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2006

Botswana

Country Contacts

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Table 1: Country Program Strategic Overview

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

☐ Yes ☑ No

Description:

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2006

	National 2-7-10	USG Direct Target End FY2006	USG Indirect Target End FY2006	USG Total target End FY2006
Prevention				
	Target 2010: 116,913			
Total number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		4,200	35,000	39,200
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		1,080	9,000	10,080
Care				
	Target 2008: 165,000	39,516	67,084	106,600
Number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		17,076	37,924	55,000
Number of OVC served by an OVC program during the reporting period		22,440	29,160	51,600
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		113,040	73,000	186,040
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease during the reporting period		750	17,000	17,750
Treatment				
	Target 2008: 33,000	27,031	39,960	66,991
Number of individuals receiving antiretroviral therapy at the end of the reporting period		27,031	39,960	66,991

2.2 Targets for Reporting Period Ending September 30, 2007

	National 2-7-10	USG Direct Target End FY2007	USG Indirect Target End FY2007	USG Total target End FY2007
Prevention				
	Target 2010: 116,913			
Total number of pregnant women who received HIV *counseling and testing for* PMTCT and received their test results		4,500	37,500	42,000
Number of pregnant women provided with a complete course of antiretroviral prophylaxis for PMTCT		1,200	9,500	10,700
Care				
	Target 2008: 165,000	40,266	95,084	135,350
Number of individuals provided with facility-based, community-based and/or home-based *HIV*-related palliative care (excluding those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis) during the reporting peri		17,076	37,924	55,000
Number of OVC served by an OVC program during the reporting period		22,440	40,160	62,600
Number of individuals who received counseling and testing for HIV and received their test results during the reporting period		98,776	70,500	169,276
Number of HIV-infected clients attending HIV care/treatment services that are receiving *treatment for TB disease during* the reporting period		750	17,000	17,750
Treatment				
	Target 2008: 33,000	31,750	44,960	76,710
Number of individuals receiving antiretroviral therapy at the end of the reporting period		31,750	44,960	76,710

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Contract

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3517
Planned Funding($): [redacted]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3474
Planned Funding($): [redacted]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

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Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3513
Planned Funding($): [redacted]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: UN agency TBD

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3374
Planned Funding($): [redacted]
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner: No

Sub-Partner: To Be Determined
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Other/policy analysis and system strengthening

Mechanism Name: Contract

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3486
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: Local Contract

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3632
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: To Be Determined
New Partner:

Mechanism Name: GAP 6 GHAI

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3631
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: Contract

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3563
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Associated Funds Administrators
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3565
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: *Headquarters procured, country funded (HQ)*
Mechanism ID: 3467
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Axiom Resources Management
New Partner: No

Sub-Partner: Media Support Services
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
Other Prevention

Mechanism Name: UTAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2928
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Baylor University
New Partner: No

Mechanism Name: Contract

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3597
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Botswana Business Coalition on AIDS
New Partner: Yes

Mechanism Name: ODC/BDF

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3488
Planned Funding($):
Agency: Department of Defense
Funding Source: GAC (GHAI account)
Prime Partner: Botswana Defence Force
New Partner: No

Mechanism Name: Contract

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3596
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Botswana Network on Ethics, Law, and HIV/AIDS
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3527
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: Catholic Relief Services
New Partner: Yes

Mechanism Name: Contract

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3601
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Chervil Proprietary Limited
New Partner: Yes

Mechanism Name: Track 1- ARV

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3564
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: N/A
Prime Partner: Harvard University School of Public Health
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3838
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: Contract

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3508
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Humana People to People Botswana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This activity started in FY05 and was very successful. In order to keep its momentum and organize timely follow up of recommendations, early funding is requested to conduct follow-up cactivities with the already trained and sensitized community leaders.

Early Funding Associated Activities:

Program Area:Counseling and Testing
Planned Funds:
Activity Narrative: C0903 Humana People to People Botswana - Community Mobilization. Community mobilization through

Mechanism Name: Contract

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3373
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Institute of Development Management, Botswana
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3484
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3473
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Joint United Nations Program on HIV/AIDS
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: *3468*
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Education, Botswana
New Partner: No

Sub-Partner: Institute of Development Management, Botswana
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3479
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: *N/A*
Prime Partner: Ministry of Health, Botswana
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3357
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Health, Botswana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This amount is requested to start early prpeaprtion for the 2006 ANC surveilance. Surveillance rounds usually take place between July - September. However, prepartations start several months before July, e.g. training workshops, purchase of supplies. Early arrival of this monies would allow MOH staff to start preparing for this survey properly.

Early Funding Associated Activities:

Program Area:Strategic Information
Planned Funds:
Activity Narrative: X1303 Ministry of Health- Surveillance. This is a *continuation of a 2005 activity to strengthen*

Sub-Partner: Medical Information Technology Incorporated
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Sub-Partner: African Palliative Care Association
Planned Funding:

Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: Other Prevention

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3472
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Labor and Home Affairs, Botswana
New Partner: Yes

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3372
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Ministry of Local Government, Botswana
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3590
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National AIDS Coordinating Agency, Botswana
New Partner: No

Mechanism Name: *NASTAD*

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 2912
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3469
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Nesswana
New Partner: No

Mechanism Name: PACT

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3371
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: Pact, Inc.
New Partner: No

Sub-Partner: True-Love Waits
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Young Women's Friendly Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Flying Mission
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: African Methodist Episcopal Services Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Nkaikela Youth Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Botswana Network of People Living with AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Kgothatso AIDS Care and Prevention Programme
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Masedi HIV/AIDS Abstinence & Empowerment Project
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Love Botswana Outreach Mission
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Youth Health Organization of Botswana
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Evangelical Fellowship Of Botswana
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Botswana Association for Psychological Rehabilitation
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Coping Center for People with AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Botswana Retired Nurses Society
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Botswana Young Women Christian Association-Selebi Phikwe Branch
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Adopt a Person
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Bakgatla Bolokang Matshelo
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Otse Village Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Silence Kills Support Group
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Tsholofelo Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Palliative Care: Basic health care and support

Sub-Partner: Dula Sentle Trust - Orphan Care
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Holy Cross Hospice
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Mmabana Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: House of Hope Trust
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Botswana Christian AIDS Intervention Program
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Mothers Union Orphan Care Center
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Lesedi Counseling Centre
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Mmabana Kids Club
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Metsimotlhabe Community Home Based Care Organization
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: OVC

Sub-Partner: Humana People to People Botswana
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful
OVC

Sub-Partner: Population Services International
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Abstinence/Be Faithful

Sub-Partner: Botswana Network of AIDS Service Organizations
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: Other/policy analysis and system strengthening

Sub-Partner: Bothsabelo Youth H M Center
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Abstinence/Be Faithful

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3358
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: Botswana Christian AIDS Intervention Program

Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT

Sub-Partner: Botswana Network of People Living with AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: PMTCT

Mechanism Name: Track 1

Mechanism Type: Headquarters procured, centrally funded (Central)
Mechanism ID: 3477
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3503
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: Tebelopele, Botswana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This VCT program was established by HHS/CDC in 2001. Between 2001- 2004, HHS\CDC managed all aspects of this operation. It is a large program with 16 free standing centers, several outreach and mobile visits and a staff of close to 150 employees. In 2004, over 75,000 clients were tested. In October 2004, the organization was spun off in to an indepent NGO. We contracted AED to build capacity during this first year. In September 2005 a cooperative agreement was established between HHS\CDC and the NGO and funds were received to keep the operation operational till April 2006. The EP is the sole donor of the organization. If no funds are received before april 2006, the organization has to come to a standstill which would have a dramatic impact on the counseling and testing efforts in Botswana.

Early Funding Associated Activities:

Program Area:Counseling and Testing
Planned Funds:
Activity Narrative: C0901 Tebelopele VCT Center Network. The Tebelopele VCT centers will continue to provide high q

Sub-Partner: Institute of Development Management, Botswana
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: Counseling and Testing

Sub-Partner: The Dialogue Group
Planned Funding:
Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Areas: Counseling and Testing

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3522
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: Marang Child Care Network
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Society of Students Agains AIDS
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: OVC

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3360
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: United Nations Children's Fund
New Partner: No

Sub-Partner: Bona Lesedi Orphan Care Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Hope Mission
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Mankgodi Catholic Reneetswe Orphan Project
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Botshelo Orphan Care Project
Planned Funding:

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Tshireletso AIDS Awareness Center
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Salvation Army Psychosocial Support Initiative
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Tirisanyo Catholic Commission
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: Botswana Christian AIDS Intervention Program
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OVC

Sub-Partner: To Be Determined
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: OVC

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3653
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3375
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: United Nations Development Programme
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3598
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: United Nations High Commissioner for Refugees
New Partner: No

Sub-Partner: Botswana Red Cross
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: Yes

Associated Program Areas: Other/policy analysis and system strengthening

Mechanism Name: UTAP

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3359
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: University of Medicine and Dentistry, New Jersey
New Partner: No

Mechanism Name: ITECH

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3602
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: University of Pennsylvania
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: This project started in FY05 and the U-Penn team started in several wards in the largest public hospital in the country. Their services have beeen very instrumental in upgrading in-patient care in public health facilities as they organize clinical rounds so that their Botswana colleagues can benefit and a skill transfer can occur. The second largest hospital in the country in a different town requests that a similar program be established in their town. These funds will be used to complete the process of establishing the inpatient outpatient program at Francistown in late 2005 or early 2006.

Early Funding Associated Activities:

Program Area:Palliative Care: Basic health care and support
Planned Funds:
Activity Narrative: C0603 I-Tech/University of Pennsylvania. The heart of the UPENN program in Botswana consists o

Mechanism Name: ITECH GHAI

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3487
Planned Funding($):
Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: University of Pennsylvania
Planned Funding:
Funding is TO BE DETERMINED: No
New Partner: No

Mechanism Name: Non-HHS internal management

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3531
Planned Funding($):
Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Prime Partner: US Agency for International Development
New Partner: *No*

Mechanism Name: Management HQ Core

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3361
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Management HQ OGAC

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3613
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Management Local core

Mechanism Type: Locally procured, country funded (Local)
Mechanism ID: 3609
Planned Funding($):
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: State management

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3617
Planned Funding($):
Agency: Department of State
Funding Source: GAC (GHAI account)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: N/A

Mechanism Type: Headquarters procured, country funded (HQ)
Mechanism ID: 3523
Planned Funding($):
Agency: Peace Corps
Funding Source: GAC (GHA1 account)
Prime Partner: US Peace Corps
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount:
Early Funding Request Narrative: *We request early funding for the following reasons:*

We should probably get April and May volunteer allowances, a portion of the salary for the program assistant and funds to start up the PST which begins on April 15.

Here are some numbers:
Volunteer allowances for April and May (living, leave, travel) =
PA Salary for six months (Jan - June) =
50% of PST budget in advance =
TOTAL =

Early Funding Associated Activities:

Program Area:OVC
Planned Funds:
Activity Narrative: C0808 Peace Corps. Having laid the groundwork in FY 2005, Peace Corps Botswana is launching a p

Table 3.3.01: Program Planning Overview

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01

Total Planned Funding for Program Area:

Program Area Context:

The Government of Botswana (GOB) launched a national PMTCT program in1998, and by the end of 2001 national rollout was complete. The GOB has shown strong leadership and political commitment to the PMTCT program, and has provided over 90% of program funding. Currently, PMTCT services are available in all 248 government clinics and all 33 hospitals. PMTCT services are also available at the 339 health posts visited routinely by midwives. Over 95% of pregnant women receive antenatal services and deliver in a public health facility.

The objective of the national PMTCT program is to reduce the annual incidence of HIV infections in children by at least 50% by 2009. To achieve this, the program uses the following strategies: (1) information, education and communication aimed at raising awareness about PMTCT; (2) routine ("opt-out") HIV testing; (3) referral for ARV therapy for all HIV infected women with CD4 < 200; (4) dual antiretroviral prophylaxis for mothers with CD4 > 200 and for infants (ZDV is given to pregnant women from 28 weeks of gestation, and for 4 weeks to infants, and SD-NVP is given to mothers and infants); (4) 12 months of infant formula; (5) modified obstetric practices; and (6) cotrimoxazole for prevention of Pneumocystis Carinii Pneumonia for infants. The PMTCT program data from the first half of 2005 indicate that 92% of all pregnant women receiving care were tested for HIV; 71% of all pregnant HIV-positive women received at least prophylactic AZT for PMTCT, and 7% of all pregnant HIV-positive women received ARV therapy before delivery (20-25% are eligible with CD4<200).

The USG has collaborated closely with the GOB to strengthen the national PMTCT program, providing financial support and technical assistance to promote innovation, support program expansion, and improve the quality of PMTCT services. The program continues to focus on areas identified in the USG 5-year strategic plan and the Botswana national strategy, including: improving human capacity, creating a supportive environment for utilization of PMTCT services, strengthening the implementation of routine HIV testing and on-site rapid HIV testing in antenatal clinics, improving quality of care for HIV-exposed infants by developing and implementing early diagnosis of HIV in infants using DNA PCR, strengthening the linkages between the PMTCT and ARV programs in order to improve access to treatment for eligible HIV-infected pregnant women, strengthening supply chain management, and improving program monitoring and evaluation. In addition, the Academy for Educational Development received support to develop and implement a national five-year PMTCT social marketing strategy for Botswana to contribute to increased utilization of PMTCT services. UNICEF was provided funding to pilot a PMTCT Community Capacity Development Program (CCD) in four districts, which aimed at increasing community ownership and participation in the program.

The USG participates in the national technical PMTCT working group and provides technical support to the program. Other development partners include UNICEF, Botswana-Harvard Partnership for HIV Research and Education, and the Africa Comprehensive HIV/AIDS Partnership. NGO partners include Total Community Mobilization, the Botswana Christian AIDS Intervention Program, and Botswana Network for People living with HIV/AIDS.

In addition, Peace Corps Volunteers who are assigned to PMTCT have been posted at the districts to support the program. Funds have been provided by Global Fund to promote male involvement in PMTCT.

In FY06, the USG support will focus on building on recent successes in the areas of improving prophylactic drug delivery, increasing uptake of program services, referral to ARV therapy, and early infant diagnosis of HIV. Additional efforts will be made to respond to the challenges of infant feeding and human resource constraints facing the program.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national or international standards	12
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,080
Number of health workers trained in the provision of PMTCT services according to national or international standards	360
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,200

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4454
Planned Funds:
Activity Narrative: P0101 Ministry of Health.

This activity is a direct support to the Ministry of Health (MoH) and is composed of many components that address the PMTCT strategic plan, including improving human capacity, and the quality of PMTCT services. The first component is through an existing cooperative agreement that covers the expansion of PMTCT. This cooperative agreement was established in 2001 and will be rolled into the large multi ministry cooperative agreement (established in September 2005) once it ends in March 2006. The USG will continue to support the project officers in the national and regional PMTCT program and related MoH departments including one national coordinator, two regional coordinators, three counseling officers, three IEC officers, one nutrition officer, one data manager, two data entry clerks, one lab scientist, one training coordinator and a psychosocial support coordinator. This component is to compliment the Botswana government's effort in building capacity to manage the PMTCT program both at the national and district levels.

The second component is to improve on the knowledge and skills of the senior health staff in the districts. Four sub-regional PMTCT workshops will be held. The first group of trainings will be focused on pre-testing the WHO/CDC PMTCT Generic Curriculum on Training of Trainers with individuals from all 24 health districts. The second part of the training will be skills building in the area of drug and other health commodity management. District staff will learn skills for adequate selection, procurement, storage, tracking, distribution and provision of drugs and health commodities, and this will ensure a continuous supply in the FY06.

The third component of this activity is support for the Ministry of Health PMTCT program in the area of strengthening information, education, and communication (IEC) activities. The funding will be used to support the implementation of the PMTCT social marketing campaign, which will include drama, outdoor billboards across the country, electronic media, and newspaper advertising.

Emphasis Areas	% Of Effort
Training	10 - 50
Information, Education and Communication	10 - 50
Logistics	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Indirect Targets

Number of service outlets providing minimum package of PMTCT according to national and international standards = 620// Number of pregnant women who receive HIV counseling and testing for PMTCT and receive their test results = 35,000// Number of pregnant women provided with complete course of antiretroviral prophylaxis in a PMTCT setting = 9,000// Number of health care workers newly trained in the provision of PMTCT services according to national and international standards = 1,000//

Target Populations:

Adults

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Pathfinder International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4467
Planned Funds:
Activity Narrative: P0103 Pathfinder international.

This activity deals with the expansion of psychosocial and peer counselling services for HIV-infected women, their partners, and families. This five-year project began in October 2004 and will end in September 2009. The project is designed to contribute towards the improvement of HIV prevention, care, and support services for HIV-infected pregnant women, their partners and families in Botswana. Pathfinder International is providing funding and technical assistance to BOCAIP and BONEPWA in the form of ongoing institutional capacity building in project management and administration, financial management, supervision, monitoring and evaluation, and other areas of need.

The activity is made up of three main components. The first component is the expansion of psychosocial support services for HIV-infected women, their partners, and families. These services encourage partners of HIV-infected women to be tested. This component is being undertaken by BOCAIP in three underserved areas of Masunga, Tsabong and Selebi Phikwe. These areas did not have any NGOs, CBOs or FBO providing support services for people living with HIV/AIDS (PLWHAs). In FY06 the services will be extended to two additional sites. It is expected that this component will enhance the linkages of PMTCT to routine maternal and child health services as well as to care and treatment.

The second component, also being undertaken by BOCAIP, is the establishment of a peer-counselling program for antenatal women in two clinics in Selebi Phikwe. BOCAIP is developing and implementing a peer-counselling program in which HIV-infected pregnant women who have received PMTCT services are provided education, counselling, and support in government clinics in conjunction with existing counselling structures. It is expected that in FY06 the service will be extended to two more clinics. This component will compliment the promotion of the national plans for community based HIV/AIDS care services.

The third component is the establishment of a peer-counselling program at ARV sites by BONEPWA. BONEPWA trains and supports PLWHAs, including HIV-infected women *from the PMTCT program, as ARV adherence counsellors in 7 sites including* Good Hope, Mahalapye, Ghanzi, Gumare, Gweta, Letlhakane and Tutume. The adherence counsellors in turn offer support services to other PLWHAs on ARV therapy or those referred to the clinic to begin ARV treatment. In FY06 the service will be extended to 8 new sites. This component is aimed at strengthening the linkage between PMTCT and the ARV programs.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Training	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Indirect Targets

Number of local organizations provided with technical assistance for HIV-related institutional capacity building = 2//
Number of individuals trained in HIV-related institutional capacity building = 78//
Number of individuals trained in HIV-related stigma and discrimination reduction = 78//
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment = 78//

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Pregnant women

Girls (Parent: Children and youth (non-OVC))

HIV positive pregnant women (Parent: People living with HIV/AIDS)

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas

Central

Kgalagadi

North-East

Table 3.3.01: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: University of Medicine and Dentistry, New Jersey
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4469
Planned Funds:
Activity Narrative: P0102 University of Medicine and Dentistry of New Jersey.

This activity is a continuation of the University Technical Assistance Program (UTAP) agreement with the Francois-Xavier Bagnoud Center (FXBC) of the University of Medicine and Dentistry of New Jersey (UMDNJ). The technical assistance is focused on the development of a comprehensive PMTCT training strategy for pre-service and in-service training; the integration of HIV training courses for health workers to reduce redundancy, particularly in the area of counseling; revision of the existing training curriculum to include greater emphasis on psychosocial issues, infant care, management and team building; and well-being and stress management for providers and the increased use of experiential learning methodologies.

The first component is the completion of the development, pre-testing, and printing of a Botswana specific PMTCT Training Package, which is being adapted from the WHO/CDC PMTCT generic training package. Additionally, this component will include the development of a comprehensive in-service PMTCT training program/plan, inclusive of role/responsibility definitions, monitoring and evaluation mechanisms, materials development, skills development for trainers, and didactic and facility-based models of training; development of a family centered care model for PMTCT inclusive of follow-up care guidelines for mothers, fathers and infants; and integration of PMTCT into the midwifery curriculum at the Institute of Health Sciences.

The second component is to expand the technical skills of all District Health Teams (DHT) in PMTCT. This will involve the development and implementation of a 2-3 day training targeted at DHT members and working with PMTCT district coordinators to develop and maintain a continuous level of quality. This component will also support the provision of in-service training for faculty biannually; development of an HIV master educator cadre at IHS; circulation of a monthly PMTCT listserv for PMTCT managers, trainers and implementers; and development of strategies to disseminate best practices developed at the BOTUSA PMTCT demonstration site in Francistown.

The third component is a needs assessment of caregivers to identify the psychosocial and emotional needs related to PMTCT services delivery. Through the needs assessment, FXBC will develop a strategy and implementation plan for providing counseling and psychosocial support services for PMTCT lay counselors and other health workers.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100
Needs Assessment	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Indirect Targets

Number of health care workers newly trained in the provision of PMTCT services according to national and international standards = 300//

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Counselors

Host country government workers

Public health care workers

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	United Nations Children's Fund
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	4473
Planned Funds:	
Activity Narrative:	P0104 UNICEF.

This new UNICEF activity has two main components that directly address the PMTCT strategic plan. The first major component is to scale up the existing community capacity development using the human rights approach to programming (CCD/HRAP) activities in the districts by supporting community plans. The number of districts implementing CCD/HRAP for PMTCT will be increased from four to twenty four, and community plans will be supported in all the districts. The emphasis will be on increasing male involvement in PMTCT. Experiences from communities and districts will be documented and shared, and media coverage will be strengthened. Inter-district exchange visits for mentoring and on the job training for CCD/HRAP will be supported. Funding will also be used for advocacy and community mobilization to increase access to treatment for HIV-infected women and their children living with AIDS. Monitoring and evaluation of CCD/HRAP activities will be strengthened at all levels. As part of the community mobilization activities, support will be provided for the scale up of Community Integrated Management of Childhood Illnesses (IMCI) from 13 districts to 19 districts with the aim of strengthening linkages with PMTCT. This will include training of service providers at all levels, including the community level.

The second major component will facilitate actions to promote, protect, and support optimal infant and young child feeding (IYCF) through legislation development and implementation, and improved support services and communication. This will involve providing technical and financial support to the finalization and adaptation of the tools for assessment of the Baby & Mother-Friendly Hospitals Initiative. In collaboration with CDC Botswana and the Ministry of Health, UNICEF will use the funding to support the assessment and accreditation of hospitals, as well as continued training for service providers in optimal infant and young child feeding practices. Results of the assessment will be shared with the Botswana Baby & Mother-Friendly Hospitals Initiative (BMFHI) National Authority. Supportive supervision and quality assurance visits to accredited hospitals will be strengthened to ensure continued compliance to set criteria. The Food and Nutrition unit, in collaboration with the PMTCT program unit, will be supported in the production of relevant IEC materials on IYCF. These activities will lead to improvement in postnatal follow-up of infants in the areas of promotion and support of optimal exclusive infant feeding practice.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Training	51 - 100
Information, Education and Communication	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Indirect Targets

Number of service outlets providing minimum package of PMTCT according to national and international standards = 96//
Number of health care workers newly trained in the provision of PMTCT services according to national and international standards = 240//

Target Populations:

HIV/AIDS-affected families

Orphans and vulnerable children

Policy makers (Parent: Host country government workers)

Pregnant women

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4475
Planned Funds:
Activity Narrative: P0190-P Management.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards	12	☐
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting	1,080	☐
Number of health workers trained in the provision of PMTCT services according to national or international standards	120	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	*4,200*	☐

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Contract
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 4484
Planned Funds:
Activity Narrative: P0105 TBD-safe household water for infant formula.

This new activity is to provide safe household water for infant formula preparation.
Data from a recent clinical trial conducted in Botswana revealed that mortality among HIV-exposed infants fed formula was 4.3% by 1 month and 9.3% by 7 months, compared to 1.5% and 4.9% among HIV-exposed infants fed breastmilk. (Thior I, Lockman S, Smeaton L, Shapiro R, Wester C, Heymann J, Gilbert P, et al. Breast-feeding with 6 Months of Infant Zidovudine Prophylaxis vs Formula-feeding for Reducing Postnatal HIV Transmission and Infant Mortality: A Randomized Trial in Southern Africa 12th Retrovirus Conf, Boston 2005 (Abs. 74LB) The excess mortality among infants fed formula may be related to bacterial contamination of stored water, containers, utensils, or formula and poor adherence to guidelines for sterilizing by boiling. Safe and practical guidelines for water storage and the cleaning of infant feeding containers and utensils are urgently needed in this setting, where prolonged boiling is often impractical, expensive, and not performed as recommended. This practice (safe watervessel) has been implemented successfully in Uganda.

This safe household water for infant formula preparation activity will therefore look at introducing and promoting a simple and inexpensive household chlorination and health promotion programs.
It is expected that this will reduce morbidity and mortality among HIV-infected children who are being fed on infant formula in the Botswana PMTCT program. Finally this activity will increase the number of gastrointestinal infections averted in HIV-exposed infants.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards	240	☐
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

HIV/AIDS-affected families

Infants

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Key Legislative Issues

Food

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	Management HQ Core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	5066
Planned Funds:	
Activity Narrative:	P0190-H Management.

This activity covers technical assistance and travel to provide support for the national prevention of mother to child transmission programs and projects, including work with the Government of Botswana. Costs include TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing the minimum package of PMTCT services according to national or international standards		☑
Number of pregnant women provided with a complete course of antiretroviral prophylaxis in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national or international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑

Table 3.3.02: Program Planning Overview

Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02

Total Planned Funding for Program Area:

Program Area Context:

A and B Prevention activities are anchored in the Botswana National Strategic Framework for HIV/AIDS, which includes specific targets for delayed debut among youth and partner reduction. In the 5-year strategic plan for EP, country partners emphasized a need to further strengthen programs promoting abstinence, faithfulness, partner reduction, and related issues. The USG strategic plan prioritizes the promotion and integration of both abstinence and partner reduction into Behavior Change Communication programs and messages.

Other major partners who address AB issues include the UN family, the African Comprehensive HIV/AIDS Partnership (ACHAP), and the government of Botswana. ACHAP started a multifaceted program in 7 districts in Botswana that includes support to youth groups that promote abstinence and delayed debut, and PLWHA groups that promote A and B. ACHAP and the government of Botswana also sponsor the Teacher Capacity Building Project, aimed at helping teachers serve as better resources on HIV/AIDS in schools and surrounding communities. The USG has worked with the Ministry of Education for the last three years to develop abstinence-focused, risk-reduction life skills materials for all grades and all schools. These materials will be distributed to schools in early 2006, reaching hundreds of thousands of primary and secondary school students. With USG support, the National AIDS Coordinating Agency funded a program called Total Community Mobilization that promotes AB messages, services, and community mobilization door-to-door in NW, NE, and SE Botswana.

In 2004 and 2005, USG also supported the Youth Health Organization to become a critical partner in targeting youth and in promoting abstinence, delayed debut, alcohol use risk reduction, gender equality, and service utilization (e.g. VCT). USG support for the successful evidence-based behavior change communication program Makgabaneng helps Batswana adopt and maintain these healthy behaviors. The storyline and school-based reinforcement activities engages its audience in important prevention topics. A 2003 survey found that 45% of the adult population listened to the drama 1 or more times a week, and that listening was positively associated with better knowledge about HIV/AIDS and services, less stigmatizing attitudes, and testing behavior, among other outcomes. Anecdotes from qualitative research and field visits further attest to this program's importance to many Batswana.

Through PACT, at least 8 local organizations will receive organizational support and training as well as grants to NGOs, CBOs, and FBOs that do AB work. These local organizations will be able to scale-up and strengthen their activities as a result of this project. A number of grantees will be FBOs. Also, USG is working to increase capacity in developing and implementing programs to promote partner reduction, faithfulness, and testing. In FY06, we plan to continue these projects as well as the work of Makgabaneng and the Ministry of Education.

There remain significant gaps in the country's primary prevention efforts, especially in the A and B arenas. In formal discussions with partners, key new projects were identified, including 1) a major community abstinence initiative for youth and parents to complement the often more localized or fragmented activity in promoting life skills and delayed debut; 2) a project to support programs targeting men's norms and behaviors, particularly related to faithfulness and partner reduction, including support for the main coordinating body within the government of Botswana responsible for gender-HIV related activities; and 3) an effort to assess and strengthen the faith community's work in prevention, to become an even stronger partner in this area. Again, USG draws on its strategic plan to help address some of these stated gaps

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	365,075
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	120,369
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	2,822

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Management HQ Core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4476
Planned Funds:	
Activity Narrative:	P0290-H Management.

This activity covers technical assistance and travel to provide support for the AB programs and projects, including work with the Government of Botswana. Costs include TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PACT
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4533
Planned Funds:
Activity Narrative: P0205 Pact.

The objective of this activity is to strengthen the HIV and AIDS civil sector response in Botswana. In this small and medium-sized grants program, PACT has identified organizations that it will support to increase the quantity of the serviced population and improve the quality of their interventions. Organizations are assisted to build upon their existing strength and to target undeserved populations. PACT in this award includes prevention, care and treatment that are necessary to provide a comprehensive program to Botswana and to accomplish the goals outlined in the Presidents Emergency Fund.

This activity refers to those funds set aside for the support of NGOs, CBOs, and FBOs working in abstinence and/or faithfulness and partner reduction program areas, as a continuation of the project begun in FY05. The support includes not only direct grants for program activities but also organizational strengthening through assistance provided by Pact in areas such as accounting, monitoring, planning, proposal writing, collaboration, networking, and other related skills. An estimated 8-10 indigenous organizations will be supported under this activity for AB work. Many are FBOs, target youth and delayed debut, and work in many parts of the country. As the awards for FY05 have not yet been made, we are only able to list the partners who have made it into the final round of award assessment here. Evaluation for this activity is ongoing.

This activity links to the Pact TA strengthening proposal under AB (P0214), as well as the Pact award entries under palliative care (CD602), OVC (C0804), and system strengthening (X1407).

This activity links to the Pact TA strengthening proposal under AB (4534), as well as the Pact award entries under palliative care (4536), OVC (4537), and system strengthening (4538).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	58,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	38,610	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	325	☐

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: PACT
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4534
Planned Funds:
Activity Narrative: P0214 Pact TA.

This activity involves training and IEC, in its intent to supplement Pact's technical support to a number of indigenous NGOs, CBOs, and FBOs funded under Pact to carry out AB activities for youth and/or adults. This contract should provide those organizations additional assistance in the content and technical aspects of their work, in addition to the core organizational assistance already provided through Pact's current contract with USG-Botswana. This activity targets those CBOs, FBOs, and NGOs and their respective technical staff.

With these funds, Pact will be able to contract local, regional, and international technical assistance in the area of AB programs for youth and adults. The assistance will respond to the needs of the grantees funded under the Pact-AB prevention program, and is likely to include trainings in key best practices of AB programs (especially life skills for youth, which is a core activity for many of the prospective grantees under Pact) and in simple steps they each could take to strengthen the content and approach of their own activities. The assistance will also include limited, one-on-one assistance to those organizations on specialized issues, such as development of IEC materials, implementing effective life skills curricula, and using participatory methods in their work. The specific topics of the training and TA will be determined with the grantees. Some organizations that were not selected for awards under Pact will be considered for inclusion in any training whenever space allows; and whenever possible, local experts should be teamed up with outside experts in providing any assistance.

The capacity of indigenous NGOs, CBOs, and FBOs is highly variable, and as local organizations, they often are not in the networks that allow for regular transfer of information about innovative practices in the area of AB programming. This activity will help fill this important technical gap, in hopes that the programs will be able to reach their target populations more efficiently and effectively.

This activity relates to the main Pact AB local grant activity (P0205). COPRS/REF. This activity relates to the main Pact AB local grant activity (4533).

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	☐

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	PACT
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4535
Planned Funds:	
Activity Narrative:	P0207 Pact-Be Faithful.

This activity involves training and IEC to support local organizations' capacities to promote partner reduction, faithfulness, testing, and related norms, and to stimulate more dialogue about these themes through community mobilization and participation. As this project focuses on strengthening "B" messages, it addresses male norms, though women also have multiple partners. This project targets representatives of CBOs, NGOs, and FBOs, as well as the general population.

Data show that there is a need to place more attention on the perceptions and practice of multiple and concurrent sexual partnerships within HIV prevention activities in Botswana. The experiences of other countries such as Uganda suggest that behavior change in this area is possible and may help lower HIV prevalence (Phase I Report of the ABC Study, USAID, 2003). For these reasons, this topic is a priority within the government of Botswana's National Strategic Framework for HIV/AIDS, 2003-2009, and reiterated in the U.S. President's Emergency Plan for AIDS Relief and the U.S. Government's Strategic Plan for HIV/AIDS for Botswana, 2005-2010.

