
Populated Printable COP

2009

Botswana

Generated 9/28/2009 12:01:26 AM

Table 1: Overview

Executive Summary

None uploaded.

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:

test

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Letter from Ambassador Nolan.pdf	application/pdf	11/14/2008		TSukalac

Country Contacts

Contact Type	First Name	Last Name	Title	Email
PEPFAR Coordinator	Thierry	Roels	Associate Director GAP-Botswana	roels@bw.cdc.gov
DOD In-Country Contact	Chris	Wyatt	Chief, Office of Security Cooperation	wyattwm@state.gov
HHS/CDC In-Country Contact	Thierry	Roels	Associate Director GAP-Botswana	roels@bw.cdc.gov
Peace Corps In-Country Contact	Peggy	McClure	Director	PMcClure@bw.peacecorps.gov
USAID In-Country Contact	Joan	LaRosa	USAID Director	larosaj@bw.cdc.gov
U.S. Embassy In-Country Contact	Phillip	Druin	DCM	drouinpr@state.gov
Global Fund In-Country Representative	Batho C	Molomo	Coordinator of NACA	bmolomo@gov.bw

Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	\$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal	116,913			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	4,500	38,500	43,000
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	1,500	14,500	16,000
Care (1)				
End of Plan Goal	165,000	65,923	252,609	318,532
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	34,558	137,409	171,967
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	673	2,709	3,382
8.1 - Number of OVC served by OVC programs	0	31,365	115,200	146,565
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	114,120	112,770	226,890
Treatment				
End of Plan Goal	33,000	9,511	108,510	118,021
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	9,511	108,510	118,021
Human Resources for Health				
End of Plan Goal	0	0	0	0
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
Prevention			
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	4,950	39,270	44,220
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	1,650	15,950	17,600
Care (1)			
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	38,014	151,150	189,164
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	741	2,980	3,721
8.1 - Number of OVC served by OVC programs	34,502	126,720	161,222
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	125,532	124,047	249,579
Treatment			
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	10,462	119,361	129,823
Human Resources for Health			
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Capacity building assistance for GAP through technical assistance collaboration

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 1367.09

System ID: 10375

Planned Funding(\$): ██████████

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: No

Mechanism Name: Expansion of Counseling and Psychosocial Support to HIV positive pregnant mothers and their families in Botswana

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11088.09

System ID: 11088

Planned Funding(\$): ██████████

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: No

Mechanism Name: New CoAg Communication strategies on Male circumcision

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 11098.09

System ID: 11098

Planned Funding(\$): ██████████

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: Yes

Mechanism Name: New CoAg- Health Care Providers Training

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 7804.09

System ID: 10405

Planned Funding(\$): ██████████

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: To Be Determined

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: New CoAg- Injection Safety

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7785.09
System ID: 10403
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: New CoAg Male circumcision scale up of services

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11097.09
System ID: 11097
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: New CoAg- PediatricCare

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7803.09
System ID: 10404
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: TBD HQ Contracts

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8744.09
System ID: 10450
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Technical Assistance for In-Service Training of Health Care Providers in Botswana in Management of HIV/AIDS and HIV/TB Co-infection

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11100.09
System ID: 11100
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: AIDStar Mechanism

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7761.09
System ID: 10402
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: Refugee ART Program

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 12178.09
System ID: 12178
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: Self-Help Support

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11682.09
System ID: 11682
Planned Funding(\$): ██████████
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: 674-A-00-08-00077 - Capable Partners Program

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7757.09
System ID: 10398
Planned Funding(\$): \$2,383,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Academy for Educational Development
New Partner: No

Sub-Partner: Botswana Business Coalition on AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other, HVTB - Care: TB/HIV

Sub-Partner: True Love Waits
Planned Funding: \$100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Mechanism Name: New CoAg Twinning

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11102.09
System ID: 11102
Planned Funding(\$): \$1,042,500
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: American International Health Alliance Twinning Center
New Partner: Yes

Sub-Partner: African Palliative Care Association
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Human Development Foundation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Marang Child Care Network
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Sub-Partner: Media Institute of Southern Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Zambia Institute of Mass Communication
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: U62/PS001285 -- Capacity building assistance for global HIV/AIDS microbiology Laboratory Program Development through Technical Assistance Collaboration

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11406.09
System ID: 11406
Planned Funding(\$): \$305,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: American Society of Clinical Pathology
New Partner: Yes

Mechanism Name: U47/CCU323096: APHL

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 6163.09
System ID: 10396
Planned Funding(\$): \$550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Association of Public Health Laboratories
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8743.09
System ID: 10475
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Baylor University
New Partner: No

Mechanism Name: GPO-A-00-04-0008: OVC: Support to OVCs Affected by AIDS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3527.09
System ID: 10378
Planned Funding(\$): \$875,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Catholic Relief Services
New Partner: No

Mechanism Name: GPO-I-00-05-00040-00: Health Policy Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1339.09
System ID: 10372
Planned Funding(\$): \$520,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Constella Futures Group
New Partner: No

Sub-Partner: Marang Child Care Network
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Contract - Life skills consultancy

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9128.09
System ID: 10454
Planned Funding(\$): \$650,000
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: EnCompass LLC
New Partner: No

Mechanism Name: U2G/PS000599- The Basha Lededi (Youth are the Light) Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5338.09
System ID: 10385
Planned Funding(\$): \$1,700,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Botswana Network of AIDS Service Organizations
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Botswana Network of People Living with AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Humana People to People Botswana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Makgabaneng
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Botswana Christian AIDS Intervention Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: 5U51HA02522: Palliative Care Support

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 1353.09

System ID: 10374

Planned Funding(\$): \$2,786,962

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Prime Partner: Harvard University School of Public Health

New Partner: No

Mechanism Name: 5U51HA02522: Palliative Care Support

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 5425.09

System ID: 10390

Planned Funding(\$): \$1,475,000

Procurement/Assistance Instrument: Cooperative Agreement

Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Prime Partner: Harvard University School of Public Health

New Partner: No

Mechanism Name: GPO-A-00-05-00014: ANCHOR

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 7883.09

System ID: 10409

Planned Funding(\$): \$285,814

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Hope Worldwide

New Partner: No

Mechanism Name: GPO-A-00-05-0007: HWW/ABY

Mechanism Type: Central - Headquarters procured, centrally funded

Mechanism ID: 3838.09

System ID: 10380

Planned Funding(\$): \$246,473

Procurement/Assistance Instrument: Cooperative Agreement

Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Prime Partner: Hope Worldwide

New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GPO-A-00-05-00014 -- HWW

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8756.09
System ID: 10455
Planned Funding(\$): \$100,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Hope Worldwide
New Partner: No

Mechanism Name: ILO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5437.09
System ID: 10392
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Grant
Agency: Department of Labor
Funding Source: GHCS (State)
Prime Partner: International Labor Organization
New Partner: No

Mechanism Name: 674-A-00-07-00003-00 -- Capacity Project

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8754.09
System ID: 10456
Planned Funding(\$): \$600,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: IntraHealth International, Inc
New Partner: No

Mechanism Name: U2G/PS001309 -- Pre service training

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9206.09
System ID: 10476
Planned Funding(\$): \$610,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: JHPIEGO
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U62/CCU124534: Injection Safety

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1326.09
System ID: 10339
Planned Funding(\$): \$643,449
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: John Snow, Inc.
New Partner: No

Sub-Partner: Program for Appropriate Technology in Health
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection

Sub-Partner: Academy for Educational Development
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HMIN - Biomedical Prevention: Injection

Mechanism Name: GHH-I-00-07-00032-00 -- Project Search

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7760.09
System ID: 10401
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Mechanism Name: GHH-I-00-07-00032-00 -- Project Search

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11407.09
System ID: 11407
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Johns Hopkins University Center for Communication Programs
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: GHS-A-00-05-00019: TBCAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7837.09
System ID: 10407
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: KNCV TB Foundation
New Partner: No

Mechanism Name: GHH-A-00-07-00017: Light & Courage Trust- New Partners Initiative

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7813.09
System ID: 10406
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Light and Courage Centre Trust
New Partner: Yes

Sub-Partner: Botswana Christian AIDS Intervention Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support

Mechanism Name: U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3469.09
System ID: 10376
Planned Funding(\$): \$1,400,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Makgabaneng
New Partner: No

Sub-Partner: Humana People to People Botswana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: Botswana National Youth Council
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1232.09
System ID: 10347
Planned Funding(\$): \$1,200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Education, Botswana
New Partner: No

Mechanism Name: U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 3479.09
System ID: 10377
Planned Funding(\$): \$1,000,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Ministry of Health, Botswana
New Partner: No

Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1039.09
System ID: 10345
Planned Funding(\$): \$12,209,400
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Health, Botswana
New Partner: No

Sub-Partner: Nurses' Association of Botswana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1337.09
System ID: 10371
Planned Funding(\$): \$3,450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Ministry of Local Government, Botswana
New Partner: No

Mechanism Name: PHE

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11442.09
System ID: 11442
Planned Funding(\$): \$450,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Mullens & Associates
New Partner: No

Mechanism Name: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8742.09
System ID: 10449
Planned Funding(\$): \$2,127,348
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Mullens & Associates
New Partner: No

Sub-Partner: Apparel Lesotho Alliance to Fight AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HTXS - Treatment: Adult Treatment

Sub-Partner: Botswana Network on Ethics, Law, and HIV/AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Institute of Development Management, Botswana
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes:

Sub-Partner: Media Institute of Southern Africa
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Sub-Partner: Premeire Personnel
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: Unallocated

Mechanism Type: Unallocated (GHCS)
Mechanism ID: 11419.09
System ID: 11419
Planned Funding(\$): \$0
Procurement/Assistance Instrument:
Agency:
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner:

Mechanism Name: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1330.09
System ID: 10349
Planned Funding(\$): \$550,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National AIDS Coordinating Agency, Botswana
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CoAg

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8753.09
System ID: 10458
Planned Funding(\$): \$50,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: New York AIDS Institute
New Partner: No

Mechanism Name: GPO-I-01-05-00032: SCMS Track 1

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 7941.09
System ID: 10448
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: GPO-I-01-05-00032 --SCMS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5286.09
System ID: 10382
Planned Funding(\$): \$5,120,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Partnership for Supply Chain Management
New Partner: No

Mechanism Name: U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1044.09
System ID: 10346
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Pathfinder International
New Partner: No

Sub-Partner: Botswana Network of People Living with AIDS
Planned Funding: \$0
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Botswana Christian AIDS Intervention Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Humana People to People Botswana
Planned Funding: \$129,242
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: BDF - PSI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11725.09
System ID: 11725
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: Grant
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5339.09
System ID: 10386
Planned Funding(\$): \$2,400,000
Procurement/Assistance Instrument: Grant
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Population Services International
New Partner: No

Sub-Partner: Humana People to People Botswana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Sub-Partner: African Methodist Episcopal Services Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Young Women's Friendly Centre
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVAB - Sexual Prevention: AB , HVOP - Sexual Prevention: Other

Mechanism Name: 674-A-00-08-00078 -- PCI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7759.09
System ID: 10400
Planned Funding(\$): \$1,500,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Project Concern International
New Partner: No

Sub-Partner: Bakgatla Bolokang Matshelo
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Botswana Christian AIDS Intervention Program
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Botswana Association for Psychological Rehabilitation
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Botswana Retired Nurses Society
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Holy Cross Hospice
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDX - Treatment: Pediatric Treatment, HKID - Care: OVC

Table 3.1: Funding Mechanisms and Source

Sub-Partner: House of Hope Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Mothers Union Orphan Care Center
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: To Be Determined
Planned Funding: ████
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Silence Kills Support Group
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Sub-Partner: Tsholofelo Trust
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC

Mechanism Name: RPSO

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5208.09
System ID: 10381
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Contract
Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: RPSO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5420.09
System ID: 10391
Planned Funding(\$): \$200,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: Regional Procurement Support Office/Frankfurt
New Partner: No

Mechanism Name: TASC3 - GHS-1-00-07-00005-00 -- RTI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7758.09
System ID: 10399
Planned Funding(\$): \$1,300,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: RTI International
New Partner: Yes

Mechanism Name: U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 1325.09
System ID: 10348
Planned Funding(\$): \$500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State)
Prime Partner: Safe Blood for Africa Foundation
New Partner: No

Mechanism Name: U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1345.09
System ID: 10373
Planned Funding(\$): \$5,600,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: Tebelopele
New Partner: No

Sub-Partner: Botswana Christian AIDS Intervention Program

Planned Funding: \$0

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Sub-Partner: Humana People to People Botswana
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVCT - Prevention: Counseling and Testing

Mechanism Name: U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5295.09
System ID: 10383
Planned Funding(\$): \$350,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: The American Society for Microbiology
New Partner: No

Mechanism Name: PRM

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 3617.09
System ID: 10379
Planned Funding(\$): \$250,000
Procurement/Assistance Instrument: Contract
Agency: Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State)
Prime Partner: United Nations High Commissioner for Refugees
New Partner: No

Sub-Partner: Botswana Red Cross
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U62/PS922423 -- UTAP USCF

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8748.09
System ID: 10453
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of California at San Francisco
New Partner: No

Mechanism Name: UTAP

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 8745.09
System ID: 10513
Planned Funding(\$): \$0
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center
New Partner: No

Mechanism Name: U69/HA00047 -- I-TECH

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1331.09
System ID: 10351
Planned Funding(\$): \$6,937,300
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)
Prime Partner: University of Washington
New Partner: No

Sub-Partner: University of Pennsylvania
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HBHC - Care: Adult Care and Support, HVTB - Care: TB/HIV

Table 3.1: Funding Mechanisms and Source

Mechanism Name: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Mechanism Type: HQ - Headquarters procured, country funded

Mechanism ID: 8747.09

System ID: 10452

Planned Funding(\$): \$3,134,332

Procurement/Assistance Instrument: USG Core

Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Prime Partner: University Research Corporation, LLC

New Partner: No

Sub-Partner: University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: MTCT - Prevention: PMTCT

Sub-Partner: Catholic Relief Services

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support

Sub-Partner: Makgabaneng

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Sub-Partner: Nurses' Association of Botswana

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HBHC - Care: Adult Care and Support

Sub-Partner: Population Services International

Planned Funding: \$0

Funding is TO BE DETERMINED: No

New Partner: No

Associated Program Budget Codes: HVAB - Sexual Prevention: AB

Table 3.1: Funding Mechanisms and Source

Mechanism Name: HQ

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5454.09
System ID: 10394
Planned Funding(\$): \$300,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: Post

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5455.09
System ID: 10395
Planned Funding(\$): \$1,668,851
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC HQ & Cable

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7891.09
System ID: 10447
Planned Funding(\$): \$1,798,968
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
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: 5404.09
System ID: 10388
Planned Funding(\$): \$3,300,705
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Local Base

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 5406.09
System ID: 10389
Planned Funding(\$): \$4,246,295
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: Post

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11094.09
System ID: 11094
Planned Funding(\$): \$326,269
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: ODC Mechanism

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 5453.09
System ID: 10393
Planned Funding(\$): \$1,540,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of Defense
New Partner: No

Mechanism Name: DOD-ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11428.09
System ID: 11428
Planned Funding(\$): \$15,000
Procurement/Assistance Instrument: USG Core
Agency: Department of Defense
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: ICASS-CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11427.09
System ID: 11427
Planned Funding(\$): \$745,879
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: State Mechanism

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7890.09
System ID: 10446
Planned Funding(\$): \$911,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / African Affairs
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Sub-Partner: Tebelopele
Planned Funding: \$0
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HKID - Care: OVC

Mechanism Name: State Mechanism (ICASS)

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11945.09
System ID: 11945
Planned Funding(\$): \$19,000
Procurement/Assistance Instrument: USG Core
Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID-ICASS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 11429.09
System ID: 11429
Planned Funding(\$): \$180,000
Procurement/Assistance Instrument: USG Core
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Peace Corps Mechanism

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 1341.09
System ID: 10340
Planned Funding(\$): \$1,450,000
Procurement/Assistance Instrument: USG Core
Agency: Peace Corps
Funding Source: GHCS (State)
Prime Partner: US Peace Corps
New Partner: No

Mechanism Name: GHH-A-00-07-00011: Youth Health Organization

Mechanism Type: Central - Headquarters procured, centrally funded
Mechanism ID: 5377.09
System ID: 10387
Planned Funding(\$): \$0
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)
Prime Partner: Youth Health Organization of Botswana
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7757.09	10398	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	Botswana Business Coalition on AIDS	N	\$0
7757.09	10398	Academy for Educational Development	U.S. Agency for International Development	GHCS (State)	True Love Waits	N	\$100,000
11102.09	11102	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	African Palliative Care Association	N	\$0
11102.09	11102	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Human Development Foundation	N	\$0
11102.09	11102	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Marang Child Care Network	N	\$0
11102.09	11102	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Media Institute of Southern Africa	N	\$0
11102.09	11102	American International Health Alliance Twinning Center	HHS/Health Resources Services Administration	GHCS (State)	Zambia Institute of Mass Communication	N	\$0
1339.09	10372	Constella Futures Group	U.S. Agency for International Development	GHCS (State)	Marang Child Care Network	N	\$0
5338.09	10385	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
5338.09	10385	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Network of AIDS Service Organizations	N	\$0
5338.09	10385	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Network of People Living with AIDS	N	\$0
5338.09	10385	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$0
5338.09	10385	Family Health International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Makgabaneng	N	\$0
1326.09	10339	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Academy for Educational Development	N	\$0
1326.09	10339	John Snow, Inc.	HHS/Centers for Disease Control & Prevention	Central GHCS (State)	Program for Appropriate Technology in Health	N	\$0
7813.09	10406	Light and Courage Centre Trust	U.S. Agency for International Development	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
3469.09	10376	Makgabaneng	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana National Youth Council	N	\$0
3469.09	10376	Makgabaneng	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$0
1039.09	10345	Ministry of Health, Botswana	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nurses' Association of Botswana	N	\$0
8742.09	10449	Mullens & Associates	HHS/Centers for Disease Control & Prevention	GHCS (State)	Apparel Lesotho Alliance to Fight AIDS	N	\$0
8742.09	10449	Mullens & Associates	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Network on Ethics, Law, and HIV/AIDS	N	\$0
8742.09	10449	Mullens & Associates	HHS/Centers for Disease Control & Prevention	GHCS (State)	Institute of Development Management, Botswana	N	\$0
8742.09	10449	Mullens & Associates	HHS/Centers for Disease Control & Prevention	GHCS (State)	Media Institute of Southern Africa	N	\$0
8742.09	10449	Mullens & Associates	HHS/Centers for Disease Control & Prevention	GHCS (State)	Premeire Personnel	N	\$0
1044.09	10346	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
1044.09	10346	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Network of People Living with AIDS	N	\$0
1044.09	10346	Pathfinder International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$129,242
5339.09	10386	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	African Methodist Episcopal Services Trust	N	\$0
5339.09	10386	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$0
5339.09	10386	Population Services International	HHS/Centers for Disease Control & Prevention	GHCS (State)	Young Women's Friendly Centre	N	\$0

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	To Be Determined	N	
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	Bakgatla Bolokang Matshelo	N	\$0
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	Botswana Association for Psychological Rehabilitation	N	\$0
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	Botswana Retired Nurses Society	N	\$0
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	Holy Cross Hospice	N	\$0
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	House of Hope Trust	N	\$0
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	Mothers Union Orphan Care Center	N	\$0
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	Silence Kills Support Group	N	\$0
7759.09	10400	Project Concern International	U.S. Agency for International Development	GHCS (State)	Tsholofelo Trust	N	\$0
1345.09	10373	Tebelopele	HHS/Centers for Disease Control & Prevention	GHCS (State)	Botswana Christian AIDS Intervention Program	N	\$0
1345.09	10373	Tebelopele	HHS/Centers for Disease Control & Prevention	GHCS (State)	Humana People to People Botswana	N	\$0
3617.09	10379	United Nations High Commissioner for Refugees	Department of State / Population, Refugees, and Migration	GHCS (State)	Botswana Red Cross	N	\$0
1331.09	10351	University of Washington	HHS/Health Resources Services Administration	GHCS (State)	University of Pennsylvania	N	\$0
8747.09	10452	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Catholic Relief Services	N	\$0
8747.09	10452	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Makgabaneng	N	\$0
8747.09	10452	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Nurses' Association of Botswana	N	\$0
8747.09	10452	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	Population Services International	N	\$0
8747.09	10452	University Research Corporation, LLC	HHS/Centers for Disease Control & Prevention	GHCS (State)	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	N	\$0
7890.09	10446	US Department of State	Department of State / African Affairs	GHCS (State)	Tebelopele	N	\$0

Table 3.3: Program Budget Code and Program Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: \$4,707,985

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Botswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

The National PMTCT program completed nationwide roll out in 2001 when it was integrated into maternal-child health services in all 34 hospitals, 265 clinics and 349 health posts in Botswana. Without a PMTCT program, the MTCT of HIV rate is expected to be 35-40%. In Botswana, MTCT of HIV was reduced dramatically, and only 3.8% of HIV-exposed infants tested for HIV were infected based on pilot phase data (2007). This represented an 85% reduction. Patient roll out data obtained this year on HIV incidence and actual MTCT rate stratified by PMTCT regimen, have allowed for a new, more detailed estimate of MTCT nationwide. The estimated true MTCT rate for Botswana is 7%, which includes women who infect their infants despite PMTCT, those who receive no PMTCT interventions despite an HIV diagnosis, and those who acquire HIV during pregnancy or breastfeeding, but are unaware of their infection.

