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Excluding To Be Determined Partners

2007

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, 2007

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2007	USG Upstream (Indirect) Target End FY2007	USG Total Target End FY2007
Prevention				
	End of Plan Goal: 116,913			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		1,200	9,500	10,700
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		4,500	37,500	42,000
Care				
	End of Plan Goal: 165,000	58,379	160,810	219,189
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		33,780	61,360	95,140
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		2,950	8,190	11,140
Number of OVC served by OVC programs		24,599	99,450	124,049
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		120,663	189,000	309,663
Treatment				
	End of Plan Goal: 33,000	41,850	32,031	73,881
Number of individuals receiving antiretroviral therapy at the end of the reporting period		41,850	32,031	73,881

2.2 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
	End of Plan Goal: 116,913			
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		1,320	10,450	11,770
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		4,950	41,250	46,200
Care				
	End of Plan Goal: 165,000	62,934	175,094	238,028
Total number of individuals provided with HIV-related palliative care (including TB/HIV)		35,875	65,699	101,574
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)		495	9,009	9,504
Number of OVC served by OVC programs		27,059	109,395	136,454
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		122,829	207,900	330,729
Treatment				
	End of Plan Goal: 33,000	45,056	36,547	81,603
Number of individuals receiving antiretroviral therapy at the end of the reporting period		45,056	36,547	81,603

Table 3.1: Funding Mechanisms and Source

Mechanism Name: AED

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8360
Planned Funding($): $ 915,950.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: GAP 6

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5396
Planned Funding($): $ 1,215,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Academy for Educational Development
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5373
Planned Funding($): $ 66,483.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: African Methodist Episcopal Services Trust
New Partner: No

Mechanism Name: AIHA

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5325
Planned Funding($): $ 625,000.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: American International Health Alliance Twinning Center
New Partner: Yes

Sub-Partner: Media Institute of Southern Africa
Planned Funding: $ 100,000.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: African Palliative Care Association
Planned Funding: $ 121,500.00
Funding is TO BE DETERMINED: No
New Partner:

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: Children in Distress
Planned Funding: $ 121,500.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Mechanism Name: Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5422
Planned Funding($): $ 52,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Associated Funds Administrators
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6163
Planned Funding($): $ 300,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Association of Public Health Laboratories
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5438
Planned Funding($): $ 158,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Bakgatla Bolokang Matshelo
New Partner: No

Mechanism Name: University Technical Assistance Program (UTAP)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5423
Planned Funding($): $ 685,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Baylor University
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5439
Planned Funding($): $ 58,463.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Botswana Association for Psychological Rehabilitation
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5388
Planned Funding($): $ 157,827.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Botswana Christian AIDS Intervention Program
New Partner: No

Mechanism Name: Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5326
Planned Funding($): $ 170,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Botswana Christian AIDS Intervention Program
New Partner: No

Mechanism Name: ODC/BDF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5287
Planned Funding($): $ 720,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: Botswana Defence Force
New Partner: No

Sub-Partner: Institute of Development Management, Botswana
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVCT - Counseling and Testing

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5390
Planned Funding($): $ 83,334.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Botswana Network of People Living with AIDS
New Partner: No

Mechanism Name: Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5297
Planned Funding($): $ 125,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Botswana Network on Ethics, Law, and HIV/AIDS
New Partner: Yes

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5440
Planned Funding($): $ 60,207.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Botswana Retired Nurses Society
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5419
Planned Funding($): $ 499,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Catholic Relief Services
New Partner: Yes

Mechanism Name: CoAg # U2G/PS000599

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5338
Planned Funding($): $ 1,350,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Botswana Network of AIDS Service Organizations
Planned Funding: $ 865,000.00

Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5375
Planned Funding($): $ 69,479.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Flying Mission
New Partner: No

Mechanism Name: Track 1- ARV

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4676
Planned Funding($): $ 2,786,962.00
Agency: HHS/Health Resources Services Administration
Funding Source: Central (GHAI)
Prime Partner: Harvard University School of Public Health
New Partner: No

Mechanism Name: Field

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5425
Planned Funding($): $ 1,344,290.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: Harvard University School of Public Health
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 388,287.00
Early Funding Request Narrative: Early funds are requested to continue salary payments for additional staff that provide site specific training and continue the activity without interruption.

Early Funding Associated Activities:

Program Area:HTXS - ARV Services
Planned Funds: $1,200,000.00
Activity Narrative: 07-T1112: Harvard (field). This activity has USG Team Botswana Internal Reference Number T1112. Thi

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4677
Planned Funding($): $ 427,165.00
Agency: U.S. Agency for International Development
Funding Source: Central (GHAI)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5417
Planned Funding($): $ 85,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: House of Hope Trust
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5389
Planned Funding($): $ 164,479.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Humana People to People Botswana
New Partner: No

Mechanism Name: Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5288
Planned Funding($): $ 120,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Humana People to People Botswana
New Partner: No

Mechanism Name: Contract

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5291
Planned Funding($): $ 360,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Institute of Development Management, Botswana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 120,000.00
Early Funding Request Narrative: this is a continuation of the contract with IDM to support and enable capacity building within the non-governmental sector. Early funding is requested to all IDM to seamlessly continue their trainings of middle management.

Early Funding Associated Activities:

Program Area:OHPS - Other/Policy Analysis and Sys Strengthening
Planned Funds: $200,000.00
Activity Narrative: 07-X1410: Strengthening HIV Program Management-IDM. This activity has USG Team Botswana Internal Re

Mechanism Name: ILO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5437
Planned Funding($): $ 200,000.00
Agency: Department of Labor
Funding Source: GHAI
Prime Partner: International Labor Organization
New Partner: Yes

Mechanism Name: GAP 6

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5397
Planned Funding($): $ 53,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8363
Planned Funding($): $ 250,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: JHPIEGO
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4678
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: JSI/MMIS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6897
Planned Funding($): $ 380,413.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: John Snow, Inc.
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6166
Planned Funding($): $ 100,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Joint United Nations Programme on HIV/AIDS
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5376
Planned Funding($): $ 29,287.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Kgothatso AIDS Care and Prevention Programme
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5415
Planned Funding($): $ 65,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Lesedi Counseling Centre
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5336
Planned Funding($): $ 925,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Makgabaneng
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 200,000.00
Early Funding Request Narrative: The Makgabaneng Project involves a serial radio drama, which has been airing in Botswana for five years, without interruption. The behavior change impact of the project relies in part on the drama being continuous. USG currently covers nearly all of the projects' costs, including salaries and office space, and FY06 funding for the project will cover program costs only until April 2007. The project is about to make a transition to being funded through a cooperative agreement between USG and the local implementing NGO. Therefore, to avoid an interruption in the serial drama, as well as the community activities that reinforce the drama's themes, and to avoid throwing the local organization into a funding crisis, we request early funding.

Early Funding Associated Activities:

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: $625,000.00
Activity Narrative: 07-P0201: Makgabaneng. This activity links to the following: C0907 & P0203 & P0205 & P0209 & P0211.

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: $300,000.00
Activity Narrative: 07-P0501: Makgabaneng. Activity links to the following: P0201 & P0203 & P0207 & P0502 & P0512. P0

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Sub-Partner: Botswana National Youth Council
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5416
Planned Funding($): $ 54,840.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Metsimotlhabe Community Home Based Care Organization
New Partner: No

Mechanism Name: CoAg # U62/CCu025095

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5370
Planned Funding($): $ 1,450,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Education, Botswana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 250,000.00
Early Funding Request Narrative: This activity is a continuation, where standards 3 & 4 have received and are using the life skills materials. The printing of the life skills materials for standards 5 & 6 needs to be commenced early in 2007 in order for them to be distribted to the schools in time for the new school year.

Early Funding Associated Activities:

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: $900,000.00
Activity Narrative: 07-P0208 Ministry of Education school-based prevention. This activity has USG Team Botswana Interna

Mechanism Name: Track 1-Technical Assistance

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4679
Planned Funding($): $ 300,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Ministry of Health, Botswana
New Partner: No

Mechanism Name: CoAg # U62/CCU025095

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5281
Planned Funding($): $ 16,448,587.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health, Botswana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 520,000.00
Early Funding Request Narrative: PMTCT: The request is for salaries of staff to ensure that the staff continue to get their salaries without failure.
Other prevention: The Ipoletse Hotline is expanding its services with FY06 funding, to include cell and land line phone access to the information line and a counseling line. With other donor funding, the service will also include a treatment line for physicians and nurses, but some of the administrative costs for that project are covered by USG support. An interruption in services would damage the credibility of the service severely, so early FY07 funding is requested to ensure that an interruption does not happen.
TB/HIV: Early funding is requested to maintain the salary support for a EP funded position. COP06 funds have only been allocated up to March 2007 and any delay in the awarding of COP07 funds will have a detremental impact on the implementation of the MOH TB&HIV program.
X1302: ANC sentinel HIV surevilance preparatory activies start early in March of each year. $ 100,000 are being requested as early funding to allow purchasing the service a courier to transport blood specimens from different ANC sentinel sites to the national HIV laboratory in Gaborone, to print of the 2007 ANC sentinel surveillance reports, flyers and posters, and to support the dissemination of the 2007 ANC sentinel surveillance report.
All these processes and agreement must be in place before the survey commences in May.
X1304: This activity is ready to be undertaken as both the CDC IRB and the Botswana HRDC have approved the protocol for the target evaluation. It will be very useful to conduct this activity before the next round of ANC sentinel surveillance and use the data generated to compare the usabilitiy of the PMTCT data to the ANC sentinel surveillance up to 2006. Also it will be necessary to have this activty undertaken before the actual ANC sentinel to avoid overloadingthe same personnel with another activity.

Early Funding Associated Activities:

Program Area:MTCT - PMTCT
Planned Funds: $720,000.00
Activity Narrative: P0101 Ministry of Health PMTCT program. This activity has USG Team Botswana Internal Reference Numb

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: $710,000.00
Activity Narrative: 07-C0701 Ministry of Health. This activity has USG Team Botswana Internal Reference Number C0701. T

Program Area:HVSI - Strategic Information
Planned Funds: $150,000.00
Activity Narrative: 07-X1302: MOH- DHAPC: ANC Sentinel Surveillance 2007. This activity has USG Team Botswana Internal

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: $200,000.00
Activity Narrative: 07-P0502: Ipoletse HIV/AIDS Counseling and Information Hotline. This activity has USG Team Botswan

Program Area:HVSI - Strategic Information
Planned Funds: $50,000.00
Activity Narrative: 07-X1304: MOH-DHAPC: Assessing the utility of PMTCT program data for HIV surveillance. This activit

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

Associated Program Areas: HBHC - Basic Health Care and Support

Sub-Partner: African Palliative Care Association
Planned Funding:
Funding is TO BE DETERMINED: Yes
New Partner: No

Associated Program Areas: HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8365
Planned Funding($): $ 100,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Health, Botswana
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5369
Planned Funding($): $ 85,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Labor and Home Affairs, Botswana
New Partner: Yes

Mechanism Name: CoAg # U62/CCU025095

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5298
Planned Funding($): $ 1,138,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Ministry of Local Government, Botswana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 15,000.00
Early Funding Request Narrative: Early funding is requested to maintain the salary support for a PEPFAR funded position. COP06 funds have only been allocated up to March 2007 and any delay in the awarding of COP07 funds will have a detremental impact on the implementation of the MOH TB&HIV program.

Early Funding Associated Activities:

Program Area:OHPS - Other/Policy Analysis and Sys Strengthening
Planned Funds: $120,000.00
Activity Narrative: 07-X1403 Ministry of Local Government. This activity has USG Team Botswana Internal Reference Numbe

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5418
Planned Funding($): $ 65,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Mothers Union Orphan Care Center
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5299
Planned Funding($): $ 220,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National AIDS Coordinating Agency, Botswana
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 50,000.00
Early Funding Request Narrative: X1309: Botswana is faced with an acute shortage of personnel. This is why the AIDS Impact Survey could not be conducted this year.
NACA and CSO have agreed to have this survey done in 2008. However, there is a need to start early with different meetings for concensus among different stakeholders and revision of the IAS protocols. These activities are requiered before the national central Office of statistics could book the survey in time for 2008. $100, 000 are requested as an early funding to allow these actities to take place and prepare for the 2008 AIS.

X1416: Early funding is requested to ensure that salary support is maintained to support this key post as soon as possible to improve the government of Botswana's coordination of PEPFAR funds.

Early Funding Associated Activities:

Program Area:OHPS - Other/Policy Analysis and Sys Strengthening
Planned Funds: $220,000.00
Activity Narrative: 07-X1416 PEPFAR Coordinator. The Government of Botswana has a Cooperative Agreement with HHS/CDC fo

Mechanism Name: NASTAD

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5300
Planned Funding($): $ 445,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Association of State and Territorial AIDS Directors
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 100,000.00
Early Funding Request Narrative: Late in FY06, USG began to fund the Ministry of Local Government, AIDS Coordinating Unit, to provide additional funding to 5 District AIDS Coordinators' (DAC) offices, to support the local prevention activities proposed in annual district planning. The DAC offices need additional support for the project, as MLG is short-staffed to oversee the project and the DAC's implementing partners need capacity building in reporting as well as program implementation. NASTAD has agreed to support an officer to provide this critical support. The officer will help ensure proper program oversight and to provide critical technical assistance to the DACs and the local implementing partners. Delay in funding of this position will compromise project quality.

Mechanism Name: NICD/LAB

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6898
Planned Funding($): $ 363,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: National Institute for Communicable Diseases
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5374
Planned Funding($): $ 63,064.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Nkaikela Youth Group
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5441
Planned Funding($): $ 58,463.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Otse Village Association
New Partner: No

Mechanism Name: GAP 6

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6099
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5286
Planned Funding($): $ 3,154,600.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Partnership for Supply Chain Management
New Partner: Yes

Mechanism Name: CoAg # U62/CCU124418

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5282
Planned Funding($): $ 2,075,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: Botswana Christian AIDS Intervention Program
Planned Funding: $ 260,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Sub-Partner: Botswana Network of People Living with AIDS
Planned Funding: $ 225,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: MTCT - PMTCT

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5339
Planned Funding($): $ 700,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Humana People to People Botswana
Planned Funding: $ 125,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

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

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6131
Planned Funding($): $ 1,211,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: PCI CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6130
Planned Funding($): $ 1,200,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Project Concern International
New Partner: No

Mechanism Name: RPSO

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5208
Planned Funding($): $ 700,000.00
Agency: Department of State / African Affairs
Funding Source: Central (GHAI)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: contract

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5420
Planned Funding($): $ 3,585,227.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 4680
Planned Funding($): $ 400,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5442
Planned Funding($): $ 41,267.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Silence Kills Support Group
New Partner: No

Mechanism Name: Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5456
Planned Funding($): $ 1,292,289.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Tebelopele
New Partner: No

Mechanism Name: CoAg # U62/CCU25113

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5289
Planned Funding($): $ 2,822,711.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: Tebelopele
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 657,711.00
Early Funding Request Narrative: Early funds are requested by April 1 to continue paying salaries of VCT counselors and purchase HIV test kits and consumables. Tebelopele is almost entirely funded by EP through a Cooperative agreement with CDC. In FY06, a cost extension was granted to Tebelopele through March 31st 2007. Early funding is therefore required to sustain provision of HIV counseling and testing at all the sites.

Lack of funding would mean closing down operations of these centers. This is not desirable because Tebelopele's VCT services are in high demand and Tebelopele is the single largest provider of quality VCT services throughout Botswana.

Early Funding Associated Activities:

Program Area:HVCT - Counseling and Testing
Planned Funds: $2,607,711.00
Activity Narrative: 07-C0901-GHAI Tebelopele VCT Centers. This activity has USG Team Botswana Internal Reference Number

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

Associated Program Areas: HVCT - Counseling and Testing

Sub-Partner: The Dialogue Group
Planned Funding:
Funding is TO BE DETERMINED: Yes

New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVCT - Counseling and Testing

Mechanism Name: ASM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5295
Planned Funding($): $ 320,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: The American Society for Microbiology
New Partner: Yes

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5380
Planned Funding($): $ 450,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: The Futures Group International
New Partner: No

Sub-Partner: Marang Child Care Network
Planned Funding: $ 350,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HKID - OVC

Sub-Partner: Society of Students Agains AIDS
Planned Funding: $ 50,000.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HVAB - Abstinence/Be Faithful
HVOP - Condoms and Other Prevention

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5379
Planned Funding($): $ 40,093.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: True Love Waits
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5443
Planned Funding($): $ 160,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Tsholofelo Trust
New Partner: No

Mechanism Name: Technical Assistance

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5283
Planned Funding($): $ 0.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: United Nations Children's Fund
New Partner: No

Mechanism Name: PRM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5424
Planned Funding($): $ 200,000.00
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
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: HTXS - ARV Services

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5451
Planned Funding($): $ 228,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of California at San Francisco
New Partner: Yes

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5284
Planned Funding($): $ 800,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: University of Medicine and Dentistry, New Jersey
New Partner: No

Mechanism Name: ITECH GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5285
Planned Funding($): $ 5,684,900.00
Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Prime Partner: University of Washington
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 250,000.00
Early Funding Request Narrative: Early funding is requested to maintain the salary support for EP-funded positions. COP06 funds have only been allocated up to March 2007 and any delay in the awarding of COP07 funds will have a detremental impact on the implementation of the activities.

Early Funding Associated Activities:

Program Area:HVTB - Palliative Care: TB/HIV
Planned Funds: $183,509.00
Activity Narrative: 07-C0703 U. of Pennsylvania This activity has USG Team Botswana Internal Reference Number C0703. Th

Program Area:HTXS - ARV Services
Planned Funds: $312,248.00
Activity Narrative: 07-T1103: I-TECH. This activity has USG Team Botswana Internal Reference Number T1103. This activit

Program Area:HBHC - Basic Health Care and Support
Planned Funds: $798,698.00
Activity Narrative: 07-C0609: University of Pennsylvania. This activity has USG Team Botswana Internal Reference Number

Program Area:HBHC - Basic Health Care and Support
Planned Funds: $210,621.00
Activity Narrative: 07-C0610: I-Tech-STI Syndromic Management. This activity has USG Team Botswana Internal Reference N

Program Area:HVSI - Strategic Information
Planned Funds: $2,083,902.00
Activity Narrative: 07-X1307: ITECH: Human Resource Development. This activity has USG Team Botswana Internal Reference

Sub-Partner: University of Pennsylvania
Planned Funding: $ 983,551.00
Funding is TO BE DETERMINED: No
New Partner: No

Associated Program Areas: HBHC - Basic Health Care and Support
HVTB - Palliative Care: TB/HIV
HTXS - ARV Services

Sub-Partner: Project Concern International
Planned Funding: $ 1,754,636.00
Funding is TO BE DETERMINED: No
New Partner: Yes

Associated Program Areas: HBHC - Basic Health Care and Support

Mechanism Name: HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5454
Planned Funding($): $ 800,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Post

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5455
Planned Funding($): $ 450,000.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6899
Planned Funding($): $ 150,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HQ Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5404
Planned Funding($): $ 1,937,419.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HQ GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5405
Planned Funding($): $ 2,580,000.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Local Base

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5406
Planned Funding($): $ 4,317,292.00
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5453
Planned Funding($): $ 50,000.00
Agency: Department of Defense
Funding Source: GHAI
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8364
Planned Funding($): $ 250,000.00
Agency: Department of State / African Affairs
Funding Source: GHAI
Prime Partner: US Department of State
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5290
Planned Funding($): $ 800,000.00
Agency: Peace Corps
Funding Source: GHAI
Prime Partner: US Peace Corps
New Partner: No
Early Funding Request: Yes
Early Funding Request Amount: $ 200,000.00
Early Funding Request Narrative: Early funds are requested to continue paying the salaries and allowances for staff and volunteers. Many of the peace corps volunteer assignments focus on support to the district AIDS coordination, community capacity building (PMTCT and HBOC), NGO capacity building and youth development.Here are some numbers:
Volunteer allowances for April and May (living, leave, travel) = $7.2 K
PA Salary for six months (Jan - June) = $13.8 K
50% of PST budget in advance = $42.0 K
TOTAL = $63.0 K

Early Funding Associated Activities:

Program Area:HKID - OVC
Planned Funds: $600,000.00
Activity Narrative: 07-C0818: Peace Corps. This activity has USG Team Botswana Internal Reference Number C0818. This ac

Program Area:HVAB - Abstinence/Be Faithful
Planned Funds: $170,000.00
Activity Narrative: 07-P0222: Peace Corps Life Skills Program. This activity has USG Team Botswana Internal Reference

Program Area:HVOP - Condoms and Other Prevention
Planned Funds: $30,000.00
Activity Narrative: 07-P0516: Peace Corps Life Skills Capacity Building. This activity links with P0222 from the AB Pr

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5378
Planned Funding($): $ 38,635.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Young Women's Friendly Centre
New Partner: No

Mechanism Name: N/A

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5377
Planned Funding($): $ 176,369.00
Agency: U.S. Agency for International Development
Funding Source: GHAI
Prime Partner: Youth Health Organization of Botswana
New Partner: No

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: $ 4,545,519.00

Program Area Context:

The Botswana PMTCT program was launched in 1999 and by November 2001 the nationwide roll out was complete. Since 2001, PMTCT services have been integrated into maternal-child health services in most hospitals and many clinics and health posts in Botswana. The Government of Botswana (GOB) provides most of the funds for PMTCT. Since 2001, USG has collaborated closely with the GOB to strengthen the national PMTCT program, providing financial and technical assistance to promote innovation, support expansion, and improve the quality of PMTCT services. USG activities include operational research to develop models for effective service delivery and support for national expansion of service models that work.

Uptake of PMTCT services has increased dramatically due in large part to the 2004 introduction of routine (opt-out) HIV testing. Approximately 95% of pregnant women receive antenatal services and deliver in a public health facility, and in 2005 83% of clients in antenatal clinics nationwide were tested for HIV. We estimate that roughly 81% of all pregnant HIV-infected women received at least prophylactic AZT for PMTCT, 8% received ARV therapy before delivery (as per international guidelines approximately 20-25% are eligible with CD4<200), 80% of HIV-exposed infants received cotrimoxazole for Pneumocystis Carinii Pneumonia (PCP) prophylaxis, and 61% received infant formula at birth.

Services
According to the national PMTCT guidelines, all pregnant women are provided standardized HIV IEC and routine (opt-out) rapid HIV testing. HIV-infected women receive CD4 testing; referral for ARV therapy if CD4<; dual prophylaxis with Single Dose-Nevirapine (SD-NVP) and long-course AZT if CD4>200; AZT and SD-NVP for infants; 12 months of free infant formula; cotrimoxazole prophylaxis for infants until they are proven to be uninfected; and early infant diagnosis using polymerase chain reaction (PCR) and dried blood spot (DBS) to test infants over 6 weeks old (currently only in Francistown and Gaborone).

The program is dramatically reducing HIV transmission to infants. Results from the 2005 early infant diagnosis pilot in Francistown and Gaborone indicate that of 2,000 HIV-exposed infants (healthy and sick) tested as part of routine care in hospitals and clinics, only 7% were HIV infected. This represents an 80% reduction in vertical transmission compared to expected transmission levels (35-40%) without PMTCT. Furthermore, in the past year 25% of all HIV-exposed infants in the country were tested for HIV allowing access to ARV therapy through the national program for those who are HIV-infected. DBS PCR testing is being rolled out nationwide with USG assistance to increase access to ARVs for infants.

Despite this progress, the program still faces a number of challenges including 1) slow progress toward ARV treatment of the 20-25% of women who need Highly Active Antiretroviral Treatment (HAART) while pregnant and beyond; 2) lack of follow up of HIV infected children and linking them to treatment; 3) shortage of human resources; 4) inadequate procurement and distribution of the free proprietary formula; and 5) increased morbidity and mortality among non-breast fed infants.

Infant feeding has been a major issue. HHS/CDC/BOTUSA provided extensive assistance during a severe diarrhea outbreak in early 2006, and data indicated that non-breastfed infants, including those fed formula through the PMTCT program, were at highest risk of diarrhea and death. In addition, a Harvard study showed reduced HIV transmission but a doubling of infant mortality among formula fed infants compared with breastfed infants. At 18 months, there was no difference in HIV-free survival between the 2 feeding groups.

In FY07, USG support will improve program quality in several areas, with infant feeding as a very high priority. The 2006 diarrhea outbreak delayed already-planned infant feeding activities for FY06, which are now being redesigned based on lessons learned during the outbreak. Infant feeding activities for 2007 include 1) advocacy for feeding policy change (international agencies discourage the universal

recommendation of formula for infants of all HIV-infected women), 2) strengthening formula supply chain management through the USG Supply Chain Management System (activity P0106), 3) introducing a safe water intervention for formula feeding mothers and evaluating its impact on infant morbidity and mortality (P0105), 4) improving infant feeding training (P0102 & P0104) and 5) improving the recognition and management of nutritional problems (P0104).

Another high priority area for USG support is improving access to ARV therapy for pregnant women with CD4 <200 and HIV infected children. Only about 1/3 of women who need ARVs are currently receiving them, and about 1/3 of HIV infected children in Francistown were lost to follow up. In FY07, a partner (T1114) will be identified to implement a number of activities in support of improving access of women and children to treatment. These activities will include providing ongoing training to health care staff using an updated PMTCT curriculum which reflects current ARV treatment guidelines, improving laboratory capacity to increase access to timely CD4 screening and referral for women (T1201), strengthening peer support systems for HIV infected women to improve adherence to PMTCT and support access to ART (P0103), and providing training and support to lay counselors on follow up of HIV positive infants and pregnant mothers who need ARV therapy (through MOH).

USG support to the MOH will also be used to improve quality in other areas of the program including 1) ongoing human capacity development, 2) improving program data collection and management systems (P0107), 3) ongoing expansion of early infant testing using DBS and DNA PCR testing, 4) strengthening infant formula logistics (through SCMS), and 5) improving social marketing and printed materials for PMTCT (P0101). Peace Corps Volunteers assigned to PMTCT have been posted to the districts to provide community-level support for the program (non-Emergency Plan funding). In FY07, we plan to outsource the hiring of the vacant key positions within MOH to a local human resource company (P0108).

Through partner organizations, other areas of program development and expansion will be addressed, including 1) care for caregivers (X1411), 2) pre-service PMTCT training for midwives (X1412), 3) peer support systems for HIV-infected women to improve adherence to PMTCT and access to ARV therapy (P0103), TB screening and care in PMTCT clinics (C0701), 4) Tebelopele's Information Education and Communication (IEC) social marketing (C0901), 5) KITSO pediatric training (T1101 & T1111), 6) roll out of early infant diagnosis (T1113), and 7) treatment of children and mothers (T1114).

Policy
Recent recommended improvements made at a consultative meeting in March 2006 to the program include eliminating the maternal NVP dose for women who have received more than 4 weeks of AZT, adding a 7-day AZT+3TC course to reduce the development of NVP resistance for women who do receive NVP, and changing the CD4 threshold for ART to 250. Another stakeholders consultative meeting to advocate for policy change in infant feeding is planned to take place towards in the beginning of FY07. Recommendations from this meeting will be implemented in FY07 (P0104).

Despite challenges it has faced, Botswana's national PMTCT program is substantially reducing HIV transmission to infants, performing well beyond its original goal of a 50% reduction in transmission by 2009.

Program Area Target:

Number of service outlets providing the minimum package of PMTCT services according to national and international standards	13
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,200
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,500
Number of health workers trained in the provision of PMTCT services according to national and international standards	285

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9800
Planned Funds: $ 720,000.00
Activity Narrative: P0101 Ministry of Health PMTCT program.

This activity has USG Team Botswana Internal Reference Number P0101. This activity links to the following: C0613 & C0614 & C0615 & C0701 & C0901 & C0902 & P0102 & P0105 & P0106 & P0108 & P0511 & X1303 & X1304. Also links to a number of Treatment programs or activities (T1107 to T1109, T1113 to T1118).

This activity is a direct support to the Ministry of Health (MOH) and is composed of three components that address the PMTCT strategic plan, including improving human capacity and the quality of PMTCT services.

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

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

The third component will be the support for the MOH PMTCT program in the area of strengthening IEC activities. The funding will be used to support the implementation of the PMTCT social marketing campaign targeting men as influencers and gatekeepers to increase their support of pregnant women. The campaign will focus on development of an overall mass media effort that links the community to PMTCT, and message efforts through radio and theatre drama that show men engaged in PMTCT services, and supporting such services. The campaign will utilize outdoor billboards across the country, electronic media, and newspaper advertising. In addition, health learning materials will be developed and distributed for the campaign. One of the fundamental principles of social marketing is to ensure that products and services are well-placed within the "normal'" path or routine of the consumer. The PMTCT program has developed, produced and reviewed IEC materials. This will ensure that continuity in the availability of information pertaining to PMTCT is maintained along with ensuring that the content of such material remains accurate. The strategic placement of these materials is, however, as crucial as to their successful use as their production.

Continued Associated Activity Information

Activity ID:	4454
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Botswana
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 1,000,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	51 - 100

Targets

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

Indirect Targets

Through training and capacity building, this activity will indirectly reach:
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 = 37,500

Number of pregnant women provided with complete course of antiretroviral prophylaxis in a PMTCT setting = 9,500

Number of health care workers trained in the provision of PMTCT services according to national and international standards = 494

Target Populations:

Adults
Doctors
Nurses
Pregnant women
HIV positive pregnant women

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU124418
Prime Partner: Pathfinder International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9816
Planned Funds: $ 1,425,000.00

Activity Narrative: P0103 Pathfinder

This activity links to: C0613 & C0901 & C0904 & C0907 & C0908 & C0911 & C0912 & P0106 & P0511 & T1101 & T1111 & T1114 & X1406.

Since November 2001, PMTCT has been available nationwide in Botswana. Despite the increase in PMTCT testing uptake from 62% in 2003 to 82% in 2005, the program continues to face several challenges, including providing ongoing support to infected women, poor male involvement, infant follow-up and testing, overcoming stigma and discrimination, and infant feeding and cultural beliefs
This activity deals with the expansion of psychosocial and peer counseling services for HIV-infected women, their partners, and families. This 5-year program began in Oct. 2004 and will end in Sept. 2009. The program 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 the BOCAIP and BONEPWA in the form of technical expertise, 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 3 components. The 1st component, being undertaken by BOCAIP, is the establishment of a peer-counseling program for women attending antenatal clinics. In FY06, this activity expanded from 2 sites to 4 sites in Selibe Phikwe. In FY07, the peer counseling program will expand to 10 new sites. BOCAIP is developing and implementing a peer-counseling program in which HIV-infected pregnant women who have received PMTCT services are provided education, counseling, and support in government clinics in conjunction with existing counseling structures. This component will complement the promotion of the national plans for community based HIV/AIDS care services.
The 2nd component is the establishment of a peer-counseling program at ART sites by BONEPWA. BONEPWA trains and supports PLWHA, including HIV-infected women from the PMTCT program, as ART adherence counselors. The peer mothers program is a clinic-based program because mothers are recruited and monitored within the PMTCT program at the clinic. In FY06, this activity expanded from 7 Infectious Disease Control Centers (IDCC) to 8 IDCCs plus 28 satellites. In FY07, the activity will expand to 2 additional IDCCs and 8 satellites. The counselors offer adherence support services to PLWHAs on ART therapy as well as those who are referred to the clinic to begin ART. This component is aimed at strengthening the linkage between PMTCT and the ART programs. The 3rd component Pathfinder will identify 1-2 additional sub grants in 2007 to address the challenge of lack of male involvement and further expand the peer mothers counseling and psychosocial program to new sites.
Sub-partner Narratives
1. BOCAIP. For over 6 years, BOCAIP has offered counseling services and has acquired immense experience in this area. In some BOCAIP centers, a partnership already exists that allows BOCAIP staff to provide counseling services at government health facilities. Therefore, BOCAIP was selected to offer expanded and focused services to the PMTCT program by expanding the availability of peer counseling services to HIV-infected pregnant mothers, their partners, and families. Peer counseling is used to mobilize and educate women and empower them to adhere to PMTCT protocols through the family care approach. This strategy maximizes women's benefit from the available PMTCT services through mentoring, skills building, sharing experiences, and woman to woman empowerment.
In FY06 this activity expanded from 2 sites to 4 sites in Selibe Phikwe. In FY07, the activity will expand to 10 new sites, including Mmathethe, Tsabong (Government Hospital), Tsabong (Clinic), Mmadinare, Tshesebe, Tsamaya, Lobatse, Bobonong, Masunga, and Tati Siding.
2. BONEPWA: The mission of BONEPWA is to improve the well being and quality of lives of PLWHA and their families, and to protect the nation of Botswana from new HIV infections through behavioral change, positive living, increased access to and utilization of care and support services. Creating a network of PLWHA was conceived in 1995 when it was recognized that PLWHA have a common goal, vision, and commitment, and creating a formal forum to bring them together would be useful. The network is seen as a national umbrella NGO that provides leadership and a united voice for PLWHA through support groups.

BONEPWA was selected to provide training and support to HIV infected women from the PMTCT Program who will work as peer counselors. These counselors will extend psychosocial support and counseling services to other HIV-infected mothers from the PMTCT program. BONEPWA identifies ART counselors from support groups. These counselors are then trained as peer ARV adherence counselors, and are based at the Infectious Disease Control Clinics (IDCCs) or ARV treatment clinics and satellites. Their roles include: a) Peer adherence counseling around PMTCT and ARV treatment at both the clinic and community levels. B) Provision of ongoing support through support groups. During FY05, services were initiated in Mahalapye, Gantsi, Gumare, Gweta, Letlhakane, and Tutume. Based on the experience and the needs of the districts, the services were expanded to satellites of the existing districts. Each district has 4 satellites, and all the satellites were covered. In FY06, the activities were expanded from 7 IDCCs to 8 IDCC,s plus 28 satellites. In FY07, BONEPWA will expand the services to Mahalapye IDCC, 4 Hukunsti satellites, Sefhare IDCC and its 4 satellites.
3. TBD: In year F07, the program will provide additional sub grants to 1-2 existing NGOs, CBOs and FBOs to expand the peer mothers' activity to new sites and to address the challenge of insufficient male involvement in PMTCT. The program will implement creative strategies such as targeting men when they come to the clinics to pick up baby formula for their babies, creating father support groups for the partners of mothers in the PMTCT program, conducting mobilization campaigns where partners are invited to share their experiences, and inviting influential men from the community to be advocates and give keynote addresses at these campaigns. These male involvement activities will enhance mobilization and education of individuals including partners, families, and communities about the availability of services and the benefits of utilizing these services. In addition, during home visits mothers will be encouraged to check if the infants are due for testing, and the peer counselors will assist the mothers to access infant testing at facilities. The following deliverables are expected: 1) Provision of on–going supportive counseling at all sites. It is expected that each peer mother will provide on-going supportive counseling to two HIV-infected mothers per day. 2) Community outreach at work places, churches, clinics - 1 outreach per week per site facilitator. 3) 1 home visit per day per mother. 4) 2 support group meetings per month (mothers and partners).
Linkages
Meeting the needs of growing numbers of PLWHA, their caregivers, and their family members requires the collective efforts of many facilities and organizations, both clinic- and community-based. In order to facilitate the sustainability of and continue the expansion of the program, linkages and coordination mechanisms will be strengthened at the local level. For instance, linkages with the national ARV treatment program (Masa) will be strengthened using the existing BOCAIP referral system. Clients will be also followed up by peer mothers and the site facilitators to ensure access for infected mothers and their babies to needed services.

Continued Associated Activity Information

Activity ID: 4467
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Pathfinder International
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 800,000.00

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

Targets

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

Target Populations:

Community leaders
Community-based organizations
Faith-based organizations
Nurses
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Pregnant women
Program managers
Counselors
HIV positive pregnant women

Key Legislative Issues

Stigma and discrimination

Gender

Coverage Areas:

National

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:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	9819
Planned Funds:	$ 300,000.00

Activity Narrative: P0102 University of Medicine and Dentistry of New Jersey.

This activity is has USG Team Botswana Internal Reference Number P0102. This activity links to the following: P0101 & P0104 & P0105 & P0106 & P0107 & T1114 & X1301 & X1411 & X1412

The Francois Xavier Bagnoud Center (FXBC) is a leader in PMTCT and delivery of comprehensive, family-centered HIV healthcare services to vulnerable populations. The FXBC's clinical leadership has developed a model approach to PMTCT and HIV care and shares this expertise to build sustainable capacity through training and technical assistance for healthcare providers locally, nationally and in resource-constrained settings worldwide. Throughout 2005 and 2006 fiscal years, the FXBC has collaborated with HHS/CDC/BOTUSA and the MOH to develop the Botswana Training Package (BTP), which is a standardized, evidence-based national curriculum. The BTP was developed through a process of harmonization with the WHO/HHS-CDC PMTCT Generic Training Package, by adapting the CDC Testing and Counseling for PMTCT Support Tools and including separate modules on caring for health workers, stigma and discrimination, postnatal treatment and care, routine HIV testing and team building. Materials on adult learning strategies have been developed and integrated into the BTP and supplemental training document. The FXBC has facilitated two BTP trainer orientations and institutionalized a monitoring and evaluation (M&E) system to follow the progress of in-service trainings and refresher courses.

To build PMTCT training into pre-service curricula, the FXBC has collaborated with the Institute of Health Sciences (IHS) and the University of Botswana (UB). With technical assistance from the FXBC, IHS midwifery faculty is working on incorporation of the BTP into the pre-service curriculum. FXBC is disseminating a listserv on PMTCT and HIV/AIDS-related information of interest to southern Africa, and has developed on-campus HIV/AIDS research corners, faculty and student exchange and research collaborations. Finally, the FXBC developed and provided trainings to MOH (the PMTCT Unit) and IHS staff members on topics related to: family planning and HIV-infected women, team building, report writing, etc.

The FXBC will be responsible for activities in support of PMTCT. The goal of the FXB Center technical assistance activity is to support in-service PMTCT trainings and refresher trainings.

The following objectives relate to the above-stated goal and will be the responsibility of the FXBC during fiscal year (FY) 07:
1.1 - Support in-service PMTCT training focusing on district-level staff;
1.2 - Provide support for national PMTCT Unit capacity development;
1.3 - Disseminate information on PMTCT/HIV to health workers in Southern Africa Region.

In reference to specific deliverables over the course of FY 07, the FXBC will be responsible for the following deliverables:

1 - Training of headquarter staff on the use of the training database and assistance in operationalizing it nationally;
2 - Report analyzing use of training tools;
3 - Training on report writing;
4 - Training on project management;
5- Infant feeding manual;
6 - Southern Africa listserv mailing;
7- Evaluation report on listserv;
8- Database maintenance.

The following target will be achieved at the conclusion of the FXBC's activities for FY 07: 81 health workers trained in the provision of PMTCT services according to national and international standards. The FXBC work plan for FY 07 calls for work at various locations throughout Botswana in collaboration with HHS/CDC/BOTUSA, the MOH, academic institutions (IHS and UB), and other local partners.

Continued Associated Activity Information

Activity ID:	4469
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	University of Medicine and Dentistry, New Jersey
Mechanism:	UTAP
Funding Source:	GAP
Planned Funds:	$ 480,000.00

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	51 - 100
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement 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 the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards	81	☐

Target Populations:

Doctors

Nurses

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: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9822
Planned Funds: $ 0.00
Activity Narrative: P0104 UNICEF Infant and Young Child Feeding

This activity is has USG Team Botswana Internal Reference Number P0104. This activity links to the following: C0613 & C0615 & C0802 & P0102 & P0105 & P0106 & P0107 & P0108 & T1101 & T1111 & T1114.

FY07 funding will continue to support activities that were initiated in FY05 and FY06, including strengthening linkages between the PMTCT and ARV treatment programs, and implementing the infant and young child feeding and child survival interventions. The assessment of barriers to access to services for HIV-infected pregnant women will be completed during the beginning of FY07. This assessment will identify structural and organizational bottlenecks that hinder women, their partners, and children to access services, particularly access to ART and opportunities for early HIV diagnosis for children. These issues will be addressed in 2007. The outbreak of diarrhea associated with acute severe malnutrition that occurred among children between November 2005 and April 2006 further emphasized the need to increase efforts to address infant and young child feeding issues and personal hygiene through the UNICEF/EP collaboration. Over 35,000 children were affected during the diarrhea outbreak, and 530 children died; most of these children were not breastfed. A study conducted by HHS/CDC in Francistown during this period followed 154 children admitted into the hospital, and showed that 43% of the children had prolonged diarrhea and had been discharged and readmitted at least once during the study. Many of these children developed severe acute malnutrition during or after diarrhea; 42% developed marasmus, and 20% developed kwashiorkor. In addition, most were growing poorly before the onset of diarrhea, and were not being adequately managed despite monthly weighing at clinics. A high mortality of 21% (32/154) was recorded among these children.

Key lessons learned from the outbreak include the importance of continuing to strengthen the promotion of breast feeding among HIV-negative women, and the need to more closely monitor children who are on infant formula. For those children on formula feeding, there is a need to ensure availability of safe, clean water, and to consider scaling up the use of cup feeding instead of bottle feeding. USG will advocate that a consultative meeting of stakeholders is held in FY07 to review polices and guidelines to help map out interventions for HIV positive women who are exclusively breastfeeding, have high CD4 counts, or take ART and who normally have a low risk of HIV transmission. Another lesson learned was the importance of growth monitoring and follow up of infants and young children. In FY07, training will continue to be provided for health staff on the management of diarrhea and malnutrition, as well as promotion of hand washing with soap. During 2006, UNICEF supported the assessment of the Botswana National Nutrition Surveillance system (BNNS), which is based on the child welfare card. FY07 funds will be set aside to support the recommendations from this assessment which are to strengthen the system in terms of data collection and analysis, as well as improve the capacity of health workers to utilize the information that is collected.

Areas of focus for 2007 include the following:
•Implementation of recommendations from the national consultative meeting on policy and programmatic issues related to Infant and Young Child Feeding (IYCF), such as revising of national guidelines as appropriate, and strengthening child growth monitoring, especially for children on formula feeding, using revised child welfare cards.
•Provision of technical assistance to the MOH to strengthen and support the implementation of infant and young child feeding and growth monitoring.
•Training for health workers on safe infant feeding and management of malnutrition.

Continued Associated Activity Information

Activity ID:	4473
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	United Nations Children's Fund
Mechanism:	Technical Assistance
Funding Source:	GAP
Planned Funds:	$ 150,000.00

Emphasis Areas	**% Of Effort**
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	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 and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Indirect Targets

Through training and capacity building, these targets will be reached indirectly:
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 = =37,500
Number of women provided with complete course of ARV in a PMTCT setting=9,500
Number of health care workers trained in the provision of PMTCT services according to national and international standards = 494

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Policy makers
HIV positive pregnant women

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9824
Planned Funds: $ 100,000.00
Activity Narrative: P0106 Infant formula supply logistics: SCMS

This activity is has USG Team Botswana Internal Reference Number P0106. This activity links to the following: C0613 & P0101 & P0102 & P0103 & P0104.

The main focus of this activity is to provide support to MOH's PMTCT unit to develop and implement a logistics system for the procurement and distribution of infant formula. This will ensure that the commodities are in sufficient supply and moving through a supply chain that will support the infants enrolled in the program. The MOH's PMTCT unit is responsible for the procurement, using the GOB's tender regulations, and distribution of infant formula to all HIV-positive mothers for the first year of a baby's life. In FY06, approximately 14,000 babies were benefiting from the program. The unit manages a network of 3 warehouses located in Francistown, Gaborone, and Kang for the storage and distribution of the infant formula. However, currently there are no functional inventory control and logistics management information systems in place in the warehouses, and no formal ordering and distribution system.

The PMTCT unit lacks the personnel and expertise to efficiently conduct tenders for procurement, and adequately maintain the supply chain of the infant formula it is mandated to supply. The EP is not planning to fund the procurement of infant formula during FY07 but will support the MOH PMTCT unit to facilitate the procurement and distribution of these essential commodities.

During FY07, UNICEF will support a situational analysis of the commodity management system in place at the PMTCT unit. SCMS will review the findings and recommendations of this assessment, and where necessary conduct targeted analyses of aspects of the supply chain. A supply chain management system will be designed in collaboration with relevant stakeholders and staff of the PMTCT unit. The management system will ensure that quantification, procurement, storage, and distribution are done in a formal manner with an associated logistics management information system. The logistics systems developed will be documented, and manuals will be developed for use in quantification, inventory management, ordering, and information management. Training will be provided for procurement and stores personnel of the PMTCT unit in the new policies and procedures. A M&E system with appropriate indicators will be developed, and a supportive supervision system will be institutionalized. This will ensure that stock outs, and over stocks, leading to obsolescence and expiry are minimized.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Logistics	51 - 100
Needs Assessment	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 and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

HIV/AIDS-affected families

Policy makers

Caregivers (of OVC and PLWHAs)

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: ITECH GHAI
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 9825
Planned Funds: $ 255,519.00

Activity Narrative: P0107 I-TECH Data quality improvement

This activity is has USG Team Botswana Internal Reference Number P0107. This activity links to the following: P0102 & P0104 & X1301 & X1303 & X1304.

In 2005, through USG support, the HHS/CDC/BOTUSA completed the development of a computerized PMTCT monitoring system and installed it at the national PMTCT offices in the MOH. This system, based in Epi-Info, was to be rolled out to the districts in FY06 to improve the capacity for monitoring PMTCT program implementation and quality of care. In anticipation of the roll out of the system, HHS/CDC/BOTUSA trained 24 PMTCT focal persons and Peace Corps Volunteers (PCVs) in M&E. However, due to critical human resource shortages at the MOH, including the absence of a data manager, the rollout was suspended. The absence of a data manager also resulted in a lack of supervision and guidance on data entry into the database at the MOH, as well as on data collection at the clinic level. Overall, this resulted in a lack of reliable data for PMTCT program monitoring, and for policy making and guidance.

This new activity is intended to improve human capacity and quality of data relating to PMTCT, with the emphasis areas of strategic information, human resources and local organization capacity building.

The first component of this activity will be to hire and second to MOH a data analyst, a data manager, and two data clerks as follows:

Systems Analyst (1)
Grade: International contractor position
Salary and benefits: $62,500
Justification for the Position
The data analyst will be placed at the MOH PMTCT unit to help in managing and ensuring improved data quality. The data analyst will ensure the database is fully functional, and that data are being correctly entered and analyzed, and feedback is being given to the districts and health facilities.

Data Manager (1):
Grade: D4
@$27,500 per annum = salary + benefits,
Justification for the Position
This position will supervise two data clerks and be responsible for the PMTCT information system, M&E. The position is stationed in Gaborone at the Gaborone PMTCT Main Office.

Data Clerk (1):
Grade B2
@US$ 6000 =salary and benefits
Justification for the Position
The data clerk position will do data entry, cleaning and storage under the supervision of the Data Manager. The position is stationed in Gaborone at the Statistics Office. Second, in collaboration with the entire PMTCT team, I-TECH will provide ongoing mentoring and team building among the national PMTCT M&E team. In addition, I-TECH will assist the program to establish mechanisms and procedures for data quality control, and take necessary steps to ensure data reliability. This component will compliment the Botswana government's effort in building human resource capacity to manage the PMTCT program both at the national and district levels.

Third, I-TECH will conduct an assessment of data quality to identify the causes and gaps in completeness of data collected at the facility level, and data aggregated at the district level. Complete, accurate, and timely data are critical in M&E the PMTCT program. I-TECH will provide technical support to the PMTCT program to conduct an assessment of data quality in selected districts and clinics to assess the validity of at least 25% of the data reported by providers on selected key PMTCT indicators and required program-level EP indicators. Fourth, I-TECH will train master trainers who will in turn train health providers to appreciate the need for completeness of data, to analyze and use data locally, and to send relevant data to the central level.

Key Functions for I-Tech:
•Review the job descriptions with the relevant departments
•Advertise and hire Systems analyst internationally, and a data manager and a data clerk through local human resource company
•Provide technical support to the employee where applicable trough the in-country I-Tech office
•Administrative support
•Conduct staff appraisals in conjunction with MOH
•Establish memorandum of understanding with MOH to guarantee that the positions are accepted and sustained after EP funding ends.

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

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

Targets

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

Indirect Targets

Through technical assistance and capacity building, this activity will reach the following targets indirectly:
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 = 37,500
Number of pregnant women provided with complete course of antiretroviral prophylaxis in a PMTCT setting = 9,500
Number of health care workers trained in the provision of PMTCT services according to national and international standards = 494

Target Populations:

Doctors
Nurses
Laboratory workers

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	HQ Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	10153
Planned Funds:	$ 295,000.00
Activity Narrative:	07-P0190-HQ: Technical Expertise and Support.

Activity links with all activities under PMTCT.

This activity covers the salaries and travel for the technical HHS/CDC/BOTUSA staff in-country. There are a total of eight HHS/CDC/BOTUSA staff working in the PMTCT section. Six of them are based in Francistown where they carry out operational research, while two are at the BOTUSA headquarters in Gaborone. An example of the operational research is the successful pilot of Early Infant Diagnosis of HIV in infants using DBS and DNA PCR. The result of the pilot has led to the decision by the MOH to roll out the program countrywide.

The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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 the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Policy makers
Host country government workers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 10154
Planned Funds: $ 275,000.00
Activity Narrative: 07-P0190-P: Technical Expertise and Support

Activity links with all activities under PMTCT.

This activity covers the salaries and travel for the technical HHS/CDC/BOTUSA staff in-country. There are a total of eight HHS/CDC/BOTUSA staff working in the PMTCT section. Six of them are based in Francistown where they carry out operational research, while two are at the BOTUSA headquarters in Gaborone. An example of the operational research is the successful pilot of Early Infant Diagnosis of HIV in infants using DBS and DNA PCR. The result of the pilot has led to the decision by the MOH to roll out the program countrywide.

The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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 the minimum package of PMTCT services according to national and international standards		☑
Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results		☑
Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting		☑
Number of health workers trained in the provision of PMTCT services according to national and international standards		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.01: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01
Activity ID:	11297
Planned Funds:	$ 1,000,000.00

Activity Narrative: Safe Infant Feeding

This activity links with 07-P0101,07-P0102, 07-P0103,07-P0103

Infant feeding in the era of HIV/AIDS can seem complex. Breastfeeding, long known to be the best for infant nutrition and immune system development, now comes with a risk of HIV infection for infants of HIV-positive women. Even though exclusive formula feeding can eliminate the risk of MTCT, it can lead to malnutrition, diarrheal disease, or death for the infant, even if the infant remains HIV-negative. It is the responsibility of the healthcare worker to ensure that the women are counseled to empower them to make safe choices about feeding their infants.

The recent diarrhea outbreak associated with acute severe malnutrition, during which 553 children lost their lives, emphasized the need to focus efforts to address infant and young child feeding in Botswana. A study conducted by CDC during the outbreak followed up 153 children admitted in hospital during the outbreak found that 43% of the children had prolonged diarrhea and had been discharged and readmitted at least once during the study. Many of the children developed severe acute malnutrition during or after diarrhea; 42% developed marasmus, 21% developed kwashiorkor and most were growing poorly before the onset of the diarrhea and were not being adequately managed despite monthly weighing at the clinics. A high mortality of 21% was recorded amongst these children.

Accelerated training on infant and young child feeding is also crucial to support mothers on optimal feeding in the context of HIV/AIDS as national studies reveal that health workers knowledge in infant and young child feeding is poor and infant feeding practices are suboptimal. The recently developed Botswana Training Package (BTP) contains modules with updated information on infant and young child feeding that will be used for such training. The nutrition unit in the Ministry of Health is lacking teaching AIDS and equipment necessary for training and demonstration of safe feeding practices including safe preparation of infant formula to the mothers. The use of visual teaching aids/materials such as life size baby dolls and model breasts have proven effective for such training. Lastly, the nutrition unit updated the child welfare card including the growth chart, but requires TA to upgrade the Nutrition surveillance system to be commensurate with the new child welfare card to facilitate data growth monitoring and infant feeding data capture.

In FY07 USG funds will be used to support activities aimed at strengthening infant feeding education, counseling and support. In addition, growth monitoring activities will be supported.
The activities include:
1) Roll-out of training on infant and young child feeding of healthcare workers focusing on district and clinic level staff, according to BTP.
2) Development and purchase of teaching AIDS and supplies for demonstration on appropriate and safe infant feeding practices including formula preparation
3) Purchase of equipment
4) TA to redesign/update the database for the National Nutrition Surveillance System in line with the updated Child Welfare Card.

Per July 2007 Reprogramming;
Add at the end of the exisiting text: The $200,000 redirected funds will be used to train more health workers and purchase additional equipment for demonstration of safe infant feeding. There are no changes to the overall targets as the original entry used the Botswana national PMTCT indicators. These funds are in addition to the previous reprogramming of funds to Infant Nutrition from Act. 10151. The activity will remain as previously entered with the same additional narrative as requested in the reprogramming of Act. 10151. There are no changes to the overall targets as the original entry used the Botswana national PMTCT indicators.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Training	51 - 100

Targets

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

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 = 37,500

Number of pregnant women provided with complete course of antiretroviral prophylaxis in a PMTCT setting = 9,500

Number of health care workers trained in the provision of PMTCT services according to national and international standards = 494

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Pregnant women
HIV positive pregnant women
Public health care workers

Coverage Areas:

National

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: $ 6,929,620.00

Program Area Context:

Statistics
According to the Botswana AIDS Impact Survey II (BAIS 2004), HIV prevalence among girls and boys ages 10-14 was 3.8%. In the 15-19 year age group, prevalence is higher, with a large disparity between teen boys and girls: 3.1% (boys) vs. 9.8% (girls). This disparity continues into young adulthood, with approximately 26% of 20-24 women HIV infected, and 9.8% of men of similar age infected. These statistics suggest two key elements of the epidemic in Botswana: that sexual activity tends to start in the 15-19 year range, and that intergenerational sex may be placing young women at higher risk of HIV than their male counterparts.

Other population-based surveys provide more information on youth behaviors. For example, from a 2005 survey of 15-24 year olds, 43% of never-married respondents reported never having sex (abstinence). Yet among sexually-active youth, 41% reported having sex with more than one partner in the last 12 months. In other words, while a large number of Batswana youth are abstinent, those who are not often have multiple partners. Condom use is reported to be fairly high among sexually-active youth; 91% of such respondents age 15-24 reported they used a condom the last time they had sex with a non-marital, non-cohabiting partner (2005).

Among adults, having multiple sexual partners is also a serious concern. A survey from 2003 found that 20% of adults age 15-49 had had sex with someone else while in a relationship with one of their recent partners. The percentage of men reporting sexual concurrency was higher than that among women: 31% vs. 16%. Reported condom use at last sex is relatively high among adults as well, though significantly lower among married or cohabiting men and women, compared to those in other kinds of relationships. Among sexually experienced respondents in the BAIS II (2004) survey, 34% of people whose last partner was their spouse reported condom use at last sex, while 79% of people whose last partner was an acquaintance reported such.

Furthermore, despite years of information dissemination about HIV/AIDS, misinformation about HIV transmission persists. The BAIS II survey (2004) found, for example, that 50% of respondents age 10-64 thought that HIV was transmitted by mosquitoes.

On the whole, helping youth abstain and avoid intergenerational sexual relationships; reducing multiple partnerships and increasing fidelity; as well as continued provision of basic information on HIV and related services, are priorities for Botswana.

Services
Various partners address abstinence and be faithful (AB) program area issues in their work in Botswana. The Ministry of Education (MOE) supports skills-based HIV prevention education to all in-school youth, with assistance from USG. The Botswana National Youth Council (BNYC), Youth Health Organization (YOHO), and other organizations promote these themes through community work, "edutainment", and radio shows. Many faith based organizations, such as Botswana Christian AIDS Intervention Program (BOCAIP), work through dedicated centers and churches to support abstinence and fidelity. Botswana's National AIDS Coordinating Agency and donors such as the African Comprehensive HIV/AIDS Partnership (ACHAP) produce media and other events with AB messages. While the Men's Sector as a national body is somewhat weak, numerous men's groups in villages, with the support of District AIDS Coordinators (DACs), target men for HIV-related activism and HIV prevention, often with little funding. Partner agencies in the UN, such as UNICEF, support other initiatives focused on HIV prevention among youth.

The USG AB program area strategy for fiscal year (FY) 07 focuses on youth, including a large initiative begun in FY06 to engage parents and youth in promoting abstinence, partner reduction, and related life skills. USG's support for MOE's life skills programs is now starting to bear fruit, as materials are starting to

reach students and teachers. An initiative begun with FY05 funding to support civil society groups that promote AB includes many partners that focus on youth.

Gender is a key focus area, especially for youth. USG will continue to support the Ministry of Labour and Home Affairs (MLHA) to sensitize community members and leaders about linkages between gender and HIV and to strengthen counseling services (including those for rape victims). Pathfinder and its local partners will implement programs that focus on masculinity and HIV risk, including violence and cross-generational sex. USG has supported programs on partner reduction and prevention among men (drawing on the successful Men as Partners and other program models). USG will continue to work with other programs to incorporate appropriate gender messages, images, etc., in their work, especially those focused on youth. For example, all life skills programs provide ample opportunity to help youth reflect on gender norms and their relation to HIV risk, as well as the cause and consequences of cross generational sex.

Most of the USG AB portfolio involves community outreach activities. USG will continue the funding to develop and/or adapt Information Education and Communication (IEC) materials and peer education programs for people with disabilities, through the Ministry of Health (MOH). USG also supports a large behavior change program that uses a radio serial drama called Makgabaneng (Rocky Road) with related community reinforcement activities.

The only new AB prevention program that USG is supporting this year is a Peace Corps program focused on assisting the MOE to support life skills and HIV prevention efforts through schools.

Referrals and Linkages
Many of the USG programs in the FY07 proposal for this program area include complementary funding from the Other Prevention program area, so that we can better support HIV prevention among youth and adults who are sexually-active. For example, the male-focused activity (Pathfinder), Makgabaneng behavior change program, and the parent-child youth initiative each have funding split across the program areas. With those funds, we can allow our implementing partners to address more members of the communities and populations that they target (e.g., the half of youth that are not abstinent; the many men who will have multiple partnerships; the many people who do not use condoms correctly).

Policy
The USG plan in this program area includes only a few policy issues. One policy barrier that we face in AB work, particularly for youth, is the high minimum age currently in Botswana for consenting for HIV testing. Parliament is working on policies to lower that to 16 so that more youth can be targeted for HIV testing and counseling. Also, while there is a new national behavior change strategy, the Government of Botswana (GOB) does not yet have guidelines for HIV prevention or for programs in the schools. We are supporting the MOE's efforts to better coordinate and monitor the interventions that occur in schools.

Challenges and Gaps
The GOB is active in providing services for prevention of mother to child transmission (PMTCT), antiretrovirals (ARVs), routine HIV testing (RHT), and other clinical services. However, its efforts in primary HIV prevention, particularly in the A and B program area, are somewhat weak.

Botswana is fortunate to have a number of highly committed non governmental organizations (NGOs), community based organizations (CBOs), and faith based organizations (FBOs) that do great work in their target communities. Yet, as a whole, the civil sector of the country is also somewhat weak and needs strengthening to expand the effectiveness of its HIV prevention efforts. With few other donors in country providing substantial resources for primary prevention, USG is under demand to cater to a range of prevention needs, populations, and sectors. As a result, the funds are stretched fairly thin.

Program Area Target:

Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	31,515
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	122,619
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	2,503

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:	Central (GHAI)
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	8051
Planned Funds:	$ 167,808.00

Activity Narrative: This activity is linked with P0211, C0901, P0216, & P0213.

The Hope Worldwide Botswana (HWW) Abstinence and Behavioral Change for Youth (ABY) program started operating in September 2005 in Molepolole .The target is to reach 20,000 youth aged 10-24, for the duration of the COP agreement (2005- 2009) . The target for COP "07 is 3,700 youth subdivided into AB= 3,000 and A-only = 700.

The program implements abstinence-focused interventions at schools, youth groups, sports, clubs, and faith-based organizations in Molepolole, using abstinence-based life skills syllabi that cover personal and character issues, dating, marriage, drugs/alcohol, peer issues, social pressures, gender-based violence, rape and abuse.

Key activities include: initial HIV-competency based assessments, leadership camps, parental involvement, community campaigns, basic education in the community, church or school, and mobilizing and training youth to form community action teams (CATs).

So far the program has achieved the following:
• Facilitated two classes at Lephaleng Primary School (57 learners), who graduated in June of 2006. Thirty of these learners were selected as members of the CATs. Altogether, 753 learners and 24 teachers were reached with HIV/AIDS, abstinence, behavioral change, and be faithful messages during the training and the school outreach activities.
• In July 2006, at least 400 Masilo Community Junior Secondary School learners graduated, and over 50 of them volunteered to be in the CATs. Over 558 students and 48 adults were reached with HIV/AIDS, abstinence, behavioral change and be faithful messages.

Two more school outreach programs are lined up for schools in Molepolole by December 2006, where more CATs will be launched and a pledge of abstinence made by learners. The ABY program has managed to revitalize and team up with the already existing clubs in schools to promote relationships with schools. Also, an orphan drop-in centre has joined the target audience for the ABY curriculum (Bana ba Keletso), and to date the ABY program has worked with 50 of these children.

Challenges he program has faced include reaching out to church groups, some aspects of program administration, and especially in setting up a fully-operational office and in overcoming some transportation hurdles.

In FY07, the program seeks to continue to increase abstinence and secondary abstinence until marriage among young people aged 10-24 years, primarily through implementation of the HWW curriculum in after school settings, including some orphans and vulnerable children (OVC) sites and churches. The program will expand to additional churches and schools, and provide follow-up programs for youth trained and reached before, to help reinforce abstinence-related skills and values. If possible, in FY07 staff will start a program for parents of these youth, based on materials being developed and piloted in South Africa. Activities during this time period will also involve collaboration with the Men^s Sector (men^s organizations for fighting HIV in Molepolole), in the continued endeavors to curb violence against women and children, cross generational sex, and murder/suicides. Finally, the program will promote voluntary counseling and testing (VCT) during sessions held at community events, schools, and churches. Through collaboration with Tebelopele VCT Center and Keletso Counseling Centre in Molepolole, campaigns will be arranged and supported by HWW, to encourage community members to test and know their HIV status. Clients will be provided with referrals to relevant service providers when appropriate.

Continued Associated Activity Information

Activity ID: 4794
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide
Mechanism: Track 1
Funding Source: GHAI

Planned Funds: $ 0.00

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 organizations provided with TA on HIV-related institutional capacity building		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	700	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,700	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	50	☐

Target Populations:

Orphans and vulnerable children
Girls
Boys
Primary school students
Secondary school students

Coverage Areas

Kweneng

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9813
Planned Funds: $ 75,000.00

Activity Narrative: 07-P0206 Ministry of Health-disability.

This activity has USG Team Botswana Internal Reference Number P0206. This activity links to the following: C0907 & P0208 & P0211.

The Rehabilitation Services Division under MOH's Public Health Department has been tasked with providing services to people with various disabilities. The study's major objectives were to find out the level of people with disabilities. Needs of information on HIV/AIDS, and their immediate and critical needs in regard HIV/AIDS.

The MOH through the Rehabilitation Services Division, commissioned a study in 2004 on HIV/AIDS awareness, education, and needs of people with various disabilities in Botswana. The study's major objectives were to find out the level of awareness about HIV/AIDS among people with disabilities, accessibility and availability of information on HIV/AIDS, and their immediate and critical needs in regard HIV/AIDS.

The national census report (Central Statistics Office [CSO] 2001) of the Ministry of Finance and Development Planning (MFDP) estimates that as of 2001, 3.5% (59,500) of Botswana's population of 1.7million are living with disabilities. HIV/AIDS affects the population indiscriminately according to a report from the CSO; in 2004 at least 25% of the 15-49 years old population was living with HIV/AIDS. This number includes people with disabilities. Although there is limited demographic information about people with disabilities, especially the HIV prevalence in the population, the latest estimate indicated that there are between 11,500 and 16,750 such individuals.

Furthermore, statistics from institutions of people with disabilities in Mochudi, Otse and Lobatse have shown that indeed there are people with disabilities presenting with HIV/AIDS related illnesses. Similarly, in the recent years, the MOH has witnessed an increase in the number of people with HIV who develop disabilities, such as visual, hearing impairments, brain nerve damage and physical disability.

The 2004 assessment specifically identified a number of issues to be addressed. People with disabilities have limited knowledge of HIV/AIDS due to a lack of available IEC material in text or other format readily accessible to them. MOH's Health Education Unit has not had the capacity or technical expertise to produce materials specifically targeting people with disabilities.

FY07 funds will support the initial efforts of developing and/or adapting, and printing or purchasing, IEC materials for people with disabilities, and the adaptation of IEC peer education training materials. Once this stage is completed, training will commence through workshops, support through organizations that serve the population, awareness activities, and peer education/peer counseling will be offered. Dissemination of the IEC information will take place during workshops.

Program Objectives for FY07
1. To continue to develop and produce IEC materials targeting the four categories of disabilities
(hearing impaired, visually impaired, physically challenged, and mentally challenged). Approximately 10,000 units will be produced.

2. Create awareness among people with disabilities and their families on HIV/AIDS and HIV prevention, through dissemination of essential IEC materials.

3. Promote information sharing on HIV/AIDS information and prevention through peer education among care-givers as well as people with disabilities, when appropriate. Approximately 5 caregivers and people with disabilities from 24 districts across the country will be trained in basic peer education (total 120).

Program activities / outputs
Conduct workshops on HIV/AIDS
Develop and disseminate IEC materials
Train peer educators and peer counselors
Train a pool of health care providers who have knowledge of issues specific to people with

disabilities.

Monitoring and Evaluation
M&E will include quarterly reports and a follow up assessment.

Continued Associated Activity Information

Activity ID:	4802
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Botswana
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 50,000.00

Emphasis Areas	**% Of Effort**
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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	120	☐

Indirect Targets

Estimating that about 20 people will be reached by each of the trained peer educations, approximately 2,400 people with disabilities and their care givers will be reached indirectly with USG funds, under this program.

Target Populations:

Disabled populations

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU124418
Prime Partner: Pathfinder International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9817
Planned Funds: $ 450,000.00
Activity Narrative: 07-P0210 Pathfinder Male focused activity.

This activity has USG Team Botswana Internal Reference Number P0210. This activity links to the following: C0907 & P0205 & P0207 & P0223 & P0226 & P0511 & PO511.

This entry represents the AB part of the program. The program's funding is split between the two program areas (AB and OP), at approximately 70% and 30%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here. The funding from the AB program area is intended to cover that part of the program that addresses partner reduction, faithfulness, intergenerational sex, transactional sex, gender based violence, abstinence, and the promotion of counseling and testing.

It is well established in Botswana and elsewhere in Southern Africa that men are more likely than women to engage in multiple sexual partnerships, more likely to drink and abuse alcohol, and are less likely to seek HIV-related services. For these and other reasons, in FY06, USG Botswana proposed a program to enhance programs that target adult men for HIV prevention and related issues, including gender relations, violence, and alcohol and substance abuse.

The program was recently awarded to Pathfinder. Pathfinder plans to draw on best practices in the region and elsewhere, and to build the capacity of local implementing organizations to the extent possible. In that program, Pathfinder proposes the following activities:
1) Draw on the Men as Partners program in South Africa and other successful projects to conduct interactive workshops on gender and HIV, create community role models, and produce relevant IEC materials to support these activities on a community level. The target area in year one of the program is 1 district center with 4 surrounding villages. It is hoped that 5,000 men will be reached with this activity.
2) Support peer education programs in some of the uniformed services in Botswana, whose employees are largely men and face increased risk of HIV due to their employment. The target is 4 barracks or training colleges in year one. It is hoped that at least 20 peer educators will be trained per site and this will bring their total to 80. It is also hoped that each of the 80 will reach 10 people, and the number of individuals to be reached would be 3,600.
3) Conduct peer education using the Men as Partners training materials in tertiary education settings. One technical college will be targeted in year one. Fifty peer educators will be trained and each one of them is hoped to reach at least 20 individuals. This will bring the total number of individuals reached to 1,000.

All activities will engage local CBOs, NGOs, and/or FBOs to be trained in the proposed intervention models and to carry them out. The specific local partners have not been selected, nor have the specific locations of the interventions; both will be selected soon.

Continued Associated Activity Information

Activity ID: 4798
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Pathfinder International

Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 414,500.00

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 (a subset of total reached with AB)	0	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	100	☐

Indirect Targets

3036 individuals will be reached through the peer education program.

Target Populations:

University students

Men (including men of reproductive age)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: Makgabaneng
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9917
Planned Funds: $ 625,000.00

Activity Narrative: 07-P0201: Makgabaneng.

This activity links to the following: C0907 & P0203 & P0205 & P0209 & P0211.

This activity also links to the Other Prevention (OP) entry for Makgabaneng, PO501, which provides additional funding for this activity. This entry represents the AB part of the project. The project's funding is split between the two program areas (AB and OP), at approximately 60% and 40%, respectively. This will allow the program to address the needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The project's effort will reflect the funding proportions noted here.

Gaps in the areas of uptake of interventions, adherence to treatment regimens, and, most important for this program, in the sexual behaviors that place many Batswana at risk of HIV infection, still remain. To help bridge these gaps, the GOB in collaboration with the USG through their Botswana CDC office (HHS/CDC/BOTUSA), piloted HHS/CDC/HQ's MARCH (Modeling And Reinforcement to Combat HIV/AIDS) strategy using a serial radio drama and reinforcement activities for HIV prevention.

The two governments initiated a behavior change program called Makgabaneng. It includes Setswana-language entertainment-education radio serial drama designed to support the nation's HIV prevention and mitigation goals. It targets 10-49 year old Batswana. Complementing the radio drama are a series community-based reinforcement activities to encourage safer HIV related behaviors (such as delaying initiation of sex, partner reduction, accessing services, and providing support to people living with HIV/AIDS). The drama has been airing nationally twice weekly on Radio Botswana's two radio channels since August 2001. As of end of September 2006, nearly 500 different episodes were aired. Reinforcement activities to date have included, for example, listening and discussion groups, mass media epilogues, school and community rallies, and a fan magazine for students.

Overall, Makgabaneng has proved to be an important component of an effective national strategy to fight HIV/AIDS. For example, from a population-based survey in 2003, nearly half of the respondents in the survey reported that they listened to the program one or more times every week. Weekly listening was associated with greater knowledge about key HIV issues, less stigmatizing attitude toward people living with HIV/AIDS (PLWHAs), and some testing behaviors. For example, weekly listeners were more likely: (82.8%) to recognize that PMTCT is possible than other respondents (66%), (70.8%) to say they would allow their children to play with HIV infected peers than other respondents (58.9%), (96%) to say they would allow an HIV infected relative to live in their household than other respondents (87.4%).
Building on the initial success of the radio drama and community initiatives, Makgabaneng will continue to produce high quality radio dramas that focus on modeling appropriate behavior change focused on prevention, treatment, and stigma reducing themes. To supplement the radio drama, Makgabaneng will implement a coordinated plan to scale up effective outreach strategies that will increase the impact of the on air themes.
Modeling through a radio serial drama
The radio serial drama (RSD) is meant to provide listeners with role models for behavior change, based on the MARCH model. Two new 15-minute episodes are broadcast a total of three times every week (104 programs per year) on Radio Botswana 1 and 2 and an "omnibus" repeat is broadcast at the weekends. The radio HIV/AIDS storylines will contain 60% AB themes targeting 10 – 29 year olds. For the 10-14 year olds, the storylines will target A messages and for the 15-29 year olds, AB messages. The remaining 40% will contain ABC and other themes targeting 15 – 49 year olds (reproductive age group).

Reinforcement activities (RAs)
These activities are implemented in select communities meant to intensify the impact of Makgabaneng by clarifying and supporting themes from the drama. Activities will cover four rural and semi-urban districts with a total population of 541,000 people (out of a total Botswana population of approx 1.7 million). They will aim to reach 76,000 people in the first year, with FY07 funds. The Botswana National Youth Council (BNYC) and Humana's People to People's (HPP) Total Community Mobilization (TCM) program will implement RAs

under Makgabaneng supervision. The activities include:
Makgabaneng Teen Mag, which is produced and distributed by Makgabaneng to in-school youth, aged 10-16, each school term. Makgabaneng will produce and distribute 50,000 copies to 100 schools in the 4 target districts per school term, (3 per year), reaching a total of up to 50,000 students.
School Rallies are events held in primary, junior and secondary schools, which reinforce themes of abstinence, self-efficacy to negotiate relationship issues and peer- pressure, and other healthy outcomes. Rallies will cover 100 schools in 4 districts, reaching 50,000 children three times per school year who have also been reached by the magazine.
In Listening and Discussion Groups (LDGs), trained facilitators lead groups of 5 to 20 people, who listen to selected scenes from the drama and discuss issues arising from those scenes. Skills-building activities, such as debates and role-plays that encourage interactive discussion among participants, are part of each session. The LDGs will target 10,000 adults aged 30 to 49 in the target districts. Materials will be written and recorded, and a series of training of trainer courses will be provided for around 164 field workers comprising 32 TCM field officers, 16 BNYC peer educators, plus 16 BNYC volunteers and 100 teachers.
Community events will include: Health fairs conducted by the BNYC, which will reach an estimated 16,000 out of school youth. Youth Health Fares (approximately 32) will be held at BYNC centers across the country, with support and involvement of Makgabaneng. Separate road shows allow Makgabaneng to take the drama to the public in person. Road shows draw large numbers of people, who gather to meet Makgabaneng actors and to learn about HIV/AIDS-related issues and the drama itself. Four road shows will be conducted in a year targeting 4,000 people.

Other behavior change mass media activities would include: Epilogues and Trailers, which are brief messages aired immediately after the drama, invite listeners to utilize various HIV-related services. Epilogues (10 per annum) and Trailers (180 airings) will be broadcast approximately monthly and will draw attention to a behavior change objectives related to service uptake (e.g., being tested for HIV status, taking advantage of PMTCT services).

A new late-night once weekly (36 in year one) interactive chat show called "Makgabaneng Extra" will also be initiated. This is a proposed phone-in program which will use scenes from the RSD plus pre recorded 'vox pops' (interview extracts) to stimulate discussion and debate among callers. The value will be to promote an ongoing dialogue between listeners and broadcasters that is not possible with the drama format alone.
The RSD and other mass media activities will reach 800,000 people nationally.

Monitoring and Evaluation Activities
A Monitoring and Evaluation (M&E) plan will be developed with realistic, measurable process and outcome/impact indicators. Standard items used in population-based surveys will be reproduced in program-specific questionnaires to be conducted in small-scale listener surveys, and the option to add exposure questions to existing surveys (e.g. PSI TraC, BAIS) will be investigated. A Makgabaneng evaluation survey will be conducted 18 months after implementation of the new, expanded program in order to correlate the relationship between listenership/participation in Makgabaneng and related RAs, and changes in behavior and service uptake.

Continued Associated Activity Information

Activity ID:	4793
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Makgabaneng
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 305,000.00

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

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	☐

Target Populations:

Adults
Primary school students
Secondary school students

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CoAg # U2G/PS000599
Prime Partner: Family Health International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9920
Planned Funds: $ 1,150,000.00

Activity Narrative: 07-P0203: FHI-Youth AB and Related Life Skills Community Intervention.

This activity has USG Team Botswana Internal Reference Number P0203. This activity links to the following: C0815 & P0201 & P0211 & P0212 & P0213 & P0221 & P0501 & PO512 & X1406. PO512 provides for additional funding from the Other Prevention program area.

As the focus of the program is abstinence and related life skills, the majority of the funding (about 80%) comes from the AB program area. The 20% of funding from Other Prevention will allow the program to address the full HIV and pregnancy prevention needs of sexually-active youth, or those who intend to be sexually-active soon, and who participate in some of the interventions.

HHS/CDC issued a program announcement in 2006 for proposals to carry out a comprehensive HIV prevention program for youth, which focuses on abstinence, partner reduction, fidelity, and related life skills; on helping parents/guardians better support health choices among youth; and on engaging various parts of the communities in which youth live. The award was made to Family Health Iinternational (FHI) in FY06. The work plan, including targets, is still under development, and the geographic area for the intervention is to be determined.

FHI describes this program as "Youth are the Light" (Basha Lesedi Program). The objectives are to:
•Help youth ages 10-17 in selected districts to gain necessary skills, attitudes, and social support to avoid infection or infecting others through abstinence and related life skills;
•Improve the abilities of community leaders, parents, and guardians of youth to be more effective supporters of healthy choices for youth through improved knowledge, attitudes, communication, and parenting skills; and
•Increase the capacities of national and local organizations and individuals in target communities to help prevent HIV infection among youth through participatory program planning and implementation.

FHI will partner with the Botswana network of AIDS service organizations (BONASO), to manage and coordinate the program in Botswana. Through BONASO, and with technical assistance and support from FHI, numerous civil society groups in Botswana will be engaged to carry out activities for HIV prevention among youth age 10-17. Specifically, the program aims to partner with the BOCAIP, BNYC, Humana People to People, and Botswana Network of People Living with HIV/AIDS (BONEPWA), and the Makgabaneng behavior change program. Each will reach specific constituents important for youth HIV prevention.

