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) have developed advanced pediatric training course to support the national roll out of treatment in Botswana. Implementation of the KITSO-Baylor Training course will continue in 2005 with the USG financial assistance. Baylor will implement the "Advanced Pediatric HIV/AIDS training" to additional sites in accordance with the KITSO national curriculum and the MASA program.

Outcomes: Provision of comprehensive care to HIV infected children and their parents, and training of health professionals in HIV care and clinical research.

Activity Category
 Training

% of Funds
 100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	1	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	540	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Doctors
- Medical/health service providers
- Youth
 - Girls
 - Boys

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Twinning
- Stigma and discrimination

Coverage Area: National

State Province: ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Associated Funds Administrators

Planned Funds:

Activity Narrative:

Result: strengthened institutional capacity to deliver ARV services and linkages to prevention and care services.

Inputs: Through a cooperative agreement with AFA, the USG will provide financial and technical assistance to conduct continuous medical education for private practice providers. Funds for AFA have already been approved and deferred to FY05.

Activities/Outputs: AFA is a private health care provider, working with two health insurance companies (PULA and BOPHAS). Through its coordination, AFA provides continuous medical education to private practitioners in order to sustain practice standard. At the same time, AFA is making an effort to promote information, education and communication activities for members affiliated with the two companies.

Outcome: AFA will conduct a private practitioner education and a client information requirement needs assessment, develop informational leaflets on HIV/AIDS as well as develop adherence and monitoring tools.

Activity Category

Workplace Programs

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	186	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	120	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	0	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Private health care providers

People living with HIV/AIDS

President's Emergency Plan for AIDS Relief.

Country Operational Plan Botswana FY 2005

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Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: (HTXS)

Program Area Code: 11

Table 3.3.11: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Track 1- ARV / Harvard University School of Public Health

Planned Funds:

Activity Narrative:

Results: strengthened monitoring and evaluation of the national ARV program; strengthened human resource capacity to deliver ARV clinical care services; strengthened linkages to prevention and care services including "prevention for positives" and PMTCT.

Inputs: The USG will provide financial support to Harvard University including funds to support a Monitoring and Evaluation (M&E) officer and a Data Management officer within the national ARV program (MASA). There will be no additional funds provided outside of Track 1 funds.

Activities/Outputs: The M&E officer will develop and implement MASA ARV Therapy Program performance monitoring and evaluation strategies, and provide management, analytic vision and technical leadership for M&E. The data manager will be responsible for the collection and storage of data required to help monitor the National ARV Therapy Program and will develop the national ARV program monitoring database. Together with the Data Manager they will constitute the M&E team.

Funds will also support one position for a clinical coordinator master trainer to assist the Government of Botswana to more rapidly scale up sites initiating ARV therapy and escalate building capacity for the Botswana MASA ARV Therapy Program. The clinical coordinator will develop a master trainer corps within the health care system and coordinate, supervise and evaluate the nationwide training effort of a team of master trainer health workers including expanding the role of nurses. Training will be conducted according to the national KITSO training curriculum.

Outcomes: These activities will strengthen monitoring and evaluation of the National ARV Therapy Program. They will also increase the number of clinicians knowledgeable in ARV care and treatment and therefore accelerate the Government's roll out of the ARV program.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	50%
<input checked="" type="checkbox"/> Training	50%

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Targets:

		<input type="checkbox"/> Not Applicable
Number of ART service outlets providing treatment	32	<input type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at ART sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of current clients receiving continuous ART for more than 12 months at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at ART sites	10	<input type="checkbox"/> Not Applicable
Number of health workers trained, according to national and/or international standards, in the provision of treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals receiving treatment at ART sites	6,400	<input type="checkbox"/> Not Applicable
Number of individuals receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at ART sites	5,424	<input type="checkbox"/> Not Applicable
Number of new individuals with advanced HIV infection receiving treatment at PMTCT+ sites	0	<input checked="" type="checkbox"/> Not Applicable
Number of PMTCT+ service outlets providing treatment	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Doctors

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.13: PROGRAM PLANNING OVERVIEW

- Result 1: Obtain baseline information on the quality of HIV/AIDS services in the country \n
- Result 2: Expand HIV surveillance to under-reported populations and integrate it with STIs
-
- Result 3: Expand the Health Information Network
- Result 4: Enhance the Botswana HIV/AIDS Response Information Management System (BHRIMS)

Total Funding for Program Area (\$): **Current Program Context:**

The President of Botswana and his cabinet, together with the National AIDS Coordinating Agency (NACA) and other stakeholders, have been at the forefront in pushing a centralized computer-based information management system. Since the inception of BHRIMS Unit under NACA in 2001, the staff has been able to successfully develop BHRIMS framework, plan, and operational guidelines, and standardize and harmonize indicators for national, district and project level related response. The support of the USG will allow BHRIMS to further develop its infrastructure and build monitoring and evaluation capacity at the national, sectoral, district and program levels. \n\nBHRIMS was established to streamline national data flow, generate information on the national response, and improve the utilization of generated information for program planning, policy formulation, and appropriate allocation of available resources. Currently, BHRIMS produces quarterly paper-based reports on program implementation at the national and district level to the National AIDS Council and other stakeholders. It is highly dependent on information inputs from sources like Government and private health sectors, institutions and individuals, financiers and donors spread across Botswana. BHRIMS will eventually receive HIV/AIDS information from selected hospitals and ARV clinics, private healthcare providers and institutions, and laboratories running the Integrated Patient Management System. \n\nGoal 3 of the Botswana National Strategic Framework emphasizes the need to strengthen management of the national response to HIV/AIDS. Through two specific objectives, this goal envisages achieving 100% coverage and implementation of monitoring and evaluation services for all sectors, ministries and parastatals by the year 2006. All strategic information activities are aligned with the Emergency Plan Five-Year Strategic Plan for Botswana. \n

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Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds: []

Activity Narrative: Result: expand the health information network

Expansion of the Integrated Patient Management System (IPMS)

Input: The USG funds will contribute to the expansion of the Integrated Patient Management System (IPMS) from the current 19 (4 hospitals & 15 clinics) to 23 facilities. All of the newly planned IPMS sites will be hospitals. The MOH has placed a high priority on the implementation of this system due to its critical role in improving flow of patients in the Infectious Disease Control Centers (IDCC), expediting follow-up of HIV/AIDS patients on ARV Therapy, in facilitating decision making to assess patients' eligibility for ARV therapy, and determining utilization of skills and materials. Inputs will be resource requirements (manpower, drugs, space etc).