The objective thus is to strengthen the efforts currently underway to address multiple sexual partnerships and to help create a more open environment for discussing the issues involved. The strategies will include media and leadership engagement, for example through helping radio and television show hosts and faith and political leaders to discuss these issues well and more often; trainings to organizations and government agencies who actively promote partner reduction, faithfulness, and testing about ways to more effectively address these topics through interpersonal, mass media, and IEC activities and outreach to the general public on these themes, through localized activities (e.g. street theater and involvement in other community events like sports). This is not intended to be a stand-alone project but rather a way of enhancing the way B messages are addressed within current community-based and mass media prevention efforts.

The three main organizations involved will bring their strategic advantage to bear to this project. PSI will provide assistance through its expertise in professional marketing, branding, mass media, access to state-of-the-art literature in B message activities, monitoring, and evaluation. Humana People to People brings expertise in community-level mobilization, outreach, and training. The Botswana Christian AIDS Intervention Programme brings its network of faith-based communities and its own history of training and community service.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	50,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	*200*	☐

Target Populations:

Adults

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Axiom Resources Management
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4789
Planned Funds:
Activity Narrative: P0201 Axiom.

This activity involves IEC through support for a behavior change communication program called Makgabaneng that includes a radio serial drama and direct community outreach to youth through related reinforcement activities. In addition, this contract includes funds to help strengthen the implementing agency, which is in the process of becoming an independent, local NGO with expertise in behavior change communication, as well as support for monitoring and evaluation.

The drama addresses gender – male norms in particular –as well as stigma and discrimination, through the character modeling that occurs in its storylines and the discussion topics and activities included in the reinforcement component of this project. This activity targets the general population of men and women, and many reinforcement activities target secondary school students.

This activity supports USG efforts to use behavior change communication strategies that are targeted, culturally-specific, and effective, and to integrate numerous inter-related themes about HIV/AIDS in the lives of every-day Batswana. This activity supports the kind of norm and individual-level change that is essential for broad social change, for abstinence, partner reduction, and faithfulness.

The Makgabaneng project has been a key HIV/AIDS intervention in Botswana for over three years and remains one of the only sustained HIV/AIDS communication programs available through mass media . Much more than an awareness campaign, this project is based on the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) approach developed at HHS/CDC. This activity includes a radio serial drama that is developed from behavior change concepts and data about the real barriers and facilitators to behavior change that Batswana face. Positive, negative, and transitional characters engage the audience as they deal with HIV/AIDS in their fictional, yet realistic, lives. A survey from 2003 found that 45% of the adult population (15-49) listened to the drama at least once a week, and that listening to the drama was positively associated with, for example, better knowledge of HIV prevention and PMTCT, less stigmatizing attitudes, and testing while pregnantintentions. The project has always included community-based activities that leverage the drama's popularity and reinforce the drama's messages in a more individualized way. In the past, activities included listening-discussion groups where community members would gather in churches, workplaces, and other centers to listen to key scenes and discuss and engage with the themes with a trained facilitator.

The main community-based activity for FY06 will be an interactive magazine for upper primary and junior secondary school students (ages 12-16), to be distributed through schools and supported by fan club and related activities. The magazine will focus entirely on A and B activities; the first issue's theme is delayed debut, and future potential themes include parent-child communication and alcohol misuse. Through the magazine activity, some students and teachers will be trained in supporting the magazine and related activities as part of after-school programs and classroom exercises. An estimated 50% of the drama's content will be dedicated to life skills, promoting delayed debut among youth, abstinence among appropriate sub-populations, faithfulness, testing, partner reduction, and will challenge community norms related to these and transactional and forced sex. Thus 50% of the budget for this activity is categorized under AB. Ongoing monitoring of the program's content will ensure compliance with this requirement.

Funding also covers some monitoring and evaluation activities and those associated with strengthening the capacity of the local agency that carries out all of these activities. In particular, we propose to do a study in health care sites (VCT and/or ARV clinics) to assess whether individuals seeking care were influenced by the drama in their decisions, and to support low-cost, on-going methods of assessing listenership to the drama and community feedback on its content.

In terms of local organizational capacity, this project will continue to support the administrative strengthening of the implementing agency, as it becomes an independent local NGO with expertise in behavior change communication. This process of developing a Board of Directors, transferring all remaining management responsibility from Media Support Services to local staff, and conducting outreach to other potential donors in and out of government are all underway, and will be complete by September, 2006. At that point, Media Support Services will disengage from the project, and USG will begin a direct funding agreement with the NGO carrying out this project. An additional change in FY06 is a reduction in the technical support provided to the project by international advisors currently funded to work full-time with the organization. This support will not be continued at FY05 levels. Rather, the project will seek more limited assistance availably locally, on an as-needed basis for those project components.

Funding under the Axiom contract mechanism is for only 6 months (April - Sept. 06). After that time, the funds will go directly to the implementing agency. Please see the related COP entry. USG fully expects to reduce funding significantly after this critical transition year in the organization is complete.

This activity relates to the Nesswana activities (P0202) and to the counterpart entries under Other Prevention. (P0501 and P0502).

COPRS/REF. This activity relates to the Nesswana activities (4793) and to the counterpart entries under Other Prevention. (4790 and 4831).

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	☐

Target Populations:

Adults

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Education, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4791
Planned Funds:	
Activity Narrative:	P0204 Ministry of Education.

The objective of the overall project that this activity supports is to develop STI, HIV and AIDS Prevention materials for all learners in Primary and Secondary schools in Botswana. The populations being targeted is about 350,000 learners and 15,000 teachers at Primary, 160 000 learners and 4000 teachers at Secondary as well as some learners with special needs and disabilities. A needs assessment of selected schools around the country was done in 2002 and found that materials were needed and should be skills-based. The materials developed since then through intensive pilot-testing are based on an interactive process of teaching and learning that enables learners to acquire knowledge and to develop attitudes and skills which support healthy behaviors. The skills being addressed will enable learners to deal effectively with the demands and challenges of everyday life especially in the advent of HIV and AIDS. The materials' content also prioritizes abstinence, delayed debut, and when appropriate faithfulness and partner reduction.

In this activity for FY06, USG expects to help support intensive monitoring of project implementation through the hiring of 6 project officers to oversee implementation of these materials in schools across the country and some follow-up to a baseline survey conducted in FY05 with funds from USG and Government of Botswana. Support materials (e.g. game boards, audio tapes) will be produced to complement the teacher guides and learner workbooks and to help support the use of participatory methods in the classroom. The project may extend to parents as well, through workshops that introduce some of these themes and skill-building exercises to them as well. *Some of the funds will also be used to support additional* printing of materials through the Ministry and to continue training and evaluation of teachers to use the materials.

The activities with the Ministry of Education also include a component unrelated to the life skills instructional materials, namely additional support to the Ministry to strengthen coordination of HIV-related programs in the schools. Many organizations and individuals target schools, but they do so largely independently. Better coordination is essential to maximize impact of these efforts. Approximately $50,000 of these funds will be used to pilot test enhanced coordination of HIV prevention activities that target schools in two districts. While discussions with the Ministry of Education are still underway about how best to enhance coordination, this pilot project may involve discussions with implementing agencies and government officials in two districts, development of recommendations for sustainable coordination, and implementation of some of those recommendations. These may include hiring of a part-time district coordinator and the development of more efficient reporting forms used between schools and local and national coordinating structures.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	125,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	80,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Indirect Targets

Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful = 10,000//

Target Populations:

Teachers (Parent: Host country government workers)

Children and youth (non-OVC)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Nesswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4793
Planned Funds:
Activity Narrative: P0202 Nesswana.

This activity is the 6-month continuation of the Makgabaneng behavior change communication project, described in the Axiom AB activity. The program content is the same as are the key legislative issues and target populations involved. The main difference between this 6-months of funding and the funding provided through Axiom Resource Management is that the funding mechanism is different. In this 6-month phase, USG will seek a direct agreement with Nesswana, a newly formed NGO carrying out this behavior change project. Thus the administrative fees will be lower. Also, overall support is lower. For example, there will be less technical assistance provided to the organization and its main projects. In particular funding for full-time technical advisors in monitoring and evaluation activities and in behavior change will be cut, with the expectation that the local organization's capacity in those areas will be sufficient by then and that they will be able to contract local assistance in that area, if needed. Funding is sufficient to allow contracting ofadditional support for organizational development, if needed, and slo for partial funding for the expansion of behavior change projects that the organization is carrying out.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	7,500	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	100	☐

Target Populations:

Adults

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Track 1
Prime Partner:	Hope Worldwide
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	4794
Planned Funds:	
Activity Narrative:	P0206 Hope Worldwide.

The Hope Worldwide Botswana Abstinence and Behavioral Change for Youth (ABY) project will implement abstinence-focused interventions in schools, churches, youth groups, sports clubs, and other faith-based organizations in the select communities in the country. The program covers personal and character issues, dating, marriage, drugs/alcohol, peer issues, social pressures, gender-based violence, rape and abuse.

The FY06 work plan will respond to the HIV-competency based assessments completed in FY05 with local institutions and be adjusted, depending upon project progress in the months to come.

The major focus population in FY05 (and continued in FY06) is youth aged 10 to 24, in Molepolole village, Kweneng District, that has 64,000 people. Activities include community engagement, curriculum implementation, and other outreach activities and events through local schools, FBOs, youth clubs, sports clubs, and other existing institutions. The goal is to reach 18,000 people over the course of the project, and this will be achieved through collaboration with existing institutions and the creation of CATs (Community Action Teams), which will eventually become self-sustaining as they will be weaned gradually from HOPE WWB funding (during the projected 5 year period of the existence of the project). The project will involve implementation of the Men as Partners program in the community, to target younger and older men in the community to engage in critical reflection of gender relations and HIV prevention. Leadership camps, parental involvement and community campaigns will be used to reinforce the message.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	30	☐

Target Populations:

Adults

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Teachers (Parent: Host country government workers)

Volunteers

Children and youth (non-OVC)

Primary school students (Parent: Children and youth (non-OVC))

Secondary school students (Parent: Children and youth (non-OVC))

Religious leaders

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Kweneng

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4796
Planned Funds:
Activity Narrative: P0208 TBD Youth.

This activity involves IEC, community participation/mobilization, training, and local organizational capacity development and will include critical thinking of gender relations as part of the curricula and other activities involved. Target populations include general population children and youth and adults, in their capacity as parents and guardians to youth.

This activity is a multi-dimensional, community intervention program to promote delayed debut and secondary abstinence among youth in select districts of Botswana. The project, while still under development, will include three main components. First, participatory, rapid appraisals will be carried on the many of the communities involved, to refine project scope, to build community involvement in the project, and to create local committees to provide on-going feedback to and oversight of the project.

Second, the project will include technical support to local government and civil society agencies to carry out a unified, community-based campaign to promote delayed debut, related life skills (including the avoidance and responsible use of alcohol and other drugs and a critical approach to rethinking gender relations among youth). *With the guidance of the contracted agency, community individuals and* organizations will develop and disseminate appropriate, localized IEC materials and implement a targeted, evidence-based life skills curriculum for youth through various venues, including churches, clinics, schools, and other community organizations. Local staff and volunteers related to the project will engage in door-to-door mobilization of youth to join local groups and events and to promote abstinence, faithfulness, and testing to youth, as appropriate to their age, and hold periodic local events like shows, theater, and sports days, which help raise the profile of the effort and add diversity to the activities under the project.

Third, this activity will include a component targeting parents, to enhance their ability to support and discuss positive life skills and decision such as abstinence with their children (especially young children, ages 8-12). The project contractor (TBD) will implement an appropriate, adapted parent-child communication training program for groups of parents in those locales and will also go door-to-door to support parental involvement in the program and parents' own HIV/AIDS concerns and needs.

The project will include both monitoring and evaluation. We expect year 1 to include baseline assessments in intervention and if possible, control communities and/or districts, to help measure program impact.

Discussions with the government of Botswana and other partners are underway to determine where such a project would be best carried out. Therefore the *geographic focus is still to be determined, as are the partners that will manage this* major new initiative.

Abstinence and delayed debut need more focused attention in Botswana, through localized and intensive approaches that reach not only in-school youth but youth and their families, together. This project should go a long way towards strengthening support for abstinence and related behavior change.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	10,000	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	1,000	☐

Target Populations:

Adults

Community leaders

Children and youth (non-OVC)

Key Legislative Issues

Gender

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4798
Planned Funds:
Activity Narrative: P0209 TBD Male focused activity.

This activity helps address partner reduction and faithfulness by targeting men, who are much more likely than women to report multiple and concurrent partnerships (Makgabaneng listenership survey report, 2003). This project would also link to new partners and focus attention on the critical gender issues that underlie much HIV transmission in Botswana. All objectives are included in the Botswana National and USG strategic plans.

This is an effort to reach more men through programs that help them challenge prevailing gender norms for what it means to be a man and masculine, help reduce the number of sexual partners many men have, and increase HIV testing and *faithfulness (HIV testing must be coupled with faithfulness in the Botswana context,* given high HIV prevalence). The project also will target violent behaviors and alcohol abuse and misuse, among other key themes raised. It is expected that main means of addressing these issues is participatory discussions and exercises with groups of men (i.e. a workshop or discussion curricula, such as that developed in the Men as Partners program), peer support, and various IEC materials and methods.

The project would provide grants to approximately 3-5 existing NGOs, CBOs, and FBOs that currently target men in appropriate and effective ways but need additional funding and organizational support to sustain and strengthen their efforts. Thus grants would be provided, as well as organizational development assistance (e.g. monitoring and planning skills, accounting), to such organizations. For example, an NGO named Men, Sex, and AIDS and other men's support groups will be encouraged to apply for this support.

This activity relates to an effort to strengthen the Women's Affairs Division, within the Ministry of Labor and Home Affairs, which is primarily responsible for gender-HIV related activities. This grants program will be coordinated in part by the Ministry of Labor and Home Affairs, to ensure that the organizations and activities funded are linked with the Ministry's broader gender-HIV efforts and programs. It is expected that the Ministry will play a central role in all parts of this grant process to support such linkages and coordination.

This activity includes IEC, community mobilization and participation, and local organization capacity strengthening. Male norms are the primary target issue of this intervention, and reduction of gender-based violence is a critical component of that. NGOs, CBOs, FBOs will be targeted in the grant-making aspect of this program for organizational strengthening. General population adult and young men will be targeted through the activities of those local organizations.

Notably the exact targets, target population, and geographic area are uncertain, until the grantees are identified.

This activity relates to the Ministry of Labor and Home Affairs activity under AB (P0210).

COPRS/REF. This activity relates to the Ministry of Labor and Home Affairs activity under AB (4800).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)	0	☐
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	500	☐

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Men (including men of reproductive age) (Parent: Adults)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Labor and Home Affairs, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4800
Planned Funds:
Activity Narrative: P0210 Ministry of Labor and Home Affairs.

This project involves training to staff of the MLHA and in turn their grantees and others agency representatives involved in gender-HIV work, as well as local organizational capacity development, primarily to the Ministry's Women's Affairs Division. While this project supports the government's main office responsible for gender-related programs, this activity itself does not address those issues. This activity targets the Women's Affairs Division of the Ministry of Labor and Home Affairs, who constitute in this case National AIDS control program staff.

This activity will provide additional capacity to the Women's Affairs Division, in the Ministry of Labor and Home Affairs, in the following areas: project coordination, strategic planning, advocacy and policy development, and technical skills in gender-HIV programs. These funds will allow the Ministry to hire consultants to assist with strategic planning, to allow staff to devise and better utilize a compendium of existing gender-HIV program activities, better communicate with donors and other government agencies about needs, gaps, and opportunities in this program area, and to provide more technical assistance to grantees addressing gender relations and their link to HIV transmission and prevention. Appropriate trainers (e.g. Engenderhealth, South Africa, and local experts) will be invited to provide one-time and on-the-job assistance with providing technical feedback and assistance to the Division's Grantees. It is expected that they will also be involved with the selection and technical strengthening of the civil sector organizations selected for organizational development and grants for activities targeting men (described above). With these funds, the Ministry will also provide support to two Men's Sector representatives in two areas around Molepolole (Kweneng District) and Selebi-Phikwe (Central District), to hold district-level workshops on gender, men, HIV prevention, and AB themes, and to disseminate more IEC materials related to gender-based violence and gender relations and HIV.

Helping the government be a stronger advocate and player in promoting programs that directly address some of the ways that gender relations affect HIV prevention and transmission is fully within the scope of the USG and GOB approaches. Coordination of activities remains a weakness within the government sector, in this and other areas of programming, and assistance with coordination as well as technical capacity is widely supported by our partners in and out of government.

This activity relates to the men-focused gender grants activity (P0209).
COPRS/REF. This activity relates to the men-focused gender grants activity (4798).

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	30	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Joint United Nations Program on HIV/AIDS
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4801
Planned Funds:
Activity Narrative: P0212 UNAIDS.

This activity is a needs assessment, in that it provides assistance to a project aimed at mapping youth HIV/AIDS prevention and other activities, to inform future program planning and coordination. The assessment will target community-based organizations, faith-based organizations, non-governmental organizations, and host country government workers.

This activity intends to strengthen coordination and collaboration of youth activities by providing a map of existing community-level services for youth across the country. With such an inventory, all partners in youth activities (donors, government, civil society) will be able to better identify gaps in terms of geography, partner types, funding, and program types and in turn adjust future plans accordingly and communicate with local partners more efficiently. Activities in government, civil sector, and private sector from across the country will be included in the assessment to the extent possible. Funding will help cover the costs of travel, salaries of assessment interviewers, write-up, and dissemination of the mapping exercise.

Though Botswana has a small population, its large size and other issues hamper effective coordination of HIV prevention activities in a number of areas, including those targeting youth. Strengthening the government of Botswana's ability to coordinate youth activities supports USG goals to better support youth initiatives as well as government's and other donors' capacities to program effectively and efficiently.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Host country government workers

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4802
Planned Funds:
Activity Narrative: P0213 Ministry of Health-disability.

This activity is mainly focused on IEC and targets disabled populations. This project provides additional funding to an effort underway with the Ministry of Health to adapt HIV/AIDS IEC materials for various disabled populations, including blind, deaf, and people with learning disabilities. A needs assessment of disabled persons was carried out in 2004/2005 by the Ministry of Health, and this assistance represents one response to that assessment, which found major gaps in those populations' access to basic HIV/AIDS information. All the materials strongly endorse AB messages. These funds specifically will support the translation and adaptation of existing materials and curricula into formats and language appropriate for various groups of disabled populations and some printing costs. Once the materials are complete and printed, the Ministry will train teachers, counselors, and other program managers in the use of the materials.

With HIV prevalence so high, no marginalized group can afford to be excluded from HIV IEC in Botswana. This activity contributes to the USG goal to support the availability and use of effective yet appropriately targeted materials.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Target Populations:

Disabled populations

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 4905
Planned Funds:
Activity Narrative: P02I1 TBD FBO.

This activity involves a needs assessment, training and local organization capacity-building to faith-based groups. Representatives of faith based organizations and traditional healers will be targeted.

This project represents an effort to strengthen the faith-based sector's capacity to be an even more positive force in promoting abstinence, delayed debut, faithfulness, partner reduction, and related life skills in their organizations and communities. The project will first involve a needs assessment of the faith sector, to identify key new partners and leaders in this area and to map out where and how additional investments in training and capacity building should be directed. The methods used for this assessment should be participatory and should in themselves begin to fill some of the immediate gaps, for example in coordination and basic information about HIV/AIDS. The assessment should include leaders and organizations of various faith groups, from all parts of the country, including faith healers, whom many Batswana visit for health and spiritual care.

The contracted agency will begin to further fill gaps and needs identified in the assessment by providing appropriate training both directly to FBO representatives and to one or more umbrella groups that are prepared to play a more sustained role in enhancing coordination and capacity of local FBOs. It is expected that training and capacity building will be in the areas of 1) leadership, 2) coordination and collaboration among FBO groups and individuals, and 3) provision of appropriate curricula and supportive materials to assist pastors and other faith leaders more effectively integrate and address HIV/AIDS prevention messages and support in their work. It is expected that this activity would continue into another year, where all program effort would focus on these kinds of capacity-building activities.

FBOs are central to the live of many if not most Batswana, and yet many lack sufficient knowledge and skills to promote prevention messages effectively. This project will reach out to FBOs, including religious leaders and natural healers, as part of USG strategic goals to strengthen the promotion of AB messages and to involve new community partners in HIV prevention efforts.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful	750	☐

Indirect Targets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through promote abstinence and/or being faithful = 18,750//
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of the total reached with AB) = 6,188//

Target Populations:

Faith-based organizations

Traditional healers (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 5067
Planned Funds:
Activity Narrative: P0290-P Management - Post.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (subset of AB)		☑
Number of individuals trained to promote HIV/AIDS prevention through abstinence and/or being faithful		☑

Table 3.3.03: Program Planning Overview

Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03

Total Planned Funding for Program Area: [redacted]

Program Area Context:

All blood transfusion activities in Botswana are coordinated by the National Blood Transfusion Services (NBTS), which falls under the Ministry of Health (MOH) as part of the Laboratory Service Division. NBTS has two operating centers in the country that support the whole country for collection and screening of blood to maintain a safe blood supply. There is a national policy on blood transfusion, but it is only partially implemented. The NBTS has increased its blood collection from 30% (12,000) to 40% (15,582) in 2004/05 (Mar-Apr) of the 40,000 units required annually. HIV infection in donated blood was also reduced from 9% to 5.6%. The plans are to collect 22,000 blood units by end of FY06, and reduce the HIV prevalence in donated blood to 2%.

The Safe Blood for Africa Foundation, in collaboration with the MOH, embarked on a Blood Safety and Youth HIV Prevention program funded by ACHAP in 2003. In 2004, the EP initiative provided additional support to increase coverage nationwide. The HIV prevention activities are aimed at ensuring rapid improvement of the NBTS; the overall intention is to ensure that the service is equipped to meet the safe blood needs of the community.

In FY04-05, 3 staff were recruited and an additional 15 will be recruited in 2006. About 5% of the needed equipment was purchased, 19 hospital blood banks were assessed, and 35 NBTS staff will soon be trained in quality system in blood transfusion service. SBFA established its EP Blood Safety office, and appointed a consultant to coordinate the MOH's EP agreement on blood safety. This consultant has been contracted by the MOH to assist with EP finance and administration in 2006. SBFA also designed IEC and conducted quality evaluation visits to 19 hospital blood banks, trained 4 BTS staff in basic project management, and conducted a Blood Transfusion Training workshop attended by 74 participants from NBTS, public service doctors, and nurses. Ten doctors received advanced training in trauma management-a major area of clinical blood use-and provided technical advice on equipment requirements and specifications.

SFBA designed floor plans for reriovations to the 2 new proposed blood transfusion centers in Botswana, negotiated an interim lease for premises in which to base the Francistown Blood Donor Center, and facilitated communication between the Department of Lands and the Ministry of Health on securing a definitive site for the NBTS.

However, in 2005, the Blood Safety Program had difficulties achieving planned activities due to difficulty acquiring old buildings (rather than land) suitable for renovation. It is easier to acquire land from government than old buildings as most of the old buildings were already allocated to other departments. By the end of FY06, it is hoped that the renovated blood transfusion centers in Gaborone and Francistown will be functional. Purchasing equipment was also delayed because of long tendering procedures and regulations, and we hope most of the equipment for the blood transfusion centers and hospital blood banks will have been purchased by end of FY06.

In FY05, there was poor utilization of the awarded funds. Only 2 % of [redacted] was used for the purchase of a small quantity of equipment. It is feared that the blood Safety project will be unable to utilize the funds before the end of the reporting period. Therefore, we propose to decrease the total funding for the Blood Safety Project to [redacted] By the end of FY06, six (6) hospital blood banks will be connected to the blood transfusion centers. SBFA will provide technical assistance for these activities, and ACHAP will continue to support the Blood Safety and Youth HIV Prevention Project up to 2008.

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 Target:

Number of service outlets/programs carrying out blood safety activities	30
Number of individuals trained in blood safety	88

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 4455
Planned Funds:
Activity Narrative: P0302 Ministry of Health.

Using FY05 funds, the following will have been done; purchasing equipment , recruitment of 19 Blood Transfusion Service Staff, quality assessment of 28 hospital blood banks and training of 123 individuals in blood safety.

In FY06, activities will continue to strengthen the Botswana Blood Transfusion Service. Donor recruitment and retention will be achieved through community Mobilization/Participation; the intention is to develop and implement a national advertising campaign for recruitment of low risk member of the community to enroll as blood donors. In order to achieve this it will be essential to create community awareness of blood transfusion and its importance. NBTS will work with schools and relevant NGOs to develop skills in blood donor recruitment and appropriate blood donor selection within the school environment. Community based workshops will be conducted to promote awareness of the value and importance of blood donation as well as blood safety. Establishment of Pledge 25 Clubs will be increased in order to recruit and retain regular, safe blood donors and encourage consistent low risk behaviors by repeated counseling and testing on every occasion that donation occurs. This will be achieved through 16 public meetings at 16 villages, introducing in-school Pledge 25 Clubs to an additional 16 schools, and canvassing the support of 4 NGOs in 8 Districts to promote out of school Pledge 25 Clubs. The NBTS is also planning to establish a call center to provide information on blood donation, donor recall services, and to contact potential donors by telephone.

Commodity Procurement is directly related to providing blood centers and hospital blood banks with standard equipment, reagents, and supplies. At present the NBTS Infrastructure is inadequate, a major feature of this project is to procure and develop suitable premises in which the blood transfusion service can operate effectively in both Gaborone and Francistown. In the interim the NBTS will continue to rent premises in Francistown and Gaborone. During this period, renovation of the new Gaborone and Francistown Blood Transfusion Centers will be underway.

Comprehensive training will be provided in blood donor recruitment, donor counseling, blood collection, testing systems, component production, labeling, storage, distribution, hospital blood banking, and quality assurance. The aim is to train 48 laboratory personnel, 15 blood donor counselors, 5 blood donor recruiters, 28 nurses and 28 doctors. In most cases, training will be facilitated and performed by our technical assistance consultants, the Safe Blood for Africa Foundation. Quality assurance and supportive supervision form an important part in strengthening the Blood Transfusion Service. These are essential to ensure blood safety and effective implementation of quality management system. Four NBTS staff will be sent for attachment to Transfusion Services within the region where a quality system is already established. Two workshops on Quality Management in Blood Transfusion Service will be conducted. The quality officer will conduct supervisory visits to 28 hospital blood banks once a year, and quarterly visits to the Regional Transfusion Center. Human Resources will be strengthened with 8 staff to cover all aspects of blood transfusion service operation; these include one medical director, two Laboratory scientists/Technicians, 3 Donor Counselors, and two Donor Recruiters. NBTS will promote a culture of safe blood donation through education of the general public using TV, Radio, Billboards and other IEC material. Plans have been developed to introduce a computerized blood donor system in Botswana. This is being financed through a related project, however once the system is operational it will be extended to include all the hospital blood banks. This step will permit rapid and effective transfer of information and improve donor to patient traceability. The plans

include linking 6 hospital banks with the Blood Transfusion Centers, purchasing computers and software and training 16 staff on the use of program. The M&E plan will be updated to cover activities for FY06.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	30	☐
Number of individuals trained in blood safety	88	☐

Target Populations:

Adults

Secondary school students (Parent: Children and youth (non-OVC))

University students (Parent: Children and youth (non-OVC))

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Safe Blood for Africa Foundation
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 4807
Planned Funds:
Activity Narrative: P0301 Safe Blood for Africa Foundation.

Safe Blood for Africa Foundation (SBFA), in support of the National Blood Transfusion Service (NBTS) for rapid strengthening of blood transfusion services in 2006, will continue and expand the technical assistance provided during 2004-2005. Activities are planned in all significant areas of the transfusion service, including community mobilization, with focus on assisting the NBTS with content and coverage of publicity campaigns and community based workshops intended to raise public awareness of the importance of blood transfusion and blood safety. This includes facilitating voluntary blood donor participation by school groups and relevant NGOs. Activity is directed at growing youth membership of Pledge 25 Clubs (blood donor groups). Training will continue to build capacity and skill in blood donor recruitment, donor counseling, and blood collection. Laboratory workers will receive training in testing systems, component production, labeling, storage and distribution- as well as emphasizing appropriate blood safety precautions for all health care workers who are in contact with blood or blood products. Training will continue in the development and implementation of Standard Operating Procedures (SOP's) designed for each procedural step from blood donation, to transport logistics and cold chain management, testing, storage, distribution, and ultimately transfusion. Training will enable "look back" procedures and is strongly orientated to "training the trainers". Training for staff performing compatibility testing in hospital blood banks is included, and emphasis is placed on the design and implementation process of quality management systems for laboratory staff. Training for clinical staff (doctors and nurses) is aimed at a consistent national approach to rational blood use through distribution and promotion of national clinical guidelines on the use of blood and blood products. This is reinforced by in-service training through continuing medical education lectures in regional hospitals and in national seminars. Dominant areas of blood usage, such as AIDS related anemia and trauma, receive prioritized training for medical staff, designed to optimize overall medical management in areas pertaining to major blood usage.

Infrastructure improvements are based on a needs analysis, and recommendations for 2006 have been made for short and long term solutions to infrastructure requirements. This pertains to issues such as suitable premises, negotiation of interim leases for rented premise, design of floor plans and operational flowcharts. SBFA will advise on proposed permanent locations for NBTS premises, assist with the design of a National Blood Transfusion Center, and provide technical advice on equipment requirements and specifications. Suitable suppliers and sources of donor, laboratory, and office equipment for use in the NBTS and hospital blood bank environment have been identified and the process will continue in 2006 in consultation with the NBTS. SBFA will also identify and design mobile donor recruitment clinic vehicles, and identify and evaluate fundamental logistics requirements for the Botswana National Blood Transfusion Service. Sourcing specialist will provide assistance in areas such as automated systems, data management, and inventory and supply chain management. SBFA facilitates extensive training in quality assurance development, quality management and quality systems for Botswana NBTS staff. This is provided in the form of tutorials and workshops as well as practical supervision and support at the workplace.

SBFA staff are directly involved in developing a systematic approach to staff recruitment for the NBTS, including defining what human resources are required, writing draft job descriptions, writing advertisements, receiving and reviewing resumes and drafting short lists for interviews. SBFA has an established precedent of undertaking to employ key personnel on an interim basis on behalf of the Ministry of

Health (MOH) in order to rapidly expedite the objectives of the EP Blood Safety program. This interim step permits human resources to be brought into effect rapidly, while government employment processes are completed. With regard to local organization capacity development, SBFA will provide technical support for the NBTS to achieve increased autonomy and independence from the National Laboratory Service (which is in line with international recommendations and is regarded as a key to long term sustainability and retaining human resources). A related issue is the importance of appointing a permanent Medical Director to lead the clinical aspects of the NBTS. SBFA has provided detailed candidate specifications and a job description to the MoH and will expedite advertising the position and supporting the appointment of a suitable MD. Strategic information gathering and analysis is integral to this program. In terms of strategic information (as well as logistics support), a computerized blood donor management system is being installed in Botswana, financed through a complementary blood safety project. Once the IT system is operational, it will be extended through this program to include all the hospital blood banks in 2006. This linked IT system will permit rapid and effective transfer of information, and minimize the risk of HIV and other TTI transmission through instant access to linked donor test results. Donor recall, inventory and supply chain management will be rapidly improved through automated information access. Record keeping and data reports will help to meet the critical organizational needs of the BNBTS and its reporting obligations.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets/programs carrying out blood safety activities	30	☐
Number of individuals trained in blood safety	88	☐

Target Populations:

Adults
Community-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Teachers (Parent: Host country government workers)
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.04: Program Planning Overview

Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04

Total Planned Funding for Program Area:

Program Area 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) that coordinates all blood transfusion activities in the country. There are policies and guidelines on post exposure prophyfaxis in the country. .The Ministry of Health & 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.