Planned activities under this program include:
•Radio programs specific for youth (10-13, 14-17)
•House to house visits
•Christian family life education, pastor training
•Coordinated abstinence campaigns conducted among member organizations
•Support groups for HIV+ youth
•Trainings and campaigns for parents and guardians

FHI will provide technical assistance in all aspects of the program, drawing particularly off its experience with the YouthNet project. The program will be monitored intensively, and it will involve formal evaluations. Baseline surveys will be completed in year one (funded with FY06 support), while process assessments will be ongoing through the life of the project.

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

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	10,000	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	15,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	250	☐

Target Populations:

Adults
Girls
Boys
Out-of-school youth

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 9921
Planned Funds: $ 500,000.00

Activity Narrative: 07-P0205: PSI-Partner Reduction and Fidelity Campaign.

PSI Botswana implements this project in association with two sub-awardees, Humana People to People (HPP) and an FBO partner (TBD) to address fidelity and partner reduction through a comprehensive social marketing and community engagement initiative. This project is an adaptation and expansion of two projects begun on the ground in 2006, one focused on partner reduction and fidelity (from the AB program area) and the other focused on alcohol-HIV risk reduction (Condoms and Other Prevention program area). In 2007, we propose to join the two programs. By doing so, we believe the prime partner will be able to carry out an even better, single program with better reach and leverage across communities involved.

The program uses social marketing strategies to promote partner reduction and fidelity and will build on the existing capacity of civil society partners to increase partner communication and negotiation skills; reinforce relationship commitment values; and engage community leaders and individuals in the risks of casual sex, multiple partnerships, and mixing sex with alcohol and in the benefits of reducing and eliminating those. The project will focus on both partner reduction and fidelity, including promotion of couples HIV testing and couple communication. A major part of the campaign and community activities will focus on the reduction of multiple partnerships associated with alcohol abuse/misuse and drinking establishments, among young adults. To that end, drinking establishments will be among the sites targeted for peer education and related outreach.

Media component
Limited use of a media campaign will address "trusted partner" myths, challenge the target population to think that many apparently trustworthy people can be HIV positive, promote fidelity and HIV testing, and increase risk perceptions and social norms related to mixing alcohol and sex. The media component of the project will include airing of stimulating testimonials on television and radio and some outdoor print media. It will also involve adapting, advertising, and airing of some television shows about these issues on the main national TV channel, BTV. The campaign includes distribution of promotional materials as well, for use by community-based educators and others involved in the program. Approximately 50% of the program funds will go towards these mass media activities.

Community based activities
These media activities are complemented by a range of community based outreach activities, by the three organizations involved. PSI will continue to conduct community edutainment sessions and events involving local entertainment groups, for sensitizing the community on the issues and removing prevailing misconceptions about 'trust' developed on the basis of appearance and other extrinsic factors. Local theater is a primary means for relaying these themes and stimulating relevant dialogue within the community. In addition PSI will train a group of community based peer educators (e.g. hair dressers/salon owners/barbers, and community role models e.g. stars from sports/music/drama) to communicate on the risks associated with infidelity and multiple partnership and risky drinking to their respective clients and audiences.

The FBO partner (TBD) and HPP will strengthen existing CBOs, FBOs and support groups to discuss 'B' messages and impart life skills to address infidelity, for youth and adults (age 15-34). The FBO partner will focus on motivating and capacitating FBO leaders to discuss fidelity and infidelity in constructive ways in their work, as well as providing life skills to in and out of school youth, which specifically addresses cross generational sex, casual sex, and fidelity. Some workshops for couples will also be held by this partners. HPP, on the other hand, will mobilize CBOs, local administration and other support organizations, using trained community based Field Officers. These officers will motivate community leadership to speak out and act on these behaviors; will create forums in the community for conversations and reflection on these issues, to stimulate and support constructive community actions in support of reduction in partners and in risky drinking; and will conduct peer education in drinking establishments and other settings associated with multiple partnerships.

Continued Associated Activity Information

Activity ID: 4535
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: PACT
Funding Source: GHAI
Planned Funds: $ 400,000.00

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of organizations provided with TA on HIV-related institutional capacity building		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	0	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	8,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	300	☐

Target Populations:

Adults
Community leaders
Program managers
Secondary school students
Religious leaders

Key Legislative Issues

Gender

Coverage Areas

South-East

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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10025
Planned Funds:	$ 85,000.00

Activity Narrative: 07-P0207 Ministry of Labour and Home Affairs.

This activity has USG Team Botswana Internal Reference Number P0207. This activity links to the following: P0210 & P0224 & P0501 & P0504 & P0507.

This program aims to improve the effectiveness of HIV/AIDS prevention programs by strengthening program managers' capacity to fully mainstream gender into HIV/AIDS programs. The aim is to maximize the overall effectiveness of HIV prevention programs by discouraging negative gender stereotypes or myths, and by encouraging more equitable attitudes about men and women in Botswana.

With FY06 funds, the ongoing program is sensitizing 200 men and women in Ghanzi and Chobe Districts on gender and HIV/AIDS, and support the use of peer education, peer counseling and peer modeling strategies to educate others in the districts. FY06 funds support the development, printing, and distribution of age and orientation-specific, culturally appropriate IEC materials on gender and HIV/AIDS that target specific groups. Staff from 8 Women Sector member organizations are being trained on mainstreaming gender into HIV and AIDS programs, and the program is further strengthening the capacity of 10 psychosocial service providers on supportive counseling and service referrals for victims of gender based violence.

The program also is building capacity in 4 Women Sector secretariat (WAD) officers in areas where there is need (e.g. mainstreaming gender into HIV programs, program planning and management, strategic planning, monitoring and evaluation etc), so that the officers are able to provide technical assistance to the sector member organizations. It also provides capacity building to 10 men sector member organizations on peer education, peer counseling and peer modeling in order to reduce gender based violence, sexual coercion, increase male involvement and address male norms and behaviors. Finally the funds are supporting the employment of 1 program officer at C1 scale to coordinate activities funded under EP funds, on a 1 year (renewable) contract.

FY07 funds will continue to support these kinds of activities. The plan is to mobilize and sensitize 400 community members in Lobatse, Palapye, Maun and Tsabong on gender and HIV/AIDS through 4 regional workshops, 1 at each locality. These will be reinforced with community dialogues in kgotlas, discussion sessions, and other community forums. The program will reach out to the general population on gender and HIV through IEC strategies. These include packaging of messages in Sorghum bags, bus and kombi advertising, bill boards (stationary and electronic), TV and Radio spots, and license disks. In addition to these, print material like brochures, newspaper features, posters and calendars will be developed. The program will observe gender and/or HIV related commemorations like "sixteen days of activism against gender-based violence," International Women's Day, Consumer Fairs, and World AIDS Day and the National Women's Exposition. These will give the program mileage in raising awareness about gender issues and HIV/AIDS, and other gender-related issues like gender-based violence, spouse bartering, and others.

The program also will continue to strengthen and build capacity of available counseling service providers and their referral networks, so as to extend their reach and make them more efficacious. This will make counseling services accessible to everyone and curb gender related problems that help fuel the epidemic. The program will also engage a consultant to assess and develop a strategic plan and other comprehensive work plans to help guide the gender-HIV activities of the Women's Affairs Department. Throughout the plans described here, the program will seek to coordinate with and involve representatives of the men's sector.

Continued Associated Activity Information

Activity ID: 4800
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Labor and Home Affairs, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI

Planned Funds: $ 110,000.00

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

Targets

Target	Target Value	Not Applicable
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,600	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	40	☐

Target Populations:

Adults

Community leaders

Religious leaders

Key Legislative Issues

Gender

Coverage Areas

North-West

South-East

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCu025095
Prime Partner:	Ministry of Education, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10026
Planned Funds:	$ 900,000.00

Activity Narrative: 07-P0208 Ministry of Education school-based prevention.

This activity has USG Team Botswana Internal Reference Number P0208. This activity links to the following: P0206 & P0222 & P0224 & P0225 & X1309.

MOE: Curriculum Development and Evaluation Unit ($450,000)

The overall objective of the program is to impart life skills that will enhance the prevention of sexually transmitted infections (STI) and HIV/AIDS among all learners in Primary and Secondary schools in Botswana. The target population includes about 350,000 learners at Primary, 160,000 learners at Secondary, learners with special needs and disabilities, as well as about 15,000 teachers at Primary and 4,000 teachers at Secondary who will impart the life skills to the learners.

A needs assessment of selected schools around the country was done in 2002 and found that, while there was a curriculum in place to address life skills and HIV/AIDS Education, standardized skills-based materials were needed to efficiently facilitate the provision of life skills for HIV/AIDS prevention to learners. With the assistance of HHS/CDC/BOTUSA, Education Development Centre, Inc. (EDC), and MOE, new materials were developed that are based on an interactive process of teaching and learning that enables learners to acquire knowledge and to develop attitudes and skills that support healthy behaviors. The materials will enable learners to deal effectively with the demands and challenges of everyday life, especially in the advent of HIV/AIDS. The materials' content also prioritizes abstinence, delayed sexual debut, and when appropriate faithfulness and partner reduction. The materials are age- and culturally- appropriate.

To date, Lower Primary Standards 3 & 4 have been printed and are being distributed to Primary schools around the country. Printing of the upper Primary Standards 5 to 7 will begin soon, with partial support from FY06 funding. Two hundred Master trainers have also been trained, who will launch the training cascade that will ultimately reach a majority of teachers.

For FY07, USG will continue to support the printing of the materials and the training of teachers. Specifically, USG will assist with printing materials for junior and senior secondary levels (Forms 1-3, and Forms 4-5) and will support the teacher training cascade, through, for example, stipends for Master trainers and assistance with training logistics. These inputs complement the various human and financial resources provided the program by the MOE. USG will support an assessment of the roll-out process through a separate contract (P0225, TBD).

MOE: HIV/AIDS Coordinator Office ($50,000)

Part of this funding ($50,000) will be used to further strengthen coordination/collaboration of HIV prevention activities at the District/school level through the MOE's AIDS Coordination Office. In FY06, USG provided the AIDS Coordinators Office with funding to begin to develop guidelines for any agency that intends to work in or with schools for HIV prevention, and these additional funds will help continue that activity, including workshops, printing, and/or consultant fees.

FY 2007 PLUS-UP ($400,000): The Ministry of Education will print, package and deliver all of the materials for studens ant teachers in the Junior Secondary Schools and Senior Secondary Schools, in addition othe Upper Primary materials. Some of the funds willb eused for training as planned, but the majority will be used for printing, packaging and delivery to schools.

As May 2007 we will no longer use part of the funds ($50,000) to fund the HIV/AIDS Coordinator Office of the MOE. The Coordinator's Office has under-performed in their utilization of the FY 2006 funds, and continuation is unwarranted. All funds will go towards the life skills project, which can still absorb more funds in support of printing, distribution and teacher training.

Continued Associated Activity Information

Activity ID:	4791
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Education, Botswana
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 415,000.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	51 - 100
Training	10 - 50

Targets

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

Indirect Targets

Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence and/or being faithful: 250, 000

Abstinence only (sub-set of AB)
Number of individuals reached with community outreach HIV/AIDS prevention programs that promote abstinence: 250,000

Number of individuals trained to provide HIV/AIDS prevention programs that promote abstinence and/or being faithful: 23,200

Given the nature of USG support, all student and teacher beneficiaries will be counted as indirect. This is a change from FY06, in which we sought to attribute to USG direct targets, a proportion of students reached, in accordance with USG's contribution to the total costs of the program. After further review, we felt it was more appropriate to count all students and teachers who will participate directly in the Ministry's life skills program, as indirect targets for USG.

In FY07, we expect that at least the std 3 and 4 students and teachers as well as the upper primary (5-7) students and teachers, to be fully involved in the program. The total for those grades is: 519,380. 250,000 will be reached with abstinence only messages.

Target Populations:

Teachers
Primary school students
Secondary school students

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: AED
Prime Partner: Academy for Educational Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10032
Planned Funds: $ 915,950.00

Activity Narrative: 07-P0211 TBD-Civil Society Capactiy Building.

This activity links with activities P0212 to P0221, recipients of the technical assistance provided, as well as X1406, P0201, & P0202.

This is a continuing activity from FY05 and FY06. The award was initially made through USAID to Pact, Inc., to provide technical assistance and capacity building to civil society organizations (CSO) working in HIV prevention, care, and treatment. In FY07, USG will re-compete the program. Therefore, while this program's prime partner is "to-be-determined," this is in fact a continuation of an activity begun two years prior.

In Botswana, a main focus of Pact's work has been to strengthen Botswana-based Non Governmental Organizations (NGOs) that are conducting AB-focused, community-based HIV prevention interventions under the EP in Botswana. In supporting these organizations, Pact has also worked closely with the Botswana Network of AIDS Service Organizations (BONASO) and strengthened its capacity to become a leading partner in the HIV/AIDS response, and to expand its services provided to the sector in strengthening their areas of coordination, advocacy, organizational capacity building, strategic planning, monitoring and evaluation, and service delivery.

In FY07, the partner will continue to provide technical assistance to CSOs working in this program area, and on a limited basis, the partner will also provide assistance to improve the CSOs' organizational and management capacity. The partner will encourage all of the CSOs to network and create linkages with other organizations working in HIV care, prevention, and treatment, as well as with other relevant stakeholders including the GOB to improve collaboration and the coordination of services provided in Botswana.

Technical assistance in HIV-related service provision includes training and support for improvements in program components, such as peer education, use and adaptation of theory- and evidence-based curricula, IEC development, training basics, and other program themes. The content of the organizational development and program technical assistance will be guided by formal assessments of both, of the organizations funded under the grantee program. Already some of those assessments have been completed, and that kind of assessment of the priority needs will be ongoing, to inform the nature and content of the assistance provided.
Organizational development includes, for example, assistance with financial accounting, gender mainstreaming, Board development, and operational procedures.

Approximately $300,000 of the funds described in this table are reserved for in-depth technical assistance to other partners funded under the EP in Botswana for community-based AB prevention activities. Many of the needs across civil society groups are the same, and it would benefit our implementing partners to receive standardized, high quality assistance from a single source, rather than have multiple agencies providing technical assistance on the same topics, to different groups. Given the relatively small size of Botswana and the limited number of implementing partners, combining the trainings makes sense. The technical assistance should be provided through traditional means such as workshops, but also through study tours (if appropriate), one-on-one program consultation, peer-to-peer mentoring, and other methods that help organizations truly incorporate program improvements. The technical assistance is intended to be intensive.

Approximately $75,950 of the funds described will be given to new, existing, or previous Pact grantees, to help scale up successful programs or fund promising new grantees. These funds are available in FY07 because some grantees given awards in FY05 had two year contracts or dropped out of the grantee program. Therefore, in FY07, we expect to be able to allocate these funds to civil society groups. The grantee(s) will be determined at a later date.

Furthermore, approximately $200,000 of these funds will be used to select and fund a local umbrella FBO organization in Botswana, which will be funded to increase its networking activities among FBOs in the area of prevention and other HIV-related services and to increase its technical capacity to provide assistance and training to FBOs interested in improving the HIV prevention services they provide. This subgrantee will also then provide training to FBOs with support under this grant.

The targets provided below are cumulative totals of the targets from each organization receiving intensive TA, (P0212-221) and the anticipated targets associated with the unallocated grantee funds.

Continued Associated Activity Information

Activity ID: 4533
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: PACT
Funding Source: GHAI
Planned Funds: $ 1,400,000.00

Activity ID: 4534
USG Agency: U.S. Agency for International Development
Prime Partner: Pact, Inc.
Mechanism: PACT
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building	10	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	20,156	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	57,420	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,427	☐

Indirect Targets

Approximately 15,000 people will benefit from the training provided by the FBO networking organization, in terms of HIV prevention interventions carried out in those settings.

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: N/A
Prime Partner: African Methodist Episcopal Services Trust
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10034
Planned Funds: $ 66,483.00
Activity Narrative: 07-P0212: AMEST

This activity has USG Team Botswana Internal Reference Number P0212. This activity links to the following: P0203 & P0204 & P0205 & P0211 & X1406.

With EP funding, the African Methodist Episcopal Trust (AMEST) promotes HIV prevention, emphasizing abstinence and faithfulness, in the Lobatse district and its four surrounding villages. AMEST trains senior church leaders on HIV/AIDS, adolescent sexual and reproductive health (ASRH), and approaches for outreach and support for youth. AMEST utilizes the BCC manual developed by the African Youth Alliance (AYA) program and used in schools by the MOE. Trained leaders serve as trainer of trainers and establish programs within their churches to increase awareness of HIV/AIDS and youth-friendly ASRH services. Their activities include the dissemination of HIV prevention and AB messaging in sermons, prayer meetings, Sunday school sessions, and other related church activities. Trained leaders also use the kgotla and organize special events (World AIDS Day, advocacy rallies) for youth and adults to promote awareness on prevention and ASRH.

In addition to targeting church leadership, AMEST will also work directly with youth. The program trains youth from partner churches as peer educators to conduct outreach and prevention education among other youth in their congregations and communities. The training is a seven-day course, based on a YWCA (Young Women's Christian Association) curriculum, covering basic HIV/AIDS information, general ASRH, the delay of sexual debut, and decision-making.

AMEST encourages community participation in establishing and/or strengthening prevention initiatives. As such, the program works closely with church leadership and local authorities to provide recreation facilities that offer alternative safe entertainment and youth-friendly ASRH services. At the centers, peer educators will organize sports and entertainment, and will offer counseling and information on HIV prevention, abstinence, faithfulness and ASRH.

Geographic Coverage: Lobatse
Summary program objectives:
•To increase awareness among church leadership and enhance their participation in activities promoting ASRH with an emphasis on HIV/AIDS prevention.
•Improve knowledge, attitudes and skills of young people to prevent the spread of HIV/AIDS through ASRH promotion.
•Increase access to youth friendly HIV/AIDS and other ASRH services in Lobatse through establishing new and equipping existing youth-friendly community centers.

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 (a subset of total reached with AB)	3,300	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,785	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	165	☐

Target Populations:

Faith-based organizations

Children and youth (non-OVC)

Coverage Areas

South-East

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Nkaikela Youth Group
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10035
Planned Funds: $ 63,064.00
Activity Narrative: 07-P0215: Nkaikela Youth Program

This activity has USG Team Botswana Internal Reference Number P0215. This activity links to the following: P0211 & X1406.

Nkaikela Youth Group was established in 1998 with 17 members, and the organization was registered as an NGO in 2004. The initial goal of Nkaikela Youth Group was to strengthen the capacity of young women who are vulnerable to entering the commercial sex trade to overcome the social and economic obstacles that force them into sex work. The program was implemented through a peer outreach approach and involved 20 group members. This program is focused on the Tlokweng border as well as the Mphatlalatsane neighborhood. This area is a main truck stop for South Africa, Botswana, and Namibia.

A needs assessment conducted in Tlokweng in 2003 by Nkaikela indicated that 3% of children attending school (12-15 years old) engaged in commercial sex work. Therefore, new program components were begun to focus on youth and schools, to address this worrying finding. EP funds focus on these components.

The current program is based on peer education. Small groups of students are selected and trained as peer educators, using the AED Behavior Change Communication peer education manual. Peer educators are provided refresher trainings as well. Following these trainings, each peer educator are expected to assist fellow students to lead a healthy lifestyle. A participatory method is used to educate other students and expand upon their knowledge of HIV/AIDS, other sexually transmitted infections, stigma, gender roles and violence, and to develop or enhance their life skills. The main goal of the life skills approach is to increase youth's ability to take responsibility for making healthier choices, resisting negative peer pressure, and avoiding risky behaviors.

To date, six abstinence clubs have been formed in schools and meet weekly. Peer educators work with students to counsel them on sexual decisions and life plans to promote abstinence messages. The initial 5 peer educators mentor and train another 5 additional students so that by the program end, there will be a total of 30 active peer educators. Each of these 30 peer educators will reach out to 10 students.
In addition to facilitated discussions, peer educators distribute relevant BCC/IEC materials to fellow students. This program plans to develop a limited number of BCC materials that are age/ culturally appropriate. Each peer educator will keep a diary that details their own "progress" at remaining abstinent as well as documenting their outreach activities within the school. Peer educators will be mentored and supervised by the school counselor. The program officer visits each school once a month and reviews programmatic progress with the peer educators. These meetings will also serve as refresher trainings for peer educators if necessary. A selected number of students will also be involved in Youth-Parents partnership training. It is hoped that this training will prove to be an innovative way to further strengthen the program's life skills approach.

The FY07 funds will be used to train over 100 students in 4 primary and 2 community Junior Secondary Schools with a quality prevention messages/program by December 2007, and to provide AB messages to about 1500 community members who work and live in Tlokweng.

Emphasis Areas

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	1,320	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	119	☐

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas

South-East

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Flying Mission
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10037
Planned Funds: $ 69,479.00
Activity Narrative: 07-P0216: Flying Mission

This activity has USG Team Botswana Internal Reference Number P0216. This activity links to the following: P0202 & P0204 & P0211 & X1406.

The objective of this program is to prevent the spread of HIV in Botswana through character development training, with an emphasis on abstinence before marriage and faithfulness in marriage.

With FY06 funds, the program has run consultation meetings with village leadership structures (Chiefs, DACs, religious leaders, Village Development Committees etc.) to cultivate buy-in for program implementation. Ten life skills workshops were held using the Better Choices curriculum in 2 areas in Gaborone and 5 villages, and 375 peer educators were trained; these peer educators formed 10 abstinence clubs that will commence soon. Twenty-four of the 375 life skills teachers have been selected to attend a more advanced Life at the Crossroads life skills program and will be placed in schools to train in-school youth during Guidance and Counseling lessons, and also to program clients (orphans, patients, counselees, school classes, and church groups). This activity will reach at least 150 abstinence club members and 300 students in schools. A pre-test and post-test questionnaire was developed to measure changes in knowledge and attitudes during implementation.

The program faced several challenges during the past year, including delayed access to funding, and instances where the program implementation plan clashed with other activities in the coverage areas. Given these circumstances, in FY07 the program will continue to consult stakeholders for more buy-in and to ensure sustainability. The program will also identify and train an additional 100 peer educators using Better Choices life skills curriculum; it will select 200 graduates of the Better Choices training and train them in Life at the Crossroads life skills program. The expanded Life at the Crossroads life skills program pool of teachers will reach an expanded number of abstinence club members and 300 students in schools. The program will hold an annual workshop for the life skills teachers so they can to share ideas and information, network and to review the program. Through the use of the pre and post test questionnaire, any changes in knowledge and attitudes will be measured and documented. The program will undertake monitoring visits and provide on-the-job technical support.

Flying Mission collaborates with Campus Crusade for Christ. They are the curriculum designers and accredit the Life at the Cross Roads training workshop and certify participants.

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 (a subset of total reached with AB)	495	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	495	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	132	☐

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas

South-East

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Kgothatso AIDS Care and Prevention Programme
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10085
Planned Funds: $ 29,287.00
Activity Narrative: 07-P0217: Kgothatso Prevention and Care Program.

This activity has USG Team Botswana Internal Reference Number P0217. This activity links to the following: P0204 & P0211 & X1406.

The objective of this program is to reduce the incidence of HIV among church members and the community at large.

Since its inception, the Kgothatso Prevention and Care program has trained 25 church and community leaders on pre-marital and marital counseling, with a special emphasis on HIV and AIDS. The program has held a seminar on HIV and AIDS and Family Life Education and reached 30 parents, and conducted a marriage enrichment course for 15 married couples to promote strong marital relationships within the congregation and to promote AB behavior with married couples. The program has commemorated the National Month of Prayer Against HIV and AIDS. The activities carried out as part of the commemorations targeted different population segments: for youth, there were drama and music performances with HIV prevention themes; for men, there were discussion sessions covering AB and parent-child relationships; for women, there were discussion sessions covering BCC and parent-child relationships; and for children, there were information sessions covering basic facts on HIV and AIDS and age-appropriate AB messages. This activity reached 1,000 people. Also, a workshop on Parenting and Communication was held for 5 pre-school teachers, and a two-day camp for 50 youth on AB behavior, relationships and sexuality was held. Thereafter, an abstinence club was formed with 5 youth pledging abstinence for one year.

In FY07, the program will conduct training workshops for 40 pastors and church leaders in marital counseling. In FY06, only pastors and church leaders of Kgothatso's central circuit were trained. This training will expand to include all the other circuits in the area and, if possible, other regions of the country. Another 15 couples will be trained in the marriage enrichment course to strengthen their marital relationships and increase faithfulness. It is also hoped that they will reach out to other couples with the same message. The program will conduct parenting workshops with the aim of strengthening parent-child communication on matters of relationships and sexuality; 30 parents will participate. In addition, support groups and other activities for 30 single people and single parents will be held to promote abstinence or secondary abstinence. Age specific youth seminars will be held for 50 youth ages 13 – 21 to discuss issues of sexuality and AB behavior. The program will host a panel discussion on the risk factors for HIV transmission, the benefits of AB practices, as well as its challenges. This activity targets at least 100 members form different congregations in Gaborone and the community at large. Panelists will be drawn from different denominations. The month of prayer will be commemorated in September and activities will be those outlined in the above paragraph, with the hope that an additional 1,000 people will be reached through these activities. Also, HIV/AIDS education workshops will be conducted for 40 pastors and church leaders to increase their awareness on issues pertaining to HIV and AIDS. Lastly, age appropriate HIV and AIDS education interventions will be carried out for 50 Sunday school children with a special emphasis on abstinence.

The program collaborates with Seventh Day Adventist Church on the marriage counseling activity, Campus Crusade for Christ for life skills training for youth, and BOCAIP in pastor training on marital counseling.

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 (a subset of total reached with AB)	33	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	812	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	13	☐

Target Populations:

Adults
Faith-based organizations
Children and youth (non-OVC)
Religious leaders

Coverage Areas

South-East

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Youth Health Organization of Botswana
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10086
Planned Funds: $ 176,369.00

Activity Narrative: 07-P0218: Youth Health Organization.

This activity has USG Team Botswana Internal Reference Number P0218. This activity links to the following: C0901 & P0205 & P0209 & P0211 & P0220 & P0502 & P0504 & P0505 & X1406.

Using a Triple E: Entertainment, Education for Empowerment approach, in FY06 YOHO reached out to young people in more than 10 health districts: Gaborone, Ramotswa, Lobatse, Gantsi, Maun, Kasane, Tutume, Francistown, Selebi Phikwe and Serowe to build their skills, provide information, and motivate them to lead healthy, responsible life styles. A variety of innovative, participatory and partnership driven youth friendly activities were used to attain the program goal and objectives. The key messages were on abstinence, faithfulness and reduction of alcohol consumption delivered through theatre, life skills training and community based activities.

The key activities in FY06 ran consecutively throughout each quarter and included: Youth Summits (life skills and theatre trainings – quarterly), 4 trainings were conducted on quarterly basis for school going youth and school leavers. A total of 159 persons were trained (120 male and 39 female) on Peer-Theatre and HIV/AIDS communication in the areas of abstinence, partner reduction and reduced alcohol consumption. The trainings were conducted using the YOHO AED theatre and HIV/AIDS communication manual. The trainees produced four stage plays: one on alcohol and partner reduction and one on abstinence and safe blood donation and two on gender and health. The stage plays were performed during Dzalobana Bosele Arts festival and the Month of Youth against HIV/AIDS and at workshops and conferences reaching an estimated 35,000 persons (male- 21,000, female-14,000 and youth below 25 – 26,250) in 10 health districts during the Seboza Crew Road shows. The road shows mobilized community participation through outdoor events meant to encourage public discussion of HIV/AIDS issues. The mobile show unit uses videos, sound and a self powered stage to attract audiences who walk home after the session entertained, educated and empowered to act responsibly.

In addition, a total of 99,683 persons (estimated 59,810 males and 39,873 females, and 74,762 youth below 25 years) were reached through mass media: Seboza Talk with Yarona FM and the distribution of IEC materials. All of these activities were cost shared with other partners such as the private sector, UNICEF, and GOB. In addition, 11 YOHO staff and members were trained on grants management, monitoring and evaluation, and managing HIV prevention programs through the technical assistance of Pact Botswana and South Africa.

It is also important to note that through these activities YOHO exceeded its targets in terms of the number of persons reached, and cost shared the budget by more than the 10% expected minimum. In addition, YOHO was assigned national responsibilities for the year 2006-2007 as a result of its impressive performance in youth capacity building and community mobilization. Notable assignments include the appointment through the Youth sector and BNYC as the responsible affiliate member for Youth and Health interventions in Botswana, as well as the responsibility to organize, implement, and evaluate the Month of Youth against HIV/AIDS commemorations. In 2007, the Month of Youth commemorations will be celebrating a 10 year anniversary of active youth participation in HIV prevention in Botswana since the presidential directive that set the month aside to recognize that youth are at risk yet our window of hope.

To position itself for successful implementation and management of the Seboza Youth Program in FY07, YOHO proposes to intensify the trainings and take them to the participating districts as district based youth summits focusing on skills development for peer-theatre educators, and skills development in organizational management-financial, office procedures, income generation projects (of which we have training annuals on) to reach more youth at the district level and create a forum for youth-adult partnerships. District based youth summits will also provide an opportunity for more persons to be trained, and may be more cost-effective than a national youth summit as was the case in FY06. An estimated number of 8 trainings per year (2 per quarter) will be conducted targeting 200 persons (80 persons on organizational management, 20 per quarter; and 120 on life skills education,30 persons per quarter). Further, the Seboza road shows will be more easily managed with district based youth groups who have been trained as

peer-theatre educators. With this level of capacity, YOHO will now be able to run more Seboza Road shows at district level (1 road show per quarter reaching an estimated number of 10,000 persons; 40,000 reached annually). This will not only reinforce message delivery at the district level but will also provide a supportive environment for YOHO affiliate groups. The district-based approach will also assist our affiliates to reach out to villages next to the centre, as currently it seems the program is targeting only youth in main villages and towns according to several DMSACs in the participating 10 health districts. There is great need to expand our outreach and capacity building activities for our affiliate sites who in turn will multiply into schools, workplaces and nearby villages.

To ensure the professionalism, adequate scale, and sustainability of YOHO programs, YOHO's infrastructure needs to be able to sustain the activities beyond the program period. Through the National Youth Centre, YOHO has secured land on which to set up their offices. This will offset the monthly rental costs, provide more working space for staff, and therefore increase sustainability and quality of delivery. YOHO is sourcing additional funding to hire more staff members to assist in effective delivery of program activities and other national responsibilities.

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 (a subset of total reached with AB)	3,690	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	26,532	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	132	☐

Target Populations:

Community-based organizations

Children and youth (non-OVC)

Coverage Areas

Central

Ghanzi

North-East

North-West

South-East

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Young Women's Friendly Centre
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10088
Planned Funds: $ 38,635.00
Activity Narrative: 07-P0219: Young Women's Friendly Centre.

This activity has USG Team Botswana Internal Reference Number P0219. This activity links to the following: P0211 & P0504 & X1406.

The Young Women Friendly Centre (YWFC) educates and counsels youth and their peers, in Mahalapye sub-district, in HIV prevention through abstinence and faithfulness messaging. The program partners with schools to identify and train students as peer educators. Focused on AB messaging and BCC, the training empowers the students to facilitate clubs in their respective schools and educate their peers about positive behavior change. These clubs will meet weekly to learn about HIV/AIDS and depending on their ages, educate each other on life skills; organize outreach events; school HIV education sessions; implement income generating activities to raise funds for designated AIDS programs and groups; and discuss personal experiences. YWFC schedules exchange visits between school clubs to help link them with each other, motivate them and provide support. All activities will be conducted under the guise of the school guidance and counseling teachers and peer educators, but the end result is to have the communities own their clubs.

In addition to training students, YWFC also trains community members to conduct community mobilization in villages and clinics, bars and shebeens. The program provides basic and intensive training for youth and group leaders on peer education, HIV/AIDS, STIs, counseling, prevention through abstinence and being faithful, leadership, dissemination of information, and proper data collection methods. Trained community members will conduct community mobilization activities once a week in each village. These activities will include picture codes, dramas, role playing, songs and demonstrations. One-on-one counseling sessions will also be available at outreach sessions, where referrals to government health officials (for bereaved and crisis clients) and follow-ups will be encouraged. The counselors will also be offering supportive counseling of HIV status, stress management, pre test and post test counseling, positive living, and care for carers. IEC/BCC materials in both English and Setswana will be distributed to the community.

YWFC will include all trained individuals in the Ntswe Lengwe Network Database that will be distributed to clinics, schools and community groups so that the services and skills gained through Ntswe Lengwe are utilized and provided to those in need. In addition, the program will produce a quarterly newsletter that will inform the community of current outreach initiatives and activities, referral numbers, personal stories, HIV/AIDS and AB educational facts, comments from the village community members, and a "dear aunty" section for questions and answers.

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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	884	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	66	☐

Target Populations:

Children and youth (non-OVC)

Coverage Areas

Central

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: True Love Waits
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10090
Planned Funds: $ 40,093.00
Activity Narrative: 07-P0220: True Love Waits.

This activity has USG Team Botswana Internal Reference Number P0220. This activity links to the following: P0211 & P0218 & X1406.

True Love Waits (TLW) advocates abstinence education that is informed by social values and is sensitive to local cultural norms. In Ghanzi District, the program will target in- and out-of-school youth, and young church members. The program will strengthen and (in some cases, identify new) partnerships with area schools, churches and non-governmental organizations to provide tailored programs for focused outreach, education and training for youth ages 13- 29 years.
The program objectives are:
1. To promote abstinence as the best and 100% safe prevention against HIV/AIDS, STIs, teenage pregnancy, etc. and equip young people (13-29 years) to make sound and informed decisions. concerning sexual behavior, i.e. to choose abstinence (primary or secondary virginity) until marriage.
2. To build support structures for young people within schools and the community to maintain their virginity or abstinence pledge.
3. To develop culturally and socially appropriate IEC/BCC materials on abstinence.
4. To identify, train and support abstinence educators who will support abstinence clubs in schools.

In schools, the program will conduct a series of school-wide seminars including multi-media presentations, discussions, and referrals for additional counseling support. TLW utilizes several curricula (including Scriptures Union Zimbabwe's "Adventure Unlimited"; the "Sex Respect" video series; and, the "True Love Waits" guide) to tailor programs according to the needs and interests of partner schools and the local communities. The program also conducts specialized, follow-up training for a select number of youth (and teachers). Youth are trained as peer educators to provide awareness raising and support through outreach, referrals and the establishment of abstinence-only clubs. The abstinence-only clubs undertake school-wide and small group-based activities (informal drama such as role play, arts and sport activities) to provide youth opportunities to share and discuss abstinence-only messages. Trained teachers provide ongoing support to the abstinence-only clubs and serve as a linkage between the clubs and school management.
In churches, the program will conduct focused outreach to congregation leaders (including pastors and deacons) to support the promotion of abstinence among church-associated youth groups (including scripture unions). The program will conduct tailored seminars for identified youth group where peer educators will present to provide additional counseling and support.

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 (a subset of total reached with AB)	4,006	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	4,006	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	99	☐

Target Populations:

Children and youth (non-OVC)

Coverage Areas

Ghanzi

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Botswana Network of People Living with AIDS
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10093
Planned Funds: $ 83,334.00
Activity Narrative: 07-P0221: BONEPWA, Botswana Network of People Living With HIV/AIDS.

This activity has USG Team Botswana Internal Reference Number P0221. This activity links to the following: P0203 & P0211 & X1406.

BONEPWA partners with primary schools in the southern and central north regions of Botswana to provide HIV prevention and involve PLWHAs as role models. The objectives of the program are:
•To improve schools to be child friendly and gender sensitive community outreach resource centers for HIV/AIDS information and services on HIV/AIDS, sexuality and sexual reproductive health.
•To promote prevention of new HIV infections among young learners (both female and male) through their meaningful participation in HIV/AIDS prevention and life skills education.
•To ensure that child-friendly frameworks are operationalized to reduce the risk and vulnerability of young people to HIV/AIDS infection.

In 2004, the project, termed "Ringing the Bell," was pilot tested with the support of BONEPWA, UNICEF and GOB. With the success and lessons learned from that pilot, BONEPWA is expanding the project. These funds are part of the total budget for the program. The program places PLWHA field educators at schools, who identify and train students as peer mentors, and who help establish Anti-AIDS clubs and HIV/AIDS resources centers. BONEPWA works closely with guidance and counseling teachers to encourage their buy-in to the program and to ensure sustainability. These resource centers provide information on HIV/AIDS, prevention (including abstinence and fidelity), and healthy living. To date, the program has hired and trained PLWHA field officers and begun sessions in some schools. With the FY07 funds, BONEPWA will continue to sustain the program in schools across the two target districts supported by USG funds.

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 (a subset of total reached with AB)	2,218	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,218	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	17	☐

Target Populations:

Primary school students

Coverage Areas

Central

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	US Peace Corps
USG Agency:	Peace Corps
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10094
Planned Funds:	$ 170,000.00

Activity Narrative: 07-P0222: Peace Corps Life Skills Program.

This activity has USG Team Botswana Internal Reference Number P0222. This activity links to the following: C0818 & P0208 & P0224 & P0516 & X1402.

This entry represents the AB part of the program. The program's funding is split between the two program areas (AB and OP), at 85% and 15%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here.

Background
Over a three-decade period from 1966 to 1997, the majority of Peace Corps (PC) Botswana Volunteers (over 2000 in total) served as teachers, primarily at secondary schools. Batswana, including those at the highest circles of government, talk about the positive impact that an individual Peace Corps Volunteer (PCV) had on them during their formative years.

Since their return to Botswana in 2003, PCVs have taken on HIV/AIDS related assignments in district AIDS coordination, community capacity building (PMTCT/HBOC) and EP-supported NGO capacity building. Like their predecessors, many have gravitated to working on youth development activities such as supporting school clubs, running mentoring programs, spearheading sports and recreational activities, and organizing events such as Girls Leading Our World (GLOW) camps as secondary activities.

Overall Proposal
To expand upon what our current PCVs are doing and to help support HHS/CDC/BOTUSA efforts, the PC is proposing a life skills capacity building initiative, in collaboration with the MOE and other key partners working with youth in Botswana. In a nutshell, the idea is for a new group of fully dedicated "life skills" PCVs in FY 08 and current, interested PCVs assigned to other projects (now numbering 70) to support the implementation of the new MOE Life Skills materials (developed with the support of HHS/CDC/BOTUSA) through a mix of activities. This scope would include support to teachers within the classroom as well as activities outside the classroom and within communities. With respect to the campaign against HIV/AIDS, these efforts would be aimed at the development of decision-making and interpersonal skills on the part of young people, including the nature and timing of the onset of sexual activity on their part.

The PC would likely target its efforts to upper primary, junior & senior secondary students because these stages appears to be the critical ones in the development of life skills and precedes or coincides with the typical dropout juncture. A final decision will be made in collaboration with MOE and other stakeholders.

Minister of Education Jacob Nkate has pledged the support of his Ministry regarding the design of appropriate PCV contributions and interventions, training, and the prioritization of site placements, once MOE and PC finalize an agreement on the scope of PC's support to the broader MOE Life Skills effort.

FY 2007 Proposed Activities
In order to extend the work and impact of our current PCVs and to lay the groundwork for the initiative, PC will undertake the following activities in 2007:

(1)Two week-long trainings for our current PCVs in skills-based HIV prevention for youth;
(2)Placement of up to five third-year extension PCVs to help pilot the life skills initiative;
(3)Preparatory groundwork for the arrival of a group of 15 new life skills PCVs in April/May 2008

After the above-mentioned training, our current PCVs would be expected to undertake and/or support new or modified efforts inside and outside the classroom to reinforce the new Life Skills materials, with age-appropriate activities. PC will post the third-year extension PCVs, in collaboration with MOE, with a school or cluster of schools for a 12-month period starting in June 2007. They would be assigned full-time to life skills

capacity building within their host communities and undertake a range of activities, based upon MOE approval and community assessments:

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

In addition to the leadership at their respective schools, the PCVs will also report to either the Associate Peace Corps Director (APCD) or a Program Assistant in accordance with PC guidelines. The APCD will be responsible for the compilation of PCV reporting of their activities and providing the Mission EP team with a summary reports, based upon the Office of the Global AIDS Coordinator (OGAC) and Country Operational Plan (COP) requirements. In advance of the start of the initiative, HHS/CDC/BOTUSA, PC Botswana and MOE will establish appropriate reporting requirements for both life skills PCVs and those assigned to other projects that undertake life skills projects as secondary activities.

In consultation with MOE and HHS/CDC/BOTUSA, PCV will collaborate with other partners such as UNICEF that are involved in youth-related life skills development in order to maximize the impact of collective efforts and donor resources.

FY 2008 Proposed Activities
In 2008, PC would recruit, train and place 15 new PCVs to expand beyond the pilot phase launched in 2007—with up to five PCVs working at educational district level. Five third-year PCVs would also be recruited in 2008, to replace those who pilot the effort in 2007.

In consultation with MOE and HHS/CDC/BOTUSA, PC would place up to five of these 20 PCVs at the educational district level to assist in the development of monitoring and reporting capacity (e.g., systems and procedures, refinement of reporting formats and data requirements, and the compilation and synthesis of data). Such an assignment would allow these PCVs to assist with implementation activities at schools within their communities and would be housed, if possible, at or near these schools.

FY 2007 funds will support new and existing PCVs under the Life Skills project. Program expenses include PCVs 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 local staff positions to support this project. It would include the home leave costs for the third-year PCVs.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Information, Education and Communication	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 (a subset of total reached with AB)	120	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	638	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	60	☐

Target Populations:

Teachers

Primary school students

Secondary school students

Out-of-school youth

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	The Futures Group International
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10096
Planned Funds:	$ 25,000.00

Activity Narrative: 07-P0223: Students against HIV/AIDS, University of Botswana.

This activity has USG Team Botswana Internal Reference Number P0223. This activity links to the following: C0801 & P0210 & P0211 & P0515.

This entry represents the OP part of the program. The program's funding is split between the two program areas (AB and OP), at approximately 50% and 50%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here.

Society Against HIV/AIDS (SAHA) is an organization made up of a group of concerned University of Botswana (UB) students who decided to form an anti-AIDS club. The group realized that youth in Botswana were hard hit by the epidemic. SAHA's mission is to foster awareness of HIV/AIDS prevention among the UB community and to foster attitudinal and behavioral change to stop the spread of HIV/AIDS. SAHA was formally formed in 1999 and today has a membership of over 200 students. Some of the members have graduated and have gone to join the working world with the hope that they still continue to get involved in HIV/AIDS work outside the University system. Membership of the society is open to all registered students of the UB.

A priority intervention for the EP is ABY. University students and secondary school students require creative interventions taking into account current social challenges such as alcohol and drug abuse. These interventions need to ensure that the students are taken through the behavior change process. There must be a movement from awareness-raising to ensuring that students are directed to action.

Since 1999, SAHA has been working with students on HIV/AIDS prevention work in the UB campuses, the aim being to sensitize, inform and educate young people on HIV/AIDS issues. This was undertaken with the intention to encourage behavior change. Specific activities undertaken by SAHA in the past include:
•Promotion of VCT
•HIV/AIDS orientation workshop for new students
•Involving University students during the Month of Youth against HIV/AIDS, Month of Prayer, and World AIDS Day commemoration activities
•Conducting BCC campaigns
•Distributing HIV/AIDS materials
•Conducting outreach to secondary school youth.

In addition to continuing this work, in FY07 SAHA proposes to undertake three new activities: 1) Conduct a telephone interview with past SAHA members to track their post-graduation involvement in the HIV/AIDS field, 2) collaborate with Marang Child Care Network Trust to develop a "Big Brother/Sister" mentoring program which will link SAHA members who volunteer with one OVC (matched by gender) as a scale up of the secondary school outreach program. Research has shown that OVCs who receive direct psychosocial support cope better and stay in school longer than those not receiving such support. The SAHA members will pledge to provide tutoring at least twice a week for 6 months to an OVC, thereby providing educational, prevention, and psychosocial support to the child, and; 3) support SAHA to establish an alumni program or network for keeping SAHA members active in HIV/AIDS prevention programs post-graduation. Members of the "Active Alumni Program" can also participate with current SAHA members in the "Big Brother/Sister Program" as previously explained above.

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	51 - 100
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 (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	2,500	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	25	☐

Target Populations:

Secondary school students

University students

Coverage Areas

South-East

Table 3.3.02: Activities by Funding Mechanism

Mechanism: ODC/BDF
Prime Partner: Botswana Defence Force
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10097
Planned Funds: $ 115,000.00
Activity Narrative: 07-P0226: Botswana Defense Force.

This activity has USG Team Botswana Internal Reference Number P0226. This activity links to the following: P0210 & P0510.

The EP in Botswana also is supporting activities with the BDF in numerous other areas: CT C0905, Laboratory T1203, ARV Drugs T1110, and Strategic Information T1107.

This entry represents the AB prevention part of the program. The program's funding is split between the two program areas (AB and OP), at 55% and 45%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here.

For the past two years, PSI has carried out this activity and has built a core of peer counselors within the BDF who are reaching the vast majority of the troops. It has also run the only media campaign directed at military personnel.

This activity using FY07 funds will continue to support execution of the BDF 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 peer level educational programs to effect behavior change to reduce high risk behavior among soldiers serving in the BDF.

The primary implementing partner will be determined through the US Department of Defense (DOD) procurement and grant process. Specific focus for the FY07 behavior change program will build upon current efforts and will be focused on reaching the 18-24 year old age group. The program will include individual and group peer counseling sessions, community events, and mentoring by junior leaders in the BDF Sports program, and training of junior officers and non-commissioned officers serving at the platoon level in mentoring junior soldiers. Some activities will be conducted in the local language. A media campaign using both print and electronic media will be updated and continue as well.

The program will be continuously active at all permanent BDF camps, and will reach soldiers at deployment locations on a routine basis. The program will cover the following topics in order of emphasis: 1) partner reduction and fidelity, 2) correct and consistent condom use, and 3) HIV testing promotion. The program will include training or refresher training for 180 peer counselors, 50 platoon level leaders and leaders of 15 sports teams.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	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 (a subset of total reached with AB)	100	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	6,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	0	☐

Target Populations:

Military personnel

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Kweneng

North-West

South-East

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Botswana Christian AIDS Intervention Program
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10098
Planned Funds: $ 157,827.00

Activity Narrative: 07-P0213: Botswana Christian AIDS Intervention Program, BOCAIP.

This activity has USG Team Botswana Internal Reference Number P0213. This activity links to the following: C0908 & C0912 & P0202 & P0203 & P0204 & P0211 & P0504 & X1406.

Objectives
BOCAIP provides comprehensive counseling and support to community members. BOCAIP network centers and satellites provide training on HIV/AIDS and prevention for pastors and youth, and facilitate outreach and counseling activities for the community. The program is active in Gaborone, Lobatse, Kanye, Molepolole, Francistown, Selebi Phikwe, Masunga, Maun, Serowe Tsabong, Gantsi, and Ramotswa.

Through this funding, BOCAIP will sustain its contribution to the prevention strategies focusing more on behavior change interventions through provision of services at four of the already established centers. Implementation will be carried out at the following centers; Kgomotso in Tsabong, Keletso in Molepolole, Tshepong in Gaborone and Galagwe in Masunga.

The program's objectives are:
•To increase community's awareness of HIV issues and HIV services in the selected villages/towns where BOCAIP centers are situated.
•To promote education and discussions among couples and youth regarding sexuality and abstinence, including fidelity
•To promote de-stigmatization and undertake education programs that encourage use of HIV/AIDS services

Specific activities include:
Training of volunteer Pastors on issues of sexuality, relationships and fidelity
Volunteer pastors will be trained to facilitate discussions and promote HIV education among couples. Many people still find it difficult to talk about sex and consequently HIV prevention.

Couple Counseling and Marriage enrichment Workshops
Three of the BOCAIP centers in Serowe, Selibe Phikwe and Kanye have a relationship with the respective District Commissioners (DCs). DCs in these areas have an arrangement with BOCAIP centers to provide pre-marital and marital counseling services to couples who come to the office. Marriage enrichment workshop will also be conducted for couples at the 4 centers.

On site Counseling
This is a daily service to be offered by trained counselors on a one-on-one basis at selected sites to individuals who have undertaken voluntary testing services, and to family members to help them cope with their loved one's positive HIV status.

Community Counseling
The program intends to furnish individuals with information so as to enable them to make less risky choices. People will be encouraged to know their status, and those who are positive are encouraged to live positively and access HIV/AIDS services.

Church and Community Mobilization/Outreach
This involves presentations to the community. Outreach seeks to create awareness in the community of the facts about HIV/AIDS. The outreach aspect of this program will also seek to challenge individuals to make positive decisions about their sexuality and access existing HIV/AIDS interventions. BOCAIP seeks to utilize two types of outreach: small-scale outreach, which has been the norm, and a large-scale approach. Counselors at each center normally demarcate areas in their localities to reach people at the household level to increase their awareness of HIV/AIDS issues.

Abstinence Peer- Mentors Training on Participatory Life skills based HIV education and implementation of youth sessions on Abstinence and Behavior
Life skills training is an effective education strategy which uses participatory exercises to teach behaviors to young people that help them deal with the challenges and the demands of everyday life. It includes decision making and problem solving skills, self awareness

communication, and interpersonal relations. In this program the approach will be used to help young people assess the individual and social factors that lower their risk of HIV transmission.

Stigma Reduction campaign during national Month of Prayer
Stigma is mostly related to passing judgment on the basis of one's behavior. There is a need to increase the community's awareness on how to ensure non–stigmatizing and non-discriminatory attitude towards PLWHAs, and how to assist those who have been stigmatized. All sites will hold campaigns within the month of September (declared as a National Month of Prayer).

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 (a subset of total reached with AB)	5,702	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	12,672	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	41	☐

Target Populations:

Adults
Children and youth (non-OVC)

Coverage Areas

Kgalagadi

Kweneng

North-East

South-East

Table 3.3.02: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Humana People to People Botswana
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10099
Planned Funds: $ 69,479.00
Activity Narrative: 07-P0214: Humana People to People.

This activity has USG Team Botswana Internal Reference Number P0214. This activity links to the following: C0608 & P0211 & X1406.

The Mabutsane HPP program focuses on two primary strategies to reach, educate, and mobilize the community: a resource center and an out reach program. The resource center is in Khakhea and community members can access a variety of IEC materials and voluntary counseling and testing for HIV there. The outreach program is conducted by field officers who travel door-to-door in the communities, to promote behavior change (especially abstinence, partner reduction, fidelity, and related issues), HIV testing, and other service uptake. The officers meet every fortnight to report back, attend refresher courses, and share experiences.

The program supports community activities to develop and implement behavior change campaigns and to carry out training activities, such as on positive living and advocacy (stigma reduction). As part of its comprehensive approach, it also supports PLWHAs, through income generating skills and other means.

The program collaborates closely with the District Health team, District Multi Sectoral AIDS committee (DMSAC), Village Health Teams, Village Development Committees, Social Workers and the Village Multi Sectorial AIDS Committee. The program also works with local leaders like chiefs and councilors of the villages. The program has employed 5 center officers and 28 outreach officers in partnership with Pact South Africa and ACHAP. DMSAC is paying salaries for 21 outreach officers, while EP funds support 7 outreach officers.

To date, the program has trained 39 people, reached 48 local leaders, supported the formation of one PLWHA support group, and mobilized 1,165 people through visits to 1,082 households.

FYO7 activities include the following: Training support groups, local leaders, continuation of door-to-door activities, talk shows, counseling and testing at the center, mobile testing, school and workplace programs, church programs, opinion forming activities, research and record of herbs and herbal remedies, community libraries and Children holiday camp to discuss HIV and AIDS. In all, this program provides HIV prevention services to an under-served area of Botswana, along with essential referrals to critical programs such as PMTCT and HIV testing.

The program aim is to extend coverage with GY07 funds. Specifically, if funding permits, the program will reach out to Kweneng West sub district with 11 small villages that are chronically underserved with HIV prevention programs.

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 individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	112	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	3,036	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	11	☐

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas

Southern

Table 3.3.02: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	United Nations Children's Fund
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	10104
Planned Funds:	$ 0.00
Activity Narrative:	06-P0225: UNICEF

This activity is continuing in FY07, with no additional funds requested.

This activity is a needs assessment, in that it provides assistance to a program 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
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs 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: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10158
Planned Funds: $ 30,000.00
Activity Narrative: 07-P0290-HQ: Technical expertise and support.

This activity has USG Team Botswana Internal Reference Number P0290.

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

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

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

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 10159
Planned Funds: $ 231,812.00
Activity Narrative: 07-P0290-P: Technical expertise and support.

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

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

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

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.02: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Local Government, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB
Program Area Code: 02
Activity ID: 12280
Planned Funds: $ 100,000.00
Activity Narrative: 07-P0504: MLG – supporting prevention activities on the district and village level.

This activity has USG Team Botswana Internal Reference Number P0504. This activity links to the following: P0207 & P0213 & P0218 & P0219 & P0514 & X1402.

This activity is a continuation of a program proposed first in the FY05 COP, to make additional funds available at the district level, where there is often a chronic shortfall in funding for local activities for HIV prevention. These additional funds will continue to support 5 districts to implement HIV prevention activities outlined in their Annual Comprehensive District HIV/AIDS Plans.

FY05 funding in the pipeline for this activity will be available to districts in the near future. The FY06 funds for this program will be re-allocated, given the funding delay for FY05; therefore the districts will use the FY05 funds and then receive FY07 funds next.

FY07 funds will be used for the following activities:

- Support to community theater groups to perform in schools and at community events
- Sensitization workshops on HIV prevention and alcohol use for village leaders
- Support for a village-based abstinence pageant
- Workshops for traditional healers in HIV prevention
- Support for peer education programs in local small businesses
- Support for localized HIV testing campaigns, by the local Men, Sex, and AIDS group

Specific activities vary widely but all focus on HIV prevention, both AB or OP topics. The activities tend to be small scale and involve community-based organizations (CBOs) or district health team officials and are determined by local planning bodies and the District AIDS Coordinator (DAC).

The following five districts were selected by the Ministry of Local Government (MLG) for funding by HHS/CDC/BOTUSA and are expected to continue to be participants in this program:
Boteti Sub-district in Central District
Mahalapye Sub-district in Central District
Letlhakeng Sub-district in Kweneng District
Kanye-Moshupa Sub-district in Southern District
Masunga Sub-district in Northeast District

Targets provided here are based on estimates provided in FY05.

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

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	200	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	5,000	☐
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful		☑

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas

Central

Kweneng

North-East

Table 3.3.02: 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:	GHAI
Program Area:	Abstinence and Be Faithful Programs
Budget Code:	HVAB
Program Area Code:	02
Activity ID:	12281
Planned Funds:	$ 65,000.00
Activity Narrative:	07-P0514: NASTAD – assistance for district prevention program.

This activity has USG Team Botswana Internal Reference Number P0514. This activity links to the following: P0504 & X1402.

NASTAD has supported the MLG for 3 years, to build capacity in planning, monitoring, and program implementation among District AIDS Coordinator (DAC) offices. In FY06, they increased the staff placed in the MLG – AIDS Coordinating Unit, to provide more continuous assistance to districts, and now have two NASTAD-supported staff persons working from the MLG headquarters (one local, one international hire).

With these funds, NASTAD will hire an additional staff person (local hire) to provide more intensive oversight and technical assistance to the five districts which receive implementation funds from USG (P0504). The staff person will assist those 5 district offices with planning, reporting, budgeting, and program monitoring, and will help coordinate and/or provide technical assistance for those districts in the area of prevention (e.g. organize a few short trainings on relevant prevention topics). The officer will also serve the general functions that the other NASTAD officers serve, in terms of building the capacity of other Ministry district representatives. We expect that approximately 50% of this person's time will be focused on the 5 districts, while the remainder will be spent supporting the other district-level capacity building efforts that NASTAD provides.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of organizations provided with TA on HIV-related institutional capacity building		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful		☑
Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	10	☐

Target Populations:

National AIDS control program staff

District Multi-Sectoral AIDS Committees Capacity Strengthening

Coverage Areas

Central

North-East

Southern

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: $ 1,500,000.00

Program Area Context:

Statistics
Botswana is a country with a population of approximately 1.7 million people. Its HIV prevalence is among the highest in the world. In 2004, the Botswana AIDS Impact Survey (BAIS II) estimated the overall prevalence at 17.1%. The latest antenatal clinic sentinel surveillance survey, conducted in 2005 among pregnant women ages 15 – 49 years, showed a prevalence of 33.4%.

The National Blood Transfusion Service (NBTS) is part of Laboratory Services within the Ministry of Health (MOH). It operates from two centers in the country, one in the capital city Gaborone and another in Francistown. These centers are tasked with meeting the annual demand for 40,000 units of blood. The entire country depends on the services of these two national transfusion centers for the collection and screening of blood to maintain a safe blood supply.

The quantity of blood collected nationally has steadily increased from 12,000 units (30% of target) in 2003 to 15,582 units (40%) collected between April 2004 and March 2005. The latest reporting period indicated a further increase to 20,600 units (52%) collected between April 2005 and March 2006. NBTS has also managed to reduce HIV prevalence in donated blood from 9% to 4% during the same period. The NBTS plans to reach a target of 22,000 blood units by the end of FY06 and 30,000 blood units by end of FY07. They intend to reduce the HIV prevalence in donated blood to 3% by the end of FY06 and to 2% by end of FY07.

In Botswana, 100% of blood is collected from voluntary, non-remunerated blood donors. All donations are tested for Transfusion Transmissible Infections (TTIs) including, HIV, Hepatitis B, Hepatitis C and Syphilis. While in 2004, 9.9% of collected blood was discarded due to TTIs, it was reduced to 4% during the last reporting period (2005/2006).

In 2003, the Safe Blood for Africa Foundation (SBFA), working in collaboration with the Botswana MOH, embarked on a Blood Safety and Youth HIV Prevention program funded by the African Comprehensive HIV/AIDS Partnership (ACHAP). SBFA continues to provide technical assistance, and ACHAP will continue to support the youth component of the project until 2008. All prevention/medical transmission/blood safety activities are aligned with the National HIV/AIDS Strategic Framework (Goal 1, Objective 1.3) and the Emergency Plan (EP) 5-year Strategic Plan for Botswana.

Services
Since 2004, the United States Government (USG) has supported MOH and the local consultant SBFA through Track 1 funds.

Strengthening the safe blood supply
To make the blood supply safer a number of activities will be conducted, including:
a) Establishing a pool of regular blood donors. These are blood donors who donate at least twice a year. Most donors are school children at least 16 years of age recruited to give blood, or older youth recruited through youth groups. This approach targets HIV negative donors in this low-prevalence population; many of these donors are between 16 and 18 years old. The NBTS uses "Pledge 25 Clubs" to recruit and retain in-school and out-off school youth. Club members pledge to donate 25 units of blood in their lifetime or 20 units by the age of 25. The general public is being educated on the importance of blood safety through radio, TV, public meetings, posters and information leaflets.

b) Assessing the suitability of prospective blood donors. All donors complete a standard pre-donation questionnaire and undergo a basic medical check before blood donation.

c) Providing post-donation counseling to all donors.

d) Testing of all donated blood for TTIs. All blood is tested for HIV, HBV, HCV and Syphilis.

e) Purchasing appropriate equipment. Equipment necessary for collection, processing, and storage of blood and blood products is being purchased for the 2 blood transfusion centers and 28 hospital blood banks.

f) Recruiting appropriate staff. By the end of FY06, 32 staff will have been recruited.

g) Construction of blood donation center and laboratory for collection, testing, and processing. Renovating the national and regional blood transfusion centers in Gaborone and Francistown respectively.

h) Establishing hospital transfusion committees. Hospital transfusion committees have been introduced in 28 hospitals.

Training

In most cases training technical assistance is facilitated and provided the SBFA. During FY05, a total of 95 NBTS personnel were trained in transfusion medicine including the following: 1) 6 NBTS staff were trained in the development of a national blood donor recruitment program, 2) a one-day training workshop on "Updates in Transfusion Medicine" with 74 participants, 3) a three-day training course for 10 medical doctors from Botswana's two referral hospitals and three district hospitals in Advanced Trauma Life Support to promote the rational use of blood, and 4) 5 NBTS staff were trained in basic project management. With FY06 funds, 240 health care workers including NBTS staff will be trained in different aspects of blood transfusion service.

During FY07 a total of 146 NBTS personnel will be trained, including 60 laboratory staff, 17 blood donor counselors, 5 blood donor recruiters, 32 nurses and 32 doctors.

Management and Supervision of hospital blood banks

Training courses are conducted for standardization of procedures (SOPs) in the various national blood transfusion outlets, (n=30) and to build capacity for its staff. The quality officers will do regular supervisory visits to these 30 blood transfusion outlets.

System for data recording and monitoring
All data were recorded manually until June 2006. The newly introduced Blood Management Computer System (established with FY06 funds) will enable capture and analysis of detailed information on donor records and on all units of blood collected, discarded, damaged.

Policy
A national policy on blood transfusion and clinical guidelines for the use of blood and blood products do exist. Currently there are no national regulations such as a legislative act for NBTS. Both the policy and the clinical guidelines will be reviewed in FY07.

Challenges and gaps

Blood utilization

Hospital transfusion committees have been introduced in 28 hospitals. However, only three of these hospitals have functional hospital transfusion committees. With no system in place to monitor blood use, it is difficult to monitor the number of unnecessary blood transfusions.

Construction issue

Renovation of the new Gaborone center will be completed in FY06, and the Francistown Blood Transfusion Centers will be constructed in the FY07 period.

Program Area Target:

Number of service outlets carrying out blood safety activities	30
Number of individuals trained in blood safety	212

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Track 1-Technical Assistance
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8054
Planned Funds: $ 300,000.00

Activity Narrative: This activity is linked with P0301 & P0303

The NBTS, by using FY05 and FY06 EP funds, is completing the following activities 1) renovations of the NBTC in Gaborone, 2) purchase of equipment and 6 specialized vehicles, 3) recruitment of National Blood Transfusion Service Staff, 4) training of 124 individuals in blood safety, 5) training of 30 hospital blood bank staff, 6) establishment of hospital transfusion committees in 11 hospitals, 7) establishment of a call center, 8) development of IEC materials (information leaflets, bill boards), 9) development of a television advertisement, 10) conduct of 14 in-school Pledge 25 workshops, 11) raising of public awareness on blood donation in 16 villages, and 12) development of 2 newsletters to promote safe blood transfusion practices.

In FY07, the activities will build on activities from FY05 & FY06 to further strengthen blood safety in Botswana, in line with the 5-year strategic plan. Donor recruitment and retention will be achieved through community mobilization/participation. In collaboration with SBFA, the NBTS will develop and implement a national advertising campaign to create community awareness of blood transfusion and its importance, and recruit low risk members of the community to enroll as blood donors. Additional work will include building community awareness and blood donor recruitment and selection skills at schools and NGOs.

The blood donor recruitment section will conduct community-based workshops to promote awareness of importance of blood donation and blood safety, and to extend the establishment of "Pledge 25 Clubs" in order to recruit and retain youth as regular, safe blood donors. This will be achieved through 8 public meetings at 8 villages, introducing in-school "Pledge 25 Clubs in 14 schools, and canvassing the support of 4 NGOs in 8 districts to promote out-of-school "Pledge 25 Clubs". The advertising campaign will promote a culture of safe blood donation through education of the general public using TV, radio, billboards and other IEC material. To address donor retention, NBTS will award blood donors small tokens of appreciation by giving them donor recognition items like certificates, caps, pins and t-shirts after giving a certain number of blood donations.

Commodity procurement is directly related to adequate safety in blood centers and hospital blood banks through the purchase of standard reagents and supplies. At present, the NBTS infrastructure is inadequate, and to address this in FY07, there are plans to construct a blood transfusion center in Francistown, in collaboration with the Regional Procurement Service Office (RPSO), Department of State based in Frankfurt Germany. In the interim, the NBTS will continue to rent premises in Francistown and Gaborone until the new centers can be occupied. NBTS will relocate the Gaborone laboratory and blood collection centre to the renovated NBTC when it is complete. NBTS will purchase 4 additional vehicles, recruit 4 drivers, and continue to pay the salaries of 32 Blood Safety project staff.

In collaboration with SBFA, 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 60 laboratory personnel, 16 blood donor counselors, 3 blood donor recruiters, 32 nurses and 32 doctors. Training will focus mainly on aligning the quality system to meet accreditation requirements set by the Quality Unit. Quality assurance and supportive supervision form an important part in strengthening the NBTS. The quality officer will conduct supervisory visits to 28 hospital blood banks once a year, and quarterly visits to the regional transfusion center. These are essential to ensuring blood safety and effective implementation of the quality management system. The blood transfusion policy and guidelines will be reviewed in collaboration with all the stakeholders, and the development and effectiveness of hospital transfusion committees will be assessed to promote the rationale use of blood.

The monitoring and evaluation (M&E) plan will be updated to cover activities for FY07. Technical and stakeholder meetings will be conducted regularly to monitor and evaluate the progress of the planned activities.

Continued Associated Activity Information

Activity ID: 4455
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Information, Education and Communication	10 - 50
Infrastructure	10 - 50
Quality Assurance, Quality Improvement 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 carrying out blood safety activities	30	☐
Number of individuals trained in blood safety	0	☐

Indirect Targets

Community mobilization is expected to substantially increase voluntary blood donations in 2006, and continue into 2007. The National Blood Transfusion Service is aiming at increasing its annual blood collections from 20643 to 30 000 units by 2008. The total blood collections increased from 13,210 to 20,643 (March 2006). HIV prevalence in donated blood has reduced from 5.69 % to 4% (March 2006). The aim is to reduce the HIV prevalence to 3% by 2007; by 2008 it is expected to be at 2%. The total discard rate due to Transfusion Transmissible Infections reduced from 9.9 % to 7.5% (March 2006); the service aims at reducing this further to 5% by 2008.

Target Populations:

Community-based organizations
Doctors
Nurses
Teachers
Laboratory workers
Other Health Care Worker

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: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8055
Planned Funds: $ 400,000.00
Activity Narrative: Activity linked to P0302 & P0303

SBFA, by using FY05 and FY06 EP funds, has assisted the Botswana NBTS to 1) complete renovations of the NBTC in Gaborone, 2) purchase equipment 3) recruit Blood Transfusion Service Staff, 4) train 124 individuals in blood safety, 5) train 30 hospital blood bank staff, 6) establish hospital transfusion committees in 11 hospitals, 7) establish a call center, 8) develop Information Education and Communication (IEC) materials (information leaflets, bill boards), 9) develop a TV advertisement, 10) conduct 14 in-school "Pledge 25 Club" workshops, 11) raise public awareness on blood donation in 16 villages, and 12) develop 2 newsletters to promote safe blood transfusion practices.

In FY07, the activities will build on FY05 and FY06 activities to further strengthen the NBTS in line with the 5-year strategic plan. Donor recruitment and retention will be achieved through community mobilization/participation . SBFA will assist in the development and implementation of a national advertising campaign to recruit low risk members of the community to enroll as blood donors and assist in the coordination of pledge 25.
The major emphasis during FY07 will be for infrastructure development. SBFA will provide technical assistance in completing the renovation of the NBTS transfusion centre in Gaborone, and provide support and assistance during the NBTS relocation to the new facility. SBFA will also provide assistance for construction of the Francistown regional blood transfusion centre by RPSO. SFBA will continue to provide technical assistance and support for manufacturer and supplier of laboratory reagents and consumables to improve donor testing.
SBFA will continue the in-service education program it began in 2005 for NBTS staff. Topics include blood donor recruitment, donor counseling, blood collection, testing systems, component production, labeling, storage, distribution, hospital blood banking, and quality assurance. These trainings will reach 60 laboratory personnel, 16 Blood Donor Counselors, 3 Blood Donor Recruiters, 32 Nurses, and 32 Doctors. Competence in these areas for these personnel categories is essential to ensure blood safety and effective implementation of a quality management system. SBFA will facilitate the review of the national blood policy and the clinical guidelines for the use of blood and blood products, and follow-up with existing hospital transfusion committees. Monitoring and evaluation procedures require participation in routine as well as specific operations; thus the continuing and effective participation in regular stakeholder and technical group meetings is a major contribution to maintaining a regular monitoring and evaluation process. SBFA will provide supportive supervision in the implementation and monitoring of action plan. Sustainability is dependent on achieving all the above objectives and demonstrating that an effective, high quality blood transfusion operation can be developed and maintained in the Botswana environment.

Continued Associated Activity Information

Activity ID: 4807
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Safe Blood for Africa Foundation
Mechanism: Track 1
Funding Source: N/A
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement 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 carrying out blood safety activities	32	☐
Number of individuals trained in blood safety	143	☐

Indirect Targets

Community mobilization is expected to substantially increase voluntary blood donations in 2007, and continue into 2008. The blood safety partners are aiming for an increase from 206 000 units in 2006 to 30 000 units of collected blood per year by 2008. This should be accompanied by a decrease in the prevalence of HIV positive blood donations and other transfusion transmissible infection markers, reflecting careful donor selection. This will be a result of improvements in recruitment and counseling following donor staff training and quality developments introduced by the blood safety partners.

Target Populations:

Community-based organizations
Doctors
Nurses
Teachers
Laboratory workers
Other Health Care Worker

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: Central (GHAI)
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 8064
Planned Funds: $ 700,000.00
Activity Narrative: This activity links with P0301 & P0302

At present, the Francistown regional blood transfusion center infrastructure is inadequate, and the blood donor center is currently renting premises in the city center. The blood transfusion laboratory is operating from a porta cabin on the Nyangabgwe hospital premises, and the processing is done on a small bench in the Nyangabgwe hospital laboratory. During FY07, the Department of States's RPSO will work to improve the infrastructure by facilitating the construction of a blood transfusion center in Francistown. The NBTS will continue to rent premises in Francistown and Gaborone until new centers are available.

This activity is linked to the HIV/ AIDS five year strategic plan (2.2.3), improving the infrastructure of the National Blood Transfusion Center.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Table 3.3.03: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 10161
Planned Funds: $ 25,000.00
Activity Narrative: 07-P0390-HQ: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number P0390.

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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 carrying out blood safety activities		☑
Number of individuals trained in blood safety		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.03: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Medical Transmission/Blood Safety
Budget Code: HMBL
Program Area Code: 03
Activity ID: 10162
Planned Funds: $ 75,000.00
Activity Narrative: 07-P0390-P: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number P0390.

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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 carrying out blood safety activities		☑
Number of individuals trained in blood safety		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

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: $ 380,413.00

Program Area Context:

Statistics
In Botswana, 26% of healthcare workers sustain sharp object injuries annually, which may expose them to occupational infections such as human immunodefiencey virus (HIV) and viral hepatitis. A study conducted by John Snow International Research and Training Institute, Inc. (JSI) in 2004 in selected health facilities found 23% of injections administered in the facilities in were unnecessary, that is, administered without medical justification. Data also indicate that 82% of injections administered are taken from new, unbroken sterile packets. However, used syringes were poorly disposed of.

Services
With United States Government (USG) support, John Snow International Research and Training Institute, Inc. (JSI) and its subcontractors, Program for Appropriate Technology in Health (PATH) and Academy for Educational Development (AED) are supporting the Ministry of Health (MOH) to strengthen the existing injection safety systems and promote safety of healthcare workers, patients, and the community.

The Making Medical Injections Safer (MMIS) program is currently working in four districts, covering 103 health serving approximately 380,000 people. In FY07, MMIS is planning to scale up its interventions to 10 new health districts. MMIS will also extend its services to the Botswana Defense Force (BDF) during the FY07 implementation period.

Capacity building, support, and training
By July 31, 2006, a total of 2,350 healthcare workers including nurses, doctors, laboratory and dental staff, pharmaceutical staff, lay counselors, environmental health staff, healthcare waste handlers had been trained in infection prevention and control and injection safety (IPC/IC).

In FY07, MMIS will continue to provide trainings to improve IPC/IS knowledge, competency and skills of healthcare workers. Training will target 5,000 additional healthcare workers in ten districts, as well as the BDF Health Corps covering 236 health facilities; serving approximately 434,000 people.

A Trainer of Trainers on IPC/IC will be identified in each expansion district to support the MMIS training initiative. Other major activities will include harmonization of MMIS interventions with in-country programs and partners to ensure a sustained approach to IPC/IS efforts; completion and dissemination of a training handbook, and development of job aids and other teaching aids to augment the handbooks.

Logistics and injection commodity management
The primary focus for this intervention has been in two districts where the MOH and MMIS are implementing the use of retractable syringe technology to prevent needle-stick injuries. In September/October 2006, MMIS will measure the impact of this technology during the previous year.

For FY07, MMIS will focus on establishing a state-of-the-art logistics management information systems at district level to assist districts and Central Medical Stores (CMS) with appropriate management and utilization of medicines and injection equipment. MMIS will support CMS, the Botswana Essential Drug Action Program (BEDAP), and the Drug Management Unit (DMU) in advocating for the inclusion of injection devices on the essential drug list. MMIS with its partners will finalize the revision of the 2000 Botswana Drug Management Guidelines.

MMIS will establish a working relationship with the Supply Chain Management System (SCMS), to augment commodity management training and develop the logistic management information system.

Advocacy, behavior change and communications (BCC)
Advocacy and BCC for injection safety is aimed at promoting safe and necessary injections as a social and

professional norm. During FY05/06, several information education and communication (IEC) materials were developed with injection safety messages targeting healthcare workers, patients, and the community. Estimates suggest that 200,000 people were reached through various channels of BCC and advocacy messaging in the four districts.

For FY07 MMIS with its partners will develop a multi-year BCC and advocacy strategy to guide the scaling-up of injection safety messages.

Health care waste management
MMIS has been supporting the MOH, MLG and Ministry of Environment, Wildlife and Tourism to enforce its 1996 Code of Practice for Clinical Waste Management Healthcare Waste Management.

Health care worker safety
MMIS will finalize the IPC/IS policy during FY 06/07, and advocate for institutional administrative procedures and IPC guidelines to improve healthcare worker safety. MMIS will continue providing technical support to MOH and MLG to enforce the policy and safety issue at service distribution points. Additionally, MMIS will advocate for the introduction of mandatory vaccination of all health care workers against hepatitis B.

Informal health sector (Traditional Healthcare Practitioners)
A substantial proportion of Batswana seek medical services from traditional healers whose services sometimes result in skin punctures. To extend safety to all health providers, MMIS will work with the MOH and Humana People to People to raise awareness and train traditional health practitioners on safe medical practices.

Monitoring and evaluation
In FY07, MMIS will assess the effectiveness of retractable syringe use and conduct a follow-up health facility assessment in the pilot districts to gather information on the effectiveness of the intervention. A baseline and follow-up assessment in the expansion districts is also planned for scale-up of program activities. Supervision visits will be conducted on a quarterly basis with results reported quarterly to HHS/CDC/BOTUSA, MOH and MMIS/HQ. Other M&E activities include conducting an evaluation of BCC efforts through a community survey, as well as a drug utilization study (prescription record review) to look at injection use.

Linkages
MMIS/Botswana works closely with its in-country partners including the MOH, , MLG, and Ministry of Environment, Wildlife and Tourism.

MMIS implements its interventions through a collaborative and multi-disciplinary strategy aimed at cultivating lasting sustainable capacity for the in-country leadership. The MMIS interventions are implemented through consultation with the National Injection Safety Advisory Group (NISAG), and the three technical committees on BCC, the health care waste management, and logistics. MMIS will continue to foster this collaborative working relationship.

Sustainability
MMIS implements its activities using a consultative and multi-disciplinary approach to sustain the interventions. During FY07 MMIS will finalize the sustainability strategy and submit it to MOH.

Policy on Injection Safety
MMIS, in conjunction with NISAG and other partners, developed a national policy on infection prevention and control focusing on injection safety and sharps waste management. The policy is currently under review by healthcare workers in the country.

During the FY07 implementation period, MMIS will finalize the revisions of the Code of Practice for Clinical Waste Management, which has been in development since the initial phase of the program.

Challenges and Gaps
Injection-associated infections constitute a silent epidemic, because the initial phases of these infections are usually asymptomatic. Preventing HIV in medical settings requires a concerted national effort along with support from international communities.

MMIS is planning to expand its services despite a flat budget. MMIS has achieved its planned goals since

the inception of the program, and has increased health safety in the district where the program is being implemented.

In recognition of the importance of injection safety, in October 2004 the MOH directed the Occupational Health Unit to coordinate and integrate MMIS activities into existing MOH injection safety and infection prevention and control activities.

Program Area Target:

Number of individuals trained in medical injection safety	5,000

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:	Central (GHAI)
Program Area:	Medical Transmission/Injection Safety
Budget Code:	HMIN
Program Area Code:	04
Activity ID:	8053
Planned Funds:	$ 0.00

Activity Narrative: Activity links with C0906 & P0510 & C0905

Recent studies indicate that unsafe injection practices account for a substantial proportion of transmissible infectious diseases such as HIV and viral hepatitis. With funding from the EP, JSI and its subcontractors, PATH and AED are supporting the GOB through the MOH to strengthen the existing injection safety systems and promote safety of healthcare workers, patients, and the community.

This activity is a continuation from FY05 and FY06. The MMIS program is working in four districts, including Kgatleng, Lobatse, Kanye/Moshupa and Gaborone, covering 103 health facilities comprised of 5 hospitals, 62 clinics, and 36 health posts, and serving approximately 380,000 people.