Activities/Outputs: MOH IT Division will be responsible for tendering and managing the Meditech contract to acquire software licenses and configuration of IPMS in additional facilities. MOH IT Division will purchase the necessary hardware required to support the implementation. IPMS will be configured for implementation in four hospitals. The required hardware and networking will be installed prior to implementation. IPMS will be deployed in four hospitals containing ARV clinics. There will be nine functional modules supporting health services to HIV/AIDS patients. 400 healthcare workers operating in the four hospitals will be trained in using the IPMS.

Outcomes: IPMS will improve the effectiveness of managing patient care and treatment for HIV/AIDS patients. It will provide clinical and managerial staff with accurate and timely information that will support improved resource deployment and more efficient.

Activity Category % of Funds
[] Strategic Information (M&E, IT, Reporting) 100%

Targets:

Table with 3 columns: Target Description, Value, and Status. Row 1: Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS), 400, [] Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area:

State Province: Kgatleng ISO Code: BW-KL
State Province: North-East ISO Code: BW-NE
State Province: Southern ISO Code: BW-SO

Program Area: Strategic Information

Budget Code: (HVSI)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative: Result: expand HIV surveillance to underreported populations and integrate it with STIs

Annual Antenatal Care sentinel surveillance

Inputs: The USG will provide funds and technical assistance.

Activities/Outputs: There is a plan to strengthen the resource base of the surveillance unit at AIDS/STD unit in the MOH such that the unit will be able to resume undertaking annual antenatal sentinel surveillance of HIV/STI, which was managed by NACA for the last four years. One epidemiologist will soon join the existing two public health specialists in the unit. There is need to recruit one data manager and two data clerks. The unit must strengthen its logistics capacities by procuring more computers, data storage software, printers, etc. The epidemiologist will plan and conduct sentinel surveillance in pregnant women and males with STIs. S/he will be responsible for all aspects of data management, including analysis and dissemination of the results. District integrated disease surveillance staff, at least two in each district, will be trained on data collection and reporting. The AIDS/STI unit in the MOH will collaborate with all stakeholders particularly HHS/CDC/BOTUSA for technical assistance.

Outcomes: At the end of FY 2005, it is expected that the HIV/STI surveillance unit in the MOH will be well resourced and fully operational. The staff in all districts will be able to properly undertake sentinel surveillance. The availability of annual HIV/STI sentinel surveillance data is the overall outcome such that the country will be able to continually monitor trends in HIV and STI prevalence.

Note that the AIDS/STI Unit is another implementing partner for integrated TB/HIV surveillance activity which is addressed in the palliative care/TB section of this document.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	65%
<input checked="" type="checkbox"/> Logistics	10%
<input checked="" type="checkbox"/> Training	25%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS) 50

Not Applicable

Target Populations:

- Adults
- Men
- Women
- Pregnant women
- Implementing organization project staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative:

Results: obtain baseline information on the quality of HIV/AIDS services in the country

Health Service Provision Assessment (HSPA) of quality of care in HIV/AIDS services

Botswana has one of the largest numbers of people living with HIV in the world. Botswana has embarked on an ambitious ARV program which is currently serving about ten percent of PLWHAs in Botswana who are eligible for ARV treatment. Improving the quality of life for PLWHAs through better clinical and palliative care services forms a cornerstone of HIV/AIDS activities in the country as more and more people live longer years with the illness. Botswana has never conducted baseline HSPA to monitor changes in quality of care for HIV/AIDS although the ARV therapy that was rolled out nationally in 2001.

Inputs: The USG will assist in funding national HSPA in collaboration with the MOH AIDS/STI Unit and capable international consultants experienced in undertaking such surveys.

Activities/Outputs: Representative samples of public and private (for-profit and non-profit) facilities engaged in HIV/AIDS prevention, treatment and care activities and their personnel will be collected and studied.

Outcomes: The study will assess the situation of health infrastructure and knowledge and skills of health workers. Proxy-indicators of treatment and care service outcomes will also be assessed.

Activity Category

Strategic Information (M&E, IT, Reporting)

% of Funds

100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

0

Not Applicable

Target Populations:

Adults

Men

Women

Policy makers

Key Legislative Issues:

Gender

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management GHAI / US Department of Health and Human Services

Planned Funds:

[Empty box for Planned Funds]

Activity Narrative: Strategic Information/Monitoring and Evaluation Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the strategic information/monitoring and evaluation activities including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category

Human Resources

% of Funds
100%

Targets:

Not Applicable

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)

0

Not Applicable

Target Populations:

Host country national counterparts

USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management Base / US Department of Health and Human Services

Planned Funds: []

Activity Narrative: Strategic Information/Monitoring and Evaluation Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the strategic information/monitoring and evaluation activities including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category: Human Resources % of Funds: 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Strategic Information

Budget Code: (HVS1)

Program Area Code: 12

Table 3.3.13: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / National AIDS Coordinating Agency, Botswana

Planned Funds:

Activity Narrative: Result: enhance the Botswana HIV/AIDS Response Information Management System (BHRIMS)

Developing national HIV/AIDS response information database

Inputs: The USG will provide financial assistance to NACA.