Since March 2004, USG has supported the Making Medical Injections Safer (MMIS) pilot project in 2 districts. During the last half of 2005, MMIS's activities were rolled out to cover Gaborone and Kanye/Moshupa in addition to the pilot districts. The key interventions for the MMIS are 1) Capacity building, support, and training in injection safety. Training in injection safety is currently on-going in 101 health care facilities (5 hospitals and 96 clinics) in South-East, Kgatleng, Southern, and Gaborone districts. To date, 1,500 individuals have been trained in injection safety. Up to 2,500 more are expected to be trained in these four districts. In the FY 2006, the project will scale up its coverage to include Kweneng and Central districts (coverage of over 50% of the districts). The project anticipates training an additional 3,500 public health care workers in the new districts by the end of the FY 2006. 2) Ensuring availability of safety injection devices for a pilot project of retractable syringes. The pilot is on-going in 39 [3 hospitals and 36 clinics] health facilities. At the end of the trial, the Ministry of Health will determine whether the use of retractable syringes confers any benefit in preventing needle-stick injuries among public health care workers. In addition, MMIS offers training in commodity management of health products in each participating facility, including new districts. 3) Behavior change communications targeting health care workers. The primary goal is to create a social norm in which injections are used judiciously. This activity targets health care workers who prescribe and administer injections, and health care waste handlers who are at risk of bloodborne pathogens in health care settings. The goal is to create high quality services for injection safety and to sustain their demand, and to gain their support for alternatives to injections and ensuring material support. The BCC also targets injection recipients (patients) to create demand for safer injections. MMIS has already produced and distributed six different types of posters, credit card sized z-cards, banners, calendars, magic mugs and promotional T-shirts with different messages targeting health care workers. 4) MMIS is strengthening the existing sharps disposal by enforcing the 1996 Botswana Code of Clinical Waste Management. MMIS also offers support in repairs of incinerators, procurement of waste segregation color-coded bags, provision of personal protective equipment to health waste handlers, and training in appropriate management of health care waste. Sharps waste management is currently conducted in all 101 health care facilities in Lobatse, Kgatleng, Kanye/Moshupa and Gaborone. 5) With partners, the MMIS developed a draft national policy on infection prevention and control focusing in injection safety and sharps waste management. Implementation of these components will ensure safety of the patient, the public health care worker and the community at large. 6) MMIS is conducting continuous monitoring and evaluation of project activities.

Program Area Target:

Number of individuals trained in injection safety	3,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: N/A
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 4820
Planned Funds: [redacted]
Activity Narrative: P0401 John Snow Inc.

Unsafe injection practices account for a substantial proportion of transmissible blood borne diseases that include the human immunodeficiency virus (HIV), viral hepatitis and other pathogens. Evidence suggests that the contribution of unsafe injections to the transmission of HIV and viral hepatitis in health care settings may be greater than otherwise anticipated. JSI Research and Training Institute, Inc. (JSI) will assist the government of Botswana in strengthening existing injection safety systems. By the end of the funding period, MMIS intends to establish an environment where patients, public health care workers, and the community are better protected from HIV transmission in health care settings through unsafe medical injections.
In 2005 the Making Medical Injection Safer Project (MMIS) will conduct an approved trial for retractable device in two districts (Lobatse and Kgatleng). At the end of the trial, the Ministry of Health will determine whether the use of retractable syringes confers any benefit in preventing needle-stick injuries among public health care workers. In addition, MMIS offers training in commodity management of health products in each participating facility, including new districts.

Furthermore, the Behavior Change and Communications one of the components on the project will reach health care providers and injections recipients through different method of communication. The MMIS has already produced and distributed six different types of posters, credit card sized z-cards, banners, calendars, magic mugs and promotional T-shirts with different messages targeting health care workers. These materials consolidated injection safety messages passed on through capacity building training. MMIS is strengthening the existing sharps disposal by enforcing the 1996 Botswana Code of Clinical Waste Management. In addition, MMIS offers support in repairs of incinerators, procurement of waste segregation color-coded bags, provision of personal protective equipment to health waste handlers, and training in appropriate management of health care waste. Sharps waste management is currently conducted in all 101 health care facilities in Lobatse, Kgatleng, Kanye/Moshupa and Gaborone.

These four components will be guided by a national policy on infection prevention and control focusing in injection safety and sharps waste management. Implementation of these components will ensure safety of the patient, the public health care worker and the community at large. Critical to the components of the project is continuous monitoring and evaluation of project activities. By 2007, all aspects of the project will be strengthened and the MMIS project will have rolled out two of its components (waste management and BCC) to about 50% of the country. The roll out of retractable devices will be dependent of government decision based on the result of the trial of retractable.

The Safe Injection Project is in much better shape regarding disbursement of Track 1 monies as they will be able to disburse their funds allocated for this activity in FY2005 ([redacted] excluding money for injection device procurement, technical support from DC and project officer salary). However, the project is currently piloting retractable injection devices in a couple of districts. Tripling this budget in FY06 without awaiting the results of the pilot phase seems unreasonable to us.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in injection safety	3,000	☐

Target Populations:

Adults
Injection providers
Laboratory workers (Parent: Public health care workers)
Other health care workers (Parent: Public health care workers)
Laboratory workers (Parent: Private health care workers)
Other health care workders (Parent: Private health care workers)

Coverage Areas

Kgatleng

Southern

Central

Kweneng

South-East

Table 3.3.05: Program Planning Overview

Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05

Total Planned Funding for Program Area:

Program Area Context:

Other Prevention activities draw from the National Strategic Framework (NSF) and the 5-year strategic plan for EP. The NSF lays out ambitious indicators related to condom use among youth, adults, and at risk populations (e.g. commercial sex workers, mobile populations) as well as strategies addressing linkages between alcohol use and HIV risk, and general education and outreach for HIV prevention. Key approaches also include increasing the effectiveness and reach of behavior change communication programs and strengthening the capacity to provide clinic-based and other potential biomedical HIV prevention services. Promoting prevention among HIV positive people is served in this program area, as well as the care program area.

The government of Botswana and other donors (African Comprehensive HIV/AIDS Partnership or ACHAP, Dutch development assistance) continue to provide significant support to the free condom and social marketing of condoms programs. ACHAP is also devoting significant resources to post-test services, especially to PLWHA support groups, and the Global Fund small grants program will support comprehensive HIV prevention programs run by local NGOs, CBOs, and FBOs. USG, other donors, and government partners collaborated to hold a National Prevention Conference in September 2005. This meeting focused on prevention behaviors and will contribute to enhanced coordination in prevention and technical input for the development of a National BCC/IEC Strategy for HIV prevention.

For the past 2 years, the USG Other Prevention activities focused on launching an HIV/AIDS national toll-free hotline through the Ministry of Health, supporting Humana People to People to carry out the Total Community Mobilization door-to-door outreach and education campaign, the Makgabaneng behavior change communication program, and the Youth Health Organization, all of which supported numerous prevention messages (ABC, education, mobilization), as well as the promotion of service uptake and related issues such as gender based violence and alcohol misuse. USG made new strides towards reducing the contribution of alcohol misuse to the HIV/AIDS epidemic by supporting two programs in FY05, one targeting health care workers and another targeting drinking establishments and patrons. Both projects will continue in FY06. Additionally, with FY05 funds USG focused on commercial and transactional sex, and the prevention needs of communities in national border areas, through a needs assessment and collaboration with the Ministry of Local Government, respectively.

Given the high HIV prevalence in Botswana and the relative strength of clinical services, critical areas that need to be addressed include prevention efforts targeting HIV+ people, and incorporating comprehensive prevention programming into existing clinical and community services. USG and partners are looking closely at biomedical innovations in prevention such as male circumcision, and as study results become available, are beginning to assess the potential role of those in national prevention efforts. Transactional and intergenerational sex (with a subset that is more conventional commercial sex work) remain factors that continue the spread of HIV, though few programs currently have the scope or ability to address these issues effectively. In FY06, the Other Prevention portfolio decreased in response to Emergency Plan guidelines. USG will focus on continuing existing projects such as the Ministry of Health HIV/AIDS informational hotline, the Makgabaneng behavior change communication project, alcohol-HIV prevention projects, prevention activities within a comprehensive assistance plan for the Botswana Defense Force, and HIV prevention and VCT promotion within the context of STI clinics. Only 1 new activity is proposed, namely to assess health care sector needs in the likely event that the government decides to rollout male circumcision on a larger scale.

Program Area Target:

Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	81,180
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	2,075
Number of targeted condom service outlets	420

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4466
Planned Funds:
Activity Narrative: P0504 Ministry of Health-hotline.

This activity will provide access and accurate information about HIV/AIDS, STI's and other related health issues and advise the general public on the available local HIV/AIDS related services or programs such as testing and counseling centers, PMTCT, ARV, OVC, and home-based care. This 24 hour call center is run by medical professionals and accessed through the Botswana Telecommunication Corporation Toll- free number 0800 600 700, which can be accessed countrywide, 24 hours a day, 7 days a week. Medical Rescue International has been running this call center under an agreement with the Ministry of Health for over a year, with USG support.

The call center provides an anonymous and confidential telephone conversation to all clients regardless of age and ethnicity, in Setswana and English. Because it is an information giving center, clients that require counseling are referred to other local counseling centers.

FY06 activities involve a continuation of the call center's base operations (e.g. salary to counselors, maintenance to equipment, analysis of call data, basic management) and marketing initiatives to promote uptake of the center by the general public as well as stronger linkages with other HIV/AIDS services and programs. Notably the Social and Welfare Department of the Ministry of Local Government benefits from this call center, as they plan to use and expand the center to offer anonymous counseling for mental health problems and gender-based violence.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	5	☐
Number of targeted condom service outlets		☑

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Management HQ Core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4477
Planned Funds:
Activity Narrative: P0590-H Management.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the Other Prevention programs and projects, including work with the Government of Botswana. 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

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

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

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	PACT
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	4539
Planned Funds:	
Activity Narrative:	P0509 Pact Alcohol Risk Reduction.

This activity involves IEC development and distribution and community mobilization/participation. The activity will target the general population, with a large share of men. Some will be special populations, including the clientele of commercial sex workers.

This activity focuses on providing dual messages of risk reduction related to sexual behavior and alcohol use. Alcohol is considered to contribute significantly to HIV transmission in Botswana, and both the Botswana National Strategic Framework and the USG 5-year strategy prioritize the targeting of harmful use of alcohol among prevention strategies employed.

This activity targets both risk reduction issues simultaneously, through outreach to bars, bottle shops, shebeens, discos, and surrounding neighborhoods and communities. This outreach will involve 1) peer education and support among clients, bartenders, DJs, and other local peers; 2) IEC development and distribution, including local media events and materials (e.g. coasters, posters); and 3) engagement with the major local brewer for collaboration and co-sponsorship. The project involves condom social marketing in that it will link with an existing national marketing campaign funded by other donors; this project will integrate messages and materials developed for that campaign and ensure their presence and utilization in the key target sites and communities in this project. The HIV prevention messages will focus not only on condom use, but will appropriately prioritize partner reduction, faithfulness, and abstinence, in additional to enhanced general education about HIV/AIDS and the intersections between HIV and alcohol use. The messages related to alcohol use will promote responsible drinking (e.g. avoiding intoxication) and not drinking and driving. Some of the funds will be used to engage local advocacy groups in reaching local leaders, including faith, political, and community leaders, to voice support for this kind of initiative and recognition of the intersections between HIV and alcohol use.

This year's funding represents the second year of funding for this activity, so with FY06 funds, it is expected that these activities can take place in additional sites and include follow-up to sites targeted in year one. Notably, the funding for FY06 represents the combination of two activities from FY05, one for targeted condom social marketing and one for an alcohol-HIV project focusing on high risk areas. We proposed to merge the two in FY06. This activity is one of many interventions proposed at the OGAC Africa Regional Meeting on Alcohol and HIVAIDS, Tanzania, August 2005.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	300	☐
Number of targeted condom service outlets	300	☐

Target Populations:

Adults

University students (Parent: Children and youth (non-OVC))

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Local Government, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	4542
Planned Funds:	
Activity Narrative:	P0508 Ministry of Local Government-border communities.

This activity includes training, IEC, local organizational capacity development, and procurement in support of prevention efforts in select border communities. The activity provides support to the District AIDS Coordinator and staff as well as the District Health Team, in charge of providing government health services on the district and community level. Also, some local NGOs, CBOs, and FBOs are expected to benefit from this activity, through small, local grants for program support, as are their target populations, which include most at risk populations, such as mobile populations and women who engage in commercial and transactional sex.

Communities at international borders and along high-traffic transportation routes are often areas of high HIV transmission and thus are priority sites for a range of HIV programs and services. In Botswana, efforts are underway to build stronger prevention programs at border sites through other donor and government support, and these funds will be used by the Ministry of Local Government to supplement those efforts. The collaboration between MLG and USG in prevention activities in border communities has just begun for FY05, and many details of the project, including which border communities the activities will take place, are being worked out. Currently, the proposal is to work in Northeast District, in the border communities along the major transportation road to Bulawayo, Zimbabwe.

The specific list of activities will depend upon existing resources and needs in the select districts and determined at a later date. Activities might include, for example, refresher and updated training in HIV rapid testing and/or STI management to lay and professional health care workers; visits to cross-border programs in Zimbabwe, Zambia, South Africa and/or Namibia (as appropriate), to enhance collaboration and coordination in communication strategies and service provisions; development and distribution of information, education, and communication materials for HIV prevention in those areas; training and management support to peer education programs in those communities that target women engaged in transactional and/or commercial sex; and salary support to contractors who can provide targeted assistance to the District Coordinators with planning, project implementation, and/or monitoring.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	200	☐
Number of targeted condom service outlets		☑

Target Populations:

Commercial sex workers (Parent: Most at risk populations)

Community-based organizations

Faith-based organizations

Mobile populations (Parent: Most at risk populations)

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Public health care workers

Coverage Areas

North-East

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Axiom Resources Management
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: *05*
Activity ID: 4790
Planned Funds:
Activity Narrative: P0501 Axiom.

This activity involves IEC through support for a behavior change communication program called Makgabaneng that includes a radio serial drama and direct community outreach to youth through related reinforcement activities. In addition, this contract includes funds to help strengthen the implementing agency, which is in the process of becoming an independent, local NGO, as well as support for monitoring and evaluation.

The drama addresses gender – male norms in particular –as well as stigma and discrimination, through the character modeling that occurs in its storylines and the discussion topics and activities included in the reinforcement component of this project. This activity targets the general population of men and women, and many reinforcement activities target secondary school students.

The Makgabaneng project has been a key HIV/AIDS intervention in Botswana for over three years and remains one of the only sustained HIV/AIDS communication programs available through mass media. Much more than an awareness campaign, this project is based on the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) approach developed at HHS/CDC. This activity includes a radio serial drama that is developed from behavior change concepts and data about the real barriers and facilitators to behavior change that Batswana face. Positive, negative, and transitional characters engage the audience as they deal with HIV/AIDS in their fictional, yet realistic, lives. A survey from 2003 found that 45% of the adult population (15-49) listened to the drama at least once a week, and that listening to the drama was positively associated with, for example, better knowledge of HIV prevention and PMTCT, less stigmatizing attitudes, and testing while pregnantintentions. The project has always included community-based activities that leverage the drama's popularity and reinforce the drama's messages in a more individualized way. In the past, activities included listening-discussion groups where community members would gather in churches, workplaces, and other centers to listen to key scenes and discuss and engage with the themes with a trained facilitator.

The main community-based activity for FY06 will be an interactive magazine for junior secondary school students, to be distributed through schools and supported by fan club and related activities. The magazine will focus entirely on A and B activities and will not be funded with Other Prevention program area funds. An estimated 50% of the drama's content will be dedicated to promoting correct and consistent condom use, reduction of alcohol abuse, service uptake and knowledge about PMTCT, testing (VCT and routine), IPT, ARV services and adherence, and home-based care and OVC programs. All these themes, as well as others, factor into the drama, in very deliberate ways and directly complement a range of other existing community and clinical service programs. This funding under the Prevention Other program area is intended to cover that part of the storyline related to these other themes.

Funding also covers some monitoring and evaluation activities and those associated with strengthening the capacity of the local agency that carries out all of these activities. In particular, we propose to do a study in health care sites ((VCT and/or ARV clinics) to assess whether individuals seeking care were influenced by the drama in their decisions, and to support low-cost, on-going methods of assessing listenership to the drama and community feedback on its content.

In terms of local organizational capacity, this project will continue to support the administrative strengthening of the implementing agency, as it becomes an independent local NGO. This process of developing a Board of Directors, transferring all remaining management responsibility from Media Support Services to local staff, and conducting outreach to other potential donors in and out of government is underway, and will be complete by September, 2006. At that point, Media Support Services will disengage from the project, and USG will begin a direct funding agreement with the NGO carrying out this project. An additional change in FY06 is a reduction in the technical support provided to the project by international advisors currently funded to work full-time with the organization. This support will not be continued at FY05 levels. Rather, the project will seek more limited assistance availably locally, as needed for those project components.

Funding under the Axiom contract mechanism is for only 6 months (April - Sept. 06). After that time, the funds will go directly to the implementing agency. Please see the related COP entry. USG fully expects to reduce funding significantly after this critical transition year in the organization is complete.

This activity supports USG efforts to use behavior change communication strategies that are targeted, culturally-specific, and effective, and to integrate numerous inter-related themes about HIV/AIDS in the lives of every-day Batswana. This activity supports the kind of norm and individual-level change that is essential for broad social change, for abstinence, partner reduction, and faithfulness, as well as service uptake and better knowledge of HIV prevention, transmission, care, support, and discrimination issues.

This activity links with the Axiom and Nesswana activities in Prevention AB (P0201 and P0202), and the Nesswana activity that follows in this program area (P0502).

COPRS/REF. This activity links with the Axiom and Nesswana activities in Prevention AB (4789 and 4793), and the Nesswana activity that follows in this program area (4831).

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

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

Target Populations:

Adults

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Nesswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	*Other Prevention Activities*
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	4831
Planned Funds:	
Activity Narrative:	P0502 Nesswana.

This activity is the 6-month continuation of the Makgabaneng behavior change communication project, described in the Axiom AB activity. The program content is the same, as are the key legislative issues and target populations involved. The main difference between this 6-months of funding and the funding provided through Axiom Resource Management is that the funding mechanism is different. In this 6-month phase, USG will seek a direct agreement with Nesswana, a newly formed NGO carrying out this behavior change project. Thus the administrative fees will be lower. Also, overall support is lower. For example, there will be less technical assistance provided to the organization and its main projects. In particular funding for full-time technical advisors in monitoring and evaluation activities and in behavior change will be cut, with the expectation that the local organization's capacity in those areas will be sufficient by then and that they will be able to contract local assistance in that area, if needed. Funding is sufficient to allow contracting of additional support for organizational development, if needed, and also for partial funding for the expansion of behavior change projects that the organization is carrying out.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of targeted condom service outlets		☑

Target Populations:

Adults

Secondary school students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Contract
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: *HVOP*
Program Area Code: 05
Activity ID: 4833
Planned Funds:
Activity Narrative: P0505 TBD Alcohol training.

This activity is a training initiative for health care workers and focuses on the strategic objectives outlined in both the USG and government of Botswana's plans to reduce the harmful use of alcohol, to the extent that it contributes to HIV transmission and poor ARV adherence and performance. While a substantial portion of Batswana do not drink alcohol, many do, and often in binge drinking patterns. Literature from Botswana and elsewhere demonstrate strong associations between alcohol use and HIV/AIDS risk behaviors, and a number of physiological and social mechanisms have been proposed to explain them. Health care settings represent one site to screen for and promote risk reduction related to alcohol use, sexual behaviors, and medication adherence. This activity is an effort to take more advantage of clinical settings as places to promote alcohol risk reduction, simultaneously with HIV prevention messages, to people who are HIV+ (e.g. PMTCT or ARV clinics) or who might be (e.g. VCT clinics).

The activity began in FY05 with a rapid situation analysis to assess the need for alcohol training and education among HIV-related health care workers, and is being followed by both a review of current training curriculum and actual training to health care workers in ways to strengthen the alcohol-HIV information provided and the alcohol use screening abilities and motivation among health care workers.

In FY06, the activity will 1) reach additional health care workers for training, 2) provide follow-up support to individuals trained with FY05 activity funds, and 3) advocacy for making alcohol screening a standard of care practice in HIV-related health care settings, such as ARV, PMTCT, and HIV testing sites. This activity is one of many interventions proposed at the OGAC Africa Regional Meeting on Alcohol and HIV/AIDS, Tanzania, August 2005.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Training	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	500	☐
Number of targeted condom service outlets		☑

Indirect Targets

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful = 15,000//

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Other health care workders (Parent: Private health care workers)

Coverage Areas

Central

Kweneng

North-East

South-East

Southern

Table 3.3.05: Activities by Funding Mechanism

Mechanism: ITECH GHAI
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4834
Planned Funds:
Activity Narrative: P0506 University of Washington-STI.

Activities are carried out in support of the national roll-out of the revised STI Syndromic Management Training and national Routine HIV Testing initiative by providing additional human capacity and expertise at the National STI Training and Research Center to work with the health districts to organize, implement, and evaluate the trainings; facilitate the training materials development and distribution; and to organize and implement monitoring of the outcomes of the training through supervisory support visits to the district health clinics.

Based on a 2002 surveillance study, I-TECH, and HHS/CDC/BOTUSA began working with the National STI Training and Research Center (NSTRC) of the Ministry of Health's AIDS/STD Unit to revise its training materials to deliver a three-day training program to introduce the revised STI management algorithms to all health workers in the country to improve management of STIs, so that high risk populations can be better identified, and more quickly linked with HIV testing, prevention information, treatment and care. I-TECH first received EP funding for this project in 2004, and activities planned for FY06 and FY07 continue and build upon the previous training and evaluations. Plans and activities include:

1. Training: STI Syndromic Management Training district roll-out.
I-TECH is providing technical assistance to the NSTRC as they work with the health districts to organize, implement, monitor and evaluate the training of health care providers in STI syndromic management. The Botswana Ministry of Health, through the NSTRC, has a plan in place to train the total target population of public doctors, nurses and other health care providers and private physicians. EP Funding will be used to pay for the salary, travel and office support of the I-TECH Training Coordinator, who assists the NSTRC in developing the training schedule, preparing training materials, conducting trainings, analyzing training evaluations, and writing reports. The I-TECH Country Project Manager and Training Coordinator are also responsible for the final production, printing, and distribution of all training materials. Last year EP funds were used primarily for the research and development of these STI curriculum materials; this year funds are needed to pay for the final printing, reproduction and dissemination costs of those training materials including 1,000 Reference Manuals, 5,000 Participant Handbooks, 200 Facilitator Guides, 300 Clinical Guides, 2,000 Clinical Flip-Charts, 350 CD-ROMs for Private Providers, 100 DVDs of STI Training Trigger Tapes, 100 VHS of STI Training Trigger Tapes, to the health districts nationwide.
This activity for FY06 builds upon significant achievements made with EP funding from 2004-2005, (I-TECH supported the training of 104 Trainers who trained more than 336 public health care workers from four districts and 64 private physicians) by providing support for training the remaining public and private health care providers around the country.

2. Quality Assurance and Supportive Supervision: Monitoring STI Syndromic Management Training
Building upon last year's EP funded Program Evaluation of the STI Training Program in Two Pilot Districts, we will strengthen the on-going training, mentoring and monitoring of the services provided at the clinics by the trained clinicians during supportive supervision visits. Tools such as vignettes on STIs, client-centered counseling, and routine HIV testing and counseling will be developed to assess and enhance the clinicians' skills and provide immediate feedback. The targeted population includes the public health physicians, nurses and other health workers. EP funding will support hiring an additional STI/RHT Trainer as she makes these visits to

the health districts around Botswana. The NSTRC Program Officer and STI/RHT Trainer will work with the clinic staff, administration, Central Medical Stores, and other stakeholders in following up on recommendations. Funds are also requested to support the time and travel of the I-TECH Monitoring and Evaluation Lead and a Nurse Clinical Mentor/Trainer to provide technical assistance to the NSTRC in designing these monitoring tools and carrying out these activities.

3. Strategic Information: Evaluation of the Distribution of Acyclovir in Chobe and Lobatse
With evidence supported by the EP-funded I-TECH report on the "Cost-Effectiveness Analysis of Acyclovir for treating Genital Ulcer Disease (GUD) in Botswana", BOTUSA assisted the GOB by purchasing Acyclovir for public health clinics and hospitals in the Chobe and Lobatse health districts in 2005. EP funds will allow *the I-TECH Training Coordinator, based at the NSTRC, to track the prescription of* Acyclovir according to the cases of GUD at each clinic in the two original pilot districts, Chobe and Lobatse and provide ongoing training in GUD treatment and reporting, and allow for part-time data entry assistance. The targeted population includes the public health physicians, nurses and pharmacists in these two districts.

4. Training / Information, Education and Communication: Routine HIV Testing films
I-TECH is producing and working with the Ministry of Health/ASU to disseminate films designed 1) to train public health providers on routine HIV testing, and 2) to educate the public about routine HIV testing. The RHT provider training film, "The Possibilities" will target all health care providers; the RHT public education film, intended to be broadcast in primary health clinics and on national television, will target patients in clinics at higher-risk for HIV and the population at risk for HIV due to the generalized HIV epidemic in Botswana with a prevalence rate between 30-40%. The RHT public education film aims to address the stigma and discrimination surrounding being HIV positive, which is one of the four key determinants identified by officials as contributing to the generalized HIV/AIDS epidemic in Botswana, as identified by the African Comprehensive HIV/AIDS Partnerships. The film encourages everyone to get tested for HIV and learn how to seek ARV treatment. Activities funded in FY05 include the successful completion of the RHT provider training film and facilitator guide, and the planned production of *the RHT public education film. In FY06 EP funding will allow I-TECH to continue* working with the Ministry of Health/ASU to implement Routine HIV Testing across existing health sector trainings, including in the STI training program, complete all post-production work on the RHT public education film and disseminate it to primary care clinics.

All of these activities contribute to the overall EP objectives of 2-7-10, by training health care providers to improve their treatment of STIs, implement risk-reduction counseling, and increase HIV testing, all of which aim to prevent new HIV infections in their patients and patients' partners, and get more people to know their HIV status, and into HIV care and treatment when necessary.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	1,200	☐
Number of targeted condom service outlets		☑

Target Populations:

Adults

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Other health care workers (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Pharmacists (Parent: Private health care workers)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: ODC/BDF
Prime Partner: Botswana Defence Force
USG Agency: Department of Defense
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4836
Planned Funds:
Activity Narrative: P0507 Botswana Defense Force.

This activity will support execution of the Botswana Defense Force five-year plan to combat HIV/AIDS within the military and will build upon a bilateral relationship which has been in existence for the last five years. The BDF's five year program is primarily focused on developing educational programs to effect behavior change to reduce high risk behavior among soldiers serving in the Botswana Defense Force. The primary implementing partner will be Population Services International, and specific focus for the FY06 behavior change program will be developed during FY05 and will build upon current efforts and will be focused on emerging areas of need within the Botswana Defense Force. This component is geared to reach up to 75% of the BDF service members per year and will likely continue the BDF's focus on the 18-24 age demographics. The 18-24 age group forms the backbone of the BDF and is the future of the force; it is the senior leadership's position that a significant effort be made to ensure that this particular group have the tools and education to reduce their risk of contracting the disease.

In addition to the PSI program, the BDF intends to train up to 20 peer counselors and procure a pick-up truck to allow trainers and counselors to reach remote border camps.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals reached with community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	12,000	☐
Number of individuals trained to promote HIV/AIDS prevention prevention through other behavior change beyond abstinence and/or being faithful	100	☐
Number of targeted condom service outlets	120	☐

Target Populations:

Military personnel (Parent: Most at risk populations)

Key Legislative Issues

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Contract
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 4850
Planned Funds:
Activity Narrative: P0510 TBD Male Circumcision Acceptance.

This activity is a needs assessment of the health care system's ability to provide male circumcision services, in the case that the government of Botswana and the international community recommend that such services be up-scaled significantly. An acceptability study among the general population was carried out in 2002 and found most adult Batswana interested in male circumcision, if studies show its effectiveness and if the service could be provided safely in clinical settings.

This activity will involve interviews with health care providers and managers about their skills, training, knowledge, and attitudes related to male circumcision clinical services, as well as an assessment of current facility capacity to provide safe, effective male circumcision services. Key considerations include needs in provider training, service infrastructure, equipment, and quality assurance, as well as attitudes and beliefs among health care providers about the possibility of providing this service to the general population. This activity would also be designed to help support another proposed initiative led by the UN family and others to assess the acceptability of male circumcision among adolescents, who would be a key target group, should these services be expanded. The main assessment will outline key steps that would need to take place in the health care sector, were male circumcision services to be up-scaled.

This activity links to the approach outlined in the five-year strategy to help our partners in Botswana assess biomedical innovations in prevention. As a country hard-hit by HIV/AIDS and with a low prevalence of male circumcision, this service could be an important complement to other prevention strategies. Over the next year, it is expected that national and international dialogue about the effectiveness of male circumcision for HIV and other disease prevention will continue, and this assessment represents an important step in assisting the deliberations and discussions.

Emphasis Areas	**% Of Effort**
Needs Assessment	51 - 100

Targets

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

Target Populations:

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5068
Planned Funds:
Activity Narrative: P0590-P Management - Post

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

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

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Local Contract
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 5157
Planned Funds:
Activity Narrative: P0510 TBD Male Circumcision Acceptance.

This activity is a needs assessment of the health care system's ability to provide male circumcision services, in the case that the government of Botswana and the international community recommend that such services be up-scaled significantly. An acceptability study among the general population was carried out in 2002 and found most adult Batswana interested in male circumcision, if studies show its effectiveness and if the service could be provided safely in clinical settings.

This activity will involve interviews with health care providers and managers about their skills, training, knowledge, and attitudes related to male circumcision clinical services, as well as an assessment of current facility capacity to provide safe, effective male circumcision services. Key considerations include needs in provider training, service infrastructure, equipment, and quality assurance, as well as attitudes and beliefs among health care providers about the possibility of providing this service to the general population. This activity would also be designed to help support another proposed initiative led by the UN family and others to assess the acceptability of male circumcision among adolescents, who would be a key target group, should these services be expanded. The main assessment will outline key steps that would need to take place in the health care sector, were male circumcision services to be up-scaled.

This activity links to the approach outlined in the five-year strategy to help our partners in Botswana assess biomedical innovations in prevention. As a country hard-hit by HIV/AIDS and with a low prevalence of male circumcision, this service could be an important complement to other prevention strategies. Over the next year, it is expected that national and international dialogue about the effectiveness of male circumcision for HIV and other disease prevention will continue, and this assessment represents an important step in assisting the deliberations and discussions.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Coverage Areas:

National

Table 3.3.06: Program Planning Overview

Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06

Total Planned Funding for Program Area:

Program Area Context:

HIV/AIDS has had a dramatic impact upon Botswana, and threatens the many developmental gains the country has achieved since its independence in 1966. According to the 2005 BAIS II survey, 289,000 Batswana are HIV+. This calls for strengthening palliative care services. Health care systems are already overburdened; statistics from the two main referral hospitals in Botswana indicate that about 70% of hospital beds are occupied by HIV/AIDS patients. At the household level, families are facing increasing health expenditures to meet the needs of family members with HIV/AIDS. At the same time, they are experiencing loss of income as productive family members become sick and die.

Strengthening palliative care services through an expanded network of care providers is essential to meet the needs of PLWHA. To help ensure a continuum of care from the hospital to the community, the Government of Botswana established a Community Home Based Care (CHBC) system, which by the end of 2004 had registered 12,000 patients nationwide. There are still many gaps in palliative care, including problems with coverage and quality of services offered through CHBC, as well as a lack of comprehensive palliative care services, which should encompass a continuum of care from symptom and clinical care to preventive care/"positive living," psychosocial and spiritual care, and end-of life support.

In 2002, the WHO supported a situation analysis of palliative care services. This assessment revealed many problems with the quality of care, including lack of understanding of the range of palliative care services, poor pain and symptom management, poor counseling, and little support to family members caring for PLWHA. Lack of palliative care training is a major problem; there is a lack of palliative care skills among care providers, as well as an overall limited number of service providers. Care facilities are also limited. There are limited human, material and financial resources for providing community and home-based care and day care services for PLWHA.

Policies and service delivery guidelines are also lacking, including pain management protocols. Narcotics, which are essential to effective pain management for PLWHA, are on Botswana's "Essential Drug List" and can be prescribed by physicians. However, awareness about and usage of narcotics is very low, and prescribing and dispensing primarily exists only in tertiary facilities in limited quantities. Lack of transportation makes it difficult to build on existing capacity to scale up palliative care delivery to other communities.

Through the EP, the USG will provide a crucial infusion of human and financial resources to rapidly scale-up access to adult and pediatric palliative care services, as well as to strengthen the long-term capacity for comprehensive palliative care training and service delivery. Palliative care guidelines and training modules are currently being developed; these will be used to train health care providers in palliative care, including the management of opportunistic infections. The African Palliative Care Association has already trained 20 nurses in palliative care service delivery, and this collaboration will continue in 2006. We expect that by March 2007, 5,460 health care providers from government, NGO, and private sectors in all the 24 health districts will have been trained in palliative care, including the management of opportunistic infections. Training of trainers in all districts will facilitate continuous training at the district level, which will further increase the number of health care providers with sound palliative care skills. Availability of guidelines, pain management protocols, and a large number of skilled personnel will increase PLWAS' access to quality palliative care services, thus improving their quality of life.

Two activities listed under 3.11 (#3565 and #4955) contribute as well to the program area targets.

Program Area Target:

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	26
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	17,076
Number of individuals trained to provide HIV-related palliative care (including TB/HIV)	

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 4456
Planned Funds:
Activity Narrative: C0601 Ministry of Health.