1. Capacity building, support, and training:

By July 31, 2006, a total of 2,350 healthcare workers including nurses, doctors, laboratory and dental staff, pharmaceutical staff, lay counselors, environmental health staff, healthcare waste handlers had been trained in infection prevention and control and injection safety. MMIS will continue to provide trainings to improve the IPC/IS knowledge, competency and skills of healthcare workers.

In FY07, JSI will target 5,000 additional healthcare workers in the expansion districts (Jwaneng, Mabutsane, Good Hope, South East, Kweneng West, Mahalapye, Kgalagadi North, Tutume, Boteti) and Chobe districts. The health care workers will receive in-service training to provide them with skills in injection safety practices.

2. Logistics and injection commodity management:

In FY06, the primary focus for this intervention was in the Lobatse and Kgatleng districts where the MOH and MMIS are implementing the use of retractable syringe technology for one year to evaluate if its use can reduce the number of needle-stick injuries. In September/October 2006, MMIS will conduct an assessment on the use of retractable syringe technology during the previous 12month period.

In FY 07, MMIS will focus on establishing a state-of-the-art management information system at the district level to assist districts and CMS with effective management and utilization of medicines and injection equipment. MMIS will also support BEDAP, CMS. MMIS, with its partners (BEDAP, DMU and CMS will finalize the revision of "The 2000 Botswana Drug Management Guidelines."

3. Advocacy, behavior change and communications:

During FY06 several IEC materials were developed with injection safety messages targeting healthcare workers, patients and the community. Estimates suggest that 200,000 people were reached through various channels of BCC and advocacy messaging in the four districts.

For FY 07, with its partners MMIS will develop a multi-year BCC and advocacy strategy to guide scaling-up of injection safety messages. This will include an expansion of the scope of communication and advocacy efforts targeting the general public through strategically sequenced activities. MMIS will also discourage demand for unnecessary medical injections from patients, and encourage decision makers to adapt IPC safety measures for healthcare workers and patients.

4. Health care waste management:

In FY06, MMIS has primarily been supporting the GOB through MOH, MLG and Ministry of Environment, Wildlife and Tourism to enforce its "1996 Code of Practice for Clinical Waste Management Healthcare Waste Management."

During the FY 07 implementation period, MMIS will finalize the revision of the Code of Practice for Clinical Waste Management, which has been in development since 2004, which was the initial phase of the program. MMIS will work with partners to identify

methods of leveraging resources and strengthening healthcare waste management efforts.

5. Health care worker safety:

In conjunction with NISAG and other partners, MMIS developed a national policy on infection prevention and control focusing on injection safety and sharps waste management. The policy is currently under review by healthcare workers in the country.

MMIS will finalize the IPC/IS policy during FY 07, and advocate for institutional administrative procedures, and IPC guidelines to improve healthcare worker safety.

6. Informal sector:

A substantial proportion of Batswana seek medical services from traditional healers whose services sometimes result in skin punctures. To extend safety to all health providers, MMIS will work with the MOH's DHAPC - Traditional Health Practitioners' Program to raise awareness and train traditional health practitioners on safe medical practices. Linkage with activity C0906

7. Monitoring and evaluation:

in Sectember 2006, MMIS will conduct a follow-up health facility assessment in the pilot districts to gather information on the effectiveness of retractable syringe use. A baseline and follow-up assessment in the expansion districts is also planned for scale-up of program activities. Supervision visits are crucial to the evaluation of MMIS interventions and will be conducted on a quarterly basis with results reported quarterly to HHS/CDC/BOTUSA, MOH, and MMIS/HQ. Other M&E activities include conducting an evaluation of BCC efforts through a community survey as well as a drug utilization study (prescription record review) to look at injection use.

Scaling-up:

MMIS is planning to scale-up its interventions to ten new health districts [Jwaneng, Mabutsane, Good Hope, South East, Kweneng West, Mahalapye, Kgalagadi North, Tutume, Boteti and Chobe districts] by September 2007. MMIS will also extend its services to the BDF Health Corps starting from October 2006.

Sustainability: MMIS implements its activities using consultative and multi-disciplinary approach to sustain the interventions. During FY 07 MMIS will finalize the sustainability strategy and submit it to MOH. The sustainability strategy outlines how MMIS interventions will be integrated into government departments and programs at the end of September 2009.

Continued Associated Activity Information

Activity ID:	4820
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	John Snow, Inc.
Mechanism:	Track 1
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Logistics	10 - 50
Training	51 - 100

Targets

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

Indirect Targets

Community members residing in the vicinity of the health facilities participating in the MMIS project, community gatekeepers and civil societies will be targeted for injection safety awareness campaign. This is a behavior change and communications campaign through outreach programs such as interactive drama, choir, and integrated training of community leaders in injection safety. The rationale is to raise awareness about injection safety and create demand for safer medical practices in the health care settings. It is estimated that over 800,000 people will be reached by the end of September 2007.

Target Populations:

Public health care workers

Coverage Areas

Kgatleng

Southern

Central

Kweneng

South-East

Kgalagadi

Table 3.3.04: Activities by Funding Mechanism

Mechanism: JSI/MMIS
Prime Partner: John Snow, Inc.
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Medical Transmission/Injection Safety
Budget Code: HMIN
Program Area Code: 04
Activity ID: 14652
Planned Funds: $ 380,413.00
Activity Narrative: Additional Funds
JSI is requesting $380,413 additional funds to cover this shortfall and allow for the continued implementation of project activities. Below is a calculation of the funds required to maintain activities at the FY07 level: Program activities for the 12-month period of FY07 (Oct 06 – Sept 07) were budgeted at $664,104, a monthly burnout rate of $55,342. However, since no FY07 funds were released to MMIS, the project could only allocate $217,663 for program activities over the 9-month period June 07 – Feb 08. To continue activities, MMIS would require the additional $280,413 ($664,104 – 217,663) for the 9-month period June 07 – Feb 08. In preparation for expansion, an additional $100,000 will be required for equipment, materials and supplies.

Planned activities include
j. Consolidating of the achievements made in the 4 districts to ensure that the skills and competencies to achieve injection safety and infection prevention and control.
k. Scaling up its activities (except for the distribution of retractable syringes which requires MOH's decision due to budget implications) to ten new districts and Botswana Defense Force Health Corps. The targeted PEPFAR goal was to train 5,000 new healthcare workers in the current and new districts.

Table 3.3.05: Program Planning Overview

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

Total Planned Funding for Program Area: $ 2,763,695.00

Program Area Context:

Statistics

Among young people in Botswana, sexual activity tends to start in the 15-19 year range. While a large number of Batswana youth are abstinent, those who are not often have multiple partners. Condom use is reported to be fairly high among sexually-active youth. Intergenerational sex appears to be placing young women at higher risk of HIV than their male counterparts.

Among adults, having multiple sexual partners is also a serious concern. A survey from 2003 found that 20% of adults age 15-49 had had sex with someone else while in a relationship with one of their recent partners. The percentage of men reporting sexual concurrency was higher than that among women: 31% vs. 16%. Reported condom use at last sex is relatively high among adults as well, though significantly lower among married or cohabiting men and women, compared to those in other kinds of relationships. To date, there are no published data from Botswana about the sexual behaviors of people who know they are infected with HIV or on ARV treatment.

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

There are few data about the prevalence of transactional sex, but qualitative research suggests this is not uncommon in some parts of Botswana. Virtually no respondents to BAIS II Survey (2004) reported exchanging money or gifts for sex, but sex work is available and evident in many parts of the country. Fortunately, injection drug use does not seem to be a significant factor of the epidemiology of HIV in Botswana. Homosexuality is not acceptable behavior across most parts of Batswana society. Therefore, Men who have Sex with Men (MSM) are difficult to identify, and only one functioning gay, lesbian, bisexual advocacy group is known to exist.

With the expansion of effective treatment services, bacterial sexually transmitted infections (STIs) have declined significantly in the last decade in Botswana. Viral STIs now comprise the majority of infections seen in clinics; for example, in a recent study 59% of Genital Ulcer Disease was found to be caused by HSV-2. A small minority of men (~15%) are circumcised.

Services
The Government of Botswana (GOB) provides free condoms through a large distribution network, reaching many workplaces, entertainment centers, and health care sites. Condoms are available for sale in the market as well, at subsidized prices. The Government of the Netherlands now supports a large share of condom social marketing in Botswana through a regional agreement with Population Services International (PSI).

There are few organizations that openly cater to sex workers or their clients, or MSM.

The Government has supported the development of a national alcohol policy, which is still in development with the leadership of the alcohol industry, but alcohol, and its linkages to HIV in particular, are not yet a standard part of the health care system or public health messages in the country.

The provision of post-exposure prophylaxis (PEP) to rape victims is part of the Ministry of Health's (MOH) policies, and many police and health care workers have been sensitized to the policy. However, little is

known about how the policy is being implemented.

In FY07, funding in this program area includes support for comprehensive HIV prevention interventions to sexually-active youth, women, and men nationally and locally. Specifically, we are combining funds from abstinence and be faithful (AB) Prevention with those from Other Prevention for a number of programs: Family Health International (FHI)'s youth intervention, Pathfinder's male-focused activities, the national Ipoletse information and counseling hotline; and the Makgabaneng behavior change program. These programs serve their audiences' information and service needs, particularly in the areas of family planning, condom use, and referral/utilization of critical other HIV/AIDS services.

We also will continue support for two interventions focused on alcohol-HIV intersections. One targets health care workers (HCW) and settings for simple alcohol screening and brief interventions, while the other targets drinking establishments for dual alcohol and HIV risk reduction messages. Support for expanding prevention activities on the district and village level, with additional technical and administrative support from National Alliance of State and Territorial AIDS Directors (NASTAD), will continue. Also, we will continue to work with the Botswana Defense Force (BDF), to implement peer education and localized media campaigns in support of HIV prevention among recruits and officers.

In FY07, we propose a new initiative to fund and strengthen civil society groups that target sex workers and/or MSM in their work, as well as a rapid assessment of the HIV prevention needs of MSM. We are also increasing our work to strengthen prevention interventions in clinical settings for people living with HIV/AIDS (PLWHA), with complementary funding from Counseling and Testing Program Area.   An assessment conducted with FY06 funds will inform that effort considerably. Finally, with FY07 funds, we will follow up work from an FY06 assessment of the health care sector's readiness to provide expanded male circumcision services, We anticipate that that exercise will raise numerous other questions that will need to be answered, and the results from the trials in Kenya and Uganda should be available by then, to further guide our work in this area.

Referrals and Linkages
The relatively widespread availability of HIV testing in Botswana – through both free-standing voluntary counseling and testing (VCT) centers and the routine HIV testing (RHT) program – facilitates the promotion of HIV testing to high risk populations. The same may be said for antiretroviral (ARV) therapy and other care and treatment service referrals, though individuals are rarely monitored to see if they follow through on any referrals they might receive. USG is supporting assessments of these referral networks, to better identify ways to strengthen them. We will focus FY07 efforts on strengthening prevention services within existing HIV-related clinical and community programs, beginning with Tebelopele and other VCT delivery centers. Other programs ready for engagement on this level will be identified in the course of the Prevention with Positives (PwP) assessment that will begin shortly.

Policy
The USG plan in this program area includes few activities that focus on policy related issues. Some policy barriers for the Other Prevention work include the illegality and low acceptance of homosexual behaviors and identity; MSM, gay, lesbian, and other sexual minority groups are largely underground and unorganized and thus difficult to work with directly for HIV prevention. As in many places in the world, sex work is also illegal. High taxes on public health advertising hinder condom social marketing, as does the continued lack of a national alcohol policy or a strong national body dedicated to reducing the public health burden associated with alcohol abuse.

Challenges and gaps
Please refer to the challenges noted in the Abstinence/Be Faithful program area context, which also apply to USG work in this program area. In particular, the civil sector of the country needs strengthening to expand the effectiveness of its HIV prevention efforts.

Program Area Target:

Number of targeted condom service outlets	920
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	59,052
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,290

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9811
Planned Funds: $ 200,000.00

Activity Narrative: 07-P0502: Ipoletse HIV/AIDS Counseling and Information Hotline.

This activity has USG Team Botswana Internal Reference Number P0502. This activity links to the following: P0209 & P0218 & P0501 & P0509.

This entry represents the OP part of the program. The program's funding is split between the two program areas (AB and OP), at approximately 40% and 60%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention, and service referral, needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here.

The Ipoletse Call Centre will continue to disseminate accurate, client centered information on HIV/AIDS through its Inbound HIV/AIDS National Information Helpline (Ipoletse) which was started in 2003. The objective over the years has been to nationally disseminate quality, personalised HIV/AIDS information to callers, especially those who are affected and/or infected by the virus. Tailored and personalised interaction aimed at positive change in behavior by emphasizing the messages of "Abstinence" and "Be Faithful" to youth and young adults, as well as counseling on relationships and personal crises, including gender based violence, is available through use of a Toll Free landline connecting callers to health professionals and trained operators at the 24-hour Call Centre.

In Botswana, there are over 137,000 fixed (land) line customers compared to 600,000 mobile phone customers. The recent addition of a mobile phone line in FY06 has resulted in providing access to callers using either type of phone service. FY06 funds have also been used to add seats for two additional counselors, who are providing more intensive, anonymous counseling to those who call the phone line for more than information. Over the last two years at least over 60,000 people infected with HIV have been started on ARV therapy in Botswana. During this period the Call Centre has responded to the needs of callers on ARV therapy by providing more complex, high quality information about treatment. Marketing for the services was minimal for the first two years, and with remaining FY06 funds, the Centre will increase marketing to increase utilization of the service.

In FY07, the Centre will continue services started in FY06, in particular:

1. Cell phone as well as land line access to the Call Centre

2. Telephonic Counseling Services with an emphasis on i) adherence counseling for people on ARV therapy, ii) relationship advice for youth (emphasizing the importance of abstinence and fidelity), and iii) counseling for anxiety and depression associated with HIV+ tests, and violence.

3. Training for the nurses and counselors who answer calls is conducted every quarter. Operators will receive training in customer service, dissemination of HIV/AIDS information and counseling; specifically adherence counseling. All nurses and the operators undergo the KITSO Training (training for health care providers who deliver ARV therapy) so that they may efficiently and effectively respond to questions in the Call Centre.

4. Continuation and expansion of service marketing: declining call volumes and poor use of the call centre may be partially attributable to the lack of a comprehensive marketing and advertising strategy and user awareness campaigns. The Marketing strategy will comprise the following: i) Advertising on TV, radio, electronic media, ii) promotional materials through schools, iii) Use of the popular Talk Back program and collaboration with Youth Health Organization (YOHO) and Makgabaneng. Re-branding and re launching of the Ipoletse call centre, dissemination of stickers and posters, participation in exhibitions, and networking with other stakeholders will help advertise the call centre in both rural and urban areas.

In addition, the service is considering the inclusion of a special line for health care workers with questions about ARV therapy. Other donors may support that part of the service, and some of the basic costs of the service that are funded by USG would contribute indirectly to that.

Program activities / outputs
1.Target of 3,000 service calls per month
2.Adaptation of knowledge base of counselors to reflect current caller needs e.g. AB messages
3.At least 500-1000 people counselled per month
4.At least 2,500 cell users interactions per month
5.Revised, updated information database ready for use in October
6.Quarterly staff trainings
7.Revised manual for counseling developed and installed in HEAT system (spell out)

Performance Management, Reporting, M&E
Performance management is a key component leading to improved results. The following key performance indicators will measure success of the program:
1.Call quality monitoring
2.First call resolution
3.Attainment of service level (85% calls in 15 mins with abandonment rate of <3%)
4.% Calls offered vs. % calls answered.
5.% Calls abandoned.

Continued Associated Activity Information

Activity ID: 4466
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 130,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	4,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	5	☐

Target Populations:

Adults
People living with HIV/AIDS
Children and youth (non-OVC)

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9826
Planned Funds: $ 85,000.00
Activity Narrative: 07-P0510: Botswana Defense Force.

This activity has USG Team Botswana Internal Reference Number P0510. This activity links to the following: P0226 & P0401 & P0511. The EP in Botswana also is supporting activities with the Botswana Defense Force (BDF) in numerous other areas: Counseling and Testing C0905, Laboratory T1203, ARV Drugs T1110, and Strategic Information T1107.

This entry represents the OP part of the program. The program's funding is split between the two program areas (AB and OP), at 55% and 45%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here.

For the past two years, PSI has carried out this activity and has built a core of peer counselors within the BDF who are reaching the vast majority of the troops. It has also run the only media campaign directed at military personnel.

This activity using FY07 funds will continue to support execution of the BDF 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 peer level educational programs to effect behavior change to reduce high risk behavior among soldiers serving in the BDF.

The primary implementing partner will be determined through the US Department of Defense (DOD) procurement and grant process. Specific focus for the FY07 behavior change program will build upon current efforts and will be focused on reaching the 18-24 year old age group. The program will include individual and group peer counseling sessions, community events, and mentoring by junior leaders in the BDF Sports program, and training of junior officers and non-commissioned officers serving at the platoon level in mentoring junior soldiers. Some activities will be conducted in the local language. A media campaign using both print and electronic media will be updated and continue as well.

The program will be continuously active at all permanent BDF camps, and will reach soldiers at deployment locations on a routine basis. The program will cover the following topics in order of emphasis: 1) partner reduction and fidelity, 2) correct and consistent condom use, and 3) HIV testing promotion. The program will include training or refresher training for 180 peer counselors, 50 platoon level leaders and leaders of 15 sports teams.

Continued Associated Activity Information

Activity ID: 4836
USG Agency: Department of Defense
Prime Partner: Botswana Defence Force
Mechanism: ODC/BDF
Funding Source: GHAI
Planned Funds: $ 350,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	120	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	6,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	125	☐

Target Populations:

Military personnel

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas

Kweneng

North-West

South-East

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Local Government, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 9868
Planned Funds: $ 0.00
Activity Narrative: 07-P0504: MLG – supporting prevention activities on the district and village level.

This activity has USG Team Botswana Internal Reference Number P0504. This activity links to the following: P0207 & P0213 & P0218 & P0219 & P0514 & X1402.

This activity is a continuation of a program proposed first in the FY05 COP, to make additional funds available at the district level, where there is often a chronic shortfall in funding for local activities for HIV prevention. These additional funds will continue to support 5 districts to implement HIV prevention activities outlined in their Annual Comprehensive District HIV/AIDS Plans.

FY05 funding in the pipeline for this activity will be available to districts in the near future. The FY06 funds for this program will be re-allocated, given the funding delay for FY05; therefore the districts will use the FY05 funds and then receive FY07 funds next.

FY07 funds will be used for the following activities:

- Support to community theater groups to perform in schools and at community events
- Sensitization workshops on HIV prevention and alcohol use for village leaders
- Support for a village-based abstinence pageant
- Workshops for traditional healers in HIV prevention
- Support for peer education programs in local small businesses
- Support for localized HIV testing campaigns, by the local Men, Sex, and AIDS group

Specific activities vary widely but all focus on HIV prevention, both AB or OP topics. The activities tend to be small scale and involve community-based organizations (CBOs) or district health team officials and are determined by local planning bodies and the District AIDS Coordinator (DAC).

The following five districts were selected by the Ministry of Local Government (MLG) for funding by HHS/CDC/BOTUSA and are expected to continue to be participants in this program:
Boteti Sub-district in Central District
Mahalapye Sub-district in Central District
Letlhakeng Sub-district in Kweneng District
Kanye-Moshupa Sub-district in Southern District
Masunga Sub-district in Northeast District

Targets provided here are based on estimates provided in FY05.

Continued Associated Activity Information

Activity ID: 4542
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Local Government, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 100,000.00

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	200	☐

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas

North-East

Central

Kweneng

Table 3.3.05: Activities by Funding Mechanism

Mechanism:	Technical Assistance
Prime Partner:	Makgabaneng
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05
Activity ID:	9918
Planned Funds:	$ 300,000.00

Activity Narrative: 07-P0501: Makgabaneng.

Activity links to the following: P0201 & P0203 & P0207 & P0502 & P0512. P0201 is the AB Prevention entry for Makgabaneng.

This entry represents the other prevention (OP) part of the program. The program's funding is split between the two program areas (AB and OP), at approximately 60% and 40%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here.

Gaps in the areas of uptake of interventions, adherence to treatment regimens, and, most important for this program, in the sexual behaviors that place many Batswana at risk of HIV infection, still remain. To help bridge these gaps, the Botswana Government in collaboration with the US Government through their (HHS/CDC/BOTUSA office, piloted HHS/CDC/HQ's MARCH (Modeling And Reinforcement to Combat HIV/AIDS) strategy using a serial radio drama and reinforcement activities for HIV prevention.

The two governments initiated a behavior change program: Makgabaneng. It includes, on the one hand, a Setswana-language entertainment-education radio serial drama designed to support the nation's HIV prevention and mitigation goals. It targets 10-49 year old Batswana. Complementing the radio drama series are community-based reinforcement activities to encourage safer HIV related behaviors (such as delaying initiation of sex, partner reduction, accessing services and providing support to PLWHA). The drama has been airing nationally twice weekly on Radio Botswana's two radio channels since August 2001. Nearly 500 new episodes have been aired since then. Reinforcement activities to date have included, for example, listening and discussion groups, mass media epilogues, school and community rallies, and a fan magazine for students.

Overall Makgabaneng has proved to be an important component of an effective national strategy to fight HIV/AIDS. For example, from a population-based survey in 2003, nearly half of the respondents in the survey reported that they listened to the program one or more times every week. Weekly listening was associated with greater knowledge about key HIV issues, with less stigmatizing attitude toward PLWHAs, and some testing behaviors. For example, weekly listeners were more likely: (82.8%) to recognize that prevention of mother to child transmission (PMTCT) is possible than other respondents (66%), (70.8%) to say they would allow their children to play with HIV infected peers than other respondents (58.9%), (96%) to say they would allow a positive relative to live in their household than other respondents (87.4%).
Building on the initial success of the radio drama and community initiatives, Makgabaneng will continue to produce high quality radio dramas that focus on modelling appropriate behavior change focused on prevention, treatment, and stigma reducing themes. To supplement the radio drama, Makgabaneng will implement a coordinated plan to scale up effective outreach strategies that will increase the impact of the on air themes.
Modeling through a radio serial drama
The radio serial drama (RSD) is meant to provide listeners with role models for behavior change, based on the MARCH model. Two new 15-minute episodes are broadcast a total of three times every week (104 programs per year) on Radio Botswana 1 and 2 and an "omnibus" repeat is broadcast at the weekends.
The radio HIV/AIDS storylines will contain 60% AB themes targeting 10 – 29 year olds. For the 10-14 year olds, the storylines will target A messages and for the 15-29 year olds, AB messages. The remaining 40% will contain ABC and other themes targeting 15 – 49 year olds (reproductive age group).
Reinforcement activities (RAs)
These activities are implemented in select communities meant to intensify the impact of Makgabaneng by clarifying and supporting themes from the drama. Activities will cover four rural and semi-urban districts with a total population of 541,000 people (out of a total Botswana population of approx 1.7 million). They will aim to reach 76,000 people in the first year, with FY07 funds. The Botswana National Youth Council (BNYC) and Humana People to People's (HPP) Total Community Mobilization (TCM) will implement RAs under Makgabaneng supervision. The activities include:
Makgabaneng Teen Mag, which is produced and distributed by Makgabaneng to in-school

youth, aged 10-16 each school term. Makgabaneng will produce and distribute 50 000 copies to 100 schools in the 4 target districts per school term, (3 per year), reaching a total of up to 50 000 students.
School Rallies are events held in primary, junior and secondary schools, which reinforce themes of abstinence, self-efficacy to negotiate relationship issues and peer- pressure, and other healthy outcomes. Rallies will cover 100 schools in 4 districts, reaching 50,000 children three times per school year who have also been reached by the magazine.
In Listening and Discussion Groups (LDGs), trained facilitators lead groups of 5 to 20 people, who listen to selected scenes from the drama and discuss issues arising from those scenes. Skills-building activities, such as debates and role-plays, which encourage interactive discussion among participants, are part of each session. The LGDs will target 10,000 adults aged 30 to 49 in the target districts. Materials will be written and recorded, and a series of training of trainer courses provided for around 164 field workers comprising 32 TCM field officers, 16 BNYC peer educators plus 16 BNYC volunteers and 100 teachers.
Community events will include: Health fairs conducted by the BNYC, which will reach an estimated 16,000 out of school youth. Youth Health Fares (approximately 32) will be held at BYNC centers across the countries, with support and involvement of Makgabaneng. Separate road shows allow Makgabaneng to take the drama to the public in person. Road shows draw large numbers of people, who gather to meet Makgabaneng actors and to learn about HIV/AIDS-related issues and the drama itself. Four road shows will be conducted in a year targeting 4,000 people.

Other behavior change mass media activities will include: Epilogues and Trailers, which are brief messages, aired immediately after the drama and invite listeners to utilize various HIV-related services. Epilogues (10 per annum) and Trailers (180 airings) will be broadcast approximately monthly and will draw attention to a behavior change objectives related to service uptake (e.g., being tested for HIV status, taking advantage of PMTCT services).

A new late-night once weekly (36 in year one) interactive chat show called "Makgabaneng Extra" will also be initiated. This is a proposed phone-in program which will use scenes from the Radio Serial Drama (RSD) plus pre recorded 'vox pops' (interview extracts) to stimulate discussion and debate amongst callers. The value will be to promote an ongoing dialogue between listeners and broadcasters that is not possible with the drama format alone.

The RSD and other mass media activities will reach 800,000 people nationally.

Monitoring and Evaluation (M&E) Activities
A M&E plan will be developed with realistic, measurable process and outcome/impact indicators. Standard items used in population-based surveys will be reproduced in program-specific questionnaires to be conducted in small-scale listener surveys, and the options for adding exposure questions to existing surveys (e.g. Population Services International's [PSI] Tracking Results Continuously Study [TRaC], BAIS). A MaKkgabaneng evaluation survey will be conducted 18 months after implementation of the new, expanded program in order to correlate the relationship between listenership/participation in Makgabaneng, and changes in behavior and service uptake.

Continued Associated Activity Information

Activity ID: 4831
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Makgabaneng
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 300,000.00

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	40	☐

Target Populations:

Adults
Primary school students
Secondary school students

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU124418
Prime Partner: Pathfinder International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10119
Planned Funds: $ 200,000.00
Activity Narrative: 07-P0511: Pathfinder: Male-targeted prevention interventions.

This activity has USG Team Botswana Internal Reference Number P0511. This activity links to the following: P0101 & P0103 & P0210 & P0503 & P0505 & P0510 & P0515.

This entry represents the OP part of the program. The program's funding is split between the two program areas (AB and OP), at approximately 70% and 30%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here. The funding from the Condoms and Other Prevention program area is intended to cover that part of the program that addresses correct and consistent condom use, discussions about STIs and referrals to/promotion of STI testing and treatment, as well as discussions about other HIV-related services, including ARV, PMTCT, and IPT.

It is well established in Botswana and elsewhere in Southern Africa that men are more likely than women to engage in multiple sexual partnerships, more likely to drink and abuse alcohol, and are less likely to seek HIV-related services. For these and other reasons, in FY06, USG Botswana proposed a program to enhance programs that target adult men for HIV prevention and related issues, including gender relations, violence, and alcohol and substance abuse.

The program was recently awarded to Pathfinder. Pathfinder plans to draw on best practices in the region and elsewhere, and to build the capacity of local implementing organizations to the extent possible. In that program, Pathfinder proposes the following activities:
4) Draw on the Men as Partners program in South Africa and other successful projects to conduct interactive workshops on gender and HIV, create community role models, and produce relevant IEC materials to support these activities on a community level. The target area in year one of the program is 1 district center with 4 surrounding villages. It is hoped that 5,000 men will be reached with this activity.
5) Support peer education programs in some of the uniformed services in Botswana, whose employees are largely men and face increased risk of HIV due to their employment. The target is 4 barracks or training colleges in year one. It is hoped that at least 20 peer educators will be trained per site and this will bring their total to 80. It is also hoped that each of the 80 will reach 10 people, and the number of individuals to be reached would be 3,600.
6) Conduct peer education using the Men as Partners training materials in tertiary education settings. One technical college will be targeted in year one. Fifty peer educators will be trained and each one of them is hoped to reach at least 20 individuals. This will bring the total number of individuals reached to 1,000.

All activities will engage local CBOs, NGOs, and/or FBOs to be trained in the proposed intervention models and to carry them out. The specific local partners have not been selected, nor have the specific locations of the interventions; both will be selected soon.

Emphasis Areas

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 targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	30	☐

Indirect Targets

An estimated 4,600 beneficiaries will be reached through peer education, 30% of that is 1518, attributed to the OP section.

Target Populations:

University students

Men (including men of reproductive age)

Key Legislative Issues

Addressing male norms and behaviors

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: CoAg # U2G/PS000599
Prime Partner: Family Health International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10122
Planned Funds: $ 200,000.00

Activity Narrative: 07-P0512: FHI-Youth AB and Related Life Skills Community Intervention.

This activity has USG Team Botswana Internal Reference Number P0512. This activity links to the following: P0501 & PO203.

HHS/CDC has awarded FY06 funds to Family Health International (FHI) to carry out a comprehensive HIV prevention program for youth, which focuses on abstinence, partner reduction, fidelity, and related life skills, on helping parents/guardians better support health choices among youth, and on engaging various parts of the communities in which youth live. The project is still in development.

As the focus of the program is abstinence and related life skills, the majority of the funding (proposed 80%) comes from the AB program area. The 20% of funding from OP will allow the program to address the full HIV and pregnancy prevention needs of sexually-active youth and parents, those youth who intend to be sexually-active soon, and others who will participate in some of the interventions.

HHS/CDC has announced and awarded FY06 funds to Family Health International (FHI) to carry out a comprehensive HIV prevention program for youth, which focuses on abstinence, partner reduction, fidelity, and related life skills, on helping parents/guardians better support health choices among youth, and on engaging various parts of the communities in which youth live. The following description is in development, target areas have not been decided, and targets are estimates at this point as year one begins.

FHI describes this program as "Youth are the Light" Program (Basha Lesedi Program).
The objectives are to:
•Help youth 10-17 in selected districts to gain necessary skills, attitudes, and social support to avoid infection or infecting others through abstinence and related life skills
•Improve the abilities of community leaders, parents, and guardians of youth to be more effective supporters of healthy choices for youth through improved knowledge, attitudes, communication, and parenting skills, and
•Increase the capacities of national and local organizations and individuals in target communities to help prevent HIV infection among youth through participatory program planning and implementation.

FHI will partner with the Botswana Network of AIDS Service Organizations (BONASO), to manage and coordinate the program in Botswana. Through BONASO, and with technical assistance and support from FHI, numerous civil society groups in Botswana will be engaged to carry out activities for HIV prevention among youth ages 10-17. Specifically, the program aims to partner with BOCAIP, BNYC, HPP, Botswana Network of People Living with HIV/AIDS (BONEPWA), and the Makgabaneng behavior change program. Each organization reaches specific constituents important for youth HIV prevention.

Planned activities under this program include:
•Radio programs specific for youth (10-13, 14-17)
•House to house visits
•Christian family life education, pastor training
•Coordinated abstinence campaigns conducted among member organizations
•Support groups for HIV+ youth
•Trainings and campaigns for parents and guardians

FHI will provide technical assistance in all aspects of the program, drawing particularly off its experience with the YouthNet activity. The program will be monitored intensively, and it will involve formal program evaluation. Baseline surveys and associated activities will be completed in year one, while process assessments will be ongoing throughout the life of the program.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	50	☐

Target Populations:

Girls
Boys
Men (including men of reproductive age)
Women (including women of reproductive age)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: GAP 6
Prime Partner: Academy for Educational Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10144
Planned Funds: $ 390,000.00

Activity Narrative: 07-P0513: AED- Strengthening Prevention in Clinical and Community Settings.

This activity links with C0911, and provides complementary funding to this activity, for a total program budget of $490,000. It also links with P0505.

Background
This activity involves strengthening prevention services in clinical and community services. With FY06 funding, we are supporting an assessment of the opportunities to strengthen prevention messages and services in relevant clinical and community services for PLWHA and to adapt and pilot test some tools that will help fill some of the anticipated gaps in services. Simultaneously and through a separate contract, we have supported the development of an alcohol-focused intervention that health care providers can deliver, to identify risky drinking and provide brief, motivational interviewing to promote reduction in such drinking.

For FY07, we propose to combine the two projects into a single program focused on strengthening prevention in clinical and community settings. The project will work with a limited set of health care services in FY07. Tebelopele will definitely be a partner in the project, while the others will be identified over the course of the prevention services assessment and in light of the experience of the health-care focused alcohol-HIV project to date. The project will focus on sexual transmission prevention and, where possible and appropriate, incorporate messages and methods that incorporate screening for risky alcohol use, intersections with HIV/AIDS, and brief interventions for the reduction of risky drinking.

Focus on HIV testing sites and protocols

$100,000 from the counseling and testing program area are also included in the funding for this project (CO911). This dedicated funding reflects a commitment that the FY07 activities will focus at least 33% of its effort on strengthening HIV prevention messages for clients who test positive and those who test negative in the VCT settings, including alcohol screening and interventions. The Tebelopele VCT centers, BOCAIP and other CBOs/NGOs/FBOs will be the venues for interventions. Tebelopele and other VCT centers have been conducting anonymous HIV testing, and the few clients who have returned for supportive counseling were not easily recognized and provided followup services. Tebelopele is in the process of changing its policy and begin confidential counseling, recording client names and national identification numbers (omangs) in order to provide better referral services and provide follow up palliative care to HIV infected clients and additional services for HIV negative clients as well. Protocols for use by counselors in conducting follow up prevention counseling will be developed or adapted from existing materials, such as HHS/CDC's new generic intervention for HIV prevention in care and treatment settings. It should be noted that VCT settings provide a great opportunity for HIV prevention counseling for clients including discordant couples. There is need to pilot and adapt these materials in the VCT settings in Botswana, and also to develop a concise HIV prevention package for HIV negative clients for the first and follow-up visits, for group and individual counseling.

In sum, a portion of this project will support AED to work collaboratively with VCT staff, HHS/CDC/BOTUSA and HHS/CDC headquarters in Atlanta to develop, pilot and adapt targeted prevention messages or protocols, towards strengthening the prevention services offered in VCT settings, for both HIV negative and HIV positive clients. This activity also includes providing the necessary training to VCT staff during pilot, adaptation and roll out of the intervention. It also includes the incorporation of a brief intervention for risky drinking and the intersection between alcohol and HIV, into the VCT setting counseling protocols.

Other services targeted for prevention strengthening
The remainder of the effort in this program will go to other service types besides HIV testing, to strengthen prevention services, for PLWHA and for people of unknown and negative status. The FY06 "PwP" assessment will identify additional services and groups, like Tebelopele, that are keen to enhance their prevention services, particularly for

PLWHA. We expect to support the adaptation and implementation of additional, effective prevention interventions, which are tailored to the specific service being targeted (e.g. whether within a PMTCT or support group context, etc.).

A core part of the prevention packages offered to select services will focus on alcohol-HIV intersections. Drawing directly on the experience from the last year on training for health care workers on alcohol, HIV, and brief interventions that address the intersection, this project will continue to support those activities under this award. Alcohol screening, information, and interventions will be a part of the service enhancement package for this effort. Some service providers may receive training and support only in alcohol-HIV and the brief motivational interviewing intervention that targets that link, piloted in Botswana already. Others may receive training and support in both alcohol-HIV interventions and HIV prevention, disclosure, and related interventions, as appropriate. This will depend on the need and interest of that service or group of service providers.

In sum, the objective is to offer a number of services an opportunity to strengthen their prevention services in a holistic way, including not only prevention of sexual transmission in and of itself but also the prevention of HIV and AIDS associated with risky drinking.

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	500	☐

Indirect Targets

People reached through community outreach not focused on abstinence/be faithful = 10,000

This is an estimate of the people that will benefit from the revised protocols and new tools that will enhance prevention services in HIV testing sites.

Target Populations:

Non-governmental organizations/private voluntary organizations
Public health care workers

Coverage Areas:

National

Table 3.3.05: 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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10145
Planned Funds: $ 0.00
Activity Narrative: 07-P0514: NASTAD – assistance for district prevention program.

This activity has USG Team Botswana Internal Reference Number P0514. This activity links to the following: P0504 & X1402.

NASTAD has supported the MLG for 3 years, to build capacity in planning, monitoring, and program implementation among District AIDS Coordinator (DAC) offices. In FY06, they increased the staff placed in the MLG – AIDS Coordinating Unit, to provide more continuous assistance to districts, and now have two NASTAD-supported staff persons working from the MLG headquarters (one local, one international hire).

With these funds, NASTAD will hire an additional staff person (local hire) to provide more intensive oversight and technical assistance to the five districts which receive implementation funds from USG (P0504). The staff person will assist those 5 district offices with planning, reporting, budgeting, and program monitoring, and will help coordinate and/or provide technical assistance for those districts in the area of prevention (e.g. organize a few short trainings on relevant prevention topics). The officer will also serve the general functions that the other NASTAD officers serve, in terms of building the capacity of other Ministry district representatives. We expect that approximately 50% of this person's time will be focused on the 5 districts, while the remainder will be spent supporting the other district-level capacity building efforts that NASTAD provides.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful	10	☐

Target Populations:

National AIDS control program staff

District Multi-Sectoral AIDS Committees Capacity Strengthening

Coverage Areas

Central

North-East

Southern

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10146
Planned Funds: $ 25,000.00
Activity Narrative: 07-P0515: Students Against HIV/AIDS, University of Botswana.

This activity has USG Team Botswana Internal Reference Number P0515. This activity links to the following: P0211 & P0223 & P0511.

Society Against HIV/AIDS (SAHA) is an organization made up of a group of concerned UB students who decided to form an anti-AIDS club. The group realized that youth in Botswana were hard–hit by the epidemic. SAHA's mission is to foster awareness of HIV/AIDS prevention amongst the UB community and to foster attitudinal and behavioral change to stop the spread of HIV/AIDS. SAHA was formally formed in 1999 and today has a membership of over 200 students. Some of the members have graduated and have gone to join the working world with the hope that they still continue to get involved in HIV/AIDS work outside the University system. Membership of the society is open to all registered students of the UB.

University students and secondary school students require creative interventions taking into account current social challenges such as alcohol and drug abuse, in addition to sexual behaviors that put them at risk of HIV. These interventions need to ensure that the students are taken through the behavior change process. There must be a movement from awareness-raising to ensuring that students acquire behavioral skills to act on their knowledge.

Since 1999, SAHA has been working with students on HIV/AIDS prevention work in the UB campuses, the aim being to sensitize, inform and educate young people on HIV/AIDS issues. This was undertaken with the intention to encourage behavior change. Specific activities undertaken by SAHA in the past include:

- Promotion of VCT
- HIV/AIDS Orientation workshop for new students
- Involves UB students during Month of youth against HIV/AIDS, Month of prayer and World AIDS Day commemoration activities
- Conducting BCC campaigns
- Distributing HIV/AIDS materials
- Conducting outreach to secondary school youth

In addition to continuing this work SAHA proposes to undertake three new activities: 1) Conduct a telephone interview with past SAHA members to track their post-graduation involvement in the HIV/AIDS field, 2) collaborate with Marang Child Care Network Trust to develop a "Big Brother/Sister" mentoring program which will link SAHA members who volunteer with one OVC (matched by gender) as a scale up of the secondary school outreach program. Research has shown that OVCs who receive direct psychosocial support cope better and stay in school longer than those not receiving such support. The SAHA members will pledge to provide tutoring at least twice a week for 6 months to an OVC, thereby providing educational, prevention, and psychosocial support to the child, and; 3) support SAHA to establish an alumni program or network for keeping SAHA members active in HIV/AIDS prevention programs post-graduation. Members of the "Active Alumni Program" can also participate with current SAHA members in the "Big Brother/Sister Program" as previously explained above.

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	2,500	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	25	☐

Target Populations:

Secondary school students

University students

Coverage Areas

South-East

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: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10148
Planned Funds: $ 0.00
Activity Narrative: P0502: HIV Prevention Needs Assessment of Female Sex Work.
This activity links with P0509.

The assessment will identify needs relevant to HIV prevention programs for female sex workers (FSW) in the following 6 field sites: Francistown, Gaborone, Ghanzi, Kasane, Letlhakane and Selebi-Phikwe. Open-ended in-depth interviews (IDI) or focus group discussions (FGD) and a brief close-ended demographic survey will be used to collect data from a maximum of 80 interviewees and a maximum of 96 discussants.

The first stage of the assessment will consist of phone calls to 4-10 non-governmental, community-based and faith based organizations (NGOs/CBOs/FBOs) that provide programs for women in the 6 field sites to collect summaries of their organization, activities and estimated reach. NGOs/CBOs/FBOs recognized for their work with vulnerable women, particularly with regard to violence, substance use and other health issues, will also be engaged even if they are not in the 6 field sites.

In the second stage, 2-3 NGO/CBO/FBO heads or their designee in each field site will be interviewed about their perceptions of challenges faced by women, the programs available to them, the strengths and weakness of existing programs and recommendations for further action with regard to FSW. NGOs/CBOs/FBOs will be asked to update a brief form that lists the various organizations that work with women in their geographical area. Two HCWs and two traditional/spiritual healers in all field sites (except Gaborone and Francistown as explained below) will be interviewed on the problems for which women seek help, the services they receive and any insights that they might have with regard to gaps in services for FSWs. Up to six FSWs will be interviewed on activities they engage in before, during, and after sex work. These will include substance use, violence, payment issues, and sexual behavior. One FGD with 4-8 men identified in naturally occurring groups in bars or social clubs and organized with the help of previous Men, Sex and HIV/AIDS program employees will be conducted in each site. The FGDs will explore male perceptions and attitudes towards FSWs, the reasons why men engage in commercial and unprotected sex, the perceived risks and benefits of such engagement and possible measures to reduce the potential risk.

The results will then be disseminated broadly, to stimulate feedback and discussion about the results and recommendations.

Emphasis Areas	% Of Effort
Needs Assessment	51 - 100

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Commercial sex workers

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

Partners/clients of CSW

Public health care workers

Private health care workers

Coverage Areas

Central

Ghanzi

Kweneng

North-East

South-East

Table 3.3.05: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10149
Planned Funds: $ 35,000.00
Activity Narrative: 07-P0590-HQ: Technical Expertise and Support

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and programs, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10150
Planned Funds: $ 215,695.00
Activity Narrative: 07-P0590-P: Technical Expertise and Support
This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and programs, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through 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 through other behavior change beyond abstinence and/or being faithful		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Peace Corps
USG Agency: Peace Corps
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 10202
Planned Funds: $ 30,000.00

Activity Narrative: 07-P0516: Peace Corps Life Skills Capacity Building.

This activity links with P0222 from the AB Prevention program area, which provides for additional funding for this activity. This entry represents the OP part of the program. The program's funding is split between the two program areas (AB and OP), at 85% and 15%, respectively. The reason for dividing the funding is to allow the program to address the HIV prevention needs of a wider range of beneficiaries than they would with funding from only one of the prevention program areas. The program's effort will reflect the funding proportions noted here.

Background
Over a three-decade period from 1966 to 1997, the majority of Peace Corps Botswana Volunteers (over 2000 in total) served as teachers, primarily at secondary schools. Batswana, including those at the highest circles of government, talk about the positive impact that an individual Peace Corps Volunteer had on them during their formative years.

Since their return to Botswana in 2003, Peace Corps Volunteers have taken on HIV/AIDS related assignments in district AIDS coordination, community capacity building (PMTCT/HBOC) and PEPFAR-supported NGO capacity building. Like their predecessors, many have gravitated to working on youth development activities such as supporting school clubs, running mentoring programs, spearheading sports and recreational activities, and organizing events such as Girls Leading Our World (GLOW) camps as secondary activities.

Overall Proposal
To expand upon what our current Volunteers are doing and to help support CDC BOTUSA efforts, the Peace Corps is proposing a life skills capacity building initiative, in collaboration with the Ministry of Education (MoE) and other key partners working with youth in Botswana. In a nutshell, the idea is for a new group of fully dedicated "life skills" Volunteers in FY 08 and current, interested Volunteers assigned to other projects (now numbering 70) to support the implementation of the new MoE Life Skills materials (developed with the support of CDC BOTUSA) through a mix of activities. This scope would include support to teachers within the classroom as well as activities outside the classroom and within communities. With respect to the campaign against HIV/AIDS, these efforts would be aimed at the development of decision-making and interpersonal skills on the part of young people, including the nature and timing of the onset of sexual activity on their part.

The Peace Corps would likely target its efforts to upper primary, junior & senior secondary students because these stages appears to be the critical ones in the development of life skills and precedes or coincides with the typical dropout juncture. A final decision will be made in collaboration with MoE and other stakeholders.

Minister of Education Jacob Nkate has pledged the support of his Ministry regarding the design appropriate Volunteer interventions, training, and the prioritization of site placements, once MoE and Peace Corps finalize an agreement on the scope of Peace Corps' support to the broader MoE Life Skills effort.

FY 2007 Proposed Activities
In order to extend the work and impact of our current Volunteers and to lay the groundwork for the initiative, Peace Corps will undertake the following activities in 2007:

(1) Two week-long trainings for our current Volunteers in skills-based HIV prevention for youth;
(2) Placement of up to five third-year extension Volunteers to help pilot the life skills initiative;
(3) Preparatory groundwork for the arrival of a group of 15 new life skills Volunteers in April/May 2008

After the above-mentioned training, our current Volunteers would be expected to undertake and/or support new or modified efforts inside and outside the classroom to reinforce the new Life Skills materials, with age-appropriate activities. Peace Corps will post the third-year extension Volunteers, in collaboration with MoE, with a school or

cluster of schools for a 12-month period starting in June 2007. They would be assigned full-time to life skills capacity building within their host communities and undertake a range of activities, based upon MoE approval and community assessments:

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

In addition to the leadership at their respective schools, the Volunteers will also report to either the Associate Peace Corps Director (APCD) or a Program Assistant in accordance with Peace Corps guidelines. The APCD will be responsible for the compilation of Volunteer reporting of their activities and providing the Mission EP team with a summary reports, based upon OGAC and COP requirements. In advance of the start of the initiative, CDC/BOTUSA, Peace Corps Botswana and MoE will establish appropriate reporting requirements for both life skills Volunteers and those assigned to other projects that undertake life skills projects as secondary activities.

In consultation with MoE and CDC BOTUSA, Peace Corps will collaborate with other partners such as UNICEF that are involved in youth-related life skills development in order to maximize the impact of collective efforts and donor resources.

FY 2008 Proposed Activities
In 2008, Peace Corps would recruit, train and place 15 new Volunteers to expand beyond the pilot phase launched in 2007—with up to five Volunteers working at educational district level. Five third-year Volunteers would also be recruited in 2008, to replace those who pilot the effort in 2007.

In consultation with MoE and CDC BOTUSA, Peace Corps would place up to five of these 20 Volunteers at the educational district level to assist in the development of monitoring and reporting capacity (e.g., systems and procedures, refinement of reporting formats and data requirements, and the compilation and synthesis of data). Such an assignment would allow these Volunteers to assist with implementation activities at schools within their communities and would be housed, if possible, at or near these schools.

FY 2007 funds will support new and existing Volunteers under the Life Skills project. 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 local staff positions to support this project. It would include the home leave costs for the third-year Volunteers.

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

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets		☑
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	113	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	10	☐

Target Populations:

Teachers
Primary school students
Secondary school students
Out-of-school youth

Key Legislative Issues

Volunteers

Coverage Areas:

National

Table 3.3.05: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Population Services International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11314
Planned Funds: $ 200,000.00

Activity Narrative: PSI Botswana implements this project in association with two sub-awardees, Humana People to People (HPP) and an FBO partner (TBD) to address fidelity and partner reduction through a comprehensive social marketing and community engagement initiative. This project is an adaptation and expansion of two projects begun on the ground in 2006, one focused on partner reduction and fidelity (from the AB program area) and the other focused on alcohol-HIV risk reduction (Condoms and Other Prevention program area). In 2007, we propose to join the two programs. By doing so, we believe the prime partner will be able to carry out an even better, single program with better reach and leverage across communities involved.

The program uses social marketing strategies to promote partner reduction and fidelity and will build on the existing capacity of civil society partners to increase partner communication and negotiation skills; reinforce relationship commitment values; and engage community leaders and individuals in the risks of casual sex, multiple partnerships, and mixing sex with alcohol and in the benefits of reducing and eliminating those. The project will focus on both partner reduction and fidelity, including promotion of couples HIV testing and couple communication. A major part of the campaign and community activities will focus on the reduction of multiple partnerships associated with alcohol abuse/misuse and drinking establishments, among young adults. To that end, drinking establishments will be among the sites targeted for peer education and related outreach.

Media component
Limited use of a media campaign will address "trusted partner" myths, challenge the target population to think that many apparently trustworthy people can be HIV positive, promote fidelity and HIV testing, and increase risk perceptions and social norms related to mixing alcohol and sex. The media component of the project will include airing of stimulating testimonials on television and radio and some outdoor print media. It will also involve adapting, advertising, and airing of some television shows about these issues on the main national TV channel, BTV. The campaign includes distribution of promotional materials as well, for use by community-based educators and others involved in the program. Approximately 50% of the program funds will go towards these mass media activities.

Community based activities
These media activities are complemented by a range of community based outreach activities, by the three organizations involved. PSI will continue to conduct community edutainment sessions and events involving local entertainment groups, for sensitizing the community on the issues and removing prevailing misconceptions about 'trust' developed on the basis of appearance and other extrinsic factors. Local theater is a primary means for relaying these themes and stimulating relevant dialogue within the community. In addition PSI will train a group of community based peer educators (e.g. hair dressers/salon owners/barbers, and community role models e.g. stars from sports/music/drama) to communicate on the risks associated with infidelity and multiple partnership and risky drinking to their respective clients and audiences.

The FBO partner (TBD) and HPP will strengthen existing CBOs, FBOs and support groups to discuss 'B' messages and impart life skills to address infidelity, for youth and adults (age 15-34). The FBO partner will focus on motivating and capacitating FBO leaders to discuss fidelity and infidelity in constructive ways in their work, as well as providing life skills to in and out of school youth, which specifically addresses cross generational sex, casual sex, and fidelity. Some workshops for couples will also be held by this partners. HPP, on the other hand, will mobilize CBOs, local administration and other support organizations, using trained community based Field Officers. These officers will motivate community leadership to speak out and act on these behaviors; will create forums in the community for conversations and reflection on these issues, to stimulate and support constructive community actions in support of reduction in partners and in risky drinking; and will conduct peer education in drinking establishments and other settings associated with multiple partnerships.

Emphasis Areas

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Information, Education and Communication	51 - 100
Strategic Information (M&E, IT, Reporting)	10 - 50

Targets

Target	Target Value	Not Applicable
Number of targeted condom service outlets	300	☐
Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	3,000	☐
Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	100	☐

Target Populations:

Adults
Community leaders
Program managers
Secondary school students
Religious leaders

Key Legislative Issues

Gender

Coverage Areas

South-East

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: $ 4,902,124.00

Program Area Context:

STATISTICS:
In 2004, the Botswana AIDS Impact Survey (BAIS II) estimated HIV prevalence at 17% among people 18 months to 98 years of age. An estimated 272,000 people are living with HIV/AIDS (PLWHA). The large scope and impact of the epidemic require a multi-sectoral approach to palliative care to provide HIV/AIDS prevention, care, and support to PLWHA and their families. The Government of Botswana (GOB) is working at the policy and implementation levels to provide support and coordination to civil society and government programs.

SERVICES:
In 1995, Botswana implemented a Community Home based Care (CHBC) program, in which approximately 12,000 PLWHA are currently enrolled. A 2002 World Health Organization (WHO) assessment of the CHBC program found the following gaps in service provision:
1) inadequate training of caregivers;
2) limited information on the range of services;
3) poor symptom/ pain management;
4) insufficient support to care givers of PLWHA.

Botswana continues to expand and improve palliative care in the home, through hospices, and in clinical settings; the quality of home-based care (HBC) continues to improve with the use of the network model to link care to counseling and testing and treatment.
Botswana has adopted the WHO definition of palliative care, which is defined as "the approach that improves the quality of life patients and their families facing a problem associated with life threatening illness through prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual" (WHO 2002).
In Botswana, the following components of palliative care are offered to PLWHA:
- Psychological care: This facilitates disclosure-related issues, establishment and strengthening of support groups, and bereavement care.
- Preventive care for HIV infected people's ongoing counseling, community and clinic based support groups and provider delivered prevention messages focused on disclosure and partner testing.
- Clinical care: This is generally provided by health care providers, and consists of routine HIV testing, confidential HIV counseling and testing, and routine follow up to determine the best time for PLWHA to start Antiretroviral therapy (ART).
- Social care: This includes the provision of social welfare services, i.e., food baskets (as needed), transport to health facilities, establishment of support systems to support treatment adherence and further re-infection among PLWHA
- Spiritual care: Counseling services are provided to PLWHA in order to address their fears and instill hope. Misconceptions related to cultural beliefs/barriers are also addressed

Psychosocial supports, preventive care, clinical as well as social care are priority in palliative care service delivery.

NETWORKS and LINKAGES:
The United States Government (USG) has provided support to strengthen the Ministry of Health (MOH) Palliative Care Unit (PCU) to provide leadership, guidance and coordination in the provision of palliative care services. The African Palliative Care Association (APCA) has trained 20 health care workers in basic palliative care; Mildmay International has provided technical assistance in drafting palliative care policies and in the rollout of basic training. In collaboration with the Botswana Harvard Partnership's (BHP) Clinical Master Trainer (CMT) Program, Baylor Children's Clinical Center of Excellence (COE) and the University of Pennsylvania (UPenn), Emergency Plan (EP) funds and technical assistance facilitated training for health care providers on the guidelines for management of opportunistic infections (OIs) in the clinical setting. In late 2006, a national conference will be held for all organizations providing palliative care to facilitate

training and linkages. EP funds have strengthened 6 non governmental organizations (NGOs) to provide HBC services and training for volunteers to meet needs in households and communities.

In FY07, EP assistance to palliative care will double from ~$2 million to ~$4 million. Major areas of focus will be:
• A comprehensive assessment of services and needs of PLWHAs to determine gaps and guide future approaches
• Dissemination of guidelines by MOH and national rollout of training for service providers. Approximately 2,200 health workers and volunteers will be trained.
• Recruitment of a NGO coordinator for the MOH PCU to facilitate civil society involvement.
• Strengthening of pediatric care in the community through Project Concern International (PCI), a new partner in the north to complement Baylor's clinical and outreach efforts in the south.
• Support for new partners (NGOs/Community Based Organizations [CBOs]/Faith Based Organizations [FBOs]) to provide services in underserved regions
• Strengthened provision of clinical services within government facilities by funded university partners
• Strengthened capacity of NGOs/CBOs/FBOs to provide care with an emphasis on the social, psychosocial, preventive and spiritual components of care; referral of clients for clinical care.
• Twinning of the Institute of Health Sciences (IHS) and APCA to facilitate sharing of experiences and knowledge.
• Support to the MOH PCU for the development of quality indicators for monitoring and quality assurance.
• Strengthened referral linkages between government and civil society, eg. Support to NGOs/CBOS/FBOs to refer child PLWHAs to appropriate clinical care and nutritional support.
• Strengthened coordination among USG funded partners to optimize services and linkages among clinical and community outreach service providers

CHALLENGES:
Large challenges include the health care system's inability to meet the demands for hospitalization of PLWHA, placing additional stress and burden for palliative care on individual caregivers both at the household and community levels.

POLICIES:
The MOH's PCU guidelines address issues related to: stigma reduction, provision of cotrimoxazole prophylaxis to HIV infected children and adults and Isoniazid preventative therapy (IPT). The Destitute Policy, implemented by the Ministry of Local Government (MLG), provides for food baskets and other material support for PLHWA. The PCU, with Mildmay, will draft policy on pain management.

The MOH's PCU provides guidance and policy direction for the provision of services. The unit collaborates with other key stakeholders such as Pact and their subgrantees, Hope Worldwide (HWW), Tebelopele, APCA, and Peace Corps (PC).

Program Area Target:

Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	51
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	27,830
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	5,058

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	9801
Planned Funds:	$ 300,000.00

Activity Narrative: 07-C0613: MOH-Basic Palliative Care.

This activity has USG Team Botswana Internal Reference Number C0613. This activity links to the following: C0601 & C0602 & C0701 & C0703 & C0704 & C0801 & C0802 & C0805 & T1101 & T1111 & T1112 & T1113 & T1114 & T1115 & T1118 & T1120. Also links to a number of Palliative Care programs and activities (C0603 to C0618), OVC/NGO programs and activities (C0806 to C0816) and a number of PMTCT programs or activities (P0101 to P0108).

In 2005, an estimated 272,000 people were living with HIV/ AIDS in Botswana. PLWHA suffer from chronic life-threatening illnesses and require palliative care services to help them manage their illnesses and maintain as high a quality of life as possible. Through USG support, 250 health workers were trained in FY 05 and 100 health workers in FY 06 to provide palliatve care services. Funds were also allocated to develop training modules. Mildmay International was engaged as a consultant to 1) provide technical assistance, 2) develop training materials, and 3) train health care providers in the public and private sector as well as the civil society. Mildmay will assist the MOH in developing policies related to pain and symptom management (e.g., narcotics). Human capacity in the MOH PCU was strengthened with the recruitment of three consultants, two who have expertise in palliative care and one in opportunistic infection (OI) management. Clinical guidelines for management of OIs were revised in 2004, and will continue to be revised periodically as needed. Training in OIs will be supported by the OI consultant. In addition, the Global Fund supported the recruitment of 204 lay counselors who were trained in basic HIV/AIDS counseling. Families and communities in Botswana have demonstrated a willingness to support sick members, and they are actively involved in CHBC for PLHWA. However, most PLWHA and their care takers experience care related burdens and/or stigma. Therefore, there is a need to strengthen psychosocial support for PLWHA, and to continue training lay counselors and family welfare educators so that psychological support in the community may continue and expand. The MOH PCU will train 90 lay counselors to be empowered in addressing issues related to psychosocial support for PLWHA in the community.

In 2007, EP funds will support the following activities:

1. Organization of basic palliative care training sessions. The MOH PCU developed a training module in FY05 for the purpose of training health care workers as well as NGOs, CBOs, and FBOs dealing with palliative care. In FY07, the module will be adapted to suit training of care givers in the community. The training of trainers model will be used to roll out palliative care training countrywide, and to ensure sustainability. A total of 50 health care providers will be trained in basic palliative care.

2. The GOB intends to review the clinical guidelines for the management of OIs to integrate TB, PMTCT, and highly active antiretroviral therapy (HAART), and to strengthen the pediatric component. Training for clinicians, lay counselors, and family welfare educators will be held in the use of these revised guidelines in collaboration with the BHP CMT and Baylor COE for provision of technical expertise in adult and pediatric palliative care.

3. Of the 204 lay counselors who were recruited using Global Fund against AIDS, Tuberculosis, and malaria (GFATM) funds, 90 will be trained specifically in psychosocial support counseling to help communities cope with the burden of HIV/AIDS-related care. The lay counselors will initially be deployed to districts identified in 2007 to scale up this activity.

4. An NGO coordinator will be recruited for the MOH PCU. This person will assist in coordinating the palliative care services of NGOs, CBOs, and FBOs in the country. Efforts will be made to create linkages between care and treatment services to ensure a continuum of care. FY07 funds will also continue to support the two palliative care officer positions hired for the MOH in 2005.

5. Enhancing the nutritional status of PLWHA and affected families is a major focus of the PCU. PLWHA can stay healthy and live for many years if they receive good preventive care, good nutrition, and early treatment of common infections. Whereas access to ARVs has the potential to extend and improve the life of HIV infected people, providing nutritious food also helps infected people stay healthy and fight off infections. Despite the

fact that Botswana has a national program that provides technical guidance and support to all stakeholders on issues related to nutrition, the nutritional status of PLWHA and their families is one of the greatest challenges facing the health sector. PLWHA and their families are more likely to be living in poor households that do not have access to adequate food, and are less likely to have nutritious meals. In addition, HIV-negative children living in families affected by HIV have a higher risk of poor health and nutrition. In FY07, The PCU will sensitize and train health care providers and communities on the nutritional needs of PLWHA. This activity will be done in collaboration with Botswana Network for People living with HIV and AIDS (BONEPWA) and the Nutrition Rehabilitation Project (MOH). The unit also proposes to scale up activities on food security that are currently being implemented by two support groups under BONEPWA. Four additional support groups will be supported to establish poultry and vegetable gardens initiatives. This will help wean patients off total reliance on the government for food basket rations.

The PCU will collaborate with the DSS in the MLG to ensure that needy PLWHA and their families have access to food baskets and other basic social services. The unit will also work closely with NGOs/CBOs/FBOs that provide palliative care to ensure that PLWHA and their families have access to proper nutrition.

Continued Associated Activity Information

Activity ID: 4456
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 610,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Local Organization Capacity Development	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	0	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	0	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	2,695	☐

Indirect Targets

Through training of health care providers, care-givers and service provider in the community as well as NGO, FBO, CBO a total of 707 outlets providing HIV related palliative care excluding TB will be reached, and approximately 37,368 people will be provided with HIV-related palliative care.

Target Populations:

Adults
Community-based organizations
People living with HIV/AIDS
Caregivers (of OVC and PLWHAs)
Public health care workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: AIHA
Prime Partner: American International Health Alliance Twinning Center
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10278
Planned Funds: $ 150,000.00

Activity Narrative: 07-C0601: American International Health Alliance Twinning Center- Palliative Care Strengthening.

This activity has USG Team Botswana Internal Reference Number C0601. This activity links to the following: C0613 & C0614 & C0617 & C0817 & X1413.

This activity creates a twinning partnership between the APCA in Uganda and the School of Nursing in Botswana. Twinning is a key legislative issue. The aim of this partnership is to strengthen the Botswana nursing school to provide training and technical assistance to other organizations in Botswana that require quality palliative services.
The objectives of the partnership are to:
•Establish and implement a training of trainers program in palliative care to scale-up and expand the palliative care program.
•Facilitate a country-specific advocacy workshop to promote integration of palliative care into HIV/AIDS programs, and advocate for the availability of appropriate palliative care drugs.
•Adapt and implement evidence-based standards of care that are already developed by APCA for use in Botswana.
•Adapt the palliative care outcome scale already developed by APCA for use in public and private settings in Botswana.
•Build capacity to and advocate for the implementation of monitoring and evaluation (M&E) data collection tools to ensure adequate access to quality palliative care.
•Build capacity to and advocate for the integration of palliative care training in pre-service and postgraduate training programs.

FY07 funds will help the American International Health Alliance (AIHA) Twinning Center facilitate an exchange visit to Botswana by APCA. At this meeting, AIHA will facilitate the development of a partnership work plan and budget that identifies specific activities the partners will undertake together. Thereafter, AIHA will issue a sub-grant award to APCA to manage this partnership. These funds will be used to support all partnership activities, including the visit by key stakeholders from the nursing school to APCA in Uganda to learn first-hand about the services and resources APCA can bring to the partnership. Some of the activities may include development or adaptation of training materials, M&E tools, etc. and clinical placements for those who will be future trainers. In addition, a multidisciplinary and multisectoral workshop will be planned that will include Batswana policy makers with the aim of influencing policy changes in drug availability, and the integration of palliative care into HIV/AIDS care and support services. AIHA is currently supporting a partnership between APCA and the Palliative Care Association of Zambia, so additional opportunities for cross-learning and exchange of information and support will be identified. The trained nurses will be deployed to government health facilities, such as district hospitals and clinics.
In accordance with twinning methodology, the partners will select the outputs or products for the partnership together. Activities include:
•Develop twinning work plan and budget.
•Exchange visits between Uganda and Botswana.
•Conduct Botswana palliative care workshop.
•Produce training materials palliative care outcome scale, and M&E tools.
•Compile and circulate palliative care information and resources list in collaboration with the MOH.
•Make recommendations to policy makers to integrate palliative care into HIV/AIDS care training and services.
•Recommend that the nursing school integrate palliative care into pre-service, post-graduate, and continuing education,
•Establish informal palliative care networks among Uganda, Zambia, and Botswana.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	90	☐

Target Populations:

Nurses

Policy makers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Bakgatla Bolokang Matshelo
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10280
Planned Funds: $ 158,000.00
Activity Narrative: 07-C0603: Bakgatla Bolokang Matshelo.

This activity has USG Team Botswana Internal Reference Number C0603. This activity links to the following: C0602 & C0604 & C0605 & C0606 & C0607 & C0608 & C0613 & C0614 & C0618 & C0619 & C0802 & X1406.

Bakgatla Bolokang Matshelo (BBM) was initiated in 1998 as a grass roots initiative by local religious groups. The organization works to provide CHBC services through volunteers who visit patients at home and in hospitals to provide clinical, psychosocial, emotional, and spiritual support to patients and their families. With EP funding BBM's objective is to expand palliative care services at the centre and in homes of PLWHA. In FY07, the target is to reach 800 PLWHA with palliative care services. The services provided for PLWHA include:

- Pain relief, through provision of drugs like analgesics and through physical methods to reduce pain resulting from advanced HIV/AIDS infection.
- Counseling people on antiretroviral (ARV) drug adherence on how to cope with side effects, and providing support for very ill patients in ensuring adherence to treatment.
- Nutritional support, through provision of patients information on nutrition and training for families on means to ensure access to food. The center will provide daily meals to patients coming to the center from another funding source.
- Psychosocial services through counseling provided by a professional counselor and trained volunteers during home based care services and at the centre.

BBM coordinates support groups for PLWHA. Through the services of a trained counselor, clients are encouraged to create supportive peer relationships that will enable them to provide each other with ongoing psychosocial support. The program target is that 50 patients will enroll and participate in the support groups, and that 4 groups with about 15 people in each will be formed. Participation in the support groups will be voluntary, and group activities will be facilitated by the counselor. Marketing of the support groups is done through the volunteers and center staff as they deliver various services to their clients. Considerations of factors such as gender and age-group will be taken into account as new members join. The groups are encouraged to meet at least once monthly, and will be supported by the professional counselor whenever needed. BBM will refer clients to other services such as medical services.
A detailed M&E plan will be developed including a detailed results framework that shows key anticipated results and indicators, a detailed implementation plan including key targets to be achieved during the project period.
Objectives:

- To increase the number of volunteers providing services at the centre.
- To increase the number of caregivers providing home-based care.
- To enhance the development of a support system for clients of BBM through establishing four PLWHA support groups that will include professional counseling services.
- To increase the number of individual provided with palliative care by 800

Emphasis Areas	**% Of Effort**
Community Mobilization/Participation	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	800	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	22	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Kgatleng

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Botswana Association for Psychological Rehabilitation
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10281
Planned Funds: $ 58,463.00

Activity Narrative: 07-C0604: Botswana Association of Psychosocial Rehabilitation.

This activity has USG Team Botswana Internal Reference Number C0604. This activity links to the following: C0602 & C0603 & C0605 & C0606 & C0607 & C0608 & C0613 & C0614 & C0618 & C0802 & X1406.

The mentally ill are among the most marginalized groups in our society. They are among the least understood and underserved, and in many communities the stigma associated with mental illness cause the mentally ill and their families to suffer in silence. Their isolation and neglect becomes even more pronounced when HIV is involved. The double burden of mental illness and HIV/AIDS creates even more stigma and discrimination and intensifies hardships in their lives.

The Botswana Association of Psychosocial Rehabilitation (BAPR) Psychosocial HIV/AIDS Rehabilitation Project responds to the unique needs of people who are both mentally ill and HIV positive. No other organization in Botswana serves the special needs of this population. BAPR is based in Lobatse, and since 1993 it has served the community as well as the mentally ill hospitalized at the country's only mental health hospital. BAPR helps the mentally ill and their families cope with the debilitating effects of mental illnesses and recovery in an environment plagued with stigma, ignorance, and intolerance towards the mentally ill. BAPR has been a leader in empowering the mentally ill and in educating the community about the various diseases that comprise the large umbrella called "mental illness."

Through the Psychosocial HIV/AIDS Rehabilitation Project, BAPR seeks to enhance the quality of life of PLWHA who are recovering from mental illness through the provision of home-based psychosocial rehabilitation (PSR). The project also seeks to increase the community's capacity to respond accordingly, including the primary care givers/providers in the home, and volunteers providing HBC.

Program Description:

1) Facilitate meetings with key stakeholders to market the program and engage partners who are interested in collaborating, including the CBO that employs the HBC providers, and other HIV/AIDS service providers who will participate in the patient referral network for the specialized PSR centre and other palliative care services.
2) Develop training materials and resource packs for the training provided to the identified HBC providers on basic PSR. The materials will be developed through a consultative process with specialists working with the center to ensure that they are comprehensive and address all key aspects of basic PSR training.
3) Identification and training of HBC providers in basic PSR, including identification of patients who need such services. HBC providers from CBOs and local authorities will be invited to a 5 day training program organized and run by BAPR. This will be followed by in-service training and mentorship by BAPR through supportive supervision provided over the first 6 months following the initial training. BAPR trainers will follow up with the trainees and support them during home visits to patients identified as requiring home-based PSR services. Two workshops will be held annually over the two years of the project, and each training will reach 30 participants.
4) Provide specialized center-based PSR services to patients referred from other services providers such as the ARV treatment centers, HBC services, and orphans and vulnerable (OVC) programs. These services will be provided on a daily basis at the center by specialized program staff. Individualized programs will be developed by the center staff for each patient who is enrolled into the program, including patient follow-up plans. Patients discharged from the specialized program will be linked to trained HBC providers for on-going follow up and support in the community.
5) Referral and follow up for HIV infected patients who are discharged from the mental hospital to palliative care services in the community. This will be done by linking all discharged patients with trained HBC service providers to ensure that they receive ongoing support and palliative care when they return home. BAPR will establish follow-up mechanisms with the HBC programs through which these patients will be provided with ongoing care and support.
6) A detailed M&E plan will be developed including a detailed results framework that shows key anticipated results and indicators, a detailed implementation plan, and key

targets to be achieved during the project period.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	160	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

Target Populations:

People living with HIV/AIDS

Volunteers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

South-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Otse Village Association
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10282
Planned Funds: $ 58,463.00
Activity Narrative: 07-C0606: Otse Home Based Care Society.

This activity has USG Team Botswana Internal Reference Number C0606. This activity links to the following: C0602 & C0603 & C0604 & C0605 & C0607 & C0608 & C0613 & C0614 & C0618 & C0802 & X1406.

The Otse HBC Society (HBCS) provides care for chronically and terminally ill patients, including the elderly, in their homes. Otse HBCS provides equipment for better physical care and symptomatic treatment before ARV use. Otse HBC provides nutritional support to the disadvantaged, and liaises with other agencies, professionals, and donors to provide physical, emotional, and material support. In FY07, Otse HBCS will provide a range of palliative care services to 500 PLWHA over 3 years in homes and at a day care centre facility. The services that are available to PLWHA include:
•Pain relief, through provision of drugs like analgesics and physical methods e.g., heat application to reduce advancement of HIV/AIDS.
•Counseling people on ARV adherence and how to cope with side effects
•Providing the disadvantaged with nutritional support, educating them on the importance of good nutrition, and helping them to be self sufficient by providing themselves with food.
•Respite care for seriously affected patients. Otse is providing 100 households a month access to respite care at their day care center.
•Providing spiritual care at a chapel where pastors can conduct prayers for patients, and patients can talk with one another about their conditions.

To ensure that PLWHA receive a high standard of palliative care, Otse HBCS will employ a two-pronged approach and train both community-based HBC volunteers as well as primary caregivers. Over the life of the program, a total of 200 primary caregivers will be trained in a 1-2 day workshop based on an existing MOH manual. These primary caregivers will back up the palliative care being provided by the CHBC volunteers. HBCS volunteers and primary caregivers will continue to receive refresher on-the-job training.
In FY07, Otse HBCS will also train an additional 40 volunteers to provide palliative care. The volunteer training workshop is a 5 day workshop. The 5-day volunteer workshop training will be followed by a weekly in-service training for all volunteers. PLWHA who are currently involved in support groups will be included in the trainings.
Objectives:
•To reduce the burden of care for chronic and terminally ill PLWHA in the community.
•To empower primary and volunteer caregivers to provide quality care.

This organization will be monitored by the Prime Partner to ensure provision of quality services to PLWHA. The organization will also participate in tracking data that is relevant in responding to the needs of the MOH PCU. In addition, it will monitor its activities using its own organizational palliative care indicators. The Prime Partner will assist the organization to develop its detailed implementation plan and the monitoring performance plan.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	400	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	40	☐

Target Populations:

Adults

People living with HIV/AIDS

Children and youth (non-OVC)

Coverage Areas

South-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Botswana Retired Nurses Society
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10283
Planned Funds: $ 60,207.00
Activity Narrative: 07-C0605: Botswana Retired Nurses Society.

This activity has USG Team Botswana Internal Reference Number C0605. This activity links to the following: C0602 & C0603 & C0604 & C0606 & C0607 & C0608 & C0613 & C0614 & C0618 & C0802 & X1406.

The Botswana Retired Nurses Society (BORNUS) provides services employing best practices that are in line with the country's practices and standards; these include provision of psychosocial support, HIV prevention, antiretroviral therapy, prevention of mother to child transmission, and improving the nutritional status of patients.

With EP funding, BORNUS is providing comprehensive health and support services for PLWHA. BORNUS is minimizing pain for 200 people through the use of medications which will enable individuals to face death with dignity. Pain management activities include:
?Proper pain assessment.
?Advocate for provision of pain relief measures, including opiates, by medical practitioners.
?Prescribe analgesics described in the Drug Act to minimize pain.
?Assist patients in adherence to the ARV regimen.
?Apply physical methods of pain relief, e.g., heart application and massage.

As part of the overall palliative care program, work is done with children of adult PLWHA patients to provide some of the following services:
?Supervision of adherence to ARV therapy.
?Provision of nutritious food to children from other funding sources.
?Securing placement in schools.
?Referral to social welfare for the necessary supplies, such as school uniforms.
?In-home follow up to ensure an environment that is conducive for positive growth and development of these children.
?Provision of ongoing counseling to parents.

The BORNUS program also works to improve the nutritional status of 200 PLWHA through the provision of palliative care. Activities include:
?Educating clients on the importance of a nutritious diet.
?Demonstrating cooking methods, and emphasizing a healthy balanced diet, including vegetables.

A range of HBC services is provided including household chores. At every visit, volunteers record the type of service provided. There are 25 current volunteers, and 50 additional volunteers to be trained and engaged in BORNUS activities.

Objectives:
?To advocate for provision of pain relief measures, including opiates by medical practitioners.
?To prescribe analgesics included in the Drug Act to minimize pain.
?To apply physical methods of pain relief
?To provide a well balanced diet from other funds.
?To educate clients on the importance of a nutritious diet.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	200	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Coverage Areas

South-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Silence Kills Support Group
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10284
Planned Funds: $ 41,267.00

Activity Narrative: 07-C0607: Prime TBD-Silence Kills.

This activity has USG Team Botswana Internal Reference Number C0607. This activity links to the following: C0602 & C0603 & C0604 & C0605 & C0606 & C0608 & C0613 & C0614 & C0618 & C0802 & X1406.

The Silence Kills support group is an NGO established by PLWHA in Selibe Phikwe. It was formed to involve PLWHA in the provision of counseling services to the HIV infected and affected members of the community. Its mission is to increase the number of PLWHA in Botswana who continuously practice positive living, to provide quality counseling and testing services for PLWHA, and to fight stigma and discrimination against infected persons.

Using EP funding, Silence Kills provides palliative care and support through counseling and support for PLWHA and their families at the center and household levels. The Silence Kills support group employs two counselors who perform a range of counseling and care services, both on site at the Support Group Center and through community outreach efforts. Additional trained volunteers support the activities of the counselors. The range of services available to PLWHA include:
?Pain relief, by providing drugs like analgesics and physical methods.
?Provision of one on one support to PLWHA including psychosocial support and ARV adherence counseling, coping with side effects, and providing support for very ill patients.
?Nutritional support, by providing patients with information on nutrition and training families on ways they can ensure access to food. The center provides daily meals to patients coming to the center.
?Psychosocial services are provided by a professional counselor and trained volunteers during HBC services and at the center.
?The counselors coordinate with the Government's HBC services to ensure that people are accessing and receiving regular HBC.

On a quarterly basis, the Centre hosts working groups of service providers to discuss challenges in their work, best practices, lessons learned, and ways forward. The workshops aim to improve approaches to testing, treatment, and care service provision. The participants of the working groups include medical doctors, nurses, counselors, home-based care providers, social workers and active members of the Centre. Each working group has approximately 30 participants. Quarterly workshops are held in the community on basic palliative care and "positive living."

Objectives:
•To provide counseling, care, and support for treatment adherence to 172 registered patients.
•To identify at least 200 new HIV infected clients through outreach and follow-up visits, door-to-door campaigning, and working directly with two anti-retroviral clinics.
•To enhance the knowledge and skills of infected persons and care service providers about recommended treatment and care practices and "positive living" through workshops and monthly meetings.
•To develop a referral system for clients to ensure a comprehensive care system.