Activities/Outputs: NACA will hire a consulting firm to develop a national HIV/AIDS response information management database and provide user training. NACA will be responsible for awarding and managing the contract. It will purchase the necessary hardware and software required to support the development and implementation of the database system. Based on existing user requirements, a database and associated data entry screens will be designed, coded, tested, and implemented on an appropriate platform. Samples of districts will be chosen to pilot the operation of the database. User training will be provided upon deployment. Upon completion of deployment, there will be a national BHRIMS database consisting of national and global indicators, data entry screens, and trained users on the system.

Outcomes: The national BHRIMS database system will provide a more efficient means of managing the national response to HIV/AIDS by collecting, analyzing, and disseminating information on the progress made in HIV/AIDS programs using national indicators to inform decision making and policy. In addition, the national database will lay the foundation for expansion to the districts in FY 2006.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	97%
<input checked="" type="checkbox"/> Training	3%

Targets:

Target	Value	Applicability
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Health Care Workers
- Host country national counterparts
- M&E specialist/staff
- Ministry of Health staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.12: PROGRAM PLANNING OVERVIEW

- Result 1: Trained relevant staff for equipment maintenance and proper operation
- Result 2: Full supply of related diagnostics and medical equipment achieved nationally
- Result 3: Improved procurement of supply and reagents
- Result 4: National laboratory quality assurance system operationalized
- Result 5: Improved laboratory space capacity at identified sites

Total Funding for Program Area (\$): **Current Program Context:**

Botswana has been rolling out ART since January 2002. This activity has mainly been funded by the Government of Botswana. The central development partner in this effort is the African Comprehensive HIV/AIDS partnership (ACHAP- Partnership between Merck and Gates Foundation and the Government of Botswana.)\n\nThe rollout effort has required the buildup of laboratory capacity to address the diagnostic needs of the population. Diagnosis and monitoring of the HIV disease typically requires the following tests (at different times): rapid testing, HIV ELISA, CD4, viral load, infant PCR, hematology, chemistry, hepatitis serology, VDRL, and chest x-rays. Botswana, with the assistance of Bristol-Myers Squibb, ACHAP, HHS/CDC and the Harvard AIDS Institute established two central labs with CD4 and Viral Load capability in Gaborone and Francistown. Gaborone also has infant PCR and resistance-testing capability. All samples in the country must be transported to these two centers for processing and results must be returned.\n\nCurrently, there is a severe delay in sample turnaround time and numerous cases where samples need to be re-drawn. This is a particularly dangerous situation as patients have often traveled many hundred miles with exceptional difficulty and the lack of CD4 results at the next appointment could cost them their lives. It is necessary to consider decentralizing CD4 and viral load testing (through the network model) with an appropriate cheaper technology that requires minimal labor and maintenance so that testing can be done closer to the community and the turnaround time be improved. This will help to ensure better uptake of treatment and to improve the quality of care. \n\nIn January 2004, the Government of Botswana implemented a national routine testing policy. Rollout of this program requires significant support as rapid tests were not previously used on a wide scale in Botswana.\n\nAll laboratory infrastructure activities are aligned with the Botswana National Strategic Framework for HIV/AIDS ("Support of Development Partners" Goal 2, Objective 2.1) as well as the Emergency Plan Five-Year Strategic Plan. \n

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Ministry of Health, Botswana

Planned Funds:

Activity Narrative:

Results: improved laboratory space capacity at identified sites; national laboratory quality assurance system operationalized

Input: The USG will provide financial assistance through a cooperative agreement with the MOH Technical Support Services Department to improve laboratory capacity to support the National ARV program.

Activities/ Outputs: The beneficiary will be responsible for:

- developing and implementing, with Botswana laboratory experts, laboratory users, and external laboratory partners, a three year plan to upgrade laboratory services;
- assuring coordination and provision of laboratory services to support Emergency Plan activities.
- developing and implementing policy for laboratory testing and quality assurance
- assuring that a service technician (or service) is available to maintain laboratory equipment
- providing continuous education and training in basic quality assurance and quality control practices
- providing external quality assurance (via proficiency testing, on-site auditing and retesting of a portion of samples tested by HIV rapid tests);
- providing refrigerators and freezers where needed
- providing supplies and reagents to support expanded testing needs for ARV
- remodeling laboratory space where needed
- purchasing temporary structures (porta-cabins) to meet crisis needs for additional laboratory space
- assuring that the MOH is adequately staffed to meet expanded quality assurance needs
- updating the curriculum and student load at HIS to increase the stream of new technologists and
- sponsoring annual scientific meetings and workshops to further professionalize laboratory medicine and service.

Outcomes: The activities will ensure laboratories have increased space capacities, improved quality assurance, well maintained laboratory equipment, a continuous supply of reagents and improved standard of practice of trained staff.

Activity Category

- Commodity Procurement
- Infrastructure
- Quality Assurance and Supportive Supervision

% of Funds

- 65%
- 30%
- 5%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	30	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	8	<input type="checkbox"/> Not Applicable

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Target Populations:

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management GHAI / US Department of Health and Human Services

Planned Funds: []

Activity Narrative: Systems Strengthening Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for human capacity development, workplace management staffing, and other systems strengthening activities including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category: [x] Human Resources % of Funds: 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management GHAI / US Department of Health and Human Services

Planned Funds:

Activity Narrative: Laboratory Services Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for laboratory services including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category
 Human Resources

% of Funds
 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	0	<input checked="" type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management Base / US Department of Health and Human Services

Planned Funds: []

Activity Narrative: Systems Strengthening Technical Assistance Costs

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for human capacity development, workplace management staffing, and other systems strengthening activities including work with the MOH. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff

Key Legislative Issues:

Coverage Area: National

State Province: ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: PACT / Pact, inc.