By the end of 2005, we will have developed guidelines and training modules, trained 5 master trainers and 280 service providers on palliative care, and 2500 health workers on the revised guidelines for the management of opportunistic infections. The African Palliative Care Association has already trained 20 nurses in palliative care service delivery. We have also engaged one consultant to provide technical support for the implementation of the FY05 Plan. Collaboration with the African Palliative Care Association will continue in the form of training of trainers in palliative care. For FY 06 we will increase the number of care providers with the necessary skills by continuing to train service providers in palliative care, including the management of opportunistic infections, with support from two consultants (one for management of opportunistic infections and the other for palliative care training). The consultants for palliative care training will also continue to develop technical support for the development of training materials, including a special module/manual for PLWHAs who are disabled. The other objective for FY06 Plan is to strengthen collaboration among community palliative care stakeholders. This will be achieved by conducting a national palliative care conference.

Outcomes expected from the FY 06 PLAN
Train 280 service providers on palliative care
Train 2500 service providers on management of opportunistic infections
Conduct a national conference on palliative care
Hire a consultant to train health workers on management of opportunistic infections
Hire two consultants to strengthen capacity of the Ministry of Health for provision of leadership on palliative care and for of continuous training of service providers on palliative care.
Hire a consultant to develop guidelines, a training manual, and other IEC materials for PLWHAs living with disability (e. g blindness, deafness, mental retardation)

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Indirect Targets

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)=707//
Number of individuals trained to provide HIV palliative care (excluding TB/HIV) =280//
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)= 55,000//

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	PACT
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	4536
Planned Funds:	
Activity Narrative:	C0602 Pact.

The objective of this activity is to strengthen the HIV and AIDS civil sector response in Botswana. In this small and medium-sized grants program, PACT has identified organizations that it will support to increase the quantity of the serviced population and improve the quality of their interventions. Organizations are assisted to build upon their existing strength and to target undeserved populations. PACT in this award includes prevention, care and treatment that are necessary to provide a comprehensive program to Botswana and to accomplish the goals outlined in the Presidents Emergency Fund.

This activity refers to those funds set aside for the support of NGOs, CBOs, and FBOs working in palliative care, as a continuation of the project begun in FY05. The support includes not only direct grants for program activities but also organizational strengthening through assistance provided by Pact in areas such as accounting, monitoring, planning, proposal writing, collaboration, networking, and other related skills. An estimated 8-10 indigenous organizations will be supported under this activity for palliative care work. As the awards for FY05 have not yet been made, we are only able to list the partners who have made it into the final round of award assessment here. Evaluation for this activity is ongoing.

This activity links to the Pact under AB (P0205), as well as the Pact award entries under OVC (C0804), and system strengthening (X1407).

COPRS/REF. This activity links to the Pact under AB (4533), as well as the Pact award entries under OVC (4537), and system strengthening (4538).

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	2,000	☐

Target Populations:

Adults

Community-based organizations

HIV/AIDS-affected families

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	ITECH
Prime Partner:	University of Pennsylvania
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: Basic health care and support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	5032
Planned Funds:	
Activity Narrative:	C0603 I-Tech/University of Pennsylvania.

The heart of the UPENN program in Botswana consists of direct care for the HIV-infected patient in the inpatient setting of Princess Marina Hospital (PMH). To date more than thirty medical students, residents, and consultants from the university have journeyed to Botswana to participate in the program here. These individuals form the core of the medical teams responsible for 1/3rd of all medical admissions to Princess Marina Hospital and are supported by rotating members of the Princess Marina Hospital medical staff who work with them on an intermittent basis. Through collaboration with staff and physicians, the university trainees will gain an understanding of developing world medicine in addition to an intensive exposure to the clinical problems and management of the HIV positive patient. At the same time, the interaction with local health care workers will increase knowledge in HIV management, and maintain international standards of care benefiting therefore the national ARV service.

Princess Marina Hospital, Gaborone.

The University of Pennsylvania proposes to continue its current activities at Princess Marina Hospital, which include providing inpatient medical care to patients admitted to two medical wards. We will provide one faculty member to supervise care on each ward and one medical resident to work under the supervision of the faculty. We also expect one Penn medical student to be present on each ward. Penn Physicians will work closely with Botswana medical officers at Princess Marina Hospital, thus building capacity among Botswana physicians to care for HIV patients and to understand advanced approaches to diagnosis and treatment. Penn physicians will participate in HIV outpatient care 1-2 days a week, and perform outreach consultation at surrounding hospitals and clinics. In addition, Penn physicians will be involved in teaching a weekly lecture series for the house officers at Princess Marina Hospital and will participate in a weekly journal club.

Nyangabgwe Hospital, Francistown.

The University of Pennsylvania will establish an inpatient and outpatient program at Nyangabgwe Hospital in Francistown in October 2005. We will provide two faculty-level physicians and residents to staff the medical wards and clinics. The program in Francistown will be similar to the one in Gaborone. The goal is to integrate the Penn physicians with medical officers from Nyangabgwe Hospital to build capacity among physicians in Botswana.

Emphasis Areas	% Of Effort
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	☐
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)	3,600	☐

Indirect Targets

Number of service outlets providing HIV-related palliative care (excluding TB/HIV)= 10//
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)= 2,500//
Number of individuals trained to provide HIV palliative care (excluding TB/HIV)= 37//

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Key Legislative Issues

Twinning

Coverage Areas

North-East

South-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5122
Planned Funds:
Activity Narrative: C0604 TBD Prevention for Positives.

This activity is a needs assessment of ways to strengthen prevention for people living with HIV/AIDS (PLWHAs) in both clinical and community settings. As such, the activity will gather information from public and private health care providers, employees of the Government of Botswana, PLWHAs, HIV/AIDS-affected families, caregivers, and civil-sector organizations including NGOs, CBOs, and FBOs. This activity is not related to any other COP entry.

The broader objectives that this activity serves are (1) to find ways to empower PLWHAs in Botswana to live positive, healthy lives and (2) to help and encourage PLWHAs to reduce HIV transmission to their partners. This assessment will help the USG, the Government of Botswana, and other partners identify and prioritize opportunities to strengthen prevention services for PLWHAs.

Under this activity, a local contractor will

(1) conduct in-depth and focus group interviews with service providers in ARV, VCT, IPT, PMTCT, and other relevant clinical sites about (a) their current practices in addressing risk reduction for their HIV-positive (or suspected HIV-positive) clients, (b) barriers to strengthening those practices, and (c) opportunities for doing so.

(2) review curricula and training for lay and professional counselors and other health care workers, in the provision of adequate information and skills for prevention services for PLWHAs,

(3) conduct in-depth and focus group interviews with leaders and members in PLWHA support groups and other civil society organizations about how prevention services could better serve them, and

(4) conduct in-depth interviews with key government officials (policymakers and technical officers) on these issues.

This work plan may change, as further consultations are held about the project. Regardless, the assessment will be comprehensive, involve numerous interviews, and be nationwide in scope, including rural and urban areas. The methodology should be participatory to the extent possible, and PLWHAs will be encouraged to be involved in every stage of the project.

The results should be disseminated and discussed through numerous means, including the media, written reports, dissemination meetings, and meetings with key officials.

If time and funding allow, some recommendations from this assessment will begin to be implemented as part of this project, such as additional technical working meetings, guidelines development, and IEC development.

Emphasis Areas	% Of Effort
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Host country government workers
Public health care workers
Private health care workers
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Palliative Care: Basic health care and support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 5125
Planned Funds:
Activity Narrative: C0690-P Management.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑

Table 3.3.07: Program Planning Overview

Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07

Total Planned Funding for Program Area:

Program Area Context:

Botswana suffers from the second-highest estimated rate of TB (594/100,000 in 2003) in the world and reports more than 12,000 cases annually. Based on a national survey in 2002 and a targeted evaluation of HIV testing uptake among TB patients in 2005, it is estimated that between 60% and 84% of TB patients in Botswana are HIV-infected, and the leading cause of death among adult PLWHA in Botswana is TB. Botswana policy indicates HIV-testing for all TB patients, and states that all HIV+ TB patients should be referred for HIV care and treatment services. While approximately 46% of TB patients in Botswana are currently tested for HIV as a result of the routine HIV-testing policy implemented in 2004, there remain many missed opportunities to test TB patients (including children).

To ensure adequate care and to prevent new infections, the health system must strengthen systematic referral systems linking HIV+ TB patients and HIV patients who develop TB with appropriate clinical care. A significant number of co-infected patients are not receiving comprehensive follow-up on referrals. Further, 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. In Botswana, there are approximately 7500 TB-HIV co-infected cases per year. These persons could potentially access ARV therapy and therefore contribute to reaching the Presidential Initiative ARV treatment goal in Botswana of 72,000 over 5 years.

USG (through CDC/Division of TB Elimination) has provided technical assistance to Botswana since 1996. Most recently, the Botswana National TB Program (BNTP) completed a TB/HIV training needs assessment and baseline evaluation of TB/HIV service integration monitoring and evaluation indicators. The results of both studies were used to develop and implement a training curriculum on expanded TB/HIV surveillance for TB and HIV program staff within the Ministry of Health. Through this effort, 72 representatives (3 per district) were trained on essential components of TB/HIV surveillance. Rollout of this training and related activities, such as a follow-up evaluation of HIV testing uptake and service integration, is slated for late 2005 and early 2006.

Through non-EP USG activities, an annual survey on the rate of TB infection was also recently completed. Results of this survey will permit Botswana to assess the efficacy of the TB control efforts so important to PLWHAs. Also with the USG assistance, an electronic TB register (ETR) was implemented nationally in 1998. More recently, new computers were purchased for each district so that a Windows version of the ETR will soon be available. The Windows-based ETR enables detailed monitoring of HIV-testing of TB patients, and will provide data essential for the monitoring and achievement of EP targets.

In addition, support has also been sought through the Global Fund for AIDS, TB and Malaria mechanism for BNTP activities related to DOTS expansion and strengthening of TB/HIV services. The World Health Organization (WHO) has provided assistance with TB/HIV integration issues and will continue to maintain a supportive role in TB activities in Botswana through the provision of technical guidance on a variety of subjects related to TB/HIV. Most recently, with WHO support, the Botswana National TB Program has begun implementation of Community TB Care to improve access to TB care.

Program Area Target:

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	2,490
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500
Number of HIV-infected clients given TB preventive therapy	250

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 4457
Planned Funds:
Activity Narrative: C0701 Ministry of Health.

This activity will provide direct support to the Ministry of Health. The program comprises multiple components that address the five-year strategic plan. Principal aims include (1) continuation of isoniazid preventive therapy (IPT) program services, (2) strengthening linkages and referral networks between the Botswana National TB Program (BNTP) and MASA (the national ARV program), (3) expanding and improving the quality of services provided to co-infected patients, (4) additional surveillance activities, and (5) activities to increase awareness of TB/HIV in the general public.

(1) Isoniazid Preventive Therapy Programme ($222,000). Through the USG-funded activities, isoniazid preventive therapy (IPT) was piloted in Botswana in 2001; by 2004, a national IPT Program had been implemented throughout all 24 districts. Through this program, all eligible PLWHA are screened for symptoms of active TB disease, and if eligible, placed on preventive therapy. 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 (a) maintain high levels of training of district and local staff, (b) improve program monitoring and evaluation, and (c) conduct a program review, which will provide quantitative measures of program progress. At the end of this plan period (September 2007), the Programme is expecting to recruit 7,000 IPT clients.

(2) Establishment of The Botswana TB/HIV Coordinating Body ($5,000). This activity, supported by the Ministry of Health, will focus on several policy issues related to joint plans for TB/HIV surveillance, treatment guidelines, and resource planning for service provision. Several action items, including issues related to expanded monitoring and evaluation for TB/HIV and the transfer of patient data between management information systems, are on the panel's agenda. Additional policy-level activities include finalization and dissemination of a revision of the Botswana National TB Programme Guidelines.

(3) Expanded TB/HIV screening services and activities and to co-infected populations ($200,000). Routine screening of HIV among TB patients is well-recognized as an essential tool to facilitate patient access to HIV treatment and care services. Expanded TB/HIV screening will improve access to the following services: (a) HIV testing among TB patients; (b) TB screening among HIV patients; (c) TB and HIV *cross-referral, allowing for the monitoring and evaluation (M&E), and then* improvement, of
- the percentage of HIV-positive patients with latent TB infection on and completing isoniazid preventive therapy (IPT),
- HIV+ TB patients on and completing treatment for active TB, and
- HIV-positive TB patients receiving and adhering to Cotrimoxazole Prevention Therapy (CPT) and ART.

(4) Additional surveillance-related activities include ($150,000):

- training in the provision of TB Directly Observed Therapy (DOT) for HIV+ TB patients and ARVs for healthcare workers in the workplace as well as for community home-based care volunteers;
- development of targeted HIV-prevention messages to TB patients and
- expanded contact screening of TB patients.

As previously described in the program context section, a baseline evaluation of TB/HIV service integration was conducted in 2005. A targeted post-evaluation

focusing on improvements in HIV-testing uptake among TB patients, improvements in referrals between Botswana National Tuberculosis Program and MASA, and documentation of the number of TB patients receiving ARVs, is planned for 2006.

The Botswana National Tuberculosis Program has begun to include HIV testing and treatment data within the routine TB surveillance system. National rollout of the changes to this system will be implemented in 2006. The implementation, monitoring and evaluation of the new Windows-based version of the electronic TB registry (ETR.net), which includes several HIV-related variables, and the collection of TB data in HIV surveillance systems in HIV care settings, will enhance the Ministry of Health's capacity to monitor TB/HIV program performance, strengthen the integration of HIV and TB services, and improve services for co-infected individuals.

Screening contacts of smear-positive TB patients is standard procedure in Botswana. 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.* Expansion of TB screening among at-risk populations (TB contacts, and in PMTCT settings) is planned for 2006.

(5) Improving the general population's awareness of TB/HIV ($50,000). A number of activities are needed to improve the general population's health and awareness of TB/HIV. 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 in TB patients can be treated.

Human resource capacity and transport remains to be the major challenges to the Programme. However, Training of trainers (ToTs) at district level might help to reduce the human resource gap. It is hoped that extra resources through EP will be provided for purchase of vehicles that are highly needed for district support visits

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	2,400	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Indirect Targets

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting = 707//
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease = 7,000//
Number of HIV-infected clients given TB preventive therapy= 10,000//

Target Populations:

Adults

People living with HIV/AIDS

Children and youth (non-OVC)

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Management HQ Core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	4478
Planned Funds:	
Activity Narrative:	C0790-H Management.

This activity covers technical assistance and travel to provide support for the Palliative Care TB/ HIV services including work with the Government of Botswana. Costs include TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	ITECH
Prime Partner:	University of Pennsylvania
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GAC (GHAI account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	5158
Planned Funds:	
Activity Narrative:	C0702 ITECH/ University of Pennsylvania.

Tuberculosis (TB) is endemic in sub-Saharan Africa, but because of the burgeoning HIV epidemic, its epidemiology and clinical impact have been dramatically altered. HIV infection leads to progressive immune deficiency and increased susceptibility to many different infections including tuberculosis. HIV infection has dramatic effects on the epidemiology, clinical manifestations and morbidity of TB and the same has been demonstrated for TB's effect on HIV.

Prior to the year 2000, the total number of TB cases reported to the Botswana National TB Programme (BNTP) was less than 9,000. However, since 2001 there have been more than 10,000 cases reported each year with an estimated rate of 594 cases per 100,000 population. This dramatic rise is almost certainly secondary to the effects of HIV. Given the sizable problem of TB/HIV co-infection, health care services that previously were able to care for patients with TB alone are now stretched. They are at times ill-prepared to handle the special and complex problems raised by TB/HIV co-infection, such as atypical clinical presentations (e.g. extrapulmonary disease), drug-drug interactions or toxicities, and issues revolving around anti-retroviral therapy. In addition, separation of TB and HIV care, often in different facilities, can exacerbate the difficulties health care workers already face when caring for these patients.

To address the challenges related to the clinical complexity and referral networks and linkages between TB and HIV treatment programs, we propose to pilot a "Clinical Center of Excellence in TB/HIV Care" whose goals would be to provide 1) integrated, consultant-based palliative and ARV care for co-infected PLWHAs; and 2) education and training to health care workers within the national public health system regarding specific issues and challenges revolving around TB/HIV confection.

The program's direct-care capacity would be a referral-based system staffed by a full-time physician specialist from the University of Pennsylvania Health System (UPENN) and local clinical nurse familiar with anti-tuberculosis therapy (ATT) and ARV therapy. The focus of this care would be on diagnosis and management of complicated TB/HIV cases including extrapulmonary and smear-negative pulmonary disease, complications of drug therapy, or patients needing rapid initiation on and stabilization of ART. The Center will seek to establish formal ties and referral networks with the Botswana National Tuberculosis Program and MASA Programs, in order to effectively receive and treat complex co-infected patients, and to provide consultative services where required to both national programs. University of Pennsylvania staff will also work with MASA and Botswana National Tuberculosis Program to identify and provide workable solutions for rapid referrals and patient information transfer between the Botswana National Tuberculosis Program and MASA programs.

The physician specialist will also function as an outreach coordinator making pre-arranged visits to regional infectious disease care clinics (IDCCs) and/or TB clinics to consult on difficult individual cases and to provide interactive or didactic training on issues in the care of co-infected persons. Such sessions could include lecture series on such topics as the diagnosis and management of HIV/TB, demonstrations on specialized procedure techniques such as pleural biopsy, or small group tutorials to update clinicians and other care providers on recent treatment guidelines or breakthroughs in the field of TB/HIV co-infection.

In order to carry out its goals, the program will acquire the equipment necessary

to conduct specialized mycobacterial testing not routinely available (e.g. sputum induction, mycobacterial blood culture, etc); perform lab and adherence monitoring; make decisions initiation of anti-tuberculosis therapy (ATT) and isoniazid preventive therapy (IPT), cessation and dosing according to Botswana National ARV Guidelines; and prescribe anti-retroviral medications and necessary prophylactic medications. Center staff will also have the ability to travel to local clinics or district hospitals to provide outreach and educational services. The program will be based at the Princess Marina Referral Hospital in Gaborone, Botswana

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	☐
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards	50	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500	☐
Number of HIV-infected clients given TB preventive therapy	250	☐

Target Populations:

People living with HIV/AIDS

Public health care workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	Management Local core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	*HHS/Centers for Disease Control & Prevention*
Funding Source:	Base (GAP account)
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	5159
Planned Funds:	
Activity Narrative:	C0790-P Management.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) for HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) according to national or international standards		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of HIV-infected clients given TB preventive therapy		☑

Table 3.3.08: Program Planning Overview

Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08

Total Planned Funding for Program Area:

Program Area Context:

The Government of Botswana (GOB) continues to provide care and support through the Short Term Plan of Action (STPA) 1999-2003 for children orphaned and made vulnerable (OVC) by AIDS. The plan defines an orphan as a child under 18 years who has lost one (single parent) or two parents (a married couple), whether they are biological or adoptive. Registration of orphans is ongoing, and about 51,600 have been registered to date. However there is a gap between the number of registered orphans and what is projected by different studies; the 2001 Botswana Census estimates there are 111,828 orphans. Given the HIV prevalence rate of 37.4% among pregnant women, it is estimated that the number of orphans will increase to 159,000-214,000 by 2010. There are still many OVC whose needs are not being adequately met, which predisposes them to abuse and exploitation.

Currently there is limited capacity within government and the civil society to address the issue, as well as a lack of effective coordination. However, there is strong government commitment, as well as access to additional funding sources. The GOB, through the Ministry of Local Government (MLG) and other partners, continues to support initiatives including provision of food, clothing and school expenses for orphans; registration of orphans; evaluation of the STPA funded by UNICEF; and the development of Psycho Social Support (PSS) guidelines through Global Fund resources. The MLG recently finalized regulations on alternative care to address issues related to OVC and guide the implementation of care at the institutional and community level.

In 2004 and 2005, USG provided support to train community caregivers, undertake PSS kids' camps, provide educational materials, provide day care center services and community outreach, strengthen capacity of 18 CBO/FBO/NGOs, and facilitate the growth of an OVC network through the Ambassador's HIV/AIDS Initiative. USG funding enabled the expansion of ongoing programs through UNICEF and Futures Group International, and identification of Pact International, a partner to provide capacity building and grants to FBO/CBO/NGOs. Technical support has been provided through a full time NGO/OVC Coordinator to provide guidance to the GOB and the USG on implementation and coordination of planned activities.

The 5 year USG HIV/AIDS Strategic Plan outlines key strategic areas that still need to be addressed. There is a need to scale up multi-sectoral programs to address the needs of OVC. Ongoing efforts at all levels will continue to need technical and financial support from the USG in the areas of community mobilization, policy development, strengthening management and referral structures, educational and health needs of children affected by HIV/AIDS, service delivery, and advocacy. We will significantly increase support for activities dealing with children orphaned by AIDS in FY 06 through partners such as UNICEF, Pact, Futures Group International, Ministry of Health, and the Ministry of Local Government. In addition, the Ministry of Education has been identified as a new partner to support activities related to re-introduction and retaining children in school as well as linking them to the community structures for PSS.

Activities in 2006 will include (1) grants provision to 10 additional CBO/FBO/NGOs through Pact, (2) capacity strengthening of 32 CBO/FBO/NGOs through UNICEF and Futures Group International, (3) reintroduction of children into the school system, and (4) strengthening coordination structures at district and village levels by MLG. The MLG remains the principal coordinator of all the OVC interventions undertaken in the country. Through MLG and the National AIDS Coordinating Agency, activities are harmonized to ensure that there is no duplication with the Global Fund and other partners. All orphans and vulnerable children activities are aligned with National HIV/AIDS Strategic Framework (Goal 4 Objective 4.1).

Program Area Target:

Number of OVC served by OVC programs	22,440
Number of providers/caretakers trained in caring for OVC	2,415

Table 3.3.08: Activities by *Funding Mechanism*

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: *GAC (GHAI account)*
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4458
Planned Funds: [redacted]
Activity Narrative: Coouz Ministry of Health.

This is a continuation of the 2005 Ministry of Health activities. The USG funds made possible the establishment of a rehabilitation unit for malnourished children infected with HIV/AIDS in two referral hospitals (Nyangabgwe Hospital in Francistown and Princess Marina Hospital in Gaborone). These serve as model care centers 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 nationwide. Emphasis areas will focus on training health care workers, specifically targeting dieticians and pediatricians. The rehabilitation unit is located in the referral hospital *and relevant renovation will be done to the unit for it to adequately be utilized.*

The Ministry of Health supports an expert in the field of child nutrition to set up rehabilitation units in Nyangabgwe and Princess Marina hospitals. 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. 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.

For FY06, the two referral hospitals will build on past activities and will strengthen human resource capacity of the project to ensure and maintain quality service. The funding will go towards hiring two project officers who are dietidans specialized in pediatric nutrition to coordinate the services provided at the units, two full time social workers, and two home economists. Another component of the project will be to roll it out to the community, and therefore funds will be utilized for transportation to the community for follow up purposes and home visits. There will be collaboration between the Ministry of Health (at the two hospitals), Family health *division (Nutrition Unit) and local government to facilitate community outreach.* A needs assessment will be carried out at community based organizations regarding nutritional needs. There will be collaboration between Ministry of Health and UNICEF-supported NGOs. The Emphasis for year 2006 therefore will be on building human resource capacity, scaling up training for primary care givers (parent/guardian), training health care workers, and also reaching out to community based organizations dealing with OVC to empower them with knowledge on the nutritional care of children infected with HIV/AIDS. This activity will facilitate improving the ability of caregivers and service providers to support holistic health care *for children as outlined in the five-year strategy.*

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	☐
Number of providers/caretakers trained in caring for OVC	360	☐

Indirect Targets

Number of OVC served by OVC program = 300//
Number of providers/ caretakers trained for caring for OVC= 10//

Target Populations:

Community-based organizations
Faith-based organizations
Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
HIV positive infants (0-5 years)
HIV positive children (6 - 14 years)
Caregivers (of OVC and PLWHAs)
Other health care workers (Parent: Public health care workers)

Key Legislative Issues

Wrap Arounds

Coverage Areas

North-East

South-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: United Nations Children's Fund
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4470
Planned Funds:
Activity Narrative: C0805 UNICEF.

This is a continuation of activities from COP 04 and COP 05, providing support to 8 CBO/FBO/NGOs. The allocated funds were used to support feeding programs, psychosocial support (PSS) activities, learning materials, play equipment, vehicles, volunteer allowances, and office equipment to enhance project management functions at the project level. These funds were not sufficient to last for the entire funding year, and other planned activities could not be implemented due to depletion of the funding. The activities that were not completed are development of M&E tools and training and research and documentation of practices.

In FY 06, there is need for additional funds to strengthen OVC community-based organizations and extend the services to 4 additional organizations. Based on experience from 2004 and 2005, it has been established that the budget allocation will not be sufficient given the fact that the sub partners are ever increasing their coverage in numbers of children, which calls for additional resources to support the provision of services. Hence there is need for additional volunteers, training, activities, equipment, and materials.

Additional funds will cover the expansion of projects; conduct more training workshops, more activities for children, and more mobilization activities. Funds will also be needed for documentation of best practices, packaging information and experiences of projects, which will be valuable information for project planning and resource mobilization purposes. Funds will be needed for a consultant to review and evaluate as well as report on the dissemination of the current training program for Integrated Early Childhood program service providers (BOKAMOSO model) trial to become a model training program. The program will become a school of excellence, offering training modules for various levels of practice and certification to community organizations working with children orphaned and vulnerable by AIDS; support for OVC research activities; project support to improve internal processes; support for community mobilization (development and piloting of package/blueprint for private sector, parliamentarians, councilors, local authorities).

Linkages with Marang Child Care Network and Peace Corps will be made in order to facilitate better coordination and scaling up of services. This partnership will enhance monitoring activities and ensure that there is no duplication of services. UNICEF will use its comparative advantage and access to international instruments to support the Network and link them with similar organizations in the region.

In order to ensure that there is sustainability and growth in the organizations supported, capacity building of key project management staff includes sustainability planning. UNICEF requires NGOs to show how they will grow into well established and sustainable organizations. This training equips the project management personnel with information and skills on building powerful networks with other organizations such as the private sector, which can support income-generating activities at a larger scale. On a smaller scale UNICEF does provide limited funding to income-generating activities, which simultaneously develop entrepreneurial/life skills/economic empowerment of youth and adolescent OVC in preparing them for exit from the support program. Funds for these activities are useful in meeting some operation costs such as communication and utilities.

These activities, continued from 2004 and 2005, have shown positive results; NGOs which were new in operation having independently established new partnerships with other donors, have mobilized funds from community members and

private sector, and are also better able to handle the increasing number of OVC.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	8,000	☐
Number of providers/caretakers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Caregivers (of OVC and PLWHAs)
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Central

Ghanzi

Kgalagadi

Kweneng

North-East

North-West

South-East

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: PACT
Prime Partner: Pact, Inc.
USG Agency: U.S. Agency for International Development
Funding Source: *GAC (GHAI account)*
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4537
Planned Funds:
Activity Narrative: [illegible]

This is a continuing activity from COP 05. The USG provided funding 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 is 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 in strengthening their areas of coordination, advocacy, organizational capacity building, strategic planning, monitoring and evaluation, and service delivery.

The umbrella organization, Botswana Network of AIDS Service Organizations (BONASO) was selected amongst 3 existing ones to be the implementing partner. Using the funding from 05, Pact was able to work with BONASO and do organizational needs assessment and develop a work plan towards meeting the identified needs. Furthermore, Pact undertook a competitive process for local organizations to apply for grants. The process is still ongoing, and 13 sub partners have been short-listed to participate in the final selection stage. The process was fully inclusive of all the key partners in the country with representatives from government of Botswana, USG Emergency Plan agencies, and BONASO.

In FY 06, Pact will continue to support the selected number of organizations from the 11 identified CBO/FBO/NGOs and also undertake a second announcement to select 10 additional organizations for funding. The funds will be used to provide grants and promote programs for OVC in areas such as service delivery, volunteer management, vocational training for OVC, income generating projects, equipment, material development, and needs assessment. Based on this approach, civil society contribution to the Botswana HIV/AIDS response will increase particularly in the area of OVC, and an NGO skill base will be developed to provide children's rights-based programs for OVCs.

Additional new partners will benefit from the Emergency plan. Through the efforts of other NGO's like Marang Child Care Network, under the Ambassador's Initiative, Pact will be able to penetrate hard to reach localities and also ensure that resources reach children. This activity will use polices and guidelines developed by Ministry of Local Government to enhance the overall national response on OVC and facilitate meeting the goals of the National Strategic Framework.

This activity links to the Pact proposal under AB (P0214), as well as the Pact award entries under palliative care (C0602), and system strengthening (X1407).

COPRS/REF. This activity links to the Pact proposal under AB (4534), as well as the Pact award entries under palliative care (4536), and system strengthening (4538).

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	3,900	☐
Number of providers/caretakers trained in caring for OVC	260	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Local Government, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4540
Planned Funds:
Activity Narrative: C0803 Ministry of Local Government.

This is a continuation of FY05 activities. The Ministry of Local Government (MLG) has funded services to support provision of basic needs to children affected by HIV/AIDS using the Short Term Plan of Action (STPA) (1999-2003). The STPA has outlived its time frame and UNICEF is funding a review and evaluation of STPA, which will lead to the development of the National Long Term Plan of Action. A National Situation Analysis on OVC will be conducted to inform the development of the Long -Term Plan of Action. Various Stakeholders, including USG and UNICEF, will play a critical role in providing financial and technical support to Local Government in carrying out the Situation Analysis. The assessment results will also facilitate effective and efficient planning for OVC programs and put mechanisms in place to document promising best practices.

The US Government provided funds for the activity, while the Ministry of Local Government is coordinating the process using a consultant. Using funds provided by Global Fund to fight AIDS TB and Malaria, the Ministry of Local Government is working with a consultant to develop training modules on psychosocial support (PSS). Using these modules Ministry of Local Government together with the consultant will facilitate training of trainers, community caregivers including teachers, social workers, community leaders and service providers such as FBOs, CBOs, and NGOs that work with children affected by HIV/AIDS. The training will cover 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. The training courses will be in partnership with regional and US-based technical bodies working on PSS.

The FY05 USG Funds will facilitate this event and secure facilities for workshops and facilitators. The consultant will facilitate a one (1) day workshop to disseminate the psychosocial support modules to the staff of the Department of Social Services and Chief Community Development Officers from the 15 districts, followed by a three (3) day training program on psychosocial support (PSS) for 26 OVC Coordinators and 26 Social Workers from hospitals (Clinical Social Workers). The training will further be extended to CBOs NGOs, FBOs, Social and Community Development, Social Workers, guidance and counseling teachers at five (5), 3-day regional workshops. These participants in turn will be equipped to train 500 other stakeholders such as caregivers, village leaders, and other service providers at the village level.

The funds will also be used to undertake the assessment and upgrading of the OVC registration SOBERS system. This activity contributes to achieving Strategic Outcome No. 4 of USG EP HIV/AIDS strategy for Botswana (2004 – 2008): the strengthening of the capacity of FBOs/CBOs/NGOs and other community based stakeholders to develop and expand holistic care and support services for OVC.

In FY 2006, Ministry of Local Government Department of Social Services (DSS) will enhance the effectiveness and efficiency of the OVC unit at the national level and enable the department to provide proactive services to at-risk children and families. Five consultants will be assigned to the DSS for one year (with the expectation of a two year term assuming continued funding levels) to provide expertise in the areas of services to older youth, NGO coordination, monitoring and evaluation, community education, and information and special projects including the psycho-social model development and dissemination. An increased technological capability is imperative in building the capacity of the DSS. Computers, printers, a copy machine, and a fax machine will be purchased using USG funds and will provide

a large step in elevating the efficiency of the Department. New computers will replace the oldest ones and the printers, fax and copy machine will provide equipment that does not currently exist in the general office area.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC	552	☐

Indirect Targets

Number of OVC served by OVC programs = 51,600

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Caregivers (of OVC and PLWHAs)
Implementing organizations (not listed above)

Key Legislative Issues

Wrap Arounds

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: *The Futures Group International*
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4892
Planned Funds:
Activity Narrative: C0801 Ambassador's HIV/AIDS Initiative.

This is a continuation of COP 04 and 05 activities whose focus has been on building the capacity of CBO/FBO/NGOs through training and material development on life skills, kids clubs, child counseling, volunteer training, community mobilization, and advocacy. Through this implementation, the community based organizations have organized themselves into a registered Network that will facilitate better coordination and create an environment conducive to learning and sharing resources in order to better achieve the 5-year strategic goals and the National Strategic Framework goal 4. Funds were also utilized to support the Nursing Association of Botswana in provision of a caring-for-caregivers program, and peer education programs for University students in order to reduce stigma and discrimination associated with HIV/AIDS.