This organization will be monitored by the Prime Partner to ensure provision of quality services to PLWHA. The organization will participate in tracking data that is relevant to the needs of the MOH PCU. In addition, it will monitor its activities using its own organizational palliative care indicators. The Prime Partner will assist the organization to develop its detailed implementation plan and the monitoring performance plan.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	172	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	100	☐

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Coverage Areas

Central

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Tsholofelo Trust
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10285
Planned Funds: $ 160,000.00
Activity Narrative: 07-C0608: Tsholofelo Trust.

This activity has USG Team Botswana Internal Reference Number C0608. This activity links to the following: C0602 & C0603 & C0604 & C0605 & C0606 & C0607 & C0613 & C0614 & C0618 & C0802 & P0214 & X1406.

With EP funding, Tsholofelo Trust is providing comprehensive, quality health care and support services to PLWHA in Letlhakeng village in the southern part of Botswana using trained volunteers. The volunteers provide counseling support to HBC patients and their relatives. The program also includes a small component of HIV prevention focused on youth. The youth involved with the program will assist with psychosocial palliative care at the community level.

In FY07, Tsholofelo Trust will continue counselor training HBC volunteers and build upon any existing initiatives spearheaded by the District Council Aids Coordinator. The volunteers will address the holistic needs of the clients, providing the minimum package of palliative care. The aim of the program is to recruit male and female volunteers of all ages, from youth to the elderly and to train and deploy 10 HBC community counselors in the first year. The social worker coordinates with the community counselors, and collaborates with relevant organizations such as the District Council and the Keletso Center in neighboring Molepolole.

The HBC community counselors provide holistic care to patients and work with the social worker to refer them to other sectors of the community. The social worker is responsible for supervising the counselors and monitoring their performance. The work of the social worker is done in close cooperation with the District Health Team and government social workers.
A critical role for both the counselors and volunteer peer educators, with the help of Tshololelo staff, is to link those in need with the appropriate government services, and make them aware of such services as ARV treatment, food baskets for palliative care patients, and others.
Objectives:
•To train volunteers in palliative care and HIV prevention through established youth groups and community outreach.
•To build capacity of existing PLWHA support groups in order for members to participate in home-based care activities.
•To establish another PLWHA support group to increase coverage.
•To educate young people about HIV/AIDS, and to encourage behavior change and reduce stigma and discrimination.

This organization will be monitored by the Prime Partner to ensure provision of quality services to PLWHA. The organization will also participate in tracking data that is relevant in responding to the needs of MOH's PCU. In addition, it will monitor its activities using its own organizational palliative care indicators. The Prime Partner will assist the organization to develop its detailed implementation plan and the monitoring performance plan.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	1	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	640	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	20	☐

Target Populations:

Adults
People living with HIV/AIDS
Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Central

Table 3.3.06: Activities by Funding Mechanism

Mechanism: ITECH GHAI
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10286
Planned Funds: $ 798,698.00

Activity Narrative: 07-C0609: University of Pennsylvania.

This activity has USG Team Botswana Internal Reference Number C0609. This activity links to the following: C0613 & C0614 & C0616 & C0703 & C0814 & T1111 & T1112 & T1115.

Continuing Medical Education (CME) Lectures in Gaborone
UPenn specialists will provide continuing education lectures for physicians, nurses, pharmacists, and other health care providers in the Gaborone area. UPenn will provide education through these teaching conferences to 20 or more providers attending each of these sessions, held every 3-4 months throughout the year.

Implementation of the National Guidelines for HIV-related Palliative Care
UPenn specialists will help implement guidelines for the palliative care of PLWHA. UPenn physicians will continue to collaborate with the MOH PCU and participate in the rollout of the palliative care guidelines. UPenn will continue to participate in implementing guidelines for palliative care throughout the year.

The UPenn program in Francistown began in November 2005. In FY07, they will continue to have two UPenn Specialists working in Francistown. They will divide their time equally between NGH and outreach.

Activity 2: NRH
The NRH component will be designed in collaboration with the Superintendent, and will include inpatient and outpatient care, training, curriculum development and didactic teaching. FY07 outcomes at NRH include: (a) provision of clinical, psychosocial, and social palliative care to about 600 HIV inpatients (non-TB) at NRH. (b) provision of care to 180 outpatients newly started on ART. (c) provision of outpatient care to 1,000 outpatients maintained on ART. Note that many of these patients will also be seen by other providers over the course of a year since return visits are not directed to any one physician. Therefore, these are not unique patient visits, but are the total number of patients seen over the course of a year who are on ART. (d) provision of indirect palliative care to approximately 1,000 HIV patients through interactions with other providers at NRH. (e) provision of training to approximately 20 physicians, nurses, and nursing students employed by NRH who round with the UPENN specialists during the year. This teaching will be in the form of bedside teaching during daily rounds.

Outreach Program
One specialist will spend 2-week periods at each of several locations including Tutume and Masunga. At outreach sites, the UPenn specialist will be involved in inpatient consultations, outpatient consultations, one-on-one mentoring, and classroom lectures. In addition, UPenn specialists will continue to provide consultation by phone to physicians in the area. UPenn will provide direct consultation and palliative care to approximately 200 inpatients without active TB, 70 inpatients with active TB, and 1,000 outpatients who were previously started on ART. UPenn will provide phone consultation to advise on care of approximately 300 patients during the fiscal year.

Educational Programs at NRH
UPenn providers will continue to direct intake rounds Monday through Friday each week; daily ward rounds serve as one of the main teaching conferences for the interns and medical officers. In addition, UPenn staff will continue to organize both a weekly didactic lecture series and HIV conferences for interns, medical officers, and other healthcare providers at NRH. UPenn will provide education through these teaching conferences to 20 individuals attending sessions at NRH over the course of the year, and 40 individuals at outreach sites.

Implementation of the National Guidelines for HIV-related Palliative Care
UPenn specialists will help implement guidelines for palliative care of PLWHA at NRH as described above.

Emphasis Areas

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	9	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	1,100	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	160	☐

Indirect Targets

Number of individuals provided with indirect HIV-related palliative care=2,200

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Host country government workers

Coverage Areas

North-East

South-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism: ITECH GHAI
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10288
Planned Funds: $ 210,621.00
Activity Narrative: 07-C0610: I-Tech-STI Syndromic Management.

This activity has USG Team Botswana Internal Reference Number C0610. This activity links to the following: C0611 & C0613 & C0614 & C0902 & C0910.

In 2005, International Teaching and Education Center on HIV (I-TECH) successfully implemented sexually transmitted infections (STI) training, including the introduction of acyclovir for genital ulcer disease, in Lobatse and Chobe (phase I districts of implementation). In 2006 training was rolled out to an additional 10 sites (phase II districts). Training in syndromic management of STIs includes routine HIV testing (RHT) of clients as well as risk reduction counseling.

In FY07, building upon the FY05 and FY06 activities, I-TECH will expand supportive supervision visits to phase III district health facilities as a follow up to the STI syndromic management training that these health care providers (HCPs) received in 2005-2006 and continue to support supervision activities in phase II districts. The supportive supervision training that was developed and offered to district trainers in phase I and II districts in 2006 will be repeated for phase III districts.

FY07 funds will continue to support the STI/M&E trainer (hired with 2006 funds) who will support the district trainers in their efforts to plan supportive supervision visits, respond to efforts to improve the quality of care, and report on the visits. I-TECH plans to conduct a three-day Training of Trainers from the phase III districts, hold a one-day sensitization workshop for district supervisors on the supportive supervision/clinical mentoring activities, and provide for partial training and participant costs that will be shared with the MOH.

FY07 funds will be used to hire a data manager for the MOH National STI Training and Research Center (NSTRC). This position will take the lead in data collection, monitoring, analyzing, and reporting on the data. In addition, I-TECH will provide technical assistance to the NSTRC on integrating their monitoring activities into the MOH's overall M&E and surveillance activities. The targeted population includes the primary health care physicians, nurses, and other health workers. The STI/M&E trainer will work with the NSTRC coordinator and clinic staff, administration, Central Medical Stores (CMS), and other stakeholders to improve the quality of STI care. As the supervision and reporting expands, the EP-funded data clerk who tracked prescription of acyclovir in Chobe and Lobatse (phase I districts) and STI syndromic management trainings in 2006 will take on the responsibilities for tracking acyclovir data from both phase I and phase II districts and entering data from the supervision visits in 2007.

FY07 funds will be used to support the time and travel of the I-TECH M&E Lead and the I-TECH STI/HIV Clinical Mentor to conduct the training of phase III district trainers on supportive supervision/clinical mentoring. The I-TECH M&E Lead will also provide technical assistance to the NSTRC in reporting the results of the supervision visits and integrating them into the MOH activities. EP funding will support the time and travel of the I-TECH data manager to assess the data management needs of the NSTRC, assist with hiring data staff, and developing and training on an appropriate database.

EP funds under this activity will also support a portion of overall I-TECH country management and technical assistance costs.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	☐

Indirect Targets

I-TECH expects to have indirect targets relating to the use of the Palliative Care, HIV/OI curriculum and training framework developed in support of the University of Pennsylvania's clinical program in Botswana. Thereby, increasing capacity of local health care providers.
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)= 1,100

Target Populations:

Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: JHPIEGO
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10291
Planned Funds: $ 250,000.00

Activity Narrative: 07-C0612: MOH-DHAPC: Situational Analysis of the Care and Support for PLHWA.

This activity has USG Team Botswana Internal Reference Number C0612. This activity links to the following: C0613 & C0614 & C0911 & P0513.

This new activity is a collaborative effort between the MOH, the Care and Treatment, and the M&E/Surveillance Sections in BOTUSA.

Botswana has about 272,000 PLWHA who are eligible for one or more components of services in a continuum of care. The country has made significant political and resource commitments to reach these people with basic care and treatment services. Notably, approximately 68,440 PLWHA are currently receiving ARV therapy in the national Masa program; over 80% pregnant women receive services from the prevention of mother to child transmission (PMTCT) program, and 80% of those who test positive receive complete courses of ARV prophylaxis (AZT and/or Neverapine); close to 35% of households with orphans receive psychosocial and food basket support services.

About 12,000 PLWHA have been registered in the CHBC program run by the MOH to receive palliative care in the home environment. This program is one of the oldest HIV/AIDS care programs and has been in existence since 1995. Furthermore, close to 200 NGOs/CBOs/FBOs are currently registered to provide a wide range of psychosocial and material services throughout the country.

FY07 funds will be used to conduct a situational analysis of care and support for PLHWA (targeted evaluation). No systematic data exists on the coverage, utilization, or effectiveness of this program. The client base and packages of care services provided by community-based civil society (CBOs/FBOs/NGOs) are largely unknown.

Objectives
• To assess the availability of basic clinical, psychosocial, and economic services for PLWHA both from the providers' and consumers' perspective.
• To assess the perceived socio-cultural factors that hinder optimal utilization among PLWHA of available psychosocial and clinical services.
• To assess the knowledge, attitudes, and behavioral factors influencing sexual and reproductive health decisions among PLWHA.
? To identify existing service delivery gaps, including problems of linkages and referral mechanisms at clinical/institutional and community levels.
? To assess the capacity building needs of PLWHA groups (networks) and CBOs/FBOs/NGOs for active participation in the care and support services.

Qualitative and quantitative survey techniques will be employed to collect the necessary data. A sample of PLWHA will be interviewed in one-to-one, in-depth interviews and focus group discussions (FGD) by fellow peer group members who will be trained in interview techniques. Service providers including networks of CBOs, will be interviewed to obtain an overview of the objectives, activities and performance of their care and support programs. The MOH CHBC program will be evaluated for its ability to reach needy populations with adequate quality care. Family members taking care of the PLWHA and community leaders will be interviewed to provide this information. Appropriate statistical procedures will be applied to determine the sampling frame and size for the districts to be included, the number of PLWHA, health workers and caretakers to be interviewed. The number of FGDs and in-depth interviews to be conducted will be determined based on the issues and themes to be covered. A comprehensive study protocol will be developed to undergo local and HHS/CDC IRB review and clearance.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Adults

People living with HIV/AIDS

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	PCI CoAg
Prime Partner:	Project Concern International
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10293
Planned Funds:	$ 600,000.00

Activity Narrative: 07-C0615: Project Concern International.

This activity has USG Team Botswana Internal Reference Number C0615. This activity links to the following: C0602 & C0613 & C0802 & C0811 & C0814 & C0816 & P0101 & P0104 & T1101 & T1107 & T1108 & T1109 & T1113 & T1114.

Activity Narrative
An estimated 10,000 – 25,000 children under the age of 15 are HIV-infected. The care and treatment of infants and children with HIV/AIDS poses the following distinct challenges:
1) Pediatric ARV formulations are not readily accessible;
2) Appropriate technology for testing is limited;
3) Overall screening of infants and children is insufficient;
4) There is a lack of holistic and integrated care for children;
5) clinical expertise in pediatric HIV/AIDS is still growing;
6) Insufficient guardian care and support may be lacking in the home, so children have to rely on others to help with adherence and follow up.
All of these pediatric-specific issues are made more complicated by the challenges and constraints posed by ARV distribution and adherence for adult PLWHA. These challenges are surmountable but need to be taken into account when designing and implementing an effective strategy to improve ARV therapy and palliative care for HIV- infected children in Botswana.

Building on experiences addressing the needs of children and families with HIV/AIDS in several other countries, PCI, in collaboration with the MOH and other key stakeholders, proposes to design and implement a project that will support and strengthen existing programs that address pediatric ARV therapy related issues. In response to the needs and context reflected above, this project aims to improve ARV tretament uptake and adherence in HIV infected infants and children through a program of linkages, coordination, and referral that emphasizes capacity building for civil society in pediatric ARV therapy support.

The project will 1) strengthen the capacity of caretakers and caregivers of PLWHA and OVC to support optimal care and treatment for HIV infected infants and children, 2) increase community access to available child/infant-appropriate HIV testing, 3) enhance case finding and referral to appropriate care and treatment services for children, and 4) maximize linkages among these services. Capacity-building will be conducted in collaboration with Baylor University, I-TECH, and other key resource organizations as appropriate. The activities described in this activity narrative are for a one-year period; however it is expected that year one activities will lay down a foundation for national scale-up during subsequent years.

In FY07, activities will focus on Francistown. Key elements of the program include:
1. Improving identification of HIV-infected children and linking them to care and treatment support services, through:
a. Engagement of Civil Society Organizations (CSOs) (traditional authority structures, local NGOs, CBOs, FBOs, PLWHA Associations, etc.) and networks of CSOs that are involved in the care and support of infants, children, and adults living with HIV/AIDS, including OVC, HBC, and PMTCT programs.
b. Establishment of new, and strengthening of existing, referral systems and linkages among key programs and health sector divisions (e.g., clinics and hospitals, PMTCT, immunization, maternal child health, OVC, home based care, inpatient and outpatient services, private health providers, school health initiatives, the Masa ARV therapy program).
c. Improving data management, record keeping, and monitoring of patients once they are captured in the system by using appropriate paper-based and electronic formats to enhance existing MOH (responsible for hospitals) and MLG (responsible for clinics) systems.

PCI will complete the following steps in order to determine details of project design and implementation, including the final selection of project sites, partners and indicators, and the establishment of targets and deliverables. Throughout this process of planning and

implementation, PCI will foster the engagement and support of key stakeholders, as well as continuous quality improvement through performance monitoring, reflection and learning.

1. A rapid assessment and mapping process will be carried out to determine specific needs and opportunities, challenges and resources that will need to be taken into consideration during design and implementation of the project. A detailed workplan will then be developed in close coordination with the EP USG Team, collaborating partners, and other relevant stakeholders. Promising practices and lessons learned in Botswana will be reviewed and incorporated.
2. Assessments of organizational and technical/programmatic strengths and needs will be conducted with partner CSOs and relevant health care workers. Training strategies and modules to address needs identified through these assessments will be developed and/or adapted. Training activities will be implemented in coordination with ongoing and existing training for ARV therapy delivery and adherence, OVC, PMTCT or other related subjects and areas of programming.
3. CSOs and relevant health care workers will be supported to incorporate pediatric ARV therapy adherence counseling into their routine outreach and selected CSOs will be provided with mini-grants to support their pediatric ARV therapy specific activities. Development of a nutrition-for-ARV therapy training module designed for pediatric application based on PCI experience to date in Zambia and available experience within Botswana and the southern African region. Recommendations for further research in action on this topic will be made

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

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	5	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	150	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	☐

Target Populations:

HIV/AIDS-affected families
People living with HIV/AIDS
Public health care workers
Private health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas

North-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU25113
Prime Partner:	Tebelopele
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10294
Planned Funds:	$ 215,000.00

Activity Narrative: 07-C0616: Tebelopele.

This activity has USG Team Botswana Internal Reference Number C0616. This activity links to the following: C0609 & C0613 & C0901 & C0911 & P0513 & T1120.

Learning that one is HIV infected is the beginning of one's need for palliative care. CD4 cell counting is a post-test service that would not only facilitate timely, effective referral of sero-positive clients for treatment, but would also strengthen risk reduction counseling for HIV-infected clients. Making CD4 cell count more accessible for HIV infected clients, will make it possible to link ongoing supportive counseling with other support services, including nutrition interventions, family planning, screening for TB and other OIs, and other services in order to help these clients stay healthier longer before they qualify to enroll in ARV therapy. For those who need to be enrolled immediately on ARV treatment, this service will expedite the process of their enrollment. The CD4 screening processes are:
?Obtaining blood samples from clients
?Forwarding specimens to government laboratories for CD4 testing
?Interpreting clients' CD4 results
?Monitoring/supporting clients and/or refer appropriately to treatment centers

An extensive consultative process with MOH, MLG, and other key stakeholders will precede this proposed activity in order to obtain buy-in, guidance, and support for CD4 screening at Tebelopele voluntary counseling and testing (VCT) centers.

In FY07, Tebelobele will move from anonymous testing to confidential testing which will make referrals and follow up logistically easier

Assessment for CD4 cell count screening and piloting
Tebelopele will pilot CD4 cell count screening in two centers in Gaborone and Selebi Phikwe. The rationale for selecting these locations is based on target population, space availability, and staff capacity. The factors considered include
?High HIV prevalence (BIAS II Survey 2004)
?Number of clients served per month
?Human resource capacity; both centers have two nurse counselors who could assist with phlebotomy
?Proximity to government hospitals for collaborative support and referrals
Tebelopele will not perform CD4 test on site but monitor CD4 test results which would be received from government laboratories performing the test and will refer patients accordingly to treatment centers.

Target group
The target population for the project is 100% of the clients who test HIV positive at the Tebelopele centers. However, provisions have been made for the likely client referrals from other service providers. A total of 7,360 clients are targeted through this intervention, including 5,520 Tebelopele VCT clients and 1,840 expected client referrals from other service providers.

Staff Requirements
Six new positions for the project will include a data entry clerk, and a program coordinator. In addition, 24 existing Tebelopele VCT staff will support the project..
All necessary related staff training for CD4 screening (phlebotomy and interpretation of results) will be arranged. The MOH will be approached to assist in this training through the KITSO training program.

Space
Space is available at both locations.

Referrals based on CD4 results
The main referral linkages for the clients will include:
?National MOH Masa ARV treatment program
?Private practitioners/physicians
?PMTCT program
?Ongoing risk-reduction supportive counseling

The referrals will be facilitated using a comprehensive confidential referral form.

M&E
?All standard operating procedures will be in line with those of the MOH
?M&E staff at Tebelopele will review and revise data collection, recording and analysis systems and forms to include and utilize CD 4 screening data. These new data can then be used to inform program development.

Rollout Plan
Feb. 07- March 07
?Extensive consultation with relevant health authorities
?CD4 screening capacity assessment.
o Manpower and skills requirements
o Establishment of specific training needs/requirements and preparatory ground work through enquiries and general information gathering
o Development of a project component of social marketing and PR strategy

April '07 – June '07
?Recruitment and capacity building for the project
?Capacity building training
o Scheduling and attendance
?Stakeholder briefings and consultations
?Sensitization of the public
?Development and production of IEC materials

July '07 – Dec '07
Conduct the six month pilot. It is expected that regular briefings with Tebelopele VCT and the MOH will be held as part of project monitoring to ensure that any incidents that may arise are addressed as early as possible.

Jan '08 – March '08
?Evaluation of the pilot project to provide information regarding any actions that need to be taken to ensure that the scaling up of the program to other eligible Tebelopele VCT centers is done smoothly and efficiently.
?Preparations for roll out to other eligible centers
oIncorporation of pilot evaluation recommendations
oStakeholder consultations and briefings
oAssessment of ear-marked centers
oCapacity building for CD4 result monitoring
oProject proposal with work plan and budget
oImplementation

Prevention for Positives
One component of the Tebelopele VCT program is to provide ongoing supportive risk reduction counseling for those who test positive but who do not qualify for treatment yet. This intervention covers:
?CD4 monitoring per Masa ART guidelines
?Client referrals for treatment
?Referrals to support groups and other supportive services
?Counseling for HIV infected clients, including the HIV negative partners in relationships with discordant HIV test results
?Personal HIV management and positive living

Systems
Systems and procedures will be developed in line with MOH policies and guidelines. These include a record - keeping system and client tracking /follow-up system and procedures.

Social Marketing & PR Component
IEC materials will be developed to introduce and explain the services, to communicate the benefits of the services, and the kind of referrals that come with the services. This activity includes content development and materials development and production

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,400	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

People living with HIV/AIDS

Coverage Areas

Central

South-East

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: The Futures Group International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10296
Planned Funds: $ 50,000.00

Activity Narrative: 07-C0617: Nurses Association of Botswana.

This activity has USG Team Botswana Internal Reference Number C0617. This activity links to the following: C0601 & C0801 & X1411.

The Nurses' Association of Botswana (NAB) is a non-profit NGO addressing issues around professional growth and integrity. Since the advent of the HIV/AIDS pandemic, nurses have experienced increased levels of stress, burnout, and despair. In 2001, the USG responded by organizing training on "Understanding Grief and Loss: Caring for the Caregivers." In FY04/05 NAB developed a manual and provided training for their members. Six thousand copies of the Caring for the Caregivers manual were produced and distributed, one for each nurse across the country.

Strengthening care and support services through an expanded network of care providers is essential to meeting the needs of nurses. Currently, the health care sector cannot cope with the demands for hospitalization of patients with AIDS, many of whom have to be sent home when they still need care. Many gaps remain in palliative care services, including problems with coverage and the quality of services offered. There is a lack of comprehensive palliative care services, which should encompass a continuum of care from symptom and clinical care to preventive care, psychosocial and spiritual care, and end-of-life support.

To meet the current health crisis, health workers must be competent, compassionate, and confident in caring for AIDS patients. Policies and service delivery guidelines need to be revised. NAB aims to establish support groups for nurses and other health care workers throughout the country. The purpose of the support groups is to provide and receive emotional, spiritual, social, and practical support from each other in health and professional issues, with an emphasis on, but not limited to, HIV/AIDS. Nurses will be trained to organize and run a support group and assisted to establish support groups at their facilities and health regions.

NAB plans to use existing materials from Botswana and the southern African region to develop guidelines for formation of support groups for nurses. A project completed in South Africa, by POLICY Project in partnership with the National Department of Health, developed guidelines to establish groups to give psychosocial support for people who are living with and affected by HIV/AIDS. Based on this established resource and in follow-up to the Caring for the Caregivers program, NAB will work with the USAID/Health Policy Initiative to adapt these guidelines for NAB to provide psychosocial support to nurses who are experiencing increased stress and loss due to HIV/AIDS. Nurses with increased psychosocial support will provide better care for those who are in need.

These guidelines will be developed under the supervision of a Support Group Guidelines Committee made up of NAB members and other key stakeholders such the Tshedisa Institute- a wellness center for health care workers, hospitals, the IHS, and the MOH Caring for Caregivers program. Once developed, NAB will train 80 nurses throughout the country in various health care settings, who will in turn train 800 other nurses (each nurse will train 10 nurses) in the use of the guidelines and the development of support groups. At the end of the workshop, participants will develop their own work plans to start support groups. After feedback has been obtained by NAB, successful support groups will receive support to facilitate running the initial 2-3 meetings of their new groups.

NAB will follow up with workshop participants by phone and fax and an evaluation form on the implementation of their work plans. This will ultimately result in the establishment of support groups to assist NAB members to support each other in the context of HIV/AIDS and ultimately, improved and more compassionate care for people living with HIV/AIDS.

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Policy and Guidelines	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	880	☐

Target Populations:

Nurses
People living with HIV/AIDS
Other Health Care Worker

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: ITECH GHAI
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10298
Planned Funds: $ 700,000.00
Activity Narrative: 07-C0618: NGO supporting organization in the North.

This activity has USG Team Botswana Internal Reference Number C0618. This activity links to the following: C0602 & C0603 & C0604 & C0605 & C0606 & C0607 & C0608 & C0613 & C0804 & C0805 & C0806 & C0807 & C0808 & C0810 & X1406.

The objective of this activity is to strengthen the HIV/AIDS civil sector response in Botswana especially in the northern area of the country, an area not covered by any of the Pact grantees. An organization will be identified to support NGOs to increase their service population and improve the quality of their interventions. This organization will assess the comprehensive palliative care needs in these underserved areas, and work to meet those needs in alignment with the goals outlined by EP and the 5 Year Strategic Plan.

In FY07, five local organizations will receive financial and technical support to improve their implementation of palliative care programs. The funds will be used to provide grants and promote programs for PLWHA in areas such as service delivery, equipment, material development, and needs assessment. This will strengthen the clinical, social, spiritual, and psychosocial aspects of palliative care.

The five organizations will be encouraged to network and create linkages with other organizations providing palliative care and other relevant partners. In addition, these organizations will work closely with the MOH PCU to ensure compliance with the national guidelines and other policy frameworks. The organizations will also be guided by the minimum essential package defined by the Ministry in providing services to PLWHA at the household and community levels.

The organizations will also collaborate with other relevant government ministries such as the MOE, MLG and the MOH nutrition rehabilitation project for malnourished OVC affected by HIV/AIDS. Where applicable, the organizations will utilize existing national training manuals on palliative care.

These grantee organizations will be monitored by the technical assistance partner (TBD) to ensure provision of quality services to PLWHA. They will also participate in tracking data that is necessary in responding to M&E needs at MOH.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	8	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	700	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	20	☐

Target Populations:

Community-based organizations
Faith-based organizations
HIV/AIDS-affected families
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
Volunteers
Implementing organizations (not listed above)

Key Legislative Issues

Stigma and discrimination

Coverage Areas

North-East

North-West

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	ITECH GHAI
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10300
Planned Funds:	$ 62,815.00
Activity Narrative:	07-C0619: I-Tech-Opportunistic Infection Training.

This activity has USG Team Botswana Internal Reference Number C0619. This activity links to the following: C0603 & C0703.

In FY07, I-TECH will provide technical assistance to the UPenn to generate clinical palliative care guidelines and a training curriculum for health care providers in the palliative care portion of their program, specifically OIs in HIV patients. These guidelines and training curriculum will be developed in collaboration with the MOH PCU, and will complement existing guidelines on OIs. Utilizing the I-TECH 5-Level Training Framework, I-TECH will support UPenn in building a structure to purposefully develop capacity among health care professionals in Botswana to deliver quality HIV care. As part of this effort, I-TECH will work with UPenn using the I-TECH Clinical Mentoring Toolkit to develop a palliative care curriculum, and then use the curriculum to train Botswana health care providers. The curriculum will be adapted to the Botswana context from previously developed HIV/OI curricula.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	50	☐

Indirect Targets

I-TECH expects to have indirect targets relating to the use of the Palliative Care, HIV/OI curriculum and training framework developed in support of the University of Pennsylvania's clinical program in Botswana. I-TECH through U-Penn support will indirectly train 160 individuals and indirectly reach 09 service outlets providing palliative care.

Target Populations:

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: Field
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10301
Planned Funds: $ 144,290.00

Activity Narrative: 07-C0620: Harvard.

This activity links with T1111 & T1112.

This is a continuing program of the BHP to support and strengthen the Masa ARV therapy program through the following 4 activities:

ACTIVITY 1: The CMT was designed to provide sustainable training capacity for integrated, high-quality HIV/AIDS treatment at public sector ARV sites in Botswana. It consists of on-site and centralized training and support activities, focusing on the development and training of site-level Master Trainers who in turn provide training to health professionals at their respective sites. By end of FY06, CMT will have assessed 16 sites, initially supported and followed up with 10 sites, assessed and supported/upgraded 10 clinics to prescription and dispensing level, and trained 1200 health workers to deliver ARV services.

These numbers include the Infectious Disease Care Clinic (IDCC) and satellite clinics, as well as the 11 ARV sites where we will have an on-site presence for an estimated 24% of the fiscal year period. By the end of FY06, all sites and satellite clinics will be reached in terms of staff training, and 16 satellite clinics will be upgraded and set up as full prescribing stand alone facilities. More than 800 health workers will be provided short term-trainings (KITSO for Lower Cadres, and KITSO Advanced Clinical Care Fundamentals and in-service lectures on HIV and OIs. In collaboration with WHO and MOH, the CMT has spearheaded the adaptation and piloting of the Integrated Management of Adults and Adolescent Illnesses (IMAAI) modules to be in line with the national rollout for nurse dispensing of drugs for HIV and OIs. They have implemented telephone site support with CMT receiving more than 200 calls per month on different issues on HIV care.

In FY07, the remaining ARV sites will receive the full package of training and support , including needs assessments, on-site practical support, centralized classroom and attachment training at site IDCCs, immediate on-site support, and quarterly follow-up visits. A total of 32 core team site-level Master Trainers will be trained and will supervise care and treatment at their sites.

BHP will expand its clinical support to ARV sites in FY07 through these activities:
1. Strategies to improve, integrate, monitor and evaluate services and programs at ARV sites, and to increase capacity through improved integration of programs. This includes training of the CMT's on Quality Assurance and Improvement and implementation of QA activities in collaboration with I-TECH at the ARV site level;

2. Telephone Site Support for HIV/AIDS Management to enable clinical and pharmacy staff at all 32 ARV sites to obtain advice on difficult cases, etc. from core Master Trainers and other BHP staff by toll free phone to ensure the best, quickest, and most efficient care and treatment possible;

3. In collaboration with Masa, training of clinical core teams to train the nursing cadre at their sites to start prescribing and dispensing for non-complicated first line therapy;

4. Development of educational tools for ARV sites, including a clinic reference manual and CD ROMs;

5. Provision of training by Pharmacy Master Trainers (PMT) on Supply Chain Management, Rational Drug Use, logistics, dispensing techniques, and monitoring of toxicities for all 32 sites, and provide on–site support to 20 ARV dispensing units. The PMT will also collaborate with Central Medical Stores on 1) forecasting, 2) quantification, 3) ordering and delivery of ARV drugs to the newly dispensing satellite clinics, 4) monitoring and evaluation, 5) developing/updating existing training manuals, and6) increasing the pediatric effort by bridging efforts on testing and diagnosis of children under 5 years.

ACTIVITY 2: The Laboratory Master Trainer (LMT) has been instrumental in the decentralization of CD4 and viral load (VL) testing in conjunction with infrastructure funded by ACHAP and BOTUSA.. CD4 services were decentralized to 12 laboratories in FY06. VL testing was delayed due to machinery incompatibility, electrical power

insufficiency, and delays in equipment delivery. A total of 25 laboratory technicians were trained on CD4 systems and 6 have been trained on VL to date. In FY06, decentralization, set up, and training support for VL testing will resume and be completed.

In FY07, the LMT/Site Support Program will continue to support the established CD4, VL decentralized and expanded labs from FY06 and add hematology, chemistry, and microbiology re-training and support. By the end of FY07, all laboratory technicians from the 12 decentralized laboratories will have been fully trained in CD4 and VL, re-trained in hematology, chemistry, and microbiology, and all 12 labs should be fully functional. Attachment training at the Botswana-Harvard HIV Reference Lab, site support, telephone site support, and capacity building through development of site-level laboratory master trainers will continue. An estimated 30 technicians, 6 from private sector, will be trained. The LMT, in collaboration with MOH and HHS/CDC/BOTUSA, will formalize the training manuals on CD4, VL, hematology, chemistry and microbiology, including TB, and the LMT will train on the expanded manual during all training efforts listed above. Additionally they will provide training on lab data management, reagent logistics, and quality assurance in FY07.

ACTIVITY 3: Establishment of an M&E Unit within the Masa Program to develop standardized paper-based and electronic monitoring systems to track ARV patients, specifically, clinical, laboratory and pharmaceutical monitoring systems. This will include development of indicators and data capture instruments, harmonization of indicators, development of data flow mechanisms including reporting guidelines and instruments, reporting schedules, and routine feedback documents to the sites.

Recently, a data server was purchased and installed within the MOH. Ten data entry clerks were hired in April 2006 and are presently deployed at ART sites to enter manual data from files into the electronic system, and update the ARV data at all 32 sites. A data manager understudy was hired. Staff at the ARV treatment sites will be trained on the new data capture instruments, indicators, quality and flow. A consultant will be brought in to assist in setting up the data warehouse, and working on integration and security issues.

In FY07, activities will continue in line with the MOH vision of developing a viable and sustainable monitoring system for the ARV program. The existing Masa application will be evaluated and updated to serve the increasing numbers of patients who will come into the system. Additional software required for front-end users of the server will be purchased. Relevant staff at ARV treatment sites will be provided with refresher training on data aspects and M&E. Site visits will be continued to monitor data quality and data activities at the sites.

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

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	11	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	19,000	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	883	☐

Indirect Targets

Number of individuals provided with HIV related palliative care (excluding TB/HIV) =6360

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Doctors
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: University Technical Assistance Program (UTAP)
Prime Partner: Baylor University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10303
Planned Funds: $ 60,000.00

Activity Narrative: 07-C0621: Baylor.

The Botswana-Baylor COE was opened on June 20th, 2003. The COE is a collaborative public-private partnership between the Baylor College of Medicine and the GOB. The key objectives of the Baylor COE are to provide comprehensive care to HIV-infected children and their families, and to 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.

In 2003, the COE assisted the MOH in reviewing the old KITSO training program, and in developing the current and more comprehensive expanded KITSO Training Plan. This activity was funded by HHS/CDC/BOTUSA. EP funds supported the position of an HIV/AIDS training coordinator at the COE. Under the direction of the COE training coordinator, the COE, the Department of Pediatrics at PMH, and the Botswana Network on Ethics, Law, and HIV/AIDS (BONELA), developed a pediatric training course to support the national rollout of ARVs in Botswana. Implementation of this KITSO-Baylor Pediatric HIV/AIDS training program is ongoing. The Pediatric HIV/ART training curriculum is updated regularly. In addition, EP-supported COE Staff are actively involved in the development of pediatric-focused curriculum for use in other national training courses, such as the Advanced KITSO Course, and the KITSO Adherence Counseling Training. All of these trainings are done in consultation with the MOH.

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 and competent in 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. In some cases, both didactic and practical training are offered at the COE. 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 efficacy and competence of health care providers across Botswana.

Since 2003, 1,550 patients have been treated, 130 health care providers trained, and 11 sites were reached by the Botswana-Baylor COE. In 2006, community training was held at one site, and plans are to expand community training to three other sites in 2007.

In FY07, USG funds will continue to support the Baylor COE to
1. strengthen the national KITSO program,
2. provide continued support for the position of an HIV/AIDS training coordinator at the COE
3. conduct trainings at the COE with visiting health care providers, and
4. employ nurses to support core operations at the COE.

The continued support for the position of the training coordinator is important for the COE to meet its mandate of training health personnel on pediatric ARV therapy. The nursing positions are essential to the continued, uninterrupted enrollment of HIV-infected children and their 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.

It is expected that EP-supported staff, including the nurses, will play an increasingly important role in the KITSO Pediatric Training for health personnel at various ARV rollout sites. The EP-supported staff will liaise with members of the communities identified as important stakeholders in the care of HIV-infected children. In addition, the EP-supported staff will strengthen the COE collaboration with other GOB Training Partners; this should go a long way in building local capacity in pediatric HIV care and support.

Emphasis Areas	% Of Effort
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	14	☐
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	500	☐
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	360	☐

Indirect Targets

Number of individuals provided with HIV related palliative care (excluding TB/HIV) = 2,050

Target Populations:

Doctors
Nurses
Pharmacists
Other Health Care Worker

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 10305
Planned Funds: $ 15,000.00
Activity Narrative: 07-C0690-HQ: Technical Expertise and Support.

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

Emphasis Areas

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism:	Local Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC
Program Area Code:	06
Activity ID:	10306
Planned Funds:	$ 85,000.00
Activity Narrative:	07-C0690-P: Technical Expertise and Support.

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

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)		☑
Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.06: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12162
Planned Funds: $ 200,000.00
Activity Narrative: This activity has USG Team Botswana Internal Reference Number C0611. This activity links to the following: C0610.

Botswana has a well established STI syndromic managent and STI/ HIV sentinel surveillance system in pregnant women since 1992, but STI Syndromic surveillance and the quality of STI Syndromic managent remains weak.

The prevalence of genital herpes among the GUD clients remains high and roll out activity of the acyclovir for treatment of HSV2 in the trained facilities has been delayed. There were 24,260 GUD cases reported (2003 STI statistics) about 17,816 new GUD cases reported in 2004 (Monthly notifiable disease report 2004) and 60% of which are believed to be due to HSV2 (2002 Study). The relationship between HSV2 and HIV is well understood. Faliure to provide effective treatment to GUD case can contribute to the spread of both STI/HIV.

Currently MOH/DHAPC/STI Control program has completed training in about 20 Health districts on the revised STI Guidelines but implementation has been constraint by the delayed on acyclovir distribution to the facilities.

The evaluation of the STI training on the revised guidelines cannot be done without implementation of the recommended strategies of the revised guidelines.

Therefore, the need to urgently procure and distribute the acyclovir to the trained districts/facilities. The GOB/CMS will continue with the supply when logistics have been put in place. An adequate supply of acyclovir in all facilities of 24 districts will be provided.

Table 3.3.06: Activities by Funding Mechanism

Mechanism: GAP 6
Prime Partner: Academy for Educational Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 12282
Planned Funds: $ 300,000.00
Activity Narrative: Expert technical assistance and trainers will be secured to provide more mentoring to a local training agency to aid in carrying out the project, to speed the development and deployment of appropriate prevention strengthening intervention and material, to improve the training plan to include more follow-up and to include a process evaluation of the effort after six months of roll-out in specific major HIV-related services (still to be determined).

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: $ 4,062,116.00

Program Area Context:

In 2004, there were 10,319 reported cases of TB in Botswana and the case notification rate was reported to be 566/100,000, among the highest in the world. The directly observed therapy (DOT) strategy, adopted by the Ministry of Health (MOH) in 1993, has been implemented in all 24 health districts, though progress towards the Millennium Development Goals for case detection (70% of new smear-positive cases) and treatment success (85% of new cases detected) has been hampered by steadily increasing HIV rates. In 2003, the case detection rate was 66%, and although the overall success rate was estimated to be 77%, the cure rate among smear-positive patents reached only 34%.

HIV prevalence has increased dramatically since the 1990s, and UNAIDS estimates that approximately 272,000 Batswana are now living with HIV/AIDS. Rates of HIV among TB patients range from 60 to 86%. Based on these studies, MOH estimates that there are between 5,800 and 8,300 HIV-infected TB patients per year who could potentially access ARV therapy and therefore contribute to reaching the Botswana EP goal of 33,000 patients on ARV treatment by 2008. Reaching this target requires further expansion of the 4 core activities emphasized for TB/HIV programming: routine HIV testing (RHT) of all TB patients; referral of all HIV-infected TB patients to HIV care and treatment; screening of all HIV-infected patients for active TB disease; linking all HIV-infected TB suspects to TB diagnosis and DOT therapy.

Services

The Government of Botswana (GOB) recognizes that TB/HIV integration is essential. In Jan. 2004, Botswana implemented a new national policy of "routine, non-compulsory" HIV testing. The Botswana National TB Program (BNTP) was among the first programs to implement this policy. During FY06, the GOB established the Botswana National TB/HIV Advisory Committee with USG support. The Committee, comprising representatives from 15 government and local organizations, met 3 times this year to develop terms of reference to improve service integration and collaboration on policy issues regarding care and treatment of co-infected persons.

In FY06, the USG supported a wide range of TB/HIV collaborative activities. In an effort to increase RHT among TB patients and to support recording and reporting (R&R) systems, HHS/CDC Atlanta assisted BNTP to develop a TB/HIV training curriculum for health care workers at the district- and facility-levels. Twelve hundred medical officers, nurses and family welfare educators were trained during the last year through this effort. At the same time, the BNTP began implementing new TB registers, patient treatment cards and reporting forms that now include patient-level TB/HIV data. The national electronic surveillance system (ETR.NET) has been modified accordingly to collect these elements. These data, which include HIV status, receipt of ARVs and Isoniazid Preventive Therapy (IPT), are essential to measure achievement of EP goals.

Isoniazid preventive therapy (IPT) is recommended to reduce TB-associated morbidity and mortality in PLWHAs. Botswana is the first African country to implement a national IPT program for PLWHAs. The program also effectively functions as a gateway for both HIV and TB treatment. The goals of Botswana's IPT Program are to screen all HIV-infected persons for active TB and prevent the development of active TB by providing patients with 6 months of daily isoniazid. TB suspects identified during the screening process are referred to the TB program for evaluation and ARV treatment if indicated. The IPT program was piloted in 2000-1 and rolled out nationally in 2004. To date, more than 40,000 HIV-infected patients have been registered in the IPT program. Of 642 public health facilities in Botswana, 636 offer IPT. While highly effective in clinical trials settings, IPT's efficacy for HIV-infected persons under routine conditions has not been evaluated; this activity is slated for FY07.

Referral and linkages
A cross-sectional survey of RHT in 2005 among registered TB patients found that 47% of TB patients had a recorded HIV test result; approximately 9% of these patients were documented to be concurrently

receiving ARV treatment. Preliminary data from 2006 indicate that although HIV testing has increased to 68%, the proportion of eligible TB patients on ARVs remains low. Further support is needed to achieve universal HIV testing of TB patients and to strengthen referral systems for PLWHA. Approximately 30% of staff reported not being trained to perform rapid HIV tests, and consequently must "refer" TB patients for HIV testing. Human resource shortages and inadequate supervision at the district-level remain obstacles.

Global Fund Against AIDS, TB and Malaria (GFATM) and WHO. GOB is waiting to sign the fifth round funding for TB activities. The GFATM proposal focused on 4 objectives for completion by the end of 2007: 1) scaling up community TB care; 2) increase treatment success rate under DOTS to 85%; 3) strengthen TB/HIV collaborative activities; and 4) strengthen supervision, monitoring and evaluation. Funds from this round will be released contingent upon GOB personnel action. WHO/AFRO provides approximately 90K/year to MOH for general support of DOTS strengthening, and community TB care. No other major donors support TB/HIV activities in Botswana.

Policy

BNTP Program Review. In early 2006, experts from WHO, International Union Against TB, Lung Disease (IUATLD), HHS/CDC and KNCV (Royal Netherlands Chemical Society's Tuberculosis Foundation) participated in a comprehensive TB program review. Recommendations focused on 6 areas: 1) Increasing human resource development and program strengthening supervision; 2) Improving TB/HIV integration and collaboration (including evaluation of the IPT Program); 3) Addressing the threat of drug-resistant TB (by finalizing MDR TB policy/guidelines and conducting a drug resistance survey); 4) Strengthening laboratory services (including staff-up, QA certification and equipment upgrades); 5) Intensifying partnerships and coordination across Ministries and with NGOs and other partners providing TB care; and 6) Developing a long-term development plan and resource mobilization strategy for TB Control.

Outstanding challenges and gaps

HIV patients receive care and treatment through a network of Infectious Disease Care Centers (IDCCs) operated by the national ARV program (MASA). Although the 2005 National ARV Treatment Guidelines recommend quarterly screening patients for opportunistic infections (OIs), the guidelines do not specify TB screening. As a result, no systematically collected patient-level data on the number of ARV therapy recipients who are screened for active TB or receive concurrent TB therapy in care and treatment settings are available; in addition, there are no mechanisms to record or follow-up on referrals between MASA and BNTP, despite, in many instances, the co-location of services. MASA does collect and report aggregate data on OIs, however these are inadequate to document EP targets. Cotrimoxazole preventive therapy (CPT), which is recommended for patients with CD4s < 200, is implemented by the national ARV program; CPT is not monitored by the BNTP so there are no data on the number of TB patients receiving CPT.

BNTP management recognizes that these shortcomings have serious implications for PLWHA given the high rates of coinfection among TB patients. Among these include the risk of emerging TB drug resistance which may be related to HIV, and lack of infection control in congregate settings which may contribute to the spread of TB among PLWHAs. The BNTP is receiving technical assistance from WHO to revise its TB Program and Infection Control Manuals. BNTP has also allocated funds to address human resources shortages and will be hiring 20 new full time health educators/nurses as district-level TB coordinators in FY06.

Program Area Target:

Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	14
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	450
Number of HIV-infected clients given TB preventive therapy	2,700
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	706

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9802
Planned Funds:	$ 710,000.00

Activity Narrative: 07-C0701 Ministry of Health.

This activity has USG Team Botswana Internal Reference Number C0701. This activity links to the following: C0613 & C0614 & C0703 & C0704 & C0708 & C0902 & P0101 & T1101 & T1111 & X1410.

A significant increase for HIV/TB activities has been programmed for FY07 to further integrate HIV/TB care with core programs for PLWHAs. To increase the use of HIV/AIDS care and treatment services, EP funds will be used to expand RHT among pediatric and adult TB clients, suspects, and contacts; intensify TB case-finding among ART clients; strengthen referral mechanisms for HIV-infected TB patients; and train clinical staff to support these objectives.

HIV-infection significantly increases morbidity and mortality in TB patients. In Botswana, HIV prevalence increases have fueled a near-doubling of TB incidence in the last decade. It is critical that all TB patients receive an HIV test to inform them of their status, and to link them to appropriate care and treatment for both diseases. HIV testing is a gateway to a package of interventions that can reduce the dual burden of HIV/TB, by connecting patients to ARV, CPT or STI treatment.

In FY07, EP funds will continue to provide TB/HIV program support for several continuing and new activities. Given pervasive human resource shortages in Botswana, investments in training will provide continuity to programs, encourage staff retention, and improve institutional memory. Training investments also will improve quality of care for HIV-infected persons with TB, by exposing staff to new information, techniques, and policies–an essential strategy where continuing medical education for medical staff is not a requirement for job retention. As a result of pervasive human resource shortages and high staff turnover, maintaining high levels of training among staff has proven to be a critical need throughout the TB program.

1) General program support to the BNTP is requested to continue expansion of routine RHT services for TB clients through training and supervisory outreach; provide training to clinic-level health care workers (HCWs) on rapid-HIV testing to increase RHT uptake; increase the number of TB patients referred to and receiving HIV care by assessing and strengthening referral systems; implement systems for TB screening in HIV care and treatment settings; provide training on TB/HIV surveillance and strengthen R&R activities to improve national TB/HIV surveillance data quality.

2) Support will also be used to monitor increases in RHT uptake in TB patients, and referral to HIV care and treatment. A cross-sectional survey will be conducted in a 50% sample of high HIV-burden districts to measure HIV testing uptake, determine impediments to testing uptake, and develop strategies to overcome them.

3) Continuing support is requested to provide HIV-infected persons with TB prophylaxis through the National IPT Program, which has registered 50,000 HIV-infected persons since 2001. Funds will be used for staff salaries, training in all 24 districts, and to finance supervisory visits by regional program- and district-level coordinators. Funding is also requested to conduct a program review, to provide quantitative measures of progress. While clinical trial data have demonstrated the effectiveness of IPT in decreasing the morbidity and mortality from TB in HIV-infected persons, its efficacy under program conditions has not been demonstrated. An evaluation will provide Botswana (and other EP settings) with essential data on the efficacy of IPT.

4) Continuing support is requested for TB/HIV surveillance activities utilizing the Botswana electronic tuberculosis register (ETR). As 60-86% of TB patients are co-infected with HIV, maintenance of this system is essential to monitor and evaluate the care provided to 5800-6300 PLWHA who are suffering from active TB disease. The ETR is a surveillance system developed by HHS/CDC/BOTUSA and used by MOH; it contains treatment data for the >10,000 TB patients enrolled annually. As an electronic R&R mechanism, it assists HCWs to ensure that all TB patients have been HIV-tested and referred for ARV treatment and CPT programs as appropriate.

5) Support is requested to fund 4 BNTP staff to attend the 2 week intensive management

course at the IDM in Gaborone. This course is run by technical experts trained in public health program management through the SMDP program at CDC in Atlanta. Course participation will advance skills to manage the challenges of developing and providing services to HIV-infected TB patients, and will help build institutional capacity within the BNTP.

6) During FY06, BNTP developed an infection control manual aimed at preventing TB transmission to HIV-infected persons in congregate care settings. We request support to print and disseminate this manual, which will be finalized with technical assistance from WHO/AFRO in late 2006. Support will also be used to train HCWs on new infection control guidelines and to pilot these in a sample of health care settings. We will also work with BNTP to assess HIV testing barriers among HCWs. HCWs who have not been HIV-tested may be at the greatest risk of TB; identification of barriers to testing will be used to develop mechanisms to provide all HCWs with the opportunity to know their HIV status.

7) 2007 Drug Resistance Survey (DRS). Mortality among HIV-infected TB patients with drug resistance is greater than 70%. NTP program reviewers recommended that Botswana "urgently plan and perform a drug resistance survey" as one has not been performed since 2003. Several factors support this recommendation: DRS of mycobacterium Tuberculosis isolates have detected steadily increasing levels of drug resistance in Botswana since 1995. Further, recent survey data from nearby Kwazulunatal Province, South Africa shows high levels of multidrug-resistant TB (37%) and extensively drug-resistant TB* (14%)(XDR TB is resistant to all first-line and at least three classes of 2nd-line drugs). Case-fatality rates for patients with XDR were 92%; of those tested, all were HIV-infected. Periodic DRS help maintain necessary laboratory infrastructure for surveillance. The DRS will also provide crucial data to monitor INH resistance levels, thus ensuring the continued utility of IPT for HIV-infected persons. TB patients are a sentinel population for HIV surveillance, and the proposed 2006 DRS will include HIV surveillance of sputum.

8) Support is requested for a new programmatic activity to enhance intensified TB case-finding in PMTCT settings. Through this activity, BNTP will establish procedures to systematically screen HIV-infected pregnant women for active TB in the Francistown area. TB suspects will be referred to the TB program for appropriate care. Support will be used to hire a FT study coordinator, and to support local travel for the study.

9) Support is requested to expand the Community Care Program through which home-based care and treatment is provided to PLWHAs and HIV-infected TB patients by a cadre of trained lay health workers and community volunteers. This program, developed collaboratively with WHO, lessens the burden on HCWs, improves adherence to ARVs and TB treatment, and helps minimize TB transmission to HIV infected persons by lessening the time spent in crowded clinics.

Continued Associated Activity Information

Activity ID: 4457
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 627,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	600	☐

Indirect Targets

Number of HIV-infected clients given TB preventive therapy=10,000

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV infected individuals (diagnosed or presumed) in palliative care setting=636

Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease=9100 (Approximately 70% of all tuberculosis cases notified yearly in the country)

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: ITECH GHAI
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9858
Planned Funds: $ 183,509.00

Activity Narrative: 07-C0703 U. of Pennsylvania

This activity has USG Team Botswana Internal Reference Number C0703. This activity links to the following: C0609 & C0613 & C0619 & C0701 & C0704 & T1111 & T1120.

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 a variety of infectious agents including TB. HIV infection has significant and complex interactions with TB disease with relation to many clinical issues and the same has been demonstrated for TB's effect on HIV/AIDS.

More than 10,000 TB cases have been reported in Botswana annually since 2001. This dramatic increase has been attributed to the effects of the HIV epidemic. Given the clinical and programmatic challenges presented by TB/HIV co-infection, existing services may be ill-prepared to handle the special and at times complex issues raised by TB/HIV co-infection, such as atypical clinical presentations, drug-drug interactions/toxicities and sequencing of anti-TB and antiretroviral therapy. In order to address the clinical challenges posed by TB in HIV-infected persons, we have begun a TB-HIV Clinical Initiative which provides palliative care and anti-retroviral treatment to co-infected PLWHAs, and training to local providers responsible for the clinical management of such patients. Within the first quarter of the year, we provided care to nearly 100 co-infected persons at an HIV clinic located in the capital of Gaborone and have instructed more than 50 local providers throughout the city. During the next fiscal year we seek to enhance the training and preceptorship program with the goal of strengthening the local human capacity to manage issues related to these two diseases. This will be accomplished through close partnerships and linkages with both the BNTP and International Training and Education Center on HIV (I-TECH).

Activity 1: Enhanced TB/HIV training and mentoring program. Emphasis area: training, quality assurance and supportive supervision

We seek to establish a close partnership with the BNTP to develop an enhanced training program focusing on the clinical management of TB for the HIV-infected individual. It is estimated that more than 60-86% of TB patients in Botswana are co-infected with HIV, but to date, limited training exists for HCW to familiarize them with evolving national ARV treatment guidelines related to TB and to provide training and assistance for the clinical management of TB-HIV co-infection.

A University of Pennsylvania (UPENN) supervising physician will work closely with two I-TECH trainers at the BNTP/MOH to lead the training of clinicians. The target audience will be public doctors and nurses at the primary district and referral level health facilities. The focus in 2007 will be in the greater Gaborone area with initial training sites including Mochudi, Molepolole, Ramotswa, Kanye and Lobatse, as well as the referral hospitals in Gaborone and Francistown. The plan will be to expand the training throughout the country as future funds allow. Training will be conducted at the specific health facilities using a combination of didactic and interactive methods, such as case workshops, rounding and clinical mentoring. As a supplement to the initial training, UPenn will establish a local preceptorship system whereby a faculty facilitator will visit health facilities and provide clinical mentorship to local providers working with co-infected patients in order to enhance and strengthen the training received during the initial meetings.

This activity is integrated with the TB/HIV training activity of I-TECH in that I-TECH will be hiring and supervising two dedicated trainers at the BNTP/MOH, developing the curriculum based on their five-level training framework, and providing a part-time training coordinator to assist UPenn with the training plan. 2007 EP funds are requested to support the preceptorship personnel (a full-time physician and nurse), and local travel, and related instructional materials.

Activity 2: Palliative care and consultation for TB-HIV patients

We will continue to work at Princess Marina Hospital (PMH), the main referral health facility in Gaborone to address complex clinical issues related to TB-HIV co-infection

through clinical consultation and both indirect and direct patient care. This is a referral-based system whereby local providers can seek direct assistance from clinical experts in the care of HIV-infected patients with TB.

Continued Associated Activity Information

Activity ID: 5158
USG Agency: HHS/Health Resources Services Administration
Prime Partner: University of Pennsylvania
Mechanism: ITECH
Funding Source: GHAI
Planned Funds: $ 163,826.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	6	☐
Number of HIV-infected clients given TB preventive therapy	500	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	80	☐

Indirect Targets

Through our activities related to linkage and referral strengthening we hope to be able to refer 350 persons infected with HIV/AIDS into the national antiretroviral treatment program.

Target Populations:

Doctors
Nurses
People living with HIV/AIDS

Coverage Areas

South-East

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	ITECH GHAI
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	9859
Planned Funds:	$ 418,607.00

Activity Narrative: 07-C0704: ITECH TB/HIV.

This activity has USG Team Botswana Internal Reference Number C0704. This activity links to the following: C0613 & C0701 & C0703 & T1111.

Activity 1: Capacity Building of health care providers on the co-morbidities of TB and HIV. Emphasis area: training, quality assurance and supportive supervision

For 2007, with some activities starting in 2006, I-TECH has been requested to support the UPenn in building the skills of Botswana health care providers on the care of HIV patients co-infected with TB. Utilizing the I-TECH 5-Level Training Framework, didactic training, skill building workshops, clinical training, clinical consultation, and technical assistance, I-TECH will support in building a structure for UPenn's clinical program to purposefully and incrementally develop capacity among Botswana health care providers to manage the clinical complexity of TB-HIV co-infection. This structure will provide steps to lead health care providers from increased knowledge, to building skills, to receiving support to change practice that would fit newly learned skills and knowledge, to having access to more advanced consultation in support of new practice, and, finally, technical assistance in system level changes that may be needed.

As part of this effort, I-TECH will recruit, hire, train, and supervise two dedicated Botswana trainers to work with a UPenn clinician who will train and mentor Botswana clinicians using the I-TECH Clinical Mentoring Toolkit. In collaboration with BNTP and UPenn, I-TECH will develop TB-HIV care curriculum based on Botswana national guidelines and adapting existing resources such as the WHO's IMAI (spell out) curriculum, HHS/CDC curricula and I-TECH/Namibia TB-HIV training curriculum. The curriculum will include TB diagnosis, TB prevention and infection control, complexities of clinical management, Anti Tuberculosis Treatment (ATT)/ARV drug-drug interactions/toxicities and sequencing, and multi-drug resistant tuberculosis disease. There will be two separate curricula – one for physicians and one for nurses. Each curriculum will consist of a set of presentation slides, a Facilitator Guide, and a Participant Handbook. After the preliminary curriculum is developed by the I-TECH Health Communication Team, it will be reviewed by the appropriate content experts. Once reviewed, the curriculum will be sent to a Botswana Reference Committee of local stakeholders which would include representatives from BNTP, UPenn, and HHS/CDC/BOTUSA for final approval. The curriculum for classroom training will include a pre test and post test with case studies about hypothetical patients that highlight key elements of TB diagnosis and treatment for people with HIV. The curriculum for clinical training will include an observation checklist by which a mentor may evaluate clinical skills of participants.

The above activity is in support of UPenn TB-HIV training and clinical mentoring program which provides the clinical educator expertise, conducting training, reviewing and approving curriculum, and providing introduction to and relationship with clinics and practicing Botswana clinicians.

EP funds are requested to support a half-time in-country training coordinator who will oversee this process, two dedicated trainers, and the curriculum development team.

Activity 2: Strengthening of TB-HIV program linkages. Emphasis Area: Development of Network/Linkages/Referral Systems
Background: There is a need to review TB case detection among PLWHAs and to improve referral to care and treatment for ARV and TB patients. Currently, when patients are referred, there is no systematic way of tracking their treatment or progress.

In collaboration with the UPenn, we seek to build on relationships with the MOH and BNTP, and MASA to conduct a needs assessment of the referral system for TB patients to gain access to ARVs at the health facilities and TB screening for HIV patients at infectious disease clinics (IDCCs). I-TECH will design and conduct the assessment to be conducted at 2-3 IDCCs and 2-3 TB clinics (without IDCCs) in each of 6 districts. The assessment will include 5 activities: 1) interviews on health-care-seeking behavior of 20 patients at each clinic, 2) provider interviews, 3) rounding with providers to observer patient flow and referral mechanisms, 4) assessment of laboratory testing and review processes, and 5) analysis of service statistics, laboratory records, and pharmacy records.   The assessment

will document how such referrals are made, current success rates of such referrals, and recommend strategies to improve the links between the HIV and TB treatment programs in Botswana. ITECH will provide technical assistance to the MOH and will work with BNTP and MASA programs to establish protocols for screening patients on ARV for active TB disease and to ensure that referral mechanisms are in place to link them with appropriate TB care. They will also work with BNTP to ensure that all TB patients newly diagnosed with HIV are referred to HIV care and treatment.
Outcomes will include recommended Standard Operating Procedures for screening and referral. 2007 EP funding is requested for the salary, lodging and per diem, international and local travel costs for an expert consultant to spend eight weeks in Botswana conducting the evaluation working with a local program management team including a team supervisor, two local interviewers, a laboratory specialist, and two data entry support personnel. Partial Full Time Equivalent (FTE) of the I-TECH M&E Specialist to do the research design and data analysis will also be supported with these funds.

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

Additional plus-up funds ($170,000) will be used to harmonize the training curricula by incorporating pediatric aspects of HIV/TB care in order to improve the prevention and management of pediatric HIV/TB disease. Funding will be used to support the training of medical and nursing officers at primary and district level hospitals to improve HIV/TB management in children.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	82	☐

Indirect Targets

Number of service outlets providing clinical prophylaxis and/or treatment for tuberculosis (TB) to HIV infected individuals (diagnosed or presumed) in palliative care setting=10

Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) = 50

Target Populations:

Doctors
Nurses
People living with HIV/AIDS
Other Health Care Worker

Key Legislative Issues

Twinning

Coverage Areas

North-East

North-West

South-East

Table 3.3.07: Activities by Funding Mechanism

Mechanism: ASM
Prime Partner: The American Society for Microbiology
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9861
Planned Funds: $ 320,000.00
Activity Narrative: 07-C0705: American Society of Microbiology.

This activity has USG Team Botswana Internal Reference Number C0705. This activity links to the following: C0706 & T1201 & T1206.

National Tuberculosis Reference Laboratory: Local organization capacity development
FY07 funding is requested for the American Society of Microbiology (ASM) to provide TA to the Botswana National Tuberculosis Reference Laboratory (NTRL) to improve its screening activities. ASM will hire a consultant with strong experience working with TB in Africa to conduct two to three TA visits to Botswana to work with the existing technical group at the NTRL.

FY 2007 PLUS-UP FUNDS: Funds will be used to customize CDC training material to the Botswana setting and to develop AFB microscopy training for laboratory technicians in all primary and district hospitals to support QA/QC activities for TB in government and military facilities. The training material will be used to train about 200 laboratory technicians, prepare proficiency testing panel slides for the national EQA program for districts and primary hospitals laboratory, develop training workshops and conduct on-site visits for laboratories with poor performance in the EQA program. Finally the partner will organize a training for nurses to conduct sputum collection and develop plans for specimen transport between district and primary hospitals and health posts.

Emphasis Areas	**% Of Effort**
Quality Assurance, Quality Improvement and Supportive Supervision	51 - 100
Training	10 - 50

Targets

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

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: ITECH GHAI
Prime Partner: University of Washington
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 9862
Planned Funds: $ 50,000.00
Activity Narrative: 07-C0706: ITECH HR development for strengthening lab capacity.

This activity has USG Team Botswana Internal Reference Number C0706. This activity links to the following: C0705 & T1201 & T1206.

I-TECH will help recruit 2 staff persons for the NTRL in Gaborone. Shortage of staff at the NTRL is an obstacle for quality assurance/quality control (QA/QC) implementation and rolling out of the QA program in the country; FY07 funds will help hire 2 TB laboratory technicians to support the TB QA/QC program as well as the routine testing in the laboratory.

2 Laboratory Technicians for the NTRL
Annual salary: US $ 48,000 (including benefits)

Justification for position
Laboratory technicians will be in charge of TB microscopy, TB culture, perform training in the field for the proficiency testing, and will also be in charge of the quality assurance system in the National TB Reference Laboratory.

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

Emphasis Areas	% Of Effort
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	☐
Number of HIV-infected clients given TB preventive therapy	500	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	2	☐

Target Populations:

Laboratory workers

Coverage Areas

South-East

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	HQ Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10168
Planned Funds:	$ 15,000.00
Activity Narrative:	07-C0707-HQ: HHS/CDC/BOTUSA TB Section.

This activity has USG Team Botswana Internal Reference Number C0707.

This activity will provide care, preventive therapy and appropriate service referrals for 2,000 adult PLWHA as part of an ongoing HHS/CDC/BOTUSA project. These individuals will be seen on at least a monthly basis and they will receive regular checkups by registered nurses. Each will be provided 6 months of IPT; eligible patients will be linked to services providing ARV treatment and CPT. Patients will be regularly screened for adverse effects of medications and symptoms of opportunistic infections. Referrals to HIV support groups, alcohol dependence counseling, psychiatric support, and PMTCT services will be made as appropriate. Health education will be provided to all patients about living with HIV-infection, and about HIV services available to them.
Specific Outcomes: Referrals for ARV treatment and CPT will be provided to approximately 1,000 PLWH. Quality care through at least monthly check ups will be provided to reduce morbidity and mortality.
Data from these services will also be used to inform the ongoing National Comprehensive HIV Program.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100

Targets

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

Indirect Targets

Household members who may also have HIV infection (4,000+). ABC counseling will help prevent further transmission of HIV infection (2,000+). Women who become pregnant during this period will be referred for PMCT services (1,440).
Number of HIV-infected clients attending HIV care/ treatment services that are receiving treatment for TB disease= 30

Target Populations:

People living with HIV/AIDS

Coverage Areas

North-East

South-East

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 10170
Planned Funds: $ 350,000.00
Activity Narrative: 07-C0707-P: HHS/CDC/BOTUSA TB Section

This activity will provide care, preventive therapy and appropriate service referrals for 2,000 adult PLWHA as part of an ongoing HHS/CDC/BOTUSA project. These individuals will be seen on at least a monthly basis and they will receive regular checkups by registered nurses. Each will be provided 6 months of IPT; eligible patients will be linked to services providing ARV treatment and CPT. Patients will be regularly screened for adverse effects of medications and symptoms of opportunistic infections. Referrals to HIV support groups, alcohol dependence counseling, psychiatric support, and PMTCT services will be made as appropriate. Health education will be provided to all patients about living with HIV-infection, and about HIV services available to them.
Specific Outcomes: Referrals for ARV treatment and CPT will be provided to approximately 1,000 PLWH. Quality care through at least monthly check ups will be provided to reduce morbidity and mortality.
Data from these services will also be used to inform the ongoing National Comprehensive HIV Program

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	7	☐
Number of HIV-infected clients given TB preventive therapy	2,000	☐
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	20	☐

Indirect Targets

Household members who may also have HIV infection (4,000+). ABC counseling will help prevent further transmission of HIV infection (2,000+). Women who become pregnant during this period will be referred for PMCT services (1,440). Number of HIV-infected clients attending HIV care/ treatment services that are receiving treatment for TB disease= 30

Target Populations:

People living with HIV/AIDS

Coverage Areas

North-East

South-East

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	HQ GHAI
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	10173
Planned Funds:	$ 250,000.00
Activity Narrative:	07-C0790-HQ GHAI: Technical expertise and Support.

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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 treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 10175
Planned Funds: $ 65,000.00
Activity Narrative: 07-C0790-HQ Base: Technical expertise and Support

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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 treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting		☑
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 10177
Planned Funds: $ 15,000.00
Activity Narrative: 07-C0790-P: Technical expertise and Support.

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Targeted evaluation	10 - 50

Targets

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

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
HIV/AIDS-affected families
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
People living with HIV/AIDS
HIV positive pregnant women
Caregivers (of OVC and PLWHAs)
Widows/widowers
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12283
Planned Funds: $ 5,000.00
Activity Narrative: Funding will be used to provide suppot to the Botswana TB/HIV Coordinating Committee to convene monthly meetings to harmonize HIV/TB collaborative policies and activities at the national level.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100

Target Populations:

Host country government workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: HQ GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12284
Planned Funds: $ 50,000.00
Activity Narrative: Funding will be used to support CDC-Atlanta Division of TB Elimination staff to provide technical assistance in implementing Botswana National Drug Resistance Survey. Funds will be used for airfare and per diem for three Atlanta-based co-investigators to conduct training, pre-survey testing of data collection instruments and supervise specimen collection, transport and data collection.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	13	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,500	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Target Populations:

Host country government workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: contract
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12285
Planned Funds: $ 900,000.00
Activity Narrative: The national TB program has had a lot of difficulties to improve the treatment of TB patients because of the long turn-around time of laboratory testing; culture and drug susceptibility testing (DST) take on average about four months. The National TB Reference Laboratory has limited capacity to deliver results to clinics within a reasonable time for culture and DST because the laboratory receives specimens from all over the country and volume is too high.

The plus-up funds will be used to expand TB testing at the Francistown Referral Laboratory by including culture and DST. By providing a laboratory with adequate safety and culture capacity, the Francistown Referral Laboratory will then have the capacity to perform TB culture and DST for the northern region of the country. It will improve the TB program and patient treatment.

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

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism:	SCMS
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07
Activity ID:	12286
Planned Funds:	$ 300,000.00

Activity Narrative: An assessment of the TB laboratories has revealed needs in laboratory equipment and supplies in order to improve the AFB microscopy in satellite laboratories. Microscopes are not maintained properly and parts are missing. TB sputum tests are run without any safety precautions.

The plus-up funds will help to procure laboratory commodities for the satellite laboratories as well as establish a first-line maintenance system for microscopes and other laboratory equipment. These procurements will be done in accordance with Government of Botswana national protocols and USG rules and regulations.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: contract
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12287
Planned Funds: $ 100,000.00
Activity Narrative: The National TB Reference Laboratory was built ten years ago and has the capacity of a Level 3 laboratory. The negative pressure in the isolation room however is not working properly and the installed system does not meet the minimum safety requirements. The requested funds will be used to improve the overall ventilation system in the building and replace the negative pressure system in the isolation room to bring that system up to current safety requirements.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: University Technical Assistance Program (UTAP)
Prime Partner: Baylor University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12288
Planned Funds: $ 75,000.00
Activity Narrative: FY 2007 Plus-Up funding will be used to provide IEC technical assistance to develop, pre-test and produce IEC material targeting parents of children with HIV/TB disease and adolescents at high risk for HIV and TB infection.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	10	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	1,000	☐
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	50	☐

Target Populations:

Nurses
National AIDS control program staff
People living with HIV/AIDS
Children and youth (non-OVC)
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas:

National

Table 3.3.07: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12289
Planned Funds: $ 150,000.00
Activity Narrative: Funding will be used to provide infection control equipment and improve space for the isolation of TB patients in selected district hospitals and HIV care settings. Through the Partnership for Supply Chain Management, a portacabin will be procured and equipped with extractor fans, ultraviolet lighting and other infection control equipment for the isolation of patients with infectious TB, including drug-resistant strains.

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	1	☐
Number of HIV-infected clients given TB preventive therapy		☑
Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease		☑
Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)		☑

Table 3.3.07: Activities by Funding Mechanism

Mechanism: University Technical Assistance Program (UTAP)
Prime Partner: Baylor University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 12295
Planned Funds: $ 50,000.00
Activity Narrative: The current TB screening practice in pediatric HIV care settings will be enhanced by the development of screening algorithms for TB. The algorithms will be expanded to include screening of TB in family members. This will include increasing the capacity of selected hospitals to perform sputum induction in children to improve the diagnosis of pulmonary TB, and the develoment of an advocacy strategy for the phased implementaiton of IPT in pediatric clients.

Emphasis Areas	% Of Effort
Linkages with Other Sectors and Initiatives	10 - 50
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

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

Indirect Targets

Number of individuals trained to provide clinical prophylaxis and/or treatment for TB to HIV-infected individuals (diagnosed or presumed) = 50

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 = 10

Target Populations:

Adults
Doctors
Nurses
Children and youth (non-OVC)
Doctors
Nurses

Coverage Areas:

National

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: $ 6,451,651.00

Program Area Context:

Botswana is home to more than 100,000 orphans. The 2001 Population and Housing Census Report in Botswana indicates that out of a population of 737,241 children, there were 111,828 orphans (19.6% of the child population), which include maternal, paternal and double orphans. Over 68% of orphans live in female-headed households and 2% are headed by a child. It is estimated that by 2010 more than 20% of all children in Botswana will be orphaned due to AIDS (UNAIDS, 2004)
Services
The GOB continues to provide care and support to orphans through the Short Term Plan of Action (STPA) 1999-2003, led by the Department of Social Services (DSS) under the Ministry of Local Government (MLG). The STPA serves as the normative framework for responding to the immediate needs of orphans. The 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.

The STPA, as a short-term plan of action, was originally intended to operate from 1999-2001, but was extended to 2003, and thereafter continued operating until the present. The STPA has reached virtually all eligible registered orphans (52,000) with key emergency services, no small accomplishment. It highlights the political, administrative, and financial commitment Botswana has made to address the impact of HIV/AIDS on children. The STPA was evaluated in 2006; some of the recommendations made were in relation to implementing activities that are already in progress using EP support. Other recommendations included carrying out a situational analysis, formulating a policy on OVC, strengthening coordination mechanisms, and systems for monitoring and evaluation (M&E).

In FY07, it is expected that at least 33,000 OVC will be reached directly with services. This will be an increase from 22,000 in FY06. OVC will be reached through a mix of strategies which include supporting activities within a geographic focus to attain high coverage, investing in priority sectors like social services, education and health, and through grant making to NGOs/CBOs/FBOs.
This submission includes the following strategies for FY07:
Complementing existing OVC programs: The EP-supported programs will continue to complement the GOB's efforts in implementing a comprehensive national response to the HIV/AIDS pandemic by extending services to OVC. These programs are aligned with the Botswana National HIV/AIDS Strategic Framework (NSF, 2003-2009).
Capacity-Building: USG support will continue to invest in human resources development directly and through implementing partners in many diverse areas including 1) technical and management support, 2) program design and implementation, 3) institutional mentoring and apprenticeships, 4) logistical support and provision of equipment, and 5) M&E. Efforts are being made to ensure that USG supported activities are not focused on institutional capacity building as an end in itself, but as a means to improving service provision to OVC.
Community participation: Much emphasis has been placed on supporting community-based actions that contribute to reducing the impact of HIV/AIDS on children and their families. Communities should have a sense of ownership. .
Coordination: USG will support activities aimed at strengthening coordinating structures nationally and in the districts; for example the National Children's Council, District Child Welfare Committees and Village Child Welfare Committees.
Best practices: An OVC National Forum will be held annually with all relevant stakeholders. The purpose of this forum will be to share best practices and lessons learned in OVC programming and promote evidence based programming.
Sustainability: The activities supported by USG funds will build capacity of communities to maintain the interventions following the expiration of this grant. EP will support activities aimed at improving household livelihoods and activities that provide opportunities for economic strengthening. NGOs/CBOs/FBOs will be empowered to conduct resource mobilization at a local level.
M&E: The National M&E framework for OVC will be used to monitor and evaluate OVC programs. The Botswana 'core indicators' on OVC have linkages with other indicators being used by UNAIDS to assess global HIV/AIDS care and prevention goals for 2005 and 2010. Program monitoring will also include regular

and systematic assessments, structured quarterly meetings with partners, site monitoring, and semi-annual internal program reviews. A mix of input and output indicators directly tied to program activities will be tracked. To minimize double counting, implementing partners will maintain a case file and score card for different services per OVC served.

Referrals and linkages

OVC related problems cannot be adequately addressed by any single intervention. Rather, multiple interventions are needed to respond to the broad needs of children, their families and their communities. EP supported activities are integrated with government programs and other in-country interventions to ensure synergy with the prevention-care-mitigation continuum.

In FY07, the USG support will continue to strengthen and scale-up the FY05/06 activities. These activities will: 1) facilitate expansion of OVC services and organizations working locally to address HIV/AIDS-related challenges; 2) provide financial, material and technical resources to organizations serving OVC, enabling them to better coordinate efforts and provide additional services and 3) support the sharing of effective practices among stakeholders at all levels.

Targeted interventions will improve the welfare of OVC by increasing access to birth registration, education, adequate food, basic health services (including HIV services if appropriate), nutrition, psychosocial support, succession planning, and legal assistance. Further, these interventions aim to improve income in affected households, to build advocacy around inclusion and stigma reduction, and to catalyze public-private partnership. Ultimately, public-private partnerships will be critical to expanding the resources available to sustaining provision of the above services.

Implementing partners such as Project Concern International (PCI), Baylor Pediatrics HIV Care and NGO/CBO/FBO will collaborate with the Ministry of Health (MOH), especially the Palliative Care unit to identify HIV-infected OVC and strengthen referral systems for early infant diagnosis and access to pediatric treatment. Linkages will be made with MOH's PMTCT programs to ensure that vulnerable children have access to basic services and healthcare. Older OVC will benefit from prevention activities funded under the "Abstinence and be Faithful and other prevention portfolio" These activities are being implemented by partners such as Hope Worldwide (HWW), Population Services International (PSI) and Students Against HIV/AIDS (SAHA) at the University of Botswana (UB).

Policy

Botswana has shown substantial commitment to the prevention of HIV infection and the mitigation of HIV/AIDS impact. The MLG's DSS collaborates with key stakeholders including the USG, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), and UNICEF.

FY 07 activities address the OVC strategies outlined in the 5-year USG HIV/AIDS Strategy Plan for Botswana (2004-2008). In addition, the proposed activities are in line with the 5-key global strategies outlined in "The Framework for the Protection, Care and Support of Orphans and Vulnerable Children living in a world with HIV and AIDS" July 2004.

Outstanding challenges and gaps

In addition to the challenges mentioned under referrals and linkages, current gaps include coordination of OVC programs, documentation of best practices, strengthening of linkages to other services such as pediatric treatment and capacity building of community based organizations to deliver quality services to OVC.

Program Area Target:

Number of OVC served by OVC programs	24,599
Number of providers/caregivers trained in caring for OVC	11,536

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: Central (GHAI)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 8052
Planned Funds: $ 259,357.00

Activity Narrative: This activity links with C0811, C0812, C0813, C0814,C0613, P0203, P0202, T1107 and T1101

In FY07, HWW through its ANCHOR Program (Africa Network for Children Orphaned and at Risk) will continue to scale up its OVC activities. These activities were initiated in Molepolole in FY05/06.