Planned Funds:

Activity Narrative:

Result: local support and participation in the HIV/AIDS response enhanced; organizational capacity of civil society strengthened

Civil society remains a weak sector in the national response to HIV/AIDS in Botswana. Community-based organizations, in particular, are a largely untapped resource for expanding the reach of HIV/AIDS prevention and care services to communities. The USG will provide funds to PACT, an existing USAID/RHAP mechanism, which is pre-competed. PACT's mission is to strengthen grass roots organizations and networks. In Botswana, the main focus of PACT's work will be to strengthen Botswana-based, non-governmental organizations through a central HIV/AIDS umbrella organization to become a leading partner in the HIV/AIDS response and expand services provided by the sector. Three umbrella AIDS service networks exist, but all are constrained in their capacity to provide adequate leadership and support to members. With the USG support, one of these three umbrella organizations will develop into a strong, well-functioning and sustainable organization capable of providing leadership and strengthening member organizations. The umbrella organization will be charged with, and developed, in the areas of coordination, advocacy, organizational capacity building, resource mobilization, grant management, training, partnership building, strategic planning, monitoring and evaluation and service delivery. It will also work with local FBOs/CBOs/NGOs to fund activities in prevention (abstinence/ be faithful), palliative care, orphans and vulnerable children, and systems strengthening.

A local reference group has been formed to oversee and coordinate this activity with representation from the relevant sectors of the government of Botswana, USG Emergency Plan agencies, and the UN family. This reference group will also act as a technical review panel for selection of grant recipients. Over the multi-year project period the capacity of the local umbrella organization will be strengthened so that the need for support from Pact will decrease substantially.

Inputs: The USG will fund a contractor (PACT) to provide technical assistance and resources to build the organizational capacity of a central HIV/AIDS umbrella organization. The umbrella organization will be provided with the skills and resources to operate a small to medium-sized grants program and build organizational capacity in member organizations to expand service delivery.

Activities/Outputs: In the area of systems strengthening, these funds will be used to support local FBOs/CBOs/NGOs that promote capacity building and other systems strengthening activities. Criteria for selection and distribution of the allocations of funds will be determined at a later date.

Outcome: Civil society's contribution to the Botswana HIV/AIDS response will increase and more new partners will benefit from Emergency Plan support. A well-functioning and sustainable central umbrella organization will be created, capable of providing funding, coordination, organizational capacity building and technical support to members that do work in the area of systems strengthening.

Note: Once the grants have been awarded, targets and target groups will be better defined.

UNCLASSIFIED

Activity Category	% of Funds
<input checked="" type="checkbox"/> Human Resources	25%
<input checked="" type="checkbox"/> Information, Education and Communication	30%
<input checked="" type="checkbox"/> Local Organization Capacity Development	15%
<input checked="" type="checkbox"/> Strategic Information (M&E, IT, Reporting)	10%
<input checked="" type="checkbox"/> Training	20%

Targets:

Not Applicable

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

0

Not Applicable

Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

0

Not Applicable

Target Populations:

- Community-based organizations
- Faith-based organizations
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Laboratory Infrastructure

Budget Code: (HLAB)

Program Area Code: 14

Table 3.3.12: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Association of Public Health Laboratories

Planned Funds:

Activity Narrative: Result: trained relevant staff for equipment maintenance and proper operation
 Input: The USG will provide financial assistance through a cooperative agreement.

Activities/Outputs: The beneficiary will:

- Provide technical assistance to HHS/CDC/BOTUSA and through HHS/CDC/BOTUSA to the MOH in improvement of, expansion of, and quality assurance of laboratory science and service delivery for public (emphasis) and clinical health via on-site consultations, teleconference participation, study tour opportunities at U.S. public health laboratories and participation in public health workshops outside Botswana.
- Serve as a member of the HHS/CDC/BOTUSA, MOH, and HHS/CDC-Atlanta laboratory team working to monitor, improve and further develop Botswana's provision of laboratory services to meet Emergency Plan objectives.
- Provide training and education in laboratory science and service delivery, e.g. laboratory management, QA/QC, chemistry testing, hematology testing, and HIV testing, depending on the course, the audience, etc. This work may be done in numerous ways: in partnership with CDC-Atlanta laboratory team members; in partnership with other laboratory professional organizations and health, training and education organizations; in partnership with another international laboratory organization; as an APHL effort; or any combination of the above.

Specific activities will be determined by the MOH, HHS/CDC/BOTUSA, APHL, HHS/CDC Atlanta Laboratory team.

Outcomes: The activities will ensure the availability of training and implementation of quality assurance measures in HIV laboratories in Botswana.

Activity Category
 Human Resources

% of Funds
 100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of individuals trained in the provision of lab-related activities	10	<input type="checkbox"/> Not Applicable
Number of laboratories with capacity to perform HIV tests and CD4 tests and/or lymphocyte tests	8	<input type="checkbox"/> Not Applicable

Target Populations:

People living with HIV/AIDS

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: NASTAD / National Association of State and Territorial AIDS Directors

Planned Funds:

Activity Narrative:

Result: organizational capacity of civil society strengthened; coordination and collaboration of HIV/AIDS activities at district level strengthened; strengthened community capacity to link prevention, care and treatment services.

District Multi-Sectoral AIDS Committees Capacity Strengthening

Inputs: The USG will provide financial and technical assistance.

Activities/Outputs: District Multi-sectoral AIDS Committees (DMSACs) are the focal point for planning, coordinating, and monitoring HIV programs in 24 health districts. With adequate capacity, DMSACs can mobilize community members and leaders at the district and village level to contribute to HIV/AIDS programs and policy development and to assure those programs are implemented in an effective and coordinated way. District AIDS Coordinators are key to the successful functioning of the committees as well as to assuring implementation of annual HIV/AIDS Action Plans developed in each district.