First Intervention: Marang Child Care Network will (1) work to ensure that there is continued support for service delivery guidelines, and will continue to strengthen the capacity of CBO/FBO/NGOs for holistic service delivery. The current efforts will extend support to OVC initiatives at the community level to reach more vulnerable children, their families, and communities in at least 10 District Councils. This is intended to strengthen community based organizations to provide quality child protection and care services in the best interest of children orphaned and made vulnerable by AIDS.

The following activities will also be undertaken: (2) organizational development training to equip 150 committee members with programming skills for implementing effective management systems; (3) day care out-reach, which represents a growing form of intervention for children in need of care; 20 CBO/FBO/NGOs will be assisted to reach at least 600 OVC under the age of six with preschool and Psychosocial Support Services.

Quality control in service provision is also critical, therefore (4) training will be done on guidelines developed by the Ministry of Local Government (MLG) to scale up legal and policy interventions in the areas of fostering, adoption, child counseling, and family placement including criteria of institutional care for 120 program managers and coordinators. Documentation of lessons learned and best practices emerging from the implementation of scaled up initiatives, and monitoring and evaluation of OVC services remains one of the important emphasis areas.

Marang Network will (5) hire a project officer and an administrative officer to support the secretariat. In addition, (6) child focused outreach will be provided through life skill camps, based on the registered number of orphans, approximately 5,000 OVC will be reached through 20 NGOs/FBO/CBOs. Marang Network will also work to strengthen community-based responses through mobilization, advocacy, and empowerment of 200 key stakeholders within communities served by participating CBOs. The project is linked to the UNICEF activity, which is particularly well placed to compliment current child care programs by offering funds for provision of transport, educational equipment, computers, play facilities, and manpower, which are significantly needed by trained personnel to operationalize acquired skills. The goal is to facilitate delivery of service that is well-linked, free from competition and duplication, but highly networked to maximize OVC reach at the family level. As the governance improves, community organizations will have increased capacity to access funding from PACT, the Global Fund, and other donors.

The training component of this activity will be linked to the guidelines on

psychosocial support (PSS) and Nutrition for HIV positive Children. Marang will work with Nyangabgwe Hospital in Francistown and Princess Marina in Gaborone to integrate training on nutrition and make use of all policy guidelines coming out of Ministry of Local Government to train the members.

Second Intervention: In the second intervention the funds will be used to support continuing work of Society of Students Against AIDS (SAHA), which brings together the university community to raise awareness and mobilize them for voluntary counseling and testing (VCT), peer education, and community participation. The activity also develops strong leadership among young people in the response to HIV/AIDS. Many of the graduates leave to join the work force in senior positions with influence. They are also seen as role models by secondary school students and therefore there is a need to maintain the linkages through SAHA's outreach program to schools and the community.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	5,000	☐
Number of providers/caretakers trained in caring for OVC	300	☐

Indirect Targets

Number of OVC served by OVC program = 5,000//
Number of providers/caretakers trained for caring for OVC= 20//

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Caregivers (of OVC and PLWHAs)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	4893
Planned Funds:	
Activity Narrative:	C0808 Peace Corps.

Having laid the groundwork in FY 2005, Peace Corps Botswana is launching a program in 2006 to address the urgent need for civil society to play a more significant role in the care and support of orphans and vulnerable children and to fully participate in the national fight against HIV/AIDS. The NGO/CBO/FBO Capacity Building project meets the Emergency Plan objectives in terms of the prevention of new infections and increasing access to quality care and support. It will also promote an increase in access to and the use of services, including HIV Counseling and Testing, home based health care, and ARVs.

Funds will support 11 Peace Corps Volunteers working with FBO/CBO/NGOs that are mobilizing and implementing community-based OVC programs. Program expenses include Volunteer support such as trainee pre-arrival costs, travel, pre-service and in-service training, living and readjustment allowances, housing and medical costs and in-country and HQ administrative and human resource costs including two local staff positions to support this program.

Following eight weeks of training, the Volunteers will be placed with one or more organizations for a full two-year period. The Volunteers will report to an NGO Capacity Building Program Assistant and/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.

Peace Corps has chosen to partner with Botswana Network of AIDS Service Organizations (BONASO). A third-year Volunteer has already been assigned to work with BONASO 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 BONASO to increase skills in project design and management, monitoring and evaluation, reporting and the documentation of best practices. The ten Volunteers who will be assigned to work with individual service organizations will be engaged in the:

-introduction and/or strengthening of appropriate programming strategies and programming skills (i.e. design, implementation, monitoring and evaluation);
-growth of organizational capacities (management , financial, administrative, etc.) and the establishment of appropriate and effective systems;
-development of networks among NGOs/CBOs/ FBOs, government, private sector ,and international partners;
-stimulation of creativity and growth of both the confidence and skills needed for successful resource mobilization;
-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;
-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; and
-expansion of community understanding concerning available government services.

Peace Corps and UNICEF have agreed to explore possibilities for collaboration in the provision of technical assistance to community-based organizations to enhance their project implementation and management capacities, which will maximize the impact of EP resources.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑

Indirect Targets

Number of OVC served by OVC programs = 4840//
Number of providers/caretakers trained in caring for OVC = 500//

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Education, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4898
Planned Funds:
Activity Narrative: C0806 Ministry of Education.

The Circles of Support for Orphans and Vulnerable Children (COS) is a new initiative that the Ministry of Education will be implementing. This project was piloted in Botswana, Namibia, and Swaziland by the Southern African Development Community (SADC) with financial support from European Union. In Botswana the project was piloted in 16 schools in the southern region of the country, covering two districts and two town councils. The Pilot is coming to an end in December 2005. The Ministry of Education has developed a Botswana-based model that it is planning to roll out nationally. COS is a community and school-based multi-sectoral approach to meeting the OVC needs. It is a practical approach to addressing the psychosocial support (PSS) needs of individual children by facilitating the linkages in the local network of support to retain and reintroduce children to the school and ensure that they realize their academic potential. This initiative came about as a result of the challenges the Ministry was facing in meeting the needs of OVC in the schools and linking them with services outside the school. The ministry has 5 Education regions of South, South Central, Central, North and North- West across the country, which comprise of a series of districts. Given the magnitude of the coverage areas, the ministry intends to roll it out in phases.

In FY06, the first phase of the activity will cover the South, South Central, and Northwest regions which are made up of 444 schools. The project aims to reach 200 schools. The three regions have been selected based on the need to cover the remaining schools from the pilot project as well as address the geographical needs of the other two regions, which have very poor communities, hard-to-reach places, and therefore have limited access to basic social services.

Activities will include a consultative process; consensus building sessions will be conducted at national, district, local, and school level. At the national level, a meeting for about 30 partners and stakeholders will be held to share pilot findings and the roll-out plan. At district levels, a series of meetings will be held for about 30 multi-sectoral participants at a sitting to mainstream the project into the District Multi-sectoral Committee existing structures.

The meetings will also involve capacity building to mobilize for implementation. The Institute for Development Management (IDM) will train education officers and social workers as Trainers of Trainers in each participating area. The number of officers will depend on the size of the area. For North- West, 4 officers, South Central, about 8 officers and 4 officers in the South region. Trained officers are to cascade the concept to other officers as well as to support schools. These trained officers would further train school administrators, school conveners, neighborhood agents and social workers. In each school, 10 members of the Circles of Support will be trained. An estimated 1,000 personnel will be trained on identifying, caring for, and supporting OVC. Training on psychosocial support (PSS) will have been taken care of by the Ministry of Local Government activity which will be done nationally. Training manuals and other support materials will be produced by consultants as reference materials, and each trained personnel will have a package.

One of the crucial components of this project is monitoring and evaluation, so officers will undertake monitoring visits to schools to check implementation progress, give on-site support tracking in-school registration of orphans, completion of other monitoring tools, and assessing learner performance and OVC access to support services. This is to ensure that OVC remain or re-enter the school system. It is also to ensure that OVC are able to access available government social services.

Consultants will develop case studies in the different locations based on data collected from the schools. Case Studies will indicate different scenarios experienced by different schools in supporting OVC. These experiences will be documented and shared amongst schools as exchange of ideas and lessons learned.

Lastly, depending on gaps identified in the implementation of the project, policy reviews will be undertaken. This activity links with all the other activities under OVC because the project will call for all partners to bring their expertise and resources to bear in ensuring that OVC access services. The Ministry has a stakeholder committee at the national level that monitors implementation and brings together all the players.

The activity could not have come at a more opportune time because the government is re-introducing school fees and this could make it difficult for OVC to afford school. Therefore, having structures at the community level will go a long way in ensuring that children are not lost in the system. It also supports the strategic outcomes in the EP 5 year strategic plan.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	6,000	☐
Number of providers/caretakers trained in caring for OVC	1,000	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Policy makers (Parent: Host country government workers)
Caregivers (of OVC and PLWHAs)
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Kweneng

North-West

Southern

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Catholic Relief Services
USG Agency: HHS/Health Resources Services Administration
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4899
Planned Funds:
Activity Narrative: C0807 Catholic Relief Services.

Catholic Relief Services (CRS), in close collaboration with the Catholic Diocese of Francistown, will work to improve the security and quality of life of 3,345 orphans and vulnerable children (OVC) affected by HIV and AIDS in the northern districts of Botswana. This will be accomplished by: increasing the capacity of 10 preschool institutions to provide preschool education to 600 OVCs; supporting the implementation of 45 OVC-led civil society and community training and strengthening projects, engaging and supporting OVC and peers aged 8-17, caregivers, community volunteers, civil society organizations, and government structures to reach 2,295 OVC; facilitating access to vocational training for 450 OVCs up to 20 years old in 45 villages; and increasing the capacity of the Diocese of Francistown to implement HIV and AIDS programming. The project will enable communities and society as a whole to accept responsibility for the care and protection of OVCs and the larger social and stigma issues associated with the HIV and AIDS pandemic.

Additionally, the organizational capacity of the Diocese of Francistown to implement long-term strategic HIV and AIDS programming, including ART, will be increased. CRS is prepared to expand this project to include more sites in Botswana, and ART to vulnerable communities who do not have access to government services.

CRS and the Diocese of Francistown will invest significant time and resources in organizational capacity building and strategic planning for the Diocese, with the goal of preparing for future needs in addition to responding to the present. The Diocese will increase coordination of activities with other NGOs and government actors. CRS will contribute significant resources to this process through technical assistance and training from the Southern Africa Regional Office and other experts in OVC programming in the agency, and utilization of training modules for building organizational and technical capacity in project management, advocacy, and Integral Human Development (IHD) developed by experts in the field, and tested and refined through ongoing programs.

The Government of Botswana has developed a comprehensive, multi-sectoral plan for HIV and AIDS prevention, care, and treatment. CRS and the Diocese of Francistown will work with the appropriate government ministries to contribute to this strategy through supporting the livelihoods development of OVC, building organizational capacity of the NGO/FBO sector, and reinforcing the critical link between civil society actors and key government officials at all levels.

There are many opportunities for coordination with other national and local level organizations and potential resources. There are three national level umbrella organizations supporting CBOs implementing various HIV and AIDS related projects. The U.S. Peace Corps is also implementing an initiative to place MPH level volunteers who have specialized in HIV and AIDS with District Health Offices. Opportunities exist to place these volunteers in Districts targeted by the project. The project staff will also participate in District level coordination meetings between all actors in HIV and AIDS programming.

CRS proposes activities that will ensure a variety of integrated social support mechanisms to OVCs at all stages of childhood development: preschool, primary and secondary school, and the transition to post secondary. OVCs in each target village will be identified through a community self-select activity organized during the initial Participatory Rural Appraisal process. Established government lists of registered orphans and destitute children will also be referenced.

The project activities are designed such that OVCs, with support from communities and project staff, will have the opportunity for leadership, making their own decisions, and holding themselves accountable for the results. With support and encouragement from adults in the community and project staff, OVCs will be the primary leaders of project activities, including problem analysis, training, implementation of community projects, and program evaluation. Opportunities for experience sharing will also increase support and inspire new ideas.

By focusing on strengthening community organizations, soliciting support from the community members and other actors, and introducing advocacy techniques, the project participants will lay or enhance the organizational framework for communities to mobilize themselves to engage more in their government, understand policy and decision making, and get involved in protecting their livelihoods of OVCs.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	3,345	☐
Number of providers/caretakers trained in caring for OVC	460	☐

Target Populations:

Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North-East

North-West

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Track 1
Prime Partner: Hope Worldwide
USG Agency: U.S. Agency for International Development
Funding Source: GAC (GHAI account)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 4901
Planned Funds:
Activity Narrative: C0809 Hope Worldwide.

HOPE worldwide will continue efforts to strengthen the capacity of families and communities for the provision of care to children orphaned by AIDS. HOPE worldwide/South Africa will provide OVC technical assistance through training and community based mobilization.

HOPE worldwide, in collaboration with local Rotary clubs, will continue to 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 and Molepolole. The 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.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100

Targets:

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	1,500	☐
Number of providers/caretakers trained in caring for OVC	20	☐

Target Populations:
Community-based organizations
Faith-based organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas

South-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Management Local core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	4902
Planned Funds:	
Activity Narrative:	C0891 Management-HHS.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	***% Of Effort***
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	***Target Value***	***Not Applicable***
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	Non-HHS internal management
Prime Partner:	US Agency for International Development
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	4903
Planned Funds:	
Activity Narrative:	C0890 Non-HHS Management

This activity covers salary and travel to provide support for the activities of the Emergency Plan OVC Coordinator, including work with the Government of Botswana. Funding also covers participation by staff in domestic and international conferences related to their work.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs		☑
Number of providers/caretakers trained in caring for OVC		☑

Table 3.3.09: Program Planning Overview

Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09

Total Planned Funding for Program Area:

Program Area Context:

HIV counseling and testing (HCT) in Botswana includes traditional voluntary counseling and testing (VCT), routine HIV testing (RHT), and supportive counseling provided in Government facilities as well as NGO, FBO and CBO. All counseling and testing activities are aligned with the National HIV/AIDS Strategic Framework (Goal 1, Objective 1) and the Botswana Emergency Plan 5-year Strategic Plan.

Through collaboration between the Government of Botswana (GOB), USG, and other partners, HIV Counseling and testing services have rapidly expanded, with over 75,000 clients receiving VCT services at the Tebelopele VCT centers and over 70,000 receiving routine HIV testing through the government facilities during FY05. The number of people tested for HIV is believed to be higher than reported due to under reporting.

In FY05, the USG supported the GOB by procuring rapid HIV test kits and training to scale up RHT. The GOB provided rapid HIV tests to NGOs/CBOs/FBOs to expand availability of HIV testing throughout the country. The USG supported the Ministry of Health to develop a video on routine HIV testing for training of health care workers. To strengthen referral linkages for clients, African Comprehensive HIV/AIDS Partnerships (ACHAP) supported a study to review the current status of referral linkages. In collaboration with ACHAP, Ministry of Health and civil society, the USG will support the implementation of recommendations from the review for a more efficient and effective referral system.

In FY05, USG supported planning of the home-based voluntary counseling and testing (HBVCT) project, which included (1) a series of focus groups showing strong support for the project in the community, and (2) a tour of the successful home-based VCT programs now being run by CDC in Uganda. Protocols were developed for review, and a pilot project is envisaged in FY06. If it is successful, the project will be rolled out to reach 20,000 people in their homes.

To support coordination and advise the Ministry of Health, a Technical Advisory Committee was established under the AIDS/STD Unit of the Ministry of Health. Since HCT is the entry point to care, treatment and prevention, all HIV infected clients from VCT centers were referred to the government sites for evaluation and enrolment for ARV treatment and/or TB Preventive prophylaxis, if eligible. This referral system will contribute to Emergency Plan prevention and treatment targets.

Although the proportion is increasing, surveys indicate that only about 25% of Batswana know their HIV status. Access to, availability of, and utilization of these services is still limited. The barriers encountered in the implementation of HCT services in FY05 included (1) late arrival of EP funds to some partners and hence delayed implementation, (2) bureaucracy involved in the government tendering process, (3) lack of, or late reporting by some facilities, and (4) lack or standardized implementation guidelines especially for new NGOs, CBOs, and FBOs beginning to provide VCT.

During the planning for FY06, there was broad consensus among government and civil society agencies 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. Partners also agreed that the USG should support the Government of Botswana's routine testing policy through training, monitoring and evaluation. To increase availability of services, BOTUSA's partners also recommended continued support of USG for integration of counseling and testing into existing services of FBO/CBO/NGO. Additional key areas of support include improvement of the quality of counseling and testing services through standardization of training and other materials, and continued training of community leaders to increase their understanding of the importance of HCT and enhance advocacy and referral.

Program Area Target:

Number of service outlets providing counseling and testing according to national or international standards	61
Number of individuals who received counseling and testing for HIV and received their test results	113,040
Number of individuals trained in counseling and testing according to national or international standards	260

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4459
Planned Funds:
Activity Narrative: C0902 Ministry of Health.

Through a cooperative agreement with the Government of Botswana/Ministry of Health, the USG will provide funding and technical support in the expansion of counseling and testing services in Botswana. This is a continuing activity from FY 2005.

The emphasis will be capacity development of local organizations to empower especially rural and community based organizations to provide VCT. Training of HIV/AIDS counselors from government and NGO/CBO/FBOs settings in VCT and couples counseling and testing (CHCT) in particular will be scaled up. By March 2006, a core team of 30 trainers of counselors in CHCT will have been trained. The Ministry of Health will utilize this expertise to roll out CHCT training nationwide.

The USG will continue to support capacity development through support for 2 project counselor trainers to enhance their capacity to coordinate training activities. The capacity at Ministry of Health Counseling Unit will be strengthened through refresher courses as new knowledge and training modules are developed. The USG will support short training courses as well as participation in relevant HIV/AIDS conferences at national and international level.

There are no standardized VCT training materials in Botswana. The Ministry of Health will work with the USG and other partners to standardize VCT training materials. All these activities are aligned to the Botswana EP 5 Year strategy of increasing access to and availability of HCT services.

As quality counseling and testing services become more available to the general population in Botswana, stigma and discrimination will be reduced. It is noted that in Botswana, more females than males access HCT services both in VCT and government facilities. Scaling up VCT in rural areas through community-based organizations may facilitate increasing gender equity in HIV/AIDS programs.

The USG will support the Ministry of Health in developing a strategy and activities for health workers to help them deal with the challenges of providing HIV/AIDS care in high prevalence settings. The "Care for Carers" program was initiated by the Ministry of Health to provide stress relieving services and emotional support to health workers. This activity will eventually have a positive impact on the quality of counseling and testing services offered, which is a key strategy of EP Botswana and of the National Strategic Framework.

During FY 2005 funds were availed for development of national guidelines for provision of counseling and testing, an activity that we envisage will be completed in March 2006. It will be necessary to print and disseminate these guidelines through workshops throughout the country to ensure that all providers of HCT services receive and get sensitized about the guidelines

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	23	☐
Number of individuals who received counseling and testing for HIV and received their test results	27,600	☐
Number of individuals trained in counseling and testing according to national or international standards	150	☐
Number of community leaders trained in HIV counselling and testing awareness and advocacy		☑

Target Populations:

Adults

Public health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Tebelopele, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 4857
Planned Funds:
Activity Narrative: C0901 Tebelopele VCT Center Network.

The Tebelopele VCT centers will continue to provide high quality VCT services through 31 service outlets throughout Botswana. This activity will increase the organization capacity and support 124 locally employed staff including 62 HIV/AIDS counselors, other technical staff like lab technicians, community outreach technicians and management staff who are responsible for providing VCT services on a daily basis through a network of 16 freestanding centers, 11 satellite sites and 4 mobile caravans located throughout the country.

Tebelopele is part of a network of HIV/AIDS service providers including government, civil society and the private sector. Being the entry point to a cross section of care, treatment and prevention services available in Botswana, Tebelopele VCT centers play an important role of identifying people who are infected with HIV (which constitutes approximately 26% of those receiving VCT) and linking them to these services through counseling and the issuing of a confidential referral form/letter for the client to present to the service providers. During 2004, on average, the Tebelopele VCT center network referred 78% of HIV infected clients for Isoniazid Preventive Therapy (IPT), 90% to the ARV program for evaluation and enrollment if eligible, and 78% of HIV positive pregnant female clients to the PMTCT program. Of the 14,411 people presenting to government facilities for IPT in 2004, 8,274 (56.7%) said they learned their HIV status through Tebelopele VCTs. Tebelopele will work to strengthen the referral network and linkages of clients from the VCT sites to treatment, care and support services throughout the country. To increase demand for VCT, Tebelopele will carry out social marketing activities and community mobilization in collaboration with existing community based organizations such as Humana People to People. It is expected that 100,000 clients (75% of whom will be first time testers) will receive VCT through these sites in FY06.

In October 2004, Tebelopele successfully made the transition to become an independent non-governmental agency. Through an on-going capacity development process, Tebelopele will (1) be responsible for procurement of HIV test kits and other consumables required to provide VCT services with same-day results, (2) perform day to day management of the service delivery process and (3) work with other partners including the Ministry of Health in supporting other NGOs/CBOs/FBOs in providing VCT services. Tebelopele provides VCT services to adults on a walk-in basis at these various sites. Increasingly, the Tebelopele plans to reach more youth (boys and girls) by advocating for the reduction of the age of consent for testing from 21 to 16 years.

The work of Tebelopele is consistent with Botswana National Strategic Framework Goal of 95% of the population having known their HIV status by 2009 and with the EP Five-year strategy in increasing access to and availability of VCT services in Botswana through institutional strengthening of local organizations, and developing culturally sensitive counseling and testing materials. To strengthen capacity and improve quality of VCT services, Tebelopele will work with local training institutions like Institute of Development Management (IDM) to train VCT counselors and VCT site managers in various aspects of VCT service delivery. As more and more people know their HIV status and receive counseling it is envisaged that stigma and discrimination will eventually be reduced and people would be empowered to talk more openly about HIV/AIDS and testing in particular.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	31	☐
Number of individuals who received counseling and testing for HIV and received their test results	75,000	☐
Number of individuals trained in counseling and testing according to national or international standards	62	☐
Number of community leaders trained in HIV counselling and testing awareness and advocacy		☑

Target Populations:

Adults

Community leaders

Non-governmental organizations/private voluntary organizations

Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	GAP 6 GHAI
Prime Partner:	Academy for Educational Development
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	4861
Planned Funds:	
Activity Narrative:	C0906 Academy of Educational Dev (AED) Support.

The Academy for Educational Development (AED) has provided capacity development support to the Tebelopele VCT centers, which developed under BOTUSA, but which were "localized" in October 2004 to become an independent NGO.

Under this activity, AED will provide continued support to Tebelopele, so Tebelopele can continue its success as an independent local NGO providing VCT services throughout Botswana. AED will carry out a management capacity assessment of the Tebelopele VCT centers. The goal of the assessment will be to facilitate decision making by BOTUSA and the Tebelopele Board of Directors as to whether or not Tebelopele has attained the level of management performance that can enable it to run on its own. Tebelopele has been awarded a cooperative agreement by CDC, and the Academy for Educational Development will continue to provide management support to Tebelopele to manage the cooperative agreement. Funding will cover salary, travel for management back stopping and a contract with a local agent to carry out the capacity assessment.

Building the capacity of indigenous organizations to expand counseling and testing services throughout Botswana is one of the key result areas of EP Botswana. Under this activity, Tebelopele will be supported to mature and to increase its ability to function independent of BOTUSA. In turn, Tebelopele will use its 5 years of experience providing VCT to train other NGOs/CBOs/FBOs to provide VCT services in areas currently underserved.

This activity is related to the operations of the Tebelopele VCT centers (C0901). COPRS/REF. This activity is related to the operations of the Tebelopele VCT centers (4857).

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑
Number of community leaders trained in HIV counselling and testing awareness and advocacy		☑

Target Populations:

Non-governmental organizations/private voluntary organizations

Counselors

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Contract
Prime Partner:	Humana People to People Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	4866
Planned Funds:	
Activity Narrative:	C0903 Humana People to People Botswana - Community Mobilization.

Community mobilization through training of local leaders to raise their understanding of the importance of HIV counseling and testing, and to promote referral of people to counseling and testing services is a critical activity strategy in the EP Botswana Five-Year strategy. In the FY05 COP, Humana People to People was tasked with training local leaders from various grassroots structures such as Village Development Committees, Health and Youth Committees, traditional healers etc. This activity was successfully accomplished, with 1,358 local leaders trained in the North, South, and East of the country. However, the Western part was not covered and there is need to conduct follow up meetings with traditional leaders in areas already trained to provide them with support for implementing their plans of sensitizing their communities about HIV counseling and testing (HCT) as well as linking them with HCT service delivery sites.

As local leaders become more aware of the role of HIV counseling and testing as the entry point to care, treatment and prevention, and as more of them receive counseling and testing themselves, it is expected that the stigma and discrimination associated with HVI/AIDS in families, households, community support groups and among individuals will be greatly reduced. More women and men will seek HIV counseling and testing (HCT) at the Tebelopele Centers and at the government facilities as well as at other community based NGOs/CBOs/FBOs.

Humana People to People will continue to reach traditional chiefs (Dikgosi), Local Council members, youth and heath committee members, traditional healers, members of the media, church leaders, political leaders and community based support groups of people living with HIV/AIDS (PLWHA), both men and women in more or less equal numbers as they did last fiscal year. Three day courses already developed, piloted and implemented in FY05 will be scaled up to reach approximately 750 local leaders in new districts to the west of the country and conduct follow up meetings in villages in 12 districts where the initial 1358 leaders were trained.

Humana People to People will work together with 45 support groups of PLWHAs, with NGOs, with CBOs, with BONEPWA's 80 support groups and with BOCAIP's 11 centers to help identify and reach traditional leaders in their areas. In the last four years, Humana People to People has carried out community mobilization activities in most parts of Botswana. Hence, the organization has already created linkages with the communities and employed and trained local staff members, who have full knowledge of the language, villages and leadership structures in the communities. Building on this existing structures and infrastructure, it will be easier to roll out the training and sensitization of traditional leaders. This activity will contribute to increasing access to and utilization of HCT services in Botswana, which is key result area in the EP Botswana Five-Year strategic plan.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑
Number of community leaders trained in HIV counselling and testing awareness and advocacy	750	☐

Target Populations:

Adults

Community leaders

People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	To Be Determined
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	4869
Planned Funds:	
Activity Narrative:	C0904 TBD Home Based Voluntary Counseling and Testing.

Background and Rationale

Selebi-Phikwe and Bobirwa health districts in northeastern Botswana have what may be the highest reported HIV prevalence of any locale in the world, at about 50% of pregnant women in 2003, despite an aggressive multisectoral response to the epidemic. A recent assessment identified three critical areas for intervention: (1) many people have more than one sexual partner at a time, (2) for many people, knowledge of the high risk of getting HIV has not led to behavior change and (3) there are important barriers to testing, prevention and treatment services in the two districts.

To address these issues, BOTUSA and its partners are planning an intervention to offer voluntary home-based HIV testing and counseling for all households in two population centers within Selebi-Phikwe and Bobirwa districts, totaling some 20,000 people. The intervention will be designed to complement the existing ongoing HIV prevention and treatment activities. There is strong evidence that the community will welcome this strategy. The Emphasis areas for this project will be community mobilization in support of HBVCT and training of field staff to provide counselling and testing including community mobilization and quality assurance.

Intervention Goals:

A. To improve knowledge of HIV status and services among community members,
B. To improve HIV-related attitudes and beliefs, and to reduce stigma,
C. To reduce the prevalence of risky sexual behaviors, and
D. To involve the community in each phase of planning and implementation.

Each of these goals finds extensive support in EP Botswana's Five Year Country Strategic Plan, as well as in the Botswana National Strategic Framework for HIV/AIDS 2003-2009. The USG and its partners hope to help fulfill President Festus Mogae's call for "all Batswana to know their HIV status." The is project will contribute to reduction in stigma and discrimination associated with HIV/AIDS, as more people get VCT in their homes and discuss with community members about HIV/AIDS, counselling and testing and services available for care, treatment and support.

Consultation with partners

An Advisory Task Group has been convened by the National AIDS Coordinating Agency (NACA). This group includes representatives from the Ministry of Health, Ministry of Local Government, NACA, the U.N. Family and non-governmental organizations. The group will serve in an advisory capacity for technical aspects of this study. BOTUSA and the Advisory Task Group have consulted with a wide variety of stakeholders in Ministry of Health, NACA, and in the local community, including District AIDS Coordinators, District Multi-Sectoral AIDS Committees, non-governmental organizations, home-based care providers, and clinical providers. As planning proceeds, these consultations will be continued and widened. In addition, a community advisory group will be formed in each target community to advise the intervention team on community issues, procedures and community relations.

Other preparatory activities

1) Focus groups on home-based VCT. To assess the acceptability of the voluntary home-based HIV testing concept in these communities, we have completed a series of eight focus groups. Support for HBCT was expressed in all eight focus groups, encompassing younger and older community members, men and women, and members of both communities. Over half of participants directly responded with

positive comments, citing convenience, confidentiality, enhanced opportunity to identify and support HIV-positive family members, links to care and treatment, opportunities to educate other family members about HIV and to reach out to those who would not normally be accessible, such as sick or elderly individuals.
2) Focus groups and interviews on sexual risk. A separate, additional series of eight focus groups concentrated on understanding attitudes toward sex and sexual partnerships, so that BOTUSA and its partners can design prevention messages specific to these communities. Analysis of results from these focus groups is underway.
3) Lessons learned in similar efforts in Africa. The intervention team will work closely with CDC colleagues in Uganda, who are already undertaking successful home-based counseling and testing, with acceptance rates of 97-99% and positive social outcomes. The Botswana project team has just returned from a week-long study tour in Uganda with CDC colleagues there, and close collaboration will continue into the future.

Intervention activities planned
The full intervention will then be composed of four core activities:
1) Community activities to support the program and its messages. An intensive campaign of media activities and community involvement, including consultations with local leaders, a media campaign, and community advisory groups. Prevention messages will be developed based on recent focus groups in the two communities, and will focus on reducing concurrent sexual partnerships and other risky behaviors.
2) Home-based HIV testing services. Mobile teams will systematically approach all households in the two intervention communities to offer voluntary HIV testing and counseling services. Rapid testing will be performed in the client's home with fingerstick blood samples, using the same dual-test protocols and procedures as are used in Tebelopele VCT Centers and other government-approved venues. . Confidentiality in the home will be ensured through careful attention to results of the recent focus groups and through thorough training of the counseling-testing teams
3) Targeted risk-reduction counseling focused on partner-reduction. Counseling will emphasize risk-reduction with strategies to minimize the number of sexual partners and to improve HIV risk perception. Counseling protocols will be based on trusted protocols already in use in Tebelopele and other accepted VCT venues. Design of risk-reduction messages will be informed by recent focus groups conducted in the two communities.
4) Referral to appropriate prevention, counseling and treatment services. All individuals will be referred to appropriate follow-up services. We plan to work extensively with service providers in the community and at the national level to anticipate their needs during and after the proposed intervention.

Intervention Communities
The intervention will be offered in two large communities within Selebi-Phikwe and Bobirwa Districts. All Batswana adults who have reached the age of majority for HIV testing in these communities will be offered voluntary home-based testing and counseling services, aiming for a total of approximately 20,000 individuals in total. In addition, all pregnant women, regardless of age, will be offered testing and counseling.

Prior to beginning the full intervention, the project will implement procedures and protocols in a smaller sample of 500 individuals in the two communities. Acceptance of the intervention and logistical issues will be closely monitored both among the project teams and in the communities. Then, after consultations with partners in the communities and in the Government of Botswana, the intervention will be scaled up and brought to the rest of the two communities.

Evaluation
The intervention's effectiveness in expanding test access and in changing HIV-related attitudes, stigma, behaviors and social outcomes will be rigorously evaluated with repeated cross-sectional surveys, and with focus groups and interviews conducted after the intervention. The project team is designing the evaluation as an integral part of the intervention.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results	20,000	☐
Number of individuals trained in counseling and testing according to national or international standards	48	☐
Number of community leaders trained in HIV counselling and testing awareness and advocacy		☑

Target Populations:

Adults

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North-East

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Contract
Prime Partner:	To Be Determined
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	4884
Planned Funds:	
Activity Narrative:	C0907 TBD Tebelopele referral assessment.

An independent Contractor will be identified and engaged to carry out a comprehensive review of the referral linkages between Tebelopele VCT centers and other providers of HIV/AIDS services such as antiretroviral therapy (ARV), isoniazid preventive therapy (IPT), psychosocial support, and treatment of opportunistic infections.