The program will target OVC infected and affected by HIV/AIDS aged 0-18 years. The number of OVC targeted will increase from 1,500 in FY06 to 2,150 in FY07. HWW will promote provision of comprehensive care services to affected children by training 100 caregivers. The number of caregivers to be trained will increase from 20 in FY06 to 100 in FY07. The caregivers' training will focus on parenting skills, child development, children's rights, psychosocial support, nutrition, and IGA. Depending on the type of training being provided, HWW will collaborate with other stakeholders. For example, the Rehabilitation Nutrition Units for Malnourished children infected and affected by HIV/ AIDS under the MOH will be a key player in training caregivers on nutritional issues for OVC. The DSS, MOE, and UNICEF will also be involved in training caregivers in child rights, psychosocial support, parenting skills, and child development issues.

As the AIDS pandemic takes its toll on families, extended families and communities, psychosocial support is emerging as a vast and challenging area of programming for OVC service providers. Children, parents and guardians are struggling with grief, fear, guilt, resentment, shame, anxiety, hopelessness, loneliness and a host of other emotions that affect their lives and their relationships. Children without a strong sense of self-worth are especially vulnerable. The scale of loss and suffering overwhelms traditional coping mechanisms, and both children and adults are looking for a new kind of assistance. Under this program OVC will benefit through direct support to meet their basic and psychosocial needs including basic essentials such as food, school fees, clothing, health care, recreation and social activities with peers to foster belonging. HWW will provide OVC with PSS, which will be provided through kids clubs, one-on-one and group counseling. In cases where children need specialized help, peer support groups will be set up by HWW. These support groups will be established in communities, churches, schools, and selected day care centers Kids' camps will be held in collaboration with other organizations such as BOCAIP. The main purpose of the Kids Camps will be to serve as life skills forums for children in a relaxed environment. At these camps the child's emotional, spiritual, and social needs will be addressed. To ensure quality and standardization of service provision in psychosocial support, the National Training Manual on PSS developed by the DSS will be utilized.

HWW will collaborate with CRS. CRS and the private sector to help strengthen the livelihood of older OVC. The livelihood aspect of this program will focus on activities that will directly benefit needy OVC. The program will help OVC to gain access to vocational training and will provide them with seed funds to start innovative income generating activities. In particular, deliberate efforts will be made to ensure child-headed households benefit from this initiative.

Community mobilization and participation will be central to the implementation of this program. In particular, the program will establish CCCF. These Forums will bring together members of the community, youth leaders, and representatives from NGOs/FBOs/CBOs to discuss OVC issues and share lessons in providing services to OVC. The members of the CCCFs will be trained on how to monitor the services being provided to OVC by different organizations. The CCCF will sensitize the community at large to the needs of OVC.

HWW will leverage EP funds to solicit additional support from the Rotary Club of Gaborone to provide material support to OVC in the form of educational supplies such as stationery, school fees and uniforms, transport, blankets and food. HWW will collaborate with the Social and Community Development Office under the district council in identifying the most needy cases and households to benefit from these material support.

Hope Worldwide together with the Social and Community Development Office Social Workers will facilitate the identification of children in need of specialized care and referral to the relevant organizations and government sectors for action.

Continued Associated Activity Information

Activity ID: 4901
USG Agency: U.S. Agency for International Development
Prime Partner: Hope Worldwide
Mechanism: Track 1
Funding Source: GHAI
Planned Funds: $ 0.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Food/Nutrition	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	2,150	☐
Number of providers/caregivers trained in caring for OVC	100	☐

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas

South-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9803
Planned Funds: $ 0.00
Activity Narrative: This project encountered several delays and hence its implementation starategy was revised. Due to the urgency to provide services to malnurished children infected by HIV, the funds have been moved to service delivery within existing MOH's infrastrure complexes.

Continued Associated Activity Information

Activity ID: 4458
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 311,000.00

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	51 - 100
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	0	☐
Number of providers/caregivers trained in caring for OVC	0	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 9818
Planned Funds: $ 0.00

Activity Narrative: Per FY 2007 July reprogramming activity sheet;These funds will further strengthen and support the Technical Assistance provided to the Government of Botswana and other active OVC stakeholders. The funds will support DSS to establish and strengthen its coordinating structures both at the national and district level and though a partner will no longer provide the support, HHS/CDC technical officers will strengthen their supportive activities.

07-C0812: UNICEF: Technical support to the MLG.

This activity has USG Team Botswana Internal Reference Number C0812. This activity links to the following: C0613 & C0802 & C0803 & C0811 & C0815 & CO811 & T1101.

Since 2004, EP and UNICEF have had a collaborative agreement to support the national orphan care program by providing direct support through assistance to 8 NGOs/CBOs. The 2004 funds were used to support feeding programs, psycho-social support activities, learning materials, play equipment, vehicles, volunteer allowances and office equipment to enhance program level implementation. Training was provided in financial management and reporting.

In FY05 EP funding was utilized to strengthen OVC community-based organizations and extend the services to 4 additional organizations. EP support enabled UNICEF to reach approximately 8,000 OVC with basic services.

The Mid-Term Review (MTR) of the 2003-2007 Government of Botswana/UNICEF country program (2006) noted the relevance and effectiveness of the Orphan Care Program's STPA, being implemented by the DSS as it responded to unmet needs of orphaned children. The Orphan Care Program helped to strengthen capacity and service delivery gaps and helped generate additional financial resources. While progress towards realizing program objectives was noted, improvement was needed in the areas of partnership development and coordination, both within the national and program context.

FY06, UNICEF will be able to establish linkages with Marang Child Care Network and Peace Corps 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 its access to international tools to support the members of the Network and link them with similar organizations in the region.

Based on the needs of DSS and the need to strengthen the coordination of OVC programs, in FY07 UNICEF will focus on assisting DSS and OVC-serving organizations (NGOs/CBOs/FBOs) to provide services to OVC by using a rights-based approach. Using funds from other sources of funding, UNICEF will support DSS to disseminate relevant legislation affecting orphans and vulnerable children to different stakeholders. UNICEF will also work closely with DSS and other relevant stakeholders in advocating for implementation of guidelines and other policy frameworks on OVC. All these activities aim to strengthen the coordination of OVC programs at both the national and district level

In FY07, UNICEF will support DSS to establish and strengthen its coordinating structures both at the national and district level to ensure comprehensive and effective delivery of services for orphans and vulnerable children. Some of these coordination structures will include the National Children's Council and District and Village Child Welfare Committees. UNICEF will also take a lead role in assisting DSS with National OVC Forums. These Forums will be held annually and will bring together NGOs/CBOs/FBOs and other relevant stakeholders to share best practices and lessons learned in OVC programming.

Further, in FY07, UNICEF will utilize funds from other donors to continue building the capacity of the NGOs/CBOs/FBOs that it has been supporting with USG funds in FY04/05/06. The support will include giving these community organizations grants for OVC services, including support for the organizations to provide psychosocial support and other basic needs.

UNICEF will collaborate with DSS and other OVC-serving organizations to ensure quality provision of OVC services and that programs results are monitored and documented.

Continued Associated Activity Information

Activity ID:	4470
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	United Nations Children's Fund
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 500,000.00

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

Targets

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

Indirect Targets

Number of OVC served by OVC programs=8,000

Target Populations:

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

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:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9835
Planned Funds:	$ 600,000.00

Activity Narrative: 07-C0818: Peace Corps.

This activity has USG Team Botswana Internal Reference Number C0818. This activity links to the following: C0801 & C0805 & C0816 & C0907 & P0222 & X1402 & X1406.

The aim of the Peace Corps (PC) Botswana NGO program is to help build the capacity of local, non-governmental organizations (NGOs) to provide services to OVC as well as to others affected directly by HIV/AIDS. It is widely recognized that NGOs in Botswana are at a nascent stage, particularly in the HIV/AIDS service sector, and thus are in need of assistance in areas ranging from organizational development, program planning, service delivery, data collection tools, development of strategic plans, resource mobilization, volunteer recruitment, reporting, and monitoring and evaluation.

In the first two months of being placed in an organization, the Peace Corps Volunteers (PCVs) carry out community assessments. These assessments enable the PCVs to understand the communities better and to develop their work plans. These work plans are used to assess and monitor their input into the respective organizations.

In FY05/06, PCVs have been able to help organizations achieve a number of objectives, which include improved reporting and monitoring of their OVC activities. PCVs have also assisted NGOs/CBOs/FBOs to develop tools for identifying the OVC being served.

PC currently has 16 volunteers assigned under this program, with one posted to BONASO and the remaining fifteen to community-based member organizations. The proposed plan for FY 2007 is to bring in an additional ten PCVs to expand support to new organizations and to replace the current PCVs who will be departing in 2007. A targeted effort will be made to place the PCVs in OVC-serving organizations (NGOs/CBOs/FBOs) that are being supported by EP to address the needs of orphans and other children made vulnerable by HIV/AIDS.
Following eight weeks of training (currently scheduled from April to June 2007), the new PCVs will be placed in the OVC-serving organizations for a two-year period. The PCVs will live within the villages and towns where their host organizations are based and assume the following roles:

- Introducing and/or strengthening programming strategies and skills (i.e. design, implementation, monitoring and evaluation);
- Developing organizational capacities (management, financial, administrative, etc.) and implementing appropriate and effective systems and procedures;
- Creating networks among NGO, governmental, private sector, and international partners;
- Sparking creativity and instilling confidence and skills needed for successful resource mobilization;
- Reinvigorating/introducing the value of volunteerism leading to an increase in the number of citizens participating in HIV/AIDS programming and activities at the community level;
- Expanding community understanding of HIV/AIDS and encouraging commitment to the values of Botswana 's Vision 2016, leading to the reduction of stigma and discrimination;
- Expanding community understanding concerning available government services;
- Generation of new ideas on care and activities for OVC;
- Staff development to ensure sustainability
- Serve as a resource during training for NGOs/CBOs/FBOs depending on skills needed

In FY07, as part of its partnership with BONASO, PC will continue to assign a volunteer to BONASO to work as a resource and point person for the NGOs/CBOs/FBOs PCVs in the field. The BONASO-based PCV will also be tasked with building capacity in program design and management, M&E, reporting and the documentation of best practices within the umbrella organization.

FY07 EP funds will support the current and new PCVs placed based in NGOs engaged in community-based OVC programs and BONASO. Program expenses include PCV 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.
The NGO/CBO/FBO PCVs will report to the leadership of their respective organizations, and also will report to either the Associate Peace Corps Director (APCD) or to the Program Assistant in accordance with PC guidelines. The APCD is responsible for the compilation of PCV reporting of their activities and for providing the Botswana EP team with summary reports, based upon Office of the Global Aids Coordinator (OGAC) reporting requirements. To avoid the potential problem of double counting, PC will report qualitative summary reports focusing on capacity building, while quantitative data will be provided by the NGOs and BONASO through their reporting channels to HHS/CDC/BOTUSA.

Continued Associated Activity Information

Activity ID: 4893
USG Agency: Peace Corps
Prime Partner: US Peace Corps
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 580,000.00

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/caregivers trained in caring for OVC	500	☐

Indirect Targets

Number of OVC reached: 5000

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:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Local Government, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	9866
Planned Funds:	$ 600,000.00

Activity Narrative: 07-C0811: Ministry of Local Government.

This activity has USG Team Botswana Internal Reference Number C0810. This activity links to the following: C0613 & C0615 & C0801 & C0802 & C0811 & C0812 & C0814 & T1101 & T1107 & T1115.

MLG's DSS will continue to build on its FY05/06 initiatives. In FY05/06 emphasis was placed on the following activities:
- National Guidelines on the Care of OVC
- Situational Analysis of OVC
- Development of the National M&E Framework for OVC
- Review and upgrading of the Registration System for OVC
- Development of the Policy Framework for OVC
- Printing of the National Training Manual on Psychosocial Support
- Training of Social workers, teachers, community leaders and NGOs/CBOs/FBOs and other relevant stakeholders in Psychosocial Support

During FY06, the DSS focused on addressing capacity-building issues at the Child Welfare Division at the national level. In FY07, DSS intends to strengthen its capacity at the district level to support, monitor and coordinate the implementation of OVC programs.
In FY07, DSS will focus on training and disseminating national guidelines and frameworks formulated to improve the quality and type of services being provided to orphans and vulnerable children. DSS will develop a version for general use of the policy framework on orphans and vulnerable children.
In addition, several workshops will be conducted at different levels targeting key stakeholders as follows:
i. Two workshops for Parliamentarians (61 participants)
ii. One workshop for the House of Chiefs (15 participants)
iii Sixteen workshops for District Councils (800 participants)
iv Three workshops for NGOs/CBOs/FBOs (150 participants)
In addition to the above, FY07 funds will be used to decentralize the OVC registration system in 16 districts. This will involve training of staff in how to use the system and procurement of computers and computer supplies.
The department will continue to coordinate provision of services to OVC and to mobilize NGOs/CBOs/FBOs to participate in issues that affect OVC. DSS will work closely with UNICEF to strengthen its coordinating structures both at the national and district level. This will include establishing and strengthening the following coordinating organs: The National Children's Council, District Child Welfare Committees and Village Child Welfare committees. These Committees will not only be responsible for coordination, but also ensure that OVC are identified and have access to basic services. The committees will also ensure effective utilization of resources and provision of quality of services to OVC.
DSS will collaborate with UNICEF to hold National OVC forums. This will be an annual event bringing all NGOs/CBOs/FBOs and other relevant stakeholders together to share best practices and lessons learned in OVC programming.
The DSS will take a lead role in ensuring that OVC programs are adequately monitored and evaluated using the National M&E Framework for OVC. The department will also facilitate and ensure that OVC-serving organizations provide at least three minimum essential services as defined by DSS. In M&E the OVC programs, DSS will collaborate with other OVC-serving organizations such as Marang, CRS, HWW, BOCAIP, UNICEF and other key players such as the National AIDS Coordinating Agency (NACA), MOE and MOH in trying to ensure proper tracking and documentation of the number of OVC benefiting from essential services by type of service, age and gender.
DSS will solicit technical assistance from UNICEF in issues of child rights programming, advocacy on children's issues, dissemination and implementation of relevant legislation to OVC programming.

Continued Associated Activity Information

Activity ID: 4540
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Local Government, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI

Planned Funds: $ 645,946.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	10 - 50
Policy and Guidelines	51 - 100
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/caregivers trained in caring for OVC	500	☐

Indirect Targets

Number of OVC served by OVC programs=90,000

Target Populations:

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

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCu025095
Prime Partner:	Ministry of Education, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10027
Planned Funds:	$ 450,000.00

Activity Narrative: 07-C0813: Ministry of Education- Circles of Support.

USG Team Botswana Internal Reference Number C0813. This activity links to the following: C0613 & C0805 & C0806 & C0807 & C0811 & C0815 & T1107.

HIV/AIDS has had a severe impact on children's ability to remain in school. As a result, more and more children are unable to attend schools and have fallen through the cracks of the education system. As the AIDS pandemic takes its toll on families and communities, psychosocial support is emerging as a vast and challenging area of programming for OVC service providers. The death of a parent or guardian has serious implications for child welfare, especially as regards education.

A child who has lost a caregiver is more likely to drop out of school or not have access to education for several reasons. First, the child may lack the funds for school expenses and fees. Second, older siblings may drop out of school to care for younger ones. Third, after the death of caregiver, children may be forced to move to stay with relatives in other locations. Finally, the death of a caregiver has serious psychological effects on a child. Children are often withdrawn, depressed, and lonely, and this in turn affects their school attendance and performance.

The MOE has clearly noted that services to OVC in schools have mainly focused on material support including food baskets. While this is important, it does not address the gap in the provision of psychosocial support services to OVC within the school environment.

The Circles of Support (COS) model aims to close this gap. COS places emphasis on provision of holistic and comprehensives services to OVC both at the individual and family level, with psychosocial services at the center.
The Ministry of Education initiated the COS program for orphans and vulnerable children in FY06, following a pilot phase in FY05. The COS is a community- and school-based multi-sectoral approach to meeting the needs of orphans and vulnerable children (OVC).

The pilot phase and an evaluation of this initiative indicated that the COS is a practical approach to addressing the psychosocial support needs of OVC. This model facilitates linkages with local networks in supporting retention and reintroduction of children into schools. It is also aimed at strengthening schools and community partnerships to meet the basic needs of school-going OVC to achieve their academic potential.

How does the COS model work? The model uses the school as an entry point where three members of staff (head teacher and two teachers interested in OVC issues) are selected to form a committee referred to as "School Conveners". In addition, in the community, three community members are identified from the PTA, OVC-serving organizations, and Social and Community Development office. This group is then referred as "Community Neighborhood Agents". The School Conveners and the Community Neighborhood Agents go undergoes a series of trainings to equip them with 1) skills in identifying needy OVC, 2) strategies for follow-up visits at home, 3) knowledge and skills related to child development, 4) skills for school-based income generating programs and 5) skills to organize and conduct community mobilization. After the trainings, both teams engage other relevant stakeholders. The school community is then mobilized and sensitized on the plight and needs of OVC to help reduce stigma and discrimination. The school community, especially the students, helps to identify their needy peers who may require support in accessing basic services. They also help to identify their peers who have dropped out of school.

The School Conveners review the school enrollment register to identify the number of OVC in schools. This number is then compared with that of the Social and Community Development Office to ensure inclusion of all needy OVC. Each needy OVC is then assigned a committee member for further follow-up to carry out an assessment of their needs and ensure that they have access to services. Regular home visits are conducted for each child using a standardized monitoring tool.

Another important feature of the COS is community mobilization. Communities are sensitized on the needs of OVC and are encouraged to mobilize resource to help meet the

needs of these children. Through community mobilization other community structures such as the District Multisectoral AIDS Committees (DMSACs) have been brought on board to ensure proper coordination and ownership of the program.

In FY06, the MOE started implementation of the COS model in 200 schools located in the South, South Central, and West regions, targeting 6,000 OVC. In addition to the 200 schools in FY06, the Ministry of Education will continue to implement and roll out the COS model to another 250 schools in the same regions, benefiting 8,000 OVC. By the end of FY07, the MOE will have facilitated provision of services to 14,000 orphans and other children made vulnerable by HIV/AIDS in Schools.

In providing psychosocial support services to school-going OVC, the MOE will continue to work closely with MLG's DSS, in training teachers, community members and other stakeholders on Psychosocial Support The MOE will use the National PSS manual developed by DSS to ensure standardization and quality in PSS training. The MOE will also work with NGOs/CBOs/FBOs around the school environment to establish referral and follow-up of OVC who may require specialized attention at the community level.

M&E of this program will continue to be a crucial component. Officers at the ministry level will undertake monitoring visits to schools and track program progress. In addition, the officers will continue to provide guidance in implementing the COS model. The MoE will also report relevant M&E indicators in the National M&E framework for OVC to DSS.

Institute of Development and Management (IDM) will continue to partner in the implementation of COP07 activities with the MOE

IDM Activities ($150,000)
IDM provides training, consulting and research to private, public and civil society organizations. Its focuses public health management, human resources management, public administration and business management.

IDM helped to pilot a program initiated by Southern Africa Development Community (SADC) on COS. This pilot program was implemented in three SADC countries; Botswana, Namibia and Swaziland. IDM facilitated the implementation of the pilot program in Botswana, in collaboration with the MOE's AIDS Coordination Office. Following the successful implementation of the pilot program, the MOE decided to roll-out the program country-wide. For planning and logistical purposes, the program will be implemented in a phases. Phase 1 is being implemented using FY06 USG funds.

In FY07, IDM will continue to facilitate implementation of the second phase. IDM's role includes:
•Design and implement the planned activities of the roll-out phase
•Carry out orientation activities related to coordination of the program at all levels of implementation
•Design and implement the training plan for teachers (school conveners) and community representatives (neighborhood agents)
•Design and implement a M&E system that will inform the roll-out process.
•Make frequent support visits to monitor implementation and address any issues that might arise
•Design and facilitate a community mobilization plan to facilitate linkages with other community stakeholders
•Facilitate the sharing of best practices from the implementing education regions with key national and international stakeholders.
•Facilitate a process where policy issues and gaps arising or identified from the roll-out process are relayed to the relevant authorities for action.

All the above tasks will be done in conjunction with the MOE and in particular the HIV/AIDS Coordination Office.

IDM will engage the services of 4 (four) consultants who are well versed in OVC issues .

Continued Associated Activity Information

Activity ID: 4898
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Education, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 500,000.00

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 OVC served by OVC programs	14,000	☐
Number of providers/caregivers trained in caring for OVC	1,000	☐

Target Populations:

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

Coverage Areas

North-West

Southern

South-East

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: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10033
Planned Funds: $ 350,000.00

Activity Narrative: 07-C0801: Ambassador's HIV/AIDS Initiative: Marang Childcare Network.

Activity links to the following: C0613 & C0617 & C0802 & C0811 & C0817 & C0818 & P0223 & T1107 & T1115 & T11O1 & X1406.

The Marang Child Care Network Trust is the only umbrella body for organizations serving OVC in Botswana. Currently, the organization has a membership of 21 CBOs. The main purpose of Marang is to strengthen the organizational, management and technical capacity of its members. Marang works to equip partner organizations with relevant skills and capacities in OVC programming. Over the years, Marang has been able to implement a number of interventions aimed at ensuring quality provision of services to OVC through its partner organizations.

Marang will continue scaling up past activities to further develop the NGO/CBO/FBO capacities to provide skilled support to OVC through community-based initiatives. In FY05/06, Marang made significant strides in transforming its operational structures by putting in place a technical team composed of 2 program officers, 1 finance officer and a bookkeeper. Marang has also managed to procure a computer, laptop, printer and a multi-functional photocopier to back up its administrative and coordination function. In FY07, Marang will hire three additional technical staff: a M&E Officer, a Capacity Building Officer and a Program Officer.

In FY05/06, Marang provided support and built capacity of its 21 partner OVC-serving organizations in 15 districts in the following areas: organizational development, day care training, advocacy, and community and resource mobilization. Monitoring and follow-up activities with these organizations have demonstrated improved programming for OVC.

A sustainable pool of trained and skilled human resources is key to the ability of community-based organizations and actions to reduce the impact of HIV/AIDS on children and their families. Marang will therefore, continue to invest in building the capacity of its implementing partners in many diverse areas including 1) leadership skills, 2) program planning and design, 3) implementation and management, 4) M&E, 5) local social and resource mobilization, and 6) advocacy. This skills mix is necessary to support the many EP-supported community-based activities that are aimed at providing direct support to OVC in accessing essential services such as education, nutrition, healthcare, psychosocial support and home-based care. These services are among those defined by government as the minimum essential services for OVC.

In FY07, Marang will build and strengthen the capacity of 29 additional NGO/CBO/FBO and increase the coverage from 15 districts to 25 districts (are these health districts or administrative, MOH only uses 24 districts). Marang will build the capacity of these organizations to monitor and provide quality services to OVC. Marang will promote sustainability of its partners by equipping them with resource mobilization skills that will foster relationships with community-based business councils to raise funds and promote public-private partnerships to mobilize resources for OVC. Those partner organizations trained in FY05/FY06 will serve as mentors to other OVC-serving organizations. In addition, organizations will continue to receive follow-up trainings in key focus areas.

Marang's major strategy for capacity building is through training. Marang will continue to make use of all available training curricula, guides, and manuals that will have been developed and/or approved by relevant Ministries or Departments. For example, in psychosocial support, Marang will train its members using the National Psychosocial Support Manual developed by MLG's DSS. Other relevant Government Ministries whose guidance and direction will be sought include the MOE and MOH. Marang will also liaise with other stakeholders to solicit relevant training materials.

More specifically, capacity building activities will focus on organizational development and day care training as described below:
Organizational Development: Marang will equip new partner organizations with leadership and organizational management skills to ensure good governance and management of OVC programs. This will target 250 board members drawn from 29 NGO/CBO/FBO.

Day Care Training – The training will focus on child development and counseling, child

abuse and prevention, child bereavement support techniques such as use of memory boxes, interventions and referrals, parenting skills, childcare policies and support services. Marang will work jointly with DSS Services, Department of Early Childhood at the UB, UNICEF, and Child Line to produce basic information packs and train at least 60 participants from the 50 partner NGO/FBO/CBO.

In addition, the following new activities will be undertaken to further enhance the capacity of participating NGO/CBO/FBO:

Alternative Forms of Care Training – Marang will facilitate the dissemination of Alternative Care Regulations developed by DSS. These regulations will be introduced to guide both the development and delivery of related childcare services. The training will target 300 program managers, coordinators and supervisors. Marang, in partnership with DSS and MOE will coordinate and facilitate the training workshops.
Training of Trainers (TOT) for caregivers of OVC with Disability - 50 participants from the 50 partner organizations will be trained, as trainer of trainers in emotional and psychological needs of OVC with disability. The MOE- Special Education Department, Regional Health Team, and District Social Service Departments will be the main partners in this intervention.

Community and Resource Mobilization workshop - 500 stakeholders will be sensitized on the need to support OVC programs and OVC-serving organizations and trained in the skills to provide needed support. This training is geared at promoting local resource mobilization to ensure sustainability of OVC interventions.

The 50 partner NGO/CBO/FBO whose capacity will have been strengthened, will provide psychosocial support services and other basic services to 10,000 orphans and vulnerable children. We anticipate that the partner organizations will also be able to increase their scope, reach and ensure sustainability of their OVC programs Marang will also work closely with the District Social Welfare Services to expand the coverage of services to the most needy children and hard-to-reach villages.

Marang, as the only OVC umbrella network in the country will collaborate with relevant government departments and other stakeholders to ensure effective coordination and quality of services to OVC. Marang will collaborate with DSS, UNICEF, and other stakeholders in promoting and strengthening coordination committees such as the District Child Welfare Committees and Village Child welfare committees. Where applicable, Marang will collaborate with HWW in establishing Community Child Care Forums (CCCF) among its partner organizations. The CCCF will serve as the "watch dogs" for OVC services at the community level.

Marang will facilitate improved monitoring of OVC services by supporting the partner organizations to develop community M&E systems. The community level indicators will be in line with the national core indicators on orphan care and support. Marang will take a lead role in coordinating and monitoring the activities of its partners to ensure application of skills acquired.

Some of the major indicators to be tracked by Marang will include:
•# of organizations trained by type of training
•# of people trained by type of training
•# of OVC reached by partner organizations by type of service
•# of organizations applying acquired skills
•# of organizations with improved service provision to OVC (quantitative and qualitative data)

Marang will document lessons learned and best practices emerging from partner organizations in improved OVC programming.

Continued Associated Activity Information

Activity ID: 4892
USG Agency: U.S. Agency for International Development
Prime Partner: The Futures Group International

Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 400,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Human Resources	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		☑
Number of providers/caregivers trained in caring for OVC	1,000	☐

Indirect Targets

Number of OVC reached:10,000

Target Populations:

Community-based organizations
Caregivers (of OVC and PLWHAs)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Catholic Relief Services
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10188
Planned Funds:	$ 499,000.00

Activity Narrative: 07-C0814: Catholic Relief Services.

This activity has USG Team Botswana Internal Reference Number C0814. This activity links to the following: C0609 & C0613 & C0615 & C0802 & C0803 & C0805 & C0815 & T1107 & T1115.

This program aspires to continue the scale-up of FY06 OVC activities implemented by CRS in partnership with the Vicariate of Francistown. Based on FY06 experience the program will continue to identify and document promising practices in OVC programming. CRS will continue to focus on OVC affected by HIV/AIDS in the following age brackets: ages 3-7, ages 8-17 and 18-20 years of age. CRS will utilize their matching funds to fund programs for OVC over 18 years of age. As in all CRS programs, beneficiaries will be chosen only on the basis of need without regard to religion or nationality.

In FY07, the proposed program activities will build on achievements and capacity built through the FY06 program. The activities will strengthen services, leadership roles, and livelihood opportunities for the existing 3,300 OVC participants. The program will also expand the target areas in existing parishes and include new parishes in the Vicariate of Francistown, reaching an additional 2,040 OVC. The total number of OVC reached in FY07 will be 5,340.

CRS will utilize the Vicariate's existing network of parish facilities, parish structures, and parish volunteers throughout the northern area of Botswana. The implementation districts will include; Central, North-East, North-West, Ghanzi, Chobe and Central. CRS will focus on program management, grant management, capacity building and reporting. The Vicariate will focus on direct on-the-ground program activities, e.g., communication with village leadership and structures, implementation of the rural assessment, mobilization of the community, and monitoring and evaluation. The majority of the program staff, including all parish coordinators and M&E officers, will be employed by the sub-partner under the guidance of the CRS program manager.

In FY07, major program activities will include:

A planning and teambuilding workshop: This workshop will be for all program staff. The main purpose of the workshop will be to review the achievements and lessons learned in programming for OVC in FY06. The workshop will also serve as an orientation to new staff and will help them to understand the program objectives. An M&E system of the OVC activities will also be developed. The M&E indicators will be in line with the National M&E Framework developed by the DSS.

Training of trainers in "Participatory Rural Assessment (PRA)". Participants will draft plans for conducting PRAs in 26 new villages and establish new action plans for the 45 existing villages. The PRA will help identifying the needs of OVC. The action plans will incorporate lessons learned from program implementation in FY06. Based on this training a total of 71 villages will be reached.

Block grants for school fees, clothing and meals for children. In addition to the 10 preschools targeted in FY06, 8 new preschools will have established block grants and will reach a total of 1,080 preschool age OVC. Block grants will include school fees, clothing and meals for children. Each school will have latitude to determine the greatest needs in their facilities.

Awareness-building campaigns. Program staff will implement awareness-building campaigns in target villages in order to educate parents and caregivers on the importance of early childhood development, the rights of children and the responsibilities of caregivers. This activity will be carried out in collaboration with DSS, UNICEF and Marang.

Trainings in supporting OVC. Up to 75 OVC leaders and 75 community leaders will initiate and strengthen their training through participation in the Masia OVC support Training of Trainers camp in Zimbabwe. The participants will then work with the community to strengthen social structures and services supporting OVC. Specific activities will be defined individually for each village but will be centered on engaging peer groups, caregivers, community volunteers, and civil society organizations such as the Village Development

Committees. Some programs will include strengthening household livelihoods and initiating income-generating activities as determined by the peer groups.

Vocational guidance for OVC. The program will target 710 OVC who have dropped out of school or have finished school and have limited opportunities for livelihoods activities. Activities will include visits from working professionals, vocational schools and teachers intended to inform OVC about various options for work. Each OVC will be able to utilize $50 – 75 to enroll in a training course or apprenticeship. FY06 participants will receive continued mentoring and guidance as they seek employment.

A continuing theme and activity of the program is to strengthen the organizational and technical capacity of the Vicariate of Francistown and parish leaders to implement continued OVC programming in Botswana.

CRS will collaborate with the DSS to ensure quality provision of services, coordination, monitoring of OVC programs. CRS will also collaborate with other OVC-serving organizations and share lessons learned in OVC programming.

The following information will be tracked:
-Number of OVC served by OVC programs disaggregated by gender
-Number of providers/caretakers trained in caring for OVC
-Number of local individuals trained in HIV-related stigma and discrimination reduction
-Number of individuals trained in HIV-related community mobilization for prevention, care, and/or treatment

Continued Associated Activity Information

Activity ID: 4899
USG Agency: U.S. Agency for International Development
Prime Partner: Catholic Relief Services
Mechanism: N/A
Funding Source: GHAI
Planned Funds: $ 499,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
Number of OVC served by OVC programs	5,340	☐
Number of providers/caregivers trained in caring for OVC	4,806	☐

Target Populations:

Community-based organizations
Faith-based organizations
Street youth
HIV/AIDS-affected families
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Religious leaders

Coverage Areas

North-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism: contract
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10193
Planned Funds: $ 800,000.00
Activity Narrative: 07-C0803: RPSO- Nutrition Rehab. Construction.

This activity has USG Team Botswana Internal Reference Number C0803. This activity links to the following: C0802 & C0811 & C0812 & C0814 & T1101 & T1107 & T1108 & This activity has USG Team Botswana Internal Reference Number C0802. This activity links to the following: & C0810 & C0811 & C0813 & T1101 & T1107 & T1108 & T1109 & T1114.

The USG funds will support the construction of two rehabilitation units for malnourished children infected and affected by HIV/AIDS in Princess Marina Hospital and NRH in Francistown. This activity was initially scheduled to start in FY05. Due to insufficient funds, initiation of the renovation was deferred to FY07 and implementation will be shifted to USG's Regional Procurement Service Office in Frankfurt, Germany.

The rehabilitation unit will serve several purposes:
1. Affected children will be served at the Units
2. The units will serve as a training center for care givers in the care of malnourished children
3. NGOs/ CBOs/FBOs working with OVC will refer needy cases to the Units
4. The Units will provide office space for the Program staff

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

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

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas

North-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Humana People to People Botswana
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10196
Planned Funds: $ 95,000.00
Activity Narrative: 07-C0806: Humana People to People.

This activity has USG Team Botswana Internal Reference Number C0806. This activity links to the following: C0602 & C0613 & C0618 & C0805 & C0813 & T1114 & T1115 & X1406.

Humana People to People (HPP) has in the last 6 years implemented a large scale Community Mobilization program in Botswana to fight HIV/AIDS under the name Total Community Mobilization (TCM).

HPP's OVC program is based in Selibe Phikwe. The program mainly addresses the psychosocial needs of orphans and other children made vulnerable by HIV/AIDS. The program also promotes abstinence and faithfulness among OVC. Through community mobilization, community members are sensitized about the plight of OVC and equipped with basic skills to identify OVC in need of care and support. Community leaders are trained on OVC issues including ways to minimize stigma and discrimination against OVC. Furthermore, the program trains volunteers who are members of the Child Welfare Committee in the provision of basic care and support services to OVC and their families in the community. Ward Action Groups are established to work with the program team in coordinating OVC activities. The program targets OVC from preschool age to 18 years.

In FY05 and FY06, HPP was able to support 350 OVC and train 1000 caregivers. Twelve Village Action groups each comprising 10 community members were trained as peer educators for other community members in OVC care and support. A baseline assessment was also conducted to identify the needs of OVC in one of the implementing Wards. Four Child Welfare Committees were established and trained on basic care and support services for OVC and their families. Three school clubs and one community club for OVC youth were also established.

In FY07, HPP will continue to scale up the number of OVC having access to services and the number of care givers/guardians trained. The program will also expand to two additional Wards. Child Welfare Committees and Village Action groups will also be established. HPP will continue to collaborate with other OVC-serving organizations at the district level and participate in relevant forums to share best practices and lessons learned. Program staff will benefit from the Psychosocial Support trainings carried by DSS. HPP will also establish referral systems to enable OVC have access to other services. One such collaboration and referral will be to the Social and Community Development Office for needy OVC to have access to food baskets. The Centre will also collaborate with the Circles of Support program under the MOE to ensure that needy children benefit from the program.

In M&E, HPP will track progress on the following indicators:

- Number of OVC registered and receiving support
- Number of OVC referred for other services
- Number of OVC receiving psychological support services
- Number of Community sensitization meetings
- Number of OVC Committees established by type
- Number and type of service provided to each OVC.
- Number of caregivers trained

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	400	☐
Number of providers/caregivers trained in caring for OVC	500	☐

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas

Central

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Lesedi Counseling Centre
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10198
Planned Funds:	$ 65,000.00

Activity Narrative: 07-C0807: Lesedi Counseling Centre.

This activity has USG Team Botswana Internal Reference Number C0807. This activity links to the following: C0602 & C0613 & C0618 & C0805 & C0813 & T1114 & T1115 & X1406.

Lesedi Counselling Centre, based in Kanye, in the Southern District, began in May 2001 spearheaded by 10 volunteers who had undergone Botswana Christian AIDS Intervention program (BOCAIP) counsellor training. The centre is affiliated with BOCAIP as its parent organization. Lesedi Centre is a member of Southern District Multisectoral Committee. The Centre started by offering pre-test and post-test counseling services to the community. Due to demand in the community, a support group for People Living with HIV/AIDS (PLWHA) was started in May 2002. In September 2002, the Centre started providing psychosocial support services to orphans and vulnerable children. This included initiation of a weekly kids club which provides educational assistance to OVCs attending school. Out-of-school clubs were also started.

The children at the Centre benefit from Kids Camps during school holiday and these camps serve to provide therapeutic interaction for the children. Grief and trauma counseling is provided to the children to support them emotionally.

Under the proposed program, a more comprehensive approach to identifying and serving OVC within the community will be started with the training of community volunteers to assist in community outreach.

The main purpose of this program is to empower OVC with life skills in order to break the cycle of poverty and HIV infection within their families. Community involvement and participation is central to implementation of this program. Communities and relevant stakeholders are mobilized and sensitized on OVC issues. Specific program activities include:

- Community involvement in the identification and care for OVC
- Training of volunteers on the care and support of OVC
- Provision of care and support to OVC enrolled on the program
- Provision of psychosocial support through Kids Clubs and Camps
- Provision of life skills and income generating activities (IGAs) for out of school OVC-youth.

During FY05 and FY06, the Centre was able to address the psychosocial support needs of at least 300 OVC. In FY07, the program will continue to scale up its activities to ensure an additional 200 OVC benefit, bringing the total number to at least 500 OVC.

In FY07, the program will continue to collaborate with other OVC-serving organizations at the district level and participate in relevant forums to share best practices and lessons learned. Program staff will benefit from the Psychosocial Support trainings carried by MLG's DSS. The Centre will also establish referral systems to enable OVC to have access to other services. One such collaboration and referral will be to the Social and Community Development Office for needy OVC to have access to food baskets. The Centre will also collaborate with MOE's Circles of Support program to ensure that needy children benefit from the program.

In M&E, Lesedi Centre will use its community-level indicators for tracking program progress. Some of the tracking indicators include:

- Number of OVC registered and receiving support from the Centre
- Number of OVC referred for other services
- Number of OVC receiving PSS
- Number of Community sensitization meetings

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	☐
Number of providers/caregivers trained in caring for OVC	50	☐

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

Kweneng

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Metsimotlhabe Community Home Based Care Organization
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10200
Planned Funds: $ 54,840.00

Activity Narrative: 07-C0808: Metsimotlhabe Community Based Organization.

This activity has USG Team Botswana Internal Reference Number C0808. This activity links to the following: C0602 & C0613 & C0618 & C0805 & T1114 & T1115 & X1406.

The organization was created in 1998 to address the impact of HIV/AIDS on children. The program is based in Metsimotlhabe, which is on the outskirts of Gaborone. The organization was initially funded through fundraising events and member contributions and focused on care of people living with HIV/AIDS and OVC through home-based care services. More recently, the organization has received funding from the GFATM. These funds have been utilized to sustain the original program. The program operates in a village with an estimated population of 4,000, of which about 500 are OVC.

The program will rely on volunteers for the identification, care and support of OVC. Community members are empowered to play a significant role in the program implementation through kgotla meetings and parent teacher associations (PTA) meetings in schools. Care givers are trained in various topics such as identification of OVC using assessment tools, basics in psychosocial support, nutrition, infection control, interpersonal and communication skills, report writing etc. Most of the training utilizes existing manuals developed by the relevant Government Ministries. The program includes an element of community outreach where the volunteers carry out follow-up home visits to ensure continued care and support to OVC. The home visits provide an opportunity for volunteers to continuously assess and monitor the OVC's living home conditions. Furthermore, the home visits also serve as an opportunity to provide support to care givers at the household level.

The organization also manages a day care center for pre-school children. Activities at the day-care center include psychosocial support, feeding and referral to various government institutions, especially to the MOE for enrolment of OVC into primary schools.

In FY07, Metsimotlhabe will continue to scale-up its FY05/06 activities, which include training of volunteers in psychosocial support, training of care givers in basic care needs of OVC, and early childhood development activities at the day care Centre. The program will also continue to identify and register additional OVC in need of care and support. With FY05/06 funding, Metsimotlhabe was able to establish and strengthen the day care center, which cares for 50 OVC under 5 years of age. It was also able to provide OVC psychosocial support services (PSS) to at least 300 OVC and 80 caregivers trained. Twenty volunteers trained in PSS counseling. In the scale-up phase 400 OVC will benefit. In addition, refresher training will be given to the trained volunteers and caregivers.

The program will continue to collaborate with other OVC-serving organizations at the district level and participate in relevant forums to share best practices and lessons learned. Program staff will benefit from the Psychosocial Support trainings carried by the DSS The Centre will also establish referral systems to facilitate access to other services for OVC. One such collaboration and referral will be to the Social and Community Development Office for needy OVC to have access to food baskets. The Centre will also collaborate with MOE's Circles of Support program to ensure that needy children benefit from the program.

Community level based indicators for tracking the program progress will be used. Some of the tracking indicators include:

- Number of OVC registered and receiving support
- Number of effective OVC referrals to other services
- Number of OVC receiving PSS
- Number of care givers trained
- Number of volunteers trained
- Number of people receiving fresher training by type

Emphasis Areas

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	350	☐
Number of providers/caregivers trained in caring for OVC	80	☐

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

South-East

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: House of Hope Trust
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10205
Planned Funds: $ 85,000.00

Activity Narrative: 07-C0809: House of Hope.

This activity has USG Team Botswana Internal Reference Number C0809. This activity links to the following: C0602 & C0613 & C0805 & C0901 & T1107 & T1114 & T1115 & X1406.

House of Hope is a community-based organization based in Palapye, a large and growing village in the Central District of Botswana. It was opened in 1999 in response to the alarming HIV/AIDS prevalence in the district. House of Hope operates a day care center for orphans aged 2 – 6 years and a support group for PLWHA. It aims to provide material and psychosocial support to OVC attending primary school. The OVC benefit from two meals and a snack daily, early childhood education, monitoring of their health, and home visits.
Under the planned program, a more comprehensive approach to identifying and serving OVC within the community will be started with the training of community volunteers to assist in community outreach. House of Hope will involve leaders of 8 churches in identifying children who need help and in creating awareness about early childhood learning. The community volunteers will be trained on issues such as counseling, play therapy, child rights and child abuse. The trained volunteers will establish kids' clubs, which will offer information on HIV/AIDS prevention and life skills to the OVC. The selection criteria for OVC will be developed in conjunction with MLG's DSS. Regular home visits will be undertaken with the OVC and their families to ensure provision of basic needs and monitoring of their daily well-being.

The main purpose of this program is to provide OVC with preschool education and after-school program in order to stimulate their intellectual, physical, emotional and social development. Specific program activities include:

- Provision of preschool education
- Provision of after-school program to OVC in primary school
- Community involvement in identifying and caring for OVC
- Training of volunteers on the care and support of OVC
- Provision of psychosocial support through Kids' Clubs and Camps

During FY05 and FY06, the Centre was able to address the preschool educational needs of at least 90 OVC and provided an after-school program for 135 OVC. In FY07, the program will continue to scale up its activities to ensure that an additional 300 OVC benefit, bringing the total number to at least 525 OVC.

In FY07, the program will continue to collaborate with other OVC-serving organizations at the district level and participate in relevant forums to share best practices and lessons learned. Program staff will benefit from the Psychosocial Support trainings carried by DSS. The Centre will also establish referral systems to facilitate OVC access to other services. One such collaboration and referral will be to the Social and Community Development Office for needy OVC to have access to food baskets. The Centre will also collaborate with MOE's Circles of Support program to ensure that needy children benefit from the program.

In M&E, House of Hope will use its community level based indicators for tracking the program progress. Some of the tracking indicators include:

- Number of OVC registered and receiving support from the Centre
- Number of OVC referred for other services
- Number of OVC receiving PSS
- Number of Community sensitization meetings

Emphasis Areas	% Of Effort
Community Mobilization/Participation	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	200	☐
Number of providers/caregivers trained in caring for OVC	100	☐

Target Populations:

Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas

Central

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	N/A
Prime Partner:	Mothers Union Orphan Care Center
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10206
Planned Funds:	$ 65,000.00

Activity Narrative: 07-C0810: Mothers Union Orphan Care Centre.

This activity has USG Team Botswana Internal Reference Number C0810. This activity links to the following: C0602 & C0613 & C0618 & C0805 & C0901 & T1114 & T1115 & X1406.

The Mother's Union Orphan Care Centre is a non-profit community-based program focused mainly on care and support of OVC. It is managed by Mothers' Union Women Dioceses, a Faith-Based Organization in the Anglican Church. Its activities are focused on children in and around Mahalapye village. The program was initiated in response to social ills such as child abuse and neglect as well as the continued spread of HIV/AIDS. This situation produced a growing number of orphans without basic resources and in most cases socially distressed. The center enrolls children between the ages 3 to 18 years and provides them with psychosocial support services and other basic services.

The main purpose of this program is to optimize early childhood development of OVC through the provision of early childhood learning. Mother's Union also provides services to OVC who are on ARV treatment. The center provides services such as feeding, home visits, assistance with OVC registration in primary schools, and assistance with homework. Under the proposed program, a more comprehensive approach to identification of and service to OVC within the community will be started with the training of community volunteers to assist in community outreach.

Community involvement and participation is central to implementation of this program. Communities and relevant stakeholders are mobilized and sensitized on OVC issues. Specific program activities include:

- Community involvement in the identification and care for OVC
- Training of volunteers on the care and support of OVC
- Provision of care and support to OVC enrolled on the program
- Provision of psychosocial support through Kids' Clubs and Camps

During FY05 and FY06, the Centre was able to address the psychosocial support needs of at least 300 OVC. Mother's Union also established kids' clubs, trained caregivers and undertook home visits. In FY07, the program will continue to scale up its activities to ensure that an additional 200 OVC benefit, bringing the total number to at least 500 OVC.

In FY07, the program will continue to collaborate with other OVC-serving organizations at the district level and participate in relevant forums to share best practices and lessons learned. Program staff will benefit from the Psychosocial Support trainings carried by the DSS. The Centre will also establish referral systems to facilitate OVC access to other services. One such collaboration and referral will be to the Social and Community Development Office for needy OVC to have access to food baskets. The Centre will also collaborate with MOE's Circles of Support program to ensure that needy children benefit from the program.

In M&E, Mother's Union Centre will use its community level indicators for tracking program progress. Some of the tracking indicators include:

- Number of OVC registered and receiving support from the Centre
- Number of OVC referred for other services
- Number of OVC receiving PSS
- Number of Community sensitization meetings

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

Targets

Target	Target Value	Not Applicable
Number of OVC served by OVC programs	500	☐
Number of providers/caregivers trained in caring for OVC	100	☐

Target Populations:

Orphans and vulnerable children

Caregivers (of OVC and PLWHAs)

Coverage Areas

Central

Table 3.3.08: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Project Concern International
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10209
Planned Funds: $ 1,211,000.00

Activity Narrative: 07-C0816: TBD-Building Bridges.

This activity has USG Team Botswana Internal Reference Number C0816. This activity links to the following: C0613 & C0615 & C0805 & C0818 & T1107 & T1115 & X1406.

The problems of children affected by HIV/AIDS are not new, but they have taken on a new dimension and urgency. The pandemic is producing OVC at a rate that traditional family structures can no longer handle without external assistance. Communities and extended families, the de facto social safety nets in societies, are seriously over-stretched by the impacts of HIV/AIDS.
The most immediate challenge is scaling up successful community-based responses to match the magnitude of the HIV/AIDS pandemic. The unprecedented scale of the problem has weakened the ability of families and communities to respond as they have in the past. In facing these challenges, it will be critical to build the capacity of communities to better care for OVC.
In FY07, the prime partner will work with the communities to increase their capacity to provide prevention, care and support services to OVC and their families who are affected by HIV/AIDS. With EP funding, the prime partner will mobilize 10 to 15 local organizations (NGOs/CBOs/FBOs), and will strengthen their capacity to provide services to the growing numbers of orphans and other children made vulnerable by HIV/AIDS. The NGOs/CBOs/FBOs will be provided with grants (1) to advocate, care for and support children affected by HIV/AIDS, (2) to prevent further spread of HIV; (3) to improve OVC welfare by increasing access to education, adequate food, psychosocial support, basic health services, legal rights and (4) to catalyze a public-private partnership to expand the resources available to sustain provision of the above services to OVC.

OVC-related problems cannot be adequately addressed by any single intervention. Rather, multiple interventions are needed to respond to the broad needs of children, their families and communities. This program will ensure that activities are integrated with government programs and other in-country activities, so that the entire prevention-care-mitigation continuum is addressed with aligned and mutually reinforcing programs. This alignment and integration will also help to ensure the sustainability of OVC interventions.

The program will facilitate: (1) expansion of OVC services and organizations working locally to address HIV/AIDS-related challenges; (2) provide financial, material and technical resources to these OVC-serving organizations, enabling them to better coordinate efforts and provide additional services and (3) support the sharing of effective practices among stakeholders at all levels. The NGOs/CBOs/FBOs will also be supported to identify and replicate proven techniques and promote the sharing of technical expertise among organizations. OVC will benefit through direct support to meet their basic and psychosocial needs including community guardianship and fostering arrangements, food, school fees, clothing, health care, recreation and social activities with peers to foster belonging.

The loss of a father or both parents often results in loss of income and property rights. Children who grow up without parents may be left impoverished and unprotected. Many parents die prematurely from HIV/AIDS complications leaving their children with many unanswered questions and an uncertain future. For those children who have lost their parents to AIDS, grief is only the beginning of their troubles. In FY07, parents living with HIV/AIDS will be provided with skills to plan for the future of their children when they are still strong and active. Therefore in FY07, activities that protect the legal rights of children - particularly their succession rights – will be a priority area of support. Resources will be given to NGOs/CBOs/FBOs to provide training and support to the HIV infected parent in will writing and succession planning to protect the assets of their children. This support will be both financial and technical in nature.
A child's birth registration is fundamental to the realization of a number of rights and needs. In FY07, activities promoting birth registration will be established or strengthened. Organizations supported to implement this activity will work closely with the DSS, UNICEF, and other relevant stakeholders to ensure children are registered at birth.
In FY07, targeted activities that are aimed at improving household livelihood. And support for NGOs/CBOs/FBOs that demonstrate viable IGAs will be supported.

NGOs/CBOs/FBOs that demonstrate the ability to scale-up, achieve scope and geographical coverage will be facilitated to provide comprehensive services to OVC. The guidelines developed by DSS on the minimum essential services will be a critical tool in programming for the needs of OVC.

This program will ensure that relevant OVC guidelines and frameworks are used. The program will foster the use of existing training manuals already developed by relevant government ministries or other stakeholders. Collaboration and creation of linkages with other OVC-serving organizations will be facilitated.

To promote sustainability, NGOs/CBOs/FBOs will be supported to carry out community and resource mobilization activities. Communities will be sensitized on the needs of OVC and encouraged to be "part of a solution" in ensuring that these children have access to basic services and continue to live a normal life free of stigma and discrimination.

In summary, therefore, activities will focus on the following:

- Capacity building of NGOs/CBOs/FBOs to effectively deliver quality services to OVC
- Provision of grants to NGOs/CBOs/FBOs to ensure that OVC have access to essential services
- Birth Registration
- Improving household livelihood
- Succession planning: preparing families for transition

It is estimated that the 10-15 recipient organizations will provide services to about 5,000 orphans and other children made vulnerable by HIV/AIDS.

In addition to the program level indicators for the various organizations being supported, the National M&E Framework of OVC will be utilized to ensure effective and quality services to OVC.

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	5,000	☐
Number of providers/caregivers trained in caring for OVC	2,500	☐

Indirect Targets

Number of OVC served: 4,000

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	AIHA
Prime Partner:	American International Health Alliance Twinning Center
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	10210
Planned Funds:	$ 150,000.00
Activity Narrative:	07-C0817: Twinning.

This activity has USG Team Botswana Internal Reference Number C0817. This activity links to the following: C0601 & C0801 & C0909 & X1413.

This activity creates a twinning partnership between a to-be-determined (TBD) non-governmental organization that provides services for orphans and vulnerable children in Botswana with a tentatively identified counterpart NGO, Children in Distress (CINDI) in South Africa. The final partners will be determined with input from all key stakeholders (HHS/CDC/BOTUSA, American International Health Alliance (AIHA), and potential twinning partners). The main goal of this partnership is to strengthen the organizational response to addressing the needs of OVC in Botswana. Twinning is a key legislative issue and is a new activity for Botswana.
The objectives of the partnership are to:
o Strengthen organizational capacity to be a responsive and resourceful network for both civil society and government
o Build capacity for this NGO to be a funding conduit for other NGOs in Botswana
o Strengthen advocacy to develop responsive policy and sustainable integrated programs for OVC
o Build capacity for the NGO to mentor CBOs and FBOs
Twinning activities will begin with an exchange visit to Botswana by CINDI. This visit will be followed quickly by a visit by key stakeholders from the Botswana NGO to South Africa to learn first-hand about the services and resources of CINDI. At this meeting, AIHA will facilitate the development of a partnership work plan, timeline, and budget that identifies specific activities the partners will undertake together. Thereafter, the Twinning center will issue a subgrant award to CINDI to manage the partnership funds and each partner will select a partnership coordinator. Partnership funds will support the exchange visits and pay for materials and supplies for the activities the partners elect to undertake (e.g., training, joint materials development, workshops, technical assistance, etc.). While it is important that the partners themselves determine their joint activities, we anticipate that activities might include: 1) strategic planning, 2) development or adaptation of organization development training materials, 3) funding conduit policy,4) program and financial management technical assistance,5) network development and management,6) M&E tools, etc. In addition, a NGO/CBO/FBO workshop on OVC will be planned that will draw civil society organizations in Botswana with the aim of sharing information and advocating for a formal network and mapping of OVC activities in Botswana.
The expected outputs and products from the partnership activities include:
oPartnership workplan and budget
oExchange visits between Botswana and South Africa
oOrganization development tools and materials, e.g. strategic plan; funding conduit policy; M&E tools, etc.
oEstablishment of OVC working groups and information clusters, e.g. education, policy and advocacy; treatment and care; material and psycho-social support
oEstablishment of OVC information and resources for Botswana
oCBO training and mentoring module
oEstablishment of OVC network
oList of OVC civil society groups and OVC services
oBotswana OVC workshop report

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

Targets

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

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10212
Planned Funds: $ 25,000.00
Activity Narrative: 07-C0890-HQ base: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number C0890 (HQ base).

This activity covers the salaries and travel for the technical staff in country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: HQ
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10213
Planned Funds: $ 350,000.00
Activity Narrative: 07-C0890-HQ GHAI: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number C0890 (HQ GHAI).

This activity covers the salaries and travel for the technical staff in country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

With the increase in activities supported via USAID and the overall expansion of the OVC area, there is a need for greater operational support to the USAID OVC contractor. Approximately $100,000 of the planned funds will be used to support the USAID OVC contractor with an LES assistant and a share in administrative support and office space.

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, Quality Improvement 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/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 10214
Planned Funds: $ 25,000.00
Activity Narrative: 07-C0890-Local base: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number C0890 (local base).

This activity covers the salaries and travel for the technical staff in country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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/caregivers trained in caring for OVC		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Orphans and vulnerable children
Caregivers (of OVC and PLWHAs)
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.08: Activities by Funding Mechanism

Mechanism:	CDC
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Orphans and Vulnerable Children
Budget Code:	HKID
Program Area Code:	08
Activity ID:	14654
Planned Funds:	$ 150,000.00
Activity Narrative:	These funds will further strengthen and support the Technical Assistance provided to the Government of Botswana and other active OVC stakeholders. The funds will support DSS to establish and strengthen its coordinating structures both at the national and district level and though a partner will no longer provide the support, HHS/CDC technical officers will strengthen their supportive activities. Ensuring that the same number of OVCs can be reached indirectly as initially envisaged.

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: **$ 6,556,000.00**

Program Area Context:

In FY05 and FY06, the USG provided support to the Government of Botswana (GOB) through procurement of rapid HIV test kits, training, social marketing, increasing service delivery outlets, and NGO capacity building. Through this collaboration and with other development partners, Counseling and Testing (CT) services have rapidly expanded in Botswana. In 2005, over 230,000 tests were performed; Tebelopele Voluntary Counseling and Testing (VCT) centers counseled and tested 89,000 clients (75% of whom were first time testers), and the government facilities tested over 142,000. These numbers are expected to increase by at least 10% in 2006. It is estimated that over 30% of the adult population has received CT, up from 25% in 2004 and 18% in 2001.

All Emergency Plan (EP) supported CT activities are aligned with the Botswana National HIV/AIDS Strategic Framework and the EP 5-year Strategic Plan. In 2006, the National AIDS Coordinating Agency (NACA) recommended a 40% increase in the numbers of people counseled and tested by the routine testing model, and a 25% increase in the number tested in the VCT setting. These projections guided the CT technical working group in setting targets for FY07.

Rapid HIV testing in Botswana is performed by a wide range of health professionals, including well trained and supervised lay counselors. The GOB, through the Central Medical Stores (CMS), supplies rapid HIV tests to both the government facilities and to NGOs like Tebelopele and Botswana Christian AIDS Intervention Programs (BOCAIP). However, supplies are inconsistent, with occasional "stock-outs", so that some facilities are sometimes unable to perform rapid HIV tests. Tebelopele centers use EP funds to procure back-up stock.

Routine CT is available in 608 of the 642 public health facilities, and is offered in all 24 health districts in Botswana. VCT is available through 16 freestanding Tebelopele centers and 15 satellites, covering the largest two cities (Gaborone and Francistown) and all the larger towns and villages in the country. BOCAIP also provides VCT in 11 centers located throughout the country.

Services
Botswana's CT strategy includes a strategic mix of provider- and client-initiated models. Traditional VCT is provided by the network of Tebelopele centers, other NGOs and FBOs, and also by government facilities. The NGOs/FBOs also work with the Department of Public Service Management (DPSM) to provide VCT in the work place, and with churches to provide CT in church premises. Mobile CT in caravans is provided by Tebelopele, especially for remote areas. Routine HIV testing (RHT) is largely provided by public health facilities.

Couples CT has been extensively promoted by the Tebelopele VCT centers through a number of campaigns, and through PMTCT and other programs. During FY06, over 80 trainers and 200 counselors were trained in couples HIV counseling and testing (CHCT) using the CDC developed protocol. As a result of promotions and training, the proportion of VCT clients testing as couples at the Tebelopele centers increased from 8.6% to 13% in 2005/2006. In 2007, efforts will be made to develop and/or adapt a protocol for providing follow-up prevention and supportive counseling to discordant couples.

Post-test services such as on-going supportive and risk-reduction counseling are provided in all settings, including public health facilities, NGO/CBO/FBO, support groups of PLWHA, and through the home-based care program. However, the availability and accessibility of these services is limited.

There are various cadres of HIV counselors in Botswana, just as there are various training modules. The MOH developed a training guide for a basic certificate course in HIV/AIDS counseling. This is a 2-week theory and 2-week practicum course offered by local training institutions like the Institute of Development Management (IDM) and BOCAIP. In addition to this course, a 1-week VCT specific course is provided for

counselors working in the VCT and other settings.

Testing of children is done in clinical settings, with the consent of their parent or guardian. To adolescents, prevention education is provided by a wide range of programs, and CT is provided if their parent or guardian consents.

During FY06 and FY07, an innovative program to provide home-based CT (Counseling and Testing Outreach) will be piloted in Selebi-Phikwe and Bobonong in northern Botswana, which have among the highest HIV prevalence in the country. This program will help to address several factors that prevent people from accessing CT services, including shortage of human resources, inadequate and inconsistent supply of test kits and consumables, and stigma.

Referrals and linkages
During FY06, Tebelopele worked to strengthen referral linkages of clients from VCT settings to public health facilities and community support groups, and from the community to VCT centers and health facilities. At the Tebelopele VCT centers, all HIV positive clients are given a confidential referral letter to a government facility for them to be assessed for ARV therapy, Isoniazide Preventive Therapy (IPT), PMTCT eligibility, and for opportunistic infections (OI). The referral form was revised to include key information and contacts that may facilitate follow up. Tebelopele is currently tracking the referral of clients.

Referrals and linkages are major themes for a wide range of programs, as in the following:
•Through mobilization of over 2,000 community leaders throughout Botswana, Humana People to People has worked with Tebelopele and BOCAIP to get more people referred for CT using a card that is retained in the testing centers.
•Working with key stakeholders, Tebelopele plans to collect blood samples for CD4 cell counting for VCT clients (HIV infected), providing on-going risk-reduction counseling, as well as linking them more effectively to care and treatment. This program aims to improve "prevention for positives."
•Clients testing through the Counseling and Testing Outreach program will be referred to public clinics, to support groups for PLWHAs and to the home-based care program in the districts of Selebi-Phikwe and Bobirwa.
•The Men Sector (led by the Botswana Prisons and Botswana Defense Force) collaborate with the NGOs, Peace Corps and the DPSM in promoting CT for men.
Policy

A major policy breakthrough has been the consensus that GOB reached with the Nurses Association of Botswana (NAB) for nurses to perform rapid HIV testing. There is now an urgent need to train all nurses how to perform the rapid tests. Training has/is been planned for FY06 and 07.

The age of consent for HIV testing being 21 is a major barrier for CT for younger people, some of whom are already sexually active. NACA has recommended reducing this age to 16. This recommendation is being discussed by Parliament in 2006, before it becomes Law.

Redesigning the traditional VCT protocol to shorten it and target it to clients' needs also requires discussion and consensus among VCT providers. Currently there is a concern that the pre-test session is too lengthy for clients who are already well informed about HIV/AIDS.

In other efforts in FY07, USG will provide support to MOH to improve data collection for RHT by data entry clerks at each District Health Team. In addition, USG will support MOH at the national level to improve monitoring and evaluation.
Challenges and gaps include:

•Preventive and supportive services for those already tested are inadequate.
•There are still weaknesses in referral linkages among service providers.
•The VCT protocol for same-visit test results is out-dated, requiring review.
•Lack of CT protocols for children and adolescents,
•Protocol for providing on-going prevention counseling for discordant couples is not available.
•Reaching men and youth will require innovative strategies as they are currently inadequately served.

Program Area Target:

Number of service outlets providing counseling and testing according to national and international standards	51
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	111,663
Number of individuals trained in counseling and testing according to national and international standards	855

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9804
Planned Funds:	$ 346,000.00

Activity Narrative: 07-C0902 Ministry of Health.

This activity has USG Team Botswana Internal Reference Number C0902. This activity links to the following: C0610 & C0701 & C0901 & C0903 & C0910 & C0912 & P0101 & T1201.

VCT is a key priority of Botswana NSF. It is absolutely essential that people know their HIV status. Many of the subsequent steps in the national response are dependent on the public being tested. Indeed, only once they have tested can individuals access the appropriate services. Botswana's MOH has set objectives for the year 2007 in line with the Botswana NSF 2003 - 2009 and the EP five-year strategic plan. The objectives are:

•Develop and disseminate the national guidelines and service delivery standards, including monitoring and evaluation tools for HIV counseling and testing
•Increase the number of sites providing VCT, to include NGO/CBO/FBO
•Improve, standardize and expand the scope of HIV/AIDS counseling and testing training by;
- training HIV counselors in counselor supervision
- training of HIV counselors in couple HIV counseling and testing
•Strengthen and scale up routine HIV testing in the public service

Most of these are activities from FY06, and will be continued through FY07.

Development of National Guidelines
The development of national guidelines began during FY06. One of the first steps was the identification of a consultant to work with the MOHi through a reference group, to develop a comprehensive set of guidelines and service delivery standards for counseling and testing. These include guidelines for CT in the various settings (e.g. client–initiated VCT sites, and public health facilities for routine HIV testing). This activity commenced during FY06 and FY07 funds will support the completion of the activity, which will cover production, printing and dissemination of the guidelines.

Increase in the number of NGO/CBO/FBO sites providing VCT
The goal of the Botswana NSF is for 95% of sexually active adults to have been counseled and tested by 2009. Consistent with this plan, the USG will support the MOH in the expansion of VCT to at least six more NGO/CBO/FBO sites in remote rural areas of Botswana. During FY06, an independent contractor was identified to work with the MOH through a CT reference group. A rapid assessment of NGO/CBO/FBOs sites capable of providing CT will be conducted and a plan for strengthening their capacity developed.

In FY07 USG will provide funding for provision of CT services at these sites, to include training of counselors, procurement of rapid test kits and consumables, mentoring support and monitoring and evaluation. Being a member of the CT reference group chaired by the MOH, Tebelopele VCT centers will use their extensive experience in providing VCT to guide the expansion of services to these additional sites. The new sites will become part of the referral networks that been established in various locations of the country to enhance referral of clients to care and treatment and to community-based support groups.

Human resources and capacity building
The USG will continue to support capacity development by funding the salaries of 2 program counselor trainers. Through a mechanism still to be determined, two additional positions for CT technical officers will be funded in FY07 to enhance their capacity to coordinate the implementation of planned activities. The capacity at the MOH, counseling sub-unit will be further strengthened through refresher courses of these staff as new knowledge and training modules are developed.

Training and quality assurance
The USG will continue to support the MOH in funding training of health workers in various aspects of CT service delivery. Having trained over 80 trainers in FY05, Tebelopele is preparing to scale up training on couples counseling and testing in about 12 districts during FY06. With the support of the USG, the MOH will provide training for health workers in all the 26 districts in the country. In addition to supporting the "Care for the Care Givers" program that was launched in FY06, the USG will work with the GOB to

develop a counselor supervision training program. Using FY06 funds, a core team of master trainers will be trained in counselor supervision. Technical support for this training will be obtained from the Africa region. In FY07, counselor supervision training will be rolled out to all the 26 districts. These trainings will be a crucial component of ensuring quality of counseling and testing services in the country.

Routine HIV Testing
Routine HIV testing was established in Botswana in 2004 as a strategy to "normalize" HIV testing, to get more people tested and referred to treatment and care, and to strengthen prevention. As a result of this strategy, the number of tests performed in the public sector increased by 134%, from 60,846 in 2004 to 142,468 in 2005. Eventually, the program aims to expand routine testing to the private sector as well.

Many challenges still remain in the provision of routine testing in Botswana. For example,

•Although district-level trainers were trained in routine testing with the view of rolling out training to health workers in their districts, this did not take place.
•There is an inconsistent supply of rapid HIV test kits in some facilities.
•Health facilities lack the human resources needed to take on increased HIV testing and counseling.
•Policy guidelines are not available to most health workers, and
•The private sector has not been adequately brought on board to provide routine testing.

To address these gaps, the USG will assist the GOB with funding to conduct an evaluation of the strategy, train health workers in how to provide routine testing, including training in how to perform the rapid tests. The assistance will include procurement of rapid test kits for the facilities.

A recent positive development is that the MOH and the Nurses Association of Botswana have resolved a long standing issue relating to rapid testing. Where nurses previously declined to perform rapid testing, they now have agreed. They will need to be trained to be able to play this role. Facility-based refresher training to those already trained will also be provided.

Continued Associated Activity Information

Activity ID: 4459
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 446,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	6	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	12,000	☐
Number of individuals trained in counseling and testing according to national and international standards	750	☐

Indirect Targets

Through technical assistance and capacity building, this activity will reach these targets indirectly:
Number of service outlets providing counseling and testing according to national and international standards = 608 (public facilities providing routine HIV testing)

Number of individuals who received counseling and testing for HIV and received their test results = 210,000 (tested from public health facilities using the routine testing model)

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Public health care workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	ODC/BDF
Prime Partner:	Botswana Defence Force
USG Agency:	Department of Defense
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9829
Planned Funds:	$ 200,000.00

Activity Narrative: 07-C0905 Botswana Defense Force.

This activity has USG Team Botswana Internal Reference Number C0905. This activity links to the following: P0401 & P0507 & T1110 & T1204.

Construction of a VCT Center
This activity will target military personnel, their dependents, other government department employees, and the general public around the Botswana Defense Force's (BDF's) Eastern Military Garrison in the town of Selebi-Phikwe. This site was chosen based on the high prevalence rate in Selebi-Phikwe noted in the Botswana AIDS Impact Survey II (BAIS II, 2004) and the Antenatal consultation (ANC) sentinel surveillance surveys (2001, 2003, 2005).

The BDF Camp in Selebi-Phikwe is located some distance from town and this makes accessibility of services difficult for the military personnel and those residing near the camp. Currently, although minimal testing does occur in the garrison, the normal procedure is for Tebelopele Testing Center in Selebi-Phikwe to go and perform the testing. This is inadequate because Tebelopele staff itself is already overstretched. In response, this funding will support the construction of a new VCT center at the Eastern Military Garrison. Please refer to activity 07-T1204 (BDF Lab).

The BDF offers care, treatment, and monitoring of patients on ARV treatment to its personnel and family, and to people living around their various camps. The new VCT center will therefore provide ARV treatment and counseling to HIV positive individuals who are identified at the center, as part of their integrated CT, care and treatment services. In FY07, funding will also be provided to procure one additional porta cabin to strengthen laboratory services for care and treatment in the BDF camp in Selebi Phikwe. This additional VCT center will be the fifth permanent VCT operated by the BDF. In conjunction with the existing centers at Francistown, Gaborone, Thebepatswa and Maun, this new center will mean that all of the BDF's major permanent camps will be covered.

Training
Additional counselors need training to operate this facility, and the counselors at the existing facilities require retraining in new protocols. This training will be conducted by the IDM as described below.

Procurement of rapid HIV test kits

The current rate of HIV testing in BDF is about 4,000 per year, and it is anticipated that when VCT services are made more accessible throughout the BDF, the rate may be increased to 6,000 per year. We program that 5,000 test kits need to be procured for FY07. These test kits will be used in all BDF camps and in operational areas for testing of deployed soldiers. Although procurement is done through the Government's CMS, its procurement program currently cannot meet the BDF's needs in a timely manner. The purchase of kits specifically for the BDF is necessary until the training and management program for CMS staff is completed. The USDOD will work with BDF to procure and distribute the HIV test kits through local agents like the Eagle Systems.

Sub-partner: IDM
As described above, using FY07 funds, the US Department of Defense (DOD) and the BDF will sub-contract with the IIDM to train additional counselors to operate the new VCT center that will be constructed BDF's Eastern Military Garrison in Selebi-Phikwe. The counselors at the existing facilities also require retraining in new protocols. These include training in the VCT protocol for same-day results, training in performing the rapid tests, training in couples counseling and adherence counseling.

The IDM is the key counselor training institution in Botswana. IDM uses the curriculum approved by the MOH for training in basic HIV counseling and the CDC protocol for VCT and couples counseling. Most institutions in Botswana, including the government, use the IDM for counselor training.

Continued Associated Activity Information

Activity ID: 5131
USG Agency: Department of Defense
Prime Partner: Botswana Defence Force
Mechanism: ODC/BDF
Funding Source: GHAI
Planned Funds: $ 135,000.00

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Infrastructure	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,000	☐
Number of individuals trained in counseling and testing according to national and international standards	16	☐

Target Populations:

Adults

Military personnel

Key Legislative Issues

Stigma and discrimination

Coverage Areas

South-East

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: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9830
Planned Funds: $ 120,000.00
Activity Narrative: 07-C0906 Humana People to People Botswana.

This activity has USG Team Botswana Internal Reference Number C0906. This activity links to the following: C0901 & P0205 & P0401.

This program aims to improve collaborations with traditional healers and herbalists and spiritual healers in preventing HIV and improving access to treatment. These individuals are widely respected in Botswana, and many Batswana rely on their advice about health issues. Their support for HIV prevention and treatment could be pivotal. With this in mind, the program will target 200 traditional healers and herbalists and 100 spiritual healers.

This program is a continuation of the Humana People to People Botswana community mobilization. This program trains community leaders to become advocates for HCT. More than 2,000 leaders have been funded through FY05 and FY06. Community leaders have shown great interest in the program, and have reported in follow-up community meetings that the program has been in the forefront in the fight against the HIV/AIDS epidemic. This activity has also contributed to the increase in the number of clients counseled and tested at the Tebelopele VCT centers, as Humana collaborates with Tebelopele to bring VCT to mobilized communities.

During previous community mobilizations, Humana's staff noted that very few traditional healers and herbalists attended workshops, though special efforts had been made to include them. Humana staff noted that efforts to mobilize traditional healers through their associations could improve the healers' involvement in HIV prevention efforts. Subsequently, Humana People to People discussed the issue with local stakeholders and with the MOH's Health Promotion and Education Unit, the unit that coordinates activities for traditional healers through the District Health Teams.

These discussions resulted in the following plan. Humana People to People Botswana will consult with the traditional healers association of 11 villages in Kweneng West sub-district, and with District Health Teams and Community Home Base Care. Together, these groups will plan together how best the traditional healers and herbalists can join the program.

Then, the program will conduct special workshops for traditional healers, herbalists and spiritual healers. The program will run two (2) workshops per month for the first six months, for a total of 12 workshops, each lasting three days. The focus areas of the workshops for will be (1) advocacy for HIV testing, (2) HIV/AIDS prevention, (3) positive living and (4) nutrition. In addition, program staff will conduct field visits after each workshop. The workshops and field visits will impart new knowledge and skills to healers, and involve them in new efforts to help their clients.

The program will help traditional healers, herbalists and spiritual healers become more aware of HIV counseling and testing as an entry point to prevention, care and treatment. In the future, their collaboration could be pivotal in efforts to disseminate information about HIV and about resources for testing, prevention and treatment in each community.

Continued Associated Activity Information

Activity ID: 4866
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Humana People to People Botswana

Mechanism: Contract
Funding Source: GHAI
Planned Funds: $ 140,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Traditional healers
HIV/AIDS-affected families
People living with HIV/AIDS
Traditional healers

Key Legislative Issues

Stigma and discrimination

Coverage Areas

Kweneng

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU25113
Prime Partner:	Tebelopele
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9831
Planned Funds:	$ 2,607,711.00

Activity Narrative: 07-C0901-GHAI Tebelopele VCT Centers.

This activity has USG Team Botswana Internal Reference Number C0901. This activity links to the following: C0616 & C0809 & C0810 & C0815 & P0101 & P0103 & P0202 & P0205 & P0218 & T1201. Also links to a number of Counseling and Testing programs or activities (C0902 to C0912).

Tebelopele VCT centers have increased the numbers of people tested and counseled from 89,000 in 2005 to over 100,000 in 2006. Their goal is to counsel and test 125,000 (75% of whom will be first-time testers) in 2007. Tebelopele will continue to provide high quality-VCT services through 35 service outlets throughout Botswana. This activity will increase the organization capacity and support 133 locally employed full time staff and a pool of 20 part-time counseling staff.

The staff will include 62 full time counselors, 20 part-time counselors, and other technical staff like lab technicians, scientific officers, nurses, community outreach technicians and management staff who are responsible for providing VCT services through a network of 16 freestanding centers, 15 satellite sites and 4 mobile caravans located throughout the country. These staff will also provide an array of post-test services to clients testing HIV positive and HIV negative, including on-going prevention counseling to discordant couples and other clients, youth prevention education, and referral services to other care and prevention programs throughout Botswana.

Strengthening Referral Linkages
During FY06 Tebelopele VCT introduced a "stubbed" referral form as a means to track client referrals for treatment and other care and support services. During FY06 Tebelopele VCT will evaluate the effectiveness of the "stub-based" referral tracking system and will work with NACA, MOH, MLG and other partners to formalize referral networks. In order to track client referrals and implement post-test services, Tebelopele is undertaking transition from anonymous to confidential VCT delivery during FY07. Tebelopele VCT will also conduct a study tour to Kenya and Uganda with the MOH and BOCAIP to learn from these countries' transition from anonymous to confidential services. The American International Health Alliance Twinning Center will facilitate the twinning activity. The twinning process will be with 2 Kenyan and Ugandan organizations that have excelled in the areas of confidential post-test services, youth-friendly prevention education and counseling services, and CD4 cell screening.

Post Test Services
Post-test activities will be scaled up to improve prevention and care both for positive and for negative VCT clients. Tebelopele VCT will focus their post-test services efforts on the following areas:
?Ongoing risk reduction counseling for those who test positive and negative, as well as for discordant couples.
?Partner counseling and testing.
?CD4 cell measurement, as a important component of Tebelopele's planned post-test services package.
?Referral to post-test services as needed.

Youth Prevention HIV Education and Counseling Services
In FY06 Tebelopele piloted in-school interactive "edutainment" activities. These were the pillar of mobilization activities for a comprehensive Youth Against AIDS (YAA) life skills program. Post-pilot evaluation was carried out to inform the subsequent larger rollout of the program. The focus of the youth program is to provide youth (both in-school and out) with prevention education, and counseling and testing for those whose guardians/parents consent for them to test.

Tebelopele VCT works with the Ministry of Education (MOE), schools/institutions, FBOs, Community Based Organizations (CBOs) and NGOs including BOCAIP, Hope Worldwide (HWW) Botswana, YWCA, Childline Botswana, Lifeline Botswana, Food Safe International, Botswana Baylor Children's Clinical Centre of Excellence and others to implement a comprehensive program. Other special partnerships include the business sector, which has sponsored a number of activities/events. In FY07 Tebelopele will strengthen and expand this program through youth-friendly centers (porta-campers at stand alone centers or at

other youth-friendly locations). Lessons learned from the planned study tour in Uganda and Kenya will assist in improving program implementation.

Social Marketing
To increase demand for and utilization of VCT, Tebelopele will strengthen social marketing activities through community-based events/activities organized and implemented in collaboration with local District Multi-sectoral AIDS Committees (DMSACs), Peace Corp Volunteers (PCVs), Humana People to People, community leaders and other stakeholders including out-of-school-youth groups. Community mobilization and education will be continued in collaboration with the above stakeholders. It is expected that 125,000 clients will receive VCT through these sites in FY07. Social marketing campaigns like "Put your Love to the Test", "Passport to Life" and "Test for Life" will be supported and scaled up. Populations to be targeted include couples, rural men and youth.