The Government of Botswana (GOB) provides most of the funding for PMTCT, and the United States Government (USG) collaborates with the GOB to strengthen the national PMTCT program, provide assistance to staff the program, train health workers, promote innovation, and improve the quality of services. The USG conducts operational research to develop models for effective service delivery and supports national expansion of service models that appear to work. The most significant achievement with USG funds in 2007 was the national rollout of Early Infant HIV Diagnosis (EID) using polymerase chain reaction (PCR) testing of dried blood spots (DBS), now available in all facilities providing maternal-child health services. In 2008, EID data were analyzed and a report with recommendations for improvements in FY2009 was produced.

Services

HIV testing in Botswana is routine for pregnant women. 95% of women attend antenatal care (ANC) and deliver in health facilities. Antenatal clients are tested for HIV on an opt-out basis using rapid tests with same-day results. In 2007, more than 95% of pregnant women learned their status during ANC. HIV-positive women are evaluated for eligibility for antiretroviral therapy (ART) by CD4 count, and women with a CD4 less than 250 are referred to the national ART program, Masa, for treatment. About half of the women have a CD4 count performed and results available before delivery.

Women with CD4>250 or an unknown CD4, receive long-course zidovudine (AZT) beginning at 28 weeks gestation and a single-dose of nevirapine (NVP) during labor. Infants are given four weeks of AZT, a single-dose of NVP, and 12 months of free infant formula. In 2007, uptake data indicated that among the 13,395 HIV-positive women delivering, 9,142 (68%) received at least AZT prophylaxis and 2,507 (21%) received ART during pregnancy.

In 2007, 97% of all HIV-exposed infants started infant formula at birth, a figure that has remained stable for several years. The high mortality rate among HIV-exposed formula-fed infants has been documented in Botswana, and problems with the formula supply chain have been common. Supply Chain Management Systems (SCMS) conducted an assessment in collaboration with UNICEF and is working with the Ministry of Health (MOH) PMTCT Unit's program to improve the supply chain. In 2008, SCMS provided support to the National PMTCT program to develop a logistics system for the procurement and distribution of infant formula to ensure that the commodities are in sufficient supply. Plans for 2009 include the training of health workers and supply officers to implement the logistics system, which will include inventory and distribution management, updating record systems, and training in demand management and forecasts, as well as on-site mentoring. Botswana's draft Infant and Young Child Feeding (IYCF) policy states that women will be counseled about the risks and benefits of breastfeeding and formula feeding and will be guided to choose formula only if it is acceptable, feasible, affordable, sustainable, and safe (AFASS) to do so. This policy has been in draft form since 2001 but training to support it started in 2008 using USG funds, and will continue through 2009. The Botswana PMTCT program adapted the WHO five-day integrated IYCF counseling course to train all PMTCT providers for its local use. Following this training, a program evaluation comparing the 2006 infant feeding practices will be repeated to determine if the new training had any impact on feeding practices in the homes of HIV-infected women.

HIV-exposed infants are tested for HIV using PCR on DBS at the age of six weeks and breastfed infants are tested again six weeks after weaning. 2007 data show that nationwide, 78% of all HIV-exposed infants were tested before the age of six months. Cotrimoxazole (CTX) is provided for exposed infants from the age of six weeks until they have a negative HIV test. 2007 data show that among infants older than nine weeks, more than 70% were already taking daily CTX at the time they arrived for their first HIV test. HIV-infected infants are referred to the national ART program, which provides pediatric ART at all sites which also provide adult ART. 2007 data show that 24% of HIV-infected infants identified through routine PCR testing received treatment.

Survey data from 2003 and 2004 indicate that 65% of all pregnancies were unplanned, yet contraceptive drugs are not provided in ART clinics, although condom use is promoted and condoms are usually available. Plans for FY2009 will include supporting MOH to train health workers on a newly revised reproductive health guideline that incorporates HIV set of guidelines, and curricula to include guidance adapted for HIV positive women. Arrangements are being made with the Masa ART program to make contraceptives available in their clinics.

Trained peer mothers who have received PMTCT services provide guidance for mothers and infants on HIV care or ART, CTX prophylaxis, infant testing, family planning, infant feeding, screening and treatment for TB, and psychosocial support. This program is currently available in 15 health districts and will expand to 5 additional districts in 2009.

Despite the existence of a very successful PMTCT program, early infant mortality in Botswana remains very high and much higher than it was before the HIV epidemic. Reasons for this early mortality are unclear and may relate to intrauterine HIV infection, HIV drug exposure, formula use, or other factors related or unrelated to the HIV epidemic. A Public Health Evaluation (PHE) will begin in FY2009 that will characterize stillbirth and early infant mortality rates in several large sites in Botswana and determine factors associated with mortality.

Policy

There are some policy gaps regarding PMTCT. No national policy exists stating that pregnant women should access ART in an expedited manner, that CD4 counts should be drawn at all ANC clinics, or that women who test HIV-negative either during early pregnancy or while breastfeeding should be re-tested. No guidance regarding breastfeeding for pregnant women on ART is available, the IYCF draft policy is awaiting approval, contraceptives are not provided in ART clinics and there is limited collaboration between the PMTCT and the Sexual and Reproductive Health Units or the Food and Nutrition Units in the MOH. An expert panel from the Inter Agency Task Team (IATT) recommended PMTCT drug regimen changes in 2006 that are yet to be implemented.

Additionally, a recent BOTUSA study conducted in March 2008 in Francistown indicated that 1.3% of women who were HIV negative at the time of their antenatal test, were HIV positive at delivery, and that 2.7% of women who were HIV negative at their antenatal test were HIV positive when their child was about 1 year old. These findings have led to recommendations to the program that women who test negative for HIV during pregnancy should be tested again in their third trimester, at about 28-32 weeks gestation, and those who test positive should be put on treatment immediately. These recommendations are currently being considered by MOH for implementation.

In 2009, the partner will be selected to provide capacity development support and facilitate linkages between PMTCT Unit and other relevant MOH departments/units, in order to expedite policy changes. Technical assistance and advocacy will continue to address deficits in infant feeding education and practices, drug delivery, ART initiation for pregnant women and infants, and child survival.

Monitoring

Some stakeholders believe that the relatively low reported uptake of some interventions, e.g., infant AZT at 84%, may be due to record-keeping errors rather than failure to provide drugs. This has only been substantiated at the USG operational research site in Francistown. The first PMTCT data manager for the national program was hired in 2007, but quit in 2008 hence the hoped-for progress in improved monitoring for PMTCT was not made. Beginning September 2008, a new data manager has been hired through I-TECH using PEPFAR funding.

In FY2009, new and streamlined data collection forms and software will be piloted and a new database that will track aggregate data on HIV testing, PMTCT drug delivery, formula use, and ART access will be implemented. A data audit at the district level is planned to follow the introduction of the new system in four to six months time. Thereafter, regular audits of data quality will be conducted by trained MOH staff.

Challenges

Current challenges in PMTCT include:

1. HIV-infected women are still nearly universally instructed to use formula to feed their babies without regard to AFASS criteria. Suggestions have been made and agreed upon to correct this situation, however, implementation of these ideas has been very slow. Though training in the WHO curriculum has been planned and some health workers have been trained, updated and comprehensive infant feeding messages are not in use in most clinics. The use of infant formula has not dropped in Botswana and data suggests that we could expect ongoing high mortality among formula-fed infants.
2. Many women still do not have a CD4 count performed during pregnancy. Only about half of women in areas where data are available have a CD4 performed before delivery. The high percentage of pregnant women receiving Highly Active Anti-retroviral Treatment (HAART) mainly reflects the number of women becoming pregnant while on HAART, rather than the number of women receiving HAART for the first time during pregnancy. All women need to have CD4 results available early enough in their

pregnancies to initiate ART, but this will only happen when policies dictate that every ANC site draw blood for CD4 and when there is a procedure to expedite pregnant women's enrollment onto HAART without the usual lengthy counseling and waiting period.

3. Despite Botswana's advanced PMTCT program, approximately 10% of HIV-infected women received no PMTCT drugs antenatally. This number is much too high for a country with such an advanced program, and efforts to validate these data, characterize the population of missed women, and take steps to eliminate this group, are urgently needed.

4. Newly collected incidence data for pregnant and breastfeeding women has led to new calculations of expected MTCT in Botswana, and indicate that of the estimated 1000 infants infected in 2007, nearly half were infected by a mother who tested NEGATIVE during pregnancy. Urgent and systematic rollout of a retesting policy is needed in 2009 to reduce this previously unrecognized burden of MTCT.

5. Infants diagnosed as HIV-infected by the national infant testing program are usually not receiving ART. Reasons for this have been explored in other studies and relate to the slow return of results and lack of adequate outreach to follow these children at their homes in a timely manner, hence the strengthening of follow up systems and result return systems are imperative.

6. Monitoring of the PMTCT program remains weak, data quality problems are evident at several levels, and data collection forms have fallen out of date due to the lack of a data manager in PMTCT. Many of the key statistics summarized here come from special CDC data collection efforts because the numbers cannot be found in the national data. Efforts to remedy this situation over the past six years have not yet been successful.

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 11297.24074.09

Planned Funds: \$650,000

Activity System ID: 24074

Activity Narrative: 09.P.PM05: MOH-Infant Nutrition Support

ACTIVITY CONTINUING UNDER PERFORMANCE PASS

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The Botswana draft Infant and Young Child Feeding (IYCF) policy states that HIV-infected women will be counseled about the risks and benefits of breastfeeding and formula feeding, and will be guided to choose formula only if it is acceptable, feasible, affordable, sustainable, and safe (AFASS) to do so. This policy has been in draft since 2001 and training to support the policy has not been conducted. In practice, HIV-infected women are advised to feed their infants formula, and in 2006, 97% of all HIV-exposed infants were started on formula at birth.

The Botswana Child Welfare card was recently updated to include HIV, PMTCT, and improved nutritional information. The Botswana Nutrition Surveillance System (BNSS), which is based on data from the child welfare card recently completed an assessment that recommended strengthening data collection methods and quality and training of health workers in use of nutritional data.

2007 Accomplishments

The Food and Nutrition Unit (FNU) adapted the WHO/UNICEF 5-day IYCF counseling course and began training government health workers using the adapted training. The training incorporates counseling on exclusive breastfeeding, exclusive formula feeding and optimal nutrition.

2008 plans

To improve the effectiveness of the adapted WHO/UNICEF training course, the FNU will print course materials, purchase teaching aids and produce IEC materials for mothers. The FNU will continue to train all PMTCT health care providers (nurses, midwives and counselors) as well as Pathfinder senior staff and Peace Corps Volunteers assigned to government health facilities.

The USG will support printing and distribution of the new child welfare card that includes HIV, PMTCT and nutrition information. Health workers will train on its use for clinical management of children and for program reporting. Technical assistance will update the software for capturing information about growth, HIV exposure status and feeding method in-line with the new child welfare card. The USG will provide technical assistance to assist with the regular creation of reports on child nutrition as it relates to HIV exposure and infant feeding method. FNU staff will make site visits within the SADC region to learn about other nutrition programs and share experiences.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17264

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17264	11297.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$0
11297	11297.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$1,000,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$450,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 4454.24075.09

Planned Funds: \$660,000

Activity System ID: 24075

Activity Narrative: 09.P.PM01: MOH – PMTCT Program Support

CONTINUING ACTIVITY UNDER PERFORMANCE PASS:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In the last three years, United States Government (USG) funded salaries of 14 Government of Botswana (GOB) positions in the Prevention of Mother to Child Transmission (PMTCT) Program. In FY2009, only one position will continue to be funded by USG in PMTCT. Eleven positions will be absorbed by the GOB as part of ensuring sustainability. Two positions have been moved to the Human Capacity Development Section, which has since become a separate section from PMTCT. Savings from these positions will be used to implement more activities including: (1) review and printing of PMTCT registers; (2) evaluation of the Counseling and Testing strategy; and (3) evaluation of the Information, Education, and Communication (IEC) strategy.

From Cop 08:

This activity is a direct support to the MOH and addresses the PMTCT strategic plan, including improving human capacity and the quality of PMTCT services.

In FY2008, 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, and one 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.

Health care providers' knowledge and skills will improve through in-service training programs. The Botswana PMTCT Handbook was 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. The USG will support workshops for 300 lay counselors, 150 trainers and 24 focal persons.

The USG continues to strengthen information, education, and communication (IEC) activities. The PMTCT social marketing campaign targets men as influencers and gatekeepers to increase their support of pregnant women. The campaign will develop an overall mass media effort that helps the community link to PMTCT with special messages through radio and theatre drama that show men engaged in PMTCT services and supporting their use. Health learning materials are part of the campaign and their strategic placement to ensure that consumers encounter them in the normal path activities is part of the strategy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17265

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17265	4454.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$120,140
9800	4454.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$720,000
4454	4454.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$1,000,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$660,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17314.24076.09

Planned Funds: \$85,000

Activity System ID: 24076

Activity Narrative: 09.P.PM04: MOH – Family Planning

ACTIVITY CONTINUING UNDER PERFORMANCE PASS

ACTIVITY HAS NOT CHANGED FROM FY2008

From COP08:

Data from surveys in Francistown in 2003 and 2004 indicated that 65% of pregnancies among HIV positive and HIV negative women were unplanned and 35% of them were unwanted. Family planning is available in all clinics, but these data suggest there are problems in use of family planning by women generally, and that unintended pregnancies among HIV-positive women are common. A recent assessment conducted by UNFPA and GOB on reproductive health commodity security indicated that since the advent of HIV/AIDS, condoms are promoted above other methods of contraception, though condoms are not sufficient contraception for women wishing to avoid pregnancy. Existing local guidelines advocate for informed decision making in the choice of method as well as use of dual method (using a condom and another method of family planning). For HIV-positive women, contraceptive drugs are not provided in ART clinics, though condoms are usually available. A 1996 curriculum on family planning is still in use, and does not include adapted, evidence-based family planning counseling for women with HIV or primary HIV prevention messages.

2008 Plans

The Sexual & Reproductive Health (SRH) Unit will collaborate with the PMTCT Unit to increase access to dual protection (condoms plus contraceptive drugs) through every relevant service including maternal child health clinics, family planning clinics, maternity units and ART clinics. PEPFAR will support the SRH to review existing family planning policies, guidelines and curriculum to incorporate adapted, evidence-based guidance on family planning for HIV-positive women, ensure the reproductive rights of HIV-positive women are respected and ensure that primary HIV prevention messages are incorporated into family planning counseling. Once the curriculum review is complete health workers will be trained on its use. MOH staff will make on site visits to other countries in the SADC region to learn about their family planning programs and share experiences.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17314

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17314	17314.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$0

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$85,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 5404.09	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: PMTCT
Budget Code: MTCT	Program Budget Code: 01
Activity ID: 10153.24197.09	Planned Funds: \$147,850

Activity System ID: 24197

Activity Narrative: 09.P.PM90: Technical Expertise and Support – HQ

ACTIVITY CONTINUING UNDER PERFORMANCE PASS

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity links with all activities under PMTCT. It covers the salaries and travel for the technical HHS/CDC/BOTUSA staff in-country supporting PMTCT. Eight HHS/CDC/BOTUSA staff work 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 EID of HIV in infants using DBS and DNA PCR. The result of the pilot has led to the roll out of EID by the MOH countrywide.

In 2008, USG funds will be used to hire additional dedicated staff (2 nurses) to visit each district, provide detailed feedback on ART initiation rates in pregnant women and infants, organize troubleshooting meetings, and provide ongoing feedback to every district. In addition, a medical officer will be hired to provide ongoing technical support to the PMTCT program in the MOH and other related programs (SRH, Family Planning Unit, and the Food & Nutrition Unit) on PMTCT related issues.

Support for printing technical materials and other costs related to working with the GOB are included. Costs related to workshops and participation by the technical staff in domestic, regional, and occasional international meetings are supported.

The PMTCT team in Francistown will conduct a demonstration project on Prevention with Positives (PwP), by supporting the promotion of family planning and unintended pregnancy prevention among HIV positive women and their partners. Activities will include community mobilization through local dramas and related discussion forums, in addition to supporting implementation of the existing PMTCT protocols by health care workers within clinical settings, which include active promotion of family planning to clients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17325

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17325	10153.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$350,000
10153	10153.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$295,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1044.09

Mechanism: U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana

Prime Partner: Pathfinder International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 4467.24092.09

Planned Funds: \$0

Activity System ID: 24092

Activity Narrative: 09.P.PM03: Pathfinder – Psychosocial PMTCT Support

ACTIVITY CONTINUING UNDER PERFORMANCE PASS
CONTINUING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDING HAS BEEN REQUESTED
ACTIVITY UNCHANGED FROM FY2008

From COP08:

2007 Accomplishments

The Pathfinder PMTCT activity provides: 1) peer counseling for women attending antenatal clinics and 2) peer counseling by people living with HIV/AIDS (PLWHAs), including HIV-infected women from the PMTCT program, for ART adherence. A mid-term review illustrated the programs' positive results in reaching women and men in both clinic-based and community-based settings. To date the peer mothers counseling project works at 14 antenatal clinics in four districts. The program increased counseling coverage in targeted areas and the quality of services improved against standards. During the mid-term review both the clients as well as the public sector providers indicated that the counseling services are valued by the sites.

To ensure linkages between different health facilities in the provision of ART, Botswana uses a site model, which consists of a hospital (Infectious Disease Care Centers or IDCC) with 2 to 4 satellite clinics. The adherence counseling program works currently in 8 IDCCs and 19 satellite clinics. 48 counselors and health care workers (2 new adherence counselors, 20 lay counselors and 2 nurses) completed a 7-day adherence counseling workshop. This brought totals to 73 adherence counselors and 22 master trainers receiving this training to date.

2008 Plans

Minor changes based on the 2007 mid-term evaluation include expansion of the program into three new sites (Serowe, Palapye and Maun. Refresher and new training courses for peer mothers will emphasize program needs: 1) Encouraging peer mothers to take a greater role in helping women to get CD4 counts done, attend ART evaluation clinics and enroll in ART in a timely manner; and 2) Providing information about the choice between breastfeeding and formula feeding in accordance with the WHO IYCF curriculum in use nationwide to retrain health workers in infant feeding. Pathfinder senior staff will attend the IYCF course and produce training materials appropriate for peer mothers in consultation with MOH. Peer mothers will continue to conduct home visits to follow-up clients after on-site counseling at the centre. The home visits target infected mothers, their partners and families to discuss any issues of concern including stigma reduction and PMTCT services. The need for HIV testing, CD4 testing and ARV clinic attendance for all family members is part of these visits. Peer counselors in both programs will continue to establish support groups and conduct community mobilization activities.

Capacity building in financial management, monitoring & evaluation, strategic planning and management will continue at all sites. Site facilitators, counselor supervisors, peer mothers/ adherence counselors and Ministry of Local Government (MLG) staff will receive in-service education. All previously graduated mothers are eligible to attend a two week long entrepreneurial skills workshops in collaboration with MLG's department of social services to equip the women with livelihood skills.

Weaknesses identified during the interim evaluation, including quality of recordkeeping at site level, will be rectified. The US Centers for Disease Control and Prevention (CDC) field operation (BOTUSA) and MOH will collaborate to examine PMTCT key indicators in program sites and compare them to non-program sites, and to compare PMTCT indicators in new sites before and after implementation to estimate the impact of the program. A final program evaluation is planned.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17280

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17280	4467.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	7712	1044.08	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	\$1,300,000
9816	4467.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	5282	1044.07	CoAg # U62/CCU124418	\$1,425,000
4467	4467.06	HHS/Centers for Disease Control & Prevention	Pathfinder International	3358	1044.06	Technical Assistance	\$800,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$0

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1331.09

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 19624.24102.09

Activity System ID: 24102

Mechanism: U69/HA00047 -- I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$500,000

Activity Narrative: 09.P.PM08: I-TECH – Data Quality Improvement

ACTIVITY CONTINUING UNDER PERFORMANCE PASS

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY2009, the International Training and Educational Center on HIV/AIDS (I-TECH) is requesting funding to support the following activities related to technical assistance to the Prevention of Mother to Child Transmission (PMTCT) Unit:

Human Resources

Funds from FY2009 will continue to support the secondment of a Data Manager to the PMTCT Unit. Funds will support professional development in the form of informatics training to build the Data Manager's skills related to data collection, management, and analysis of PMTCT data. Additionally, I-TECH will provide one-on-one mentoring for building analytic skills within the unit. The Data Manager will also be included in an I-TECH Training-of-Trainers (TOT) program on mentoring. This TOT will help the Data Manager to develop and deliver high-quality structured and informal training for others on use of the tool and issues related to data quality.