Currently, Tebelopele provides anonymous VCT services with confidential referral for all clients who test HIV positive. There is limited follow up of clients, so the program at present cannot ensure that they get to the referral points and receive the services for which they are referred. There is great potential in the VCT program to strengthen prevention activities such as couples counselling and testing, post-test clubs and prevention counselling for youth and others at risk. Through this assessment, it will be necessary to explore services or activities for HIV negative clients who are at risk of infection, e.g. negative partners of HIV positive people (discordant couples). A review is required to better understand the way the referral process is working, the constraints of anonymous service delivery and referral, how feedback could be obtained and how dialogue among service providers could be facilitated. Further, legislative issues like stigma, discrimination and gender imbalance in accessing VCT and referral services have been cited as affecting the linkages among agencies providing HCT services. It will be important to establish the extent to which these issues prevent VCT clients from accessing onward care and support services, and recommend what could be done to mitigate the situation. The review will gather information from VCT center staff, clients and the network of agencies providing care and treatment, including government facilities, NGO and CBO sites, and community based support groups. VCT being the entry point to prevention, care, treatment and other support services, he findings of this assessment would provide more insight on how to strengthen referral and linkages of HIV infected clients for treatment, care and support services, thus contributing to the EP goals, even though indirectly.

This activity is in line with the EP Botswana goals of providing treatment to 72,000 people by 2008. VCT centers play an important role in both prevention and care. By identifying people who are HIV infected and effectively referring them for treatment, VCT centers make an important (if indirect) contribution to meeting to the EP treatment goal. The HIV-negative clients are also referred to services (although limited) that would help them maintain their negative status. This review may also consider the existing services for HIV negative people and suggest strategies of creating or strengthening such services. All in all, this activity helps ensure that the "arc" linking diagnosis and treatment is completed for all the people who need it.

This activity is related to the operations of the Tebelopele VCT centers (C0901).
COPRS/REF. This activity is related to the operations of the Tebelopele VCT centers (4857).

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Program managers

Counselors

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Management HQ Core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	5069
Planned Funds:	
Activity Narrative:	C0990-H Management.

The BOTUSA Project will continue to provide technical support for the national counselling and testing programs and projects, including the Government of Botswana. This activity will cover salary, technical assistance, travel, workshops and printing of materials. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues in the US in HHS/CDC headquarters. Technical support provided by HHS/CDC through TDY will include the annual review and update of the BOTVCT management information system maintained by the Tebelopele VCT centers, facilitation at workshops to standardize VCT training materials for Botswana, field testing protocols and piloting home-based VCT.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing *according to national or international standards*		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑
Number of community leaders trained in HIV counselling and testing awareness and advocacy		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5070
Planned Funds:
Activity Narrative: CD990-P Management.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results		☑
Number of individuals trained in counseling and testing according to national or international standards		☑
Number of community leaders trained in HIV counselling and testing awareness and advocacy		☑

Table 3.3.09: Activities by Funding Mechanism

Mechanism: ODC/BDF
Prime Partner: Botswana Defence Force
USG Agency: *Department of Defense*
Funding Source: *GAC (GHAI account)*
Program Area: *Counseling and Testing*
Budget Code: HVCT
Program Area Code: 09
Activity ID: 5131
Planned Funds:
Activity Narrative: C0905 Botswana Defense Force.

This activity relates to activities in Counseling and Testing. This activity will target Military Personnel, their dependents and local populations around major Botswana Defense Force installations in Botswana.

This activity has two components. One component is the construction of a larger permanent VCT to be built at the Botswana Defense Force Headquarters. The Emergency Plan will provide the construction materials, while the BDF will undertake the actual construction. The current VCT is comprised of several port-a-cabins and is inadequate to support the number of people requesting testing. Furthermore, the current layout is not very conducive for maintaining anonymity which has resulted in a high number of BDF personnel preferring to use the Tebelopiele VCTC system. The construction of this facility will encourage more BDF personnel to be tested on the base itself which will provide the Botswana military with a clearer picture of the overall health of the military. Services at this facility will also be made available to the local population of Mogoditshane. It is estimated that this facility will provide counseling and testing for 750 to 1000 people per year.

The second component of this activity is the procurement of rapid test kits to be used at all Botswana Defense Force medical clinics in four districts. It is estimated that 3000 soldiers, dependents, and local civilians are tested at BDF medical facilities per year. Procurement of these kits is necessary to meet current and projected increasing demand for counseling and testing services at BDF VCT sites.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national or international standards	7	☐
Number of individuals who received counseling and testing for HIV and received their test results	3,000	☐
Number of individuals trained in counseling and testing according to national or international standards		☑
Number of community leaders trained in HIV counselling and testing awareness and advocacy		☑

Target Populations:

Adults

Military personnel (Parent: Most at risk populations)

University students (Parent: Children and youth (non-OVC))

Key Legislative Issues

Stigma and discrimination

Coverage Areas

South-East

Table 3.3.10: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10

Total Planned Funding for Program Area:

Percent of Total Funding Planned for Drug Procurement: 78

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Amount to be spent on drug procurement: $8,350,000

Botswana has provided ARV since 2002 through its MASA program. GOB has funded most of this activity. The main partner in this effort has been the African Comprehensive HIV/AIDS Partnership (ACHAP), a partnership between Merck and the Gates Foundation and the Government of Botswana. MASA started with one site and has grown to include 32 sites with approximately 43,000 patients on treatment in the public sector (as of July 2005). This program was achieved through procurement, quality assurance, and distribution management from Central Medical Store (CMS), which is the government department responsible for procurement and distribution of drugs and drug items for the entire country. The program has improved in the area of supply chain management but still needs capacity building. The program is still encountering challenges including shortage of staff, inadequate ARV logistics skills, inadequate ARV quality assurance skills, inadequate ARV security infrastructure, and prolonged procurement processes due to no pre-qualification of suppliers and to limited funds. Botswana receives assistance from EP, ACHAP, GlaxoSmithKline, Boehringer Ingelheim and Pfizer in the form of donations of ARVs and drugs for treatment of OI, and ARV price reductions.

Six Pharmaceutical Officers have been trained in supply chain management, which has improved staff efficiency and effectiveness. However, there is a continued need to strengthen areas such as training, supplier pre-qualification, security at CMS and in the districts, logistics management training within the supply chain management system, and quality assurance in the process of program roll out to cover more people. In 2006, more staff will be trained and additional suppliers will be pre-qualified, resulting in a more efficient procurement process; security systems will be procured and maintained, resulting in safe drug storage and distribution; and more ARVs will be purchased. This will result in increased access to ARV for Batswana.

The Drug Quality Control Laboratory (DQCL) was opened by the GOB in 1991, but due to a shortage in qualified staff, DQCL has relied heavily on the manufacturer's documentation on the quality of drugs and related medical products that are imported, distributed, and used in Botswana. Currently, no ARV drugs have been tested for quality, and less than 10% of drugs used in the treatment of opportunistic infections have been tested. This means that the quality of ARV drugs dispensed to HIV positive people is not verified. In order for the DQCL to perform efficiently and effectively, the laboratory must have the appropriate infrastructure to carry out its operations, qualified and skilled personnel, and the necessary equipment and materials to operate according to established international standards. Therefore, FY06 funds will assist DQCL in strengthening the quality control of ARV drugs, especially in the area of training, and procuring primary reference standards of ARV drugs and the latest reference textbooks with CDs, such as the United States Pharmacopoeia (USP), and British Pharmacopoeia (BP), which contain official methods for testing ARV Drugs, as well as other relevant reference books for drugs such as Fixed Dose Combination TB Drugs. We anticipate that an additional 7,000 patients will be newly initiated on ARV during FY06.

In 1992, the Drug and Related Substances Act of 1992 set up the Drug Regulatory Unit (DRU) in Botswana. Since then, the DRU has encountered difficulties in conducting scheduled inspections due to staff shortage, lack of transport, and lack of expertise. There is a critical need to strengthen the inspection rate to ensure that the quality of ARV drugs and opportunistic infection drugs within Botswana is maintained. All treatment/ARV drug activities are aligned with National HIV/AIDS Strategic Framework (Goal 2) and the Botswana EP 5-year strategic plan.

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	4460
Planned Funds:	[redacted]
Activity Narrative:	T1001 Ministry of Health.

The Ministry of Health will use funds from EP for several purchases. First, Ministry of Health will engage a contractor (to be determined) to procure and install security systems at Central Medical Stores, and cages on vehicles and facilities in the districts. This will ensure that the drugs are kept safe and that only the intended people benefit.

Second, through the cooperative agreements between the Botswana Government and partners such as GSK, Boehringer, Pfizer, African Comprehensive HIV/AIDS Partnerships, Abbott, Bristol Myers Squibb and generic suppliers, the Ministry of Health will use funds from the USG to supplement the procurement of drugs and related supplies so as to increase the availability of ARV drugs and increase the number of people accessing ARVs. In fact, the major activity implemented by Central Medical Stores will be the procurement of ARV Drugs; a total amount of $8,350,000 is earmarked for this purpose (of which [redacted] will purchase pediatric ARVs). This amount includes of the rapid expansion funds [redacted] awarded to Botswana during FY05.

The Ministry of Health will use USG funds to train Central Medical Stores staff on Supply Chain Management and Quality assurance, wherever these courses are available. Twenty Central Medical Stores staff members who are involved in procurement, distribution and quality assurance of ARVs will receive training. The Ministry of Health will also engage a contractor to expedite the pre-qualification (selection) of Central Medical Stores suppliers so as to put in place an efficient system for procuring drugs and related supplies. The Ministry of Health will increase capacity of ARV storage facilities by extending the current ARV store, procuring Porta-cabins, as well as renting a warehouse.

To meet the increasing distribution needs, the Ministry of Health will procure vehicles for transporting ARVs to the new sites countrywide. The Ministry of Health will run a national logistics workshop to train staff from all of the sites, and will develop systems for efficient forecasting, procurement, quality assurance, storage, distribution, and performance monitoring. The Ministry of Health will further use USG funds to strengthen the testing of ARV Drugs through training, capacity building, and purchasing resources. Resources will include Primary Reference Standards for ARV Drugs, Reference Books such as The US Pharmacopoeia that contain official test methods. The funds will also cover continuation of the pre-qualification (pre-selection) of drug suppliers, and site visits to supplier premises

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	4461
Planned Funds:	
Activity Narrative:	TI002 Ministry of Health - Drug Regulatory Unit.

In FY05, the Drug Regulatory Unit (DRU) of the Ministry of Health (MoH) was allocated funds to train staff in Good Manufacturing Practices (GMP) and pharmacovigilance, as well as to start setting up the pharmacovigilance section. Part of the funds will be used to purchase a vehicle that will strengthen the inspection section. Due to a delay in accessing the FY05 funds the activities have not been carried out, but these will be started as soon as funds are available. With PEPFAR funds, the Drug Regulatory Unit will strengthen their capacity by training staff in good manufacturing practices and pharmacovigilance. This activity will pave the way for the introduction of FDA approved generic ARV drugs in Botswana. A pharmacovigilance section will be established within the DRU. PEPFAR funds will support training of staff and consultants to oversee the establishment of such unit.

Considering the intricacies involved in the administration of anti-retroviral agents (ARVs) to a large number of patients in Botswana and the fact that many of these products are new chemical entities which are still under patent, the Drug Advisory Board (DAB) has been very cautious about registering the generic ARVs. The Drug Advisory Board wishes to avoid a massive public hazard, should there be a problem with any of the generic ARVs. Currently, information available about generic ARVs is very limited.

The DRU will need to strengthen its capacity to cope with the extra responsibilities that will arise from granting generic ARVs marketing authorisation and recommending their use to the public. The unit needs two project officers with experience in evaluation of pharmacological and toxicological information. These officers will help with the evaluation of applications for registration of generic ARVs. Hiring officers with this expertise will ensure quality in the evaluation process. In the Medicine Control Unit, support will make possible the hiring of two project officers who have some experience with GMP inspections of pharmaceutical facilities that manufacture active pharmaceutical ingredients (API), as well as contract research organisations (CRO).

To ensure stringent monitoring of the usage of generic ARVs, it will be essential to establish a pharmacovigilance section within the Drug Regulatory Unit. The section will coordinate and sensitize practitioners on the ARV adverse drug reaction reporting and analysis of the reports as well as liaise with the World Health Organization-Uppsala Monitoring Center (WHO-UMC). Hiring a project officer with experience in these activities will be an advantage, and the officer will also assist with developing procedures to help detect counterfeit medicines and the development of monitoring tools. This section will conduct frequent, random sampling of products being marketed and send them in for analysis to ensure the quality is at the same level it was approved for.

Training activities will include training staff in the evaluation of generic ARV applications and GMP for active pharmaceutical ingredient (API). The program will need to train practitioners (doctors, pharmacists, and nurses) on reporting of adverse drug reactions (ADR) for ARVs and other drugs. Here the program will be target health facilities and practitioners in the private sector.

In strengthening the Drug Regulatory Unit, USG will provide assistance in the development of a database to facilitate storage and retrieval of information in the registration process and processing of post marketing surveillance data. The funds will also be used to develop guidelines and reporting forms for the pharmacovigilance

section, as well as the printing and the dissemination of the tools. The unit will need up-to-date reference compendia to ensure that evaluation of information submitted is up to date and of good quality. Further, training in post marketing surveillance will strengthen the pharmacovigilance section.

Additional activities will include inspections of facilities where ARVs are manufactured as well as ongoing inspection of facilities where the medicines will be stored and distributed from. Sampling of the drugs on the market will be carried during these inspections. Inspection of contract research organizations will also be conducted with this funding.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 5071
Planned Funds:
Activity Narrative: T1090-P Management - Post.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Table 3.3.11: Program Planning Overview

Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11

Total Planned Funding for Program Area:

Amount of Funding Planned for Pediatric AIDS:

Program Area Context:

Botswana has provided ARVs since 2002 through its MASA ("New Dawn") program. GOB has funded most of this activity. The main partner in this effort has been the African Comprehensive HIV/ AIDS Partnership (ACHAP). In Botswana, public hospitals fall under the Ministry of Health and the public clinics fall under the Ministry of Local Government.

Each site in the Botswana network model consists of a hospital that acts as the treatment initiation center, and four satellite clinics whose primary role is to screen patients, determine eligibility for ARV, and refer eligible patients to the hospital. Patients are referred back to the satellite clinic after initiation and stabilization at the hospital. All clinics and hospitals offer HIV/AIDS-related programs and services including diagnostic HIV testing, TB treatment, management of STIs, the PMTCT Program, etc. A significant number of patients and children enrolled into the ARV Program are identified and referred through these programs as well as through VCT centers and other NGO/CBOs across the country. While there has been noticeable success in this coordination, there is still a need to strengthen referral linkages between related programs.

The Botswana network model has worked well, and to date 32 ARV sites are functional. Approximately 43,000 people were on treatment in the public sector by July 2005. The MASA program is coordinated through the MASA ARV Project Office; this ensures standardization of care, optimal utilization of resources, avoids duplication, and promotes synergy of efforts. The country is in the process of formally establishing a forum where partners can meet regularly and share ideas among themselves and with the Government. Other important partners who have contributed to the National ARV Program include ACHAP, Global Fund, Botswana Harvard Partnership (BHP), and Baylor. The latter two were supported by USG EP funds.

Safe storage of ARV is a challenge at the clinic level. This makes it difficult to bring treatment to patients, who currently may have to travel up to 400 km to get treatment and then endure long lines. Easily accessible treatment sites are critical to ensuring high levels of adherence and compliance. The USG will support GOB to increase the capacity of strategically located clinics around the country, and to coordinate the rollout process. This will increase the number of outlets providing ARV therapy, which will improve access to ARV services, especially in rural areas. BHP and Baylor Children's Clinical Center of Excellence (CCE) provide technical assistance in the form of training clinicians in adult HIV care and pediatric HIV care, respectively. The Associated Funds Administrators (AFA) provides continuous medical education to private practitioners, and harmonizes their training with the national training curriculum. Furthermore, training private health practitioners increases the number of private practitioners with expertise to initiate and maintain patients on ARV, and helps maintain consistency in the quality of care provided to individuals both in the public and private sectors. These efforts are supported with financial and technical assistance from the USG.

Poor monitoring and evaluation of the ARV program due to lack of expertise is a major concern in Botswana, and strengthening this component remains a top priority. The private sector has initiated a total of 7,200 patients in treatment by July 2005. This increases the total number of people on ARV to just over 50,000 in Botswana as a whole. Unfortunately, public–private partnerships in health care delivery, and particularly in ARV services, are poor and need strengthening.

It is important to note that here are no "PMTCT+" sites in Botswana. All treatment/ARV activities are aligned with National HIV/AIDS Strategic Framework.

Activities listed under 3.10 (#4460), 3.12 (#4462), and 3.14 (#5086) contribute as well to the program area targets.

Program Area Target:

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	41
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	12,447
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	14,584
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	27,031
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	720

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	Baylor University
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	3565
Planned Funds:	
Activity Narrative:	T1101 Baylor.

The Botswana-Baylor Children's Clinical Centre of Excellence (COE) was opened on June 20, 2003. The COE is a collaborative public-private partnership between the Baylor College of Medicine and the Government of Botswana. The key objectives of the COE are to provide comprehensive care to HIV-infected children and their parents, and train health professionals in pediatric HIV care and treatment, and clinical research. The COE routinely hosts health professionals to broaden their clinical knowledge and experience in treating pediatric HIV. The USG supports the COE to strengthen the KITSO National Program coordinated by the Ministry of Health, to conduct trainings at the COE with visiting health care providers, and to hire nurses to support core operations at the COE. The nursing positions are essential to the continued, uninterrupted enrollment of HIV-infected children and families into care and treatment at the center, as well as to the center's commitment to excellence in patient care and health professional training regionally and nationally. Further, these positions will strengthen the Pediatric AIDS Corps program that is supported by the Baylor Medical School and aims at providing 8 pediatricians project posts to Botswana (anticipated arrival date July 2006).

In 2003, the COE played a key role in reviewing the KITSO training program and in developing the current and more comprehensive expanded KITSO Training Plan. HHS/CDC funded this activity, and is currently supporting the position of an HIV/AIDS training coordinator at the COE. 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), has developed a pediatric training course to support the national rollout of ARVs in Botswana. Implementation of the KITSO-Baylor Pediatric HIV/AIDS Training program is ongoing.

The KITSO-Baylor Advanced Pediatric HIV Training complements the Botswana-Harvard KITSO Clinical Fundamentals training, but with a focus on children. The modules are designed to help health care providers become more comfortable screening and diagnosing HIV-infected children, and initiating them on ARVs.

The trainings are being conducted at ARV rollout sites across Botswana, including the clinics and other health care facilities in close geographic proximity to the initial rollout sites. The training targets doctors, nurses, pharmacists, social workers, nutritionists, and other health care workers. The training program is structured so COE doctors attend morning clinics at the site being trained, and provide hands-on practical experience in screening and initiating children on ARVs, thereby increasing skills and self-efficacy. In the afternoons, didactic sessions are held to increase knowledge regarding the treatment of pediatric HIV. The training course runs for five days. These trainings will strengthen the pediatric component of the Botswana national ARV treatment program by increasing the competence of health care providers across Botswana.

Baylor will work with the Ministry of Health to install the Integrated Patient Management System into their facility and operations. This software system tracks the patients on ARVs and is used by the national ARV program. Peadiatric patients treated at Baylor have not been included in the national numbers and this addressing issue is identified as a high priority by MoH colleagues.

The Baylor Center of Excellence will expand its activities by introducing (in addition to training in advanced HIV/AIDS pediatric care) support to the roll out of the Government of Botswana's pediatric intervention plan through a pediatric core

program. This program will provide direct USG contribution to treatment of the pediatric population. Eight pediatricians will be supported by Baylor and placed in sites around the country, providing easier access to care and treatment for remote communities. PEPFAR will assist with the sponsoring of nurses to support this activity.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	8	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	2,000	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	2,000	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	320	☐

Indirect Targets

Number of individuals receiving antiretroviral therapy at the end of the reporting period = 5,500//

Target Populations:

Public health care workers

Private health care workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Management Local core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4479
Planned Funds:	
Activity Narrative:	T1190-P Management - Post

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Local Government, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4541
Planned Funds:	
Activity Narrative:	T1102 Ministry of Local Government.

The 2005 activities were delayed due to late arrival of funds; 2005 activities consist of strengthening the security of identified local clinic pharmacy structures to make possible secure storage of ARVs. Thirteen clinics have been identified for the strengthening of the security of their pharmacy structures, to allow roll out of ARV services including prescription of ARV to patients at these facilities. The activities in 2006 will be a continuation of the security strengthening process of 13 additional local clinic facilities to continue the roll out of ARV treatment and bring treatment closer to the population.

In addition, the 2006 activities will consist of: (1) strengthening institutional capacity to deliver ARV services; (2) identifying partner(s) to conduct necessary procurement and/or renovation of existing space in order to securely dispense ARV; and (3) recruiting a public health specialist (project position) who will coordinate the roll-out of ARV therapy to the clinics.

The Ministry of Local Government will ensure that ARV drug security is strengthened in 13 local clinics with the highest HIV prevalence rates. The recipient will also recruit a public health specialist to enhance coordination in the clinics. The following will be procured to ensure security and safety of the drugs:
- Renovation or expansion of the existing building, where necessary;
- Creation or expansion of a dispensing window;
- Shelving space, and storage space for bulk items;
- Purchase of lockable secure cabinets; installing burglar bar and ceiling wire mesh; and,
- Reinforcement of security doors, installing motion sensors as well as contracting security companies to provide response services.

These activities will ensure secure dispensing of ARV therapy at the clinic level and a well coordinated increased access to ARV therapy.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Infrastructure	51 - 100
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	13	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	☐

Indirect Targets

Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)= 1,250//
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)= 1,250//

Target Populations:

Pharmacists (Parent: Public health care workers)

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Contract
Prime Partner: Associated Funds Administrators
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4954
Planned Funds:
Activity Narrative: T1103 Associated Fund Administrators.

Associated Fund Administrators Botswana (Pty) Ltd is an administrator of two medical aid schemes/insurance organizations (Botswana Public Officers' Medical Aid Scheme and Pula Medical Aid Fund), and through its managed care program facilitates the provision of antiretroviral therapy to insured patients. The project will provide continuing medical education (CME) to private practitioners, develop client information leaflets for the promotion of information, education and communications (IEC) for members of administered medical aid schemes, and develop adherence counseling tools to be used by the managed care program for HIV/AIDS. The main objective is to increase access to quality antiretroviral therapy in the private sector in Botswana.

This is a continuing activity. Associated Fund Administrators was funded in FY05 for similar activities but have not yet been able to carry out most of them due to delayed release of funds by EP. However, to date Associated Fund Administrators facilitated the provision of KITSO training to 40 private practitioners, completed 2 CME trainings (Francistown and Gaborone) that were attended by a total of 80 private and public sector practitioners.

Thus far, the most difficult challenges have been (1) limited availability of funds, (2) difficulty finding local IEC specialists to assist in developing program specific IEC materials, and (3) difficulty finding KITSO faculty accredited practitioners to provide continuous KITSO Training for the private sector. Going forward, Associated Fund Administrators will either contract out IEC expertise from the region and/or develop the materials in-house with oversight from the Ministry of Health. In addition, an honorarium will be established for private practitioners willing to accredit and provide KITSO training to private sector practitioners. The number of slots given to private practitioners and the timing of the KITSO courses were inadequate and inappropriate (timing) for the private practitioners, so in 2006 KITSO training will be provided by private practitioners at appropriate times and for significant numbers at a time. At least six (6) continuous medical education sessions for private sector practitioners are planned for the southern and northern parts of Botswana. These will include HIV/AIDS treatment training accredited by Government of Botswana (Ministry of Health (KITSO) to ensure that treatment and/or antiretroviral services offered in the private sector meet national and international standards. This activity will provide CME and KITSO Training to about 200 private practitioners.

To strengthen and supplement Government information, education and communication (IEC) activities, program-specific materials will be produced to provide knowledge and information in order to increase the number of clients accessing the managed care program and therefore accessing antiretroviral therapy, whilst promoting HIV prevention strategies such as abstinence, be faithful and condoms (ABC). By distributing the IEC materials nationally to the various employer groups, this activity is expected to increase the current enrollment rate from 60 - 80 patients per month to 80 - 100.

The other components to be supported through this project include

- monitoring and evaluation of adherence counseling (telephonic and face-to-face) that is provided by the managed care program to members of administered medical aid schemes and also the quality of data extraction and reporting

- payment of honorariums to the resource persons who will be providing the

continuous medical education and the KITSO Training,

- travel costs to the different training venues,

- *venue and other related session costs,*

- procurement of a computer Lap-top and multimedia projector, which will be used for presentations at all continuous medical education sessions/KITSO training throughout the country,

- *development and production of IEC materials and adherence counseling tools as well as monitoring and evaluation training.*

Emphasis Areas	**% Of Effort**
Commodity Procurement	*10 - 50*
Information, Education and Communication	10 - 50
Local Organization Capacity Development	*10 - 50*
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	200	☐

Indirect Targets

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)=35//
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites) = 860//
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites) = 2,000//
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) = 2,860//

Target Populations:

Doctors (Parent: Public health care workers)
Nurses (Parent: Public health care workers)
Pharmacists (Parent: Public health care workers)
People living with HIV/AIDS
Doctors (Parent: Private health care workers)
Nurses (Parent: Private health care workers)
Pharmacists (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Track 1- ARV
Prime Partner:	Harvard University School of Public Health
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	N/A
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4955
Planned Funds:	
Activity Narrative:	T1105 Harvard School of Public Health/Botswana Harvard AIDS Institute Partnership (BHP).

This is a continuing program to support and strengthen the Masa ARV therapy program through the following 3 activities:

ACTIVITY 1: Clinical Master Trainer/ARV Site Support. This activity is designed to provide a sustainable training capacity for integrated, high-quality HIV/AIDS treatment at public-sector ARV treatment sites throughout Botswana. It consists of a series of on-site and centralized training and support activities, focusing on the development and training of site-level master trainers (a physician, nurse and pharmacist at each site), who in turn will provide training to health professionals at their respective sites.

In FY06, 11 ARV sites will receive the full package of training and support (needs assessment, on-site practical support, centralized classroom and attachment training *at the Princess Marina Hospital Infectious Disease Care Clinic, immediate on-site* support and quarterly follow-up visits). Needs assessments will be conducted at 3 additional sites. Direct, on-site support through these activities will be provided to an estimated 2,000 new and 3,750 continuing patients at these 11 sites. A total of 33 site-level master trainers will be trained, as will an estimated 710 health workers (by the site-level master trainers or EP staff). Core master trainers will continue to supervise care and treatment at the Princess Marina Hospital (PMH) Infectious Disease Treatment Center (IDCC), where they directly supported 2,626 new patients in FY05 (up to June 30) and more than 12,000 continuing patients. The target number of new (direct) patients in FY06 at the Infectious Disease Care Clinic and some satellite clinics is 4,200.

Harvard will widen its clinical support to ARV sites in FY06 through 3 new sub-activities:

1) Quality Assurance and Improvement and Program Integration, that builds upon the Government's new Performance-based Reward system by training site-level staff to use site reports and records (including patient chart extractions) to set goals and strategies to improve, integrate, monitor and evaluate services and programs at ARV sites and to increase capacity through improved integration of programs;

2) Telephone Site Support for HIV/AIDS Management (building upon KITSO's telephone support), which will enable clinical and lab workers at all 32 ARV sites to obtain advice on difficult cases and other support from core master trainers and other Botswana-Harvard Project staff by cell phone to ensure that clients receive the best possible care and treatment as quickly and efficiently as possible; and

3) Development of educational tools for ARV sites, including clinic reference manual and CD-ROMs.

ACTIVITY 2: Laboratory Master Trainer/Site Support Program. In FY06, this activity will continue to support the establishment of decentralized labs with CD4 and viral load testing capacity through the development of site-level lab master trainers and on-going site support. By the end of FY05, 6 master trainers from 2 labs will have been fully trained in both tests and both labs should be fully functional. Attachment training at the Botswana-Harvard HIV Reference Lab for 6 master trainers from 3 more labs will also be underway. In FY06, the program will continue to support the 12 lab master trainers from these 5 labs, as well as provide training and site support

to 10 new master trainers from 5 additional labs. The site master trainers will, in turn, train 18-20 lab technicians at the 10 sites.

ACTIVITY 3: Establishment of a Monitoring and Evaluation (M&E) Unit within Masa. This activity, which will create a computerized system to track ARV patients as well as drug resistance trends, patient compliance, adverse events and other key data, began in FY05 with the hiring of an M&E Specialist and Senior Data Manager and development of a one-year work plan, approved by the Ministry of Health. In FY06, the Unit will purchase database servers; assess the current reporting mechanisms at ARV sites; agree to indicators and data sources; and develop a new, uniform system of reporting and monitoring (including uniform reporting guidelines and forms, reporting schedules at each level of the system and routine feedback documents to the sites). Staff at the 32 ARV sites will also be trained on routine program data capture, data flow and data quality (total to be trained from Masa and sites = 100). New funding is being requested to provide computers at 15 selected ARV sites and to purchase a vehicle for frequent visits to the sites.

Emphasis Areas	% Of Effort
Information, Education and Communication	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	12	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	4,626	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	11,374	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	16,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	100	☐

Indirect Targets

Number of individuals who ever received antiretroviral therapy by the end of the reporting period = 6,360//
Number of individuals receiving antiretroviral therapy at the end of the reporting period = 6,360//

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

HIV positive pregnant women (Parent: People living with HIV/AIDS)

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Association of Public Health Laboratories
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4959
Planned Funds:	
Activity Narrative:	T1104 Association of Public Health Laboratories.

As in FY2005, APHL will continue to provide a laboratory technician who will support the Ministry of Health's PMTCT program in the advancement of laboratory systems in Botswana. The technician will be responsible for include maintaining the physical infrastructure, equipment, guidelines, supplies and quality assurance for specific laboratory services to do with early infant HIV testing using dried blood spot (DBS) for DNA PCR. This activity will lead to improvement of infant diagnosis leading to early management of pediatric HIV/AIDS. It is also expected that this will lead to a stronger linkage of PMTCT to pediatric HIV/AIDS care.

Activity is closely related to activity T1106.
COPRS/REF. Activity is closely related to activity 4961.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	51 - 100
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

Number of infants that will be tested for HIV and that will receive their test result = 5,000//

Target Populations:

Laboratory workers (Parent: Public health care workers)

Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4961
Planned Funds:
Activity Narrative: T1106 TBD Early Infant Diagnosis of HIV with Polymerase Chain Reaction.

This activity will support the Botswana PMTCT Program in the early testing of HIV-exposed infants. This funding will principally address the production of training materials and training of all health care providers at child welfare clinics nationwide in the technique of collection of dried blood spot (DBS) for HIV molecular diagnosis. This technology enables the clinical team to diagnose HIV in infants much earlier than would be possible with earlier methods.

A training organization will be contracted to ensure a rapid training of all the health care providers. It is expected that this activity will lead to the training of 500 health care providers, and will improve follow-up of HIV-exposed infants, and strengthen the referral and linkage between PMTCT program and other child care services.

This activity is related to activity T1104.
COPRS/REF. This activity is related to activity 4959.

Emphasis Areas	% Of Effort
Training	51 - 100
Development of Network/Linkages/Referral Systems	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

Number of infants that will be tested for HIV and that will receive their test results = 5,000

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Doctors (Parent: Private health care workers)

Nurses (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	ODC/BDF
Prime Partner:	Botswana Defence Force
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	4963
Planned Funds:	
Activity Narrative:	T1107 Botswana Defense Force.

The National ARV program began in 2000, and the Botswana Defense Force (BDF) launched its first ARV site in September 2003 at Thebephatshwa Air Base (TAB). The second site was launched a year later at Francistown, and a third was launched in Sir Seretse Khama Barracks (SSKB) in 2004. Note that SSKB has four satellite areas, including Glen Valley, Village, Lobatse and Pitsane.

Currently, data in all the sites is captured manually, which has a negative impact on follow-up, particularly where treatment modification is necessary. The purchase of computers will strengthen the information management system in the following areas: the registration process, and follow up and treatment monitoring of patients. The long-term plan is to network all the BDF ARV sites to enable easy follow up as troops move around the country.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100
Strategic Information (M&E, IT, Reporting)	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Indirect Targets

Number of services outlets providing antiretroviral therapy = 18//
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)= 3,000//
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)= 3,000

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

Pharmacists (Parent: Public health care workers)

Traditional birth attendants (Parent: Public health care workers)

Military personnel (Parent: Most at risk populations)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 4964
Planned Funds:
Activity Narrative: TI108 Ministry of Health-pediatrics.

Like many other African nations, Botswana has a very limited number of trained pediatricians. This activity will provide four project posts for pediatricians with experience in HIV/AIDS management for Infectious Disease Care Clinics in two national referral hospitals in Gaborone and Francistown. Botswana has one of the largest numbers of children being treated with ARVs in a single country in the world. Standard surveillance was not performed within this age group, but it is estimated that thousands of Batswana children under the age of 15 are HIV-infected. These pediatricians will help provide care and treatment to more than four thousand HIV-infected children who are currently enrolled in the National Antiretroviral Program and for HIV-infected children who are waiting to initiate ARV treatment (more than one thousand). These pediatricians will also provide guidance to all cadres of staff involved in providing care to children with HIV/AIDS nationwide. It is planned that for effective coverage, all of the more than 30 ARV sites shall be assigned one of the consultants for on-going supervision with respect to quality of care and general management issues and for increasing number of children initiated HAART.