Sustainability Plan
Tebelopele VCT will continue to implement the sustainability strategy that was developed with the assistance of AED during FY06. The key elements of this strategy are the diversification of funding sources and the diversification of services offered. An operational plan and budget which is consistent with the Tebelopele strategy will be developed. Tebelopele then plans to hold a donor meeting to present their plan and budget to potential donors.

The work of Tebelopele is consistent with the goals of the Botswana NSF and of the EP. The NSF calls for 95% of the population to know their HIV status by 2009. The work of Tebelopele will contribute to reduction of stigma and discrimination associated with HIV/AIDS. Furthermore, Tebelopele's advocacy will contribute to reduction of the legal age of consent for HIV testing from 21 to 16. Finally, in reaching out to remote areas and in collaborations with key players like the Mens Sector (Botswana Defense Forces and Botswana Prisons) and the Peace Corps, Tebelopele's activities will reduce the gender inequalities in HIV testing.

Sub partner activities
Institute for Development Management (IDM)
Since Tebelopele became an independent NGO in 2004, the collaboration with IDM has continued through sub-contracting with IDM to provide on-going training of and mentoring of counselors. During FY07, Tebelopele will subcontract with IDM to train Tebelopele staff in basic counseling and in the VCT protocol for same-day results.

In order to maintain high-quality service provision, Tebelopele VCT will continue to train all new VCT counselors on HCT as per the international standards that have been adopted by the MOH in Botswana. The IDM is the only accredited training institution for VCT protocol and HIV voluntary counseling and testing in the country. During FY07 funding period IDM will provide training to 18 VCT counselors (2 groups of 9) in HCT and to 14 VCT counselors (2 groups of 7) in VCT protocols.

Dialogue Group
The Dialogue Group is Tebelopele's advertising agency. The Dialogue Group provides specialized design and production of Information Education and Communication (IEC) materials and media placement.

Tebelopele believes that collaboration with the Dialogue Group is a cost-effective solution to its IEC/advertising needs. As an advertising agency, the Dialogue Group takes advantage of economies of scale, and is given preferential rates for media placement and production due to the large volumes of space and production they undertake as an agency.

During FY07 The Dialogue Group will do the following as part of Tebelopele VCT social marketing strategy implementation:
?Broadcast media production and placement
?Print media production and placement
?Outdoor media production and placement
?Design and production of all Tebelopele VCT IEC materials

Continued Associated Activity Information

Activity ID: 4857
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Tebelopele
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 3,539,000.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards	35	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	93,750	☐
Number of individuals trained in counseling and testing according to national and international standards	76	☐

Target Populations:

Adults
Community leaders
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)

Key Legislative Issues

Stigma and discrimination

Gender

Twinning

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: US Department of State
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9836
Planned Funds: $ 250,000.00

Activity Narrative: 07-C0907 - Test for Life

This activity has USG Team Botswana Internal Reference Number C0907. This activity links to the following: C0818 & C0901 & P0103 & P0201 & P0206 & P0210.

OBJECTIVE:
To increase the number of men, especially young men, testing for HIV throughout the country.

The idea for the Test for Life campaign came about when Peace Corps Volunteers' community assessments showed that the involvement of men in the HIV/AIDS response in their villages was almost non- existent. Many other assessments came to the same conclusion, including the Show You Care campaign reports, Tebelopele reports, the BAIS II Survey in 2004, and the PMTCT evaluation.

The PCVs plan to collaborate with Botswana's national soccer team "Zebras" to tag the testing campaign's slogan "Test for Life" to the Zebra's slogan "Zebras for Life". PCVs chose the national soccer team because the team members are seen as role models for young men throughout the nation.

The Zebras For Life campaign aims to promote messages that inspire hope, life and behavior change. The campaign will be conducted throughout the country to reach even the most remote places. The players will make appearances at a variety of sporting events, district activities and schools throughout the country.

METHODOLGY: The program will be youth-driven and will involve stakeholders such as the private sector. Orange Network (a cell phone service provider) will participate, because this company owns the Zebras for Life brand. Educational entertainment ("Edutainment") will be used to mobilize people in the communities to participate in the campaign. Consultation meetings to discuss strategies will be conducted with the service providers such as Tebelopele, BOCAIP, BDF, and Men Sector so that they can align their plans with the Test For Life plan. Consultations will be held with partners that have done this activity before for their experiences and get guidance to ensure success of the campaign. A steering committee will be formed to coordinate the Test For Life activities and report to relevant stakeholders.

KEY ACTIVITIES:
? Formation of the steering committee
? Consultation with service providers
? Zebras For Life strategy and activity plan
? Mobilization of the partners
? Training of the players
? Campaign awareness
? Appearances at local activities
? The launch
? Submission of activity reports

Following successful negotiation with the Botswana Football Association, the steering committee will request a meeting with the players to pitch the idea to them. For their part, the players who agree to participate will undergo training that will prepare them to do the following:

? be role models to young men and men in the country when it comes to behavior change
? talk freely about HIV/AIDS and the importance of testing
? promote male participation in HIV/AIDS programs
? assist young men with creative ideas for activities they can do to keep themselves busy
? use sports to promote healthy and positive living
? openly discuss issues of stigma, discrimination and denial that surround HIV/AIDS
? promote open dialogue between partners on sexual issues
? promote HIV/AIDS awareness

Peace Corps intends to partner with other stake holders such as Tebelopele, the Youth Health Organization (YOHO), Botswana National Youth Council (BNYC) and others that have been undertaking this kind of activity and also DMSACs. The launch is planned for Gaborone during World AIDS Day commemoration. At the district and village level, we will partner with CBOs, FBOs, NGOs and schools. We are also planning to partner with different committees in the villages so that they can let us know when they have events that the players can use to do the campaign. In all of these activities, we will use our 71 Volunteers all over the country to help prepare the communities for the campaign.

The Zebras For Life campaign complements EP objectives, including (1) increasing numbers of testing and behavior change, (2) the prevention of new infections and (3) improvement in access to quality care and support. It also promotes an increase in access to and the use of services, including HCT, male participation in PMTCT and ARVs.

FY 2007 PLUS-UP FUNDS: The Zebras for Life campaign has taken off successfully. Building on this momentum and the keen interest that the national football players (Zebras) have developed to promote testing among men and especially out-of-school youth, the additional $50,000 will be used to mobilize the entire country on a national testing campaign estimated to reach an additional 5000 people with HIV testing.

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	5,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Volunteers

Men (including men of reproductive age)

Key Legislative Issues

Addressing male norms and behaviors

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Contract
Prime Partner: Institute of Development Management, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9838
Planned Funds: $ 160,000.00
Activity Narrative: 07-C0912 Institute of Development Management.

This activity has USG Team Botswana Internal Reference Number C0912. This activity links to the following: C0901 & C0902 & C0908 & P0103 & P0213.

Background
CHCT is key to HIV prevention. In Botswana, it is estimated that some 20-25% of couples are discordant (Tebelopele, 2003, 2005 and Botswana Harvard Partnership, 2005). If not counseled and supported, the HIV negative partner in the discordant couple runs a high risk of infection. Until 2005, there was not a curriculum for training of HIV counselors in CHCT and services for couples in general, and discordant ones in particular, were scanty. In 2006, the USG through the EP provided support to the MOH to train a core team of trainers in CHCT, using a curriculum that has been developed by HHS/CDC in consultation with field offices including Botswana. MOH sub-contracted IDM to conduct this training; 83 trainers were trained. With additional support from HHS/CDC/BOTUSA, IDM trained 193 counselors in CHCT, from the public, private and civil society sectors. The MOH trainers are now rolling out training to a few districts in the country.

The 2006 training is being used as a pilot for the HHS/CDC CHCT curriculum, and feedback from course participants has been obtained by IDM and MOH trainers. There is now a consensus that the CHCT curriculum should be adapted to the Botswana situation. The FY07 funding will be used to fund the adaptation process. IDM will work with the MOH to review the reports from all trainings, to consolidate the feedback from participants. Through several workshops, participants and trainers from previous courses will discuss the curriculum and make recommendations for adaptation. Based on the recommendations, the curriculum will be revised accordingly, and proof-read by key partners (MOH, HHS/CDC/BOTUSA, HHS/CDC/HQ and representatives from civil society). Based on the approved revised curriculum, the core team trainers from the MOH and civil society will be re-oriented. If funds are adequate, copies of the approved curriculum will be printed. Otherwise, printing would be funded from FY08 budget.

FY 2007 PLUS-UP FUNDS: A recognized gap in the area of counseling and testing for children and adolescents is the lack of a counseling protocol to guide health workers in providing these services. These funds will be used to engage technical expertise to support the Ministry of Health and key partners in developing an HIV/AIDS counseling protocol for children and adolescents. Funds will also cover training of 150 health workers/counselors on child and adolescent counseling.

Emphasis Areas	% Of Effort
Policy and Guidelines	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	186	☐

Target Populations:

Counselors

Other Health Care Worker

Other Health Care Workers

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Contract
Prime Partner:	Botswana Christian AIDS Intervention Program
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	9901
Planned Funds:	$ 170,000.00

Activity Narrative: 07-C0908 Botswana Christian AIDS Intervention Program (BOCAIP).

This activity has USG Team Botswana Internal Reference Number C0908. This activity links to the following: C0901 & C0904 & C0909 & C0911 & C0912 & P0103 & P0205 & P0213.

Objectives of the program:
•To strengthen VCT services by providing follow-up supportive and prevention counseling
•To increase the number of youth receiving CT
•To provide preventive counseling and community education
•To train 18 peer educators and 18 BOCAIP staff on provision of youth friendly service
•To strengthen referral and linkages with other service providers

For this program, BOCAIP proposes to strengthen follow-up at three of the eleven existing BOCAIP counseling sites. The program will provide ongoing support and follow-up services to VCT clients who test positive and to those on treatment. In addition, the program will provide family-based preventive counseling. The three sites are located in Francistown, Maun and Ramotswa (and the site in Ramotswa also operates two satellites in Otse and Mogobane).

At these sites, BOCAIP has a total of 24 counselors trained in VCT. However, there is an urgent need to better equip these counselors and their supervisors with skills in providing youth-friendly services.

BOCAIP's current youth interventions focus on abstinence. For example, many youth attend abstinence clubs in the BOCAIP centers on a regular basis. This program aims to take advantage of these structures to increase mobilization for youth. These activities will be integrated into the centers' daily services.

With FY2007 funding, BOCAIP plans the following activities:
•Two BOCAIP counselors trained in VCT will conduct daily follow-up to clients in their homes. The time allocated to each counselor will accommodate travel to the household using public transport.
•BOCAIP staff will run group counseling sessions for PLWHAs, covering 15 persons each quarter.
•Two counselors working with 2 peer educators will reach out to 300 youth per center per month to encourage them to test.
•BOCAIP aims to train 18 peer educators to work with counselors to motivate youth to access the youth services offered in their localities. Training for these counselors will focus on issues to be discussed during outreach efforts such as the benefits of testing and risk reduction.
•For center staff, BOCAIP will provide training in providing youth-friendly services.

BOCAIP proposes to "twin" this program with existing similar services in Uganda and Kenya. The aim of this effort will be to learn from their models of follow up services as well as provision of youth VCT, as described separately under C0909.

Follow-up services by BOCAIP
BOCAIP currently provides VCT that is integrated into other services such as family preventive services, marital counseling, and prevention messages focusing on abstinence and faithfulness. Specially training volunteer counselors provide follow-up services, traveling with public transport to the clients' homes.

Linkages between BOCAIP and Tebelopele VCT Centers

An informal working relationship exists presently between BOCAIP and Tebelopele. This includes referrals of clients after testing for on-going supportive counseling, as well as with provision of joint mobile and outreach testing services.

With FY2007 funding, BOCAIP will establish a formal relationship with Tebelopele. BOCAIP counselors will visit the Tebelopele centres in the three program cities on a weekly basis. These visits will enable Tebelopele to communicate with BOCAIP about referrals of clients who have consented to be followed up at home for family counseling and post

testing services. In addition, Tebelopele and BOCAIP will participate in regular referral network meetings in all the localities where their centers exist. This will allow for feedback on issues regarding client referrals. In addition, the two organizations will agree on tools to be used by providers for tracking and reporting on referrals.

Linkages between BOCAIP and Public Health Facilities

Since 2002, BOCAIP centers in different localities such as Gaborone, Kanye and Lobatse have established linkages with government clinics to enhance the clinics' follow up service. BOCAIP's involvement in this activity has helped to address the overwhelming demand for follow up services at the clinics.

With FY2007 funding, BOCAIP intends to use a similar approach for the three proposed implementing BOCAIP sites. BOCAIP counselors will visit the clinics once a week to identify clients referred and willing to be followed at home by the BOCAIP counselors. BOCAIP counselors will also refer any family members of clients visited at home to the health facilities for care and treatment.

Emphasis Areas	**% Of Effort**
Commodity Procurement	10 - 50
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards	5	☐
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,320	☐
Number of individuals trained in counseling and testing according to national and international standards	24	☐

Target Populations:

HIV/AIDS-affected families

People living with HIV/AIDS

Children and youth (non-OVC)

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas

North-East

North-West

South-East

Table 3.3.09: Activities by Funding Mechanism

Mechanism: AIHA
Prime Partner: American International Health Alliance Twinning Center
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 9902
Planned Funds: $ 150,000.00
Activity Narrative: 07-C0909: American International Health Alliance Twinning Center.

This activity has USG Team Botswana Internal Reference Number C0909. This activity links to the following: C0817 & C0901 & C0908 & X1413.

This activity creates a twinning partnership between two Botswana VCT NGO organizations (Tebelopele VCT Centers and BOCAIP) with counterpart VCT organizations in Kenya and Uganda. The partnerships will be set up by American International Health Twinning Center (AIHA). The objectives of the partnership are to share ideas, best practices, and resources related to
•post-test services for VCT clients,
•prevention with positives,
•how to transition from anonymous to confidential VCT service delivery;
•how to provide Youth friendly VCT;
•provision of home-based VCT; and
•management of NGOs and resource development in particular.
Twinning activities will begin with an exchange visit to Botswana by well-capacitated NGOs that are selected to partner with Tebelopele VCT and BOCAIP – likely Liverpool in Kenya and the AIDS Support Organization (TASO)
in Uganda.
The partners in Kenya and Uganda will be selected in collaboration with the leadership of Tebelopele VCT and BOCAIP. The initial exchange visit will be quickly followed by a visit from Tebelopele and BOCAIP leaders to Kenya and Uganda to learn first-hand about the services and resources of their selected counterpart VCT organizations. At this meeting, AIHA will facilitate the development of a partnership work plan and budget that identifies specific activities the partners will undertake together.
Partnership funds will be used to support the exchange visits and pay for materials and supplies for the activities the partners elect to undertake (e.g., training, joint materials development, etc.). In addition, a small portion of the funds will be used to support staff at one of the partner organizations to oversee the partnership and the financial and M&E reporting as required by AIHA and HHS/CDC/HHS/CDC/BOTUSA.
The expected outputs from the partnership activities include the improvement of existing VCT services at Tebelopele and BOCAIP which strengthens these organizations' abilities to reach particular population groups (e.g., youth, discordant couples, etc.). Another output may be the implementation of an entirely new service (e.g., confidential test, prevention with positives, etc.). In accordance with twinning methodology, the partners will select the outputs for the partnership together.

Emphasis Areas	% Of Effort
Local Organization Capacity Development	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Community-based organizations

Other Health Care Worker

Other Health Care Workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GAP 6
Prime Partner: Academy for Educational Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10183
Planned Funds: $ 100,000.00

Activity Narrative: 07-C0911: AED- Strengthening Prevention in clinical and community settings.

This activity has USG Team Botswana Internal Reference Number C0911. This activity links to the following: C0612 & C0616 & C0901 & C0908 & P0103 & P0513. This activity provides complementary funding to this activity, for a total program budget of $200,000.

Background
This activity involves strengthening prevention services in clinical and community services. With FY06 funding, we are supporting an assessment of the opportunities to strengthen prevention messages and services in relevant clinical and community services for PLWHA and to pilot test a set of tools targeting health care providers in ARV and/or HIV testing sites which help them more systematically provide HIV prevention messages to patients. The tools were initially developed at CDC headquarters, and are now offered to all countries to adapt and implement as appropriate. So the program will be supplemented by support from staff at CDC headquarters, through assistance with training and other technical advice.

The program was awarded late in FY06 to AED, so we do not have the results of that assessment to inform this activity. However, we expect that activity to identify numerous areas where we can provide additional training, materials, and other supportive materials to strengthen prevention services for PLWHAs and other clients of those services. Priority sites include 1) lay and professional counselors who provide HIV testing and other post-test services, including at Tebelopele 2) ARV site health care providers, and/or 3) community home-based care workers. Given the readiness within Tebelopele to reassess its prevention services protocols, we anticipate at this stage that the initial focus of the assessment's follow-up activities will be in counseling and testing sites, both free-standing VCT and the routine testing program.

Focus on HIV testing sites and protocols
With this in mind, the activity in FY07 aims at strengthening HIV prevention messages for clients who test HIV positive and those who test negative in the VCT settings. The Tebelopele VCT centers, BOCAIP and other CBOs/NGOs/FBOs would be the venues for this intervention. Currently clients testing especially at the Tebelopele centers test anonymously and do not often return for supportive counseling. During FY07 Tebelopele will transition from anonymous to confidential VCT service delivery, and is planning to provide on-going risk reduction and supportive counseling to its clients. However, there is no protocol for use by counselors in conducting follow up prevention counseling. CDC has developed an information package for HIV prevention in care and treatment settings. However, it should be noted that VCT settings provide a great opportunity for HIV prevention counseling for clients including discordant couples. There is need to pilot and adapt these materials in the VCT settings in Botswana, and also to develop a concise HIV prevention package for HIV negative clients for the first and follow-up visits. There are growing concerns in the community that clients testing HIV negative are often not referred to any on-going HIV preventive services, and yet they may be at high risk of infection. These funds will support a contractor to be determined to work collaboratively with VCT staff, HHS/CDC/HHS/CDC/BOTUSA and HHS/CDC Atlanta to develop, pilot and adapt these targeted prevention messages or protocols. This activity also includes providing the necessary training to VCT staff during pilot, adaptation and roll out of the intervention.

It has also become necessary to review the current VCT protocol for same-day results at the VCT centers, to adapt them to the changing needs of clients and to be consistent with the changing strategies for counseling and testing in Botswana. The introduction of RHT in 2004 changed the counseling procedure in the public health setting. Pre-test counseling is not a prerequisite for testing. However, the VCT centers have maintained a lengthy pre-test protocol, even for repeat testers. Whereas the objectives of counseling and testing in these settings may be different, there now seems to be a consensus among VCT providers that the protocol needs review, to allow for a more targeted, "rapid counseling" protocol. In the traditional protocol, a counselor should see 8 clients a day. This standard is an impediment for the rapid scale up of VCT services to meet the ever rising demand. Some busy VCT centers usually turn away clients as a result. A shortened pre-test counseling or "pre-test group education" protocol, with a concise, targeted post-test protocol is now required. In addition, the implementation of the HIV prevention package for clients will necessitate the revision of the VCT protocol. A contractor to be determined

working with the key stakeholders and with technical assistance from HHS/CDC Atlanta will review the existing VCT protocol. Funds will also cover training of staff on the use of the revised protocol, as well as producing copies of the protocol for all counselors.

Other PLWHA services targeted for prevention strengthening
If funding allows, some effort in this program may go to other services besides HIV testing sites, to strengthen prevention for PLWHA there. The assessment will identify additional services and groups, like Tebelopele, that are keen to enhance their prevention services. We hope to begin to follow up with such services and organizations under this initiative too, though the majority of the effort will remain on HIV testing sites in this fiscal year.

Emphasis Areas	**% Of Effort**
Policy and Guidelines	51 - 100
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Non-governmental organizations/private voluntary organizations

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10184
Planned Funds: $ 40,000.00
Activity Narrative: 07-C0990 Technical expertise and support.

This activity has USG Team Botswana Internal Reference Number C0990.

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

Technical support provided by HHS/CDC through TDY will include the review and adaptation of the couples counseling curriculum to the Botswana situation. Technical support will also cover the piloting by CDC and local partners of prevention with positives "prevention information package" in the VCT, as well as the development of specialized protocols for on-going risk-reduction counseling of discordant couples.

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, Quality Improvement 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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community-based organizations
Faith-based organizations
International counterpart organizations
Counselors
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: HQ GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10185
Planned Funds: $ 175,000.00
Activity Narrative: 07-C0990-HQ GHAI Technical expertise and support.

This activity has USG Team Botswana Internal Reference Number C0990 (HQ GHAI).

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

Technical support provided by HHS/CDC through TDY will include the review and adaptation of the couples counseling curriculum to the Botswana situation. Technical support will also cover the piloting by CDC and local partners of prevention with positives "prevention information package" in the VCT, as well as the development of specialized protocols for on-going risk-reduction counseling of discordant couples.

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, Quality Improvement 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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Counselors
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 10186
Planned Funds: $ 30,000.00
Activity Narrative: 07-C0990-Local: Technical expertise and support.

This activity has USG Team Botswana Internal Reference Number C0990 (local).

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities, including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

Technical support provided by HHS/CDC through TDY will include the review and adaptation of the couples counseling curriculum to the Botswana situation. Technical support will also cover the piloting by CDC and local partners of prevention with positives “prevention information package” in the VCT, as well as the development of specialized protocols for on-going risk-reduction counseling of discordant couples.

Emphasis Areas

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, Quality Improvement 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 and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Counselors
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	Base
Prime Partner:	Tebelopele
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	10333
Planned Funds:	$ 1,292,289.00

Activity Narrative: 07-C0901-Base: Tebelopele VCT Center Network.

This is the same Tebelopele activity narrative, using HHS/CDC Base funds.

Tebelopele VCT centers have increased the numbers of people tested and counseled from 89,000 in 2005 to over 100,000 in 2006. Their goal is to counsel and test 125,000 (75% of whom will be first-time testers) in 2007. Tebelopele will continue to provide high quality-VCT services through 35 service outlets throughout Botswana. This activity will increase the organization capacity and support 133 locally employed full time staff and a pool of 20 part-time counseling staff.

The staff will include 62 full time counselors, 20 part-time counselors, and other technical staff like lab technicians, scientific officers, nurses, community outreach technicians and management staff who are responsible for providing VCT services through a network of 16 freestanding centers, 15 satellite sites and 4 mobile caravans located throughout the country. These staff will also provide an array of post-test services to clients testing HIV positive and HIV negative, including on-going prevention counseling to discordant couples and other clients, youth prevention education, and referral services to other care and prevention programs throughout Botswana.

Strengthening Referral Linkages
During FY06 Tebelopele VCT introduced a "stubbed" referral form as a means to track client referrals for treatment and other care and support services. During FY06 Tebelopele VCT will evaluate the effectiveness of the "stub-based" referral tracking system and will work with NACA, MOH, MLG and other partners to formalize referral networks. In order to track client referrals and implement post-test services, Tebelopele is undertaking transition from anonymous to confidential VCT delivery during FY07. Tebelopele VCT will also conduct a study tour to Kenya and Uganda with the MOH and BOCAIP to learn from these countries' transition from anonymous to confidential services. The American International Health Alliance Twinning Center will facilitate the twinning activity. The twinning process will be with 2 Kenyan and Ugandan organizations that have excelled in the areas of confidential post-test services, youth-friendly prevention education and counseling services, and CD4 cell screening.

Post Test Services
Post-test activities will be scaled up to improve prevention and care both for positive and for negative VCT clients. Tebelopele VCT will focus their post-test services efforts on the following areas:
?Ongoing risk reduction counseling for those who test positive and negative, as well as for discordant couples.
?Partner counseling and testing.
?CD4 cell measurement, as a important component of Tebelopele's planned post-test services package.
?Referral to post-test services as needed.

Youth Prevention HIV Education and Counseling Services
In FY06 Tebelopele piloted in-school interactive "edutainment" activities. These were the pillar of mobilization activities for a comprehensive Youth Against AIDS (YAA) life skills program. Post-pilot evaluation was carried out to inform the subsequent larger rollout of the program. The focus of the youth program is to provide youth (both in-school and out) with prevention education, and counseling and testing for those whose guardians/parents consent for them to test.

Tebelopele VCT works with the Ministry of Education (MOE), schools/institutions, FBOs, Community Based Organizations (CBOs) and NGOs including BOCAIP, Hope Worldwide (HWW) Botswana, YWCA, Childline Botswana, Lifeline Botswana, Food Safe International, Botswana Baylor Children's Clinical Centre of Excellence and others to implement a comprehensive program. Other special partnerships include the business sector, which has sponsored a number of activities/events. In FY07 Tebelopele will strengthen and expand this program through youth-friendly centers (porta-campers at stand alone centers or at other youth-friendly locations). Lessons learned from the planned study tour in Uganda and Kenya will assist in improving program implementation.

Social Marketing
To increase demand for and utilization of VCT, Tebelopele will strengthen social marketing activities through community-based events/activities organized and implemented in collaboration with local District Multi-sectoral AIDS Committees (DMSACs), Peace Corp Volunteers (PCVs), Humana People to People, community leaders and other stakeholders including out-of-school-youth groups. Community mobilization and education will be continued in collaboration with the above stakeholders. It is expected that 125,000 clients will receive VCT through these sites in FY07. Social marketing campaigns like "Put your Love to the Test", "Passport to Life" and "Test for Life" will be supported and scaled up. Populations to be targeted include couples, rural men and youth.

Sustainability Plan
Tebelopele VCT will continue to implement the sustainability strategy that was developed with the assistance of AED during FY06. The key elements of this strategy are the diversification of funding sources and the diversification of services offered. An operational plan and budget which is consistent with the Tebelopele strategy will be developed. Tebelopele then plans to hold a donor meeting to present their plan and budget to potential donors.

The work of Tebelopele is consistent with the goals of the Botswana NSF and of the EP. The NSF calls for 95% of the population to know their HIV status by 2009. The work of Tebelopele will contribute to reduction of stigma and discrimination associated with HIV/AIDS. Furthermore, Tebelopele's advocacy will contribute to reduction of the legal age of consent for HIV testing from 21 to 16. Finally, in reaching out to remote areas and in collaborations with key players like the Mens Sector (Botswana Defense Forces and Botswana Prisons) and the Peace Corps, Tebelopele's activities will reduce the gender inequalities in HIV testing.

Sub partner activities
Institute for Development Management (IDM)
Since Tebelopele became an independent NGO in 2004, the collaboration with IDM has continued through sub-contracting with IDM to provide on-going training of and mentoring of counselors. During FY07, Tebelopele will subcontract with IDM to train Tebelopele staff in basic counseling and in the VCT protocol for same-day results.

In order to maintain high-quality service provision, Tebelopele VCT will continue to train all new VCT counselors on HCT as per the international standards that have been adopted by the MOH in Botswana. The IDM is the only accredited training institution for VCT protocol and HIV voluntary counseling and testing in the country. During FY07 funding period IDM will provide training to 18 VCT counselors (2 groups of 9) in HCT and to 14 VCT counselors (2 groups of 7) in VCT protocols.

Dialogue Group
The Dialogue Group is Tebelopele's advertising agency. The Dialogue Group provides specialized design and production of Information Education and Communication (IEC) materials and media placement.

Tebelopele believes that collaboration with the Dialogue Group is a cost-effective solution to its IEC/advertising needs. As an advertising agency, the Dialogue Group takes advantage of economies of scale, and is given preferential rates for media placement and production due to the large volumes of space and production they undertake as an agency.

During FY07 The Dialogue Group will do the following as part of Tebelopele VCT social marketing strategy implementation:
?Broadcast media production and placement
?Print media production and placement
?Outdoor media production and placement
?Design and production of all Tebelopele VCT IEC materials

Emphasis Areas

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults
Community leaders
Community-based organizations
Non-governmental organizations/private voluntary organizations
Children and youth (non-OVC)

Key Legislative Issues

Gender

Twinning

Stigma and discrimination

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism:	SCMS
Prime Partner:	Partnership for Supply Chain Management
USG Agency:	U.S. Agency for International Development
Funding Source:	GHAI
Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09
Activity ID:	12296
Planned Funds:	$ 200,000.00
Activity Narrative:	Home-based Counseling and Testing. USD $200,000 will be used to bring door-to-door HIV counseling and testing to additional clients in Selebi-Phikwe and Bobirwa districts. The program, the Counseling and Testing Outreach project, aims to provide intensive professional risk-reduction counseling and rapid HIV testing to everyone in two entire villages, to facilitate referrals to care and treatment and to involve the community at every step. Effectiveness will be assessed with an integrated program evaluation. At present, with FY 2006 and 2007 funds, the project will reach approximately 10,000 people. With addtional plus-up funding, we will reach approximately 4,000 more clients.

Emphasis Areas	**% Of Effort**
Commodity Procurement	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)	4,000	☐
Number of individuals trained in counseling and testing according to national and international standards		☑

Target Populations:

Adults

Children and youth (non-OVC)

Coverage Areas

Central

Table 3.3.09: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 12297
Planned Funds: $ 50,000.00
Activity Narrative: This activity will add to the number of health workers being trained in how to perform rapid HIV tests and the accompanying EQA to ensure quality of HIV test results. In the COP FY 2007, under Lab support to the Ministry of Health (MOH), there are plans for a linked activity to train health workers (nurses, lay counselors and other HIV/AIDS counselors) from civil society. These plus-up funds will be used to expand that training and EQA support to additional civil society (NGOs/FBOs/CBOs) health workers. An additional 100 counselors will be trained, and follow-up support for quality assurance will be done at the sites. Training will be conducted by the MOH and the Tebelopele VCT centers. This activity is a collaboration between Lab and Counseling and Testing. The plus-up funds will be channeled through the existing cooperative agreement between CDC and the Government of Botswana (U62/CCU025095).

Emphasis Areas	% Of Effort
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing counseling and testing according to national and international standards		☑
Number of individuals who received counseling and testing for HIV and received their test results (including TB)		☑
Number of individuals trained in counseling and testing according to national and international standards	100	☐

Target Populations:

Community-based organizations
Faith-based organizations
Non-governmental organizations/private voluntary organizations
Counselors

Coverage Areas:

National

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GAP 6
Prime Partner: Academy for Educational Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 14647
Planned Funds: $ 350,000.00
Activity Narrative: The New Prime Partner will be Academy for Educational Development. HHS/CDC has awarded a contract for a Counseling and Testing Outreach program that includes funds from COP06 and COP07. This activity is the last remaining funding allocation to be made.

Table 3.3.09: Activities by Funding Mechanism

Mechanism: GAP 6
Prime Partner: Academy for Educational Development
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 14651
Planned Funds: $ 75,000.00
Activity Narrative: These funds will supplement Activity New 1 (which is a naming of the Prime Partner to AED of Activity: 10181) There is a shortfall of funds to support the 'Outreach Counseling and Testing Activity' that was awarded to AED. As a result only phase 1 of the project was funded intially. With a budget surplus in the VCT managmenet budget, we request that the shortfall in funds needed be re-programmed to the GAP 6 mechanism so the full contract can be awarded before the end of the USG fiscal year 2006.

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: $ 11,855,187.00

Program Area Context:

Since January 2002, the Government of Botswana (GOB) has been providing free antiretroviral (ARV) treatment to people living with HIV/AIDS (PLWHAs). This program started with one site and has grown over the years to the current 32 sites with approximately 68,440 (as of June 2006, inclusive of the private sector) patients currently on treatment.

Government units involved in the provision of ARVs include the Ministry of Health's (MOH) Drugs Regulatory Unit (DRU), which registers the medications, the National Drug Quality Control Laboratory (NDQCL) which provides quality control, and Central Medical Stores (CMS), which handles procurement and distribution.

The program is faced with constraints such as lack of human capacity in the following areas: 1) ARV logistics, 2) ARV quality control, 3) ARV security infrastructure, 4) ARV registration, and 5) ARV procurement. Since Botswana has no pharmaceutical manufacturing facilities, all medicines are imported.

Botswana has received assistance from the Bill and Melinda Gates Foundation, Merck Foundation, Glaxo-Smith Kline, Boerhinger Ingelheim, and Pfizer in the form of donations of ARVs, medicines for treatment of opportunistic infections (OI), and ARV price reductions.

With fiscal year (FY) 05 Emergency Plan (EP) funds, the United States Government (USG) contributed approximately 13% of the total Botswana Government budget for procurement of ARVs drugs. The funds were used in a variety of ways. In addition to drug procurement (adult and pediatric), a security system was installed at CMS and at the adjacent warehouse. Funds were also used to pre-qualify suppliers, which reduced the time to purchase medicines and related medical products. Text books containing official test methods for ARVs and OI drugs were purchased for NDQCL and CMS, and ARV and OI drug primary reference standards were procured for NDQCL. Vehicles were purchased to assist in the local inspections of pharmaceutical operations, a document management system was developed for DRU and study tours for Good Manufacturing Practices (GMP) inspections in three different countries were conducted. A pharmacovigilance section was established and training of health care providers on reporting of adverse drug reactions was set up. CMS was renovated to improve the storage area and the air conditioning system.

With FY06 EP funds, 322 pharmaceutical supply officers and health care auxiliaries will be trained in supply chain management (both at CMS and health facilities countrywide). This will improve staff efficiency and effectiveness. Examples of these trainings are: 1) six officers to be trained in pharmaceutical analysis, 2) ten to be trained in ISO/IEC 17025 standards to develop a quality management system, 3) five officers to be trained in evaluation of new drug applications, 4) eight officers to be trained in GMP, 5) nine officers to be trained in pharmacovigilance, 6) nine officers to be trained in inspections of active pharmaceutical ingredients manufacturers, 7) seven officers to be trained in advanced pharmaceutical analysis and 8) three officers to be trained in quality control through practical attachments at ARV manufacturing sites.

In FY07, the GOB will continue to strengthen the procurement and distribution of ARVs and other medicines. Sixteen percent of the total GOB budget for ARVs will be provided from the proposed FY07 funds. FY07 funds will 1) increase the procurement of pediatric formulations, 2) strengthen the supply chain by hiring skilled personnel, and 3) develop and implement quality management systems for CMS and DRU. Of the total funding for ARV drugs ($13,871,536), 91% will be used for drug procurement; 11.7% of the funds for ARVs will be used to purchase pediatric drug formulations (US $1.5 million).

a. In FY07, training on pharmacovigilance will continue to empower practitioners to report adverse drug reactions and to ensure that successive procurements of the drugs are safe and bio-effective. GMP inspections of manufacturers will also continue. These inspections will facilitate the registration of generic

ARVs. A new activity in FY07 is that the Supply Chain Management System (SCMS) will provide technical assistance and support to CMS and various units for the development of modern logistics practices and technologies to efficiently carry out its responsibility of procurement, quality assurance, storage and distribution of HIV/AIDS related commodities for all government, mission, mine and non-government organizations in Botswana.

In addition, the funds will continue to strengthen the quality control of ARVs and drugs to treat HIV-related OIs through advanced training in pharmaceutical analysis, and procurement of textbooks and ARV primary reference standards. The funds will also be used to fund study tours to assess the Laboratory Information Management Systems (LIMS) that will be installed in the new NDQCL facility. This system will be linked to DRU for easy access to test results.

Quality assurance at CMS will also be strengthened by providing training for internal auditors to conduct regular internal audits. The distribution system will be improved through the purchase of two self-loading trucks and installation of self-loading mechanisms in the current fleet. CMS will also procure two refrigerated vehicles for distribution of refrigerated medications and other products.

Table 3.3.10: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9805
Planned Funds: $ 10,680,587.00
Activity Narrative: 07-T1001 Ministry of Health-CMS.

This activity has USG Team Botswana Internal Reference Number T1001. This activity links to the following: T1002 & T1003 & T1004 & T1005 & T1115.

CMS is a unit of Pharmaceutical Services under MOH's Department of Clinical Services. It is entrusted with the responsibility of providing the nation with high-quality and cost-effective pharmaceuticals, laboratory and related medical supplies in a timely way. It serves all government health facilities, missions, mine hospitals and non-governmental organizations in Botswana. CMS is integral to the successful distribution of free ARVs to the approximately 68,440 adult and pediatric patients currently on treatment.

The ARV program is faced with a number of challenges such as 1) shortages of skilled staff, 2) inadequate storage and office space, 3) inadequate logistics skills, 4) inadequate quality assurance skills, 5) inadequate ARV security infrastructure, and 6) limited funds. GOB has received assistance from partners such as the EP, Bill and Melinda Gates Foundation, Merck Foundation, Boerhinger Ingelheim and Pfizer in the form of donations of ARVs and drugs for the treatment of OIs and price reductions.

With the assistance of EP in FY05 and FY06, CMS has been able to procure ARVs, strengthen the security system, pre-qualify suppliers, and train staff on supply chain management procedures to improve organizational efficiency and effectiveness. FY07 funds will supplement procurement and distribution of drugs for ARV therapy and other medications and supplies used to treat OI in the management of HIV/AIDS. Supplies will help support HIV/AIDS treatment services for PLWHAs, their families, children, and caregivers. In FY07 EP support will increase access to treatment through support for drug distribution to additional sites. An estimated $1,500,000 will be used to procure pediatric ARV drugs.

To meet the increasing distribution needs, CMS will procure two refrigerated vehicles and two five-ton self loading trucks with appropriate features for security and carriage, and install self loading mechanisms in its current fleet to strengthen the distribution of antiretroviral drugs. These vehicles will expedite the delivery to new sites and the health facilities. The refrigerated vehicles will help maintain the cold chain for medicines that require controlled temperature storage from CMS to the health facilities, thus maintaining their quality to the end user. The two five-ton trucks and the current fleet with self loading mechanisms will be used specifically to transport ARVs in locked cages to the ARV sites. Only the consignee will be able to unlock and unseal the cages, thus improving security. These changes will also shorten the offloading time and hence speed delivery. In addition, CMS will purchase drugs for OIs, HIV test kits, reagents and related medical supplies for the new ARV sites and health facilities countrywide.

CMS will use EP funds to procure and install a computerized temperature monitoring system with a control station for the entire warehouse and adjacent stores, since different drugs have different storage requirements. The system will provide alerts if the temperatures are outside the set limits and ensure that temperatures are monitored 24 hours a day, and any breakdown of the air condition system is attended to immediately. These protective features are especially important in the extremely hot desert weather that characterizes Botswana most of the year.

Continued Associated Activity Information

Activity ID: 4460
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 10,064,409.00

Emphasis Areas	% Of Effort
Commodity Procurement	51 - 100
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	148	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period Number of individuals newly initiating antiretroviral therapy during the reporting period	22,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

Through increased procurement of antiretrovirals, development and implementation of a quality management system the HIV/AIDS burden will be significantly reduced, resulting in improved quality of life for Batswana. There will be increased productivity at workplaces since the number of sick of days will be reduced, and family members will also be able to continue providing for their families.

Target Populations:

Pharmacists
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 9806
Planned Funds: $ 200,000.00

Activity Narrative: 07-T1003: MOH-Drug Regulatory Unit

This activity has USG Team Botswana Internal Reference Number T1003. This activity links to the following: T1001 & T1004 & T1005 & T1111 & T1112.

MOH's DRU is the unit that is responsible for the regulation of medications in Botswana. With the expansion of the Masa program and the increase in number of patients on antiretroviral (ARV) medications, the Ministry has faced a number of challenges in the provision of the medications. In particular, increasing costs necessitated looking at different options for sources of ARVs, including generics. To ensure that the quality of the products used would not be compromised, it was necessary to strengthen the DRU. The areas that needed to be improved included the inspectorate, registration, and setting up and strengthening of a pharmacovigilance section.

In FY05, the DRU was allocated funds to train staff in (1) GMP, (2) evaluation of applications for registration, (3) pharmacovigilance, and (4) to start setting up the pharmacovigilance section. Five officers have completed training on evaluation of application of new drug dossiers, and one officer has participated in attachment training at a pharmacovigilance center. Six officers will be trained on GMP in November 2006, and three of those officers will receive additional practical training on conducting GMP inspections. FY05 funds also purchased a vehicle to assist in carrying out inspections at facilities where medicines are distributed and dispensed.

The activities for FY06 were aimed at strengthening the regulation of medicines and constructing the framework for pharmacovigilance activities across the country. These activities include:

- Medicines used for the treatment of HIV/AIDS and related conditions are relatively new and it will be necessary to detect, monitor, assess, and prevent incidences of Adverse Drug Reactions (ADR). DRU staff received training to increase their knowledge based on the assessment of ADR reports to ensure that association with the drugs is established. All healthcare providers in the country will also need to be sensitized to this need and trained to report ADRs, and to help DRU regulate these medicines effectively. This will improve the safe and rational use of these medicines.
- Efficiency of registration of medicines will be improved by developing clear and updated guidelines to help shorten the evaluation process, and expedite the registration of generic ARVs and other drugs.
- Develop Standard Operating Procedures (SOPs) for the DRU.
- Train staff on GMP inspections of manufacturers of active pharmaceutical ingredients (APIs), and conduct inspections of API manufacturers.
- A document management system is essential to improve efficiency. The system will help track the evaluation process, generate reports at different stages of the evaluation process, and generate market authorization of the products. A reference text was purchased to help in the evaluation process and to ensure that up-to-date information can be accessed easily.

The activities for FY07 will be aimed at strengthening activities initiated in FY05 and FY06. These will include:

- Continued training for DRU staff on pharmacovigilance and good clinical practice in bioequivalence studies for the registration generic drugs.
- Training will be provided for other health care professionals in reporting of ADR.
- Development of a monitoring and evaluation system of the processes within the unit.
- Development of a quality management system.

The expected outputs of these activities are that the unit will have a quality manual, updated SOPs, and staff with improved skill levels. The DRU will have a monitoring and evaluation component which will help with the continuous improvement of processes and procedures to allow for effective regulation of medicines. DRU will be linked to the NDQCL system to allow the unit access to drug test results.

Continued Associated Activity Information

Activity ID: 4461
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 575,000.00

Emphasis Areas	% Of Effort
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Target Populations:

Doctors
Nurses
Pharmacists
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Drugs
Budget Code:	HTXD
Program Area Code:	10
Activity ID:	10216
Planned Funds:	$ 200,000.00

Activity Narrative: 07-T1004: MOH-National Drug Quality Control Laboratory.

This activity has USG Team Botswana Internal Reference Number T1004. This activity links to the following: T1001 & T1003 & T1005 & T1111 & T1112.

The NDQCL ensures that medicines and related medical products that are produced, imported, exported, distributed, and used in Botswana are of acceptable quality, safety, and efficacy through testing. Since the inception of the laboratory in 1991, there has been a continuous decline in the testing of medicines and related medical products. Instead, there has been a heavy dependence on the manufacturer's documentation on the quality of medicines and related medical products that are imported, distributed, and used in Botswana due a to shortage of skilled staff. The Botswana Government has approved and supported the construction of an independent and expanded NDQCL by the end of the National Development Plan (NDP) 9, as stipulated in the Botswana National Drug Policy of 2002 in assuring the quality of medicines in the country.

One major challenge that NDQCL foresees is being able to sustain testing each batch of ARV medicines and OI medicines supplied in the country, given the shortage of skilled manpower and current laboratory space. Further, the NDQCL is also tasked with the responsibility to test all other medicines and related medical products distributed and used in the country. However, testing each batch of ARV medicines and OI drugs circulating in the country is pivotal, as it will assist in detecting counterfeit or substandard drugs that are increasingly used worldwide. Currently there are more than 1,000 medicines on DRU's List of Drugs Allowed in Botswana, and more than 1,000 medicines and related medical products that are supplied and distributed through CMS to all government health facilities, mission and mine hospitals, and some non-governmental organizations. These medicines and related medical products also require quality testing to be performed on continuous basis for pre- and post-marketing surveillance.

In FY 05/06 EP funds were used to strengthen the testing of ARV drugs through training, capacity building, and purchasing resources. Resources purchased include Primary Reference Standards for ARV Drugs, and reference books such as the US Pharmacopoeia that contains official test methods.

FY07 funds will continue to assist strengthening the quality control of ARV medicines and OIs drugs that are imported, distributed, and used in the country through three activities.
1. Training of staff (old and new). Training will be done through practical training and short courses to improve staff analytical skills, introducing staff to new analytical techniques and instruments/equipment that will assist in producing accurate test results in the shortest time possible. The training will also include ISO/IEC 17025 Standard in order to establish a quality management system in the laboratory.
2. The second activity is the continuation of the procurement of reference textbooks that contain official test methods of ARV medicines and drugs to treat OIs, and the procurement of ARV primary reference standards in order to continue testing each batch supplied in the country.
3. The third activity is to provide support in information technology (IT) capacity building. Careful selection of a suitable LIMS software package is essential to ensure accurate control of the data produced in the various NDQCL laboratories. Adequate data management involves accuracy of test data/results determination and recording, sample management, instrumentation, inventory, quotations and orders, equipment calibration and maintenance, and other activities. NDQCL will have six laboratories, including physicochemical, microbiology, medical devices, pharmaco-toxicology with animal house, pharmaco/phytochemical, and research/development. LIMS will also be used to link the NDQCL to the Drugs Regulatory so test results of the medicines analyzed and other relevant information can easily be accessed. A study tour will be conducted to at least three organizations/laboratories where LIMS is already installed.

Emphasis Areas	% Of Effort
Commodity Procurement	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 10217
Planned Funds: $ 604,600.00
Activity Narrative: 07-T1005: Supply Chain Mgt System (SCMS)

This activity has USG Team Botswana Internal Reference Number T1005. This activity links to the following: T1001 & T1003 & T1004 & T1111 & T1112.

Activity 1: Technical assistance to CMS
The first component is to provide technical assistance and support to MOH's CMS to efficiently carry out its responsibility for procurement, quality assurance, storage, and distribution of HIV/AIDS related commodities for all government, mission, mine and non-government organizations in Botswana.

During FY06, Boehringer-Ingelheim conducted an assessment of the supply chain management system of Botswana. The USAID-funded organization entitled SCMS will review the findings of the prior assessment, and if required conduct specific targeted reviews of aspects of the supply chain systems for HIV/AIDS-related commodities. In FY07, SCMS will provide support to review the draft CMS Quality Manual and its implementation, which will involve reviewing the commodity flow processes of the CMS, and strengthening the product flow and operational processes of the CMS. SOPs and manuals will be developed, and training will be provided to all personnel to build capacity.

In addition, in FY07 a field trip and comprehensive training program for the management of the CMS and Pharmaceutical Services Division will be arranged by the SCMS Regional Distribution Center (RDC) in South Africa to acquaint management personnel with modern warehouse layouts and practices. Additionally, support will be provided to the CMS to review and strengthen transport logistics systems. To avoid stock-outs or stock overages, and to encourage efficient use of procurement resources, supporting FY07 SCMS will set up a coordinated mechanism for national level forecasting, quantification, and procurement planning for the GOB, Global Fund to fight Tuberculosis, AIDS, and Malaria (GFTAM) and USG-funded HIV/AIDS related commodities. This will entail developing 12 monthly procurement plans in collaboration with the CMS, USG, GFTAM, and other stakeholders. This plan will be updated quarterly to inform the procurement of commodities by the various funding mechanisms. Training will be provided to CMS procurement personnel in the use of Quantimed®, a quantification tool for the quantification of ARVs and Pipeline®, a JSI/DELIVER tool for continuous pipeline monitoring of HIV/AIDS-related commodities.

Activity 2: strengthen quality assurance systems for HIV/AIDS related commodities
The second component is to provide support to strengthen the quality assurance systems for HIV/AIDS-related commodities, and to ensure that the quality of ARVs and other HIV/AIDS-related commodities are assured throughout the supply chain. The Quality Assurance Unit (QAU) of the CMS has responsibility for ensuring that all medicines procured and distributed by the CMS comply with international standards. FY07 funds will support the QAU to strengthen their procedures and systems to ensure that products procured by the CMS are of high quality, and that they are stored and transported in a manner that will ensure and maintain quality throughout the supply chain.

To support these activities, SCMS will set up an in country supply chain management team that will be funded initially by SCMS core funds. A portion of EP funds will be used to continue supporting these positions during FY07.

Emphasis Areas	% Of Effort
Infrastructure	10 - 50
Local Organization Capacity Development	10 - 50
Logistics	51 - 100
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	10 - 50

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 10218
Planned Funds: $ 15,000.00
Activity Narrative: 07-T1090 -HQ: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number T1090 (HQ)

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Country coordinating mechanisms
International counterpart organizations
People living with HIV/AIDS
HIV positive pregnant women
Host country government workers
Public health care workers
Private health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.10: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD
Program Area Code: 10
Activity ID: 10219
Planned Funds: $ 15,000.00
Activity Narrative: 07-T1090 -P: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number T1090 (post).

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Country coordinating mechanisms
International counterpart organizations
People living with HIV/AIDS
HIV positive pregnant women
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

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: $ 8,189,210.00

Program Area Context:

Since 2002, the Government of Botswana (GOB) has provided free ARV treatment to PLWHA through the Masa (New Dawn) program. Masa started with 1 site and has grown to the current 32 sites (treatment initiation centers) with approximately 68,440 adult and pediatric patients currently on treatment (as of June 2006, including the private sector).

As of June 2006, 5,719 children were on ARVs in the public sector. The PMTCT and ARV programs have dramatically reduced the frequency of HIV transmission from mothers to children from 30-40% to less than 7%. For the last 3 years, we estimate that fewer than 1,000 babies with HIV have been born each year. The total number of HIV-infected children in Botswana is estimated at 10,000 to 25,000, so the public sector in Botswana is treating 25-50% of all the children with HIV. All treatment activities are aligned with the National HIV/AIDS Strategic Framework and Botswana's EP 5-year strategic plan.

Services

GOB funds most of Masa, but also receives financial and technical assistance from the USG, the Bill and Melinda Gates foundation, Merck, African Comprehensive HIV/AIDS Partnership (ACHAP), the Global Fund to fight Tuberculosis, AIDS and Malaria (GFTAM), the Botswana Harvard Partnership (BHP), the University of Pennsylvania, Baylor University, and others.

In Botswana, public hospitals fall under the authority of the Ministry of Health (MOH) and the public clinics fall under the Ministry of Local Government (MLG). To ensure linkages between different health facilities, Botswana uses a network model. This consists of a hospital that acts as the treatment initiation center, and 4 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 diagnosis and treatment, management of STIs and opportunistic infections (OIs), initiation of prophylactic anti-TB treatment for eligible patients, PMTCT, palliative care, and prevention education. Patients tested through the routine testing program or the voluntary counseling and testing program are referred to Masa to assess eligibility for ARV treatment.

The Masa program is coordinated through the Masa ARV project office located in the MOH to ensure standardization of care, optimal utilization of resources, avoid duplication, and promote synergy of efforts. The GOB is rolling out delivery of ARVs to the satellite clinic level. This will bring treatment closer to the community, and relieve crowding in the hospitals. Safe storage of ARVs has been a major challenge, and USG support has contributed to upgrading the security of pharmacies at these satellite clinics. By March 2007, 111 clinics will be able to dispense ARVs. USG funds have also contributed significantly to equipping decentralized laboratories to perform CD4 and viral load testing.

GOB has strengthened its treatment program by outsourcing care and treatment of stable patients to the private sector. This public/private collaboration is helping to alleviate the work load from the government facilities as well as increase access to treatment for new patients. By June 2006, a total of 3,778 patients were referred to the private sector. In total, some 8,500 patients have been initiated on treatment by the private sector.

The Botswana-Baylor Children's Clinical Center of Excellence, in collaboration with the MOH pediatric department, has provided remarkable leadership in pediatric AIDS treatment and training of clinicians in pediatric HIV care. Access to ARV therapy for children will be increased even further with the arrival in late 2006 of Baylor's Pediatric Corps (10 pediatricians). The EP will continue assistance to the MOH by providing additional pediatricians and upgrading pediatric facilities as well as funding to both MOH and Baylor for pediatric care.

Referral and Linkages

In FY07, USG will initiate and strengthen linkages between the Masa program and other HIV/AIDS programs. Special attention is being given to TB/HIV, early infant diagnosis and treatment of HIV infected infants, identification and treatment of ARV eligible mothers in the PMTCT program, OVC, counseling and testing, and prevention services. Strategies to improve on linkages of services include: a)Through the early infant diagnosis project, a referral system will be put in place enabling HIV-infected children to access treatment as rapidly as possible after their diagnosis; b) The palliative care NGO coordinator position in the

palliative care unit in the MOH will strengthen links between care services offered by NGOs, FBOs, CBOs and treatment services; c) A community-based care organization will identify OVC and refer for testing. Those in need of treatment will be referred appropriately; and d) Tebelopele will initiate CD4 counts for all clients who test positive and provide counseling and palliative care support for HIV patients who do not meet the treatment criteria.

There is a strong collaboration between partners in the area of training and human capacity building. A national MOH training program, KITSO, trains clinical staff in collaboration with partners such as the BHP and Baylor. KITSO developed the HIV/AIDS fundamental training curriculum and the advanced HIV/AIDS training curriculum, which incorporates the advanced pediatric AIDS management course developed by Baylor. These curricula are revised periodically to ensure an up-to-date and internationally accepted approach to HIV/AIDS management. KITSO, the I-TECH, the Associated Funds Administrators (AFA) and the BHP are collaborating to provide continuing medical education (CME) to private and public health care providers to maintain treatment standards and harmonize training with the national training curriculum.

In FY07, the USG will provide financial and technical assistance to a number of key activities:

•Nyangabgwe Hospital and Princess Marina Hospital pediatric units will increase children's early access to ARV therapy by using the early infant diagnosis approach.
•Baylor will help coordinate pediatric training of health care workers and the community. These partners will collaborate in the scale-up of pediatric ARV provision in Botswana.
•The MLG will strengthen the security of clinic pharmacies to allow ARV prescription at the community level.
•A public health specialist will be recruited and supported to ensure that ARV services run smoothly at the clinic level.
•The BHP Clinical Master Trainer Program will continue to scale up site-specific ARV training of health care workers.
•I-TECH and AFA will continue to provide HIV/AIDS CMEs to maintain standards of care.
•U-Penn and BHP will continue assisting GOB in increasing the number of individuals accessing treatment.
•Computers will be provided to Botswana Defense Force (BDF) for proper monitoring of patients on treatment.

Policy

In FY07, GOB will introduce policy related to the prescription of ARV drugs by nurses. Nurses will be trained to prescribe ARVs to stable patients and refer as needed which will increase the number of health care providers delivering ARVs and accelerate access to treatment.

Outstanding challenges and gaps

Monitoring and evaluating (M&E) the ARV program has been a challenge. The EP has seconded an M&E officer to Masa to strengthen this aspect of the program in collaboration with the private sector. In 2006, an M&E Committee Monitoring and Evaluation Steering Committee (MESCOM) was established. MESCOM will monitor and evaluate activities within individual HIV/AIDS programs and develop an integrated M&E system within MOH's Department of HIV/AIDS Prevention and Care (DHAPC). The USG will continue to support this effort in FY07.

Program Area Target:

Number of service outlets providing antiretroviral therapy	148
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	27,950
Number of individuals receiving antiretroviral therapy by the end of the reporting period	43,894
Number of individuals newly initiating antiretroviral therapy during the reporting period	8,000
Total number of health workers trained to deliver ART services, according to national and/or international standards	2,530

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:	Central (GHAI)
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	8050
Planned Funds:	$ 2,786,962.00

Activity Narrative: 07-T1111: Harvard

This is a continuing program through the Botswana-Harvard School of Public Health AIDS Initiative Partnership (BHP) to support and strengthen the Masa ARV therapy program through the following 4 activities:

ACTIVITY 1: Clinical Master Trainer/ARV Site Support (CMT) was designed to provide a sustainable training capacity for integrated, high-quality HIV/AIDS treatment at public sector ARV sites in Botswana. It consists of on-site and centralized training and support activities, focusing on the development and training of site-level Master Trainers who in turn will provide training to health professionals at their respective sites. By end of FY06, CMT will have assessed 16 sites, initially supported and followed up with 10 sites, assessed and supported/upgraded 10 clinics to prescription and dispensing level, and trained 1200 health workers to deliver ARV services.

- Number of individuals newly initiating antiretroviral therapy during reporting period = 3 000
- Number of individuals receiving antiretroviral therapy at the end of the reporting period = 19 000
- Number of laboratories with capacity to perform 1) HIV tests, 2) CD4 tests and 3) viral loads = 12
- Number of individuals trained in the provision of laboratory-related activities = 36 (including 6 from private labs)
- Number of CD4s performed @ new labs- min capacity 50 samples /day
- Number of individuals trained in strategic information (includes M&E, surveillance and/or HMIS)= 100

These numbers include the IDCC and satellite clinics, as well as from the 11 ARV sites where we will have an on-site presence for an estimated 24% of the fiscal year period. By the end of FY06, all sites and satellite clinics will be reached in terms of staff training, and 16 satellite clinics will be upgraded and set up as full prescribing stand alone facilities. More than 800 health workers will be provided short term trainings (KITSO for Lower Cadres, and KITSO ACCF) and in-service lectures on HIV and OI. In collaboration with WHO and MoH spearheaded the adaptation and piloting of the Integrated Management of Adults and Adolescent Illnesses (IMAAI) modules to be in line with the national roll out for nurses dispensing; implemented telephone site support, with CMT receiving more than 200 calls per month on different issues on HIV care.

In FY07, the remaining ARV sites will receive the full package of training and support (i.e., needs assessment, on-site practical support, centralized classroom and attachment training at site IDCC, immediate on-site support, and quarterly follow-up visits). A total of 32 core team site-level Master Trainers will be trained and will supervise care and treatment at their sites. Harvard will expand its clinical support to ARV sites in FY07 through these activities: 1) strategies to improve, integrate, monitor and evaluate services and programs at ARV sites, and to increase capacity through improved integration of programs. This includes training of the CMT's on QAI and implementation of QA activities in collaboration with I-TECH at the ARV site level; 2) Telephone Site Support for HIV/AIDS Management to enable clinical and pharmacy staff at all 32 ARV sites to obtain advice on difficult cases, etc. from core Master Trainers and other BHP staff by toll free phone to ensure the best, quickest, and most efficient care and treatment possible; 3) in collaboration with MASA, clinical core teams will be trained to train the nursing cadre at their sites to start prescribing and dispensing for non-complicated first line therapy; 4) Development of educational tools for ARV sites, including a clinic reference manual and CD ROMs; 5) in addition to activities 1-4, the Pharmacy Master Trainers (PMT) will provide training on Supply Chain Management, Rational Drug Use, logistics, dispensing techniques, and monitoring of toxicities for all 32 sites, and provide on–site support to 20 ARV dispensing units. The PMT will also collaborate with Central Medical Stores on forecasting, quantification, ordering and delivery of ARV drugs to the newly dispensing satellite clinics, monitoring and evaluation and developing/updating existing training manuals; and 6) increasing the pediatric effort by bridging efforts on testing and diagnosis of children under 5 years.

ACTIVITY 2: The Laboratory Master Trainer (LMT) has been instrumental in the decentralization of CD4 and viral load (VL) testing (infrastructure funded by ACHAP and BOTUSA). CD4 services were decentralized to 12 laboratories in FY06, and VL testing was delayed due to machinery incompatibility, electrical power insufficiency, and delays in

equipment delivery. A total of 25 laboratory technicians were trained on CD4 systems and 6 on VL to date. Decentralization, set up, and training support for VL testing will resume during the remainder of FY06. In FY07, the Laboratory Master Trainer/Site Support Program will continue to support the established CD4, VL decentralized and expanded labs from FY06 and add hematology, chemistry, and microbiology re-training and support. By the end of FY07, all laboratory technicians from the 12 decentralized laboratories will have been fully trained in CD4 and VL, re-trained in hematology, chemistry, and micro, and all 12 labs should be fully functional. Attachment training at the Botswana-Harvard HIV Reference Lab, site support, telephone site support, and capacity building through development of site-level laboratory master trainers will continue. An estimated 30 technicians (6 from private sector because of Private Public Partnership) will be trained. The LMT, in collaboration with MOH and BOTUSA, will formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB), and the LMT will train on the expanded manual during all training efforts listed above. Additionally they will provide training on lab data management, reagent logistics, and quality assurance in FY07.

ACTIVITY 3: Establishment of a Monitoring and Evaluation (M&E) Unit within the National ARV (Masa) Program to develop standardized paper-based and electronic monitoring systems to track ARV patients, specifically, clinical, laboratory and pharmaceutical monitoring systems. This would include development of indicators and data capture instruments, harmonization of indicators, development of data flow mechanisms including reporting guidelines and instruments, reporting schedules, and routine feedback documents to the sites. A data server was purchased and installed within the MOH. Ten data entry clerks were hired in April 2006 and are presently deployed at ART sites to enter manual data from files into the electronic system, and update the ARV data at all 32 sites. A data manager understudy was hired. Staff at the ART sites will be trained on the new data capture instruments, indicators, quality and flow. A consultant will be brought in to assist in setting up the data warehouse, and working on integration and security issues. Activities for FY07 will continue in line with the MOH vision of developing a viable and sustainable monitoring system for the ARV program. The existing MASA application will be evaluated and updated to serve the increasing numbers of patients who will come into the system. Additional software required for front-end users of the server will be purchased. Relevant staff at ART sites will be provided with refresher training on data aspects and monitoring and evaluation. Site visits will be continued to monitor data quality and data activities at the sites.

Continued Associated Activity Information

Activity ID:	4955
USG Agency:	HHS/Health Resources Services Administration
Prime Partner:	Harvard University School of Public Health
Mechanism:	Track 1- ARV
Funding Source:	N/A
Planned Funds:	$ 0.00

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement 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	11	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	16,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	16,720	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	3,000	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	1,200	☐

Indirect Targets

The indirect targets will be dependent on the number of satellite clinics fully functional in FY07 and attended by the Master Trainer Program.

Number of individuals receiving therapy at the end of the reporting period (includes PMTCT+sites) = 6,000

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	9814
Planned Funds:	$ 400,000.00

Activity Narrative: 07-T1107: MOH-Pediatrics.

This activity has USG Team Botswana Internal Reference Number T1107. This activity links to the following: C0615 & C0801 & C0802 & C0803 & C0809 & C0811 & C0813 & C0814 & C0815 & C0816 & P0101 & T1101 & T1113.

The MOH has taken a strong lead in treatment of both adults and children with HIV/AIDS. GOB reports that more than 5,700 have been started on treatment nationwide. More than 1,500 of these have initiated treatment at the Baylor COE in Gaborone.

The exact number of children infected by the HIV virus in Botswana is not known. It is estimated that 25,000 children under the age of 15 years are infected in Botswana. Additionally, it is estimated that over 111,828 (2001 population and housing census report) children have been orphaned by AIDS in Botswana.

In a pilot program to identify infected infants of HIV-infected mothers as early as possible and refer the HIV infected infants to treatment early, infants of mothers in the PMTCT program were tested at 6 weeks of age using polymerase chain reaction (PCR) on dried blood spots (DBS). This pilot showed that the prevalence of HIV in early infancy has been dramatically reduced to approximately 7%. In FY2007, the GOB will roll out this program nationally with USG funds and other support. Because this program was piloted in the GOB clinics in "real life" settings, we expect this rollout to be smooth and successful. The next challenge will be to ensure that infants identified as HIV-positive will be referred effectively for treatment according to guidelines. Followup of HIV infected infants was the biggest challenge identified in the diagnosis pilot.

The early infant diagnosis approach will capture only newborns in the PMTCT program beginning with infant cohorts in FY07. Many older HIV infected children have not been identified as infants and toddlers; they are missed by the health care system until they become ill.

In FY05 and FY06, the Department of Pediatrics in Princess Marina Hospital (PMH) has worked closely with Botswana-Baylor Children's Clinical COE to provide comprehensive care and treatment to children with HIV/AIDS in Botswana. The number of children needing treatment has declined dramatically as shown by the early infant diagnosis project due to massive uptake of the strong PMTCT program. However, a large number of children are in care at facilities around the country and the need for pediatric care and treatment is increasing as more infected children are identified, so the capacity to treat this population must be expanded.

In FY07, activities will include:
Activity 1: Create referral linkages between the Pediatric Infectious Disease Clinic (PIDC) and community-based NGOs, CBOs, and FBOs so that all eligible HIV infected children in Botswana have access to treatment. Visits will be made to these organizations to identify infected children and refer appropriately.

Activity 2: Consolidate and strengthen current outreach activities, in collaboration with Baylor COE. Outreach activities thus far have included screening the home environment to identify barriers to adherence, and also encouraging family members to test and know their status. Additional activities in FY07 will include implementation of home adherence strategies, engendering intra-family support for children on therapy, provision of care for those few that are terminally ill, and addressing bereavement issues.

Activity 3: Create linkages between the PMTCT program and all clinics that are involved in infant follow up to facilitate access to the testing and treatment programs through early and effective referral.

Activity 4: Continue to support the positions of two pediatricians at PMH and two at NRH who will work at these referral hospitals and conduct outreach visits at 10 sites in the southern and northern regions, respectively.

Continued Associated Activity Information

Activity ID: 4964
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 300,000.00

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	10 - 50
Infrastructure	10 - 50
Linkages with Other Sectors and Initiatives	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	10	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,600	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	4,224	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	200	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	20	☐

Target Populations:

Public health care workers
Private health care workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

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: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9827
Planned Funds: $ 20,000.00
Activity Narrative: 07-T1110: Botswana Defense Force.

This activity has USG Team Botswana Internal Reference Number T1110. This activity links to the following: C0905 & P0507 & T1201 & T1203 & T1204.

The National ARV program began in 2002, and the BDF launched its first ARV treatment 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 of the sites is captured manually, which has a negative impact on follow-up, particularly where treatment modification is necessary. In 2005 and 2006, EP funds supported the initiation of computerization of the BDF sites. This has strengthened the registration process and facilitated follow-up and treatment monitoring for patients. The long-term plan is to network all of the BDF ARV treatment sites to allow easy follow up as troops move around the country. In 2007, emphasis will be placed on the Francistown clinic, as data at this site are still being captured manually.

The BDF is significantly expanding its VCT and laboratory capabilities, but the expansion has overstepped the BDF's information management capabilities. Most notably, the expanded VCT center at the BDF Headquarters, the VCT center at Silebe Phikwe, and the clinic at Francistown have not yet been integrated into the wide area network.

FY07 funds will be used to integrate these locations into the BDF network, thus making it possible to track the testing and patient data, and permitting soldiers from other locations to receive assistance and treatment at these facilities when on temporary duty.

Continued Associated Activity Information

Activity ID: 4963
USG Agency: Department of Defense
Prime Partner: Botswana Defence Force
Mechanism: ODC/BDF
Funding Source: GHAI
Planned Funds: $ 15,000.00

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

Targets

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

Indirect Targets

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)=1
Number of individuals newly initiating antiretroviral therapy during the reporting period (includes PMTCT+ sites)=100
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)=3,000
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)= 2,728

Target Populations:

Doctors
Nurses
Pharmacists
Military personnel

Coverage Areas

North-East

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Local Government, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 9867
Planned Funds: $ 318,000.00
Activity Narrative: 07-T1115: Ministry of Local Government.

This activity has USG Team Botswana Internal Reference Number T1115. This activity links to the following: C0609 & C0613 & C0801 & C0805 & C0806 & C0807 & C0808 & C0809 & C0810 & C0811 & C0814 & C0816 & T1001 & T1111.

In FY05, MOH requested strengethening of pharmacy security at thirteen clinics to ensure uninterrupted roll-out of ARV services at these facilities.
FY06 activities include: 1) strengthening institutional capacity to deliver ARV services and 2) recruiting a public health specialist who will coordinate the roll-out of ARV therapy to the clinics. FY06 funds also will be used to strengthen the security of the pharmacies at 85 additional clinics.
With the expectation that the security of these 85 clinics will have been strengthened, FY07 activities will include provision of other prerequisites for opening these clinics for ARV treatment rollout: (1) salary and benefits for the public health specialist; and (2) training for the clinic staff, particularly nurses, on comprehensive patient management.
The Botswana ARV treatment program has adopted a decentralized approach to ARV therapy in order to improve access and bring treatment closer to those who need it. This requires more responsibility for prescribing and dispensing medication in individual clinics. In many clinics, responsibility for following up with patients at the clinics falls particularly to nurses. The role of the Primary Health Care Department in the MLG is to ensure that clinic staff have the capacity to carry out these responsibilities effectively.
FY07 funds will support training for nurses to gain the skills needed to prescribe and dispense ARV, identify complications, and provide adherence management and appropriate referrals. This approach is consistent with a comprehensive community approach, as the nurses will link patients with PLWHA support groups, and provide necessary referrals to other services such as the palliative care program, community based prevention and care activities, and hospital-based services.
To achieve these training objectives, the components of the activity include:
•Developing an appropriate curriculum
•Developing a training plan
•Identifying trainers
•Conducting training for 300 nurses
This activity will help ensure the effective, secure dispensing of ARV therapy at the clinic level, as well as increasing access to ARV therapy and referral to appropriate care services.

Continued Associated Activity Information

Activity ID: 4541
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Local Government, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 1,517,054.00

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

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	111	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	300	☐

Indirect Targets

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)=1100

Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites) =968

Target Populations:

Pharmacists
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:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10220
Planned Funds:	$ 52,000.00

Activity Narrative: 07-T1102: Associated Fund Administrators.

This activity has USG Team Botswana Internal Reference Number T1102. This activity links to the following: T1103 & T1111.

AFA is an administrator of two medical aid schemes/insurance organizations: Botswana Public Officers' Medical Aid Scheme and the Pula Medical Aid Fund. Through its managed care program, the AFA facilitates the provision of antiretroviral (ARV) therapy to insured patients, and provides CME to private practitioners (doctors, pharmacists, etc). In FY2005, AFA was awarded a tender to pilot the rolling out of ART services to the private sector through a 12-month public-private partnership project. We anticipate that about 3,778 patients were enrolled in ARV treatment by the end of August 2006, through the public-private partnership program.

The main objective of this project is to increase access to quality antiretroviral therapy and related services in the private sector in Botswana. In FY07, the project aims to build on and strengthen activities completed in FY06. The project activities in FY07 will include CME for private practitioners, funding the printing and distribution of leaflets for the promotion of information, education, and supporting communications (IEC) activities for members of administered medical aid schemes.

In FY06, AFA facilitated the provision of KITSO Training to 95 different private practitioners, and conducted 7 CME activities (in Francistown and Gaborone) which were attended by a total of 250 private and public-sector practitioners. In addition, more than 1,500 patients, excluding public-private partnership project patients, were reached indirectly through these trainings.

The project has faced several challenges, such as inadequate funds, scarcity of IEC specialists to assist in developing program-specific IEC materials, a limited capacity of the KITSO faculty to provide KITSO training, and a shortage of KITSO-accredited practitioners to provide continuing KITSO training for the private sector.

In FY07, AFA will develop the IEC materials in-house, with oversight from the MOH and/or IEC specialists in the private sector. An honorarium for private practitioners willing to accredit and provide KITSO training to private-sector practitioners will be established, and experts from abroad will be invited to provide CME in collaboration with the I-TECH at the-University of Washington), and other organizations.

In FY07, at least four CME sessions will be provided for private sector practitioners in the southern and northern parts of Botswana, and two GOBaccredited HIV/AIDS treatment trainings through KITSO. The goal is 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 300 private practitioners.

To strengthen and supplement Government IEC, program-specific IEC materials (about 5,000 leaflets) will be produced in FY07 to provide knowledge and information to increase the number of clients accessing the managed care program and therefore accessing antiretroviral therapy. These IEC materials will promote HIV prevention strategies such as abstinence, be faithful, and correct and consistent condom use (ABC). By distributing the IEC materials nationally to the various employer groups, we anticipate that this activity will increase current new patients' enrollment rates.

FY07 fund will also support the 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, and production and distribution of IEC materials.

Continued Associated Activity Information

Activity ID: 4954
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Associated Funds Administrators
Mechanism: Contract

Funding Source: GHAI
Planned Funds: $ 98,000.00

Emphasis Areas	**% Of Effort**
Information, Education and Communication	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	300	☐

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)=1200
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)=6700
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)
Total number of health workers trained to deliver ARV services, according to national and/or international standards (includes PMTCT+)=6952

The provision of training (Continuing medical Education & KITSO-Fundamentals of HIV/AIDS treatment) to private practitioners is likely to increase the number of practitioners offering antiretroviral therapy and quality of the service provided. Consequently, this is likely to indirectly increase the number of patients enrolling in the managed care/disease management program. The production and distribution IEC materials will provide information about accessing ART services.
` Increase monthly enrollment rate of PLWHA into disease management program from between 60 – 80 to 80 – 100 PLWA per month ,1200 patients receiving treatment in 2007.
` 5,000 IEC materials (leaflets) to be produced and distributed to employer groups.

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Doctors
Nurses
Pharmacists

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: University Technical Assistance Program (UTAP)
Prime Partner: Baylor University
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10221
Planned Funds: $ 500,000.00

Activity Narrative: 07-T1101: Baylor.

This activity has USG Team Botswana Internal Reference Number T1101. This activity links to the following: C0613 & C0614 & C0615 & C0701 & C0802 & C0803 & C0811 & C0812 & C0815 & P0103 & P0104. Also linked to a number of ARV services programs or activities (T1107 to T1114).

The Botswana-Baylor Children's COE was opened on June 20th, 2003. The COE is a collaborative public-private partnership between the Baylor College of Medicine and the GOB. The key objectives of the Baylor COE are to provide comprehensive care to HIV-infected children and their families, and to 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.

In 2003, funded by HHS/CDC/BOTUSA, the COE assisted the MOH in reviewing the old KITSO training program, and in developing the current and more comprehensive expanded KITSO Training Plan. EP funds supported the position of an HIV/AIDS training coordinator at the COE. Under the direction of the COE training coordinator, the COE, the Department of Pediatrics at Princess Marina Hospital, and the Botswana Network on Ethics, Law, and HIV/AIDS (BONELA), developed a pediatric training course to support the national rollout of ARVs in Botswana. Implementation of this KITSO-Baylor Pediatric HIV/AIDS training program is ongoing. The Pediatric HIV/ART training curriculum is updated regularly. In addition, EP-supported COE Staff are actively involved in the development of a pediatric-focused curriculum for use in other national training courses, such as the Advanced KITSO Course, and the KITSO Adherence Counseling Training. All of these trainings are done in consultation with the MOH.

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. In some cases, both didactic and practical training are offered at the COE. 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 efficacy and competence of health care providers across Botswana.

In FY07, USG funds will continue to support the Baylor COE to do the following:
1. strengthen the national KITSO program,
2. provide continued support for the position of an HIV/AIDS training coordinator at the COE
3. conduct trainings at the COE with visiting health care providers, and
4. employ nurses to support core operations at the COE.

The continued support for the position of the training coordinator is important for the COE to meet its mandate of training health personnel on pediatric ART. The nursing positions are essential to the continued, uninterrupted enrollment of HIV-infected children and their 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. In FY07 USG will work closely with the COE management and training coordinator to optimize the impact of USG contributions to MOH for pediatric care and treatment and the impact of the Baylor pediatric AIDS Corps physicians in national training and follow-up to trainings.

It is expected that EP-supported staff, including the nurses, will also play an increasingly important role in the KITSO Pediatric Training for health personnel at various ARV rollout

sites. The EP-supported staff will liaise with members of the communities identified as important stakeholders in the care of HIV-infected children. In addition, the EP-supported staff will strengthen the COE collaboration with other GOB Training Partners; this should go a long way in building local capacity in pediatric HIV care and support.

Since 2003, 1,550 patients have been started on treatment, 130 health care providers have been trained, and 11 sites have been reached by the Botswana-Baylor Clinical Children's COE. However, the total number of children on ARV is stimated at 5500 in the all country. In 2006, community training was held at one site, and plans are to expand community training to three other sites in 2007.
Baylor will provide pediatric training targeting members of the community who are involved in the care of children e.g. teachers, care-givers in orphanage and different NGOs, CBOs anf FBOs.

Continued Associated Activity Information

Activity ID:	3565
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Baylor University
Mechanism:	UTAP
Funding Source:	GHAI
Planned Funds:	$ 518,035.00

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy	14	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period	440	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	500	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	320	☐

Indirect Targets

Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)= 5500
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)=4840

By conducting these trainings, the number of children enrolled in the national ARV program in Botswana will increase, and the quality of care and support the children receive will improve. Currently only 10% of all individuals enrolled in the national ARV program are children; the target here is to have every eligible HIV positive child on HAART. An estimate for indirect targets reached, or the number of children enrolled in the National ARV Program as a result of the doctors receiving training, is 2,000. This estimate is reached by assuming a minimum of 3 doctors trained per training, at 10 trainings per year, and each doctor enrolling 50 children a year as a result of the training.

Target Populations:

Public health care workers

Private health care workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	ITECH GHAI
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10223
Planned Funds:	$ 312,248.00

Activity Narrative: 07-T1103: I-TECH.

This activity has USG Team Botswana Internal Reference Number T1103. This activity links to the following: T1102 & T1111 & T1112.