Rolling Out Data Collection Tool

I-TECH will continue the activities of FY2008 by continuing the roll out of the revised data collection tool. Funds are requested to support a national training on the revised data collection tool for 28 PMTCT district coordinators. In addition, funds will support four regional trainings of five days each for 168 district trainers (six trainers per district). I-TECH funds will pay for accommodation and per-diem of all participants and eight facilitators, as well as the training venue costs. I

Ongoing Data Audits

I-TECH will provide support to the PMTCT Unit and the Data Manager to make certain that ongoing data audits are performed to ensure the quality and completeness of data. The Data Manager will elaborate protocols for data audits/spot checks. The I-TECH Senior Monitoring and Evaluation (M&E) Officer will provide support to the Data Manager to identify strengths and weaknesses in the data and to resolve systems-related problems to ensure data utility. Funds are requested to support the travel of two I-TECH staff to 28 districts to provide data audits. It is expected that the I-TECH staff will make one visit per district per year in order to reach all hospitals and some clinics in the FY2009 fiscal year.

From COP08:

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. In 2007 MOH PMTCT Unit was able to hire a Data Manager and the PMTCT Unit was supported in terms of data quality management. In January 2008, the Data Manager had resigned, leaving the Unit again without support for activities around implementing, piloting, roll out trainings. 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 activities to support the PMTCT strategy are:

1. Human capacity development for the PMTCT Unit: Hire and second to MOH/PMTCT a data manager: Grade: D2 @\$40,500 per annum = \$54,000 (including salary, benefits, etc)

Justification for the Position

This position will supervise two data clerks and be responsible for the PMTCT information systems, M&E. The position is stationed in Gaborone at MOH.

2. I-TECH Training Coordinator - \$54,000 per annum @ 10% time

Justification for the Position

This position will contribute to the overall efficacy of the training portions of this project. In collaboration with the entire PMTCT team, I-TECH will provide ongoing mentoring and team building among the national PMTCT 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. Train 16 PMTCT Unit MOH staff in SPSS. (\$50,000)
2. PMTCT data quality: Complete, accurate, and timely data are critical in M&E the PMTCT program. I-TECH will pilot the PMTCT data collection forms in 4 districts with MOH guidance, and based on the findings revise the tools. I-TECH will roll out the tool in all 24 districts; train health care workers (including PMTCT District Coordinators) in all the districts on the new tool; Develop and Conduct a data audit, immediately following the introduction of the new system; Create and maintain a system for regular audits of data; (\$240,500)

3. EID (Early Infant Diagnosis): Starting November 2007, I-TECH is assisting the MH/PMTCT Unit with data collection for the EIS program- this activity needs to continue as at this point in time, MOH is not ready given the shortage of human resources to take on this activity. (\$50,000)

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

Activity Narrative:
New/Continuing Activity: Continuing Activity

Continuing Activity: 19624

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19624	19624.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$500,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 5406.09

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: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 10154.24209.09

Planned Funds: \$440,135

Activity System ID: 24209

Activity Narrative: 09.P.PM91: Technical Expertise and Support – Post

ACTIVITY CONTINUING UNDER PERFORMANCE PASS

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity links with all activities under PMTCT. It covers the salaries and travel for the technical HHS/CDC/BOTUSA staff in-country supporting PMTCT. Eight HHS/CDC/BOTUSA staff work 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 EID of HIV in infants using DBS and DNA PCR. The result of the pilot has led to the roll out of EID by the MOH countrywide.

In 2008, USG funds will be used to hire additional dedicated staff (2 nurses) to visit each district, provide detailed feedback on ART initiation rates in pregnant women and infants, organize troubleshooting meetings, and provide ongoing feedback to every district. In addition, a medical officer will be hired to provide ongoing technical support to the PMTCT program in the MOH and other related programs (SRH, Family Planning Unit, and the Food & Nutrition Unit) on PMTCT related issues.

Support for printing technical materials and other costs related to working with the GOB are included. Costs related to workshops and participation by the technical staff in domestic, regional, and occasional international meetings are supported.

The PMTCT team in Francistown will conduct a demonstration project on Prevention with Positives (PwP), by supporting the promotion of family planning and unintended pregnancy prevention among HIV positive women and their partners. Activities will include community mobilization through local dramas and related discussion forums, in addition to supporting implementation of the existing PMTCT protocols by health care workers within clinical settings, which include active promotion of family planning to clients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17341

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17341	10154.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$420,000
10154	10154.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$275,000

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 17318.24391.09

Planned Funds: \$150,000

Activity System ID: 24391

Activity Narrative: 09.P.PM06: Mullens – Impact of Infant Feeding Practices

ACTIVITY CONTINUING UNDER PERFORMANCE PASS

ACTIVITY UNCHANGED FROM FY2008

From COP08:

Title: Infant formula preparation and feeding practices among HIV-positive women in the Botswana PMTCT program

Time and Money: 6 months protocol approval, 4 months study time; \$100,000

Local Co-investigator: MOH Nutrition Unit; Botswana National PMTCT Program

Project Description:

A study was conducted in 2006 to assess infant formula preparation and feeding practices among HIV-positive mothers. Numerous deviations from recommended practices were observed. In 2008, the WHO/UNICEF IYCF training will retrain health workers in infant feeding counseling. The impact this training will have on actual practices in the homes of HIV-positive women, however, is unknown. (Another intended effect of the IYCF training, to decrease the automatic prescription of formula use and increase informed choice of infant feeding method, will be measured in other ways.)

Evaluation Question: Has there been any improvement in recommended infant formula preparation practices since the WHO Infant and Young Child Feeding (IYCF) course was used to retrain health workers in infant feeding counseling?

Methods: Study participants will be identified after delivery and visited at their homes when their infants are 2-4 months old.

Population of Interest:

This is a repeat of a 2006 study and will use the same protocol. HIV-infected women (n=100) intending to formula feed their infants will be recruited on the postnatal ward of delivery units in three districts in northern Botswana. Study participants will be visited at their homes when their infants are 2-4 months old. Data from questions about infant feeding and observations of actual feeding practices will be collected. Data will be compared to 2006 data.

Technical support for training of study staff and analysis of data will be provided by CDC-Atlanta.

Information Dissemination Plan:

Data on infant formula preparation and feeding practices will be shared with sites, districts, and the national PMTCT program in order to determine if the IYCF training has had the desired effect and assist in planning for additional infant feeding quality improvement activities.

Budget justification for Year 1 Budget:

Salaries: \$70,000

Supplies: \$10,000,

Travel: \$10,000

Equipment: \$10,000

Total: \$100,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 17318

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17318	17318.08	HHS/Centers for Disease Control & Prevention	Mullens & Associates	8742	8742.08	CoAg (5444.08)	\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 11442.09

Prime Partner: Mullens & Associates

Funding Source: GHCS (State)

Budget Code: MTCT

Activity ID: 17319.24392.09

Activity System ID: 24392

Mechanism: PHE

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: PMTCT

Program Budget Code: 01

Planned Funds: \$200,000

Activity Narrative: 09.P.PM07: Mullens – PHE: Infant Morbidity and Mortality Survey

ACTIVITY CONTINUING UNDER PERFORMANCE PASS

ACTIVITY UNCHANGED FROM FY2008

From COP08:

Title: Risk factors for adverse pregnancy outcomes among HIV-infected and HIV-uninfected women in Botswana

Time and Money: 2 years are required to collect and analyze the data. The Year 1 budget for the project is \$216,000. (\$200,000 approved).

Local Co-investigator: Local co-investigators will include Dr. William Jimbo, CDC, Dr. Anthony Ogwu (Botswana-Harvard School of Public Health Partnership [BHP]), Dr. Joseph Makhema (BHP), Dr. Petr Svab (Princess Marina Hospital), Dr. Tracy Creek (CDC), Dr. Roger Shapiro (BHP), Dr. Shahin Lockman (BHP) and Jennifer Chen (Harvard Medical School and BHP.)

Project Description: This project will document the rates and etiologies of stillbirth and early neonatal mortality, and the rates of premature delivery among HIV-infected and HIV-uninfected women in Botswana. All births occurring at Princess Marina Hospital (PMH) and Scottish Livingstone Hospital (SLH) during a two year period will be reviewed by chart abstraction. Risk factors for these three adverse pregnancy outcomes will be explored, including HIV status, CD4 count, ARV use, medications, medical conditions, and demographics. Mothers with stillbirths and early neonatal deaths will be consented for "verbal autopsies" to determine the cause of these events; for HIV PCR testing of the stillbirth or infant (if mother HIV-infected); and for maternal HIV-1 RNA and CD4 cell count testing (if mother is HIV-infected).

Hypotheses:

- Rates of stillbirth, premature delivery, and early neonatal mortality, are increased among HIV-infected women.
- Rates of stillbirth, premature delivery, and early neonatal mortality, are increased among HIV-infected women with advanced disease.
- The cause of stillbirths, and possibly early neonatal deaths, differs between HIV-infected and HIV-uninfected women. Early stillbirths may be related to HIV infection in utero. ART may modify the risk of stillbirths from HIV-infection.

Primary Objectives:

- To determine rates of stillbirth, premature delivery, and early neonatal mortality by maternal HIV status.
- Among HIV-infected women, to determine rates of stillbirth, premature delivery, and early neonatal mortality by CD4 cell count and by receipt of different ART regimens in pregnancy.
- To determine the causes of stillbirth and early neonatal mortality through verbal autopsies and laboratory testing, and to determine whether maternal antenatal ART modify the risk for these events.

Secondary Objectives:

- To ascertain the number/proportion of women with known HIV status by the time of delivery (and the timing of HIV testing) among women who deliver at PMH and SLH.
- To ascertain the total number of HIV-infected women who have CD4 counts measured during pregnancy (and the timing of CD4 testing).
- To ascertain the total number of HIV-infected women who have CD4 counts measured during pregnancy and begin ART ante partum and/or intra partum.
- To determine the total number of HIV-infected women who received CTX during pregnancy.
- To compare infant birth weight by HIV status.

Programmatic Importance/Anticipated Outcomes:

HIV-infection has been associated with adverse pregnancy outcomes, including higher risk of stillbirth. Stillbirth rates as high as 13% have been reported among HIV-infected women in Africa who were followed from conception. It remains unknown whether the cause of excess stillbirths is related to HIV infection of the fetus, or whether maternal ARV use affects the risk of stillbirths among HIV-infected women. Three-drug ART is recommended during pregnancy for women in Botswana with CD4 cell count greater than 200 and may be offered to women with higher CD4 cell counts in the future. It is therefore critical to understand the background rate and cause of stillbirths in Botswana, and whether ART influences the stillbirth rate. These data may also guide the decision for when to start ART during pregnancy.

The anticipated outcomes of this study are: 1) To create a large database that provides information about stillbirth, prematurity, and early neonatal mortality rates in Molepolole and Gaborone, Botswana, and to provide information about risk factors for these events. 2) To provide detailed information about the causes of stillbirth and early neonatal mortality to the Botswana government and the scientific community, and determine whether differences exist by HIV status and ART receipt. 3) To determine whether stillbirths in Botswana are related to fetal HIV infection, and if so, whether the timing of infection (and other risk factors) affect the likelihood of stillbirth. 4) To understand whether ART, and the duration of ART exposure, might modify the risk for stillbirth related to HIV-infection.

Methods:

This study will be carried out at PMH and SLH. There are approximately 5,000 births per year at PMH, and approximately 2,500 births per year at SLH. Therefore, data will be collected from up to 15,000 births over 2 years. If it is feasible to perform the study at the Gaborone City Council maternities, several thousand additional deliveries may also be available from Gaborone.

Activity Narrative: On a daily basis for up to 24 months, study researchers will assess the obstetrical records and other available medical records of all women admitted to the maternity ward of the participating sites. Attempts will also be made to identify and document stillbirths in cases where women are seen at either antenatal clinics or on the female medical ward. Study researchers will work with maternity nurses to anonymously extract data from the obstetrical records of women who deliver at these sites. The information likely to be available from the obstetric and medical records includes maternal age, the clinic where obstetrical care was provided, HIV status (if known), CD4 cell count if HIV-infected (and if performed), drugs taken during pregnancy, gestational age at delivery, pregnancy outcome (live birth versus stillbirth), and birth weight. Information will also be obtained regarding early neonatal mortality, recording all infant deaths that occur in the hospital within 72 hours of delivery. The information will be entered anonymously into a database.

When stillbirths or early neonatal deaths (greater than 72 hrs) are identified, study staff will be informed by maternity nurses at PMH and SLH. Mothers will be contacted by study staff, and asked for consent for further evaluation of the cause of stillbirth/death. Verbal autopsies will be performed to provide details of the pregnancy, maternal medical history, and information about the fetus or infant (including feeding history). Stillborn fetuses / deceased infants will be examined by the study physician to rule out gross congenital or other abnormality. When women are HIV-infected, consent for HIV PCR testing of stillbirths and infants, and maternal HIV-1 RNA and CD4 cell count testing, will be obtained. HIV PCR testing of stillbirths will be obtained by cardiac puncture.

Budget justification for Year 1 Budget:

Salaries: \$206,000
 Supplies: \$ 1,000
 Travel: \$ 5,000
 Laboratory: \$ 4,000
 Total: \$216,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 17319

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17319	17319.08	HHS/Centers for Disease Control & Prevention	Mullens & Associates	8742	8742.08	CoAg (5444.08)	\$216,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$200,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 4469.24619.09

Planned Funds: \$650,000

Activity System ID: 24619

Activity Narrative: 09.P.PM02: URC – Health Care and Training

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS:

ACTIVITY UNCHANGED FROM FY2008

From COP08:

Botswana's national PMTCT program has 100% geographic coverage, and midwives, nurses, and counselors nationwide are trained in PMTCT. Training activities focus on new providers, evolution in program guidelines, and solving of existing problems and weaknesses.

In 2008 the Francois Xavier Bayroud (FXB) Center from the University of Dentistry and medicine of New Jersey (UMDNJ) will provide assistance to the PMTCT unit with curriculum development and maintenance and training of staff. The FXB Center will evaluate the use and usefulness of existing training materials, create new training materials and clinician support tools where needed, and revise generic international training tools to meet local needs. In 2008, this may include adaptation of the new WHO infant and young child feeding course, revision of existing PMTCT training manuals to incorporate new guidelines, and increase emphasis on follow-up of mothers and infants.

The FXB center will also help maintain the currency of knowledge and skills among PMTCT staff by conducting two trainings for national program staff on new developments in the field of PMTCT or areas in which staff feel they had inadequate training. Three PMTCT training of trainers (TOT) sessions will also be held on new PMTCT guidelines.

Finally, the FXB center will facilitate linkages between the PMTCT Unit and other relevant PMTCT departments such as the Food and Nutrition Unit and the Sexual and Reproductive Health Unit on PMTCT-related activities such as infant feeding and family planning for HIV-positive women. The FXB Center will plan and implement two coordination workshops for MOH departments on PMTCT-related planning, training and program management.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17290

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17290	4469.08	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	8745	8745.08	UTAP	\$500,000
9819	4469.07	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	5284	1047.07	UTAP	\$300,000
4469	4469.06	HHS/Centers for Disease Control & Prevention	University of Medicine and Dentistry, New Jersey - Francois-Xavier Bagnoud Center	3359	1047.06	UTAP	\$480,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$475,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 11088.09

Mechanism: Expansion of Counseling and Psychosocial Support to HIV positive pregnant mothers and their families in Botswana

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 26652.09

Planned Funds: ██████████

Activity System ID: 26652

Activity Narrative: 09.P.PM09: TBD – Expanding Counseling and Psychosocial Support for HIV-positive Pregnant Women, their Spouses and Families

The Botswana Prevention of Mother to Child Transmission (PMTCT) program has made remarkable progress in the last few years including expanding program uptake to more than 80% and decreasing MTCT transmission rates to less than 7%. The program still faces a number of challenges, however, including:

-Community norms, values, and beliefs often make it difficult for women to implement the medical and behavioral recommendations for the prevention of mother-to-child transmission (PMTCT). For example, taking medication during pregnancy, using a breast milk substitute, or exclusively breastfeeding and then early weaning are not normative practices for Botswana women. Many women are uncertain of the effect these recommendations may have on their pregnancy and on their infant. Moreover, women may face stigma and other social pressures if they follow their providers' PMTCT recommendations.

-Health providers are often overextended. HIV services have been added to existing responsibilities as the number of nurses has declined over the years. In many settings, there are not enough nurses and midwives to give needed medical and prevention information and support to patients.

-Follow up with HIV-positive women after delivery to address infant feeding, infant health, family planning, and women's health has been difficult. Once women deliver, some do not return to the antenatal care (ANC) or the maternal child health (MCH) clinics where they received PMTCT services.

The Counseling and Psychosocial Support Program was created to respond to these PMTCT challenges. Recognizing that women need psychosocial support upon learning that they are HIV-positive, the Peer Mothers Program provides peer support not only to help women accept their HIV status, but also to support with prevention counseling and to assist clients to adhere to PMTCT recommendations. The program supplements existing health services so that HIV-positive women and their infants receive comprehensive care and are able to access the full range of services available to them, as well as carry out recommended practices successfully.

In FY2009, a partner TBD will work closely with the Government of Botswana (GOB) to strengthen the current activities and build a sustainable model for the rapid scale up of the Peer Mother's Program as follows:

1. To provide counseling and psychosocial support to HIV-positive pregnant women and new mothers to empower them to focus on and take responsibility for the health of their babies and their own health so that pediatric and maternal outcomes are improved;
2. To assist HIV-positive women to access linkages and referral systems to bridge PMTCT and treatment and care services to enable women and infants with AIDS-defining conditions access ARV therapy in a timely manner;
3. To recruit and assist male partners to adopt positive and gender-equitable attitudes and behaviors and reduce the risk and vulnerabilities of sexually transmitted infections;
4. To provide on-site technical assistance and supportive supervision, including a sustainable plan for recruiting, training and evaluating newly recruited peer counselors, assessments, readiness preparation, ongoing quality assurance of sites implementing the Peer Mothers Program, mentoring and orientation to PMTCT and other appropriate health care delivery staff before and after a district or other health site begins delivery of the Peer Mothers Program;
5. To provide a clear plan for quality assurance, routine monitoring and evaluation of activities over the life of this five year project.

Planned measurable objectives:

1. The increase by five in the number of districts and sites providing counseling and psychosocial support by the end of year one of the award.
2. The increase in the number of HIV-positive pregnant mothers provided with psychosocial support and empowerment counseling and the assured knowledge transfer on issues they encounter in navigating the PMTCT process, such as disclosure, stigma and discrimination, and risky sexual behavior, among other things, from 2,000 to 3,000 by end of year one of the award.
3. The increase of male partners enrolled and active in PMTCT and other HIV prevention programs by 3000 by the end of year one of the award.
4. The increase of current access rates to care programs by women and infants with AIDS defining conditions from 21% to 25% in year one of the award.
5. The increase of anti-retroviral (ARV) therapy adherence rates for women and their infants identified in PMTCT clinics from 70% to 75% in year one of the award.

Monitoring and evaluation:

An M&E system for the Program will be strengthened in order to enable monitoring and evaluation of performance of the program and measurement of impact in reducing stigma and enhancing access to psychosocial support.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

- * Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: \$7,577,471

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Botswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program (PMTCT). The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

A 2005 survey by Population Services International (PSI) of 15-24 year olds found that 43% of never-married respondents reported never having sex (abstinence). Among sexually-active youth, however, 41% reported having sex with more than one partner in the last 12 months. Nkosana's study of cross-generational sex in Gaborone (2006) found that of 600 senior secondary students surveyed, 60% reported a friend or relative with an older boyfriend. Thirty eight percent reported they had been asked by an older man to have sex with them. Twenty five percent of girls in the survey approached by an older man reported agreeing to have sex with him.

HIV prevalence among girls and boys ages 10-14 years is 3.8% (BAIS II) and among the 15-19 year age group, prevalence was 3.1% (boys) and 9.8% (girls). This gender disparity continues into young adulthood, with approximately 26% of 20-24 year old women HIV infected, and 9.8% of men of similar age infected. The Botswana AIDS Impact Survey II (BIAS II, 2005) estimates the national HIV prevalence rates to be 17.1% (19.8% for females and 13.9% for males). Areas with high HIV infection rates for females include Chobe (33.3%), Lobatse (30.6%), Francistown (29.4) and Selibe-Phikwe (27.2%).

Among adults, having multiple sexual partners is also a serious concern. A study of multiple concurrent partners (MCP) in Botswana (Carter, et. al. 2007) found that 25% of 546 sexually active respondents surveyed in 2003 reported having sex with someone else, while in a sexual relationship with a recent partner. Forty percent of these respondents reported suspecting that their last partner had other partners. Kalichman (2007) found in a survey of 500 Botswana who knew they were HIV positive that 62% were sexually active and of those, 20% reported two or more sexual partners in the previous 3 months.

The National Operational Plan for Scaling Up HIV Prevention in Botswana 2008-2010

The Government of Botswana (GOB) has made a commitment to achieving the goal of "Zero New Infections by 2016". The National Operational Plan for Scaling Up HIV Prevention in Botswana matches this vision with an aggressive prevention implementation program, building on the National Strategic Framework that will fill the gaps in current programming and intensify,

unify and scale up the response to HIV/AIDS. The central pillar of the operational plan is the “minimum package,” a set of interventions, which if implemented simultaneously with sufficient reach, intensity, and duration, has the potential to reduce dramatically further transmission of HIV in Botswana.