The U.S. National Alliance of State and Territorial AIDS Directors (NASTAD) began capacity-building work in 4 districts in Botswana in 2004. NASTAD provides a comparative advantage because its technical assistance providers bring their current or recent experience in planning and coordinating state and local level programs in the United States. NASTAD will complete the following activities in 2005 to enhance district-level participation and mobilizing of Botswana's response:

- Expand intensive peer-to-peer partnerships between NASTAD technical assistance providers and District AIDS Coordinators from four to eight districts to assure effective evidence-based planning and monitoring with broad community participation occurs in these districts.
- Build capacity in evidence-based planning and monitoring in districts by assisting the MLG in convening a training conference for all DMSAC leaders and by providing orientation and training to new and existing District AIDS Coordinators.
- Build capacity in the MLG ACU in evidence-based and community-driven participatory planning.

The measurable component of this activity during 2005, "number of people trained," combines NASTAD's intensive peer-to-peer approach and broader efforts to build capacity in district-level evidence-based planning. The following groups constitute the NASTAD target:

- 2 DMSAC co-chairs and 1 Technical Committee chair in 8 districts.
- 25 DMSAC members in 4 districts and 7 partner NGO/CBO staff members and volunteers.
- 45 program managers: 1 District AIDS Coordinator and 1 Peace Corps volunteer in 20 districts plus 5 MLG staff.

Outcome: This activity will build capacity of DMSACs and District AIDS Coordinators resulting in greater community participation in planning and monitoring local programs.

Activity Category

Local Organization Capacity Development

% of Funds

100%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	8	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	176	<input type="checkbox"/> Not Applicable

Target Populations:

- Program managers
- District Multi-Sectoral AIDS Committees Capacity Strengthening

Key Legislative Issues:

Coverage Area:

State Province: Ghanzi
State Province: Kgatleng
State Province: North-East

ISO Code: BW-GH
ISO Code: BW-KL
ISO Code: BW-NE

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: NASTAD Deferred / National Association of State and Territorial AIDS Directors

Planned Funds: []

Activity Narrative:

Result: organizational capacity of civil society strengthened; coordination and collaboration of HIV/AIDS activities at district level strengthened; strengthened community capacity to link prevention, care and treatment services.

District Multi-Sectoral AIDS Committees Capacity Strengthening

Inputs: The USG will provide financial and technical assistance.

Activities/Outputs: District Multi-sectoral AIDS Committees (DMSACs) are the focal point for planning, coordinating, and monitoring HIV programs in 24 health districts. With adequate capacity, DMSACs can mobilize community members and leaders at the district and village level to contribute to HIV/AIDS programs and policy development and to assure those programs are implemented in an effective and coordinated way. District AIDS Coordinators are key to the successful functioning of the committees as well as to assuring implementation of annual HIV/AIDS Action Plans developed in each district.

The U.S. National Alliance of State and Territorial AIDS Directors (NASTAD) began capacity-building work in 4 districts in Botswana in 2004. NASTAD provides a comparative advantage because its technical assistance providers bring their current or recent experience in planning and coordinating state and local level programs in the United States. NASTAD will complete the following activities in 2005 to enhance district-level participation and mobilizing of Botswana's response:

- Expand intensive peer-to-peer partnerships between NASTAD technical assistance providers and District AIDS Coordinators from four to eight districts to assure effective evidence-based planning and monitoring with broad community participation occurs in these districts.
- Build capacity in evidence-based planning and monitoring in districts by assisting the MLG in convening a training conference for all DMSAC leaders and by providing orientation and training to new and existing District AIDS Coordinators.
- Build capacity in the MLG ACU in evidence-based and community-driven participatory planning.

The measurable component of this activity during 2005, "number of people trained," combines NASTAD's intensive peer-to-peer approach and broader efforts to build capacity in district-level evidence-based planning. The following groups constitute the NASTAD target:

- 2 DMSAC co-chairs and 1 Technical Committee chair in 8 districts.
- 25 DMSAC members in 4 districts and 7 partner NGO/CBO staff members and volunteers.
- 45 program managers: 1 District AIDS Coordinator and 1 Peace Corps volunteer in 20 districts plus 5 MLG staff.

Outcome: This activity will build capacity of DMSACs and District AIDS Coordinators resulting in greater community participation in planning and monitoring local programs.

Activity Category

Local Organization Capacity Development

% of Funds

100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	8	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	176	<input type="checkbox"/> Not Applicable

Target Populations:

- Program managers
- District Multi-Sectoral AIDS Committees Capacity Strengthening

Key Legislative Issues:

Coverage Area:

State Province: Ghanzi	ISO Code: BW-GH
State Province: Kgatleng	ISO Code: BW-KL
State Province: North-East	ISO Code: BW-NE

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / Institute of Development Management, Botswana

Planned Funds:

Activity Narrative: Result management and leadership skills and abilities of middle and senior managers of HIV/AIDS programs improved

The Sustained Management Development Program

The Sustained Management Development Program was established in 2003 at the *Institute of Development Management (IDM)* with the assistance of HHS/CDC. The program provides a shortened course based on local needs and is adapted from the longer HHS/CDC course. It is implemented by local graduates of the HHS/CDC course.

Inputs: The USG will provide financial assistance.

Activities/Outputs: Managers receive training in critical management skills such as planning, organizational management, conflict resolution, financial management and monitoring and evaluation. A course in the HHS/CDC Epidemiology Computer Program EpiInfo 2002 is also offered to health professionals working in HIV/AIDS.

In 2005, IDM will hold one SMDP training course for 20 managers and evaluate the program. One local will be trained as a trainer by attending the six-week course at HHS/CDC.

Outcome: The goal of the program is to improve the quality of HIV/AIDS services provided in Botswana by strengthening the management and leadership skills and abilities of middle and high-level managers in the NGO, public and private health-care settings.