Conducting CMEs

In June 2005, University of Washington's I-TECH was requested by HHS/CDC/BOTUSA to provide a clinical HIV/AIDS expert to work with KITSO, Botswana's national HIV/AIDS training program, on advanced HIV/AIDS topics, particularly ARV drug resistance issues. Since then, I-TECH has collaborated with the MOH, KITSO, and HHS/CDC/BOTUSA by providing an expert clinical trainer to conduct this training four times. Approximately 75 public and private physicians were trained per session on topics such as ARV resistance, salvage highly active antiretroviral therapy (HAART) regimens, and neurological complications of HIV. Thus, in total, the trainings reached some 300 physicians.

In FY07, the scope of work will include four one-week training sessions in Botswana for the I-TECH expert clinical trainer. The topic of training will be advanced HIV/AIDS treatment issues, to be identified in consultation with KITSO and HHS/CDC/BOTUSA. The trainings will be both didactic and skill-building workshops and will be at levels I and II of the five I-TECH levels of training. During each week of trainings, the clinician trainer will work with a KITSO co-facilitator to conduct several hours of lecture, some facilitation of other sessions, and technical assistance to the KITSO team as identified. Specific training objectives will be developed prior to each training in coordination with HHS/CDC/BOTUSA and KITSO, to ensure optimal trainings for specific topics and audiences identified.

Quality Assurance (QA) Evaluation of Harvard Master Trainer Program and QA Training of Harvard Master Trainers: QA and Supportive Supervision, Training

The Harvard School of Public Health has been conducting training of Master Trainers using a team consisting of a physician, a nurse and a pharmacist at each ARV treatment site throughout Botswana. In FY07, USG funds will engage I-TECH to perform a QA assessment of this training, as well as to conduct a Training of Master Trainers (TOT) on how to do QA of their training programs. I-TECH will bring to this activity an assessment team consisting of one M&E specialist and one clinical expert, and a curriculum development team as well as materials that can be adapted to the Botswana context.

The assessment team will conduct a number of visits to Botswana:

1. The team will make an initial visit to Botswana to assess the training and existing measures of QA and improvement. The data from this visit will be analyzed and compared with existing QA data and systems, best practices internationally, and with existing Botswana training standards. Then the assessment team will draw up a plan and outline a curriculum to address any gaps.
2. The team will return to Botswana to present the plan to Harvard, HHS/CDC/BOTUSA, and local stakeholders, and make revisions based on their input. The I-TECH curriculum development team will develop the QA TOT curriculum.
3. Finally, the team will make a third trip, for two weeks, to conduct the TOT for all 32 teams of Master Trainers.
4. After completion of the TOT, the M&E specialist will return to Botswana to monitor the implementation of the QA for training practices and provide support.
5. One last trip for the team will be to assess the implementation of QA for the training system, and to write and present the final report to stakeholders.

HIV/AIDS Treatment/ARV Services: Continuing Medical Education Training

In 2007, I-TECH will also perform an independent evaluation of the AFA CME program (as described above under T1102: Associated Fund Administrators). EP funds in 2007 will support the I-TECH clinical trainer, a program evaluator, training materials, and training site logistics.

These funds will cover a portion of overall I-TECH country management and administrative costs as well as

technical assistance and management costs for I-TECH in-country.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
Training	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards	390	☐

Target Populations:

Doctors

Doctors

Coverage Areas

North-East

South-East

Table 3.3.11: Activities by Funding Mechanism

Mechanism: contract
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10224
Planned Funds: $ 500,000.00
Activity Narrative: 07-T1108 RPSO-Pediatrics Infectious Disease Clinic.

This activity has USG Team Botswana Internal Reference Number T1108. This activity links to the following: C0615 & C0803 & P0101 & T1101 & T1113.

Pediatrics services within the MOH have faced many challenges in caring for children with HIV/AIDS who are in need of ARV treatment. One major challenge is a lack of adequate space.

In FY07, USG will engage US Department of State's Regional Procurement and Service Organization (RPSO) in Frankfurt, Germany to support the renovation of a building at Nyangabgwe Hospital in Francistown to house the pediatric infectious disease clinic at this referral hospital.

This activity will give access to treatment to approximately 200 newly diagnosed HIV-infected children.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Target Populations:

Public health care workers

Coverage Areas

North-East

Table 3.3.11: Activities by Funding Mechanism

Mechanism: Field
Prime Partner: Harvard University School of Public Health
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10226
Planned Funds: $ 1,200,000.00

Activity Narrative: 07-T1112: Harvard (field).

This activity has USG Team Botswana Internal Reference Number T1112. This activity links to the following: C0609 & C0613 & C0620 & T1003 & T1004 & T1005 & T1101 & T1103 & T1111 & T1201 & T1202 & X1302 & X1305 & X1306.

This is a continuing program through the Botswana-Harvard School of Public Health AIDS Initiative Partnership (BHP) to support and strengthen the Masa ARV therapy program through the following 4 activities:

ACTIVITY 1: Clinical Master Trainer/ARV Site Support (CMT) was designed to provide a sustainable training capacity for integrated, high-quality HIV/AIDS treatment at public sector ARV sites in Botswana. It consists of on-site and centralized training and support activities, focusing on the development and training of site-level Master Trainers who in turn will provide training to health professionals at their respective sites. By end of FY06, CMT will have assessed 16 sites, initially supported and followed up with 10 sites, assessed and supported/upgraded 10 clinics to prescription and dispensing level, and trained 1200 health workers to deliver ARV services.

These numbers include the Infectious Disease Care Clinic (IDCC) and satellite clinics, as well as the 11 ARV sites where we will have an on-site presence for an estimated 24% of the fiscal year period. By the end of FY06, all sites and satellite clinics will be reached and provided staff training. 16 satellite clinics will be upgraded and set up as full prescribing stand-alone facilities. More than 800 health workers will be provided short-term trainings (KITSO for Lower Cadres, and KITSO ACCF) and in-service lectures on HIV and OIs. BHP master trainer program in collaboration with WHO and MOH spearheaded the adaptation and piloting of the Integrated Management of Adults and Adolescent Illnesses (IMAAI) modules to be in line with the national roll out for drug dispensing by nurses and implemented telephone site support, with CMT receiving more than 200 calls per month on different issues on HIV care.

In FY07, the remaining ARV sites will receive the full package of training and support. This includes 1) a needs assessment, 2) on-site practical support, 3) centralized classroom and attachment training at site IDCC, 4) immediate on-site support, and 5) quarterly follow-up visits. A total of 32 core team site-level Master Trainers will be trained and will supervise care and treatment at their sites.

Harvard will expand its clinical support to ARV sites in FY07 through these activities:
1. Development and implementation of strategies to improve, integrate, monitor and evaluate services and programs at ARV sites, and to increase capacity through improved integration of programs. This includes training of the CMT's on QAI and implementation of QA activities in collaboration with I-TECH at the ARV site level;

2. Telephone Site Support for HIV/AIDS Management to enable clinical and pharmacy staff at all 32 ARV sites to obtain advice on difficult cases, etc. from core Master Trainers and other BHP staff by toll free phone to ensure the best, quickest, and most efficient care and treatment possible;

3. Training of nurses in collaboration with MASA, clinical core teams to train the nursing cadre at their sites to start prescribing and dispensing for non-complicated first line therapy;

4. Development of educational tools for ARV sites, including a clinic reference manual and CD ROMs;

5. Provision, in addition to activities 1-4, by the Pharmacy Master Trainers (PMT) of training on Supply Chain Management, Rational Drug Use, logistics, dispensing techniques, and monitoring of toxicities for all 32 sites, and provide on–site support to 20 ARV dispensing units. The PMT will also collaborate with Central Medical Stores on forecasting, quantification, ordering and delivery of ARV drugs to the newly dispensing satellite clinics, monitoring and evaluation and developing/updating existing training manuals; and 6)

increasing the pediatric effort by bridging efforts on testing and diagnosis of children under 5 years.

ACTIVITY 2: The Laboratory Master Trainer (LMT) has been instrumental in the decentralization of CD4 and viral load (VL) testing (infrastructure funded by ACHAP and BOTUSA). CD4 services were decentralized to 12 laboratories in FY06. Unfortunately, VL testing was delayed due to machinery incompatibility, electrical power insufficiency, and delays in equipment delivery. A total of 25 laboratory technicians were trained on CD4 systems and 6 on VL to date. Decentralization, set up, and training support for VL testing will resume during the remainder of FY06.

In FY07, the Laboratory Master Trainer/Site Support Program will continue to support the established CD4, VL decentralized and expanded labs from FY06 and add hematology, chemistry, and microbiology re-training and support. By the end of FY07, all laboratory technicians from the 12 decentralized laboratories will have been fully trained in CD4 and VL, re-trained in hematology, chemistry, and microbiology, and all 12 labs should be fully functional. Attachment training at the Botswana-Harvard HIV Reference Lab, site support, telephone site support, and capacity building through development of site-level laboratory master trainers will continue. An estimated 30 technicians, including 6 from the private sector via the Private-Public Partnership, will be trained. The LMT, in collaboration with MOH and BOTUSA, will formalize the training manuals on CD4, VL, hematology, chemistry and microbiology, including TB, and the LMT will train using the expanded manual during all training efforts listed above. Additionally they will provide training on lab data management, reagent logistics, and quality assurance in FY07.

ACTIVITY 3: Establishment of a Monitoring and Evaluation (M&E) Unit within the National ARV (MASA) Program to develop standardized paper-based and electronic monitoring systems to track ARV patients, including clinical, laboratory, and pharmaceutical monitoring systems. This will include development of indicators and data capture instruments, harmonization of indicators, development of data flow mechanisms including reporting guidelines and instruments, reporting schedules, and routine feedback documents to the sites.

Recently, a data server was purchased and installed within the MOH. Ten data entry clerks were hired in April 2006 and are presently deployed at ART sites to enter manual data from files into the electronic system, and update the ARV data at all 32 sites. A data manager understudy has been hired. Staff at the ART sites will be trained on the new data capture instruments, indicators, quality and flow. A consultant will be brought in to assist in setting up the data warehouse, and working on integration and security issues.

Activities for FY07 will continue in line with the MOH vision of developing a viable and sustainable monitoring system for the ARV program. The existing Masa application will be evaluated and updated to serve the increasing numbers of patients who will come into the system. Additional software required for front-end users of the server will be purchased. Relevant staff at ART sites will be provided with refresher training on data management issues and monitoring and evaluation. Site visits will be continued to monitor data quality and data activities at the sites.

Emphasis Areas	**% Of Effort**
Local Organization Capacity Development	10 - 50
Needs Assessment	10 - 50
Quality Assurance, Quality Improvement 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		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Indirect Targets

Number of individuals receiving antiretroviral therapy by the end of the reporting period=6,000

Target Populations:

Doctors
Nurses
Pharmacists
National AIDS control program staff
People living with HIV/AIDS
Policy makers
Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Other Health Care Worker
Doctors
Laboratory workers
Nurses
Pharmacists
Other Health Care Workers
HIV positive infants (0-4 years)
HIV positive children (5 - 14 years)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10227
Planned Funds: $ 100,000.00

Activity Narrative: 07-T1113: Rollout of Early Infant Diagnosis-Training.

This activity has USG Team Botswana Internal Reference Number T1113. This activity links to the following: C0613 & C0615 & P0101 & T1101 & T1107 & T1108 & T1109 & T1114 & T1119 & X1301.

In FY07 the roll out of early infant diagnosis of HIV will continue activities begun in FY06. Until recently, most HIV-exposed infants who received services through the government PMTCT program were routinely tested for HIV at 18 months, when an ELISA or rapid HIV test could be reliably performed. Infants who were ill enough to be seen by a pediatrician could be diagnosed earlier if a pediatrician ordered a DNA PCR, as the capability to do phlebotomy and DNA PCR tests does exist in Gaborone.

However, early diagnosis of HIV in infants before they become ill is pivotal for a number of reasons. For HIV-infected infants, early diagnosis makes possible early treatment with ARVs and other therapy for HIV-infected infants; For HIV-negative infants who are being breastfed by HIV-positive mothers, early diagnosis allows an earlier switch to replacement feeding, before the infant acquires HIV. Further, for all HIV-negative infants, early exclusion of HIV infection eases the emotional burden on the mother, and may allow for easier bonding between mother and infant. Finally, for the PMTCT program as a whole, early diagnosis facilitates tracking of program success.

From June – December 2005, a pilot program was conducted to determine if HIV-exposed infants could be routinely screened by nursing staff in public health facilities for HIV using a DBS methodology and DNA PCR test at the age of six weeks.

In the pilot, blood samples were collected by heel stick and placed on filter paper to create a dried blood spot. The pilot evaluation assessed feasibility, quality of results, and cost of the methods employed. In addition, it identified challenges and lessons learned for the implementation of a national early infant diagnosis system. During the six-month period, 1,917 HIV-exposed infants were tested, and 6.7% of the infants were found to be infected with HIV. Operationally, the DBS methodology worked well, was acceptable to staff and mothers, and tests were performed accurately and efficiently in the lab. Based on this successful pilot, a national rollout of early infant diagnosis using DBS and DNA PCR testing was recommended, and started in FY06.

In FY07, work will continue to complete rollout by increasing the capacity of all doctors and nurses throughout the country to make DBS from heelstick blood. In collaboration with the National Health Laboratories, more laboratory technicians will also be trained to perform DNA PCR tests in order to cope with increased demand. All HIV-exposed children attending postnatal clinics will be tested at 6 weeks or during their first postnatal visit. The mothers will be advised to come for the results after two weeks. The child's HIV exposure status will be put on the child's "under-five clinic card" at delivery to help identify and track HIV-exposed infants. Older infants under 18 months of age will be tested using a rapid HIV test and if positive will then have blood collected for PCR testing. This will save money because if the large disparity in testing methodologies.

The second component of this project will be to strengthen supervision of the roll out. PMTCT focal persons and laboratory personnel at the District Health Team (DHT) will conduct supervisory support visits to the antenatal consultation (ANC) clinics to ensure that clinic staff perform DBS collection according to set standards, and that HIV-positive infants are referred for treatment in a timely fashion. Likewise, PMTCT personnel will also carry out regular supervisory visits to the districts.

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

Targets

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

Target Populations:

HIV/AIDS-affected families
Policy makers
Caregivers (of OVC and PLWHAs)
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: PRM
Prime Partner: United Nations High Commissioner for Refugees
USG Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10229
Planned Funds: $ 200,000.00

Activity Narrative: 07-T1118: UNHCR.

This activity has USG Team Botswana Internal Reference Number T1118. This activity links to the following: C0613 & P0101.

The United Nations High Commission for Refugees (UNHCR) program in Botswana continues to provide international protection and material assistance to 2,497 refugees and 616 asylum seekers (June, 2006). The Botswana Red Cross Society (BRCS) is the UNHCR Implementing Partner (IP) in charge of management of food distribution, community service activities, sanitation, medical referrals, home-based care, and community health in the Dukwi Refugee Camp. The camp currently hosts refugees of 17 nationalities, including individuals from Namibia (1,000), Angola (547), Somalia (500), 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.

HIV prevention in the camp is critically important, but difficult. Given their difficult circumstances, many refugees are at high risk for HIV infection. However, many of the refugees come from countries where issues such as sex, condom use, and sexually transmitted infections (STIs), including HIV/AIDS, are rarely discussed. Diverse beliefs and practices make it difficult for refugees to easily embrace the HIV/AIDS prevention, care, and support messages that UNHCR and BRCS promote in the camp. Cultural and language diversity as well as different literacy levels have to be taken into account when deciding on the development of IEC materials and modes of information dissemination within the camp. To that end, various visual / oral methods must be employed, e.g., dramas, debates, video shows.

This project is a continuation of the 2006 EP Project. To ensure the lasting impact of the activities initiated in 2006, the same objectives and activities will be maintained. The objectives are:

- To provide continuous activities to prevent and reduce the spread of HIV infection in the camp by supporting behavior change initiatives, particularly targeting youth.
- To ensure improved welfare of refugees by improving access to and utilization of HIV/AIDS services and by empowering the community with ongoing basic health education.
- To strengthen the quality of service provision and care for PLWHA and those affected by the epidemic.
- To support the camp clinic and community capacity to support PMTCT and ARV therapy for refugees and nationals.

The activities under this proposal will benefit 3,113 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.
UNHCR, in collaboration with BRCS, will continue coordinating the implementation process in consultation with other stakeholders, including the Dukwi Camp Clinic, Tutume District Health Team, and the Bishop of Francistown Office. In addition, a total of 100 peer educator volunteers and 10 home based care facilitators from the refugee community will continue assisting with the implementation of project activities in cooperation with other community groups such as Men, Sex and AIDS, Peace Messengers, Girls' Guides, Rangers, Sports groups, and schools.

In 2007, the USG will continue to support the salaries of an HIV/AIDS coordinator and community services officer who will be based at the Dukwi Refugee Camp to coordinate UNHCR's planned HIV/AIDS activities. The HIV/AIDS coordinator will work closely with BRCS to implement and coordinate HIV/AIDS care and treatment activities at the refugee camp.

Emphasis Areas	% Of Effort
Human Resources	51 - 100

Targets

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

Indirect Targets

Number of service outlets providing antiretroviral therapy (includes PMTCT+ sites)=3
Number of individuals who ever received antiretroviral therapy by the end of the reporting period (includes PMTCT+ sites)=150
Number of individuals receiving antiretroviral therapy at the end of the reporting period (includes PMTCT+ sites)=132

Target Populations:

Adults

Refugees/internally displaced persons

Children and youth (non-OVC)

Coverage Areas

Central

Table 3.3.11: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10230
Planned Funds: $ 200,000.00
Activity Narrative: 07-T1119: Supply Chain Mgt System (SCMS)-supplies for early infant diagnosis.

This activity has USG Team Botswana Internal Reference Number T1119. This activity links to the following: T1113 & T1114.

Procurement of laboratory supplies, reagents, and equipment is done through MOH's CMS. Gaps in the system result in delayed receipt of the laboratory equipment, reagents, and supplies at the end point.

In FY06 the nationwide rollout of early infant diagnosis began; in FY07 EP will continue this support to the program by procuring laboratory supplies, reagents, and equipment for the PMTCT program. These commodities will be procured in accordance with the GOB national protocols, and USG rules and regulations. About 5,000 infant diagnostic DNA PCR kits will be purchased to support the early infant diagnosis roll out as well as equipment for the second laboratory set up in Francistown.

To support these activities, SCMS will set up an in country supply chain management team that will be funded initially by SCMS core funds. A portion of EP funds will be used to continue supporting these positions during FY07.

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

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	7,000	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	14,967	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	10,008	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	ITECH GHAI
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10232
Planned Funds:	$ 50,000.00

Activity Narrative: 07-T1120: UPENN.

This activity links to the following: C0613 & C0616 & C0703 & T1111.

The scope and direction of the University of Pennsylvania-Botswana program (UPenn) continues to evolve as it enters the 4th year of EP funding. In 2003, UPenn deployed one Botswana-based faculty member at PMH in Gaborone, and now the program has expanded to include the Nyangabgwe Referral Hospital (NRH) in the north. Effective September 1, 2006 UPenn will have 5 medical specialists based in Botswana providing general HIV palliative care and training (3 in Gaborone and 2 in Francistown). In addition, Penn will support 1 physician assigned to PMH totally independent of EP funding whose roll will be to oversee the work of the Penn medical students at PMH.

This has increased Penn's capacity to integrate its contributions into the local health system and more effectively build local healthcare capacity. In addition, UPenn has applied a public health approach to their work by starting a robust outreach program to numerous surrounding district hospitals. Current and proposed sites for FY06 include Lobatse, Ramotswa, Kanye, Molepolole, Mochudi, Tutume, and Masunga. In FY07, using FY06 funds the goal will be to deepen and strengthen activities at each of the current sites rather than adding any new additional activities. The scope of work for the PMH program, the NRH program, and outreach programs follows.

In FY07, UPenn will continue to have 3 specialists staffing the PMH and outreach programs. The plan is to have 1 provider serving as ward specialist at PMH, and 2 providers performing outreach.
Activity 1: PMH
The PMH component will continue to be designed in collaboration with the Superintendent and Assistant Superintendent at PMH, and will include inpatient and outpatient care, training, curriculum development, and didactic teaching. In FY07, outcomes for the PMH program (these numbers include patients seen by the faculty member hired by Penn to work at PMH) include: a) The total annual number of patients provided with clinical, psychosocial, and social palliative care is estimated to be 500. b) We expect to provide care to 150 outpatients newly started on ARV therapy. c) We expect to provide outpatient care to 1,500 outpatients maintained on ARV therapy. Note that many of these HIV infected patients will also be seen by other providers over the course of a year since return visits are not directed to any one physician. Therefore, these are not unique patient visits, but are the total number of patients seen over the course of a year who are on ARV Therapy. d) We expect to provide indirect palliative care to approximately 1,200 HIV patients through interactions with other providers at PMH. e) We expect to provide training to approximately 30 physicians, nurses, and nursing students employed by PMH who round with the PENN specialists during the year. This teaching will be in the form of bedside teaching during daily rounds as well as didactic and interactive conferences.
Outreach Program
The continued goal is for 2 specialists to spend periods of 2 consecutive weeks at each of several locations. The current sites include Kanye, Lobatse, Ramotswe, Mochudi and Molepolole. At outreach sites, Penn specialists will be involved in inpatient consultations, outpatient consultations, one-on-one mentoring of health care providers, and classroom lectures. UPenn expects to provide consultation and direct palliative care to approximately 500 inpatients without active TB, 150 inpatients with active TB, and 2,000 outpatients who were previously started on ARV Therapy.
Educational Programs at PMH
UPENN specialists teach at 4 weekly conferences at PMH, including daily (Mon-Fri) intake reports, a weekly didactic conference on a topic related to inpatient care, a weekly clinical conference, and an HIV journal club that sponsored jointly with the Baylor group. The targets for these teaching conferences are the interns and medical officers assigned to PMH. In addition, research personnel from Harvard, Penn, and Baylor programs are encouraged to attend the weekly journal club. This program is ongoing. We expect to provide education through these teaching conferences to 50 individuals attending sessions at PMH over the course of the year and 100 individuals at outreach sites.
CME Lectures in Gaborone
UPenn specialists will provide continuing education lectures for physicians, nurses, pharmacists, and other health care providers in the Gaborone area. These will occur every 3-4 months over the course of the year. We expect to provide education through these

teaching conferences to 20 or more providers attending each of these sessions.

Implementation of the National Guidelines for HIV-related Palliative Care
UPenn specialists will help implement guidelines for the palliative care of PLWHA. UPenn physicians will continue to collaborate with the palliative care unit at the MOH as well as continue to participate in the roll out of the palliative care guidelines. We expect to continue to participate in implementing guidelines for palliative care throughout the year.

The UPenn program in Francistown began in November 2005. In FY07, we will continue to have 2 UPenn Specialists working in Francistown. The 2 specialists will divide their time equally between NRH and outreach.
Activity 2: NRH
The NRH component will be designed in collaboration with the hospital Superintendent, and will include inpatient and outpatient care, training, curriculum development and didactic teaching. FY07 outcomes at NRH include: 1) Provision of clinical, psychosocial, and social palliative care to about 600 HIV inpatients (non-TB) at NRH, 2) provision of care to 180 outpatients newly started on ARV therapy, 3) provision of outpatient care to 1,000 outpatients maintained on ARV therapy, 4) provision of indirect palliative care to approximately 1,000 HIV patients through interactions with other providers at NRH, and 5) provision of training to approximately 20 physicians, nurses, and nursing students employed by NRH who round with the UPenn specialists during the year. This teaching will be in the form of bedside teaching during daily rounds.
Note that many of the patients in #3 above will also be seen by other providers over the course of a year since return visits are not directed to any one physician. Therefore, these are not unique patient visits, but are the total number of patients seen over the course of a year who are on ARV therapy.
Outreach Program
The goal is for 1 specialist to spend periods of 2 consecutive weeks at each of several locations including Tutume and Masunga. At outreach sites, the UPenn specialist will be involved in the following: 1) inpatient consultations, 2) outpatient consultations, 3) one-on-one mentoring, and classroom lectures, and 4) phone consultation to physicians in the area. UPenn will provide direct consultation and palliative care for approximately 200 inpatients without active TB, 70 inpatients with active TB, and 1,000 outpatients who were previously started on ARV therapy. They will provide phone consultation to advise on care of approximately 300 patients during the fiscal year.
Educational Programs at NRH
Penn providers will continue to direct intake rounds Monday through Friday each week, which serves as one of the main teaching conferences for the interns and medical officers. UPenn staff will continue to organize both a weekly didactic lecture series and HIV conferences for interns, medical officers, and other healthcare providers at NRH. They will provide education through these teaching conferences to 20 individuals attending sessions at NRH over the course of the year, and 40 individuals at outreach sites.

Implementation of the National Guidelines for HIV-related Palliative Care
UPENN specialist will help implement guidelines for palliative care of PLWHA at NGH as described above.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Policy and Guidelines	10 - 50
Training	51 - 100

Targets

Target	Target Value	Not Applicable
Number of service outlets providing antiretroviral therapy	2	☐
Number of individuals who ever received antiretroviral therapy by the end of the reporting period	350	☐
Number of individuals receiving antiretroviral therapy by the end of the reporting period	510	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	230	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards	160	☐

Indirect Targets

Number of individuals who ever received antiretroviral therapy by the end of the reporting period=2841
Number of individuals receiving antiretroviral therapy by the end of the reporting period=2500

Target Populations:

Doctors
Nurses
Pharmacists
People living with HIV/AIDS
Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas

North-East

South-East

Table 3.3.11: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 10234
Planned Funds: $ 50,000.00
Activity Narrative: 07-T1190-HQ: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number T1190 (HQ).

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism:	Local Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11
Activity ID:	10235
Planned Funds:	$ 400,000.00
Activity Narrative:	07-T1190-P: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number T1190 (post).

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and projects, including work with the Government of Botswana. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement 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		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period		☑
Number of individuals newly initiating antiretroviral therapy during the reporting period		☑
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: PCI CoAg
Prime Partner: Project Concern International
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 12304
Planned Funds: $ 600,000.00

Activity Narrative: In Botswana, over 14,000 (UNAIDS 2006) children under the age of 15 are HIV positive, but relatively few have access to adequate care, support and treatment services. Challenges to the care and treatment of infants and children with HIV/AIDS include: not readily accessible pediatric ARV formulations; limited testing technology; insufficient screening of infants and children; lack of holistic, integrated care for children; limited clinical expertise in pediatric HIV&AIDS; and insufficient guardian care and support in the home. These are further complicated and challenged by the constraints that also exist with adult ART distribution and adherence.

PCI and key technical partner BroadReach Healthcare will design and implement a project that will support and strengthen existing programs that address pediatric ART-related issues, in collaboration with the MOH and other key stakeholders. This project will improve ART uptake and adherence in HIV positive infants and children through a program of linkages, coordination and referral built upon a foundation of capacity building for clinicians and civil society regarding pediatric ART delivery and support. The project will enhance care and treatment for HIV positive infants/children; engage caretakers and caregivers of PLHA and OVC with the knowledge and skills necessary to support optimal treatment for HIV-positive infants and children; increase the availability of child/infant-appropriate HIV testing; enhance case finding and referral to appropriate care and treatment services for children; and maximize PMTCT interventions. This initiative will provide a useful framework for replication throughout Botswana. Key elements include:
1. Coordination and collaboration with key resource groups.
2. Improving screening and identification of HIV infected children through:
a. Engagement of CSOs (traditional authority structures, local NGOs, FBOs, PLHA associations, etc.) and networks of CSOs that provide care and support to infants and children, including OVC and PMTCT programs.
b. Establishment of effective referral systems and linkages with and between key programs, health sector divisions (e.g., Clinics and Hospitals, PMTCT, Immunization, Maternal Child Health, OVC, Inpatient and Outpatient Services, Private health providers, School Health Initiatives and the Masa ART program) and resources and participation in advocacy efforts designed to increase the profile and attention paid to pediatric ART issues.
c. Improving data management, record keeping and monitoring of patients once captured in the system by using appropriate paper-based and electronic formats to enhance existing MOH (responsible for hospitals) and Ministry of Local Government (responsible for clinics) systems.
3. Improving diagnostic capacity and capabilities by supporting the decentralization of infant PCR as well as CD4 technology and innovative techniques such as dried blood spot to allow for more rapid and efficient screening, identification and staging of children.
4. Building the capacity of proxy care givers (e.g., grandmothers, CSOs, community/home based care or OVC outreach workers) by providing training on pediatric ART issues and concerns, including ART adherence, adapting existing training courses. In collaboration with its technical partners, PCI will develop a comprehensive approach to training and supportive supervision for pediatric HIV/AIDS care and treatment at the community level, focusing on building the capacity of families/caregivers to recognize problems, provide proper treatment in the home, and know when to refer children to the clinic. Technical assistance in pediatric HIV monitoring and evaluation will be provided to CSOs and ongoing support for needs-based continuing education and technical updates will be included.
5. Exploration, with the MOH and leading medical and nursing training programs, of ways of incorporating pediatric ART issues into ongoing pre-service curricula so that medical and nursing students coming out of their preparatory or residency phases of education are better prepared to address this critical health care need.
6. Working with the Drug Regulatory Unit (DRU) to proactively accelerate streamline processes such as registration of new pediatric formulations and fostering collaboration with selected pharmaceutical companies working on making ART and related procedures and processes as infant/child-friendly as possible.
7. Utilization of a "positive deviance" approach to identify children who are doing well on ART, and/or ART sites which do particularly well with children; learn from that positive experience; and bring that learning to scale through the incorporation of lessons into behavior change communication, counseling, outreach and support strategies and materials.

Through a process of planning and implementation, PCI will foster the engagement and support of key stakeholders, as well as continuous quality improvement through performance monitoring, reflection and learning. PCI will complete the following steps:
1. A detailed assessment and mapping process will be carried out to determine specific needs and opportunities, challenges and resources that will need to be taken into consideration during design and implementation of the project. In close coordination with the USG PEPFAR team, pediatric ART focus sites and target areas will be determined.
2. Assessments of organizational and technical/programmatic strengths and needs will be conducted with partner CSOs and target clinicians. Training strategies and modules will be developed and/or adapted and provided to target clinicians and CSO outreach workers on pediatric ART and adherence-related issues. Training will be topic specific and in-depth, but integrated into ongoing and existing training for ART delivery and adherence, OVC, PPTCT or other related subjects and areas of programming.
3. CSOs and clinicians will be supported to incorporate pediatric ART-adherence counseling into their routine outreach or clinical service delivery work, and selected CSOs will be provided with mini-grants to support their pediatric ART specific activities.
4. PCI will develop a nutrition-for-ART training module designed for pediatric application based on its experience in Zambia and other available information.
5. PCI, in collaboration with its partners and the MOH, will conduct national advocacy workshops on pediatric HIV/AIDS care and treatment designed to share lessons learned, best/promising practices and tools/resources available. Facilitation of collaborative planning for bringing quality pediatric ART services to scale will be provided by PCI.

Partnership
PCI will work in close coordination with key technical partner, BroadReach Healthcare. BroadReach brings a wealth of experience and technical expertise in the area of HIV/AIDS, particularly with ART program development, implementation, and management in different countries. In Botswana, BroadReach was directly responsible for developing and managing the Masa Program. BroadReach is known for successfully applying innovative private sector approaches to public sector challenges. Committed to the community-based model of care, BroadReach works closely with local community-based community support organizations (including local churches, home based care programs, PLWHA support groups, and small businesses) to ensure the community itself is supporting those on treatment through treatment literacy and education sessions, adherence support, home-based visits, patient uptake programs, and support group counseling sessions. During the assessment and project design phase, the complementary roles of PCI and BroadReach and their respective geographic coverage will be further defined.

Emphasis Areas	**% Of Effort**
Development of Network/Linkages/Referral Systems	51 - 100
Needs Assessment	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
Number of service outlets providing antiretroviral therapy		☑
Number of individuals who ever received antiretroviral therapy by the end of the reporting period		☑
Number of individuals receiving antiretroviral therapy by the end of the reporting period	150	☐
Number of individuals newly initiating antiretroviral therapy during the reporting period	150	☐
Total number of health workers trained to deliver ART services, according to national and/or international standards		☑

Target Populations:

HIV positive infants (0-4 years)

HIV positive children (5 - 14 years)

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.11: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 14648
Planned Funds: $ 250,000.00
Activity Narrative: The funding Mechanism will change to 5281, and the New Prime Partner will be Ministry of Helath. It has become apparent that it is anapropriate to award this activity as an individual activity through the gap 6 mechanism. The same activity can be conducted more efficiently, quickly and intergrated if the funds are directed to the Ministry of Health PMTCT Program and then contracted out to a local consultancy firm.

Table 3.3.12: Program Planning Overview

Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12

Total Planned Funding for Program Area: $ 5,107,208.00

Program Area Context:

The public laboratory network in Botswana is a referral system with 31 government labs, 3 mission hospital labs, and 3 private sector labs in the mines. GOB labs include 3 clinic labs, 16 primary hospital labs, 6 district hospital labs, 1 national health lab, 2 referral hospital labs, and 3 reference labs. In addition, there are 15 other private sector labs as well as about 35 VCT center labs.

In order to implement Botswana's National Strategic Plan GOB must strengthen its laboratory systems--develop and implement a quality assurance (QA) program, improve lab infrastructure, develop systems for equipment procurement and maintenance, and procure reagents and lab supplies. Efforts to improve lab services became all the more important when Botswana introduced HAART on a national scale in January 2002.

Services, referral and linkages
The USG has 6 main objectives in supporting laboratory improvements:
1.Increase the number of labs that can provide CD4 and viral load (VL) testing, and modify the guidelines to improve the feasibility and sustainability of monitoring ART patients.
2.Improve laboratory infrastructure.
3.Develop a QA program.
4.Expand early infant polymerase chain reaction (PCR) testing on dried blood spots.
5.Improve overall human capacity for laboratory.
6.Develop a system for equipment procurement and maintenance, as well as reagents and laboratory supplies.

1. Monitoring ART Patients: Botswana, with the help of partners such as Bristol-Myers Squibb, African Comprehensive HIV/AIDS Partnerships (ACHAP), HHS/CDC and the Harvard AIDS Institute, has been able to establish 2 reference labs with CD4 and viral load capability. However, monitoring patients under treatment is a challenge due to excessively frequent monitoring, the long turn-around time, and the backlog of samples at both these labs. In FY05 and FY06, support to increase the capacity of the 2 reference labs, equipment and staff were provided, and additional sites were created. Since then, turnaround time has improved slightly, allowing an increase in enrolment of new patients in the ARV program.
Quarterly VL testing has generated high costs for reagents and for the associated training and infrastructure. For this reason, revision of the guidelines for laboratory monitoring of patients on ARV therapy is critical, and will be addressed in FY07. We anticipate that recommended frequency of routine VL monitoring will be reduced from 4 tests per patient per year to 1 test per patient per year. This will reduce sample numbers, allowing labs to keep up with demands, and in turn reduce the turn-around time and total laboratory costs. Discussions are also ongoing about possibly reducing the frequency of CD4 counts that could also reduce the number of samples labs receive.
In the meantime, there is an urgent need to continue the decentralization of VL testing to 3 additional sites. Enrollment of patients into the national ARV program has been delayed because of long turn-around times, which vary from 1 to 3 months. Over several years, CD4 testing has been expanded to 20 additional sites and has reached most areas of the country. In FY07 it will be expanded to reach 1 additional site. In addition, CD4 testing will be piloted in 2 Tebelopele VCT centers in order to provide effective palliative care to VCT clients who test positive and to assist with the decongestion of the district hospital IDCCs.
2. Improve laboratory infrastructure. Improving Botswana's laboratory infrastructure and strengthening the national QA program is vital to ensuring long-term sustainability. The district and primary hospital labs were built to receive small volumes of laboratory samples. However, with the addition of HIV-related laboratory tests (CD4, VL, infant diagnostic, HIV serology and rapid HIV tests) and the high volume of samples for other laboratory tests (hematology, chemistry, TB) have drastically increased the workload. Space and equipment at labs are inadequate to perform the testing. In FY05 and FY06 five sites were renovated and equipment and supplies were provided to district and primary hospital labs. In FY07,

additional permanent infrastructure development will continue through construction.
3. Quality Assurance Program. Since 2001 the USG team has worked closely with the MOH to develop a quality assurance program, a national policy addressing laboratory testing, and the HIV rapid test policy. Several workshops on documentation were organized; standard operating procedures (SOPs) were written; and a quality assurance manual was developed to implement the program. FY05 and FY06 funds strengthened the quality assurance program in the country by enrolling the existing reference labs in an External Quality Assurance and Proficiency Panel testing, as well as setting up a National Quality Assurance Laboratory to support the National Quality Assurance System (NEQAS).

FY07 funds will be used to enroll 3 reference labs in an accreditation process. The process will include laboratory assessments by the accreditation board, and preparation for the 2 to 3 year accreditation process.

The government of Botswana has adopted routine HIV testing nationwide. A training manual for rapid HIV testing was developed in FY05 and FY06, and training of 35 master trainers was organized in FY06. In FY07, 200 to 300 lay counselors will be trained (all lay counselors in the VCT centers, TB, and PMTCT programs, and laboratory technicians). A quality control system for rapid HIV testing will also be developed and implemented.
4. Early infant PCR testing. A major focus of the PMTCT program is to reduce transmission of HIV to neonates. In 2005, early infant diagnostic testing was piloted in 2005 by USG and MOH using Dried Blood Spot (DBS) PCR. Training was conducted for sample collection, and a laboratory technician was sent to CDC/Atlanta to be trained in DBS - PCR. At present, only one laboratory (has the capacity to perform the test. In FY06 and FY07, early infant diagnosis using DBS is being rolled out to all of the health care facilities in Botswana.

In FY07, a second laboratory with the capability of conducting dried blood spot PCR will be set up in Francistown to cover the northern part of the country. In addition, labsthe two labs will be enrolled in the CDC External Quality Assurance and Proficiency Testing.
5. Improve human capacity. An ongoing challenge for the GOB is a severe shortage of qualified laboratory personnel. Botswana's Institute of Health and Science (IHS) has a three-year diploma program, and is able to train 15 students every 3 years. More than 50% of lab technicians in Botswana are foreigners, and the average number of lab staff is 3 per laboratory. This is low relative to the needs of the labs in the ARV program. In FY07, additional teaching staff and laboratory technicians to support laboratory training will be provided to strengthen the IHS. In addition, laboratory technicians will be hired to increase the capacity at the labs in Francistown, Gabarone, and the National Quality Assurance Lab.
6. Equipment procurement and maintenance. Procurement of laboratory supply, reagents, and equipment is done through the Central Medical Store (CMS). CMS is a government structure responsible for the procurement of all government supplies for offices, labs, and ARV drugs. The procurement and distribution is slow, often not responsive to the end user, and the process is error-prone. Storage of reagents is a concern, as most facilities do not have cold rooms.

FY07 funds will be used to assess, develop, and improve the supply chain management at CMS and the National Health Laboratory with the assistance of the Supply Chain Management System. A warehouse with a cold room will be provided to support the Botswana National Health Laboratory (NHL) to ensure that laboratory supplies are kept in good condition.

Program Area Target:

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
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	14
Number of individuals trained in the provision of laboratory-related activities	352

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	9807
Planned Funds:	$ 700,000.00

Activity Narrative: 07-T1201: Ministry of Health.

This activity has USG Team Botswana Internal Reference Number T1201. This activity links to the following: C0705 & C0706 & C0901 & C0902 & C0910 & T1110 & T1111 & T1112 & T1204 & T1205 & T1206.

Activity1: Decentralization of CD4 and VL
In FY05 and FY06 the MOH, with the support of ACHAP and EP, decentralized CD4 count testing to a total of 20 laboratories in Botswana. In FY06, VLtesting was decentralized with 2 additional district laboratories bringing the total number of laboratories doing VL testing to four. However, as more patients are enrolled in the ARV treatment program, the demand for VL testing also increases, thus compromising the turn around time. Efforts to decentralize VL testing will continue in FY07. Three additional sites will be developed to perform VL, bringing the total number of laboratories to 7. Also, one additional site will be equipped with a CD4 machine, bringing the total number of CD4 laboratories in the country to 21.

Activity2: QA
To support the QA program in the country, a QA laboratory was established using a porta cabin in FY06. In FY07, these efforts will continue by improving the QA laboratory: the lab will be equipped, and training for 2 staff members will be provided. The QA laboratory will develop QA materials needed to review the monitoring of patients (hematology, chemistry, and microbiology including TB), and will develop national laboratory standards for hematology, chemistry, and CD4. FY07 funds will also support the QA Unit to conduct the annual laboratory assessment. The FY07 budget will help strengthen the QA program by enrolling the new CD4 and VL decentralized laboratories in an external quality control program.

Activity3: Laboratory Information System (LIS)
In FY06, an assessment was conducted to initiate the development of a LIS. In FY07, LIS software will be developed to improve the monitoring and evaluation (M&E) of people receiving ARV treatment. The system will provide annual statistics and strengthen the National Laboratory Program.

In collaboration with the different sections at MOH involved in the ARV treatment program, a field assessment of the laboratories will be conducted in FY07 by the NHL staff. The information needs will be identified, and software will be developed. Training in the LIS and computers will be provided to the laboratories. A network system will also be considered to facilitate communication between the district and primary hospital laboratories and the NHL.

Activity 4: Rapid HIV test training and procurement rapid HIV test Kit
In FY06, 30,000 rapid HIV test kits were provided to support RHT in Botswana. A rapid test training manual was developed, and training for rapid HIV test was conducted for nurses, lay counselors, midwives, and lab techs. In FY07, we will continue supporting RHT. Rapid HIV testing continues to play a key role in identifying HIV infected individuals at VCT centers and other testing facilities. An estimated 210,000 HIV tests are expected to be performed in public health facilities through RHT each year. More than 120,000 people are tested annually through the Tebelopele and other NGO VCT centers.

Scale up of rapid HIV test training for nurses, lay counselors, midwives, and lab techs will be critical to meet these needs. With the introduction of RHT, rapid testing is often performed by non-laboratory personal. In order to ensure the accuracy and quality of the result, training for nurses, lay counselors, midwives, and lab techs will continue during FY07 in all clinics, VCT centers, and hospitals. In addition, a quality control system will be developed.

Activity 5: Revision of the National Guidelines for monitoring VL and CD4
WHO recommends a minimum frequency of laboratory tests for monitoring in resource-limited settings, including CD4 testing at entry into care, at initiation of first-line or second-line ARV regimen, and every six months. VL measurement is not recommended for decision-making on the initiation or regular monitoring of ARV therapy in resource-limited settings. However, the guidelines in Botswana recommend the use of VL

and CD4 count testing of the patient under ARV treatment every three months. In FY07, we will perform an analysis of existing data to determine the usefulness of VL testing in monitoring patients. Workshops will be organized with clinicians and all sectors involved in the monitoring of patients on ARV therapy. Based on the outcome of the workshops and the data analysis, guidelines for laboratory monitoring of patients will be proposed.

Continued Associated Activity Information

Activity ID: 4462
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 2,400,000.00

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

Targets

Target	**Target Value**	**Not Applicable**
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	☐
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	7	☐
Number of individuals trained in the provision of laboratory-related activities	320	☐

Indirect Targets

Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests CD4 = 25

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 = 210,000

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)
Laboratory workers
Laboratory 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: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 9828
Planned Funds: $ 300,000.00
Activity Narrative: 07-T1204: Botswana Defense Force Lab.

This activity has USG Team Botswana Internal Reference Number T1204. This activity links to the following: C0905 & T1110 & T1201.

The Botswana Defense Force (BDF) offers care, treatment, and monitoring to its personnel and the family of personnel, as well as people living around the different camps. In FY06 a prefab lab was built in Francistown to support the ARV treatment program. There is a desperate need to strengthen the existing labs, the QA program, and provide additional equipment and training.

QA and training
FY07 funds are requested to support the enrollment of 3 BDF labs in a QA program, and to provide quality management training to three lab techs. The funds will support annual equipment maintenance for the existing lab equipment, and assist in developing a linkage with the existing mechanism at MOH for equipment maintenance and calibration.

Renovation
In FY06, a porta cabin was provided to the Francistown BDF clinic to support the ARV treatment monitoring of VL and CD4. Efforts will continue in FY07 by providing one additional porta cabin to strengthen the care and treatment in the BDF camp at Selibe Phikwe. The laboratory will support the satellite clinic at Selibe Phikwe as well as the PMTCT and TB program.

Procurement of reagent and equipment
In FY06, CD4 and VL equipment was provided by US Department of Defense (DOD) to the Francistown laboratory. In FY07, additional equipment for hematology and chemistry, as well as laboratory supplies will be provided to the laboratories in Francistown and Selibe Pikwe. A prefab lab with adequate equipment will be needed to strengthen the care and treatment in the BDF camp at Selibe Phikwe. Reagents for CD4 and VL will also be provided to support the ARV treatment program. FY07 funds will help develop a laboratory information and management network system to strengthen the monitoring system of the patients under ARVs in the different BDF ARV clinics and laboratories.

Continued Associated Activity Information

Activity ID: 4990
USG Agency: Department of Defense
Prime Partner: Botswana Defence Force
Mechanism: ODC/BDF
Funding Source: GHAI
Planned Funds: $ 100,000.00

Emphasis Areas	% Of Effort
Infrastructure	51 - 100
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	4	☐
Number of individuals trained in the provision of laboratory-related activities	12	☐

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
People living with HIV/AIDS
Laboratory workers

Coverage Areas

North-East

Table 3.3.12: Activities by Funding Mechanism

Mechanism: contract
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10258
Planned Funds: $ 1,085,227.00
Activity Narrative: 07-T1202: RPSO-Ministry of Health Laboratory Infrastructure.

This activity has USG Team Botswana Internal Reference Number T1202. This activity links to the following: T1111 & T1112.

Laboratory services within the MOH have been faced with many challenges. District and primary hospital laboratories were built to perform small volumes of laboratory testing samples. With the addition of HIV-related laboratory tests, (i.e., CD4, VL, infant diagnostic, HIV serology, and rapid HIV test) and the high volume of samples for other laboratory tests (hematology, chemistry, and TB) due to HIV/AIDS has overwhelmed the capacity of the laboratories since the introduction of ARV therapy in the country. There is need for the MOH to take the lead in providing quality laboratory services by improving the laboratory space and the safety of the laboratory staff.

In FY07, the US Department of State's Regional Procurement Support Office (RPSO) will support the renovation of buildings at 3 district hospital laboratories to perform viral load, bringing the total number of laboratories with the capacity to perform the test to 7. In addition, a warehouse for the NHL in Gaborone will be renovated in order to improve the laboratory supply chain.

Emphasis Areas	% Of Effort
Infrastructure	51 - 100

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities		☑

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism:	ITECH GHAI
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12
Activity ID:	10259
Planned Funds:	$ 558,981.00

Activity Narrative: 07-T1203: ITECH – Human Resource Development.

This activity has USG Team Botswana Internal Reference Number T1203. This activity links to the following: T1110.

The International Training and Education Center on HIV (I-TECH) will help recruit staff for 5 MOH laboratories in Gaborone and Francistown, as well as the IHS. There is a desperate need of laboratory technicians (lab techs) in Botswana. Currently there is a three year diploma program at the IHS that only graduates 15 lab techs every three years. An assessment of the laboratory technician program capacity at the IHS concluded that with more instructors, the IHS would be able to provide a double stream of training and double the current number of students graduating after three years. FY07 funds are requested for I-TECH to support the recruitment and hiring of five additional lab tech instructors, and 3 laboratory assistants. This financial support is likely to be expected to continue for the next few years, with future planning intended to explore development of the three-year program into a four-year Laboratory Technician Bachelor's degree at the University of Botswana (UB).

1. Institute for Health Sciences
5 Teachers for Institute of Health Sciences (US $ 120,000)
Annual salary: US $ 24,000 (including benefits)
Justification for position
The teachers will provide lectures in the fields of microbiology, hematology, immunology, chemistry and cytology/histology. They will also be responsible for laboratory training sessions.

3 laboratory assistants for IHS (US $ 36,000)
Annual salary: US $ 12,000 (including benefits)
Justification for position
The laboratory assistants will assist the teacher during the laboratory training sessions; they will also prepare laboratory specimens, mediums, reagents, and supplies for the training sessions.

2. Botswana-Harvard HIV Reference Laboratory
1 laboratory scientist at Botswana Harvard Partnership Laboratory
Annual salary: US $ 36,000 (including benefits)
Justification for position
The laboratory scientist will be in charge of testing infant DBS samples and the QA system in the laboratory for infant DBS. This position will also assist the ARV treatment program by doing CD4 counts, VL, and resistance testing.

3. Jubilee Lab in Francistown
1 laboratory technician at ARV Jubilee Lab in Francistown
Annual salary: US $ 24,000 (including benefits)
Justification for position
The laboratory technician will be in charge of the testing of infant DBS samples and the QA system at the ARV Jubilee Lab in Francistown. This position will also help the staff with different laboratory testing.
4. NQAL
1 laboratory scientist at the NQAL
Annual salary: US $ 36,000 (including benefits)
Justification for position
The laboratory scientist will be in charge of the NQLA. This position will characterize proficiency testing specimens for different HIV laboratory testing to support the NQAS; coordinate and organize training in collaboration with the QA Unit at MOH for lab techs; and will assist laboratories in the annual proficiency testing.

1 laboratory technician at the NQAL
Annual salary: US $ 24,000 (including benefits)
Justification for position
The laboratory technician will be responsible for daily HIV testing in the laboratory, characterization and aliquot of proficiency testing panels for HIV, hepatitis serology, rapid HIV test, and microbiology to support the NQAS in the country.

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

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Training	10 - 50

Targets

Target	**Target Value**	**Not Applicable**
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		☑
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 laboratory-related activities		☑

Indirect Targets

Number of individuals trained in the provision of lab-related activities = 19

Target Populations:

University students

Laboratory workers

Coverage Areas

North-East

South-East

Table 3.3.12: Activities by Funding Mechanism

Mechanism: SCMS
Prime Partner: Partnership for Supply Chain Management
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10260
Planned Funds: $ 1,400,000.00
Activity Narrative: 07-1205: SCMS-Laboratory Procurement.

This activity has USG Team Botswana Internal Reference Number T1205. This activity links to the following: T1201.

Procurement of laboratory supplies, reagents, and equipment is done through MOH's CMS. Gaps in the system result in delayed receipt of the laboratory equipment, reagents, and supplies at the end point.

The main focus of this activity is to provide support to the CMS's laboratory section and the Botswana NHL to ensure that laboratory supplies are in sufficient supply, and moving through a supply chain that will support the scale-up of the ARV treatment program. A warehouse with adequate infrastructure will be put into place, and the SCMS program will facilitate the design of a new laboratory logistics management system to assure good storage and distribution. A cold room will be provided to the NHL for a good cold chain system to ensure the reagents are kept in optimum cold temperature.

Procurement of laboratory supplies, reagents, and equipment for the national ARV treatment program and the extension of the laboratory system will also be done through SCMS. These commodities will be procured in accordance with the GOB national protocols, and USG rules and regulations. To ensure long term sustainability of the intervention, SCMS will assist in improving national capacity through training and skills transfer to NHL staff.

VL, CD4, hematology and chemistry machines will be purchased through SCMS for the decentralized laboratories, the Quality Control laboratory at the NHL, and the early infant diagnostic laboratory in Francistown. Five thousand CD4 and VL kits to support the national ARV treatment program, and about 5,000 infant diagnostic DNA PACR kits will be purchased to support the early infant diagnostic roll out.

Laboratory supplies and equipment (e.g., centrifuges, Biosafety cabinets, and water distillers) will be purchased to strengthen the district and primary hospitals where these commodities are currently not available.

To support these activities, SCMS will set up an in country supply chain management team that will be funded initially by SCMS core funds. A portion of EP funds will be used to continue supporting these positions during FY07.

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

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities		☑

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10262
Planned Funds: $ 50,000.00
Activity Narrative: 07-T1290-HQ Base: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number T1290 (HQ base).

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: HQ GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10263
Planned Funds: $ 250,000.00
Activity Narrative: 07-T1290-HQ GHAI: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number T1290 (HQ GHAI)

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 10264
Planned Funds: $ 100,000.00
Activity Narrative: 07-T1290-P: Technical Expertise and Support.

This activity has USG Team Botswana Internal Reference Number T1290 (post).

This activity covers the salaries and travel for the technical staff in-country. The funds also support the printing of technical materials and other costs associated with providing support for the programs and activities including work with the GOB. Also included are costs related to workshops and participation by the technical staff in domestic, regional, and occasionally international meetings deemed necessary for their work. TDY visits by colleagues based in the US at HHS/CDC headquarters are also supported by this activity.

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, Quality Improvement and Supportive Supervision	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50

Targets

Target	Target Value	Not Applicable
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		☑
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 laboratory-related activities		☑

Target Populations:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Association of Public Health Laboratories
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 12390
Planned Funds: $ 300,000.00
Activity Narrative: The Association of Public Health Laboratories (APHL) has been working on QA/QC with the Quality unit at the Botswana Ministry of Health (MOH). The funds for this activity will:

- provide training on QA/QC for chemistry testing, hematology testing, microbiology testing and HIV testing
- strengthen the National Health Laboratory by preparing proficiency panels for all government, mission, mine and defense force laboratories in the country
- improve distribution and monitoring of all PT testing and provide technical assistance for the quality assurance system
- strengthen the NEQAS and the annual onsite visit assessment and evaluation

APHL, HHS/CDC, MOH and BOTUSA participated collaboratively to establish a five-year plan (2001-2006) to improve the QA system in the country. These funds will also be also used to evaluate the five-year plan and to identify and address any gaps and areas that need strengthening. Funds will also be used for technical assistance to the MOH for expansion of quality assurance of laboratory science via onsite consultations, teleconference participation, study tour opportunities at U.S. public health laboratories and participation in public health workshops outside Botswana.

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

Targets

Target	Target Value	Not Applicable
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		☑
Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	52	☐
Number of individuals trained in the provision of laboratory-related activities	50	☐

Target Populations:

Laboratory workers

Coverage Areas:

National

Table 3.3.12: Activities by Funding Mechanism

Mechanism: NICD/LAB
Prime Partner: National Institute for Communicable Diseases
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 14653
Planned Funds: $ 363,000.00
Activity Narrative: The Funding Mechanism will change to a new # as the funds will be awarded to National Institute for Communicable Diseases (NICD) via CoAg U62/CCU022901. The best mechanism to support the continued laboratory accreditation in Botswana has been found to be the National Institute for Communicable Diseases, South Africa as they are the regional experts in this field and they already have an existing CoAg with HHS/CDC.

Table 3.3.13: Program Planning Overview

Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13

Total Planned Funding for Program Area: $ 3,483,902.00

Program Area Context:

The national response to the HIV/AIDS in Botswana is multi-sectorial and involves many partners. The National AIDS Coordination Agency (NACA) coordinates and monitors/evaluates the response. The United States Government (USG) team in Botswana had the vision to support the Government of Botswana (GOB) over the past years in establishing one national monitoring and evaluation system. The creation of the Botswana HIV/AIDS Response Information Management System (BHRIMS) at NACA has experienced many delays in the implementation due to lack of human resources and challenges with decentralization efforts. While many challenges remain, significant progress has been made. USG has supported the creation of a BHRIMS Informatics Subcommittee that is in the process of designing the national electronic M&E system (eBHRIMS). An InfoAid was initiated with the HHS/CDC Atlanta Public Health Informatics Fellowship Program for assistance in creating an eBHRIMS data model and data dictionary. Once that is complete this group will analyze gaps in functionality between the eBHRIMS prototype and the requirements to determine the feasibility of adding additional functionality (e.g. program/project tracking) to the prototype. The USG supported a national Information Communication Technology (ICT) infrastructure and use of ICT resources assessment by key health officers during FY06. The final report will be disseminated to key stakeholders for use in planning ICT infrastructure upgrades and ICT training prior to full deployment of eBHRIMS.

Another major strategic information challenge in HIV/AIDS response is the existence of multiple data collection and reporting systems within GOB (especially in the MOH where there are various programs). These systems are not integrated and cannot easily share information among them. In addition, since data definitions are not consistent across systems, data from different systems cannot be aggregated easily. Furthermore, some of these systems are proprietary and the users can not easily access data contained in these databases. A national working group has been created to address strategic issues related to integrating health information systems in Botswana. The main objectives of the working group are to develop an HIV data warehouse to integrate patient level data from HIV and TB programs, design and implement a plan for integrating health information and monitoring systems, and define data confidentiality and security strategies, including standards. Entry number T1111 (Harvard Central) will implement this initiative in FY07 using the Integrated Patient Management System (IPMS) and Patient Information Management System (PIMS) datasets as a start-up. Lessons obtained from this initiative will guide a national HIV data warehouse development.

For the USG office itself, an internal CRIS-PEPFAR monitoring and evaluation system developed by UNAIDS in collaboration with HHS/CDC/Global AIDS Program (GAP) Atlanta and HHS/CDC/BOTUSA is being pilot tested in Botswana. This system, once operational, will enable in-house electronic data capture and reporting of indicators and programmatic data. The system is based on the same platform as the national BHRIMS. Therefore the exchange of data to and from and the national system could be simplified.

Pertaining to program monitoring and evaluation (M&E), the USG provides regular technical support in program evaluations, funded a national service provision assessment survey in FY06, and supported two rounds of M&E training in fiscal year (FY) 05 and FY06. Few of the success stories from the USG's technical support included active participation in the evaluation of the Total Community Mobilization project, economic and demographic evaluation of HIV/AIDS impact in Botswana, and BAIS (Botswana AIDS Impact Survey) II report writing and secondary data analysis. During FY07, the USG will in collaboration with NACA) and Central Statistics Office (CSO) begin the planning process to undertake BAIS III in FY08. BAIS III is expected to provide another set of population-based data on HIV prevalence and the outcome/impacts of HIV/AIDS response on sexual behavior. In the meantime, Botswana will continue to undertake the ANC sentinel surveillance annually which has recently included antiretroviral (ARV) resistance testing (FY05 and FY07) and HIV incidence estimation (FY05, 06 and 07). USG funds will help disseminate and follow up of recommendations of the health facility survey in collaboration with Ministry of Health (MOH) and Ministry of Local government (MLG) during FY07.

Technical Work/Services
In the area of surveillance, USG in FY07 will support 1) antenatal sentinel surveillance on HIV prevalence, incidence and ARV drug resistance; and 2) annual behavioral surveillance survey among the students aged 15 to 24 years in selected grades to compliment the behavioral data collected by the BAIS in collaboration with Ministry of Education (MOE).

Targeted evaluations (TE)
During FY07 there will be 12 targeted evaluations in prevention program area (P0105, P0203/P0512, P0501, P0506, P0507, P0508, P0513), palliative care (C0612), counseling and testing (C0904, C0910) and in strategic information area (X1301, X1303, X1304). Results of the routine HIV testing (RHT) program evaluation (C0910) and assessment of the implementation of post-exposure prophylaxis provision post-rape (P0507) will guide the MOH in improving and scaling up the two programs in the country. The HIV prevention needs assessment of men having sex with men (MSM) (P0508) and the situation analysis of care and support services for people living with HIV/AIDS (PLWHA, C0612) will provide vital information for the implementation of effective and efficient HIV prevention and care programs for these subgroups in Botswana. Activity X1303 will explore the plausible explanations for the recent decline of HIV prevalence among young pregnant women and guide the development of evidence-based HIV prevention and care strategies. PMTCT program in Botswana has a national coverage and generates nationally representative data which could be useful for HIV prevalence surveillance. This TE will explore the utility of PMTCT data for HIV surveillance (X1304) while TE X1301 will focus on validation of mortality data to assess the impact of ARV therapy on childhood mortality. All these TEs will abide to all the ethical requirements as per the Botswana Human Research Development Committee HRDC) and the HHS/CDC/Atlnata Iinstitutioal Review Board (IRB). Protocols will be developed in due time.

Policy
Human capacity development (HCD) remains a major obstacle to the establishment of an efficient strategic information system in the country. During FY07, USG will collaborate with the International Training and Education Center on HIV (I-TECH) to support 56 positions at central ministry level. These positions include one chief health information officer, one principal systems analyst I; and one senior systems analyst for MOH’s Department of Policy Planning and Monitoring and Evaluation (DPMME); one data manager, two data clerks, and one public health specialist for MOH’s Department of HIV/AIDS Prevention and Care (DHAPC); and one M&E officer and one data manager for the MLG’s Department of Primary Health and Primary Services. Another senior strategic information/systems specialist and an epidemiologist/surveillance specialist will also be recruited to work for the MOH’s DHAPC. These two positions will be contractual advisors to the MOH and will not be absorbed in the public service. 45 Information Management Officers will be recruited to work for the District AIDS Coordinating (DACs) Office (21 of them) and District Health Team Offices (25 of them). These officers will be given job-induction training and M&E trainings before and right after assuming their positions. In-service training and supervisory support will also be provided by I-TECH.

Program Area Target:

Number of local organizations provided with technical assistance for strategic information activities	9
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	222

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9808
Planned Funds: $ 50,000.00
Activity Narrative: 07-X1306: MOH-DPPME: ICD-10 Training

This activity has USG Team Botswana Internal Reference Number X1306. This activity links to the following: T1111 & T1112.

The Health Statistics Unit (HSU) is the focal point for all issues relating to health information system in the MOH. It facilitates the data collection, processing, verification, analysis and dissemination of health service data throughout the country. It also coordinates health data sharing with other stakeholders.

The HSU revised its data collection tools in 2004 using the International Classification of Diseases 10th Edition (ICD-10). Currently, the HSU is using the ICD-10 for coding diagnoses for both mortality and morbidity. However, the HSU is faced with a serous shortage of personnel trained in the use of ICD-10. This means majority of the health care workers engaged in making diagnosis and writing statistical reports and/or managing medical records in all of the 35 hospitals around the country are not capable of properly using the ICD-10. USG support in training the HSU staff on ICD-10 will improve identification, collection, and processing of HIS at all levels. Further, it will assist the unit produce timely and accurate health statistics report that can be used for health and social development planning.

Part of these funds will be used to purchase at least one set of ICD-10 reference tools for each hospital in the country.

Therefore, the MOH's DPPME, is requesting EP funds to urgently train all 18 HSU staff in the use of ICD-10. This will allow the office to be effective, efficient, and able to promptly report quality data that meet international standards.

Emphasis Areas	% Of Effort
Health Management Information Systems (HMIS)	10 - 50
HIV Surveillance Systems	51 - 100
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
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)	88	☐

Target Populations:

Other MOH staff (excluding NACP staff and health care workers described below)
Other Health Care Worker
Other Health Care Workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 9809
Planned Funds: $ 150,000.00
Activity Narrative: 07-X1302: MOH- DHAPC: ANC Sentinel Surveillance 2007.

This activity has USG Team Botswana Internal Reference Number X1302. This activity links to the following: T1111 & T1112 & X1308.

USG has provided financial and technical support to the GOB to conduct ANC sentinel surveillance for HIV prevalence, incidence, and HIV drug resistance among pregnant women for the past 3 years. Data generated by the ANC sentinel surveillance surveys are very important for planning prevention activities in the country, thus timely evaluation of these surveys will be pivotal.

Part of the FY2006 fund for ANC sentinel surveillance was used to procure reagents and supplies for the 2007 ANC sentinel surveillance for HIV among pregnant women. FY07 funding for this activity will therefore be lower than it used to be in the previous years.

The requested FY07 funding will support the transportation of blood specimens, printing of the 2007 ANC sentinel surveillance reports, development of flyers and posters, and dissemination of the 2007 ANC sentinel surveillance report.

The surveillance unit at MOH/DAPC has an acute shortage of technical staff, thus limiting its ability to adequately conduct the ANC sentinel surveillance. This problem is addressed in activity X1308 during FY07.

Continued Associated Activity Information

Activity ID: 4464
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Health, Botswana
Mechanism: Technical Assistance
Funding Source: GHAI
Planned Funds: $ 280,000.00

Emphasis Areas

Emphasis Areas	% Of Effort
HIV Surveillance Systems	51 - 100
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50

Targets

Target	Target Value	Not Applicable
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)	72	☐

Indirect Targets

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS = 480

Target Populations:

Adults

Pregnant women

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of California at San Francisco
USG Agency:	
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10312
Planned Funds:	$ 100,000.00
Activity Narrative:	07-X1301: UTAP: University of California San Francisco (UCSF): Validation of Mortality Data.

This activity has USG Team Botswana Internal Reference Number X1301. This activity links to the following: P0102 & P0107 & T1113 & T1114.

UCSF is one of several U.S. Universities selected to provide training and technical assistance to HIV/AIDS programs domestically and internationally. UCSF faculty and staff are available to assist with the development of innovative models to address specific program area activities; to contribute to the implementation of key initiatives to inform national policy; and, to provide training opportunities both locally and internationally, for service providers and program managers on inventive strategies for care and treatment services.

In 2006, UCSF conducted a WHO-funded mortality data analysis and PMTCT program data analysis to ascertain the impact of ARV on overall mortality, including age-specific mortality, and PMTCT services on infant mortality. The work in FY07 will be a follow-up to the preliminary findings. The UCSF team will provide technical assistance to MOH and HHS/CDC staff to update the data included in the preliminary findings, gather more data on adult and infant mortality records (i.e. PMTCT program data from mid-2005 through mid-2006). Mortality trends by age, sex and geographic locations will be examined. UCSF will also analyze the cause specific mortality data to determine the proportion attributable to AIDS in both infant and adult in Botswana. Results of this activity will document the impact of different programs on mortality and will help the GOB improve and scale up these programs.

Emphasis Areas	**% Of Effort**
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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)	10	☐

Target Populations:

Infants

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	UTAP
Prime Partner:	University of California at San Francisco
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10313
Planned Funds:	$ 50,000.00

Activity Narrative: 07-X1303: UTAP: University of California San Francisco (UCSF): - Investigating the Causes of HIV Prevalence Decline among Young Pregnant Women in Botswana.

This activity has USG Team Botswana Internal Reference Number X1303. This activity links to the following: P0101 & P0107.

According to the recent UNAIDS report, the HIV prevalence has stabilized and even declined in southern Africa. In Botswana, preliminary HIV prevalence trends analyses of voluntary counseling and testing data (VCT in Tebelopele centers) and ANC sentinel data show an encouraging decline in HIV prevalence among young pregnant women and the youth (15-24 year olds). These declines need to be confirmed and their causes identified. To better understand the contexts underlying this decline, the MOH and HHS/CDC/BOTUSA propose an in-depth interviews and focus group discussions with young pregnant women attending ANC programs.

Identifying the possible underlying causes for the apparent decline of HIV prevalence could help inform the design of culturally sensitive prevention programs.

The fieldwork for this activity will be conducted by the University of California San Francisco (UCSF). Detailed protocol will be submitted to the HHS/CDC and the local HRDC before conducting this targeted evaluation.

Emphasis Areas	**% Of Effort**
HIV Surveillance Systems	10 - 50
Targeted evaluation	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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)	10	☐

Indirect Targets

Number of individuals trained in strategic information = 48

Target Populations:

Adults
People living with HIV/AIDS
Pregnant women
Women (including women of reproductive age)
HIV positive pregnant women

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Health, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10314
Planned Funds:	$ 50,000.00
Activity Narrative:	07-X1304: MOH-DHAPC: Assessing the utility of PMTCT program data for HIV surveillance.

This activity has USG Team Botswana Internal Reference Number X1304. This activity links to the following: P0101 & P0107.

In most countries, the heart of HIV surveillance is unlinked anonymous testing (UAT) of leftover blood collected during routine care for pregnant women. UAT assures minimal participation bias, as ANC attendees typically are not aware of this activity. In contrast, HIV testing for PMTCT is based on informed consent, applying the principles of VCT or routinely recommended testing. In Botswana, the acceptance of PMTCT-related HIV testing varies by district, and can range from 75% to 97% in 2005, with a national average of 83.2%. Studies among pregnant women and other HIV testing populations show that those who accept or refuse HIV testing often differ in their risk factors for HIV and/or their HIV status, leading to potentially biased survey results as compared to those relying on UAT. Given that the PMTCT program is provided in all ANC sites in Botswana, PMTCT data may increasingly be used for surveillance. In addition, as UAT has no direct benefit for the sampled woman, UAT has been questioned ethically, and may be discontinued in favour of name-based testing for PMTCT. However, little is known about the comparability of PMTCT data to ANC-based UAT surveillance data. This is because PMTCT data are generally reported on an aggregated basis, and the availability, accessibility, and quality of on-site PMTCT line-listing data are often uncertain.

The general objective of this evaluation is to investigate the utility of PMTCT data for HIV surveillance and to describe PMTCT-related selection biases. Another objective is to evaluate the utility of same-site UAT data for monitoring and evaluation of PMTCT programs.

Data collection will be mainly retrospective. For analysis, line-listing UAT data will be used for surveillance; for PMTCT, line-listing data is preferred but where unavailable, aggregated data may be used. HIV prevalence rates in the UAT surveillance group will be compared to those in the PMTCT group at site, district, and country level. Determinants for HIV-infection will be compared in both groups, and possible adjustment factors will be evaluated.

This targeted evaluation is part of the global evaluation of the utility of the PMTCT data in HIV surveillance. A survey protocol is currently under review by GAP Atlanta and the MOH's HRDC.

Emphasis Areas

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	51 - 100

Targets

Target	Target Value	Not Applicable
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)	10	☐

Indirect Targets

Number of individuals trained in strategic information =48

Target Populations:

Host country government workers
Public health care workers
Private health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: UTAP
Prime Partner: University of California at San Francisco
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10315
Planned Funds: $ 78,000.00
Activity Narrative: 07-X1305: UTAP: University of California San Francisco (UCSF):
Data Analysis and Report Writing Workshop.

This activity has USG Team Botswana Internal Reference Number X1305. This activity links to the following: T1111 & T1112 & X1307.

Botswana is often cited as one of the success stories of HIV/AIDS response in Africa. However there is inadequate documentation on its 'best practice evidences'. In addition, there is a fair amount of program data in the country which requires systematic and high level statistical analysis. The lack of highly skilled human resources and skills to analyze and disseminate these findings is the limiting factor. This activity intends to train high level technical staff in the MOH, NACA and BOTUSA on complex data analysis and writing methodology.

UCSF faculty and staff will in FY07 assist with the data analysis and provision of training to BOTUSA staff and senior technical staff at MOH, NACA, and other sectors. This exercise will end in a report writing workshop whereby important policy documents and scientific articles may be produced.
Part I - Data Analysis and Interpretation:
One UCSF analysts and one UCSF faculty will be in-country for a one and a half week analysis workshop. Participants for part I will include principal investigators, data analysts, and other study staff. The overall goal of workshop is to produce an analytic data set for use in Part II of the workshop. Towards this goal, Part I will focus on first on "getting to know your data". This would include such topics as how to write a data analysis plans, putting together data dictionaries, data cleaning, and creating new variables. There will also be some training around choosing the right statistical test/model for the research question given the format of the data. If relevant, training on statistical software packages (SAS, STATA, and SPSS) will be included as well. The second section of Part I would focus more on actual data analysis relevant to the research question, creating tables for the results section, data interpretation, and drafting the results section of the manuscript. The format for the workshop will be mostly one-on-one work with study teams (paired with a UCSF faculty member and analyst). UCSF staff and faculty would be available on a limited basis for follow-ups between Part I and Part II.
Part II - Scientific Writing:
One UCSF analyst and one UCSF faculty will be in-country for a one and a half week writing workshop. Participants will include manuscript authors and data analysts if available. The overall goal of workshop is to prepare a draft scientific manuscript. Lectures for Part II include: developing a title, writing up methods and results, preparing the discussion and conclusions. Faculty and staff will assist study teams in any additional data analyses needed, identifying journals to submit manuscript, and organizing peer review of drafts (with a final peer review sent out to UCSF staff with interest & knowledge in the area).

Emphasis Areas	% Of Effort
HIV Surveillance Systems	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Targeted evaluation	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities	5	☐
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	10	☐

Target Populations:

Community-based organizations
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Program managers
USG in-country staff
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	ITECH GHAI
Prime Partner:	University of Washington
USG Agency:	HHS/Health Resources Services Administration
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10316
Planned Funds:	$ 2,083,902.00

Activity Narrative: 07-X1307: ITECH: Human Resource Development.

This activity has USG Team Botswana Internal Reference Number X1307. This activity links to the following: BCC activities & X1302 & X1402.

GOB seeks to build its capacity to provide strategic information on HIV prevention and care. The overall objective of these activities is to increase the M&E capacity of the HIV response at the district level, such as improving the national level coordination of reporting, strengthening and streamlining the data systems, and supporting overall efforts to improve the quality of HIV care. To meet these objectives, GOB seeks to add human resources at both the district and national level. At the district level, HIV programs are delivered through both the MLG and the MOH. At district level, NACA is represented by the DAC office.

MOH & NACA Information Management Officers:
2007 EP funds are requested for I-TECH to recruit and hire 45 Information Management Officers. Twenty-one of these positions will be at the DAC Offices working with NACA and 24 positions will be with the MOH-Informatics Unit as District Program Information Officers. I-TECH will work closely with MOH and NACA to define I-TECH's role in providing job orientation, mentoring and supervision, technical assistance and administrative support as well as developing the plan to integrate these new staff members into government service over time. The scale-up of strategic information capacity will be phased-in over a 1 year period, based on a plan that will be developed during an FY06 assessment trip. The following positions will be recruited and managed by I-TECH:

Job Title: Information Management Officers
Grade: C3 45
Salary: 45 @ $11,154.00 $501,930.00
Fringe benefits: 45 @ $2,788.50 $125,482.50
Total cost: $627,412.50

MOH Technical Advisors:
In addition, I-TECH will provide two long-term technical advisors to the MOH. One will be a senior strategic information/systems specialist, and the other an epidemiologist/surveillance specialist. The strategic information advisor will support the development of reporting tools and systems that are responsive to improving the quality of HIV care as well as training, mentoring and supervising of the new staff. The epidemiologist/surveillance specialist will assist with the design of disease surveillance systems in collaboration with the GOB and HHS/CDC/BOTUSA.

Job Title 1: Senior Strategic Information/Systems Specialist
Job Title 2: Epidemiologist/Surveillance specialist
Grade: Contractors
Salary: 2 @ $50,000.00 $100,000.00
Fringe benefits: 2 @ $11,250.00 $22,500.00
Relocation and Allowances: 2 @ $42,560.67 $42,562.67
Total cost: $165,062.67

MOH & MLG - Other staff:
In order to address immediate and short-term workforce requirements, I-TECH will assist GOB in recruiting, managing, and placing several key positions within government agencies. Together and individually, these positions will strengthen the ability of certain agencies within GOB to implement HIV/AIDS programs more efficiently; to develop, implement, and maintain proper standards for delivery of EP-funded services; and to determine direction and assess ultimate achievement of EP goals. These positions will be hired at the government pay scale to facilitate their smooth integration, in the long-term, into government services.

These positions include:
1) for MOH's DPPME one chief health information officer, one principal systems analyst, two IT officers, and one senior systems analyst programmer,
2) for MOH's DHAPC one data manager, two data clerks, and one public health specialist,

3) For MLG's Department of Primary Health and Primary Services one M&E health officer.

This entire staff will work towards the creation of the Health Management Information System (HMIS). The senior systems analyst programmer will spend half of his/her time helping on the integration of standalone systems in the MOH's DPHAPC. These positions are to be absorbed into the public structure, except the epidemiologist and the strategic information officers, which are contract positions and directed by the current need. Once the DHAPC personnel are trained to conduct the surveillance work and the HMIS is in place, the contractors' positions will be phased out. The pay structure will be similar to that of the GOB to facilitate the integration of the new positions in the public structure.

Job Title
MOH-IPMS (X1302) Salary Fringe benefit Total cost
IT Officer (data handling) 1 C2 @ $13,831 $3,457.76 $17,288.79
IT Officer (SQL Server) 1 C1 @ $17,148 $4,286.90 $21,434.48
Pr. System Analyst 1 D3 @ $24,452 $6,112.93 $30,564.66
Chief Health Information Officer 1 D1 @ $32,338 $8,084.48 $40,422.41
Senior System analyst (Application Programming) 1 D4 @ $21,265 $5,316.21 $26,581.03
5 $27,258.28 $27,258.28 $136,291.38
MOH-Surveillance (X1303)
Data clerk 1 B1 @ $7,254 $1,813.45 $9,067.24
Data clerk 1 B1 @ $7,254 $1,813.45 $9,067.24
Data Manager 1 D4 @ $21,265 $5,316.21 $26,581.03
Public Health Specialist 1 D3 @ $24,452 $6,112.93 $30,564.66
4 $15,056.03 $15,056.03 $75,280.17
MLG HQ M&E UNIT
Monitoring and Evaluation Officer 1 C1 @ $17,148 $4,287.00 $21,435
Data Manager 1 D4 @ $21,265 $5,316.25 $26,581
2 $38,413.00 $9,603.25 $48,016

Total cost of program 11 $80,727.31 $51,917.56 $259,587.80
I-TECH will recruit and hire all of these positions. I-TECH will facilitate the hiring process and it will manage temporarily these positions while working with GOB on the integration of these positions in the public service.

In order to support this scale up of human resources, I-TECH realizes the need for a full-time presence in Botswana.
FY07 funds are requested to support a percentage of the infrastructure and staffing needs of I-TECH, including an office in Gaborone with staff for program management, administration, and technical assistance.