A set of five key interventions, namely prevention of sexual transmission, HIV counseling and testing, PMTCT, sexually transmitted infections (STI) management, and prevention of blood borne transmission, defined by consensus cover the three most common modes of HIV transmission: sexual, mother to child, and blood borne. Access to prevention services will be increased through both supply (improve quality, diversify service delivery options, address gender inequalities, use evidence-informed strategies) and demand (strategic communication and community interventions) approaches.

Linkages with Partners

During FY 2008, United States Government (USG) support went to different local and international non-governmental organizations (NGOs) and the Ministries of Local Government, Health, Defence, Justice and Security, Labor and Home Affairs, and Education. Together, these partners carried out a range of activities through community and mass media outreach to promote the prevention of sexual transmission of HIV through abstinence, faithfulness, partner reduction, condom use and related issues, like alcohol and gender equity.

PSI implemented a public health evaluation of two approaches to address MCP and also trained healthcare providers to strengthen their knowledge, standardize information given to the public and provide skills on male circumcision (MC) procedures. The Academy for Educational Development (AED) through the Capable Partners Program supported the organizational and programmatic development of Makgabaneng and also partnered with the Botswana Business Coalition on AIDS (BBCA) to provide Workplace HIV Prevention. Family Health International (FHI) provided life skills education to youth ages 10-17 in two districts. Pathfinder was supported to provide a male-focused intervention in target districts, using local partners Humana People to People (HPP), True Men and the Botswana Council of Churches. Support for Hope World Wide's project targeting children was used for abstinence and life skills education. PEPFAR support to Constella was aimed at providing HIV prevention activities to students at the University of Botswana (UB). Project Concern International (PCI) helped integrate HIV prevention into palliative care in collaboration with 15-20 civil society organizations (CSO).

A partnership with the Ministry of Education (MOE) supported the roll out of its new “life skills” materials to schools through out the country. The Ministry of Local Government (MLG) partnership provided support to District Multi Sectoral AIDS Committees (DMSAC) in five districts to carry out additional prevention activities. A partnership with the Botswana Defense Force (BDF) provided technical assistance and support to BDF personnel and families with projects addressing HIV prevention and the Youth Health Organization (YOHO) developed a network of youth-serving organizations with support from PEPFAR in 2008. A University Partnership with Johns Hopkins started the Gender Initiative to Girls' Vulnerability to HIV in Botswana.

Linkages among Activities

In FY2008, Makgabaneng, the well known radio serial drama that has been on the air for five years, successfully implemented a new model of community reinforcement activities in Tutume and Ghanzi districts, with the assistance of Humana People to People and the Botswana National Youth Council (BNYC) who carried out school rallies, listening and discussion groups and supported the utilization of a behavior change magazine for secondary students. As the MOE continued the roll-out of its new life skills curriculum, the Peace Corp initiated a partnership with them to pilot test the placement of Peace Corp Volunteers in schools to support implementation of the life skills programs and related HIV prevention activities. YOHO continued to implement the prestigious, three-year PEPFAR New Partners Initiative (NPI) grant, which it won last year by expanding its theater, life skills and “edutainment” activities, supporting affiliate youth organizations across the country, and strengthening its own organizational capacity and systems with the help of AED.

FHI, new to Botswana in 2007, worked on hiring staff and developing contracts, work plans, budgets, and monitoring systems; holding numerous stakeholder consultations; carrying out a formative needs assessment in two districts; and supporting behavior change intervention training to its various local implementing partners. Those partners included the Botswana Network of AIDS Service Organizations (BONASO), in addition to BNYC, HPP, the Botswana Network of People Living with AIDS (BONEPWA), the Botswana Christian AIDS Intervention Program (BOCAIP) and Makgabaneng.

USG PEPFAR Review

The Botswana USG PEPFAR Team held Peer Portfolio Reviews (PPR) in June 2008. The participants represented the USG agencies and Embassy offices implementing PEPFAR in Botswana: the DOD/Office of Defense Cooperation (ODC), Public Affairs Section (PAS), Regional Health and Environment Office (REHO), HHS/Centers for Disease Control (CDC/BOTUSA), Peace Corps, and USAID. The team reviewed the status of on-going and new PEPFAR activities for the period October 1, 2007 – March 31, 2008 and found most were on track for meeting planned targets. With USG assistance, there were notable achievements mentioned, as well as challenges and recommendations for the future. Some of these for the Abstinence and Be Faithful (AB) and Condoms and Other Prevention (OP) activities include:

- Partners were able to meet targets for both sexual prevention AB and OP community outreach through public and private sector channels and consolidate and expand their programs. Key partners, such as Makgabaneng, FHI, YOHO, Pathfinder and PSI, have improved their programs and more work with HPP, the MOE's Life Skills program, and BONASA will be needed.
- Discussions were helpful in pointing out areas where the AB/OP team should meet with Peace Corps, USAID and partners, such as the MOE, to improve activities, possibly through holding interagency meetings with partners attending.
- The Peace Corps pointed out that volunteers are finding major shortfalls in condoms at the village and community levels.
- The Ministry of Health (MOH) is launching a major MC program aiming at 80% coverage in five years. Providing adequate PEPFAR staff to work on this effort and building a USG MC team should be a priority.

Other HIV Prevention Activities

Several NGOs provide condoms and other prevention activities with PEPFAR support. PSI is funded to carry out a comprehensive marketing and behavior change intervention focused on sexual partner reduction, particularly concurrent partner reduction, faithfulness and alcohol misuse and abuse. Another part of PSI's work is distributing condoms in rural area "hotspots," including approximately 500 non-traditional condom distribution sites across rural Botswana, and educating distributors in those communities on correct, consistent condom use.

Other partners, although not directly distributing condoms, have a portion of the funds allocated to condoms and other prevention. The Peace Corp Life Skills Program uses funds to provide OP prevention-related in-service training for volunteers. The Prevention with Positives project supports technical assistance in positive prevention and alcohol-HIV issues for a limited set of existing primary prevention interventions, some of which may not yet sufficiently target these issues.

The MLG funds activities that belong under OP such as sex worker out reach and the establishment condom distribution sites. The Workplace HIV Prevention intervention carried out by the BBCA focuses on peer education training programs that actively promote correct and consistent condom use and condom distribution, as well as address linkages between alcohol abuse and HIV/AIDS. BBCA has targeted 200 work-based peer educators/counselors nationwide.

In an activity related to integration of prevention into palliative care, PCI targets both young orphans and vulnerable children. The adolescents and people living with HIV/AIDS (PLWHA), many of whom are sexually-active, receive comprehensive HIV prevention interventions to reflect their age-appropriate needs, including promotion of correct and consistent condom use and alcohol use reduction. The Gender Initiative on Girls' Vulnerability to HIV uses a multi-component approach with a focus on the most vulnerable girls engaged/not yet engaged in risky behaviors.

Makgabaneng also receives funds from the OP program area for its broad-based prevention radio serial drama. Constella's activity targeting university students provides information and services about every HIV prevention method available, as many students ages 18-30 are sexually active. The FHI-Youth focused community intervention will give sexually experienced adolescents all the skills and tools necessary to remain free of HIV and unintended pregnancies, including provision and discussion of condoms, and STI treatment. Pathfinder's male-focused prevention receives funds from C/OP to meet the needs of sexually active adult men, focusing on condom use and alcohol abuse prevention.

Programs for Most at Risk Populations:

Only one specific activity focuses on HIV prevention interventions for Most At Risk Populations (MARP) in Botswana through local civil society organizations. The target groups include sex workers, clients of sex workers, and women and girls in cross-generational and/or transactional sex. The objective is to increase access to quality HIV/AIDS/STI prevention services for MARP in Botswana and strengthen the linkages between these services and other critical HIV/AIDS related care and treatment services.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5455.09	Mechanism: Post
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Sexual Prevention: AB
Budget Code: HVAB	Program Budget Code: 02
Activity ID: 26660.09	Planned Funds: \$161,369
Activity System ID: 26660	
Activity Narrative: 09.P.AB17: USAID PSC Prevention Officer	

This activity covers salary of an offshore hire Prevention Advisor, technical assistance, and travel to provide support for the activities of the President's Emergency Plan for AIDS Relief (PEPFAR), including work with the Government of Botswana. Funding also covers participation by staff in domestic and international conferences related to their work.

The USAID Prevention Advisor will have particular expertise in program management, as well as HIV and AIDS prevention programming, to complement skills of the rest of the USG Botswana Prevention Team.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 26668.09

Planned Funds: \$237,332

Activity System ID: 26668

Activity Narrative: 09.P.AB18: URC – Prevention Impact Assessment

The CDC/BOTUSA Prevention team has identified Makgabaneng (MKG), as a program which has been running for five years and undertaking reinforcement activities, community-based activities that reinforce messages from the radio drama. URC will work with MKG to conduct an outcome evaluation and followed by an impact evaluation at a later stage. URC will review tools used to reinforce behavior change messages and develop a video that on Intergenerational sex, this video will be used in schools and during listening and discussion groups. We see a need to continue the support for MKG with lessons learned as it is a mass media program and has a component of community outreach. The other implementing partner, URC will also work with Population Services International (PSI) whose interventions addresses Multiple Concurrent Partnership, an impact evaluation will be done URC will work with PSI to conduct process evaluation as part of the review.

We look to URC to develop a proposal for completing the following tasks, which themselves are open to discussion at this point:

1. Contract local consultants or an agency with health research background to work alongside URC in carrying out the reviews, including working with a technical advisory committee.
 - a. Identify through tendering advertisements and work with technical assistance (TA) for cross checking.
 - b. Mentor agency and individuals, as appropriate to skill and experience levels.
 - c. Craft a clear scope of work for the sharing of responsibilities.
2. Develop a general protocol for each partner review, including tools that will improve the program and the reinforcement activities, such as a video addressing intergenerational sex or flip charts to help the Listening and Discussions Groups, as tools to support the Reinforcement activities.
3. Document review, interviews with beneficiaries, including the Ministry of Health (MOH) stakeholders and staff.
4. Tailor the general protocol to each organization in the review accordingly with input from the organizations, namely MKG, PSI and CDC.
5. Carry out all the reviews over the six months, if possible. They can be done in a staggered manner, depending on availability of staff to work simultaneously
6. Produce a readable, accessible final report for each partner organization, describing findings and specific recommendations for future steps both short and long term.
7. Participate in meetings to disseminate the results to the organizations and to CDC.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1367.09

Mechanism: Capacity building assistance for GAP through technical assistance collaboration

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 12281.24751.09

Planned Funds: [REDACTED]

Activity System ID: 24751

Activity Narrative: 09.P.AB05: TBD-Assistance to MLG District Prevention Programs

ACTIVITY UNCHANGED FROM FY2008

It is anticipated that the same activities conducted by NASTAD last year will be continued through a TBD organization.

From COP08:

NASTAD is embedded in the MLG to provide a range of support to the DACs and the DMSACs. In 2007, they hired an officer dedicated to prevention; held a workshop for approximately 20 DACs, Peace Corps Volunteers (PCVs), and Implementing Partner representatives from the 5 focus districts; and conducted one-on-one follow up visits to those districts to support improved prevention activity planning and implementation. NASTAD will continue to support quality prevention planning, implementation, and monitoring in five districts identified for PEPFAR prevention assistance by the Ministry.

This activity responds to a relatively low capacity to address critical prevention needs on the district level. With this support, districts officials and implementers will be able to hold more strategic (albeit small scale) interventions, rather than funding a wide range of unrelated one-off activities targeting a large number of target audiences. NASTAD will also focus on helping the district staff responsible for overseeing the District Implementation Plans with monitoring of quality and reach of the various activities funded by the DMSAC.

NASTAD will hold training workshops and provide one-on-one technical assistance to key individuals working in the DMSAC, including the DAC and attached PCV (in cases where a PCV is there) and at times key district-level implementing partners, who are often small civil society groups. Local and international NASTAD staff will provide that assistance. NASTAD will also facilitate training and implementation support from other Botswana training and implementation providers, such as YOHO (e.g. for theater training) and the Botswana Business Coalition on HIV/AIDS (BBCA) (e.g. for workplace outreach). NASTAD will also coordinate and support the distribution and planning of funds provided to the MLG under PEPFAR to support more prevention activities in these districts.

Complementing this activity are 1) a small grants program for some of the local civil society groups working in these five districts, and 2) provision of additional funding for prevention activities for the MLG. Together, these three activities will increase the total amount of assistance and funding for prevention activities in those districts, through two critical directions: the DMSAC and local planning and monitoring bodies and the civil society groups that conduct a large share of the prevention-related implementation on the local level.

The funding for this activity is from both the AB program area (66%) and the C/OP program area (33%). The District comprehensive plans that NASTAD will support usually includes activities for a range of target groups and issues, including some that belong under AB (e.g. school abstinence pageants) and some that belong under C/OP (sex worker outreach).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17414

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17414	12281.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	7750	1367.08	U62/CCU32456 96 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	\$500,000
12281	12281.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5300	1367.07	NASTAD	\$65,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11407.09

Mechanism: GHH-I-00-07-00032-00 --
Project Search

Prime Partner: Johns Hopkins University
Center for Communication
Programs

USG Agency: U.S. Agency for International
Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 17465.24825.09

Planned Funds: \$25,000

Activity System ID: 24825

Activity Narrative: 09.P.AB16: JHU CCP – Gender Initiative to Girls' Vulnerability to HIV

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV is part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13-19-year-old girls, by 1) developing innovative program interventions to successfully modify contextual factors associated with increased sexual risk behavior and rates of HIV infection among these adolescents and 2) assessing the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who are commonly found outside of these settings. Those at highest risk often need a package of comprehensive services, including economic strengthening activities, to meet their unique situations. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, although this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The implementing agency will use a multi-component approach with a focus on the most vulnerable girls to address the antecedents of risk. They will target the intervention according to the different types of risks girls face, to both prevent girls from adopting risky behaviors and address the needs of girls already engaged in risky behaviors. Program components may include the following: HIV prevention education focused on the "ABC" approach; Non-material support for girls' continuation in, or return to, school; Outreach and linkages with HIV-related health services as well as reproductive health services such as pregnancy prevention; Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services; Parenting skills among parents and guardians of adolescents; for those adolescents without parents, developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member; Empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including promotion of decision-making power of young girls within relationships, families and communities; Addressing peer influence by promoting positive group norms and behaviors; and Addressing community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

Specific activities are TBD, pending selection of the Task Order contractor and development of the work plan (anticipated to begin in early FY2008). Approximately 50% of the funding will come from the C/OP program area, and 50% from the AB program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17465

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17465	17465.08	U.S. Agency for International Development	Johns Hopkins University	8746	8746.08		\$50,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 9128.09

Mechanism: Contract - Life skills
consultancy

Prime Partner: EnCompass LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 14650.24407.09

Planned Funds: \$650,000

Activity System ID: 24407

Activity Narrative: 09.P.AB14: Encompass -- Life Skills Consultancy

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY2008 has focused on training of teachers and printing of materials. It is envisaged that there will be more training of teachers on implementation and monitoring to be done in FY2009. In FY2009, 15,100 primary school teachers and 16,043 secondary school teachers will be trained. Refresher training will be provided to 750 Master Trainers. The agency will assist the Ministry of Education and Skills Development to develop a comprehensive plan for training cascade, conduct trainings and undertake support visits.

FY2009 will focus mainly on the development of support materials such as Posters, Flip Charts, Video/ DVDs and Board Games. Quantities and specifics regarding support materials will depend on the number of schools, learners and the number of teachers.

Additionally, monitoring tools will be developed in consultation with the MOE, implementation of the project will be monitored extensively through school visits, workshops will be held for Master Trainers, and monitoring tools will be administered and results analyzed.

From COP08:

In this activity, PEPFAR will support an outside agency to work with the MOE to roll out its new life skills materials to schools through out the country.

For four years, USG has collaborated with the MOE to develop and implement a state-of-the-art HIV prevention curriculum for use in all public schools in the country. To date, five sets of materials are ready, one each for ages 6-7, ages 8-9 (lower primary), ages 10-12 (upper primary), ages 13-15 (junior secondary), ages 16-18 (senior secondary). Materials for ages 8-9 are printed and distributed to all primary schools across the country. Materials for upper primary are being printed, and the Ministry is preparing tenders for the printing of the secondary school level materials. Over 200 teachers have been trained as master trainers to support a cascade of trainings on the materials through the education system, and the Ministry conducted a baseline survey for future evaluation purposes, which has not been disseminated. USG will soon hire an outside agency to assist the MOE with all aspects of implementation.

In 2008, an agency (TBD) will continue to help train additional master trainers as needed, depending on progress made in the next 12 months, and support a series of second-tier training-of-trainers for the secondary school level, to have at least 2 trained teachers per school. Through the training cascade, ultimately 15,000 secondary school teachers will be trained in the life skills curriculum. The Ministry may request refresher training for those lower primary teachers who were trained previously and who will receive the printed materials next year.

New for 2008, the prime partner will develop support materials for learners to support the core curriculum in the classroom and at home. Students and teachers use workbooks, and during the pilot phase, both groups requested additional support materials, such as posters, hand-outs for students and their guardians, videos, and/or photo cards that stimulate discussion. These support materials will further engage students, give teachers more options for integrating the curriculum into their work, and help engage parents/guardians into the program. The focus of this effort will be older students in Junior Secondary and Senior Secondary levels (approximately 160,000 learners will ultimately benefit). The content will reflect that of the core curriculum and highlight key issues, such as alcohol abuse prevention, cross-generational sex, and other related themes.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17468

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17468	14650.08	HHS/Centers for Disease Control & Prevention	EnCompass LLC	9128	9128.08	Contract - Life skills consultancy	\$350,000
14650	14650.07	HHS/Centers for Disease Control & Prevention	EnCompass LLC	9153	9153.07	contract-life skills	\$500,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.02: Activities by Funding Mechanism****Mechanism ID:** 7761.09**Prime Partner:** To Be Determined**Funding Source:** GHCS (State)**Budget Code:** HVAB**Activity ID:** 17466.24249.09**Activity System ID:** 24249**Mechanism:** AIDStar Mechanism**USG Agency:** U.S. Agency for International Development**Program Area:** Sexual Prevention: AB**Program Budget Code:** 02**Planned Funds:** ■

Activity Narrative: 09.P.AB10: TBD – Civil Society Capacity Building

ONGOING ACTIVITY WITH NO ADDITIONAL FY2009 FUNDS

DELAYED IMPLEMENTATION IN FY2008

From COP08:

The first part of this activity will support a prime partner, TBD, to provide organizational development assistance, technical assistance, and grants to 3-5 indigenous NGOs that provide interventions in prevention, OVC, palliative care, and counseling and testing and one that is focused on legal, human rights, and gender advocacy and mobilization. The local implementing partners will be among those with existing networks of service delivery across multiple districts or with established track record of working successfully across many districts. The target populations and organizations are specific to the interventions chosen. The total number of organizations funded will depend in part on the quality and cost of proposals submitted under this mechanism.

These established organizations likely will need a range of organizational development assistance, to help them become more sustainable and adhere to policies and requirements of receiving USG funds directly. This assistance may target human resource policies and practices, Board development and management, fund raising skills, asset and financial resource management skills, strategic planning, and strengthening of program monitoring systems. We expect that these groups will benefit from technical assistance to further strengthen the various interventions they provide to their different target groups. This assistance may involve visits from technical assistance providers, to provide targeted help to each organization on critical programmatic issues (e.g. updating a curriculum, developing a program evaluation protocol, training in a new approach). The prime partner also will provide on-going support for program strategy, quality, and reach through its technical field staff. The assistance will depend on the particular needs of the local implementing partners.

One organization supported under this initiative will be an umbrella organization for HIV/AIDS service organizations across Botswana. The prime partner will work with this umbrella organization to develop its grants-making capabilities and the technical skills of its staff persons. The prime will support strengthening of that umbrella organization's core systems, including those related to program monitoring, accounting, human resource management, and communication, as determined jointly with the local partner and the prime partner. In year one, the umbrella will not receive funding for sub-grants under this award, but rather assistance with systems and capacity for doing so.

Another organization supported under this initiative will be a faith-based organization (FBO) with an established network of service provision centers across the country. This organization will provide a range of community services in prevention, counseling and testing, OVC, and palliative care through its network. The prime will work with this organization to standardize its services across its centers, as appropriate to the needs of the various target communities involved, and will focus on quality assurance as well as program expansion. The local implementing agency also will develop its capacity as a technical resource for other FBOs and provide some training to other FBOs in its stronger technical areas in this first year.

A third target organization is one focused on the comprehensive needs of PLWHAs. This local implementing partner will provide services through a network of community service providers, such as support groups and other venues, and will focus on prevention, palliative care, counseling and testing, and stigma reduction. The prime partner will support the expansion of the reach of the best interventions that the local organization provides to PLWHA and will collaborate with the local partner to provide the best quality services possible. The local implementing agency also will develop its capacity as a technical resource for other PLWHA-service organizations in the country and provide some training to such groups.