Activity Category

Training

% of Funds

100%

Targets:

Not Applicable

Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

1

Not Applicable

Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs

21

Not Applicable

Target Populations:

Health Care Workers

Program managers

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD Workforce Planning / To Be Determined

Planned Funds:

Activity Narrative: Result: Workforce planning and policy implementation that cut across multiple program areas reviewed; HIV/AIDS workplace programs expanded

HIV/AIDS Workplace Program

The Workplace HIV/AIDS Peer Counselling program is a collaborative effort between the private sector, the MOH, and HHS/CDC/BOTUSA.

Inputs: Through technical assistance from the USG, a workplace needs assessment survey has been funded, and a HIV/AIDS Peer Counselling Information Handbook, a Facilitator Manual and Train-the-Trainer Curricula were developed and have begun to be offered across the country.

Activities/Outputs: In FY 2005, a network of trainers and organizations will provide support to small, medium, and micro-enterprises (SMMEs) to develop workplace policies and provide information, education and communication related to HIV prevention, treatment, and care. The funds in FY 2005 will be used to offer these training programs to more companies, and monitor the use of the training materials and skills. It will further support the sharing of best practices and development of a network among business leaders who support HIV/AIDS programs. The market survey results, which are being analysed, will have an input into strengthening implementation of this program.

Outcomes: This activity will result in an exchange of experiences on HIV/AIDS workplace programs as well as training on HIV prevention.

Activity Category

- Information, Education and Communication
- Training

% of Funds

40%
60%

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	100	<input type="checkbox"/> Not Applicable

Target Populations:

- Adults
 - Men
 - Women
- Business community
- Factory workers

Key Legislative Issues:

Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: TBD- Support to NAC / To Be Determined

Planned Funds:

Activity Narrative: Result: mechanisms to improve systems and policies that aim to reduce stigma and discrimination put in place

Support to National AIDS Council Policy Sector

Many policy and legal gaps related to HIV/AIDS have been identified in Botswana, particularly in the area of ethics and human rights.

Input: The USG will provide funds.

Activities/Outputs: An umbrella HIV/AIDS organization will be identified to employ a policy advisor to coordinate the Ethics, Law and Human Rights (ELHR) Sector of the National AIDS Council and implement activities outlined in the sector's strategic plan. These activities include facilitating compliance of programs and policies with ELHR standards, raising awareness, education and advocacy for ELHR and implementing media campaigns on ELHR.

Outcome: Through this activity, the policy advisor will work to mainstream HIV/AIDS related ethics, laws and human rights in the national agenda.

Activity Category	% of Funds
<input checked="" type="checkbox"/> Policy and Guidelines	100%

Targets:

	0	<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Adults
- Policy makers
- Youth

Key Legislative Issues:

- Increasing women's legal protection
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / United Nations Development Programme

Funded Funds:

[Redacted Box]

Activity Narrative:

Result: organizational capacity of civil society strengthened; local support and participation in the HIV/AIDS response enhanced

Community Capacity Enhancement Program

Activities/Outputs: UNDP, working with MLG/ACU, began implementation of the Community Capacity Enhancement Program in five districts in 2004 as one of the strategies to halt and reverse the HIV/AIDS epidemic. This program seeks to build on the capacity of individuals and communities to facilitate local community responses to HIV/AIDS in the areas prevention, care, treatment and support, stigma reduction and addressing gender inequities. Specifically the program is designed to:

- Explore community perspectives concerning how to live with and respect PLWHAs and their involvement in community response to the epidemic;
 - Strengthen the capacity of individuals and organizations to facilitate local community responses to HIV/AIDS that integrate care with prevention, keeping in mind other priority concerns such as coping strategies, orphans and vulnerable children, health and development, etc.;
 - Sustain local action by increasing the capacity to care, change and find hope within individuals, families and the community;
 - Strengthen individual and organizational reflection on their approach and ways of working with communities; and,
 - Facilitate the transfer of lessons learned and change between individuals, from organization to organization and from community to community.
- Local United Nations Volunteers will be placed in villages to drive and facilitate the process using participatory methodologies and a team approach. In 2005, the coverage will be extended to the entire country. Specific activities will include: hiring five additional local United Nations Volunteers and training 240 facilitators.

Outcomes: Local United Nations Volunteers will serve as change agents to help communities in their response to the HIV/AIDS epidemic.

Activity Category

Community Mobilization/Participation

% of Funds

100%

Targets:

Target	Value	Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	1	<input type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	650	<input type="checkbox"/> Not Applicable

Target Populations:

Community members

UNCLASSIFIED

Key Legislative Issues:

- Gender
 - Increasing gender equity in HIV/AIDS programs
 - Addressing male norms and behaviors
- Volunteers
- Stigma and discrimination

Coverage Area: National

State Province:

ISO Code:

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / United Nations Development Programme

Planned Funds:

Activity Narrative:

Result: Underlying issues that constrain human capacity development and deployment across multiple program areas assessed; Capacity at health training institutions assessed.

Health Sector Human Capacity Assessment

The current Health Resources Plan covered the period up to 2003. Given recent developments in the provision of prevention, care and treatment of HIV/AIDS by the Government of Botswana, there is an urgent need to create a new plan that will meet the needs of the country to implement quality health programs over the next ten years.

Input: USG will provide financial support

Activities/Outputs: The assessment will include the following:

- Analysis and outcome evaluation of the previous Health Resource Development Plan
- Assessment of the current health sector workforce: Ministry of Health, Ministry of Local Government, civil society and private sector providers and all health cadres including social workers and other non-health staff providing psychosocial support to patients; absolute numbers, skills, allocation and utilization, performance and productivity, attrition patterns and contributing factors, salary structure, recruitment procedures and human resource policies
- Assessment of the training capacity of the Institutes of Health Sciences and University of Botswana

The development of a new health resource development plan will be based on the following outcomes of the assessment:

- Scenarios and projections of human resource needs for the next 10 years
- Proposals for:
 - recruitment mechanisms to meet short- and long-term needs
 - job realignment and skills improvement
 - performance improvement
 - reduction of the impact of staff losses due to migration (internal and external) and attrition
 - incentive mechanisms and motivation of the public sector.
 - absorption of human resources anticipating possible institutional and other reforms affecting HR in the country
 - policy reform
 - development or restructuring of training institutions (basic and post-graduate)
- Estimates of implementation costs and possible sources of funding

Outcome: This activity will result in the development of a new human resource development plan and health human resource policy for the health sector based on a comprehensive health workforce assessment.