The training component of this activity is crucial. Frequently general practitioners in Infectious Disease Care Clinic sites of the National ARV Program resist screening and treating HIV-infected children because of lack of experience in pediatric HIV management. This activity will provide training for health professionals (doctors, nurses, pharmacists, and caregivers) nation-wide in collaboration with existing training programs (e.g. KITSO, National Antiretroviral Training Program). The activity will also support the development, dissemination, and implementation of policies, guidelines and protocols for treatment, care, prevention and strategic information about pediatric HIV management.

Activities will support the development and implementation of linkages and coordination between health service delivery institutions (local clinics, primary and referral hospitals), program areas, and geographical areas, both vertically and horizontally, to increase efficiency and eliminate duplication in pediatric HIV care and treatment. This includes geographical expansion and strengthening of coverage of organizations that own, operate, and manage health service delivery networks. Activities will identify baseline information about pediatric HIV/AIDS care and treatment in Botswana and recommend actions for new program implementation. This activity also relates to other activities in TB/HIV and PMTCT. The activity will strengthen direct contribution of EP to pediatric HIV care and treatment.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Needs Assessment	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)	40	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)	1,400	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)	3,210	☐
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)	4,610	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)	400	☐

Target Populations:

Orphans and vulnerable children

HIV positive infants (0-5 years)

HIV positive children (6 - 14 years)

Public health care workers

Private health care workers

Key Legislative Issues

Volunteers

Stigma and discrimination

Food

Education

Democracy & Government

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Management HQ Core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	5140
Planned Funds:	
Activity Narrative:	T1190-H Management.

This activity covers technical assistance and travel to provide support for the National ARV Program "MASA", the Ministry of Local Government, partner organizations, including work with the Ministry of Health. Costs related to workshops are included in this activity. Funding includes costs related to TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)		☑
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards (includes PMTCT+)		☑

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area:

Program Area Context:

Botswana introduced highly active antiretroviral drugs on a national scale in January 2002. The ultimate goal is to treat all the estimated 300,000 people living with HIV/AIDS (PLWHA). There are 110,000 PLWHAs already in urgent need of anti-retroviral therapy (ART). As of July 2005, approximately 43,000 PLWHA were on ARV.

Diagnosis and monitoring of HIV requires the following tests at different stages of the disease: rapid HIV test, ELISA, infant PCR, viral load, CD4 count, hematology, blood chemistry, VDRL and hepatitis serology testing. Most of these tests with the exception of viral load, infant PCR and CD4 count are available in all the laboratories throughout the country. Botswana, with the help of partners such as Bristol-Myers Squibb, ACHAP, HHS/CDC and the Harvard AIDS Institute, has been able to establish two reference laboratories with CD4 and viral load capability in Gaborone and Francistown. In addition, the laboratory in Gaborone has the capability to conduct infant PCR and resistance tests. The laboratory in Francistown currently requires expansion in order to increase its capacity. To do so, a building adjacent to it is earmarked for renovation.

Currently samples for viral load, CD4 count, infant PCR and resistance testing have to be transported from the rest of the country to the 2 centers. As more and more patients are enrolled in the program, the number of specimens processed has increased substantially. Consequently, the two facilities experienced strains in the workload, which in some cases resulted in long turn-around times. The situation can be heart breaking as some patients travel long distances with exceptional difficulty only to fail to qualify for enrolment/delayed assessment due to lack of CD4 results. This has negative impact on their health and also challenges the individual's involvement in their health management.

Therefore it became necessary to decentralize CD4 and viral load testing (through the network model) with an appropriate and cheaper technology that requires minimal labor and maintenance so that testing can be done closer to the community and the turnaround time can be improved. This will help to ensure better uptake of treatment and to improve the quality of care.

The other challenge facing the department is procuring equipment, which is slow and tends to disregard the interest of the end users. Consequently, procured equipment in some cases does not suit what the end users require and ends up becoming 'white elephants.' Staff shortage and lack of adequate laboratory space are major constraints that hamper the decentralization of tests. Storage of reagents in all laboratories is of major concern, as most facilities do not have cold rooms.

The goal of this activity is to help decentralize CD4 count and viral load testing to 12 more laboratories in addition to the 10 laboratories funded by ACHAP.

Program Area Target:

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	10
Number of individuals trained in the provision of lab-related activities	45
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	80,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: *HHS/Centers for Disease Control & Prevention*
Funding Source: GAC (GHAI account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 4462
Planned Funds:
Activity Narrative: *T1201 Ministry of Health.*

In FY05, the Ministry of Health managed to decentralize CD4 count testing to some 6 laboratories through the help of ACHAP. In FY06 the aim is to (a) further decentralize all the CD4 count testing to 9 laboratories so that all hospital laboratories in the country can perform CD4 count testing and (b) decentralize viral load testing to 3 of the 6 district laboratories using a system that is different to the current one used in reference laboratories.

ACTIVITY 1: Expand CD4 count testing to 9 more laboratories. Laboratories will be equipped depending on the volume of samples they process on a daily or monthly basis and the possibility of catering for the whole population in their catchment areas. Ultimately, 5 of the 9 laboratories will get automated CD4 count equipment like the FACS Calibur, while the remaining 4 will get small machines in the range of the FACS Count. These two types of equipment have been selected because they are already used in the country. Furthermore, the African Comprehensive HIV/AIDS Partnership (ACHAP), another large development partner in Botswana, has provided similar equipment to the national ARV program. It will be beneficial for the quality control system we plan to put in place, that the equipment in the whole country is similar. There is already an established maintenance program in place and the reagents that this equipment uses are available locally. However, due to the sensitive nature of viral load testing, we plan to decentralize to 3 laboratories initially, and subsequently add 3 more laboratories.

Decentralizing both CD4 count and viral load testing increases the urgency of strengthening quality control and quality assurance (QC/QA) in all laboratories. One person in each laboratory will be trained as a quality officer; a total of 22 quality officers will be trained. The two reference laboratories will disseminate quality proficiency tests to district, primary and private laboratories while they are enrolled in an external quality control program like NEQAS through the National Health Laboratory.

During laboratory visits it has been noted that non-performance in some laboratories was due to poor management. Twenty-two laboratory supervisors will undergo training to improve their management skills. In addition, laboratories tasked with CD4 count and viral load testing will periodically have their staff attached to Botswana-Harvard HIV Reference Laboratory for in-service training. It is expected that 20 technical staff will have undergone training by the end of March 2006.

ACTIVITY 2: Improve storage of reagents at National Health Laboratory and in the districts. Decentralization of testing also places emphasis on efficient management of supplies. An information technology system and related hardware are required at NHL and referral laboratories to monitor supplies. Recent needs assessment showed that cold storage is a problem in district hospitals, indicating an urgent need to purchase cold rooms to improve the situation. *An estimated 10 cold rooms will be constructed in FY06. This will enhance distribution of reagents and consumables from NHL to the laboratories. 5 districts and 9 primary laboratories will* be renovated. *Strengthening of Public Laboratories will be done in conjunction with* APHL

ACTIVITY 3: Rapid HIV testing. Rapid HIV Testing continues to play a key role in identifying positive individuals at VCT centers and other testing facilities. About 50,000 screening HIV tests are expected to be performed in public health facilities through routine testing mechanisms. Some 60,000 or more people would also be

tested annually through Tebelopele program. In total, 7,000 HIV positive people who require immediate treatment with ARVs could be identified through both mechanisms.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Logistics	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	9	☐
Number of individuals trained in the provision of lab-related activities	33	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	80,000	☐

Indirect Targets

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests CD4 = 21//
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring = 200,000//

Target Populations:

Adults

People living with HIV/AIDS

Children and youth (non-OVC)

Laboratory workers (Parent: Public health care workers)

Laboratory workers (Parent: Private health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Association of Public Health Laboratories
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	4957
Planned Funds:	
Activity Narrative:	11202 American Public Health Laboratories.

The activities will ensure the availability of training and implementation of quality assurance measures in HIV laboratories in Botswana. The American Association of Public Health Laboratories (APHL) expects to accomplish the following:

Provide technical assistance to HHS/CDC/BOTUSA and through HHS/CDC/BOTUSA to the Ministry of Health 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, Ministry of Health, 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.

These are continuous activities which APHL will strengthen in 2006 and 2007 with plans to expanding to different laboratory staff in the country. Specific activities will be determined by the Ministry of Health, HHS/CDC/BOTUSA, APHL, and the HHS/CDC Atlanta Laboratory team.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities	5	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Indirect Targets

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests CD4 = 22//

Target Populations:

Doctors (Parent: Public health care workers)

Nurses (Parent: Public health care workers)

People living with HIV/AIDS

Laboratory workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	ODC/BDF
Prime Partner:	Botswana Defence Force
USG Agency:	Department of Defense
Funding Source:	GAC (GHAI account)
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	4990
Planned Funds:	
Activity Narrative:	T1203 Botswana Defense Force Lab.

As part of the national ARV program, the Botswana Defense Force (BDF) offers care and treatment to its personnel. Currently the BDF has three sites functioning in the country, and plans to expand countrywide. There are two functioning laboratories (Gaborone and Thebephatshwa) in the southern part of the country, but in the North East there is no laboratory to support local ARV treatment. Part of the equipment for the new laboratory when it is complete will be provided by the DOD Foreign Military Financing (FMF) program.

The laboratory will support the satellite clinic at Selibe Phikwe before it is upgraded to an ARV site. Currently members of the BDF at Selibe Phikwe have to get their ARV services at Francistown because of the long waiting time at the Selibe Phikwe Government Hospital. The laboratory will benefit the following clients; women in the PMTCT program, adult members of the BDF who are on ARV, and patients with TB/HIV co-infections. The funds will go towards the renovation of a mini laboratory at the Francistown clinic to support the ARV program with capacity baseline investigation, CD4 cell count, and viral load analysis. The facility will provide backup services to the Jubilee Clinic, which is currently over capacity with specimens including those from Selibe Phikwe and Francistown.

Emphasis Areas	**% Of Effort**
Infrastructure	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	☐
Number of individuals trained in the provision of lab-related activities	12	☐
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Indirect Targets

Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring = 10,000//

Target Populations:

Adults

Military personnel (Parent: Most at risk populations)

People living with HIV/AIDS

Laboratory workers (Parent: Public health care workers)

Coverage Areas

North-East

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Management HQ Core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5073
Planned Funds:
Activity Narrative: T1290-H Management.

This activity covers salary and travel to provide support for the laboratory section of the BOTUSA office including work with the Ministry of Health. 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 and TDY visits from staff from HQ.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 5074
Planned Funds:
Activity Narrative: T1290-P Management.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters."

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests		☑
Number of individuals trained in the provision of lab-related activities		☑
Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring		☑

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area:

Program Area Context:

USG support to strategic information (SI) activities in HIV/AIDS goes to three key partners in the Government of Botswana: 1) the Botswana HIV/AIDS Response Information Management System (BHRIMS) Department in the National AIDS coordinating Agency (NACA), 2) the AIDS Prevention and Care (DAPC) and Information Technology (IT) Departments in the Ministry of Health, and 3) the AIDS Coordinating Unit (ACU) in the Ministry of Local Government. USG and these 3 partners have agreed to increase capacity in the Strategic Information area at headquarters and at the district level for FY06. BHRIMS is mandated to coordinate all HIV/AIDS response information collection, analysis, and dissemination in the country. USG support will allow BHRIMS to further develop its infrastructure and build monitoring and evaluation capacity at the national, sectoral, district, and program levels as stipulated in the National Strategic Framework (FSN) and the 5-year EP for Botswana.

USG funds will support capacity building in the new Strategic Information unit at DAPC. During FY06, the new SI unit will continue sentinel surveillance and monitoring the pattern of ARV resistance among newly HIV infected ANC clients. The unit will also work to strengthen data quality, and undertake a targeted evaluation to assess the outcome of the ARV program that has been rolled out throughout the country since 2002.

The vision for the Integrated Patient Management System (IPMS) is to measurably improve the effectiveness of patient management across the continuum of care, from first presentation with symptoms through treatment and follow-up to eventual discharge. This system aims to provide healthcare providers with easy access to the patients' records, resolving the challenges caused by the current paper-based systems. IPMS currently provides comprehensive patient information from 4 major hospitals and their 16 satellite clinics. USG support to improve the performance and expansion of integrated patient management system (IPMS) that began in FY05 will continue through FY06.

The USG support to BHRIMS during FY05 contributed to targeted improvement of data capturing, processing, and reporting mechanisms. As a result, BHRIMS will have a national HIV/AIDS database system up and running by mid-2006. USG support to BHRIMS in FY06 will help roll-out this initiative to the districts. Furthermore USG funds will assist to build human and logistic capacities in strategic information for 20 of the total 27 health districts in the country. Activities in the remaining 7 districts are covered through collaborative efforts between ACHAP (African Comprehensive HIV/AIDS Partnership) and BHRIMS.

The HIV/AIDS resource center at NACA currently is underutilized mainly because of insufficient diversity of reference materials, poorly trained manpower to provide services, inadequate space, and unavailability of other informatics facilities. USG funds will help upgrade this center to be more accessible to the general public, equip it with up-to-date HIV/AIDS reference/educational materials, and improve efficiency of services.

Botswana is one of the hardest hit countries by HIV/AIDS, and there is inadequate documentation on socio-economic and demographic impact of this epidemic. In 2005, the Government of Botswana began addressing this issue by commissioning two studies on the impact of AIDS. This was a collaboration with UNDP. USG funds will supplement and support this initiative in FY06.

USG funds will also help improve human and technical capacities of the monitoring and evaluation section at ACU in the Ministry of Local Government. The need for this effort arose from an increasing involvement of this unit in multi-sector HIV/AIDS response activities at the district level.

Finally, USG will continue to provide technical support to MLG, MOH, NACA, and other EP implementing partners in monitoring and evaluating HIV/AIDS response during FY06.

Program Area Target:

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	172
Number of local organizations provided with technical assistance for strategic information activities	3

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	4463
Planned Funds:	
Activity Narrative:	X1302 Ministry of Health- Integrated Patient Management System (IPMS).

During the last year of 'live' operation of the Integrated Patient Management System (IPMS), users of the system at various sites have faced difficulties in getting accurate healthcare reports from the system. There has been a series of high-level meetings on the subject at the Ministry of Health where users/practitioners have been involved in reviewing the performance of IPMS. It has been pointed out that difficulties faced by practitioners are essentially due to three reasons: errors in the report generation from the data captured, slow network response, and poor data entry.

The Project Steering Committee as a result suggested that USG funds for FY 2005 be diverted to make the system more user-friendly. Instead of expanding IPMS to 4 new hospitals, USG funds were recommended to be used for procurement and implementation of Patient Care Module for the practitioners and an SQL server as a front-end to the IPMS database. The SQL server will receive the data from the IPMS database, and will be utilized to format the data, create user-friendly queries and reports including ad-hoc queries. The project will require consultancy to implement the system. Ministry of Health shall also build a Management Information System (MIS) team to manage data from IPMS sites and interface with the users to create user-friendly reports helping them in healthcare provision and decision-making.

The re-strategizing of the 2005 plan entails continuity of the expansion of IPMS in FY06 to 4 additional hospital sites using USG funds. The project in FY06 will involve procurement of computing equipment like personal computers, mail servers, network printers, hand-held scanners, label printers, network printers, and office automation software for the four sites. During FY06, the sites will be networked (cabling, procurement of switches and routers) to work on a Wide Area Network and integrated with the existing 19 sites in the country. Recruitment of a Data Manager at the national level (Health Statistics) is also required to effectively manage the information flow from the districts to the national level.

Emphasis Areas	**% Of Effort**
Health Management Information Systems (HMIS)	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Indirect Targets

Number of local organizations provided with technical assistance for strategic information activities = 1//
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS = 400//

Target Populations:

Adults

HIV/AIDS-affected families

Orphans and vulnerable children

People living with HIV/AIDS

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4464
Planned Funds:
Activity Narrative: X1303 Ministry of Health- Surveillance.

This is a continuation of a 2005 activity to strengthen the resource (human & financial) base of the surveillance unit at the Department of AIDS Prevention and Care (formerly AIDS/STD unit) in the MOH. This unit was the recipient of funds through a cooperative agreement with MoH that was established in 2001. Several key project positions were established through this agreement. This agreement will be rolled into the large cooperative agreement with GOB that was established in September 2005 when the original agreement comes to an end (March 2006). The unit will undertake the annual antenatal sentinel surveillance of HIV/STI infection prevalence, which has been managed by NACA for the last four years. The pattern of ARV resistance and incidence of HIV infection among HIV infected pregnant women was included for the first time in the 2005 ANC sentinel survey. One epidemiologist has joined the existing two public health specialists in the Department. The recruitment of one data manager and two data clerks is in progress. This Department must further strengthen its logistics capacities by procuring more computers, data storage software, printers, etc.

USG funding in FY06 will specifically support the procurement of test kits, salaries of the new project staff, and training staff at the district level who are involved in conducting surveillance. The epidemiologist routinely plans and conducts sentinel surveillance. She will be responsible for all aspects of data management, including analysis and dissemination of the results. At the end of FY06, it is expected that the HIV/STI surveillance activity in the DAPC will be well-resourced and fully operational. The staff in all Districts will be trained to properly undertake sentinel surveillance. The availability of annual HIV/STI sentinel surveillance data is the overall outcome so that the country can continually monitor trends in HIV and STI prevalence, HIV incidence, and resistance patterns. Note that the DAPC is another implementing partner for integrated TB/HIV surveillance activity in collaboration with the national TB control program. This activity is addressed in the palliative care/TB section of this plan.

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	62	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Indirect Targets

Number of local organizations provided with technical assistance for strategic information activities = 1//
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS = 240//

Target Populations:

Adults

Pregnant women

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	4465
Planned Funds:	
Activity Narrative:	X1307 Ministry of Health-data quality.

The MASA program monitoring and evaluation unit at the Ministry of Health will be in charge of this targeted evaluation. This activity has four specific components and will measure aspects of the outcome and impact of the national ART program in Botswana (the MASA program). The first component will assess the 12-month patient retention rate in the ART program. The second component will assess the survival of patients who began ART. This indicator will assess the percentage of patients still alive at different time periods out of the cohorts who initiated treatment. The third component will assess the weight gain of patients on ART. Among adults, weight gain is one of the most common symptoms in late stage HIV infection. Weight gain on treatment forms a good proxy measurement for successful treatment. The final component will assess the quality of life (QOL) of patients on ART. Measuring QOL plays a key role in monitoring the psychosocial well-being of the patient and assessing clinical responses to the wide range of treatment schemes that PLWHA undergo.

The first 4 ART sites that began treatment services in the country, Gaborone, Francistown, Serowe, and Maun, as well as 4 other ART sites will be selected for this analysis. The initial 4 centers presently use the proprietary Integrated Patient Management System (IPMS) while the latter utilize the MS Access based "MASA" system. Some of the initial patient data are not available in electronic version. This data will need to be entered into the respective data systems, and updated and checked for quality.

USG funds will go specifically to train and employ project data entry clerks to enter all patient records into the electronic system, to co-relate clinical data with pharmacy records and laboratory results, and for ensuring data quality. Consultancy services will be obtained to support the staff in developing necessary interfaces between the MASA system and the IPMS, to develop a "data warehouse" and for statistical expertise. With regard to the fourth component, a suitable QOL instrument will be identified and adapted to the country context and for this specific use. Interviewers will be trained and used for survey data collection among the selected sample of patients. Consultancy services will be obtained to conduct the studies, data coding and entry, analysis, and for preparation of the final report.

Emphasis Areas	% Of Effort
Targeted evaluation	*51 - 100*
Monitoring, evaluation, or reporting (or program level data collection)	*51 - 100*

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Indirect Targets

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS = 4//

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Management HQ Core
Prime Partner: *US Centers for Disease Control and Prevention*
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4480
Planned Funds:
Activity Narrative: X1390-H Management - Headquarters

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 GOB. 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. Funds will also support dissemination M & E information on Emergency Plan activities in Botswana. Some contractual activities for service data analysis are included in the cost.

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: National AIDS Coordinating Agency, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 4998
Planned Funds:
Activity Narrative: X1301 National AIDS Coordinating Agency (NACA) - Monitoring and Evaluation.

The USG established in FY05 a large cooperative agreement with Government of Botswana including several line ministries. This was awarded in September 2005. The support to the National Aids Coordinating Agency (NACA), which falls under Ministry of State President, consists of the development of an electronic database (BHRIMS) for monitoring the implementation of the National HIV/AIDS Response. The Botswana government has paid for the preliminary database development and USG provided supplementary funds in FY05 for the operationalization and implementation of the system and building of M&E capacity in the sectors and districts. This included decentralization of BHRIMS to the district level, training of trainers for M&E, and development of a M&E training curriculum. About 80 employees including District Aids Coordinators and District Multi sectoral AIDS Committees will be trained on M&E and basic informatics for data management. The training is to be conducted by the Institute of Development Management (IDM) in collaboration with NACA and partners. The decentralization plan of BHRIMS (hopefully with USG support) is planned to take 3 years (2005-2007). The software BHRIMS uses is based on CRIS which is now a nationally adopted M&E system. Other organizations and Ministries (MLG, MOH, UN family) are planning to use the system as well.

The plan in FY06 is to continue the implementation by recruiting and training of Information Management Officers (IMO) in project posts at 20 of the 27 health districts. The new cadre will develop the capacity to synthesize and utilize information for decision-making at the district level. They will further improve the quality of data generated at the facility level by refining and harmonizing the data collection tools. The District AIDS Coordinator will be responsible for day-to-day activity supervision. Much of the data handled at this office relates to community-based activities such as orphan and home-based care. A similar number of information officers will be recruited and trained to be posted at district health offices (see activity X1305). NACA will play a central role in harmonizing HIV/AIDS data capturing, synthesis, and reporting efforts by MOH and MLG.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	10 - 50
Health Management Information Systems (HMIS)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	100	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Indirect Targets

Number of local organizations provided with technical assistance for strategic information activities = 10//

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Policy makers (Parent: Host country government workers)

Program managers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Local Government, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	5017
Planned Funds:	
Activity Narrative:	X1304 Ministry of Local Government. The AIDS Coordinating Unit (ACU) of the Ministry of Local Government is increasingly playing a significant role in coordinating the HIV/AIDS response at district and community level. Its activity closely supports NACA's involvement at the local level. USG funds in FY06 will be used to recruit 2 project staff to strengthen the capacity at headquarters. This will in turn strengthen the monitoring and evaluation and coordination of the district multi-sectoral response to the HIV/AIDS epidemic. There are also plans to expand the mandate of ACU to make it the Department of Primary Health Care within the Ministry of Local Government, so these officers will strengthen collaboration with the District Health Teams. Remaining funds will be used for supportive supervision and to purchase equipment for the new officers.

Emphasis Areas	**% Of Effort**
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100
Health Management Information Systems (HMIS)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	2	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Indirect Targets

Number of local organizations provided with technical assistance for strategic information activities = 1//
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS = 54//

Target Populations:

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Program managers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5019
Planned Funds:
Activity Narrative: X1305 Ministry of Health- Informatics Unit.

USG funds for this activity – the data quality improvement and informatics support– address two key components of strategic information in HIV/AIDS. The first component, consuming about 20% of the total cost, is to establish an informatics unit in the new Department of AIDS Prevention and Care (DAPC) to facilitate integration and management of both HIV/AIDS routine and program data in the Department. Currently different HIV/AIDS programs function more or less vertically with little or no linkage or interaction. This initiative will recruit several project positions. An informatics specialist for 6-12 months will be hired to set up a functioning informatics system. In addition, a systems analyst will be recruited to analyze user requirements and procedures to improve existing computer system among others. The funding will also assist in the procurement of necessary hardware and software to upgrade the current system and to train staff on basics of informatics and the management of the system.

The second component, about 80% of the project cost, will support and strengthen data collection from the health facility and district heath team office levels to improve data quality and timeliness in reporting. Currently a lot of data on different HIV/AIDS programs are collected by the health facilities in the districts. However, the community health nurse who is expected to compile the data for analysis at the district level is overwhelmed by his/her principal role as a coordinator of different health programs in the health district. Most of these nurses are not computer literate, and hence the task of data compiling, analysis, and report writing takes place manually. Furthermore, their greatest concern is towards meeting routine reporting requirements for higher authorities than utilization of program data locally. This situation has had a negative impact on the data quality and also contributed to the delay in availability of data for use by the managers at all levels for program planning and monitoring.

USG funds will help recruit one project information officer per district for the 24 health districts to assist the community health nurse in the management of data collected from all HIV related programs. The presence of a similar initiative at the District AIDS Coordinator's office (see activity X1301) will significantly improve district level strategic information activities both at the facility and community levels. Being a university graduate (in demography, epidemiology, social sciences) and computer literate, the information officer is expected to significantly improve the efficiency in routine program data synthesis, report writing, and utilization. These information officers will initially receive an introduction course on basic methods of data management and the use of data quality assurance tools. In addition, the community health nurses and some managers in the district health teams will be trained in basic computer use and data analysis to enable them to use the information generated locally for evidence based planning at the district level. This activity will also improve the transmission of program data from districts to the central level for further analysis and dissemination. The overall outcome of this activity will help the MOH upgrade the HIV/AIDS informatics system in both the district and central level, and improve availability of quality and timeliness of HIV/AIDS related data.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	51 - 100
Proposed staff for SI	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	24	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Indirect Targets

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS = 48//

Target Populations:

Community-based organizations

Faith-based organizations

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Program managers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: National AIDS Coordinating Agency, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5022
Planned Funds:
Activity Narrative: X1306 National AIDS Coordinating Agency- targeted evaluation.

The HIV/AIDS epidemic has imposed a heavy economic burden on Botswana, with significant health challenges and a large toll on the population. The epidemic is threatening to reverse the impressive developmental gains the country has achieved by decimating the productive, skillful generation. There is high HIV/AIDS related absenteeism in the work place. HIV/AIDS related deaths have deprived families of their livelihood as the bread-winners are the ones most affected by the epidemic. In collaboration with its development partners, the government has undertaken several studies and surveys to monitor the impact of HIV/AIDS on the general population and how it affects the economy of the country. There is a need to document the impact of HIV/AIDS in the country to provide sound information for informed decision-making, policy formulation, and planning. NACA recognizes the role USG can play in supporting and facilitating these targeted evaluations and research to provide the necessary information, which can guide planning and implementation.

NACA, in collaboration with UNDP, started co-funding a macro-economic and demographic impact of HIV/AIDS assessment project in 2000. A similar follow up study is being conducted by NACA in collaboration with UNDP. USG funds in FY06 will be used to carry out this project. The findings from these studies will be documented and used to inform decision making and program planning and implementation.

Activity #5022 has been an ongoing targeted evaluation since 2004.. The National AIDS Coordinating Agency (NACA) of the Government of Botswana initiated this survey in collaboration with UNDP to assess the socio-economic and demographic impacts of HIV/AIDS. The project ran out of funds after completing the socio-economic component of the survey due to inadequate planning. NACA requested the USG to fill this financial gap owing to the national urgency to learn more about the demographic damage of HIV/AIDS and its implications on future population growth. The USG funds will be used to complete data collection and analysis work for the demographic impact evaluation. It is important to note that this targeted evaluation has not been initiated by CDC/BOTUSA. We also do not feel that it deserves a separate evaluation for non-research determination.

Emphasis Areas	% Of Effort
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	*Technical Assistance*
Prime Partner:	National AIDS Coordinating Agency, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Strategic Information
Budget Code:	*HVSI*
Program Area Code:	13
Activity ID:	5023
Planned Funds:	
Activity Narrative:	X1308 National AIDS Coordinating Agency- information center.

The government of Botswana recognizes the power of information and the role it plays to change and shape society. This activity will help the government to live up to its commitment to provide a central resource that offers easily available, comprehensive, and up-to-date information on HIV/AIDS. Currently, individuals who need up-to-date information on HIV/AIDS cannot find it readily available. Information on HIV/AIDS has been extensively sought for research purposes, presentations, planning, implementation, and public education but it has been difficult to access with uncertain sources.

The government has already put a lot of effort into obtaining information for general public education as well to inform the implementers of the National HIV/AIDS Response. NACA has established a resource center to enable users easy access to information they need. Due to resource constraints, the center is currently housed in the same building as NACA and occupies a very limited space with few staff. The center is not strategically situated and as a result individuals who need information for research, educational purposes, or up-to-date information on HIV/AIDS find it difficult to access information. This has become a limiting factor and great impediment for researchers and in educating the general public.

FY06 funds will help strengthen the HIV/AIDS Resource Center by providing more capacity and space, easy accessibility, and sufficient staffing to manage the center. This will increase the variety of information, sources and access to mass media to meet the basic standards for a well equipped center that can provide sufficient up-to-date information on HIV/AIDS. The center will be accessible to more users, provide information that can be used for implementation, research, and education for the general public. The ultimate goal is to make information on HIV/AIDS readily available, easily accessible, and more diverse to meet the needs of all the users.

Emphasis Areas	**% Of Effort**
Information Technology (IT) and Communications Infrastructure	*10 - 50*
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐
Number of local organizations provided with technical assistance for strategic information activities	1	☐

Target Populations:

Adults

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Host country government workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5075
Planned Funds:
Activity Narrative: X1390-P Management - Post

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters

Emphasis Areas	% Of Effort
AIS, DHS, BSS or other population survey	10 - 50
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50
Proposed staff for SI	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Management Local core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5076
Planned Funds:
Activity Narrative: X1391-P Management - Assoc Dir GAP - Post

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Facility survey	10 - 50
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Management HQ Core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 5077
Planned Funds:
Activity Narrative: X1391-H Management - Assoc Dir GAP - Headquarters.

This activity covers salary to provide support for EP activities. Costs related to workshops are included in this activity. Funding also covers TDY visits by colleagues based in the US in HHS/CDC headquarters. Funds will also support dissemination M & E information on Emergency Plan activities in Botswana.

Emphasis Areas	% Of Effort
Facility survey	10 - 50
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	10 - 50
USG database and reporting system	10 - 50

Targets

Target	Target Value	Not Applicable
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑
Number of local organizations provided with technical assistance for strategic information activities		☑

Table 3.3.14: Program Planning Overview

Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area:

Program Area Context:

The continuing shortage of health professionals, along with increased demand for health care as a result of HIV/AIDS, places severe limitations on Botswana's ability to deliver effective services. Although the public sector has structures in place, management and coordination are weak at all levels. Providers remain limited in their knowledge and skills to effectively provide HIV/AIDS services. District AIDS Coordinators, who coordinate HIV/AIDS interventions in the districts, lack appropriate skills, and civil society continues to contribute little to the response. The workplace, a key target for increasing the involvement of men, has been inadequately supported. Finally, a critical gap has been the absence of a supportive legal and policy context.

The National Strategic Framework for HIV/AIDS and five-year EP strategic plan provide a platform for increasing capacity and providing policy guidance at all levels to meet the demands of the HIV/AIDS response. This includes integrated capacity building programs; building the capacity of public and private sector organizations to provide in-service training; and strengthening collaboration and coordination among all partners.

As part of the Southern Africa Capacity Initiative, UNDP, WHO and the Ministry of Health completed a comprehensive assessment of the health sector in 2005, which will result in a human resource plan and policy recommendations to address human resource shortages. In 2006, an Integrated Service Delivery Plan will be developed and implementation will begin.

Training for health care workers is coordinated by the Ministry of Health, in collaboration with the Ministry of Local Government. In 2004, a national training strategy was developed with USG support; in 2006 this strategy will be implemented.

The USG provides technical and financial support to the Sustainable Management Development Program at the Institute of Development Management, which trained 47 HIV/AIDS program managers in 2005. Another 50 managers will be trained in 2006.

With technical assistance from NASTAD, the USG strengthened the ability of District Multi-sectoral AIDS Committees to respond to the HIV/AIDS epidemic utilizing the community planning process. Collaboration began in 12 districts in 2004 and 2005, and will cover 12 more in 2006. This year, a Community Planning Toolkit was developed and District AIDS Coordinators were trained. In 2006, a planning project officer will be placed in the Ministry of Local Government to build internal capacity.

In 2005, Pact was engaged to expand civil society's role in the HIV/AIDS response by strengthening the Botswana Network of AIDS Service Organizations and implementing a grants program for NGOs, FBOs and CBOs providing HIV/AIDS services. Over 30 organizations were short-listed for funding and are undergoing final assessment by Pact. This support is continuing in 2006.