The fourth target area is advocacy and community mobilization for HIV-related legal, human rights, and gender issues. A 2005 legislative review identified many policy and legal gaps related to HIV/AIDS in Botswana, particularly in the area of ethics and human rights, gender, and stigma. 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. The prime partner will support a range of activities to promote awareness raising about legal and human rights issues and to train key organizations and individuals to take action to address those issues on a community and/or national level. Target groups for these efforts include policy makers, interest groups, the private sector, community leaders, development organizations, PLWHAS support groups, DACs and the general public. A key area for emphasis in these activities will be gender relations in the context of HIV prevention, care, treatment, and support. The prime and local partners will coordinate with the Women's Sector of the National AIDS Council, and the Women's Affairs Department of the Ministry of Labor and Home Affairs for this activity.

A fifth target organization will focus on underserved or marginalized populations, such as people with disabilities. This implementing partner will provide direct services to underserved populations, for basic education on HIV/AIDS transmission, prevention, treatment, care, support, and available clinical and community services. The partner will reach those underserved groups by 1) adapting available material to those groups (e.g. a rare language, a particular disability such as deaf), 2) conducting outreach sessions with those populations, and 3) training caregivers and others who work with such populations regularly to provide such core information.

Support for small, localized civil society partners in 5 districts.

In the second part of this activity (approx \$1,000,000 total from both AB and C/OP areas), the prime partner will support a separate program focused on civil society organizations working in the five districts selected by the MLG for PEPFAR primary prevention assistance. The support will include organizational development, including assistance with funds management, fund-raising, project tracking and monitoring,

Activity Narrative: and technical assistance for improving the quality of the prevention interventions provided by those groups. The partner, TBD, will competitively select approximately eight civil society groups from across the five districts (at least one per district) for this support and grants for implementation.

The groups likely will vary in focus and should be among the most promising local implementers working in those districts. Some may be support groups that could be funded for Positive Prevention interventions, while others might be youth groups that could be funded for strategic theater and other community mobilization techniques. The prime partner will work with these smaller, local organizations to focus on critical population groups and themes, including young adults, PLWHA, couples and partner reduction and alcohol misuse/abuse.

Complementing this activity are 1) technical assistance to the DMSAC for prevention planning, implementation, and monitoring through NASTAD, and 2) provision of additional funding for prevention activities for the MLG to distribute in those five districts. Together, these three activities will increase the total amount of assistance and funding for prevention activities in those districts, through two critical directions: the DMSAC and local planning and monitoring bodies and the civil society groups that conduct a large share of the prevention-related implementation on the local level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17466

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17466	17466.08	U.S. Agency for International Development	To Be Determined	7761	7761.08	AIDStar Mechanism	

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5406.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 10159.24210.09

Planned Funds: \$247,030

Activity System ID: 24210

Activity Narrative: 09.P.AB91: Technical Expertise and Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity covers the salaries and other administrative costs for the technical staff in-country that support the AB and C/OP program areas. These staff include 2 full-time CDC direct hire, 2 senior FSN, and 1 mid-level FSN. The funds also support USG-sponsored meetings of prevention implementing partners, professional development and training for staff persons, conference attendance, and travel for site visits and other meetings in and out of Botswana that USG prevention officers may attend as part of their regular duties.

All staff work across the AB and C/OP program areas, so the costs associated with these staff and activities above are distributed proportionately (66%-33%, respectively).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17342

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17342	10159.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$193,000
10159	10159.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$231,812

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5338.09

Mechanism: U2G/PS000599- The Basha Ledi (Youth are the Light) Project

Prime Partner: Family Health International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 9920.24191.09

Planned Funds: \$1,500,000

Activity System ID: 24191

Activity Narrative: 09.P.AB02: FHI—Youth-Focused Community Intervention

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Within the Basha Lesedi youth HIV prevention project, Family Health International (FHI) will support the Botswana Network for people living with HIV/AIDS (PLWHA) to implement an adult mentorship program, the Aunties and Uncles program, and OVC services, such as the provision of psychosocial support within prevention activities. The Aunties and Uncles program targets all young people from 10 to 17 years of age. This means that those who are orphaned will receive appropriate support through linking them up with existing OVCs programs.

From COP08:

Family Health International's (FHI) Basha Lesedi project targets youth ages 10-17 in two districts, Barolong and Northeast, for HIV prevention, including life skills education in and out of schools, household level outreach, localized mass media, abstinence and other clubs, and service referrals as needed. The topical emphases are abstinence, sexual and reproductive health, and alcohol abuse prevention. The activity also includes programs for parents and guardians of these youth, to support improved communication between them and further support for healthy sexual choices by youth. BONASO is the main in-county project management organization, and the project is implemented through 5 national local organizations, in addition to the support from various groups in the target districts (e.g. local drama and support groups).

In 2007, FHI hired key staff, selected the target districts, worked extensively with the sub partners on work plan development, made contracts with the sub partners, devised a project monitoring system, conducted a participatory needs assessment in both districts, prepared the baseline survey that they will implement in coming weeks, held project launch events in both districts, and began implementation on a small scale (July 07).

In 2008, FHI will continue with implementation in the two target districts, expanding to more villages within those districts and providing technical assistance to the various implementing partners. The budget increase over the FY07 funding level will allow FHI to hire additional project staff to support the various implementing partners (a senior youth technical advisor plus 2 additional project staff).

The BNYC will manage advocacy at the district level by holding youth forums, promoting youth-adult partnerships as relevant to the activities, including outreach to health care workers and other critical service providers in the target areas whose services these youth may need to access (e.g. family planning providers, condom providers, HIV testing, etc.). BNYC will train its youth group affiliates in the districts to deliver other prevention messages to the community through their drama, choirs and youth friendly activities, which target youth as well as community leaders and health service providers.

As the main faith based organization (FBO) sub partner, BOCAIP, will be in charge of supporting HIV prevention programs in churches, including life skills curriculum (they will adopt YouthNet's life skills program from a Christian Perspective), abstinence clubs, parent outreach (using FHI's faith based parent-child curriculum and Families Matter!) and training to pastors on supporting these goals.

BONEWPA will reach HIV positive youth in the target districts, through support groups and conducting outreach through PLWHA in schools and other forum to support the project goals. They will also hold forums for parents, based on the Families Matter! curriculum. New for 2008, Baylor University, through their Center for Excellence with Pediatric HIV Care in Gaborone, will support BONEPWA to improve its work with young persons living with HIV by sharing their protocols and materials with them. BONEPWA then will train support group members on the Baylor materials, and those trained people will implement those components in their outreach work in schools and other fora.

Makgabaneng will continue to produce a cartoon drama magazine for distribution in clubs, schools, churches, and other relevant sites, carry out its school-age focused reinforcement activities in these districts (listening and discussion groups, school drama and debate competitions), and produce other information, education, and communication (IEC) and promotional materials to support the other sub partners' work (e.g. wrist bands, posters).

Humana People to People will continue to go door to door in these two districts, talking about HIV prevention with youth and parents/guardians, and will also implement the Families Matter! curriculum for groups of parents in community centers, workplaces, and other forum as appropriate to the village targeted. Humana also provides condom demonstrations to those youth identified who are sexually active. All partners will provide correct information on condoms and other family planning methods and encourage referrals for those youth in need of those.

FHI will continue to provide technical assistance to all the sub partners, through workshops and regular on-site assistance. The focus of this assistance will include 1) strengthening quality of the interventions delivered, 2) monitoring the reach and quality, and 3) processing feedback obtained over the course of implementation. FHI will continue to strengthen the content of the intervention components that is focused on cross-generational sex and alcohol abuse prevention by developing and adapting additional modules and materials for inclusion into the existing intervention packages.

The funding for this activity is from the AB program area (80%) and the C/OP program area (20%). The reason for the two sources is that, while the activity focuses on adolescents who are not yet sexually active, a portion of the older teens included in the target population are likely to be sexually experienced and/or sexually active. When program partners interact with such youth, they will give these adolescents all the skills and tools necessary to remain free of HIV and of unintended pregnancies, including the provision and discussion of condoms, treatment for sexually transmitted infections (STI), etc, when appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17405

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17405	9920.08	HHS/Centers for Disease Control & Prevention	Family Health International	7746	5338.08	U2G/PS000599- The Basha Lededi (Youth are the Light) Project	\$1,500,000
9920	9920.07	HHS/Centers for Disease Control & Prevention	Family Health International	5338	5338.07	CoAg # U2G/PS000599	\$1,150,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1044.09

Prime Partner: Pathfinder International

Funding Source: GHCS (State)

Budget Code: HVAB

Activity ID: 4798.24093.09

Activity System ID: 24093

Mechanism: U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: 09.P.AB06: Pathfinder-Male Focused Interventions

CONTINUING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDING HAS BEEN REQUESTED

From COP08:

This activity targets adult men (over age 25) for one-to-one peer education, based on a personal risk assessment. Three local implementing partners carry out this activity through visits to households, employment sites, and recreational clubs such as local football teams. The intervention is focused on promoting partner reduction, correct and consistent condom use, and more equitable gender attitudes.

In 2007, Pathfinder selected implementing partners through a competitive process, worked with those partners to develop work plans and contracts, liaised with relevant GOB partners in the target districts and nationally to lay a stronger base of support for the project, developed project monitoring tools, held 3 work shops with the implementing partners, and developed a comprehensive outreach manual that will guide the intervention. The implementing partners selected additional staff and peer educators and participated in a training of trainers (TOT) in the manual. As of September 2007, Pathfinder and its implementing partners will have trained a large cadre of male peer educators, who will begin conducting outreach in the target communities.

The risk assessments cover a range of critical issues including number of sexual partners, consistent and correct use of condoms, alcohol misuse and risks associated with it, gender relations, HIV-related drug adherence (ART, isoniazide preventive therapy [IPT]), and counseling and testing. We expect each individual reached to have about 2 or more visits by a peer educator, for one-on-one discussion on the above listed issues with emphasis on those raised in the personal assessment. The materials will include specific information and support for men who are HIV positive. Referrals will be made to available services such as HIV counseling and testing, Alcoholics Anonymous, and PMTCT. Clients who have been exposed to key topics identified in their personal risk assessment will graduate and be invited to join a male support group for continued education and motivation. These groups will be formed by Pathfinder implementing partners in areas where they operate. The groups will have regular meetings at which members will give each other support to maintain whatever positive change they will have achieved. Occasionally, presenters will be invited to give talks on topics of interest to the groups. Opinion leaders like politicians, traditional leaders and PLWHA who have gone public with their HIV status will also be invited occasionally to motivate the men.

Humana will continue to implement the intervention by going door-to-door in select communities. Humana will conduct group sessions focused on gender equity and will train men who hold influential positions like corporate leaders, traditional leaders and politicians as advocates for male involvement in HIV prevention programmes. The above activities will be implemented in eight villages in the two districts where Humana operates.

True Men will continue to work in the Francistown area to target this intervention to miners from the two area gold mines as well as social soccer teams and their supporters. The programme will expand to two new sites in 2008.

Botswana Council of Churches (BCC) will implement the program in three districts, targeting male staff in 4 mission schools run by churches which are BCC members. The programme extends beyond schools to communities around the schools.

In support of these activities and partners, Pathfinder will continue to support training in peer education and outreach, including refresher trainings, to all relevant field officers. Pathfinder also will continue to strengthen local implementing partners' operational systems and structures and will provide technical support for their programme activities.

New for 2008, the program will forge stronger partnerships with health and other facilities that offer counseling and testing for HIV so that people who test HIV positive at these facilities and other PLWHAs who access services at these facilities are referred to the program for peer support in one-on-one and group settings. This will entail sensitizing service providers about the program and its activities and establishment of a referral network either from the program to the facilities or the reverse. The outreach and peer materials will be adapted to better meet the needs of HIV positive men.

This activity is funded about 66% from the AB area, and 33% from the C/OP program area. The content of the intervention is comprehensive in scope to meet the needs of sexually active adult men, including a strong emphasis on multiple partnerships and fidelity, as well as gender equity, and important components on alcohol abuse and condom use.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17281

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17281	4798.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	7712	1044.08	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	\$450,000
9817	4798.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	5282	1044.07	CoAg # U62/CCU124418	\$450,000
4798	4798.06	HHS/Centers for Disease Control & Prevention	Pathfinder International	3358	1044.06	Technical Assistance	\$414,500

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1232.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Education, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4791.24095.09

Planned Funds: \$500,000

Activity System ID: 24095

Activity Narrative: 09.P.AB15: MOE – Life Skills

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY2009, the Ministry of Education (MOE) is going to expand this project by integrating the materials developed by the project into other life skills-related projects for awareness purposes, training project officers in materials development and adaptation, piloting the monitoring tools before implementation, and explaining the project on the BTV show, Talk Back, to ensure it is well received. Additionally, the MOE wants to ensure quality training by Master Trainers during the cascading of training to teachers in their clusters/schools by providing refresher workshops, have more stakeholder involvement regarding monitoring, i.e., primary, secondary and teacher training and development to support the project, and involve the schools' senior management teams in the project for successful implementation. During the project implementation, they will monitor the project extensively through school visits, timely delivery and administration of monitoring tools, technical assistance, analysis of reports, and undertaking workshops for master trainers involved in the project.

From COP08:

In this activity, USG will continue to support the MOE to roll out its new "life skills" materials to schools through out the country.

For four years, USG has collaborated with the MOE to develop and implement a state-of-the-art HIV prevention curriculum for use in all public schools in the country. To date, five sets of materials are ready, one each for ages 6-7, ages 8-9 (lower primary), ages 10-12 (upper primary), ages 13-15 (junior secondary), ages 16-18 (senior secondary). Materials for ages 8-9 are printed and distributed to all primary schools across the country. Materials for upper primary are being printed, and the Ministry is preparing tenders for the printing of the secondary school level materials. Over 200 teachers have been trained as master trainers to support a cascade of trainings on the materials through the education system, and the Ministry conducted a baseline survey for future evaluation purposes, which has not been disseminated. USG will soon hire an outside agency to assist the MOE with all aspects implementation.

In 2008, USG will continue to support teacher training and printing of materials. The Ministry will support an outside agency to help train additional master trainers and support the training cascade. The Ministry also will print and distribute the last batch of materials, those for the youngest learners in standards 1-2 (students age 6-7): 110,000 student workbooks and 3800 teacher guides.

The Ministry also will begin to explore adaptation of the materials to special needs learners, by convening a task team of teachers of special needs learners. The GOB will pay for the actual adaptation process, which may happen next year.

The Ministry has identified additional staff to support the life skills curriculum, and the Ministry will support the training of two of those project officers on Life skills and BCC/Project management to improve their knowledge and skills.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17409

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17409	4791.08	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	7748	1232.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$300,000
10026	4791.07	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	5370	1232.07	CoAg # U62/CCu025095	\$900,000
4791	4791.06	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	3468	1232.06	Technical Assistance	\$415,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 3469.09

Mechanism: U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention

Prime Partner: Makgabaneng

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4793.24174.09

Planned Funds: \$700,000

Activity System ID: 24174

Activity Narrative: 09.P.AB01: Makgabaneng-Radio Serial Drama

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Radio Serial Drama has been refocused to target five behavioral outcomes with the five main transitional characters. A baseline evaluation is planned for early 2009 on three of the five outcomes and a summative evaluation is planned for 2011 when the Cooperative Agreement ends.

The Reinforcement Activities will also concentrate on these five behavioral outcomes with the Teen Magazine topics focusing on one outcome for the entire school year. The Listening and Discussion Groups' materials are also being updated to reflect the five behavioral outcomes.

Specific changes include:

1. Six villages have been added for the Listening and Discussion Groups' interventions.
2. Six Junior Secondary Schools have been added for in-school reinforcement interventions.
3. The number of health fairs will increase from four held in 2008 to six for 2009.
4. The number of weekly broadcasts of the Makgabaneng late night talk shows will increase from 32 held in 2008 to 47 for 2009.
5. Schools that request the Makgabaneng drama episodes on CDs, as has happened during focus groups discussions, will receive them, so as to be able to schedule their listening sessions independently. Thus far, two schools have done so.

The specific technical assistance needed in order to do the above-mentioned changes includes:

1. Capacity building in data management.
2. Technical monitoring and evaluation support for the project with a focus on evaluation.
3. Outside consultant engaged to assist in enhancement of the community outreach component of the project.
4. Leadership and supervisory skills training for senior management.

From COP08:

Makgabaneng is a local organization that has carried out a behavior change program of the same name since 2001. The program includes a national radio serial drama and various community-based and mass media reinforcement activities. In a national 2005 survey (Population Services International TRAC survey) of 15-24 year olds, 42% reported listening to the drama many times recently and 31% reported listening sometimes; 90% were aware of the program. Other surveys suggest high listenership among older age groups too. In the third quarter of 2007, Makgabaneng and its sub partners had formed 45 listening and discussion groups with adults and out of school youth, held school rallies in 9 schools, and distributed their teen magazine on the theme of parent-child communication to 17 junior secondary and senior secondary schools in their 2 target districts, Tutume and Ghanzi. Makgabaneng also soon will train facilitators from the Botswana Defense Force (BDF) in the listening and discussion group activity.

The radio serial drama airs on two national Botswana radio stations, with two new 15-minute episodes each aired twice a week, with over 650 episodes aired to date. The program will add 2-3 short spin-off, short-term radio dramas annually, which will be aired at different time slots but simultaneously with the core drama. These spin-off dramas will use characters from the core drama to go into greater depth on key issues, such as multiple concurrent partners. The program will design the format and content of these shorter radio dramas to increase their appeal to men, who studies show are less likely to be listeners to Makgabaneng than women. In 2008, the program will highlight issues related to 1) multiple, concurrent partnerships; 2) care, support, and prevention for PLWHA; 3) delayed sexual debut and sexual and reproductive health among adolescents and younger youth, including cross-generational sex; and 4) alcohol abuse.

To reinforce these mass media interventions, Makgabaneng will continue to conduct community-based outreach in community junior and senior secondary schools and the community at large. The school-based components include an interactive magazine for use in and out of the classroom and drama competitions. In 2008, a small group activity tool kit that will complement the themes in the MOE's new life skills materials. The BNYC is the sub partner carrying out these school-based activities. The other main community outreach reinforcement activity is listening and discussion groups, which Humana People to People will continue to carry out for the project. These groups involved six 1-2 hour sessions focused on discussing and personalizing critical issues that the drama raises. The groups have been formed in a variety of settings, including workplace, households, churches, and health care settings, depending on the community involved, and include 10-25 men and women. These community reinforcement activities currently reach two districts, Ghanzi and Tutume. Makgabaneng will expand these interventions to one additional district, to be determined, and seek at least 1 additional national partner who can incorporate some of the program reinforcement tools into their existing activities (e.g. listening and discussion groups training materials, discussion guides, support material; the teen magazine). They plan to continue expanding the collaboration with other Men's Sector agencies, such as the Prison's, Police, and other uniformed services. The program will continue conducting additional reinforcement through mass media channels, specifically through: 1) hosting weekly radio call-in shows to discuss characters, events, and themes in the drama with the general public and 2) airing approximately 10 trailers and epilogues, which are short messages and calls to action related to events in the drama.

In 2008, a more intensive program evaluation will take place. Makgabaneng currently plans to carry out another large scale listenership survey, which will assess listenership and exposure to reinforcement activities, as well as various key outcomes of the intervention, in order to allow tests of associations between various levels of exposure to the intervention and those outcomes.

The funding for this activity is split between AB and C/OP. This activity is a comprehensive intervention that targets multiple issues related to HIV prevention and targets various populations in its activities, including youth and adults. This program area entry for this activity will cover about 66% of the program effort and

Activity Narrative: reflects the intervention's focus on key issues related to abstinence and being faithful, including delayed debut for adolescents; cross-generational sex; faithfulness; partner reduction; transactional sex; and related gender and cultural norms and beliefs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17262

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17262	4793.08	HHS/Centers for Disease Control & Prevention	Makgabaneng	7709	3469.08	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	\$800,000
9917	4793.07	HHS/Centers for Disease Control & Prevention	Makgabaneng	5336	3469.07	Technical Assistance	\$625,000
4793	4793.06	HHS/Centers for Disease Control & Prevention	Makgabaneng	3469	3469.06	Technical Assistance	\$305,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 3838.09

Mechanism: GPO-A-00-05-0007: HWW/ABY

Prime Partner: Hope Worldwide

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4794.24179.09

Planned Funds: \$246,473

Activity System ID: 24179

Activity Narrative: 09.P.AB13: Hope World Wide – Abstinence and Behavior Change for Youth

ACTIVITY UNCHANGED FROM FY2008

From COP08:

Focused in Molepolole village, Hope Worldwide-Botswana targets children and adolescents in schools, the community and churches through a life skills based education approach. In-school youth range from primary school to tertiary students. Using a life skills manual, field workers facilitate life skills sessions and after school clubs in schools, and facilitate the same for community and church youth clubs. Peer educators who receive extra training then mentor other students and youth. This mentoring is done through School Action Teams for in-school and Community Action Teams for out-of-school-youth. The life skills materials and training cover issues including self awareness, love and dating, teenage pregnancy, parenting, abstinence, and media. In 2007, Hope Worldwide reached 5,500 youth through this program.