Activity Category

Needs Assessment

% of Funds

100%

UNCLASSIFIED

Program Area: Other/policy analysis and system strengthening

Budget Code: (OHPS)

Program Area Code: 14

Table 3.3.14: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: / United Nations Development Programme

Planned Funds: [Redacted]

Activity Narrative: Result: Underlying issues that constrain human capacity development and deployment across multiple program areas assessed; Capacity at health training institutions assessed.

Health Sector Human Capacity Assessment

The current Health Resources Plan covered the period up to 2003. Given recent developments in the provision of prevention, care and treatment of HIV/AIDS by the Government of Botswana, there is an urgent need to create a new plan that will meet the needs of the country to implement quality health programs over the next ten years.

Input: USG will provide financial support

Activities/Outputs: The assessment will include the following:

- Analysis and outcome evaluation of the previous Health Resource Development Plan
• Assessment of the current health sector workforce: Ministry of Health, Ministry of Local Government, civil society and private sector providers and all health cadres including social workers and other non-health staff providing psychosocial support to patients; absolute numbers, skills, allocation and utilization, performance and productivity, attrition patterns and contributing factors, salary structure, recruitment procedures and human resource policies
• Assessment of the training capacity of the Institutes of Health Sciences and University of Botswana

The development of a new health resource development plan will be based on the following outcomes of the assessment:

- Scenarios and projections of human resource needs for the next 10 years
• Proposals for:
• recruitment mechanisms to meet short- and long-term needs
• job realignment and skills improvement
• performance improvement
• reduction of the impact of staff losses due to migration (internal and external) and attrition
• incentive mechanisms and motivation of the public sector
• absorption of human resources anticipating possible institutional and other reforms affecting HR in the country
• policy reform
• development or restructuring of training institutions (basic and post-graduate)
• Estimates of implementation costs and possible sources of funding

Outcome: This activity will result in the development of a new human resource development plan and health human resource policy for the health sector based on a comprehensive health workforce assessment.

Activity Category
[x] Needs Assessment

% of Funds
100%

UNCLASSIFIED

Targets:

		<input type="checkbox"/> Not Applicable
Number of HIV service outlets/programs provided with technical assistance or implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable
Number of individuals trained in implementing programs related to policy and/or capacity building, including stigma and discrimination reduction programs	0	<input checked="" type="checkbox"/> Not Applicable

Target Populations:

- Faith-based organizations
- Government workers
- Health Care Workers
 - Community health workers
 - Doctors
 - Medical/health service providers
 - Nurses
 - Pharmacists
 - Midwives
- Ministry of Health staff
- Nongovernmental organizations/private voluntary organizations

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area:

Budget Code:

Program Area Code:

Table 3.3.15: PROGRAM PLANNING OVERVIEW

- Result 1: Provide and fund all HHS/CDC/BOTUSA information technology technical support to a broad range of national HIV/AIDS programs
- Result 2: HHS/CDC/BOTUSA administrative support provided to a broad range of national HIV/AIDS programs
- Result 3: National HIV/AIDS treatment, prevention and care programs strengthened, increasing uptake in programs, adherence and efficacy
- Result 4: Strengthen the USG in-country team to manage and administer HIV/AIDS program

Total Funding for Program Area (\$):

Current Program Context:

HHS/CDC/BOTUSA is the lead USG agency in managing and administering USG HIV/AIDS interventions in Botswana in conjunction with the Government of Botswana. The agency's administrative operations back up all the USG national HIV/AIDS implementation strategies on treatment, prevention and care operations. Its management and staffing costs include salaries, travel costs, training, rent, printing, supplies and associated operational costs. Information technology needs and charges for use of the services provided by the United States Embassy are also included (In principle, costs reflect the same level of manpower as the last fiscal year.)

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management GHAI / US Department of Health and Human Services

Planned Funds: [Redacted]

Activity Narrative: HHS/CDC BOTUSA operations costs include information technology operations, and other management costs

Inputs: The USG provides funding

Activities/Outputs: These funds support management and staffing costs including salaries, travel costs, training, rent, printing, supplies and associated operational costs. Information technology needs are also included. Various monitoring and evaluation strategies including budget tracking are carried out. Budget allocations are assessed against priorities in the plan and spending is realigned as needed.

HHS/CDC/BOTUSA IT operations strengthen national HIV/AIDS treatment, prevention and care programs, and increase uptake in programs, adherence and efficacy. The target in 2004 is that HHS/CDC/BOTUSA technical information technology backstops all the USG national HIV/AIDS treatment, prevention and care operations. Various monitoring activities including assessment of software applications will be carried out.

HHS/CDC/BOTUSA will also reimburse the Department of State for support services provided to HHS/CDC/BOTUSA as per the requirement under ICASS regulations in the Department Of State. Under ICASS, there is a component of strategic information that will be obtained through ICASS reports that are funded through routine mission operations. ICASS charges are [Redacted]

Outcomes: HHS/CDC/BOTUSA administrative and information technology operations back up all the USG national and Government of Botswana HIV/AIDS implementation strategies on treatment, prevention and care operations.

Activity Category
 Human Resources

% of Funds
100%

Targets:

Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management GHAI / US Department of Health and Human Services

Planned Funds: [Redacted]

Activity Narrative: HHS/CDC BOTUSA operations costs include information technology operations, and other management costs

Inputs: The USG provides funding

Activities/Outputs: These funds support management and staffing costs including salaries, travel costs, training, rent, printing, supplies and associated operational costs. Information technology needs are also included. Various monitoring and evaluation strategies including budget tracking are carried out. Budget allocations are assessed against priorities in the plan and spending is realigned as needed.