Emphasis Areas	**% Of Effort**
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Proposed staff for SI	51 - 100

Targets

Target	**Target Value**	**Not Applicable**
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)	51	☐

Target Populations:

Host country government workers
Public health care workers

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCu025095
Prime Partner:	Ministry of Education, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Strategic Information
Budget Code:	HVSI
Program Area Code:	13
Activity ID:	10317
Planned Funds:	$ 100,000.00

Activity Narrative: 07-X1308 MOE: Behavioral Change Surveillance Survey.

This activity has USG Team Botswana Internal Reference Number X1308. This activity links to the following: P0208.

Botswana's population is young; 47.5% of Botswana's population (1,719,996) is between 5 and 24 years old. According to BAIS II, 9% of these young people are living with HIV; girls being more affected then boys. In HIV prevention, youth are a key population, since they are (1) at high risk for HIV infection; (2) starting out in their lives as sexually active adults, and adopting behaviors, which they may then maintain for decades; and (3) active in the economy as workers and in some cases as parents of small children.

Currently the majority of the young people in this age group are attending school, thus giving an excellent opportunity to equip them with skills to prevent HIV infection. The MOE in collaboration with various partners (UN family, NGOs, FBOs, development partners) has developed a number of prevention programs aimed at changing risky behavior of these young people. For example, the MoE/HHS/CDC/BOTUSA life skills curriculum materials will be introduced in schools very soon. Given the high HIV prevalence in this young population groups, it is very important to monitor the prevalence of risky behaviors. Reliable and detailed information on sexual risk will be pivotal for designing effective prevention programs for this key population.

The MoE, with technical and financial assistance and from HHS/CDC/BOTUSA and HHS/CDC/Atlanta, will establish and conduct an annual nationwide behavioral change surveillance survey (BSS) among students aged 15 and 24 years attending upper primary school, community junior secondary, senior secondary and tertiary schools in Botswana. Both public and private institutions will be included. Behavioral change surveillance surveys (BSS) have been shown over several years to make an important and useful contribution to informing the MOE's response to morbidity and mortality, and program impacts.

These serial surveys use reliable methods to track HIV risk behaviors over time as part of an integrated surveillance system. As noted in Botswana's National HIV/AIDS Strategic Framework, successful HIV prevention depends on changing risk behaviors. This includes promoting abstinence, delaying the onset of first intercourse among young people, reducing the number of sex partners, increasing condom use among sexually active youth, reducing needle-sharing behavior among injecting drug users, and reducing drugs and alcohol use. The MOE and the GOB will use information from these surveys to guide the design of appropriate prevention programs, and to monitor whether these efforts are successful.

The survey scope will be broadened to monitor the impact of programs the MOE has developed in collaboration with all its partners, including the life skills curriculum developed in collaboration with HHS/CDC/BOTUSA. This activity will be conducted in collaboration with HHS/CDC/BOTUSA (the M&E and the Behavioral Change Communication Sections) and all other stakeholders. For logistical reasons, the MOE will conduct the survey this year only in secondary and tertiary schools. The survey will be extended to upper primary schools in the future. Reference and technical working groups will be formed under the auspices of the MOE and will include all the key stakeholders. The technical working group will guide the process overall. These funds will be used to review and adapt the questionnaires so that they cover the scope of the behavioral change surveillance survey and their piloting. The funds will also be used to (1) print the questionnaires and dispatch then to and from schools, (2) hire and train about 300 research assistants, and (3) analyze collected data, write, and publish the report.

For this first year, the MoE will convene a sensitization and consensus meeting with all stakeholders, a reference committee and a technical working group to adapt and pilot different survey tools, and conduct a pilot survey in selected schools. This phase will be used to work out all the logistics and to train all key players in the survey. The technical working group will benefit from both the technical assistance from HHS/CDC/BOTUSA and HHS/CDC/Atlanta.

Emphasis Areas	% Of Effort
Other SI Activities	51 - 100

Targets

Target	Target Value	Not Applicable
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)	20	☐

Indirect Targets

Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS = 300

Target Populations:

Children and youth (non-OVC)

Key Legislative Issues

Gender

Stigma and discrimination

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10319
Planned Funds: $ 265,000.00
Activity Narrative: 07-X1390-HQ Base: Technical Expertise and Support- SI.

This activity covers the salary of current and one additional staff, 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 meetings related to their work, and TDY visits by colleagues based in the US in HHS/CDC headquarters. Funds will also support an M&E training and dissemination of M&E information on EP activities in Botswana. Some contractual activities for service data analysis are included in the cost.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Country coordinating mechanisms
International counterpart organizations
Non-governmental organizations/private voluntary organizations
District Multi-Sectoral AIDS Committees Capacity Strengthening
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: HQ GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10320
Planned Funds: $ 250,000.00
Activity Narrative: 07-X1390-HQ GHAI: Technical Expertise and Support- SI.

This activity covers the salary of current and one additional staff, 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 meetings related to their work, and TDY visits by colleagues based in the US in HHS/CDC headquarters. Funds will also support an M&E training and dissemination of M&E information on EP activities in Botswana. Some contractual activities for service data analysis are included in the cost.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Country coordinating mechanisms
International counterpart organizations
Non-governmental organizations/private voluntary organizations
District Multi-Sectoral AIDS Committees Capacity Strengthening
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.13: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 10321
Planned Funds: $ 207,000.00
Activity Narrative: 07-X1390-Post: Technical Expertise and Support- SI.

This activity covers the salary of current and one additional staff, 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 meetings related to their work, and TDY visits by colleagues based in the US in HHS/CDC headquarters. Funds will also support an M&E training and dissemination of M&E information on EP activities in Botswana. Some contractual activities for service data analysis are included in the cost.

Emphasis Areas	% Of Effort
Information Technology (IT) and Communications Infrastructure	10 - 50
Monitoring, evaluation, or reporting (or program level data collection)	10 - 50
Other SI Activities	10 - 50

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for strategic information activities		☑
Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)		☑

Target Populations:

Country coordinating mechanisms
International counterpart organizations
Non-governmental organizations/private voluntary organizations
District Multi-Sectoral AIDS Committees Capacity Strengthening
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

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: $ 4,513,278.00

Program Area Context:

Capacity building remains a priority in the fight against HIV/AIDS in Botswana. The strategic approach taken in the Five-Year HIV/AIDS Strategy is to strengthen critical systems and key institutions at every level of program implementation - national, district and community - in the areas of human and organizational capacity development, leadership and coordination. This area has links to a number of other Emergency Plan (EP) program areas, including behavior change communication (BCC), prevention of mother to child transmission (PMTCT), and care and treatment.

At the national level, the EP is supporting the Ministry of Health (MOH) to address human resource problems; the National AIDS Council (NAC) to step up HIV/AIDS policy and legislative reform; government departments and non-governmental organizations to improve HIV program management; the Botswana Network for AIDS Service Organizations (BONASO) to strengthen the civil society response; the Botswana Business Coalition on HIV/AIDS (BBCA) and local trade unions to increase private sector involvement; and the local media to improve HIV/AIDS reporting. At district level, EP supports the Ministry of Local Government (MLG) to strengthen district management of HIV and at community level, to empower communities to respond to the epidemic and to tackle stigma, discrimination and gender inequities.

In order to create sustainability, activities supported by the EP are built into existing systems, programs and organizations and focus on improving the skills of individuals and the capacity of institutions. Technical assistance is used as a tool to build sustainability by transferring knowledge, skills and systems while implementing programs.

Strengthening human capacity development
The general approach of United States Government (USG) support to strengthen the health care system focuses on the following broad areas:
1) improving the supply and distribution of human resources and the government's capacity to manage these,
2) creating an enabling policy environment for quality care,
3) expanding the role of non-professional health workers,
4) addressing gaps in worker skill-sets through targeted training,
5) strengthening pre-service training, and
6) enhancing the welfare and commitment of the workforce.

Improving the management of human resources is a key focal area of EP support. In 2005, the EP funded an assessment of the health workforce resulting in a revised human resource plan and policy recommendations covering critical issues such as staff recruitment and retention. In 2007, the EP will support the development of an integrated service delivery plan to redress inequities in the distribution of health services and increase access to HIV/AIDS prevention, care and treatment programs. Key outputs will include a computerized personnel administration system, staff development plan and hospital management procedure manual.

EP will also support the establishment of a national 'wellness for health workers' program aimed at promoting worker health and increasing staff motivation, productivity and retention.

EP continues to support government's use of non-professional health staff. Based on the successful use of lay counselors in the PMTCT program, this cadre has been expanded to other HIV programs with Global Fund support. Auxiliary health workers, a cadre established in 2004, are also contributing significantly to the health workforce.

Strengthening of HIV/AIDS pre-service training for nurses and allied health professionals will continue with technical assistance from the University of Medicine and Dentistry of New Jersey's François-Xavier Bagnoud

Center (FXBC). FXBC has been working with health training institutions in PMTCT pre-service education. In 2007, this twinning relationship will be broadened to include many more HIV/AIDS content and programs. This partnership will enhance the capacity of pre-service training institutes to provide comprehensive and up-to-date HIV/AIDS education to students.

EP continues to support the MOH's Department of HIV/AIDS Prevention and Care (DHAPC), Training Unit in the implementation of the KITSO Training Plan for health workers. This plan, developed in 2004 with EP support, provides guidance for the delivery of standardized in-service HIV/AIDS training and outlines mechanisms for improving the quality of training, ensuring that new knowledge and skills are applied in the work setting, increasing collaboration between HIV programs and improving monitoring and evaluation.

Strengthening capacity of the Botswana government
In addition to strengthening the management of human resources for health, enhancing management capacity of mid-level government officers implementing HIV programs is addressed by CDC's Sustainable Management Development Program (SMDP). The MOH has been the principle beneficiary of this program. In 2007, staff from laboratory and pharmaceutical services and the TB program will be trained in Total Quality Management as part of SMDP. EP also sends 2 staff from key government HIV program areas each year for the Management for International Public Health Course in Atlanta.

The capacity of the MLG to use an evidence-based approach to HIV program planning is being developed with technical assistance from National Alliance of State and Territorial AIDS Directors (NASTAD). MLG also receives EP funding and technical support from United Nations Development Program (UNDP) to empower communities to address HIV/AIDS using a participatory approach to prevention, care and treatment at village level.

Strengthening indigenous organizations
An important focus of the Five-Year Strategy in Botswana is building the capacity of civil society to play a more active and sustainable role in the national response to HIV. Through a grants program established in 2006, close to 30 non-governmental organizations supported by EP provide HIV services while receiving technical assistance for institutional capacity building. The focus for this strengthening is BONASO.

Improving management and leadership within non-governmental HIV programs is also addressed by the SMDP described above. The program aims to create a critical mass of effective HIV managers within civil society. Among the primary beneficiaries have been Tebelopele Voluntary Counseling and Testing (VCT) centers and the Botswana Christian AIDS Intervention Program (BOCAIP).

The Botswana Business Coalition on AIDS (BBCA) and the Media Institute of Southern Africa (MISA), Botswana Chapter also benefit from capacity building support from EP.

Strengthening leadership and policy to reduce stigma and discrimination and address gender issues
The Ethics, Law and Human Rights Sector of the National AIDS Council has overall responsibility for strengthening the policy and legal environment to reduce stigma and discrimination and address gender imbalances. With EP support, the Botswana Network on Ethics, Law and HIV/AIDS (BONELA) implements the sector's strategic plan In 2007, BONELA will focus on raising public awareness and increasing advocacy for policy and legislative reform. The passage of an employment bill aimed at preventing discrimination in the workplace is expected within the next year. EP also supports stigma and discrimination reduction activities in communities under the Community Capacity Enhancement Program (CCEP).

Improving donor coordination
Several structures for effective donor coordination exist in Botswana, but have been greatly underutilized. The USG will continue to work closely with National AIDS Coordinating Agency (NACA) to advocate for more effective coordination and collaboration. In 2007, EP will strengthen NACA's role as the HIV/AIDS coordinating agency by assisting NACA in hosting relevant forums and providing secretarial support.

Program Area Target:

Number of local organizations provided with technical assistance for HIV-related policy development	132
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	97
Number of individuals trained in HIV-related policy development	512
Number of individuals trained in HIV-related institutional capacity building	1,075
Number of individuals trained in HIV-related stigma and discrimination reduction	220
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	220

Table 3.3.14: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9812
Planned Funds: $ 140,000.00

Activity Narrative: 07-X1401 MOH Human Resource Development

This activity has USG Team Botswana Internal Reference Number X1401. This activity links to the following: X1410 & X1411 & X1412 & X1415 & X1490.

This project began in 2004 as part of the Southern Africa Capacity Initiative with initial financial support from UNDP and technical assistance from both UNDP and WHO. In 2005, EP provided funding for an assessment of human resources and health service, resulting in a revised human resource plan that takes into account the HIV/AIDS epidemic and the Government of Botswana's (GOB) response. The assessment, however, revealed major inequities in the magnitude and distribution of health services. These inequities, exacerbated by the recent and rapid expansion of national HIV/AIDS prevention, care and treatment services by the Government, have led to an urgent need for the development of an integrated service delivery framework that will make possible the implementation of quality health programs.

In 2006, EP provided funding to MOH's Department of Policy, Planning, Monitoring and Evaluation (DPPME) to undertake this next phase of the project. The overall purpose of the current three-year activity is to develop an integrated service plan and framework to enable the health sector in Botswana to cope with changes in workload brought about by the HIV/AIDS pandemic, to rectify inequities in service delivery and to improve quality health care. DPPME is a new department in the MOH and as such is currently experiencing huge capacity shortages. Therefore it will be critical that the process used to implement the project develops the capacity of the MOH. Management processes at major health care delivery institutions will also be strengthened to enable active participation in service delivery planning.

With an ultimate aim of providing appropriate and equitable access to all levels of service for the general population, an integrated national framework and plan will provide:

- A national overview of the current status of service provision.
- A detailed assessment of actual service requirements through analysis of patient/case referrals and services offered.
- A service configuration plan that is affordable and sustainable and that ensures that resource use is effective and efficient.
- A basis for a long term vision to enable integration of key initiatives (such as capital development and equitable human resource distribution); aspects that can be implemented only over extended time frames.
- A basis for ensuring (1) that all levels of service delivery are addressed, and (2) that primary health care and hospital care are integrated.
- A rational basis for addressing health needs and national health priorities in a resource-constrained environment.

The health service delivery framework will guide the provision of accessible, affordable, and equitable health services to the population of Botswana. The framework will include service delivery standards and facilitating policies and will be used to realign the type, number and location of health facilities in Botswana, the magnitude of services that should be rendered and the optimum mix of resources needed.

During the first year (2006), a national essential package of services is being developed, the referral network restructured, and skills of facility managers strengthened to enable them to increase effectiveness and efficiency levels and manage appropriate health service delivery within their institutions. During fiscal year 2007 (FY07, October 2006-September 2007), a computerized personnel administration system will be put in place in 28 hospitals and a staff development/training plan and hospital management toolkit and procedure manual developed. A sub-contractor will be engaged to work within MOH to build capacity of local staff while implementing this phase of the project. National and district health staff will be engaged in the development of the training plan, toolkit and procedure manual through a series of consultative meetings and workshops. Capacity building at institutional level will be a major component of the process.

The funding for this activity was reduced for COP 07 because of delays in implementation in years one and two and a large carryover of funds.

Continued Associated Activity Information

Activity ID:	4544
USG Agency:	HHS/Centers for Disease Control & Prevention
Prime Partner:	Ministry of Health, Botswana
Mechanism:	Technical Assistance
Funding Source:	GHAI
Planned Funds:	$ 340,000.00

Emphasis Areas	**% Of Effort**
Human Resources	51 - 100
Local Organization Capacity Development	10 - 50
Quality Assurance, Quality Improvement and Supportive Supervision	10 - 50
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	29	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	170	☐
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:

Public health care workers

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9837
Planned Funds: $ 200,000.00
Activity Narrative: 07-X1410: Strengthening HIV Program Management-IDM.

This activity has USG Team Botswana Internal Reference Number X1410. This activity links to the following: C0701 & X1401 & X1406 & X1490.

The SMDP was established in 2003 at the Institute of Development Management (IDM) with the assistance of CDC/BOTUSA. The program provides a local management course, adapted from the CDC Management of International Public Health (MIPH) Course. The aim is to strengthen management and leadership abilities of public health managers. The program is implemented by Botswana graduates of the MIPH course. The purpose of the Botswana program is to provide training and support to build the managerial and leadership capacity of public health program managers working in HIV/AIDS in both the public, NGO, CBO and Faith Based Organization (FBOs) sectors.

In FY 2005, the program trained 25 HIV/AIDS program managers and in FY 2006 50 are being trained and a standardized curriculum was developed. This standard curriculum is in modular form allowing for shorter training in specific sections of the curriculum, e.g. Total Quality Management (TQM), a management tool to develop problem solving and analytic skills for addressing day-to-day processes in public health programs, and leadership, networking and strategic resource development, to strengthen the capacity to mobilize and manage resources and projects.

FY 2007, activities will include:

•Four-month training of 25 public health managers in SMDP. Participants will be drawn from the public, private, NGO, CBO and FBO sectors.

•One-week training of 50 public health managers in TQM. Participants will be drawn from government: MOH, Laboratory Services, Pharmacy Services and the TB program.

•One-week training of 50 managers from the NGO, CBO and FBO sectors in leadership, networking and strategic resource development.

•An annual one-day conference for 60 former participants to share experiences and challenges in the daily management of their programs and solicit feedback on how best to improve the training program.

•Identification and training of 20 mentors who will support and supervise the applied TQM projects in the field.

Continued Associated Activity Information

Activity ID: 4543
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Institute of Development Management, Botswana
Mechanism: Contract
Funding Source: GHAI
Planned Funds: $ 157,500.00

Emphasis Areas

Emphasis Areas	% Of Effort
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		☑
Number of local organizations provided with technical assistance for HIV-related institutional capacity building	15	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	145	☐
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
Faith-based organizations
National AIDS control program staff
Non-governmental organizations/private voluntary organizations
Program managers

Coverage Areas:

National

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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9865
Planned Funds: $ 125,000.00
Activity Narrative: 07-X1407 Botswana Network for Ethics, Law and HIV/AIDS (BONELA).

This activity has USG Team Botswana Internal Reference Number X1407. This activity links to the following: X1408 & X1409 & X1414 & X1490.

BONELA, a non-governmental organization, is secretariat to the Ethics, Law and Human Rights (ELRH) sub-committee of the NAC and is responsible for coordinating the implementation of the sector plan. This is the third year of USG support to this organization for its work in policy and legal issues related to HIV/AIDS. Many policy and legal gaps related to HIV/AIDS have been identified in Botswana, particularly in the area of ethics and human rights. Among the most important of these are related to protection from discrimination in employment, women's sexual and reproductive rights and the rights of marginalized groups, included people with disabilities.

In FY 05 and FY 06, BONELA received EP funding to employ a policy advisor to implement activities outlined in the ELHR (spell out) strategic plan. These activities focused on building consensus among policy makers on legislative and policy reform; developing institutional capacity for compliance to ethics, law and human rights standards at sector level; and raising public awareness of ethics, law and human rights related to HIV and AIDS.

In 2007, the policy advisor will continue to implement the sector's plan with a focus on promoting awareness of human rights and legislative issues related to HIV/AIDS highlighted by a recent legislative review. Workshops, to be held across 10 districts, will target interest groups, the private sector, community leaders, development organizations, PLWHA support groups and DACs and will aim to increase support for more rapid law reform and implementation of new legislation. The participation of community leaders is anticipated to promote cultural sensitivity into ELHR issues, HIV/AIDS and the law. It is expected that an employment bill aimed at preventing discrimination of HIV-infected employees and job applicants will be passed next year; this law, therefore, be will be the focus of much of the discussion.

The media campaign aimed at raising awareness on existing gaps in the legislation, current ELHR issues and the promotion and protection of human rights of those affected by HIV/AIDS and their families will continue in 2007.

A new initiative aimed at reducing stigma and discrimination will be added in 2007. BONELA will expand their Human Rights and HIV Training, currently used to raise awareness of human rights issues, to include training on stigma and discrimination.

Continued Associated Activity Information

Activity ID: 5010
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Botswana Network on Ethics, Law, and HIV/AIDS
Mechanism: Contract
Funding Source: GHAI
Planned Funds: $ 50,000.00

Emphasis Areas	% Of Effort
Community Mobilization/Participation	10 - 50
Policy and Guidelines	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	90	☐
Number of individuals trained in HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related stigma and discrimination reduction	100	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment		☑

Target Populations:

Adults
Business community/private sector
Community leaders
International counterpart organizations
Non-governmental organizations/private voluntary organizations
People living with HIV/AIDS
District Multi-Sectoral AIDS Committees Capacity Strengthening

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Stigma and discrimination

Increasing women's legal rights

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	CoAg # U62/CCU025095
Prime Partner:	Ministry of Local Government, Botswana
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	9869
Planned Funds:	$ 120,000.00

Activity Narrative: 07-X1403 Ministry of Local Government.

This activity has USG Team Botswana Internal Reference Number X1403. This activity links to the following: X1402 & X1405 & X1490.

MLG/AIDS Coordinating Unit, with technical support from UNDP, began implementation of the CCEP in five districts in 2004. This strategy 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 responses to the epidemic;
• Strengthen the capacity of individuals and organizations to facilitate local community responses to HIV/AIDS that integrate care with prevention, keeping in mind other priority concerns such as coping strategies, orphans and vulnerable children, health and development, etc.;
• Sustain local action by increasing the capacity to care, change and find hope within and among individuals, families and the community;
• Strengthen individual and organizational reflection on their approach and ways of working with communities; and,
• Facilitate the transfer of lessons learned and change among individuals, from organization to organization and from community to community.

Local United Nations Volunteers (UNV) 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 the CCEP methodology.

In 2005, USG funds were used to expand the program from 5 to 10 districts and to document best practices. With 2006 funds the program will expand to 5 additional districts and hire a dedicated program officer at the national office to oversee the program. In 2007, the program will continue to support the national program officer and expand to 8 additional districts and add a focus on stigma and discrimination.

A new stigma prevention initiative designed to enhance this program will be developed with technical assistance from NASTAD. This program uses trained facilitators to engage communities in a process to discuss and identify community-generated solutions to HIV-related issues (e.g., harmful traditional practices, gender inequality, and stigma). Community Conversations has been effective at raising awareness of community members, but has not provided them with a specific process or mechanism with which they can implement the solutions they generate. NASTAD will work with the MLG and a PLWHA organization to train trainers in a methodology to develop and implement community-initiated action plans to address stigma, and provide support to PLWHAs, particularly around treatment adherence. Trainers would then deliver the community planning training in conjunction with existing Community Conversations activities in a select number of districts, and provide ongoing technical assistance and support to those districts as they develop and implement their community-based stigma reduction action plans.
2007 activities will include:
-Revision of training curriculum to include stigma and discrimination and community planning
-Training 40 trainers in the new districts
-Training of 80 CCEP local facilitators in new districts
-Holding 1 community conversation per facilitator per month in selected villages in new districts

Continued Associated Activity Information

Activity ID: 4553
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: Ministry of Local Government, Botswana
Mechanism: Technical Assistance

Funding Source: GHAI
Planned Funds: $ 100,000.00

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	120	☐
Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	120	☐

Target Populations:

Adults
Business community/private sector
Community leaders
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: NASTAD
Prime Partner: National Association of State and Territorial AIDS Directors
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9874
Planned Funds: $ 380,000.00

Activity Narrative: 07-X1402 National Alliance of State and Territorial AIDS Directors (NASTAD).

This activity has USG Team Botswana Internal Reference Number X1402. This activity links to the following: C0818 & P0222 & P0504 & P0514 & X1308 & X1403.

NASTAD is a U.S based non governmental organization (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. The objective of this project is to build the capacity of national and district level government workers to improve the response to their epidemic by applying an evidence-based, community planning approach. This is the third year of EP support for this project.
NASTAD continued its partnership in 2006 with the MLG AIDS Coordinating Unit. Through a collaborative process, NASTAD revised and updated MLG's District HIV/AIDS Planning Toolkit, which guides districts in the process of developing an annual comprehensive HIV plan for district level HIV prevention and control activities, in accordance with the National Strategic Framework (NSF). NASTAD contracted with a local hire and placed one NASTAD team member in Botswana for FY 2006. These two staff persons provide on-site technical assistance to all districts at regular episodes through the year to guide the district staff and planning committees in the evidence-based steps described in the toolkit. In addition, NASTAD provides training in planning to national and district stakeholders and Peace Corps volunteers. NASTAD also works with BOTUSA to provide training and on-site technical assistance in selected districts in the area of HIV prevention program management, implementation, and quality assurance.
For FY07, NASTAD technical assistance providers and staff will continue to partner with MLG to provide in-depth on-site technical assistance and training to District AIDS Coordinators (DACs), their teams (Peace Corps Volunteers [PCVs], African Comprehensive HIV/AIDS Partnerships [ACHAP] and/or BOTUSA supported program and/or Monitoring and Evaluation [M&E] officers), and District Multi-Sectoral AIDS Committees (DMSAC) to help assure the development of annual evidenced-based district comprehensive HIV plans. One role of the DAC offices is to oversee and monitor the implementation of HIV prevention activities that sectors propose to implement in the annual comprehensive plan.

Additionally in 2007 NASTAD will use a cascade, or training of trainers, training model to provide technical assistance to enhance the capacity of at least 10 DAC offices in the following areas:
(1) provision of training and support to Community Based Organization (CBO) and sectors in developing program plans, and in the content and methods of implementing high quality and effective interventions;
(2) developing and implementing quality assurance mechanisms;
(3) promoting development of district networking and referral systems; and
(4) monitoring of expenditures.
The cascade model brings all 10 districts together in a central location for training in these areas. Immediately following the central training, individual NASTAD technical assistance (TA) providers will accompany DACs back to their districts to provide one-on-one peer support and mentorship as the DAC begins the work of applying the concepts learned in the training to the unique issues experienced in the district. NASTAD anticipates being able to provide two cascade trainings for multiple districts, and follow-up support to 10 districts in 2007.

NASTAD will also provide technical support to a new stigma prevention initiative designed to enhance the existing CCEP. This program, implemented by MLG, uses trained facilitators to engage communities in a process to discuss and identify community problems and solutions to HIV (e.g., harmful traditional practices, gender inequality, and stigma). The CCEP has been effective at raising the awareness of community members, but has not provided them with a specific process or mechanism with which they can implement the solutions they generate. In Ethiopia, NASTAD has developed a workshop that uses community planning techniques to help communities learn how to develop and implement community-initiated action plans to address stigma and provide support to People Living With HIV/AIDS (PLWHAs), particularly around treatment adherence. In this activity, NASTAD will:
• Convene a working session with an identified Botswana PLWHA organization to revise the Ethiopian training to reflect Batswana community norms and values

- Provide a training of trainers' workshop utilizing the revised training manual

Trainers will then deliver the community planning training in conjunction with existing CCEP activities in a select number of districts, and provide ongoing technical assistance and support to those districts as they develop and implement their community-based stigma reduction action plans.

The partnership between NASTAD and the MLG supports several areas of USG emphasis and legislative interest. The activity builds local organization capacity, consistent with Botswana's NSF. 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.

Continued Associated Activity Information

Activity ID: 3540
USG Agency: HHS/Centers for Disease Control & Prevention
Prime Partner: National Association of State and Territorial AIDS Directors
Mechanism: NASTAD
Funding Source: GHAI
Planned Funds: $ 245,000.00

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	28	☐
Number of individuals trained in HIV-related policy development		☑
Number of individuals trained in HIV-related institutional capacity building	173	☐
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

The institutional capacity development in the eight districts will contribute to the training of 945 additional persons in capacity building and community mobilization using a train the trainer approach. That is, District AIDS Coordinators and their teams will provide training on evidence-based planning to members of District Multi-Sectoral AIDS Committees and their Technical Advisory Committees.

Target Populations:

Community leaders

Community-based organizations

Faith-based organizations

Non-governmental organizations/private voluntary organizations

People living with HIV/AIDS

Volunteers

Host country government workers

Key Legislative Issues

Volunteers

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: 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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9896
Planned Funds: $ 200,000.00

Activity Narrative: 07-X1411: UMDNJ- François-Xavier Bagnoud Center.

This activity has USG Team Botswana Internal Reference Number X1411. This activity links to the following: C0617 & P0102 & X1401 & X1406 & X1412 & X1415 & X1490.

The impact of HIV/AIDS on Botswana's healthcare system, coupled with health workforce shortages, has created substantial increases in the physical and emotional demands faced by health workers. Throughout the epidemic, health workers have been in the forefront of care and prevention activities, managing greatly increased numbers of severely ill patients and assuming new responsibilities for PMTCT services and more recently, antiretroviral (ARV) treatment. At the same time, it has become more difficult to respond to the demands of work, since many health workers themselves are HIV infected or are personally affected through ill family members or friends. Though in the forefront of the epidemic, many health workers are the last to seek treatment and care services and are both victims and perpetrators of stigma and discrimination.

GOB seeks to ensure that the present and future health workforce is able to cope with the demands of the epidemic and effectively perform its duties. To achieve this aim, the MOH, with EP support in 2005, implemented a needs assessment to obtain input from health workers in order to inform and guide the development of a National Wellness for Health Workers Programme. The study objectives were:
•To determine the magnitude, sources and indicators of stress among health workers.
•To identify strategies used by health workers to cope with work-related stress.
•To determine counseling and psychosocial support needs of health workers.
•To ascertain health worker preferences for delivery of psychosocial support services.
•To make recommendations to the Ministry of Health on the establishment of a National Wellness for Health Workers Programme.
In late 2006, the FXBC, a leader in PMTCT and comprehensive, family-centered HIV healthcare services to vulnerable populations, was tasked by the MOH and BOTUSA to assist in this process. Specifically, the FXBC reviewed and entered data collected for the caregiver needs assessment; completed a comprehensive analysis of data from written needs assessment survey; identified and developed additional theoretical perspectives to understand caregiver needs and guide development of a National Care for Caregivers Programme; conducted consultations in April 2006, which included interviews and site visits to inform and validate needs assessment survey data; presented initial draft report to the reference group and received comments and feedback; further developed a proposed strategy for National Care for Caregivers Program including minimum package of services using input from needs assessment data and stakeholders; and submitted a comprehensive final report of the Botswana National Wellness for Health Workers Needs Assessment for review and approval.

The findings of the report clearly substantiate the need for a National Wellness for Health Workers Program in Botswana but also identify challenges that must be addressed to ensure that such an initiative is effective and accessible. The goal of the National Wellness Program is to provide services and support opportunities to enhance the well-being and job satisfaction of health workers in order to improve their emotional and physical health, prevent burnout, enhance staff retention, and have a positive impact on patient care. This program is expected to increase health worker knowledge of HIV/AIDS, improve access to services and reduce stigma and discrimination.

Initial discussions identified components to address health worker needs that can build upon and complement existing resources and services and also address gaps. Improving access to, and uptake of, health services for health workers was identified as an immediate target for the program. To improve workers' health and help them better manage work-related stress, a minimum package of Wellness for Health Workers services was proposed. These services should be accessible to both professional and non-professional staff.

The minimum package of services proposed is:
1.Health services for staff that incorporate wellness (physical and emotional) services and workplace safety
2.Stress management programs, e.g., workshops, social and emotional support committees

3.Networking opportunities, e.g., support groups, resources for rest/tea breaks at work, recreation, e.g., choir, football, social celebrations
4.Training and staff development, e.g., workplace safety, team building, supervisory training and support
5.Health worker recognition/appreciation
With this in mind, the goal of the FXBC TA in Botswana in FY 07 for this activity is to support the development and implementation of the MOH Wellness for Health Workers initiative.

In FY 07 FXBC will provide technical assistance to the MOH's DHAPC for the Wellness for Health Workers program implementation. Specifically, the FXBC will work closely with the Care for the Caregiver Coordinator and the national steering committee for the program to develop the following: a monitoring and evaluation plan (including indicators), marketing plan (including a brochure), and training modules in stress management, team building, public relations and change management.

Emphasis Areas	**% Of Effort**
Human Resources	10 - 50
Local Organization Capacity Development	10 - 50
Strategic Information (M&E, IT, Reporting)	10 - 50
Training	10 - 50
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	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		☑

Target Populations:

Public health care workers

Key Legislative Issues

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: 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: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9897
Planned Funds: $ 300,000.00

Activity Narrative: 07-X1412: UMDNJ-HIV/AIDS Pre-service training.

This activity has USG Team Botswana Internal Reference Number X1412. This activity links to the following: P0102 & X1401 & X1411 & X1415 & X1490.

Since 2003, the FXBC has collaborated with the MOH and the Institute of Health Sciences (IHS) to provide technical assistance around pre-service and in-service PMTCT and HIV/AIDS training. The ongoing partnership with IHS aims to ensure high-quality pre-service training in HIV/AIDS by providing faculty with cutting-edge HIV/AIDS-related information, incorporating this information into curricula and making HIV/AIDS-related resources and information available to students. Over the past few years, FXBC has assisted with the incorporation of PMTCT into the midwifery curriculum, updated faculty annually on PMTCT and HIV, provided HIV-related resources to faculty and established resource corners in two institutes for students and staff.
The IHS consists of eight health training institutes, with over 500 students and eight programs through 10 departments. A basic diploma is offered for the following five subject areas: general nursing, medical laboratory technology, pharmacy technology, dental therapy and environmental health. Graduate level studies are offered for midwifery, family nurse practice and nurse anesthesia. The IHS has between 60 and 70 staff members, most of whom have master's degrees, and is managed by the MOH.
UMDNJ consists of eight (8) schools in addition to Newark's University Hospital and the University Behavioral HealthCare Center. In addition to its academic departments and schools, UMDNJ consists of various research- and practice-oriented institutes and centers. Once such center is the FXBC, established in 1990. The FXBC is a leader in addressing global health concerns, including HIV and AIDS, and has a well-established history of bringing together academic and research expertise to build the partnerships needed to address complex and changing family health issues worldwide. Collaboration is an essential component of the FXBC's success as well as the success of its partners. Fostering these relationships provides both parties with invaluable learning experiences that offer new pathways of development and growth.
The ongoing partnership between the IHS and the FXBC has identified an opportunity for the expansion of collaborative efforts. Further advancing the development of faculty and students at the two institutions would ultimately result in enhancement of both academic environments. In order to achieve this goal, FXBC will strengthen the relationship by establishing a more formal twinning partnership, in conjunction with relevant schools (e.g. School of Nursing) within UMDNJ.
Focus Area #1: Faculty and Student Development
To enhance the skills of graduating students in HIV/AIDS prevention and care, the FXBC will assist the IHS in delineating HIV/AIDS competencies required for each of the program offered. This will lay the foundation of appropriate development of HIV/AIDS-related courses and curricula. In 2007, FXBC will develop HIV/AIDS competencies for nursing and health education.

The FXBC will partner with IHS to establish faculty growth and development initiatives. This partnership will include a faculty-exchange program between the two institutions and allow faculty members to teach a semester in their partner institutions. This will benefit both UMDNJ and IHS by opening up new possibilities for academic growth, including access to UMDNJ long-distance courses for IHS faculty.

The FXBC staff holding academic appointments will also co-teach together with an IHS faculty member a course to students from IHS, thereby facilitating student and faculty growth and development. This course will be taught in Botswana. This will benefit students as they broaden their horizons to the possibilities of research and academic opportunities in the health professions.

The FXBC will expand the HIV/AIDS resource corners to 5 additional IHS libraries in order to expand to all eight locations, and will monitor their usefulness.

The FXBC will offer two update workshops on HIV/AIDS geared to the needs of IHS faculty. These training workshops will be selected based upon the results of a previously conducted need assessment of IHS faculty.

Focus Area #2: Skills development: Program evaluation and assessment

In order to enhance the scope of health-related evaluation, assessment and research activities at UMDNJ and IHS, the FXBC proposes to facilitate a researcher partnership program, through which individual faculty members from one institution will be given an opportunity to link with their counterparts at the other institution who share the same professional interest. It is anticipated that joint research activities will be geared towards practical/operational research areas that will result in enhancing the local capacity for effective healthcare provision. Negotiation of nature and scope of any joint research activities will remain the responsibility of individual researchers. The FXBC's responsibility will include facilitating negotiations between potential partners, while securing funding and clearance for various research projects will be the responsibility of individual faculty members.   To facilitate the highest quality of any joint activities, IHS will be able to access to UMDNJ's online research tools.

Emphasis Areas	**% Of Effort**
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		☑
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	73	☐
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:

Public health care workers

Key Legislative Issues

Twinning

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: AIHA
Prime Partner: American International Health Alliance Twinning Center
USG Agency: HHS/Health Resources Services Administration
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9898
Planned Funds: $ 175,000.00
Activity Narrative: 07 – X1413: American International Health Alliance Twinning Center (AIHA).

This activity has USG Team Botswana Internal Reference Number X1413. This activity links to the following: C0601 & C0817 & C0909 & X1493.

MISA is a regional non-government organization operating in the Southern African Development Community (SADC) region. MISA Botswana is one of the regional chapters. Currently, there are 20 organizations and 155 individuals affiliated to this chapter. One of the objectives of this chapter is to encourage the independent media to assume social responsibility and to publish information and statistics on social challenges including HIV/AIDS, to raise public awareness, and to advocate for policy and program implementation. MISA is managing 5 programs, including strengthening of media legislation; monitoring violations to media legislation; diversifying broadcasting; creating a supporting media environment; and legal protection of media.
This activity creates a twinning partnership between MISA Botswana with ZAMCOM, the Zambia Institute of Mass Communication Educational Trust through the American International Health Alliance Twinning Center. The goal of the partnership is for these two national journalism groups to share experiences and best practices and to participate in joint training activities to strengthen the skills of journalists in Botswana to effectively disseminate accurate, timely, and relevant information about Botswana's HIV/AIDS epidemic through practical, skills-based training. This activity is expected to contribute in the longer term to the overall reduction of stigma and discrimination in the country.
Print and media journalists from the 20 MISA member organizations in Botswana will be targeted, especially those who work in key media outlets or in the greatest areas of need. The Twinning activities will begin with an exchange visit to Botswana by ZAMCOM leaders to meet with leaders of MISA. This will be followed by an exchange visit by MISA leaders to meet with ZAMCOM leaders and to tour the ZAMCOM facilities. At this meeting, a partnership work plan and budget will be developed that identifies a specific project that the two groups will undertake together. The two partners will select one or two HIV-related target areas (e.g., stigma and discrimination; gender issues; women, HIV, and violence; male behavior and norms, etc.) and concentrate their activities to increase reporting skills in those areas. At least two training sessions for 40 Botswana journalists will be conducted and will highlight those areas selected by the partners. Each training session will be limited as it will be very intense and include field trips and story production.
Expected Results:
oExchange visits between Zambia and Botswana
oIncreased media coverage in the selected topic areas
oEstablishment of informal networks amongst Zambian and Batswana journalists
oRegional Workshop document on lessons and best practices in health journalism in Zambia and Botswana
oRecommendations for practical practices with action plans to mainstream HIV/AIDS within MISA and to proactively report on HIV/AIDS

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 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	50	☐
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 - 25

Target Populations:

Non-governmental organizations/private voluntary organizations

Key Legislative Issues

Twinning

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095
Prime Partner: Ministry of Health, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 9900
Planned Funds: $ 75,000.00
Activity Narrative: 07-X1415: Ministry of Health, Department of Ministry Management.

This activity has USG Team Botswana Internal Reference Number X1415. This activity links to the following: X1401 & X1411 & X1412 & X1490.

Since 2003, EP has supported the strengthening of pre-service training in PMTCT for nurses and allied health professionals with technical assistance from the UMDNJ 's FXBC. In 2007, this activity will be broadened to include strengthening of all HIV/AIDS pre-service education. The overall aim of the twinning activity is to ensure high-quality pre-service training in HIV/AIDS by providing faculty with cutting-edge HIV/AIDS-related information, incorporating this information into curricula and making HIV/AIDS-related resources and information available to students.
As part of this capacity building, FXBC works with and through the MOH HIV Training Coordinator who is responsible for all HIV training, course content and staff development. In 2007, the coordinator, who is funded by EP under the PMTCT program, will implement a number of activities to complement the technical assistance provided by the FXBC twinning program. These include regular update workshops to keep faculty abreast of Government of Botswana HIV/AIDS programs and their implementation; development of new courses on HIV/AIDS: 1) a basic HIV/AIDS course for entry level students, and 2) a course focusing on the social dimensions of the epidemic, and; the implementation of workplace programs for both faculty and students at the health training institutes.

This EP activity was previously funded under PMTCT.

Emphasis Areas	% Of Effort
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		☑
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	200	☐
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:

Public health care workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: ILO
Prime Partner: International Labor Organization
USG Agency: Department of Labor
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10267
Planned Funds: $ 200,000.00

Activity Narrative: 07-X1408: ILO/USDOL Trade Union Project.

This activity has USG Team Botswana Internal Reference Number X1408. This activity links to the following: X1407 & X1409 & X1491.

The Botswana AIDS Impact Survey (2004) estimates that about 272,000 people are presently living with HIV/AIDS in Botswana. This corresponds to a prevalence of 37.3% among persons in the prime of their productive lives. The workplace offers a unique setting to reach this vital and productive segment of the population with tailored messages and programs to address stigma and discrimination and HIV prevention. At the same time, it also provides the infrastructure and entry points for expanded access to antiretroviral treatment, care and support.

It is envisaged that the advent of new labor laws allowing for the unionization of civil society organizations will lead to an increase in the membership of the umbrella unions as well as registration of new sectoral trade unions. In this regard, working closely with trade unions presents an opportunity to reach more workers and, by extension, their family members. These organizations have limited capacity to deal with a wide spectrum of social and labor issues, including HIV/AIDS. However, they have a great potential in playing a key role in the national and enterprise-level response to HIV/AIDS. Therefore, it is of critical importance to sensitize and empower trade union leaders and their membership to fulfill this potential.

The main goal of this project will be to refer a greater number of workers to VCT, PMTCT and treatment services in collaboration with community-based partners. The key strategy will be to build up the capacity of trade unions at the national, sectoral and the enterprise level to promote, encourage and support their members in accessing and benefiting from community-based VCT, PMTCT and treatment services.

Building on the achievements of the ongoing ILO/U.S. Department of Labor (USDOL) Workplace Education Programme in Botswana and globally, the ILO proposes to extend its program to reach more workers and their families through the trade unions. Simultaneously, the close collaboration with relevant governmental institutions and employers' organizations will be maintained to ensure harmony. Support will continue to be provided to build the capacity within the Ministry of Labour and Home Affairs (MLHA) to further develop and apply laws, policies and guidelines related to HIV/AIDS and employment. Once the GOB adopts a national policy on HIV/AIDS and employment, there will be a need to assist private sector enterprises to revise their respective polices and guidelines. As for trade unions, there is need to develop national and sectoral policies on HIV/AIDS. Action at the workplace level is at the centre of the ILO strategy, and a critical mass of union representatives from the partner enterprises as well as additional enterprises will be sensitized and trained as peer educators in support of behavior change programs. Interventions at enterprise level are critical to overcome discrimination through effective policy development and changing workers behavior that will encourage them to seek VCT, PMTCT and treatment services. A condom distribution program will further reinforce action by the unions.

The efforts of the ILO will continue to build on the foundations established by the USDOL/ILO Workplace Education Project in Botswana. Over the past two years, the project has focused on policy development to overcome employment-related stigma and discrimination, prevention through behavior change among some 6,000 workers and their families. Thirteen enterprises from the construction, textiles, wholesale and retail, and hospitality and tourism sectors are collaborating with the project. A country-specific Performance Monitoring Plan (PMP) has been developed and baseline data have been collected.

Project activities in FY07 will include:
•Baseline assessments to assess knowledge levels of the Trade Unions
•Training of Trade Union leaders at both apex and sectoral levels on HIV/AIDS in the world of work and how to apply the ILO Code of Practice on HIV/AIDS in the world of work
•Appointment of HIV/AIDS Focal Point persons at both apex and sectoral levels
•Development of national and sectoral trade union policy/guidelines on HIV/AIDS and the

world of work
•Training of union representatives at enterprise level as peer educators to support behavior change programs
•Training of labor and factory inspectors on how to conduct HIV/AIDS audits
•Identification of community-based prevention, VCT, PMTCT and treatment services and establishment of arrangements for referral and support of workers to these services.

The program will utilize the existing functional infrastructure of the ILO/USDOL project and the collaborative arrangements between the MLHA and workers organizations. The tripartite Project Advisory Board will give strategic guidance to the program while the day-to-day management of the program will rest with the program Secretariat. The Secretariat comprises of the National Project Coordinator, Project Assistant and driver/ messenger. ILO will provide technical backstopping and expertise as well as administrative support in the implementation of the program components.
The program builds on the ILO's comparative advantages:
•Tripartite structure bringing governments, employers and workers together;
•Co-sponsorship of UNAIDS;
•Rich history in standard setting for the world of work;
•Trust relationships established and access to enterprises and workers;
•Expertise in many related sectors, from occupational safety and health to social security;
•Global network of field offices and experience in technical cooperation;
•Already developed and piloted BCC materials for workplace use;
•An array of resource material, manuals and guidelines for programming; and implementation and monitoring of technical cooperation components.

The ILO will monitor the program through missions, internal reviews, and regular reporting.

Emphasis Areas	% Of Effort
Workplace Programs	51 - 100

Targets

Target	Target Value	Not Applicable
Number of local organizations provided with technical assistance for HIV-related policy development	31	☐
Number of local organizations provided with technical assistance for HIV-related institutional capacity building		☑
Number of individuals trained in HIV-related policy development	62	☐
Number of individuals trained in HIV-related institutional capacity building	124	☐
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:

Adults
People living with HIV/AIDS
Migrants/migrant workers

Key Legislative Issues

Increasing gender equity in HIV/AIDS programs

Addressing male norms and behaviors

Reducing violence and coercion

Stigma and discrimination

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10269
Planned Funds: $ 40,000.00
Activity Narrative: 07-X1490: Technical Expertise and support-HQ base: Human Capacity Development.

This activity has USG Team Botswana Internal Reference Number X1490 (HQ base). This activity links to many other activities in this program area (X1401 & X1403 & X1405 & X1407 & X1410 & X1411 & X1412 & X1415).

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

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, Quality Improvement 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:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Private health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HQ GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10270
Planned Funds: $ 170,000.00
Activity Narrative: 07-X1490: Technical Expertise and support-HQ GHAI: Human Capacity Development.

This activity has USG Team Botswana Internal Reference Number X1490 (HQ GHAI). This activity links to many other activities in this program area (X1401 & X1403 & X1405 & X1407 & X1410 & X1411 & X1412 & X1415).

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

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, Quality Improvement 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:

Community-based organizations
Country coordinating mechanisms
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10271
Planned Funds: $ 40,000.00
Activity Narrative: 07-X1490: Technical Expertise and support-P: Human Capacity Development.

This activity has USG Team Botswana Internal Reference Number X1490 (post). This activity links to many other activities in this program area (X1401 & X1403 & X1405 & X1407 & X1410 & X1411 & X1412 & X1415).

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

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Policy and Guidelines	10 - 50
Quality Assurance, Quality Improvement 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:

Country coordinating mechanisms
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10273
Planned Funds: $ 36,000.00
Activity Narrative: 07-X1491: Technical Expertise and Support—Workplace.

This activity has USG Team Botswana Internal Reference Number X1491. This activity links to the following: X1408 & X1409 & X1414.

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

Emphasis Areas

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, Quality Improvement 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:

Business community/private sector
Country coordinating mechanisms
International counterpart organizations
Non-governmental organizations/private voluntary organizations
Program managers
Host country government workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HQ GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10274
Planned Funds: $ 250,000.00
Activity Narrative: 07-X1492: Technical Expertise and Support—Information Technology and Management.

This activity has USG Team Botswana Internal Reference Number X1492.

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

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, Quality Improvement 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:

Country coordinating mechanisms
USG in-country staff
District Multi-Sectoral AIDS Committees Capacity Strengthening
Host country government workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	HQ Base
Prime Partner:	US Centers for Disease Control and Prevention
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	10275
Planned Funds:	$ 150,000.00
Activity Narrative:	07-X1493-HQ: Technical Expertise and Support—Communications and Media.

This activity has USG Team Botswana Internal Reference Number X1493 (HQ). This activity links to the following: X1413.

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

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, Quality Improvement 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:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
USG in-country staff
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10276
Planned Funds: $ 100,000.00
Activity Narrative: 07-X1493-P: Technical Expertise and Support—Communications and Media.

This activity has USG Team Botswana Internal Reference Number X1493 (post). This activity links to the following: X1413.

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

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, Quality Improvement 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:

Community-based organizations
Country coordinating mechanisms
Faith-based organizations
International counterpart organizations
Non-governmental organizations/private voluntary organizations
USG in-country staff
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: HQ GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10277
Planned Funds: $ 300,000.00
Activity Narrative: 07-X1494: Technical Expertise and Support—ADS.

This activity has USG Team Botswana Internal Reference Number X1494.

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

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, Quality Improvement 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:

Country coordinating mechanisms
International counterpart organizations
USG in-country staff
Host country government workers
Public health care workers
Implementing organizations (not listed above)

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: Technical Assistance
Prime Partner: National AIDS Coordinating Agency, Botswana
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 10323
Planned Funds: $ 220,000.00
Activity Narrative: 07-X1416 PEPFAR Coordinator.

The Government of Botswana has a Cooperative Agreement with HHS/CDC for five years from September 15, 2005 to implement a significant multi-disciplinary initiative targeting HIV/AIDS. This is the most significant financial agreement managed by BOTUSA with $14.8 million from COP05, $22.2 million from COP06 and $20.5 million from COP07 awarded. This agreement therefore has substantial programmatic management, monitoring and reporting requirements which must be maintained.

The National AIDS Coordinating Agency (NACA) under the Office of the President has been charged in government to provide strategic oversight and management to all HIV/AIDS related activities in Botswana. NACA, using PEPFAR funds has a full time 'Principal Programme Planning Officer' to conduct the routine business management of the GOB Cooperative Agreement on behalf of the government.

The purpose of this activity is to continue financial support to the post, who can, in collaboration with BOTUSA and the ministries, provide comprehensive financial and programmatic support to the implementing partners under the GOB CoAg.

The post will supply high quality oversight and transparency documentation to the GOB Principal Investigator, business official and BOTUSA in a routine and timely manner.

National AIDS Spending Assessement (NASA)
The monitoring and evaluation of the policy responses would be greatly facilitated if policymakers were continually well informed about the overall flow of funds for health in Botswana, both from the perspective of who is financing such spending, and the purposes for which it is being used. The resource envelope revealed by these flows and their current uses will enable policymakers to assess overall resource constraints, choose among competing demands on health resources and, depending on the nature of these flows, identify policy mechanisms best able to achieve desired health objectives.

The NASA resource tracking algorithm is designed to describe the financial flows and expenditures using the same categories as the globally estimated resource needs. This alignment is recommended in order to provide the necessary information (as advised by the Global UNAIDS Resource Tracking Consortium) on the financial gap between resources available and resources needed, as well as a greater harmonization of different policy tools frequently used in the field of HIV and AIDS.

By doing so, NASA provides indicators of the financial country responses to HIV/AIDS and supports the monitoring of resource mobilization. Thus, NASA is a tool to install a continuous financial information system within the national monitoring and evaluation framework.

NASA serves several purposes within different time-frames. In the short term, NASA aims to contribute to the production of an UNGASS indicator for public expenditure; in the longer term, more comprehensive information provided by NASA may be used to:
a) monitor the implementation of the National Strategic Plan;
b) monitor advances towards completion of nationally or internationally adopted goals such as universal access to treatment or care;
c) provide evidence of compliance with the principle of additionality required by a few external donors or international agencies; and fulfill other information needs as these emerge always more demanding

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

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	2	☐
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:

National AIDS control program staff

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism:	GAP 6
Prime Partner:	JHPIEGO
USG Agency:	HHS/Centers for Disease Control & Prevention
Funding Source:	GHAI
Program Area:	Other/Policy Analysis and System Strengthening
Budget Code:	OHPS
Program Area Code:	14
Activity ID:	12395
Planned Funds:	$ 53,000.00

Activity Narrative: In 2004, the Ministry of Health, with PEPFAR support, developed the KITSO HIV/AIDS training program to guide the Ministry and its training partners in the coordination of HIV/AIDS health professional training in Botswana. As part of the monitoring and evaluation of this training, the plan proposes the creation of a national training database. The Ministry of Health, after careful consultation, has decided to use/adapt the Training Information Monitoring System (TIMS©) developed by JHPIEGO.

TIMS is a computer-based tool used to track and monitor training efforts. It is a Microsoft Access database application used to store information about training course content, timing, participants and trainers. In TIMS, each person's skills, qualifications and current facility are stored, along with courses taken, courses taught and competencies achieved and maintained.

TIMS is able to track information about courses, participants and trainers to report items such as:
• Number of courses held summarized by training centers, districts or provinces
• Number of courses held on specific topics in a given timeframe, the sponsors and number of people attended
• Number of course participants each funding agency or award is providing training for
• The types of health facilities where trained health care professionals work
• The levels of clinical and training skills competency participants have attained
• If providers are attending complementary or duplicate courses
• Which trainers have been conducting courses and how many have they trained
• Which course participants have received a follow-up assessment of their skills
• The results of training follow-up visits to specific course participants

TIMS has standard and customizable data elements for monitoring events, participants, and trainers. There are over 60 standard reports included in TIMS and using MS Access 2000 query and reporting tools, a database administrator can add more reports to the TIMS reports menu, for easy access by end users. Additionally, data can be exported from TIMS into common formats for:
• Graphing
• Mapping
• Tabular presentation
• Statistical analysis

JHPIEGO has facilitated the use of TIMS for training programs in 15 countries in Africa, Asia and Caribbean.

JHPIEGO will provide technical assistance and training in the adaptation and use of TIMS to the MOH. This will require the following:
1. A needs assessment will be undertaken to assess how TIMS will be used and applied for supporting training programs in Botswana.
2. The system will be customized for local use and local technical capacity and information infrastructure in facilities where TIMS would be deployed will be assessed.
3. Data collection forms and sample database will be developed to suit the needs of the training program.
4. Pre-existing provider databases for "pre-populating" TIMS provider data table will be identified and gathered.
5. Program managers, M&E officers, data entry personnel and other future TIMS users will be trained on all aspects of the system.
6. IT professionals will be briefed on common ongoing support questions they may need to respond to.
7. JHPIEGO will work onsite with new TIMS users to assure program is installed correctly on desktops and/or networks and practice data entry and report generation with real or sample data.
8. JHPIEGO will provide ongoing technical assistance.

A training manual has been developed and will be made available to the staff at the MoH. A computer and printer will also be provided as part of the package. MOH will hire a data clerk to be responsible for data entry.

Emphasis Areas	% Of Effort
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		☑
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:

Host country government workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: CoAg # U62/CCU025095

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHAI

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 12398

Planned Funds: $ 147,000.00

Activity Narrative: The impact of HIV/AIDS on Botswana's healthcare system, coupled with health workforce shortages, has created substantial increases in the physical and emotional demands faced by health workers. Throughout the epidemic, health workers have been in the forefront of care and prevention activities, managing greatly increased numbers of severely ill patients and assuming new responsibilities for PMTCT services and more recently, antiretroviral (ARV) treatment. At the same time, it has become more difficult to respond to the demands of work, since many health workers themselves are HIV infected or are personally affected through ill family members or friends. Though in the forefront of the epidemic, many health workers are the last to seek treatment and care services and are both victims and perpetrators of stigma and discrimination.

GOB seeks to ensure that the present and future health workforce is able to cope with the demands of the epidemic and effectively perform its duties. To achieve this aim, the MOH, with EP support in 2005, implemented a needs assessment to obtain input from health workers in order to inform and guide the development of a National Wellness for Health Workers Programme. The study objectives were:

- To determine the magnitude, sources and indicators of stress among health workers.
- To identify strategies used by health workers to cope with work-related stress.
- To determine counseling and psychosocial support needs of health workers.
- To ascertain health worker preferences for delivery of psychosocial support services.
- To make recommendations to the Ministry of Health on the establishment of a National Wellness for Health Workers Programme.

In late 2006, the University of Medicine and Dentistry of New Jersey – François-Xavier Bagnoud Center (FXBC) was tasked by the MOH and BOTUSA to assist analyzing the data. The findings of the report clearly substantiate the need for a National Wellness for Health Workers Program in Botswana but also identify challenges that must be addressed to ensure that such an initiative is effective and accessible. The goal of the National Wellness Program is to provide services and support opportunities to enhance the well-being and job satisfaction of health workers in order to improve their emotional and physical health, prevent burnout, enhance staff retention, and have a positive impact on patient care. This program is expected to increase health worker knowledge of HIV/AIDS, improve access to services and reduce stigma and discrimination.

The MOH is spearheading this program with partial funding from PEPFAR (2006 funds under counseling and testing) and technical support from FXBC. To date, a national steering committee has been formed, district managers briefed, an assessment of the hospitals conducted, a study tour undertaken, a three-year implementation plan and a marketing brochure developed.

This activity will provide funding directly to the MOH for the following activities: 1) Development, printing and dissemination/training of wellness program guidelines, 2) Program launch, 3) Printing of training manuals being developed by FXBC, 4) Training of Trainers in the use of the manuals, and 5) Development of promotional materials.

Emphasis Areas	% Of Effort
Training	10 - 50
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	160	☐
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:

Public health care workers

Coverage Areas:

National

Table 3.3.14: Activities by Funding Mechanism

Mechanism: N/A
Prime Partner: Joint United Nations Programme on HIV/AIDS
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 12401
Planned Funds: $ 100,000.00

Activity Narrative: 07-X1414: Support to the National AIDS Coordinating Agency (NACA).

This activity has USG Team Botswana Internal Reference Number X1414. This activity links to the following: X1406 & X1407 & X1491.

NACA was established in 2000 to provide a more coordinated approach to the expanded national response in the fight against HIV/AIDS. NACA is secretariat to NAC, the highest national HIV/AIDS body, and has the following primary functions:
•Policy and program development
•Strengthening institutional capacity at national, district and community levels
•Coordinating and facilitating implementation of programs and strategies at national, district, sub-district and community levels
•Monitoring and evaluation of programs and strategies
•Resource mobilization

Key HIV coordinating structures in Botswana currently include the Global Fund to fight AIDS, Tuberculosis, and Malaria (GFATM) Country Coordinating Mechanism (CCM), the Development Partners' Forum chaired by Ministry of Finance and Development Planning, and the HIV Partnership Forum chaired by NACA. Despite the existence of these and the willingness of partners to participate in them, effective program coordination has been severely hampered by underutilization of these and related structures.

Botswana holds two GFATM awards-- one for HIV for about $18 million from Round 2 and one for TB for about $9 million from Round 5. About half of the total HIV award had been spent by the end of the 2 year program period. A no-cost extension has been requested but not yet granted. No TB funds have been provided yet. The National TB Program Review supported by the Emergency Plan (EP) with intensive financial and technical resulted in excellent recommendations that can be carried out with the joint use of GFATM monies and EP assistance. Performance with regard to utilizing GF funds from Round 2 and Round 5 and accounting for this funding has been such that there is a risk that no further funding will be received. The CCM in country has faced many challenges and did not meet the CCM eligibility criretria. Hence the delay in signing and approval of the Round 5 grant. During April – September 2006, the CCM has met regularly and has tried to reinforce its internal working procedures and structure in order to meet the criteria.

EP in Botswana works closely on planning and reporting with Botswana's CCM for the GFATM, which pre-exists the EP. The CDC Director/Chief of Party participates in CCM meetings, and the Chair of the NACA who is also the Chair of the CCM Subcommittee on HIV/AIDS coordinates meetings of that subcommittee and of technical working groups during COP planning and reporting each year. The CCM works with us on the COP and the Annual Report and has the opportunity to review and approve the final documents prior to submission. Use of existing structures such as the CCM and the Partnership Forum to coordinate the Government of Botswana (GOB) response to the HIV epidemic with that of international agencies contributing to that response is efficient for both EP and GOB in order to optimize resource allocation and activity planning.

In FY2007, EP will work to strengthen coordination among development partners in order to provide more efficient service to the GOB in its response to the epidemic through several approaches. Our joint participation with these other partners in the CCM, the Partnership Forum and perhaps in the Development Forum has potential to change the environment to one of coordinated collaboration and to optimize use of GF grants available in current awards and any future GF application rounds.

Currently the USG is a voting member on the CCM and participates actively in the Country Implementation Support team. With the planned financial support we hope to provide in-country technical assistance to write select and submit grant applications, improve implementation of GFTAM activities, and enhance collaboration between EP and GFTAM.

The USG in collaboration with UNAIDS will continue to advocate for improved donor coordination and collaboration and, in 2007, strengthen NACA's coordinating role by assisting NACA in hosting the HIV Partnership Forum and providing technical support where necessary. These funds will support an AIDS Policy Advisor who will be placed at NACA to organize quarterly partner meetings and provide secretarial support. Additionally,

USG Botswana has allocated some of these funds for this new position at NACA to help facilitate GFATM in-country CCM restructuring and reinforcement and ultimately grant implementation. It is hoped that the new position will provide technical assistance to the CCM through provision of information and exposure to best practices and through identifying an on-site senior advisor who would work closely with the GFATM coordinating mechanisms and HIV development partners. This approach (i.e. making advisors available to the CCM) is expected to improve the collaboration between GFATM and the EP.

Emphasis Areas	% Of Effort
Development of Network/Linkages/Referral Systems	10 - 50
Human Resources	51 - 100
Linkages with Other Sectors and Initiatives	10 - 50
Local Organization Capacity Development	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	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		☑

Target Populations:

National AIDS control program staff

Other MOH staff (excluding NACP staff and health care workers described below)

Coverage Areas:

National

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: $ 4,974,204.00

Program Area Context:

In this plan, the USG team Botswana is expanding the in country EP role of the Regional Center of Southern Africa (RCSA) USAID, Department of Defense (DOD), and Peace Corps (PC) as well as adding a new country team member, the US Department of Labor (DOL). State and HHS/CDC will continue to play leadership roles. In Botswana, human capacity development (HCD) is weak; in response, we are increasing the role and budget of HHS/HRSA through involvement of I-TECH.

Under the direction of Ambassador Canavan and Deputy Chief of Mission (DCM) Philip Drouin, State coordinates EP activities in country. Recently the country team hired an EP coordinator who reports to the DCM and will work closely on a day-to-day operational basis with HHS/CDC/BOTUSA and other U.S. Mission partners. Funds will be channeled through State to the Regional Procurement Support Office in Germany for construction (C0803, T1108, T1202), UNHCR (T1118) and Test for Life (C0907.

At HHS/CDC, some areas have recently been strengthened by addition of a Medical Officer for Palliative Care, a Laboratory Chief, and an OVC Coordinator. We intend to further strengthen the EP staff by adding 2 additional M&E officers, a TB/HIV Medical Officer and a Human Capacity Development (HCD) officer. Without a bilateral USAID program in Botswana, over 80% of EP funds will be managed by HHS/CDC/BOTUSA.

In the absence of a bilateral USAID presence in the country, we propose that USAID hire a US personnel services contractor(USPSC) who will be housed in the USAID RCSA in Gaborone. This will allow the country team to draw on the USAID strengths of civil society strengthening, policy assistance, and assistance with OVC projects; it will also expand and complement our existing channels for funding. In the past, some of these functions were carried out by the USAID Regional HIV AIDS Program (RHAP) in South Africa. However, all parties have agreed that an in-country presence is important. The USPSC will oversee about $7,000,000 of EP funds, including funding for Supply Chain Management System (SCMS, P0106, T1005, T1205), the Ambassador's HIV/AIDS Initiative (P0223, P0515, C0617, C0801), NGO capacity building (P0211-P0221, C0602-C0608, C0804-C0810, X1406), and other programs (P0202; C0815, P0223; P0515; C0801)

PC plans to expand the reach of EP to more remote areas of the country. In addition to additional volunteers 3 and a half PC PSCs are budgeted for in FY 2007. They include a Program assistant, Administrative Assistant, Driver, and a part-time Medical Assistant. They will support PC EP activities in the OVC program and the Life Skills program. (P0224, P0516, C0818)

The DOD and the DOL will provide HIV/AIDS services to the military (P0226, P0510, C0905, T1110, T1204) and trade unions (X1408), respectively. In addition to its support for the Botswana military, DOD has used their Humanitarian Assistance program to build counseling and testing centers and orphan centers. DOD will be hiring one person to manage their EP activities. DOL will complement their earlier work with the Botswana Business Coalition on AIDS (BBCA) through increased work with the trade unions.

In FY 2007 twelve new staffing and management positions are being requested:
•USAID USPSC: The Botswana team will recruit an experienced USAID USPSC on a 2 year contract. This person will add value by managing a portfolio of about $7 million and providing USAID institutional and program expertise as well as providing ready access to USAID implementing partners (X1504) and funding mechanisms.
•DOD Technical Advisor/Program Manager Locally employed staff (LES): This person will be recruited to manage the DOD activities (X1503).
•Supply Chain Management System (SCMS) Lead Resident Advisor (PSC): This person will work with the Senior Logistics Advisor (LES) to provide technical assistance and support to the Central Medical Stores in Botswana for the development of modern logistics practices and technologies to efficiently carry out its

responsibility of procurement, quality assurance, storage and distribution of HIV/AIDS related commodities for all government, mission, mine and non-governmental organizations in Botswana. This will include the National Health Laboratory, the national PMTCT program, a Logistics Management Information System among others
•SCMS Senior Logistics Advisor (PSC): (see above)
•PC Administrative/Support Staff (LES): A driver will be recruited locally.
•HHS/CDC M&E officer (LES): The M&E portfolio is growing larger and more complex. The HHS/CDC/BOTUSA M&E Section requires additional staff to conduct many needed evaluations and collaborate/manage a large initiative with I-TECH to build government M&E capacity at district level.
•HHS/CDC Blood Safety & Injection Safety Officer (LES): The blood safety and injection safety portfolio is growing larger and more complex. Additional staff (LES) is required to manage these activities.
•HHS/CDC Counseling and Testing(CT)/ Prevention Team leader (FTE): 27% of our COP07 budget is allocated to prevention efforts. A prevention team leader is requested to ensure sustainability and closer integration of the 5 prevention and the CT strategies and biomedical aspects of CT and prevention. A medical officer is needed for this position.
•HHS/CDC Care and Treatment (FTE): 42% of our COP07 budget is allocated to treatment budget. Current officers (n=2) are responsible for treatment and palliative care. Additional staff person is needed for overall coordination, sustainability and closer integration
•HHS/CDC Strategic Information & Targeted Evaluation Specialist (FTE): HHS/CDC/BOTUSA requires this position to oversee surveillance, M&E and targeted evaluation activities. HHS/CDC/BOTUSA wishes to re-organize its staff to correspond with EP classifications and activities and this position would make this possible. Currently there are two contractors in the M&E section. An FTE is requested to ensure long term sustainability.
•HHS/CDC Associate Director for Science (FTE): staff person is needed to ensure capacity building and training of staff in epidemiologic methods to evaluate impact of programs, to liaise with Atlanta for clearance of program evaluations, program announcements, and other documents as well as clear protocols and publications through local and HHS/CDC/HQ ethical and programmatic review committees.
•HHS/CDC Informatics chief (FTE – FY 08): The current Informatics Chief's FTE is on loan until FY2008. This person handles a large IT and informatics portfolio including management of our large LAN in two cities, providing technical assistance and coordination with our partners, implementing the Botswana information System and CRIS with our partners and linking it to our EP reporting system, supervision of a large informatics section at BOTUSA, program application development, LAN hardware and software, database management and other issues.

Botswana does not have a large enough pool of Batswana to fill senior-level technical positions, forcing us, like the GOB, to recruit expatriates and use contract mechanisms. The GOB is working on building health resources at the University of Botswana, but localization is not anticipated in the near future. In COP 07, priority is being given to develop a HCD and Deployment Plan. (See 07-P-0108.).

Capital Security Cost Sharing (CSCS): HHS/CDC is the only agency that is charging CSCS to EP. In FY 2007 the Botswana estimates for CSCS are $150,000. These charges apply to the total number of existing or authorized positions which occupy USG space. Since HHS/CDC staff is housed in Ministry of Health (MOH) buildings, the CSCS tax is applied only to those in the Embassy who do ICASS work for HHS/CDC. ICASS: In FY 2007 the Botswana estimates for ICASS are estimated at $350,000 for HHS/CDC and $54,000 for USAID to support their PSC. Other agencies do not charge ICASS costs to PEPFAR.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: HQ Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10325
Planned Funds: $ 822,419.00
Activity Narrative: 07-X1501-H CDC Management-administration.

Administrative costs: In FY 2007 the Botswana estimates for Administrative costs from Base at HQ are $1,118,419. These include salaries, benefits, travel, training, and support for the Director, Deputy Director, Associate Director for GAP and PHA GAP; IT and network support; equipment (printers, graphics, computers, fax, video conference etc.); and travel and per diem costs for TDYers supporting cross cutting areas.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Local Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10326
Planned Funds: $ 2,116,785.00
Activity Narrative: 07-X1501-P CDC Management-administration.

These funds support local management and staffing costs including salaries, travel costs, training; utilities and telecommunications for sites in Gaborone and Francistown; space, leases and warehousing; security services; IT and network support; equipment (printers, graphics, computers, fax, video conference etc.) and maintenance contracts; motorpool and supplies; 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 3.3.15: Activities by Funding Mechanism

Mechanism: HQ
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10327
Planned Funds: $ 396,000.00
Activity Narrative: 07-X1502 PEPFAR Coordinator.

These funds support the salary and benefits of the EP coordinator who reports to the DCM and will work closely on a day-to-day operational basis with HHS/CDC/BOTUSA and other U.S. Mission partners.

A portion of these funds will also support the PEPFAR Coordinator with an LES assistant and a share in administrative support and office space.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: HQ
Prime Partner: US Department of Defense
USG Agency: Department of Defense
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10328
Planned Funds: $ 50,000.00
Activity Narrative: 07-X1503 DOD Management-administration.

This activity will be paid through the DoD Coordinating Office at the Naval Health Research Center. This position will oversee US $350K to $400K in PEPFAR fund execution and coordinate integration of other DoD programs into the overall HIV treatment and prevention effort. Funds will pay salary, training and other administrative costs for this employee.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: Post
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10329
Planned Funds: $ 450,000.00
Activity Narrative: 07-X1504 USAID Management-administration.

USAID USPSC: The Botswana team will recruit an experienced USAID USPSC on a 2 year contract. This person will add value by managing a portfolio of about $7 million and providing USAID institutional and program expertise as well as providing ready access to USAID implementing partners (X1504) and funding mechanisms.

A portion of these funds will also be used for an LES assistant and a share in administrative support and office space.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: HQ
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10331
Planned Funds: $ 54,000.00
Activity Narrative: 07-X1505 ICASS/Capital Security--USAID

Estimated ICASS costs for the USAID PSC is $54,000.

Table 3.3.15: Activities by Funding Mechanism

Mechanism: HQ GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10332
Planned Funds: $ 885,000.00
Activity Narrative: 07-X1506 ICASS/Capital Security--CDC.

Capital Security Cost Sharing: In FY 2007 the Botswana estimates for CSCS are $146,844. These charges apply to the total number of existing or authorized positions which occupy USG space. Since CDC staff is housed in Ministry of Health buildings, the CSCS tax only is applied to those in the Embassy who do ICASS work for CDC keeping costs minimal.

ICASS: In FY 2007 the Botswana estimates for ICASS are estimated at $322,541 for CDC.

CDC charges for Embassy support will apply as follows:

COST CENTER CODE	FY 2007 Subs. Level	FY 2007 WKLD

HHS - CDC GLOBAL AIDS PROGRAM (PEPFAR) - 7552.0

Basic Package	6150	1	5
Information Mgmt	5458	1	3
Health Services	5624	1	13
General Services	6145	0.6	9.12
Shipment & Customs	6145-0001	1	15.2
Information Mgmt	6196	0.6	5
Fin. Mgmt	6225	0.6	1590
Personnel Svc	6445	1	51
STL Res Buildg operation	7850	1	807.5

NEW SPACE: In May 2007 a Staffing for Results (SFR) visit to Botswana took place. One of the recommendations of the SFR team was that the USG PEPFAR team should be consolidated into one office. Another new development in April 2007 was the announcement of the closure of RCSA USAID operations in Botswana. The latter are currently occupying a large Government of Botswana office complex space but are planning to vacate this space by August 2007. The US Ambassador is currently negotiating with Botswana Government to use the vacant building for the USG PEPFAR team. If these negotiations succeed, we anticipate needing USD $300,000 for completing the move of the CDC/GAP team (currently housed in the BOTUSA office) to the new USG PEPFAR building. Funds would be used to buy furniture and do make ready maintenance (painting, security updates, IT networking and satellite infrastructure).

Table 3.3.15: Activities by Funding Mechanism

Mechanism: contract
Prime Partner: Regional Procurement Support Office/Frankfurt
USG Agency: Department of State / African Affairs
Funding Source: GHAI
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 10335
Planned Funds: $ 200,000.00
Activity Narrative: 07-X1507 RPSO-Renovation/Expansion of BOTUSA.

In May 2007 a Staffing for Results (SFR) visit to Botswana took place. One of the recommendations of the SFR team was that the USG PEPFAR team should be consolidated into one office. Another new development in April 2007 was the announcement of the closure of RCSA USAID operations in Botswana. The latter are currently occupying a large Government of Botswana office complex space but are planning to vacate this space by August 2007. The US Ambassador is currently negotiating with Botswana Government to use the vacant building for the USG PEPFAR team. Another recommendation of the SFR team is to hire more locally employed staff (LES) for the USG PEPFAR team. If these negotiations succeed, we anticipate only needing USD $200,000 for construction/renovation to modify existing large offices into smaller ones and to make additional changes (e.g. a second entry/exit at the back, constructing a warehouse and creating extra conference rooms).

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2007?	☐ 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 2007?	☐ 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 2007?	☐ Yes	☑ No
When will preliminary data be available?		
Is an Anc Surveillance Study planned for fiscal year 2007?	☑ Yes	☐ No
if yes, approximately how many service delivery sites will it cover?	150	
When will preliminary data be available?	12/31/2007	
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 2007?	☐ Yes	☑ No

Other significant data collection activities

Name:
Safe household water for infant formula

Brief description of the data collection activity:
A sample of 2000 pregnant, HIV infected women intending to formula feed their infants will be recruited from antenatal clinics (ANC). They will be randomized into 2 groups of 1000 women each. The first group will receive detailed education and counseling from study staff about standard safe formula feeding and hygiene practises. The second group will receive the same education,,and supplies and instruction for a point-of-use water decontamination system and safe water storage system (a "safe water system", or SWS) will be provided. .Data will be collected about formula feeding practises and episodes of severe diarrhea and death during the infant's first year as children attend immunization clinics.

Preliminary data available:
December 31, 2007

Name:
Counseling and Testing Outreach

Brief description of the data collection activity:
BOTUSA and its partners at the Ministry of Health, NACA, and the Ministry of Local Government are planning an intervention to offer Counseling and Testing Outreach for all households in two neighborhoods within Selibe-Phikwe and Bobirwa districts.
n
nDuring Phase I of the intervention (the pilot phase), operational aspects, acceptability, and potential adverse effects will be closely monitored through systematic collection of input from counseling-testing teams, clients, local authorities, clinical providers and non-governmental organizations.
n
nDuring Phase II of the intervention, teams will continue to gather operational information as in Phase I of the intervention, but will also conduct two surveys, one before Phase II of the intervention begins, and one conducted several months after it has ended. The surveys will assess the intervention's effects in toward achieving its goals and objectives.
n

Preliminary data available:
December 31, 2007

Name:
Use of PMTCT data for suveillance

Brief description of the data collection activity:
The study will assess the utility of PMTCT data for HIV surveillance and describe PMTCT-related selection biases. Specifically, it will compare HIV prevalence estimates from PMTCT program data with that of ANC surveillance data. It will describe the operational characteristics of PMTCT clinics and assess the utility of ANC surveillance data for PMTCT monitoring and evaluation.

Preliminary data available:
December 31, 2007

Name:
Youth behavior survey

Brief description of the data collection activity:
Therefore the main research question is: did the youth exposed to the comprehensive HIV prevention program for youth (P0203) intervention delay sexual debut, reduce partners, adopt secondary abstinence, and exhibit better life skills, compared to youth not exposed to the intervention? The information will inform plans for project expansion and continuation. The outcomes of interest include measures of knowledge, attitudes, and behaviors, including those related to parental communication.

Preliminary data available:
December 31, 2007

Name:
Needs Assessment of PLWHA

Brief description of the data collection activity:
This survey will evaluate the community based home care program of the Ministry of Health and provide a needs assessment of gaps in care and support delivery for people living with HIV/AIDS in the country. Botswana has about 260,000 PLWHA who are eligible for one or more of the components of continuum of care services. Approximately 65,000 PLWHA are currently receiving ARV therapy under the MASA program; close to 35% of households with orphans receive psychosocial and food basket support services; and about 12,000 PLWHA have been registered under community home-based care (CHBC) program run by the MOH to receive palliative care in the home environment. Nonetheless, no systematic data exists on the coverage, utilization, or effectiveness of the overall HIV/AIDS care and support in the country.

Preliminary data available:
December 31, 2007