Hope Worldwide staff leverage existing school and community structures like parent teacher associations, community forums, community based organizations, men sector groups and soccer clubs to promote involvement in their activities, and vice versa. The youth HIV prevention program also collaborates with its sister program that provides psychosocial support to OVCs. The prevention program staff refers children to the OVC program, and offer parts of the prevention life skills curriculum to the OVC in that arm of Hope Worldwide activities.

In 2008, Hope Worldwide will revise their manuals to strengthen the content related to key issues like multiple concurrent sexual partnerships, cross generational sexual relationships, prevention with PLWHAs, gender inequality, and alcohol risk. Field workers will continue to be trained in the above topics and in facilitation skills and then will facilitate sessions on these topics to a wide range of students and other youth. From the groups that they reach, they choose a few beneficiaries for an in-depth training as mentors to other beneficiaries. This year, they will expand to an additional 26 schools in the villages around Molepolole, and will return to 26 schools targeted in the previous 2 years, to offer those students additional services based on the revised manual and to mentor them. Also new, Hope Worldwide will adapt to Botswana its program for reaching parents, which they developed initially in South Africa, and will begin to hold parenting workshops in the areas near the schools and churches that they target. Hope Worldwide hopes to reach 150 parents with three of these workshops in 2008.

The program also will employ additional staff, namely Finance Officer, Human Resources Officer and a Monitoring and Evaluation Officer. This expansion will strengthen the operating systems and data usage of the local office. These funds will carry the project for approximately 15 months, to allow time for a new mechanism to replace the Track 1 awards.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17407

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17407	4794.08	U.S. Agency for International Development	Hope Worldwide	7747	3838.08	GPO-A-00-05-0007: HWW/ABY	\$350,000
8051	4794.07	U.S. Agency for International Development	Hope Worldwide	4677	3838.07	Track 1	\$167,808
4794	4794.06	U.S. Agency for International Development	Hope Worldwide	3838	3838.06	Track 1	\$189,231

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5404.09

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: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 10158.24198.09

Planned Funds: \$116,267

Activity System ID: 24198

Activity Narrative: 09.P.AB90: Technical Expertise and Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity covers the salaries and other administrative costs for the technical staff in-country that support the AB and C/OP program areas. These staff include 2 full-time CDC direct hire, 2 senior FSN, and 1 mid-level FSN. The funds also support USG-sponsored meetings of prevention implementing partners, professional development and training for staff persons, conference attendance, and travel for site visits and other meetings in and out of Botswana that USG prevention officers may attend as part of their regular duties.

All staff work across the AB and C/OP program areas, so the costs associated with these staff and activities above are distributed proportionately (66%-33%, respectively).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17326

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17326	10158.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$239,000
10158	10158.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$30,000

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1341.09

Mechanism: Peace Corps Mechanism

Prime Partner: US Peace Corps

USG Agency: Peace Corps

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 10094.24064.09

Planned Funds: \$600,000

Activity System ID: 24064

Activity Narrative: 09.P.AB12: Peace Corps – Life Skills Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Ministry of Education (MOE) is considering the following schools for possible placement of Life Skills Peace Corps Volunteers in Y2009:

1. Salajwe Lempu J.S.S Kweneng
2. Kaudwane Kaudwane P. School Kweneng
3. Molepolole Sedumedi J.S.S Kweneng
4. Kopong Kopong J.S.S Kweneng
5. Mmathubudukwane Madikwe J.S.S Kgatleng
6. Bokaa Borwa J.S.S Kgatleng
7. Otse Moeding S.S.S South East
8. Ramotswa Kagiso S.S.S South East
9. Mochudi Molefhi S.S.S Kgatleng
10. Oliphants Drift Oliphants Drift P. School Kgatleng
11. Artesia Artesia J.S.S Kgatleng
12. Manyana Boswelakgosi J.S.S Kweneng
13. Mogobane Mogobane J.S.S South East
14. Ranaka Nthwalang J.S.S Southern
15. Modipane Modipane P. School Kgatleng

From COP08:

Peace Corps/Botswana's (PC/B) Life Skills Program is a comprehensive HIV prevention program for youth, encompassing Abstinence/Be Faithful (AB) (83%) and OP (17%). This program targets school children between the ages of 7 and 19. For youth ages 7-14, the focus of the program is on AB prevention. For older teens in the target population, who are likely to be sexually experienced and/or sexually active, the program also incorporates OP elements. The Life Skills program endeavors to equip adolescents with the skills and tools necessary to remain free of HIV and unintended pregnancies, and includes the discussion of condoms and STI treatment when appropriate. Creating a comprehensive Life Skills program allows the program to address the HIV prevention needs of a wider range of beneficiaries than it would with funding from only one of the prevention program areas.

Since Peace Corps' return to Botswana in 2003, Peace Corps Volunteers (Volunteers) have been assigned to HIV/AIDS-related projects focused on district AIDS coordination, community capacity building, prevention of mother-to-child-transmission (PMTCT), home-based care (HBC) and PEPFAR-supported NGO capacity building. In addition to their primary assignments, many PCVs also participate in youth development activities such as school clubs, mentoring programs, sports and recreational activities, and Girls Leading Our World (GLOW) camps.

To expand upon what current PCVs are doing and to help support HHS/CDC/BOTUSA and Government of Botswana efforts, in FY 2007, PC/B began a pilot life skills capacity building initiative, in collaboration with the Ministry of Education (MOE) and other key partners working with youth in Botswana. Specific activities undertaken by PC/B in 2007 include:

- (1) Training for current, interested Volunteers (90% of all Volunteers) in Life Skills by MOE;
- (2) Placement of five PEPFAR-funded Life Skills Volunteers (including three third-year extensions and two new Volunteers) to pilot the life skills initiative;
- (3) Training of Life Skills Volunteers by curriculum specialists from the MOE, a Youth Forum training, and additional technical training and planning with MOE during IST; and
- (4) Preparatory groundwork for the arrival of a group of 15 new PEPFAR-funded life skills Volunteers in April/May 2008.

Starting in June 2007, PC/B, in collaboration with the MOE, assigned Life Skills Volunteers for a 12-month period to a cluster of schools in the Molepolole District (communities include: Molepolole, Sojwe, Salajwe, Lethakeng, with a fifth community to be determined). Volunteers are assigned full-time to life skills capacity building within their host communities and, based upon MOE approval and community assessments, undertake a range of activities, including:

- 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 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 (i.e., 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; and
- Assisting in the monitoring of the program implementation and related reporting to district and national educational offices, on the part of their assigned schools.

FY 2008 Proposed Activities

Activity Narrative: In 2008, PC/B will recruit, train and place 15 new Volunteers to expand beyond the pilot phase launched in 2007—with up to five Volunteers working at the educational district level. Up to five PEPFAR-funded third-year Volunteers will also be recruited in 2008, to replace the three third year extension Volunteers who are piloting the effort in 2007. Volunteers at the educational district level will 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.

PC/B-funded Volunteers assigned to other projects also are provided PEPFAR-funded training to support the dissemination and use of the new MOE Life Skills materials. Developed with the support of HHS/CDC/BOTUSA, these materials focus on 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. Volunteers will support teachers with these materials in and outside the classroom and within communities.

PC/B will target its efforts to upper primary, junior & senior secondary students because these stages appear to be the critical ones in the development of life skills and precede or coincide with the typical dropout juncture.

The Minister of Education pledged the support of the MOE to PC/B regarding the design of appropriate Volunteer interventions and training, and the prioritization of site placements. In advance of the start of the initiative, HHS/CDC/BOTUSA, PC/B 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 HHS/CDC/BOTUSA, PCVs will collaborate with other partners, such as UNICEF, that are involved in youth-related life skills development to maximize the impact of collective efforts and donor resources.

FY08 PEPFAR funds will support:

- costs related to the new and existing Life Skills Volunteers, including trainee pre-arrival costs, travel, pre-service and in-service training, living and readjustment allowances, housing and medical expenses, home leave for the third-year Volunteers.;
- in-country and HQ administrative and human resource costs including local staff positions to support PC/B's PEPFAR program. In addition to staff positions approved in the FY07 COP, PC/B will hire a new program manager to oversee the work of the PEPFAR-funded Volunteers;
- AB prevention-related in-service training for PC/B-funded Volunteers; and
- grants for small community-initiated projects focused on AB prevention.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17419

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17419	10094.08	Peace Corps	US Peace Corps	7752	1341.08	Peace Corps Mechanism	\$500,000
10094	10094.07	Peace Corps	US Peace Corps	5290	1341.07		\$170,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$500,000

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5339.09

Mechanism: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland

Prime Partner: Population Services International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 4535.24193.09

Planned Funds: \$1,100,000

Activity System ID: 24193

Activity Narrative: 09.P.AB04: PSI – Be Faithful/Partner Reduction

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The geographical distribution of the project will be such that it will have a presence in Gaborone, Lobatse, Mahalapye, Selibe-Phikwe, Palapye, Francistown, Maun, Kasane, Mabutsane and Ghanzi districts by the end of FY2008 and will be implemented in all the above districts throughout FY2009. An increased amount of support for community-level interventions will be required in FY2009, as 120 district-months of implementation are planned compared to 74 district-months in FY2008.

The implementing partners for FY2009 are Humana People to People (Gaborone and Lobatse), AMEST (Gaborone and Lobatse), Young Women Friendly Centre (Mahalapye), Ministers Fraternal (Mahalapye and Selibe-Phikwe), Men Sex and AIDS (Selibe-Phikwe) and Itsoseng Banana (Palapye).

The specifications of projects in new districts will be agreed upon with District Multi Sectoral AIDS Committees (DMSAC), although all projects are expected to follow a broadly similar approach. The approach incorporates lessons learned from current interventions in Gaborone and Lobatse during FY2007, regarding the need to broaden the scope of alcohol abuse related projects from their current, narrow focus on shebeens. The approach also includes new methodologies which will be implemented as part of the rollout of the national Multiple Concurrent Partners (MCP) campaign from FY2008. By the end of FY2008, it is expected that PSI, in collaboration with the Youth Health Organization (YHO), will have trained local theatre groups in all project districts, and these groups will remain part of the project during FY2009. Interpersonal communication (IPC) approaches will then be used to increase the ability and motivation of youth and adults to reduce their number of sexual partners, use condoms correctly and consistently, and drink responsibly. Social mobilization will continue at a reduced level to create an enabling local environment for behavior change.

Mass media interventions focused on preventing HIV transmission by reducing MCP and alcohol abuse will be modified in the following ways in FY2009:

The development, production and piloting of the second series of the planned television drama will occur during FY2009. The television drama will incorporate key communication themes of the national MCP campaign, as well as other national HIV prevention priorities, such as male circumcision.

There will be no new mass media activities on MCP, other than the television drama series, in FY2009.

PSI's involvement in mass media work on MCP will continue during this period, as part of the forthcoming multi-stakeholder national MCP campaign led by National AIDS Coordinating Agency (NACA). The President's Emergency Plan for AIDS Relief (PEPFAR) will support the national MCP campaign during FY2009 through the community level interventions and the television series described above.

A limited number of mass media activities relating to alcohol abuse will be supported through FY2009. Specific channels will be selected following assessment of the first phase of these activities during FY2008, but may include billboards, booklets and events. Lessons learned from mass media alcohol interventions to date will be applied; these include the need to stimulate more open debate about alcohol abuse and HIV/AIDS, which will be addressed via the above mentioned activities.

From COP08:

This activity is a comprehensive social marketing and behavior change intervention focused on promoting sexual partner reduction, particularly concurrent partner reduction, and faithfulness. Alcohol misuse and abuse is one of the key mitigating factors that the campaign emphasizes.

In 2007, Population Services International (PSI) developed outreach materials focused on these issues for use in small group settings and carried out a formative assessment in the initial target area (Lobatse district). They worked with a local creative team to develop a branded campaign on partner reduction, but based on feedback from stakeholders and target audience members, PSI plans additional changes before roll-out. PSI developed a branded alcohol-HIV campaign, which they have begun to implement through billboards, on radio, and in bars, shebeens, and discos in the Gaborone area. Humana People to People conducted interpersonal outreach in both Gaborone and Lobatse. PSI also trained and supported 25 DJs, musicians, and print media journalists to reinforce key themes related to alcohol risk reduction and partner reduction/fidelity through their various means. Together, the partners reached about 400 people through small group activities and 20,000 people through large scale promotional events.

PSI has planned a national 6-month awareness campaign focused on the risks of concurrent partnership and is developing a short television drama (approximately 6-13 episodes) that will air in early 2008, which will challenge norms related to multiple partnerships and promote those related to faithfulness through an edutainment format with wide reach. These efforts will be supported by community outreach in Lobatse and Gaborone districts, and by additional media efforts, such as radio talk shows and short radio spots. The HIV risks associated with alcohol, particularly casual sex and poor or no condom use, are a core theme in these efforts.

In 2008, PSI will continue and expand these activities. First, the mass media behavior change intervention will continue on a national scale, including either 1-2 short television dramas or a continuation of the drama initiated in coming months. The decision will depend on the success of the pilot drama. PSI also will launch a new branded campaign focused on print, radio, and outdoor advertising. PSI will reinforce the themes through community theater and through DJs and other popular performers, who weave the messages into their performances and work; and radio call-in and talk shows. The two sub partners, Humana People to People and African Methodist Episcopal Services Trust (AMEST), will expand the small group interpersonal communication activities into secondary schools, churches, workplaces, drinking establishments, and other sites as appropriate to the target communities. One outreach manual focuses on people 15-24, while another focuses on older adults; PSI also will maintain sets of materials focused on alcohol and on multiple partners, which partners will implement in the field in response to the target audience and setting. In all cases, field officers will address issues related to alcohol and multiple and concurrent partnerships and fidelity, but the degree of emphasis will vary. In 2008, PSI and its existing partners will also begin to identify additional local partners in the target districts that can incorporate the small group activities into their work, as part of their plan to expand the reach of those further. In total in 2008, PSI will take the interpersonal activities to communities and villages across an estimated 10 districts.

Activity Narrative: Because these themes are still somewhat new for large scale social marketing and outreach in Botswana, PSI will intensively monitor the implementation of these activities and the reactions to it. PSI will conduct its regular program monitoring survey, which includes behavioral, attitudinal, and knowledge measures related to partner reduction, fidelity, and alcohol.

PSI also will lead a public health evaluation of the interventions developed under this activity. In light of the knowledge gap on how best to address multiple concurrent partnerships, PSI Botswana, working with a reputable academic institution with experience in social research (e.g. PSI has had initial discussions with the Poverty Action Lab of MIT, but the partner and the local co-investigator are both to be determined), will conduct a randomized control trial to compare two approaches to addressing multiple and concurrent partnerships. The first approach will provide an intervention that focuses on encouraging the target population to reduce the number of sexual partners (such as by stressing the benefits of fidelity and/or the risks associated with having multiple partners). The second intervention will focus on the pattern of sexual relations, with an aim of discouraging the practice of having overlapping partners. Each of the treatments will be delivered through an intensive combination of mass media (particularly outdoor advertising and local radio programs), interpersonal communications (done in small groups and in one-on-one sessions), and edutainment (with drama groups).

Villages would be randomized into the two treatment groups, with a third set of villages established as the control arm, in order to ensure that outcomes were related to the treatments rather than to exposure to any outside mass media efforts on multiple concurrent partnerships. Outcomes would primarily be subjective (e.g., changes in self-reported patterns of sexual networks). Pending further discussion with collaborators (including the GOB), some objective outcomes might be measurable (particularly biomarkers such as pregnancy rates, STI rates, and/or seroprevalence rates at antenatal clinics or in other counseling and testing sites). The budget for the research is estimated to be about \$275,000 for the first of a planned two year study. This is based on a preliminary design with an 80% power to detect a 5% difference between groups, with 20 subjects in each of 300 clusters (i.e., a total of 6,000 interviewees per round). Approximately \$200,000 would go for field work costs, and \$75,000 for research design, researcher time, and other direct costs. In addition to a research partner from an international academic institution, PSI plans to seek a partnership with a local researcher or academic group, particularly in the University of Botswana (UB).

This activity has funds from both AB and C/OP program areas. The majority of funds are from the AB area (75%, \$1,500,000), because the effort will focus on faithfulness and partner reduction. The C/OP funds support that part of the activity that highlights the risks associated with alcohol misuse and abuse (25%, \$500,000).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17459

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17459	4535.08	HHS/Centers for Disease Control & Prevention	Population Services International	7768	5339.08	U62/CCU32522 2: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications , Prevention, and Care in Lesotho, South Africa & Swaziland	\$1,300,000
9921	4535.07	HHS/Centers for Disease Control & Prevention	Population Services International	5339	5339.07		\$500,000
4535	4535.06	U.S. Agency for International Development	Pact, Inc.	3371	1303.06	PACT	\$400,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 5377.09

Prime Partner: Youth Health Organization of
Botswana

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 10086.24195.09

Activity System ID: 24195

Mechanism: GHH-A-00-07-00011: Youth
Health Organization

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: 09.P.AB08: Youth Health Organization

ACTIVITY UNCHANGED FROM FY2008

From COP08:

Through the NPI, YOHO is developing a national network of youth serving organizations and providing community mobilization and community outreach activities to in and out of school youth ages 10-29. The target areas are 9 villages/towns/health districts across the country, namely Lobatse, Hukuntsi, Gantsi, Kasane, Letlhakane, Francistown, Serowe, Letlhakeng, and Gaborone. NPI is one of many funding sources that YOHO receives for its various activities. The activities described below are those funded by NPI funds.

Since receiving the NPI award in March 2007, YOHO has selected additional staff for its headquarters office and 7 of the 9 affiliate sites, including hiring of program heads, artistic directors, a regional director, a monitoring and evaluation officer, among others. YOHO provided training to various key staff in monitoring and evaluation, financial management, and program delivery. They gave refresher training to 77 outreach volunteers in 8 affiliate sites, and in 4 sites, trained 80 teachers and affiliate site staff on the YOHO primary school life skills curriculum (Seboza Life Skills). They have worked actively to upgrade the infrastructure of both the headquarters in Gaborone and in the affiliate sites, including identification of land space and the purchase of portacabins. They also are preparing for their first audit, per US government regulations. In coming months, they will focus on training and program implementation.

In 2008, YOHO will continue with its core capacity-building and outreach activities. For capacity building to its youth group affiliates, YOHO will support a training cascade in its youth theater program, working with its 9 affiliates to in turn train approximately 5 additional youth groups from surrounding villages in the curriculum, designed to improve the quality and reach of youth theater performances. Most theater groups include young adults (youth in their 20's). They will continue to offer training in organizational development to the 9 sites through both district and national trainings, with workshops and individual assistance in financial management, resource mobilization, program monitoring and reporting, as well as behavior change and key HIV prevention topical areas (e.g. alcohol-HIV, multiple sexual partnerships).

YOHO will continue implementing and developing its four main outreach activities. The first activity targets upper primary students ages 10-12 with its Seboza Life Skills program, which YOHO facilitators will deliver with teachers to groups of 25 students from approximately 35 schools in the 9 target areas (5 per district). The program involves 40 hours of exposure and draws from the Grassroots Soccer program and YOHO's own programs; it focuses on delayed debut of sexual activity and related life skills. After graduating from the program, students develop a stage play, which goes to district competitions and culminates in a national Children's Theater Expo.

The second activity involves organizing student days at junior and senior secondary schools across the 9 target districts. Student days engage various students in preparing for the event, and the actual event runs approximately 3 hours, showcasing student activities and performances to the entire student body and focusing on a pre-selected HIV prevention theme. In coming months, YOHO will pilot additional ways to engage with small groups of students during the organizing and conduct of student days, to deepen the quality of outreach that YOHO provides through this activity. The specific activities are to be determined and include consideration of the GOLD life skills program that YOHO is piloting among older students in Francistown.

The third activity involves road shows in the target communities, which use edutainment techniques to mobilize young adults for HIV prevention and action. The road shows are 3 hour community events that involve theater, music, poems, and testimonials. YOHO peer educators mix with the audience to engage individuals in conversation about the key themes, and performers involve audience members in on-stage games and debates. In 2008, YOHO plans to conduct 3 road shows in all of its 9 target districts. In coming months, YOHO also will pilot test additional activities that they could offer as follow up to these mobilization events, to provide some audience members with small group activities to promote behavior change and HIV prevention. The specific activities are to be determined and include consideration of community conversations on the subject matter using the Community Capacity Enhancement Project (CCEP) approach.

The fourth major activity is production and airing of television series targeting adolescents and young adults. The shows will air once a month on the national television station and show drama and documentaries on key HIV prevention themes, specific to the target audiences. YOHO will develop facilitator manuals to accompany the shows and which their affiliate site facilitators and other organizations will use in their small group outreach activities. This activity is new for FY08 and will be piloted in coming months.