HHS/CDC/BOTUSA IT operations strengthen national HIV/AIDS treatment, prevention and care programs, and increase uptake in programs, adherence and efficacy. The target in 2004 is that HHS/CDC/BOTUSA technical information technology backstops all the USG national HIV/AIDS treatment, prevention and care operations. Various monitoring activities including assessment of software applications will be carried out.

HHS/CDC/BOTUSA will also reimburse the Department of State for support services provided to HHS/CDC/BOTUSA as per the requirement under ICASS regulations in the Department Of State. Under ICASS, there is a component of strategic information that will be obtained through ICASS reports that are funded through routine mission operations. ICASS charges are [Redacted]

Outcomes: HHS/CDC/BOTUSA administrative and information technology operations back up all the USG national and Government of Botswana HIV/AIDS implementation strategies on treatment, prevention and care operations.

Activity Category
 Human Resources

% of Funds
100%

Targets:

Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: Management Base / US Department of Health and Human Services

Planned Funds: []

Activity Narrative: HHS/CDC BOTUSA operations costs include information technology operations, and other management costs

Inputs: The USG provides funding

Activities/Outputs: These funds support management and staffing costs including salaries, travel costs, training, rent, printing, supplies and associated operational costs. Information technology needs are also included. Various monitoring and evaluation strategies including budget tracking are carried out. Budget allocations are assessed against priorities in the plan and spending is realigned as needed.

HHS/CDC/BOTUSA IT operations strengthen national HIV/AIDS treatment, prevention and care programs, and increase uptake in programs, adherence and efficacy. The target in 2004 is that HHS/CDC/BOTUSA technical information technology backstops all the USG national HIV/AIDS treatment, prevention and care operations. Various monitoring activities including assessment of software applications will be carried out.

HHS/CDC/BOTUSA will also reimburse the Department of State for support services provided to HHS/CDC/BOTUSA as per the requirement under ICASS regulations in the Department Of State. Under ICASS, there is a component of strategic information that will be obtained through ICASS reports that are funded through routine mission operations. ICASS charges are []

Outcomes: HHS/CDC/BOTUSA administrative and information technology operations back up all the USG national and Government of Botswana HIV/AIDS implementation strategies on treatment, prevention and care operations.

Activity Category
 Human Resources

% of Funds
100%

Targets:

Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

UNCLASSIFIED

Program Area: Management and Staffing

Budget Code: (HVMS)

Program Area Code: 15

Table 3.3.15: PROGRAM PLANNING: ACTIVITIES BY FUNDING MECHANISM

Mechanism/Prime Partner: GHAI Deferred Management / US Centers for Disease Control and Prevention

Planned Funds: []

Activity Narrative: HHS/CDC BOTUSA operations costs include information technology operations, and other management costs

Inputs: The USG provides funding

Activities/Outputs: These funds support management and staffing costs including salaries, travel costs, training, rent, printing, supplies and associated operational costs. Information technology needs are also included. Various monitoring and evaluation strategies including budget tracking are carried out. Budget allocations are assessed against priorities in the plan and spending is realigned as needed.

HHS/CDC/BOTUSA IT operations strengthen national HIV/AIDS treatment, prevention and care programs, and increase uptake in programs, adherence and efficacy. The target in 2004 is that HHS/CDC/BOTUSA technical information technology backstops all the USG national HIV/AIDS treatment, prevention and care operations. Various monitoring activities including assessment of software applications will be carried out.

HHS/CDC/BOTUSA will also reimburse the Department of State for support services provided to HHS/CDC/BOTUSA as per the requirement under ICASS regulations in the Department Of State. Under ICASS, there is a component of strategic information that will be obtained through ICASS reports that are funded through routine mission operations. ICASS charges are []

Outcomes: HHS/CDC/BOTUSA administrative and information technology operations back up all the USG national and Government of Botswana HIV/AIDS implementation strategies on treatment, prevention and care operations.

Activity Category

Human Resources

% of Funds
100%

Targets:

Not Applicable

Target Populations:

- Host country national counterparts
- USG in country staff
- USG Headquarters staff

Key Legislative Issues:

Coverage Area: National

State Province:

ISO Code:

Table 5: PLANNED DATA COLLECTION IN FY05

Please answer each of the questions in this table in relation to data collection activities planned in your country in fiscal year 2005.

1. Is an AIDS Indicator Survey (AIS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?		
2. Is a Demographic and Health Survey (DHS) planned for FY05?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, will HIV testing be included?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
When will preliminary data be available?	September 30, 2005	
3. Is an ANC Surveillance Study planned for FY05?	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
If yes, approximately how many service delivery sites will it cover?	100.00	
When will preliminary data be available?	December 03, 2005	
4. Other significant data collection activity		
<p>Name: Comparison of PMTCT data with ANC sentinel surveillance data</p> <p>Brief description of the data collection activity: HHS/CDC/BOTUSA, in collaboration with MOH, is planning to evaluate the feasibility of using PMTCT data as a surrogate for HIV surveillance information in the long-term since the coverage of PMTCT in Botswana is nearly 100%. There are limited field validation studies of PMTCT data. Few sites recommend that PMTCT data can only complement but not replace ANC surveillance data. The study will have significant policy and program implications in Botswana.</p> <p>Preliminary data available: September 30, 2005</p>		
<p>Name: Botswana AIDS Impact Survey Round II (BIAS II)</p> <p>Brief description of the data collection activity: National survey in Botswana combination of behavioral and biomarker (saliva) collected in 2004. Fieldwork was completed in June 2004. Preliminary data expected by December 2004.</p> <p>Preliminary data available: December 01, 2004</p>		
5. Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2005?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No