In the private sector, the USG conducted a needs assessment, supported training of workplace counselors and provided organizational support to the Botswana Business Coalition on AIDS. Last year 120 workers were trained as counselors, and in 2006, 160 counselors will be trained.

The Ministry of Local Government, with technical assistance from UNDP, began implementing the Community Capacity Enhancement Program aimed at empowering communities to respond to the HIV/AIDS epidemic. This program began in 5 districts in 2004, expanded to 10 in 2005 and will reach 15 (out of 27) in 2006. An additional project staff member will be added to the AIDS Coordinating Unit to build their capacity.

In 2005, USG supported the Botswana Network of Ethics, Law and HIV/AIDS to implement the strategic plan of the Ethics, Law and Human Rights Sector of the National AIDS Council. This plan addresses policy and legislative gaps and discriminatory laws and policies related to HIV/AIDS. This

support is continuing in 2006.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	42
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	176
Number of individuals trained in HIV-related policy development	241
Number of individuals trained in HIV-related institutional capacity building	224
Number of individuals trained in HIV-related stigma and discrimination reduction	351
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	406

Table 3.3.14: Activities by Funding Mechanism

Mechanism: NASTAD
Prime Partner: National Association of State and Territorial AIDS Directors
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 3540
Planned Funds:
Activity Narrative: X1402 Alliance of State and Territorial AIDS Directors.

This activity is related to the one with the Ministry of Local Government (X1402.5) under this program area. COPRS/REF: 4550.

The National Alliance of State and Territorial AIDS Directors (NASTAD) is a U.S. NGO. Its members consist of U.S. state health department AIDS program directors whose positions are analogous in program responsibility to their counterparts in national and district level AIDS programs abroad. NASTAD began working in Botswana in 2004 with USG support.

In 2005, NASTAD, through a collaborative process, completed Botswana's District HIV/AIDS Planning Toolkit. NASTAD provided on-site technical assistance to eight (8) districts at regular episodes throughout the year to guide the district staff and planning committees in the evidence-based steps described in the toolkit. In addition, NASTAD provided training in planning to national and district stakeholders and Peace Corps volunteers. A process evaluation in late 2004 helped shape the delivery of NASTAD's services in 2005.

The plan for 2006 includes a combination of in-depth work in eight districts and a new effort to bring evidence-based planning skills to ALL of Botswana's districts. Currently there is inadequate capacity in the Ministry of Local Government to provide ongoing support to the planning activities of the District Multisectoral AIDS Committees and District AIDS Coordinators. This proposal interacts with the Ministry of Local Government activity to build sustainable capacity within the Ministry to assist all districts in implementing the District HIV/AIDS Planning Toolkit in 2006.

NASTAD technical assistance providers will continue in-depth on-site work in eight districts selected for intensive assistance by the Ministry of Local Government. Through a training-of-trainer approach, NASTAD's work in these eight districts will build the capacity of the new district planning staff position and serve as the foundation for scaling up his or her direct work in the other districts. NASTAD's mentoring and support for the new position will assure ongoing expertise in evidence-based public health district planning within the Ministry of Local Government.

The partnership between NASTAD and the Ministry of Local Government supports several areas of US Government emphasis and legislative interest. The activity builds local organization capacity, consistent with Botswana's National Strategic Framework. Improved district needs assessment and planning processes will result in better-coordinated network, linkage, and referral systems at the local level to support 2-7-10 goals. Additionally, this partnership increases community mobilization/participation by involving community members in DMSAC planning processes. Of particular legislative interest is NASTAD's ongoing collaboration with the US Peace Corps program in Botswana. Volunteers placed in districts partner with NASTAD in building capacity to implement the District HIV/AIDS Planning Toolkit.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	8	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	67	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Indirect Targets

Number of individuals trained in HIV-related institutional capacity building = 67//

Target Populations:

Community leaders

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Program managers

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)

Key Legislative Issues

Twinning

Coverage Areas

North-East

Kweneng

South-East

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Management HQ Core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4481
Planned Funds:	
Activity Narrative:	X1490-H Human capacity development management - HEADQUARTERS. This activity covers technical assistance and travel to provide support for the human capacity development, including work with the GOB. Funding includes costs related to TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

USG in-country staff

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	PACT
Prime Partner:	Pact, Inc.
USG Agency:	U.S. Agency for International Development
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4538
Planned Funds:	
Activity Narrative:	X1407 Pact.

Civil society remains a weak partner 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. In FY 05, the USG provided funds to Pact, an international non-governmental organization, to strengthen the sector's HIV/AIDS response. Pact is working with BONASO, a central HIV/AIDS umbrella organization, to establish a grants program. Pact conducted a management capacity assessment of BONASO in order to obtain a baseline of the overall financial and administrative capacity of the organization. This assessment also provided input on the level of funding that can be absorbed by BONASO for the purpose of organizational strengthening. A broader organizational capacity assessment was conducted to clarify BONASO's vision and objectives and determine what gaps needed to be addressed in order to assist them in attaining their organizational goals. Grant funds will be utilized to address the areas identified for strengthening during this process. Pact began training BONASO on the process of administering USG solicitations, specifically the Annual Program Statement. BONASO provided extensive logistical assistance in the distribution of the application documents, receipt of proposals and attended the technical review meetings as observers. Over 30 organizations have been recommended for funding under this APS process. The goal is for Pact to gradually hand over the administering of competitive processes for USG funds entirely over to BONASO.

Pact is simultaneously providing technical assistance and resources to build the organizational capacity of BONASO. Capacity will be strengthened in the areas of coordination, advocacy, organizational capacity building, resource mobilization, grant management, training, partnership building, strategic planning, monitoring and evaluation and service delivery over the life of the project. BONASO will also be provided with the training and resources to operate the grants program, mobilize and form coalitions of regional network members and build organizational capacity in member organizations to expand service delivery and provide strong leadership to the sector. Pact will work with BONASO through the provision of training in the form of workshops, mentoring and on site direct assistance.

Specific capacity building activities for BONASO in 2006 include:
-Hiring three additional staff – project manager, accountant and M&E Officer
-Purchasing equipment – computers, software, furniture
-Developing a data base for the grants program
-Training workshops will be provided for coalition coordinators and BONASO Secretariat in:

- o grant management
- o monitoring and evaluation
- o assessing organizational capacity of grantees
- o strategic and organizational planning
- o resource mobilization

This activity is related to the Pact activities under AB Prevention (P0205), Care (C0602) and OVC (C0804).

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	20	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Indirect Targets

Number of local organizations provided with technical assistance for HIV-related institutional capacity building = 102//
Number of individuals trained in HIV-related policy = 102//

Target Populations:

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Contract
Prime Partner:	Institute of Development Management, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4543
Planned Funds:	
Activity Narrative:	X1408 Institute of Development Management (IDM).

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 local management course, adapted from the HHS/CDC SMDP program. It is implemented by Batswana graduates of the HHS/CDC course. The purpose of the program is to provide training and support to build the managerial and leadership capacity of public health program managers working in HIV/AIDS. In 2005, IDM ran one training course for 25 HIV/AIDS program managers.

Activities for FY 06 will include:

-Training of 50 middle-level managers in the "sustainable management development training program" and through implementation of Total Quality Management (TQM) applied learning projects to improve the management capacity and sustainability of public and NGO HIV/AIDS and related programs

-Facilitate the attendance of 6 officers (4 IDM SMDP faculty and 2 SMDP graduates) at Sustainable Management Development Training (SMDP) Bi-Annual International Conference in Cape Town, SA in May 2006

-Standardize SMDP-Botswana Management Curriculum to meet the Botswana Training Authority required standards

-Continual monitoring and evaluation of the participants

Emphasis Areas	***% Of Effort***
Local Organization Capacity Development	51 - 100
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	50	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	56	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Program managers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: UN agency TBD
Prime Partner: To Be Determined
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4544
Planned Funds:
Activity Narrative: X1401 TBD (United Nations)

In 2005, a health sector assessment was conducted and a Human Resources for Health (HRH) Plan developed. Major deliverables from this are reports indicating urgent issues and recommendations regarding staffing levels by cadre. However, the assessment revealed major inequities in the magnitude and distribution of services that could not be addressed through the staffing level recommendations without developing an integrated service planning framework and plan.

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 an integrated service planning framework that will meet the needs of the country to implement quality health programs over the next ten years.

In FY 06 the partners will:
-Implement the key 'Urgent Issues' resulting from the Human Resources for Health Plan produced as a result of the EP funds in 2005.
-Develop an integrated service planning framework and plan to enable the health sector to cope with the changes in workload brought about by the HIV/AIDS pandemic and work pattern brought about by the response to HIV/AIDS.
-Develop capacity at Ministry of Health's head office to develop policies, plans and monitor the implementation of the major recommendations from the Human Resources for Health Plan.
-Develop capacity at a number [10] of major health care delivery and training institutions to strengthen management processes to enable them to actively participate in an integrated service delivery plan.
-Train and develop key staff in the Health Policy, Planning, Monitoring and Evaluation Department to build upon and make greater use of the 'heath planner' tool utilized in the HRH Plan.
-Provide Strategic Planning, Management and Leadership Development training and coach key staff in the Health Policy, Planning, Monitoring and Evaluation Department and in the 10 health care delivery and training institutions to maximize their participation in and contribution towards developing an integrated service delivery plan.
-Undertake a situation analysis, develop service delivery scenarios, and formulate a strategic position statement and finally develop a sustainable integrated service plan.

The process will include the following:
-Develop an appropriate service delivery model based on population served, funding envelope, input costs, and service activities by level of care, efficiency indicators and impact of AIDS on health services;
-Integrate the impact of AIDS on population growth, and hospital/PHC utilisation;
-Determine the anticipated funding envelope including government and alternative sources of funding; Generate options for services based on a variable funding envelope, input costs, utilisation of services and efficiency indicators;
-Develop a sustainable health service plan based on analysis of options and extensive consultation with stakeholders;
-Integrate capital development plans, human resource development plans, management reforms and health service plans into a detailed service delivery plan;
-Develop detailed service provision plans for each component of the health service.

These activities will result in the development of:
-a national overview of the current status of service provision;
-a detailed assessment of actual service requirements through analysis of patient/case

referrals and services offered;
-a national 'essential' package of services (i.e. the minimum target of services to be delivered per facility type);
-a definition and policy statement of appropriate and equitable access to all levels of service;
-a service configuration that is affordable and sustainable taking cognisance of funding availability;
-a plan that takes into account resource and services development requirements (such as staffing and drugs) i.e. that ensures the use of resources is efficient;
-a plan as a long term vision to enable integration of key initiatives (such as capital development and equitable human resource distribution);
-an integrated plan for hospitals and PHC services;
-a plan that specifies the referral management process and aligns it to service structure.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	11	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	11	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	36	☐
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below) (Parent: Host country government workers)
Other health care workers (Parent: Public health care workers)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	United Nations Development Programme
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4545
Planned Funds:	
Activity Narrative:	X1403 United Nations Development Program.

This activity is related to the next activity (X1403.5). COPRS/REF: 4553.

UNDP, in partnership with MLG/AIDS Coordinating Unit, began implementation of the Community Capacity Enhancement Program (CCEP) 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 are placed in villages to drive and facilitate the process using participatory methodologies and a team approach. Facilitators are identified from the community and trained on CCEP through training of trainers' workshops.

In 2005, USG funds were used to expand the program from 5 to 10 districts and to document best practices. In FY 2006, the project will expand to 5 additional districts: Francistown, Boteti, Southeast, Southern, and Kgatleng.

In 2006, UNDP will continue to provide technical support to MLG, assist with the recruitment of a staff position within AIDS Coordinating Unit and provide training and mentoring to build local capacity. UNDP's mentoring and support for the new position will assure ongoing expertise in Community Capacity Enhancement within the Ministry of Local Government.
In addition, UNDP will:

-Train 5 trainers in each new district (25 trainers in total)
-Conduct a national reflection and skills refinement workshop for facilitators

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	6	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	26	☐
Number of individuals trained in HIV-related stigma and discrimination reduction	25	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	25	☐

Target Populations:

National AIDS control program staff (Parent: Host country government workers)

Non-governmental organizations/private voluntary organizations

Volunteers

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 rights

Stigma and discrimination

Coverage Areas

Kgatleng

North-East

South-East

Southern

Central

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Ministry of Local Government, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 4550
Planned Funds:
Activity Narrative: X1402.5 Ministry of Local Government.

This activity is related to the previous activity (X1402). COPRS/REF: 3540.

In 2006, NASTAD technical assistance providers will continue in-depth on-site work in eight districts selected for intensive assistance by the Ministry of Local Government (see previous entry). The Ministry of Local Government will create a project staff position at headquarters that will be responsible for district planning using the community planning approach. NASTAD will build the capacity of the new district planning staff project position and serve as the foundation for scaling up his or her direct work in the other 19 HIV/AIDS planning districts. NASTAD's mentoring and support for the new position will assure ongoing expertise in evidence-based public health district planning within the Ministry of Local Government.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	51 - 100
Needs Assessment	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	19	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Indirect Targets

Number of individuals trained in HIV-related institutional capacity building = 19//

Target Populations:

Community leaders

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Policy makers (Parent: Host country government workers)

Program managers

Host country government workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Ministry of Local Government, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	4553
Planned Funds:	
Activity Narrative:	X1403.5 Ministry of Local Government.

This activity is related to the previous activity (X1403). COPRS/REF: 4545.

UNDP, in partnership with the Ministry of Local Government/AIDS Coordinating Unit (MLG/ACU), began implementation of the Community Capacity Enhancement Program (CCEP) in five districts in 2004 as one of the strategies to halt and reverse the HIV/AIDS epidemic. (See narrative in previous activity)

In FY 2006, MLG/ACU, with technical support from UNDP, will expand to 5 additional districts: Francistown, Boteti, Southeast, Southern, and Kgatleng. In order to strengthen this program and capacity within ACU, MLG will create a project staff position at headquarters that will be responsible for the Community Capacity Enhancement Program. UNDP will build the capacity of the new staff position providing mentoring and support to assure ongoing expertise within the Ministry of Local Government.

Other activities will include:

-Training 4 facilitators in each village (84 villages in the 5 districts, 210 facilitators in total)
-Holding 2 community conversations per month in each village (168 conversations in total, reaching an estimated 10,000)
-Supporting 2 community initiatives in each district (10 in total)

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and *discrimination reduction*	210	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	210	☐

Indirect Targets

Number of people reached through community outreach that promotes HIV/AIDS prevention through promoting abstinence and/or be faithful – 10,000//

Number of people reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or be faithful - 10,000//

Target Populations:

Adults

Business community/private sector

Community leaders

Volunteers

Children and youth (non-OVC)

Religious leaders

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 rights

Stigma and discrimination

Coverage Areas

Central

Kgatleng

North-East

South-East

Southern

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Contract
Prime Partner: Botswana Network on Ethics, Law, and HIV/AIDS
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5010
Planned Funds:
Activity Narrative: XI405 Botswana Network for Ethics, Law and HIV/AIDS (BONELA).

Many policy and legal gaps related to HIV/AIDS have been identified in Botswana, particularly in the area of ethics and human rights. In FY 05, the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) was supported to employ a policy advisor to implement activities outlined in the strategic plan of the Ethics, Law and Human Rights (ELHR) sub-committee of the National AIDS Council. Current activities focus on building consensus amongst policy makers on legislative and policy reform; developing institutional capacity for self assessment of compliance to ethics, law and human rights standards at sector level; and media coverage on ethics, law and human rights related to HIV and AIDS.

In FY 06, the policy advisor will continue to work to implement the sector's plan with continuing focus on 1) advocating for the translation of all relevant human rights issues into law and ratification of relevant human rights instruments, 2) compliance to ELHR standards in HIV/AIDS and 3) media campaign.

Activities will include:

-Developing and disseminating a reporting mechanism for compliance through consultations with stakeholders
-Developing and implementing a media campaign on ELHR issues
-Holding advocacy workshops for relevant interest groups with legislature

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	30	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development	240	☐
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Community-based organizations

Non-governmental organizations/private voluntary organizations

Policy makers (Parent: Host country government workers)

Host country government workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	*Contract*
Prime Partner:	Botswana Business Coalition on AIDS
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5014
Planned Funds:	
Activity Narrative:	X1406 Botswana Business Coalition on AIDS (BBCA).

The Botswana Business Coalition on HIV/AIDS is a private sector HIV/AIDS response organization. It was established with the objective of mobilizing and coordinating the business sector response to HIV/AIDS through among others: information dissemination, advocacy, policy lobbying, networking and capacity building. No other organization is in a position to serve as an umbrella organization for the private sector to address HIV/AIDS issues in the workplace. Furthermore, BBCA *is specifically identified in the government of Botswana's National Strategic* Framework for HIV/AIDS, 2003-2009, as the organization responsible for playing this *umbrella, coordinating role for the private sector response to HIV/AIDS (p. 71).* BBCA has played this role for the last few years, working primarily through the Botswana Confederation of Commerce, Industry, and Manpower (BOCCIM), the leading private sector trade group, and with the National AIDS Coordinating Agency and other donors.

Through this activity, USG will support a junior staff person to assist in all activities of the organization. The staff person will assist BBCA with its outreach activities, breakfast meetings for businesses to promote workplace programs and policies, monitoring of existing programs, award competitions, and the writing up of best practices in workplace programs.

Emphasis Areas	**% Of Effort**
Training	*51 - 100*
Workplace Programs	*51 - 100*

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development	1	☐
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	1	☐

Indirect Targets

Number of local organization provided with technical assistance for HIV-related policy development = 80//
Number of local organization provided with technical assistance for HIV-related institutional capacity building = 80//
Number of individuals trained in HIV-related policy = 10//
Number of individuals trained in HIV-related institutional capacity building = 10//

Target Populations:

Business community/private sector

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Contract
Prime Partner: Chervil Proprietary Limited
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAC (GHAI account)
Program Area: Other/policy analysis and system strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 5028
Planned Funds:
Activity Narrative: X1404 Chervil- Workplace HIV.

This activity targets private sector companies by offering training and follow-up supervision of workplace-based peer counselors.

The Workplace HIV/AIDS Peer Counseling program is a collaborative effort between the private sector, the MOH, and HHS/CDC Botswana. Through technical and financial assistance from the USG, a workplace needs assessment survey was conducted in 2004, and a HIV/AIDS Peer Counseling Information Handbook, a Facilitator Manual and Train-the-Trainer Curricula were developed and have begun to be offered across the country. This activity is a continuation of the peer counselor trainings. The partner, Chevril, was awarded a one-year contract with USG to carry out trainings in FY05, and it is likely that they will be awarded a continuation award in FY06, provided performance is adequate.

In FY 2006, Chevril will train and support a network of trainers and organizations from small, medium, and micro-enterprises (SMMEs) to develop and strengthen workplace programs that provide information, education, and communication related to HIV prevention, treatment, and care. The funds in FY 2006 will be used to print an additional 500 copies of the training manuals, to offer training programs to more companies and labor unions, and to monitor the use of the training materials and skill through follow-up visits and other communication. It will further support the sharing of best practices and development of a network among business leaders who support HIV/AIDS programs. This activity will result in an exchange of experiences on HIV/AIDS workplace programs as well as training on HIV prevention.

Emphasis Areas	% Of Effort
Training	51 - 100
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	80	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction	160	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	160	☐

Indirect Targets

Number of people reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or be faithful = 6,400//

Target Populations:

Business community/private sector

Factory workers (Parent: Business community/private sector)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Management Local core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5081
Planned Funds:	
Activity Narrative:	X1491-P Workplace Management staffing travel -POST.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Information, Education and Communication	51 - 100
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Management Local core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5082
Planned Funds:	
Activity Narrative:	X149Z-P Information Technology Management staffing travel - POST.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	*10 - 50*
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Logistics	*10 - 50*
Human Resources	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Management HQ Core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5083
Planned Funds:	
Activity Narrative:	X1492-H Information Technology Management staffing travel- HEADQUARTERS. This activity covers salaries, technical assistance, equipment, and travel to support the different programmatic areas. 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.

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Logistics	10 - 50
Human Resources	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in *HIV-related institutional capacity* building		☑
Number of individuals trained in HIV-related stigma and *discrimination reduction*		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Management Local core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5084
Planned Funds:	
Activity Narrative:	X1493-P Director and Assoc. Dir Science - POST.

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Management HQ Core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5085
Planned Funds:	
Activity Narrative:	X1493-H Director and Assoc. Dir Science - HEADQUARTERS.

This activity covers salaries. Funding also covers support throyugh TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Human Resources	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	United Nations High Commissioner for Refugees
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5086
Planned Funds:	
Activity Narrative:	X1409 UN High Commission on Refugees.

The UNHCR program in Botswana provides international protection and material assistance to approximately 3,319 refugees and asylum seekers. Botswana Red Cross Society (BRCS) is UNHCR Implementing Partner (IP) in charge of management of food distribution, community services activities, sanitation, medical referrals, home-based care and community health in the Dukwi Refugee Camp. The camp currently hosts refugees of 17 nationalities. The camp's national groups include those from Namibia (1,106), Angola (1,078), Somalia (521), and smaller groups from Rwanda, Burundi, Democratic Republic of Congo, Uganda, and Sudan. Other refugees reside outside the camp mainly on educational security and health grounds. Most of the refugees are coming from countries where issues such as sex, condom use, and sexually transmitted infections (STIs), including HIV/AIDS, are rarely discussed. These beliefs and practices make it difficult for refugees to easily embrace the HIV/AIDS prevention, care and support messages UNHCR and IPs promote in the camp. Cultural and language diversity as well as different literacy levels has to be taken into account when deciding on the development of IEC materials and modes of information dissemination on HIV/AIDS within the camp. To that end, various visual / oral methods are also required to be used e.g., dramas, debates, video shows.

The objectives of this comprehensive project are:

-Prevent and reduce the spread of HIV infection in the camp by supporting behavior change initiatives, particularly targeting youth.
-Improve the welfare of refugees by improving access and utilization of HIV/AIDS services as well as empower the community with basic health education.
-Strengthen service provision and care for PLWHA and those affected by the epidemic.
-Build the capacity of the camp clinic and community to support PMTCT and ART for refugees and nationals.

The activities under this proposal will benefit 3,319 refugee residents of Dukwi camp as well as approximately 2,825 persons from the host Dukwi village and surrounding area, who access primary health care through the camp clinic.

Activities include:
-Continue programs started in Dukwi, including community and school peer education programs, and community groups, for example Men, Sex and AIDS group, RH/HIV/AIDS Task Force and youth educators. These groups were trained in peer education, community mobilization, RH/HIV/AIDS basics and life skills, and volunteer in the Dukwi village and surrounding area.
-Provide training for clinic staff on STI management according to the national protocol.
-Monitor and evaluate condom distribution program
-Strengthen VCT services through the training of additional counselors in the camp and the initiation of a highly visible promotion campaign, including IEC. In addition, VCT promotion will be integrated into ANC, STI and TB clinic services, as well as all health and community outreach programs. In addition to a stand-alone VCT service, routine offer of testing, in line with the government policy, will be offered at the clinic to high risk patients.
-Re-establish a PMTCT program in the camp, and provide supplementary food (infant formula) to HIV positive refugee pregnant women in Dukwi clinic.
-Strengthened TB/HIV management through training clinical staff on TB

management and the integration of TB and HIV services. This integration would include improved diagnostics and treatment of TB among HIV positive refugees in the camp, as well as immediate referral of all TB patients to the VCT service (once established in the camp).
-Strengthen the camp clinic's capacity, including community based case identification, clinic referrals and adherence counseling by establishing a referral mechanism to the Bishop's ARV program. The referral mechanism should build a foundation in Dukwi for eventual handover of the ART program to the district, with the goal of having Dukwi identified as a "satellite" clinic under the government treatment plan.
-Implement a two-week educational, group and personal counselling retreat for all vulnerable and orphaned children in the camp. A social worker from the project office from Dukwi will run the retreat with the assistance of several caretakers from the refugee community or the school guidance and counselling teachers. The retreat would focus on helping children understand their problems and to devise coping strategies/mechanisms based on mutual support that they will use back at home. In addition a sustainable child-mentoring program will be established based on results of counselling sessions and assessment of environmental livelihoods of children. After the retreat, regular follow up will be done by the social workers in the form of home visits and regular meeting with caretakers.

UNHCR will not only provide direct services to the more than 6,100 individuals in Dukwe Refugee Camp and the interconnected, interactive adjacent communities, but will also use this Emergency Plan activity to leverage and wrap-around additional resources from a variety of other organizations and the Government of Botswana, thereby significantly increasing the overall level of resources available in this area.

UNHCR, in collaboration with BRCS will coordinate the implementation process in consultation with other stakeholders, which include the Dukwi Camp Clinic, Tutume District Health Team and the Bishop of Francistown. We propose to hire a project officer under BRCS to manage EP reporting requirements. In addition a total of 100 peer educator volunteers and 10 Home based Care Facilitators from the refugee community will assist with the operation of project activities in cooperation with other community groups such as Men, Sex and AIDS, Peace Messengers, Girls' Guides, Rangers, Sports groups and schools.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of local organizations provided with technical assistance for HIV-related policy development	1	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	10	☐

Indirect Targets

Number of people reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or be faithful --= 6,134//

Target Populations:

Adults

Refugees/internally displaced persons (Parent: Mobile populations)

Children and youth (non-OVC)

Public health care workers

Key Legislative Issues

Stigma and discrimination

Wrap Arounds

Coverage Areas

Central

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	Management Local core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Other/policy analysis and system strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	5145
Planned Funds:	
Activity Narrative:	[redacted] capacity development Management (Post).

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the relevant programs and projects, including work with the Government of Botswana. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and a few selected international meetings related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Information, Education and Communication	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
Human Resources	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction		☑
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Table 3.3.15: Program Planning Overview

Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15

Total Planned Funding for Program Area:

Program Area 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, utilities, printing, supplies, and associated operational costs. Also included are ICASS and the Capital Security Cost Sharing charges, which are paid to the State Department for shared administrative support.

The EP coordinator will be recruited and his or her salary paid out of these funds, as recommended by the State Department Office of the Inspector General in May 2005

Under the leadership of Ambassador Canavan, the USG (Team Botswana) effectively works together to fight HIV/AIDS in this country. Staffing is allocated to support priorities in the plan and provide broad expertise required for effective implementation. Minimal increases in staffing will be required in FY 06. To operationalize the strategy outlined in this document, the USG is planning to add five new positions; three in CDC/BOTUSA and one each at Peace Corps and State."

Team Botswana has been relatively successful in recruiting and retaining staff. We are reviewing several factors, which may affect staffing in the future. Botswana has exhibited new vigor in enforcing its localization policy as a means of creating jobs by transferring them from expatriates to citizens. We have had difficulty in filling highly technical positions from the local work pool. Currently, some of these jobs are filled by African and other expatriates. The high HIV/AIDS prevalence affects the workforce and productivity within our team as well as other organizations.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Management HQ Core
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Base (GAP account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 4482
Planned Funds:
Activity Narrative: X1501-H management- administration.

These funds support management and staffing costs including salaries and benefits and associated operational costs. Various monitoring and evaluation strategies including budget tracking are carried out. TDY support visits are also paid from this budget.

Target Populations:

USG in-country staff

USG headquarters staff

Coverage Areas:

National

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	Management HQ OGAC
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAC (GHAI account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	5088
Planned Funds:	
Activity Narrative:	X1550 ICASS/Capital Security.

HHS/CDC/BOTUSA will 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 estimated at [redacted] In addition are Capital Security Costs of [redacted]

Table 3.3.15: Activities by Funding Mechanism

Mechanism: State management
Prime Partner: US Department of State
USG Agency: Department of State
Funding Source: GAC (GHAI account)
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 5089
Planned Funds: [redacted]
Activity Narrative: X1502 State PEPFAR Coordinator.

The Emergency Plan rolled out in Botswana in October 2003, just one month after the State Department Regional Health and Environment Officer (REHO) -- an OES Bureau Hub position -- arrived at Embassy Gaborone. The then Ambassador, Joseph Huggins, assigned the Officer to be the State Department representative on the interagency Emergency Plan team led by the DCM, with an effective role as co-coordinator of the entire Emergency Plan process together with the CDC Director. Responsibilities included policy formulation; planning; budget allocation; liaison with the Government of Botswana, other partners and O/GAC; oversight of COP preparation; and liaison with USAID, Peace Corps and the DOD Office of Defense Cooperation. As the Emergency Plan rapidly expanded from a [redacted] CDC program in FY2003 to a [redacted] multi-agency program in FY2006, REHO's bilateral EP efforts were critical. However, this focus caused problems for the OES because the Officer was unable to devote much time to the position's regional environment, science and technology (EST) mandate.

A team of inspectors from the State Department Office of the Inspector General noted this problem in May 2005 and officially recommended that the State Department hire a EP Coordinator to relieve the REHO Officer of much of the overwhelming HIV/AIDS responsibilities, thereby enabling the Officer to engage in a more balanced portfolio of OES-related activities in the region. Funding for this position has therefore been included in the FY2006 COP. The individual will be recruited through a State Department mechanism, become the State Department representative on the EP interagency team, and report to the DCM through REHO.

The individual will:

-- Coordinate with REHO, USAID/RHAP, Peace Corps, ODC, and other USG agencies as required
-- Coordinate with United Nations agencies
-- Coordinate with the local Global Fund mechanism
-- Coordinate with Track One partners
-- Coordinate with ACHAP (the partnership between the Government, the Gates Foundation and the Merck Foundation)
-- Coordinate with other donors
-- Coordinate with prospective new partners, e.g., applicants for COP funding
-- Coordinate, write and enter data for annual COP
-- Coordinate and write semi-annual and annual reports
-- Develop new programs
-- Advise CDC/BOTUSA budget team
-- Advise CDC/BOTUSA M&E team
-- Advise CDC/BOTUSA public affairs team
-- Report on key EP developments monthly/bimonthly for transmission to Washington
-- Disseminate and retain records of EP interagency team meetings and other interagency correspondence

(Note: this job description is notional. Changed circumstances may require it to be altered)

Table 3.3.15: Activities by Funding Mechanism

Mechanism:	Management Local core
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	Base (GAP account)
Program Area:	Management and Staffing
Budget Code:	HVMS
Program Area Code:	15
Activity ID:	5150
Planned Funds:	
Activity Narrative:	X1501-P Management-Administration.

These funds support management and staffing costs including salaries, travel costs, training, rent, utilities, printing, supplies and associated operational costs. 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.

Table 5: Planned Data Collection

Is an AIDS Indicator Survey(AIS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2006?	☐ Yes	☑ No
If yes, Will HIV testing be included?	☐ Yes	☐ No
When will preliminary data be available?		
Is a Health Facility Survey planned for fiscal year 2006?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2006?	☑ Yes	☐ No
If yes, approximately how many service delivery sites will it cover?	254	
When will preliminary data be available?	12/1/2006	
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 2006?	☑ Yes	☐ No

Other significant data collection activities

Name:
male circumcision needs assessment

Brief description of the data collection activity:
A needs assessment of the health care system's ability to provide male circumcision services will be carried out in the case that the government of Botswana and the international community recommend that such services be up-scaled significantly. An acceptability study among the general population was carried out in 2002 and found most Batswana interested in male circumcision, if studies show its effectiveness and if the service can be provided safely in clinical settings.
n
nThis activity will involve interviews with health care providers and managers, and an assessment of current facility capacity to provide safe, effective male circumcision services. Key considerations include needs in provider training, service infrastructure, equipment, and quality assurance, as well as attitudes and beliefs among health care providers about the possibility of providing this service to the general population. The assessment will outline the key steps that would need to take place in the health care sector, were male circumcision services to be up-scaled.
n

Preliminary data available:
February 01, 2007

Name:
Socio-economic impact assessment for HIV/AIDS in Botswana

Brief description of the data collection activity:
NACA in collaboration with UNDP started co-funding a macro-economic and demographic impact of HIV/AIDS assessment project in 2000. A similar follow up study is being conducted by NACA in collaboration with UNDP. USG funds in FY 2006 will be used to cover the shortfall in funding the project. The findings from these studies will be documented and used to inform decision making and program planning and implementation.

Preliminary data available:
September 30, 2006

Name:

Outcome evaluation of the national ARV program

Brief description of the data collection activity:

This activity has four specific components and will measure aspects of the outcome and impact of the national ART program in Botswana (the MASA program). The first component will assess the 12 month patient retention rate in the ART program. The second component will assess the survival of patients who began ART. This indicator will assess the percentage of patients still alive at different time periods out of the cohorts who initiated treatment. The third component will assess the weight gain of patients on ART. Among adults weight gain is one of the most common symptoms in late stage HIV infection. Weight gain on treatment forms a good proxy measurement for successful treatment. The final component will assess the quality of life (QOL) of patients on ART. Measuring QOL plays a key role to monitor the psychosocial well-being of the patient and assess clinical responses to the wide-range of treatment schemes that PLWHA undergo.

Preliminary data available:

September 30, 2006