Finally, YOHO will continue documenting its efforts and sharing lessons learned with its affiliates and other youth groups across the region. Staff will attend relevant international conferences, as part of organizational and staff development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17422

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17422	10086.08	U.S. Agency for International Development	Youth Health Organization of Botswana	7753	5377.08	GHH-A-00-07-00011: Youth Health Organization	\$0
10086	10086.07	U.S. Agency for International Development	Youth Health Organization of Botswana	5377	5377.07		\$0

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 5453.09

Mechanism: ODC Mechanism

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 10097.24157.09

Planned Funds: \$500,000

Activity System ID: 24157

Activity Narrative: 09.P.AB11: Botswana Defence Force—AB Prevention

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity will provide technical assistance and support for the BDF military personnel, their families, housemaids, couples, and community projects which address HIV prevention including changing male norms, reducing violence, reducing the number of partners and concurrent partnerships. Activities will be undertaken on the BDF bases.

BDF wives' clubs, building on activities already started by the BDF, will be further supported with TA and IEC materials, and a curriculum they can use for their meetings. Wives' clubs will focus on providing HIV prevention, care and treatment education and a supportive environment for those seeking testing and coping with either their own or others' HIV seropositive status. Leaders of the wives support group will participate in the Healthy Living program and be trained to teach the curriculum. Inclusion of the housemaids will be assessed and implemented if appropriate.

The eight BDF Chaplains will receive ongoing training by other military chaplains to further their capacity on working with those with HIV or encouraging others to know their status.

Community outreach projects will continue. These have been initiated by the BDF, as a part of the Men's sector and have provided education and testing opportunities to communities that are hard to reach. One of the foci for the outreach is to discuss reduction of partners and reducing multiple partners. They also promote changing male norms, encouraging men to support women's equality. The BDF conducts one outreach event each month, and reach an average 18,000 men in the course of a year.

This activity supports the vision of PEPFAR Botswana to reduce the number of new infections and to increase the number of people receiving care and treatment. It will also increase the number of people seeking testing.

The BDF has agreed to co-host a Military HIV/AIDS Prevention Conference for all PEPFAR countries and other regional countries as funds permit. The theme of the conference will be HIV/AIDS Prevention in the military with an exchange of information on best practices, lessons learned, etc. One of the major themes of the conference will be Male Circumcision. Participants will include Senior Officers responsible for the HIV program within each military, the officer responsible for program execution/coordination, and clinical officers. Approximately 100 persons will attend.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17401

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17401	10097.08	Department of Defense	Botswana Defence Force	7745	1332.08	ODC/BDF	\$330,000
10097	10097.07	Department of Defense	Botswana Defence Force	5287	1332.07	ODC/BDF	\$115,000

Emphasis Areas

Gender

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

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 17458.24236.09

Planned Funds: \$0

Activity System ID: 24236

Activity Narrative: 09.P.AB03: MOH – Prevention with Positives

ONGOING ACTIVITY WITH NO ADDITIONAL FY2008 FUNDS

DELAYED IMPLEMENTATION IN FY2008

From COP08:

This activity focuses on strengthening the primary prevention components of existing, major HIV-related services (both clinical and community-based) that target large numbers of PLWHA. It is largely a positive prevention activity. This follows steps completed in FY06 and FY07, whereby USG supported an assessment of opportunities to strengthen prevention in clinical and community services and an activity to strengthen the prevention content of the interventions that Tebelopele and other counseling and testing partners provide. This latter activity has involved the adaptation of a provider-delivered intervention that promotes prevention, development of informational materials that help counter stigma around PLWHA, and will also involve identification of one additional service area for similar assistance (to be determined [TBD], awaiting assessment results). USG also supports the alcohol-HIV trainings to health care workers begun by Blossom two years ago and will ensure incorporation of alcohol issues into the other prevention materials and interventions they develop or adapt. To date, achievements include completion of the assessment, adaptation of the US Centers for Disease Control and Prevention (CDC) developed "PwP flipchart intervention" for use in Tebelopele's new supportive counseling program, and training of counselors in use of that intervention (Sept 07).

In 2008, as this activity expands to more program areas and increases in scale, the USG will compete the award through an appropriate, long-term mechanism. Therefore the prime partner is TBD.

The activities in 2008 will continue with program development and implementation and will focus on collaboration with the tuberculosis (TB), prevention of mother to child transmission (PMTCT), counseling and testing, and private sector HIV treatment programs. Specifically, the prime partner will adapt evidence-based prevention interventions for incorporation into these existing services. It will examine closely the interventions being developed under the Office of the Global AIDS Coordinator (OGAC) special initiative for positive prevention, for consideration of adaptation in Botswana. It will train providers in the use of these materials and protocols, monitor utilization, and work with local organizations to support the roll out of these initiatives. A key component of the services provided is alcohol abuse risk reduction and prevention, in addition to the core themes of HIV prevention, including abstinence, be faithful and condom promotion (ABC), disclosure, and partner testing. The specific content of each intervention or tool developed will depend on the target program and clients, but sensitization and training in alcohol-related interventions will continue in this activity.

In the TB area, the activity will target HIV-infected TB patients. The prime partner will develop/adapt appropriate HIV prevention service enhancements and/or interventions to the local TB care setting. This will involve the development of relevant material (IEC, curricula, job aids, protocols, training packages, etc.), training and sensitization of approximately 60 clinical and community service providers about the interventions and their implementation, in collaboration with the Botswana National Tuberculosis Program (BNTP). This intervention will initially be provided in the southern part of the country. These activities will support Botswana's Round 5 TB grant from the GFATM, which among other goals, seeks to strengthen TB/HIV collaborative activities.

In the PMTCT program, the focus will be supporting the promotion of family planning and unintended pregnancy prevention among HIV+ women and their partners. This activity will begin in the Francistown area, where CDC has a PMTCT demonstration program. Activities will include community mobilization through local drama and related discussion forums, in addition to supporting implementation of the existing PMTCT protocols by health care workers within clinical settings, which include active promotion of family planning to clients. About 30 lay counselors, 30 family welfare educators, and 100 nurses will be involved in these refresher trainings. The prime partner will also develop IEC materials for use in those settings, to promote these themes.

In the counseling and testing settings, the focus will be strengthening interventions for discordant couples. There is a high rate of HIV discordance in Botswana; at least 21% of couples who test at the Tebelopele VCT centers are discordant (Tebelopele data 2000-2005). USG will support development of additional prevention materials and interventions to use in counseling and testing settings for discordant couples, based on experiences with the development of supportive counseling programs in Tebelopele and other counseling and testing centers, the pilot test of the home-based testing program, and completion of the adaptation of the CDC couples counseling curriculum through the Institute for Development Management. The prime partner will draw on lessons learned and best practices in this area from other PEPFAR countries, especially Uganda and Kenya, to further inform the training and scale up of activities.

Specific activities will include training of at least 60 counselors from civil society and government in counseling discordant couples, development of counseling protocols and cue cards for the discordant couple sessions. This will include job-aids like flip charts, referral directories and brochures. Through assistance by the prime partner, the testing sites involved will be expected to provide on-going prevention and supportive counseling to an estimated 270 discordant couples, in about 27 sites; form and maintain at least 5 support groups for discordant couples; provide mentoring and supervision to the counselors supporting discordant couples; coordinate and share lessons learned among themselves, and document their experiences, both positive and negative.

In the area of palliative care and antiretroviral treatment (ART), the primer partner will work with the Associated Fund Administrators Botswana (Pty) Ltd (AFA) to enhance the prevention services provided within its ART program. AFA is an administrator of two medical aid schemes/insurance organizations namely, Botswana Public Officers' Medical Aid Scheme (BPOMAS) and Pula Medical Aid Fund (PULA). Through its managed care program, AFA facilitates the provision of ART to insured patients and GOB

Activity Narrative: funded patients, as well as provision of continuous medical education and KITSO training to private practitioners (doctors, pharmacist etc). In 2008, with the assistance of the prime partner, AFA will strengthen its HIV prevention strategies for its HIV positive clients, including development of additional patient education materials and other appropriate job aids, to be determined later. This activity is expected to promote behavior change and reduce risky behaviors among clients. It is estimated that 600 HIV positive new patients will be enrolled in FY08, and all will benefit from this activity.

Jointly supporting all of these efforts are funds from the AB and C/OP program areas. Those funds also will support technical assistance in positive prevention and alcohol-HIV issues for a limited set of existing primary prevention interventions, some of which may not sufficiently target these issue but want to. This may involve provision of additional material, content, and approaches to include in existing peer education programs (e.g. Pathfinder male-focused activity), training in those additional intervention components, and follow up support as needed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17458

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17458	17458.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$430,000

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7757.09

Mechanism: 674-A-00-08-00077 - Capable Partners Program

Prime Partner: Academy for Educational Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: AB

Budget Code: HVAB

Program Budget Code: 02

Activity ID: 17461.24241.09

Planned Funds: \$744,000

Activity System ID: 24241

Activity Narrative: 09.P.AB07: AED – Capable Partners

The Academy for Educational Development (AED) was awarded a USAID/RHAP Associate Cooperative Agreement for the Local Partners Capacity Building Program under the Capable Partners Leader Award. AED's Capable Partner's Program (CAP) - Botswana supports the development of increased capacity among non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs) to implement successful HIV/AIDS prevention programs. Support includes technical assistance (TA) and grants management for local implementing partners. Technical assistance includes, but is not limited to: organizational development, United States Government (USG) compliance (President's Emergency Plan for AIDS Relief (PEPFAR) program and USAID funding regulations and guidance), HIV prevention program delivery, monitoring and evaluation, and finance management.

The grants program will include continued funding for AED sub-grantees, as well as possible new sub-grantees, groups believed to be best suited to support future HIV-prevention efforts under PEPFAR in Botswana. This activity is linked to two other activity narratives, one under Sexual Prevention: Other Sexual Prevention (OP) and another under Health Systems Strengthening; both with separate budgets and separate indicators. The capacity building activities are described in more detail under the Health Systems Strengthening (OHSS) program area description.

Within the prevention programming and specific to activities in Sexual Prevention AB, AED will continue to strengthen the capacity of and fund NGOs/CBOs/FBOs that are currently performing well and implementing successful and strategically important activities, as well as those who are not currently receiving any other funding. Additionally, this project looks at ways to help prepare NGO/CBOs/FBOs to receive future funding from diversified sources. AED's efforts with the sub-grantees seek to build on and utilize previous assessments done with the sub-grantees and to work to develop and implement detailed technical assistance plans, through a consultative process, that match the sub-grantees' capacity needs.

AED's sub-grantees under the CAP project undertake a variety of prevention programming and most receive both Sexual Prevention AB and OP funding, in order to take a more comprehensive approach to prevention programming. With the HVAB funds, sub-grantees implement a variety of prevention activities based on best practices and other successful and promising models to include, but not be limited to, a variety of behavior change interventions to address safer sexual behavior through abstinence programs with youth, "B" components to reach sexually active youth and adults, and general issues of fidelity, reduction of partners and multiple concurrent partners (MCP). Concerns of stigma, alcohol use and abuse, gender-based violence, improved parent-child communication and related areas will also be addressed by AED's sub-grantees. Target populations include youth, adults in the general population, young vulnerable women, young people engaged in or at risk for inter-generational sex and other sexually active youth. The sub-grantees, many of them FBOs, reach their target populations in a variety of ways. These include contacting youth through kids clubs for in and out of school youth and adults by working with pastor's and church networks. FY2009 activities will also build on the successful development, pre-testing and use of picture codes and outreach manuals for sub-grantees' prevention programming.

AED's sub-grantees deliver prevention programs based on tools and interventions which already exist for HIV prevention interventions across a broad spectrum of communication channels (e.g., peer-based, media-based, or group-based). Prior to creating new tools or developing new models or interventions, our team first looks at those already developed for Botswana, including those developed under previous program agreements and across AED and other PEPFAR implementers' programs, to identify existing resources and ideas that have been proven effective.

More detail will be available, as AED finalizes their sub-grantees and works with them to develop detailed implementation plans.

In addition, AED understands that while they are managing grants for part of the prevention portfolio of USAID in Botswana, there are multiple other USG implementing partners providing grants and support to local partners, including Population Services International (PSI), Family Health International (FHI), Tebelopele, Futures Group, Pathfinder, Youth Health Organization (YHO), LCCT and Project Concern International (PCI). AED commits to ensuring coordination with these other implementing partners to ensure consistency in grant application packages and grant management approaches, as well as non-duplication of funded services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17461

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17461	17461.08	U.S. Agency for International Development	Academy for Educational Development	7757	7757.08	Capable Partners Program	\$125,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 7760.09

Prime Partner: Johns Hopkins University
Center for Communication
Programs

Funding Source: Central GHCS (State)

Budget Code: HVAB

Activity ID: 17465.24400.09

Activity System ID: 24400

Mechanism: GHH-I-00-07-00032-00 --
Project Search

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: AB

Program Budget Code: 02

Planned Funds: \$0

Activity Narrative: 09.P.AB09: JHU CCP – Gender Initiative to Girls' Vulnerability to HIV

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV is part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13-19-year-old girls, by 1) developing innovative program interventions to successfully modify contextual factors associated with increased sexual risk behavior and rates of HIV infection among these adolescents and 2) assessing the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who are commonly found outside of these settings. Those at highest risk often need a package of comprehensive services, including economic strengthening activities, to meet their unique situations. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, although this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The implementing agency will use a multi-component approach with a focus on the most vulnerable girls to address the antecedents of risk. They will target the intervention according to the different types of risks girls face, to both prevent girls from adopting risky behaviors and address the needs of girls already engaged in risky behaviors. Program components may include the following: HIV prevention education focused on the "ABC" approach; Non-material support for girls' continuation in, or return to, school; Outreach and linkages with HIV-related health services as well as reproductive health services such as pregnancy prevention; Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services; Parenting skills among parents and guardians of adolescents; for those adolescents without parents, developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member; Empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including promotion of decision-making power of young girls within relationships, families and communities; Addressing peer influence by promoting positive group norms and behaviors; and Addressing community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

Specific activities are TBD, pending selection of the Task Order contractor and development of the work plan (anticipated to begin in early FY2008). Approximately 50% of the funding will come from the C/OP program area, and 50% from the AB program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17465

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17465	17465.08	U.S. Agency for International Development	Johns Hopkins University	8746	8746.08		\$50,000

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: \$6,524,955

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11407.09

Mechanism: GHH-I-00-07-00032-00 -- Project Search

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 19629.24401.09

Planned Funds: \$25,000

Activity System ID: 24401

Activity Narrative: 09.P.OP16: JHU CCP – Gender Initiative to Girls' Vulnerability to HIV

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity was paid fully by central OGAC funds under a Gender Initiative. We have an opportunity to provide field dollars as well, in order to increase the scope of the intervention(s) they will support under this program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19629

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19629	19629.08	U.S. Agency for International Development	Johns Hopkins University	8746	8746.08		\$50,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7760.09

Mechanism: GHH-I-00-07-00032-00 -- Project Search

Prime Partner: Johns Hopkins University Center for Communication Programs

USG Agency: U.S. Agency for International Development

Funding Source: Central GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 17646.24248.09

Planned Funds: \$0

Activity System ID: 24248

Activity Narrative: 09.P.OP09: JHU CCP Gender Initiative to Girls' Vulnerability to HIV

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The PEPFAR Gender Initiative on Girls' Vulnerability to HIV is part of a set of PEPFAR special gender initiatives. The program aims to prevent HIV infection among 13- 19year-old girls, by 1) developing innovative program interventions to successfully modify contextual factors associated with increased sexual risk behavior and rates of HIV infection among these adolescents and 2) assessing the feasibility and effectiveness of these interventions and their potential for sustainability, scale-up, and transferability to other settings. Botswana, Malawi and Mozambique are the three countries selected for this Initiative.

Many PEPFAR programs reach adolescent girls through broad-reaching AB prevention activities that focus on HIV education in church and school settings. However, these programs often do not reach those at highest risk, who are commonly found outside of these settings. Those at highest risk often need a package of comprehensive services, including economic strengthening activities, to meet their unique situations. In addition, many OVC programs focus on younger children and overlook the needs of adolescent orphans, although this latter group represents a significant proportion of all orphans. This Initiative seeks to address these programming gaps by implementing and evaluating promising integrated models to reach highly vulnerable adolescent girls with comprehensive services tailored to their particular needs.

The implementing agency will use a multi-component approach with a focus on the most vulnerable girls to address the antecedents of risk. They will target the intervention according to the different types of risks girls face, to both prevent girls from adopting risky behaviors and address the needs of girls already engaged in risky behaviors. Program components may include the following: HIV prevention education focused on the "ABC" approach; Non-material support for girls' continuation in, or return to, school; Outreach and linkages with HIV-related health services as well as reproductive health services such as pregnancy prevention; Wrap-around or direct support for training in sustainable livelihoods and/or improved access to economic resources such as development of appropriate age- and gender-specific financial literacy, development of savings products and related social support mechanisms, sustainable livelihoods and/or improved access to economic resources, including government-provided entitlements and health services; Parenting skills among parents and guardians of adolescents; for those adolescents without parents, developing mentoring programs to ensure all adolescents have support on a continuing basis from a caring mentor/community member; Empowerment and interpersonal skills to enable girls to adopt and/or maintain healthy sexual behaviors, including promotion of decision-making power of young girls within relationships, families and communities; Addressing peer influence by promoting positive group norms and behaviors; and Addressing community social norms that help to reduce sexual coercion and exploitation and other harmful practices contributing to girls' vulnerability.

Specific activities are TBD, pending selection of the Task Order contractor and development of the work plan (anticipated to begin Oct 08). Approximately 50% of the funding will come from the C/OP program area, and 50% from the AB program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17646

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17646	17646.08	U.S. Agency for International Development	Johns Hopkins University	7760	7760.08	Project Search	\$0

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources
- * Increasing women's legal rights

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7757.09

Prime Partner: Academy for Educational Development

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17643.24242.09

Activity System ID: 24242

Mechanism: 674-A-00-08-00077 - Capable Partners Program

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$372,000

Activity Narrative: 09.P.OP07: AED – Capacity Building

The Academy for Educational Development (AED) was awarded a USAID/RHAP Associate Cooperative Agreement for the Local Partners Capacity Building Program under the Capable Partners Leader Award. AED's Capable Partner's Program (CAP) - Botswana supports the development of increased capacity among non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs) to implement successful HIV/AIDS prevention programs. Support includes technical assistance (TA) and grants management for local implementing partners. Technical assistance includes, but is not limited to: organizational development, United States Government (USG) compliance (PEPFAR program and USAID funding regulations and guidance), HIV prevention program delivery, monitoring and evaluation, and finance management.

The grants program will include continued funding for AED sub-grantees, as well as possible new sub-grantees, groups believed to be best suited to support future HIV-prevention efforts under PEPFAR in Botswana. This activity is linked to two other activity narratives, one under budget code Sexual Prevention AB and another under Human Capacity Development; both with separate budgets and separate indicators. The capacity building activities are described in more detail under the human capacity development (HCD) program area section.

Within the prevention programming and specific to activities in Sexual Prevention OP, AED will continue to strengthen the capacity of and fund NGOs/CBOs/FBOs that are currently performing well and implementing successful and strategically important activities, as well as those who are not currently receiving any other funding. Additionally, this project looks at ways to help prepare NGO/CBOs/FBOs to receive future funding from diversified sources. AED's efforts with the sub-grantees seek to build on and utilize previous assessments done with the sub-grantees and to work to develop and implement detailed technical assistance plans, through a consultative process, that match the sub-grantees' capacity needs.

AED's sub-grantees under the CAP project undertake a variety of prevention programming and most receive both Sexual Prevention AB and OP funding, in order to take a more comprehensive approach to prevention programming. With the OP funds, sub-grantees implement a variety of prevention activities based on best practices and other successful and promising models to include, but not be limited to, a variety of behavior change interventions to address safer sexual behavior through abstinence programs with youth, "B" components to reach sexually active youth and adults, and general issues of fidelity, reduction of partners and multiple concurrent partners (MCPs). Concerns of stigma, alcohol use and abuse, gender-based violence, improved parent-child communication and related areas will also be addressed by AED's sub-grantees. Target populations include youth, adults in the general population, young vulnerable women, young people engaged in or at risk for inter-generational sex and other sexually active youth. The sub-grantees, many of them FBOs, reach their target populations in a variety of ways. These include contacting youth through kids clubs for in and out of school youth and adults by working with pastor's and church networks. FY2009 activities will also build on the successful development, pre-testing and use of picture codes and outreach manuals for sub-grantees' prevention programming.

AED's sub-grantees deliver prevention programs based on tools and interventions which already exist for HIV- prevention interventions across a broad spectrum of communication channels (e.g., peer-based, media-based, group-based, etc). Prior to creating new tools or developing new models or interventions, our team first looks at those already developed for Botswana, including those developed under the PACT agreement and across AED and other PEPFAR implementers' programs, to identify existing resources and ideas that have been proven effective.

More detail will be available, as AED finalizes their sub-grantees and works with them to develop detailed implementation plans.

In addition, AED understands that while they are managing grants for part of the prevention portfolio of USAID in Botswana, there are multiple other USG implementing partners providing grants and support to local partners, including PSI, FHI, Tebelopele, Futures Group, Pathfinder, YOHO, LCCT and Project Concern International. AED commits to ensuring coordination with these other implementing partners to ensure consistency in grant application packages and grant management approaches, as well as non-duplication of funded services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17643

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17643	17643.08	U.S. Agency for International Development	Academy for Educational Development	7757	7757.08	Capable Partners Program	\$75,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 7758.09

Prime Partner: RTI International

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 10115.24244.09

Activity System ID: 24244

Mechanism: TASC3 - GHS-1-00-07-00005-00 -- RTI

USG Agency: U.S. Agency for International Development

Program Area: Sexual Prevention: Other sexual prevention

Program Budget Code: 03

Planned Funds: \$1,300,000

Activity Narrative: 09.P.OP13: RTI – Most At-Risk Populations (MARP)

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity focuses on HIV prevention interventions for Most at Risk Populations (MARP) in Botswana through local civil society organizations. The target groups will likely include sex workers, clients of sex worker, and women and girls in cross-generational and/or transactional sex. This activity has not been awarded as of writing, thus its specifics, including target groups, are still to be determined. The objectives are to increase access to quality HIV/AIDS/STI prevention services for MARP in Botswana and strengthen the linkages between these services and other critical HIV/AIDS related care and treatment services, such as PMTCT, ART, VCT, etc. Correct and consistent condom use, effective use of available health care and other support services, sexual partner reduction, and alcohol abuse reduction/prevention are likely to be critical HIV prevention themes in these interventions.

In coming months, the prime partner will select 2-3 civil society groups that target MARP in Botswana and provide both grants for implementation and assistance in organizational and programmatic development. It will identify and adapt appropriate intervention models for application in Botswana and with the selected local implementing partner and target population(s). Such models may include peer education programs, the development of informal support networks among individuals who are Most at Risk of HIV transmission and infection, and approaches based on popular opinion leader theories of change. It is likely that most activities will be interpersonal and small group in focus, given the target populations.

PEPFAR will support implementation and expansion of such interventions by the local implementing partners, by providing training, technical assistance, provision of supportive materials, and operational sub-grants to those local partners. The local partners may require fairly intensive technical assistance to ensure high quality service delivery, including periodic on-the-job supervision and support, process evaluation, and other means. The prime will provide support for organizational capacity in such areas as facilitation skills, training, peer outreach, curriculum adaptation and implementation, service referrals, IEC material development, integration of alcohol abuse into HIV prevention, and basic project monitoring and quality assurance to its grantees.

PEPFAR will offer technical assistance and training to strengthen and formalize referral systems between those organizations serving MARP and other related community and clinical services to support more comprehensive service. Clinical services in Botswana are fairly strong and available, and every effort should be made to strengthen linkages among those and organizations serving MARP.

PEPFAR will promote collaboration with other relevant local coordinating structures to foster increased coordination of community HIV outreach efforts that target MARP and related groups. In this regard, the prime shall link with important coordinating bodies such as the DMSACs, national-level coordinating and technical committees, and District Health Teams, to ensure that the organizations and activities are known, acceptable, and leveraged to the extent possible. Involvement in relevant advocacy or policy-making efforts, as they occur, should also be included in this component of the project.

In 2008, the USG will support full scale implementation of programs and focus on technical strengthening of those programs. Activities may include adaptation or development of additional tools and materials for use within the interventions. Organizational development will also continue through this funding year and may focus on program monitoring systems, Board development and maintenance, and personnel manuals, training, and retention. The prime partner will support incorporation of counseling and testing in the interventions that the local implementer provide, by, creating formal linkages between them and existing counseling and testing services that can provide mobile outreach in nontraditional sites (e.g. bus ranks).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17649

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17649	10115.08	U.S. Agency for International Development	Research Triangle Institute	7758	7758.08	TASC3	\$1,300,000
10115	10115.07	U.S. Agency for International Development	To Be Determined	5340	5340.07		

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11725.09

Mechanism: BDF - PSI

Prime Partner: Population Services International

USG Agency: Department of Defense

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 4836.24158.09

Activity System ID: 24158

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: \$300,000

Activity Narrative: 09.P.OP11: Botswana Defence Force—OP Prevention

ACTIVITY UNCHANGED FROM FY2008

From COP08

Overall goal of this project is to reduce the incidence and impact of HIV/AIDS among military personnel and their families through strengthening the BDFHIV/AIDS response. This will be achieved through the strategy of promoting correct and consistent condom use and other life skills among the BDF personnel with particular focus on those between ages of 18-24, and creating a supportive environment. These approaches are in line with the BDF HIV/AIDS priorities activities of "troop level" HIV/AIDS prevention education and behavior change communication, and of training of master trainers/focal points/peer educators.

The project will enable soldiers within the BDF communities to obtain the necessary information, skills, attitudes, and the necessary social support to view condoms as an effective HIV prevention method as well as understand the importance of correct and consistent use. To this end, a camouflage patterned packaging will be used, thus increasing acceptance and uptake of condom use and being promoted as following military guidance. As part of the focused program to increase condom use a needs assessment will be conducted prior to placement of the camouflage packaged condoms.

The technical team will endeavor to design communication campaigns around condom use and self-efficacy. Additionally, the project will work on the perception that condoms reduce pleasure. Logistically, the project will work on increasing condom availability such that an increased number of soldiers find it easy to get condoms whenever they need them in order to promote correct and consistent condom use.

Program activities will focus on HIV/AIDS prevention education and behavior change communication (BCC), including a media campaign, interpersonal communications activities, and community/interactive events.

These will be done in concert with three local partners (the YOHO, Magkabaneng, and Millennium Production House).

Media based BCC campaigns

1. Two mobile bill boards displaying condom awareness messages will move between camps.
2. An existing radio drama series will incorporate themes specifically relevant to correct and consistent condom use.
3. Existing military media publications will be used to promote awareness on the benefits of correct and consistent condom use.
4. Other forms of media promoting correct and consistent condom use will include posters and electronic board messages.

Interpersonal communication

1. Five refresher training workshop will be conducted for 180 peer educators.
2. Each peer educator will be responsible for conducting 10 one-on-one sessions per month, resulting in a total of 21,600 sessions over the course of a year. Sessions will include a talk on condom use and its benefits (and, as appropriate, condom demonstration exercises).
3. There will be 4 small group sessions per camp per month with a cumulative attendance of 4,800. Each session will include a talk on condom use and its benefits (and, as appropriate, condom demonstration exercises).
4. A Platoon Mentoring Program will train Sergeants in mentoring skills, which will allow them to initiate open and supportive communication on safer sex practices with particular emphasis on correct and consistent condom use and the associated benefits.

Community/interactive events

1. Five drama groups will be trained to develop their own dramas that encourage open discussion on correct and consistent condom use and its benefits. Each drama group will perform at one small event per month and one large event per quarter. Cumulatively attendance at these events will be 15,000.
2. The BDF hosts various sporting events annually across its entire barracks, including volleyball, boxing and soccer. The 180 trained peer educators will conduct condom demonstrations at some of these events as well as provide one-on-one interaction with soldiers, which will include conversations on correct and consistent condom use.

The BDF has agreed to co-host a Military HIV/AIDS Prevention Conference for all PEPFAR countries and other regional countries as funds permit. The theme of the conference would be HIV/AIDS Prevention in the military with an exchange of information on best practices, behaviors and behavior modifications etc. as funded under AB activity P0214. This activity will fund a major discussion of Male Circumcision within the military context. This will be tied to an effort of the Defense HIV AIDS Program, and include participation of UNAIDS. Extensive discussion of MC in the military context will also spur the participant nations to examine overall MC policies and practices. Approximately 100 persons will attend.

Another activity will provide materials and training for a healthy living course to be taught to all BDF Personnel through the unit HIV/AIDS representative/counselors. The materials have already been developed by the DOD HIV/AIDS Prevention Program. Funding for materials will cover the costs of reproduction and distribution. The program will cover general health topics such as nutrition, exercise, etc. as well as sexual and HIV related topics dealing with safe sexual practices including correct and consistent use of condoms. The course will also include a module on living with HIV/AIDS including information of safe sexual practices, including correct and consistent condom use, special nutritional needs, and other health information. The BDF prefers that PwP messages be included in a general course to avoid stigma that might come from having HIV positive personnel report to the clinic on a certain day or time for this training. This activity will reach the vast majority of the 12,000 member BDF. 99% of the BDF in 2008 will be male.

Course materials and training will be provided to the BDF wives club who will present the training to wives at regular meetings, and conduct special sessions for domestic workers living and working on BDF bases, reaching the indicated female populations.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17402

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17402	4836.08	Department of Defense	Botswana Defence Force	7745	1332.08	ODC/BDF	\$410,000
9826	4836.07	Department of Defense	Botswana Defence Force	5287	1332.07	ODC/BDF	\$85,000
4836	4836.06	Department of Defense	Botswana Defence Force	3488	1332.06	ODC/BDF	\$350,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

* Reducing violence and coercion

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10144.24237.09

Planned Funds: \$0

Activity System ID: 24237

Activity Narrative: 09.P.OP03: MOH – Prevention with Positives

ONGOING ACTIVITY WITH NEW PARTNER AND NO ADDITIONAL FY2008 FUNDS

DELAYED IMPLEMENTATION IN FY2008

From COP08:

This activity focuses on strengthening the primary prevention components of existing, major HIV-related services (both clinical and community-based) that target large numbers of PLWHA. It is largely a positive prevention activity. This follows steps completed in FY06 and FY07, whereby USG supported an assessment of opportunities to strengthen prevention in clinical and community services and an activity to strengthen the prevention content of the interventions that Tebelopele and other counseling and testing partners provide. This latter activity has involved the adaptation of a provider-delivered intervention that promotes prevention, development of informational materials that help counter stigma around PLWHA, and will also involve identification of one additional service area for similar assistance (to be determined [TBD], awaiting assessment results). USG also supports the alcohol-HIV trainings to health care workers begun by Blossom two years ago and will ensure incorporation of alcohol issues into the other prevention materials and interventions they develop or adapt. To date, achievements include completion of the assessment, adaptation of the US Centers for Disease Control and Prevention (CDC) developed "PwP flipchart intervention" for use in Tebelopele's new supportive counseling program, and training of counselors in use of that intervention (Sept 07).

In 2008, as this activity expands to more program areas and increases in scale, the USG will compete the award through an appropriate, long-term mechanism. Therefore the prime partner is TBD.

The activities in 2008 will continue with program development and implementation and will focus on collaboration with the TB, PMTCT, counseling and testing, and private sector HIV treatment programs. Specifically, the prime partner will adapt evidence-based prevention interventions for incorporation into these existing services. It will examine closely the interventions being developed under the Office of the Global AIDS Coordinator (OGAC) special initiative for positive prevention, for consideration of adaptation in Botswana. It will train providers in the use of these materials and protocols, monitor utilization, and work with local organizations to support the roll out of these initiatives. A key component of the services provided is alcohol abuse risk reduction and prevention, in addition to the core themes of HIV prevention, including abstinence, be faithful, condom promotion (ABC), disclosure, and partner testing. The specific content of each intervention or tool developed will depend on the target program and clients, but sensitization and training in alcohol-related interventions will continue in this activity.

In the TB area, the activity will target HIV-infected TB patients. The prime partner will develop/adapt appropriate HIV prevention service enhancements and/or interventions to the local TB care setting. This will involve the development of relevant material (IEC, curricula, job aids, protocols, training packages, etc.), training and sensitization of approximately 60 clinical and community service providers about the interventions and their implementation, in collaboration with the Botswana National Tuberculosis Program (BNTP). This intervention will initially be provided in the southern part of the country. These activities will support Botswana's Round 5 TB grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which among other goals, seeks to strengthen TB/HIV collaborative activities.

In the PMTCT program, the focus will be supporting the promotion of family planning and unintended pregnancy prevention among HIV+ women and their partners. This activity will begin in the Francistown area, where CDC has a PMTCT demonstration program. Activities will include community mobilization through local drama and related discussion forums, in addition to supporting implementation of the existing PMTCT protocols by health care workers within clinical settings, which include active promotion of family planning to clients. About 30 lay counselors, 30 family welfare educators, and 100 nurses will be involved in these refresher trainings. The prime partner will also develop IEC materials for use in those settings, to promote these themes.

In the counseling and testing settings, the focus will be strengthening interventions for discordant couples. There is a high rate of HIV discordance in Botswana; at least 21% of couples who test at the Tebelopele VCT centers are discordant (Tebelopele data 2000-2005). USG will support development of additional prevention materials and interventions to use in counseling and testing settings for discordant couples, based on experiences with the development of supportive counseling programs in Tebelopele and other counseling and testing centers, the pilot test of the home-based testing program, and completion of the adaptation of the CDC couples counseling curriculum through the Institute for Development Management. The prime partner will draw on lessons learned and best practices in this area from other PEPFAR countries, especially Uganda and Kenya, to further inform the training and scale up of activities.

Specific activities will include training of at least 60 counselors from civil society and government in counseling discordant couples, development of counseling protocols and cue cards for the discordant couple sessions. This will include job-aids like flip charts, referral directories and brochures. Through assistance by the prime partner, the testing sites involved will be expected to provide on-going prevention and supportive counseling to an estimated 270 discordant couples, in about 27 sites; form and maintain at least 5 support groups for discordant couples; provide mentoring and supervision to the counselors supporting discordant couples; coordinate and share lessons learned among themselves, and document their experiences, both positive and negative.

In the area of palliative care and ART, the primer partner will work with the Associated Fund Administrators Botswana (Pty) Ltd (AFA) to enhance the prevention services provided within its ART program. AFA is an administrator of two medical aid schemes/insurance organizations namely, Botswana Public Officers' Medical Aid Scheme (BPOMAS) and Pula Medical Aid Fund (PULA). Through its managed care program, AFA facilitates the provision of ART to insured patients and GOB funded patients, as well as provision of continuous medical education and KITSO training to private practitioners (doctors, pharmacist etc). In 2008, with the assistance of the prime partner, AFA will strengthen its HIV prevention strategies for its HIV

Activity Narrative: positive clients, including development of additional patient education materials and other appropriate job aids, to be determined later. This activity is expected to promote behavior change and reduce risky behaviors among clients. It is estimated that 600 HIV positive new patients will be enrolled in FY08, and all will benefit from this activity. Jointly supporting all of these efforts are funds from the AB and C/OP program areas. Those funds also will support technical assistance in positive prevention and alcohol-HIV issues for a limited set of existing primary prevention interventions, some of which may not sufficiently target these issue but want to. This may involve provision of additional material, content, and approaches to include in existing peer education programs and training in those additional intervention components, and follow up support as needed.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17637

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17637	10144.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$172,000
10144	10144.07	HHS/Centers for Disease Control & Prevention	Academy for Educational Development	5396	5396.07	GAP 6	\$390,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5377.09	Mechanism: GHH-A-00-07-00011: Youth Health Organization
Prime Partner: Youth Health Organization of Botswana	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 17645.24196.09	Planned Funds: \$0
Activity System ID: 24196	

Activity Narrative: 09.P.OP08: Youth Health Organization - NPI

ACTIVITY UNCHANGED FROM FY 2008

From COP08:

Through the NPI, the Youth Health Organization (YOHO) is developing a national network of youth serving organizations and providing community mobilization and community outreach activities to in and out of school youth ages 10-29. The target areas are 9 villages/health districts/towns across the country, namely Lobatse, Hukuntsi, Gantsi, Kasane, Letlhakane, Francistown, Serowe, Letlhakeng, and Gaborone. NPI is one of many funding sources that YOHO receives for its various activities. The activities described below are those funded by NPI funds.

Since receiving the NPI award in March 2007, YOHO has selected additional staff for its headquarters office and 7 of the 9 affiliate sites, including hiring of program heads, artistic directors, a regional director, a monitoring and evaluation officer, among others. YOHO provided training to various key staff in monitoring and evaluation, financial management, and program delivery. They gave refresher training to 77 outreach volunteers in 8 affiliate sites, and in 4 sites, trained 80 teachers and affiliate site staff on the YOHO primary school life skills curriculum (Seboza Life Skills). They have worked actively to upgrade the infrastructure of both the headquarters in Gaborone and in the affiliate sites, including identification of land space and the purchase of portacabins. They also are preparing for their first audit, per US government regulations. In coming months, they will focus on training and program implementation.

In 2008, YOHO will continue with its core capacity-building and outreach activities. For capacity building to its youth group affiliates, YOHO will support a training cascade in its youth theater program, working with its 9 affiliates to in turn train approximately 5 additional youth groups from surrounding villages in the curriculum, designed to improve the quality and reach of youth theater performances. Most theater groups include young adults (youth in their 20's). They will continue to offer training in organizational development to the 9 sites through both district and national trainings, with workshops and individual assistance in financial management, resource mobilization, program monitoring and reporting, as well as behavior change and key HIV prevention topical areas (e.g. alcohol-HIV, multiple sexual partnerships).

YOHO will continue implementing and developing its four main outreach activities. The first activity targets upper primary students ages 10-12 with its Seboza Life Skills program, which YOHO facilitators will deliver with teachers to groups of 25 students from approximately 35 schools in the 9 target areas (5 per district). The program involves 40 hours of exposure and draws from the Grassroots Soccer program and YOHO's own programs; it focuses on delayed debut of sexual activity and related life skills. After graduating from the program, students develop a stage play, which goes to district competitions and culminates in a national Children's Theater Expo.

The second activity involves organizing student days at junior and senior secondary schools across the 9 target districts. Student days engage various students in preparing for the event, and the actual event runs approximately 3 hours, showcasing student activities and performances to the entire student body and focusing on a pre-selected HIV prevention theme. In coming months, YOHO will pilot additional ways to engage with small groups of students during the organizing and conduct of student days, to deepen the quality of outreach that YOHO provides through this activity. The specific activities are to be determined and involve consideration of the GOLD life skills program that YOHO is piloting among older students in Francistown.

The third activity involves road shows in the target communities, which use edutainment techniques to mobilize young adults for HIV prevention and action. The road shows are 3 hour community events that involve theater, music, poems, and testimonials. YOHO peer educators mix with the audience to engage individuals in conversation about the key themes, and performers involve audience members in on-stage games and debates. In 2008, YOHO plans to conduct 3 road shows in all of its 9 target districts. In coming months, YOHO also will pilot test additional activities that they could offer as follow up to these mobilization events, to provide some audience members with small group activities to promote behavior change and HIV prevention. The specific activities (e.g. peer educator sessions) are to be determined and involve consideration of community conversations on select topics, using the Community Capacity Enhancement Project (CCEP) approach.

The fourth major activity is production and airing of television series targeting adolescents and young adults. The shows will air once a month on the national television station and show drama and documentaries on key HIV prevention themes, specific to the target audiences. YOHO will develop facilitator manuals to accompany the shows and which their affiliate site facilitators and other organizations will use in their small group outreach activities. This activity is new for FY08 and will be piloted in coming months.

Finally, YOHO will continue documenting its efforts and sharing lessons learned with its affiliates and other youth groups across the region. Staff will attend relevant international conferences, as part of organizational and staff development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17645

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17645	17645.08	U.S. Agency for International Development	Youth Health Organization of Botswana	7753	5377.08	GHH-A-00-07-00011: Youth Health Organization	\$0

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5339.09

Mechanism: U62/CCU325222: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications, Prevention, and Care in Lesotho, South Africa & Swaziland

Prime Partner: Population Services International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 11314.24194.09

Planned Funds: \$1,300,000

Activity System ID: 24194

Activity Narrative: 09.P.OP04: PSI – Be Faithful/Partner Reduction

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The geographical distribution of the project will be such that it will have a presence in Gaborone, Lobatse, Mahalapye, Selibe-Phikwe, Palapye, Francistown, Maun, Kasane, Mabutsane and Ghanzi districts by the end of FY2008 and will be implemented in all the above districts throughout FY2009. An increased amount of support for community-level interventions will be required in FY2009, as 120 district-months of implementation are planned compared to 74 district-months in FY2008.

The implementing partners for FY2009 are Humana People to People (Gaborone and Lobatse), AMEST (Gaborone and Lobatse), Young Women Friendly Centre (Mahalapye), Ministers Fraternal (Mahalapye and Selibe-Phikwe), Men Sex and AIDS (Selibe-Phikwe) and Itsoseng Banana (Palapye).

The specifications of projects in new districts will be agreed upon with DMSACs, although all projects are expected follow a broadly similar approach. The approach incorporates lessons learned from current interventions in Gaborone and Lobatse during FY2007 regarding the need to broaden the scope of alcohol abuse related projects from their current, narrow focus on shebeens. The approach also includes new methodologies which will be implemented as part of the rollout of the national Multiple Concurrent Partners (MCP) campaign from FY2008. By the end of FY2008, it is expected that PSI, in collaboration with YOHO, will have trained local theatre groups in all project districts, and these groups will remain part of the project during FY2009. Interpersonal communication (IPC) approaches will then be used to increase the ability and motivation of youth and adults to reduce their number of sexual partners, use condoms correctly and consistently, and drink responsibly. Social mobilization will continue at a reduced level to create an enabling local environment for behavior change.

Mass media interventions focused on preventing HIV transmission by reducing MCP and alcohol abuse will be modified in the following ways in FY2009:

The development, production and piloting of the second series of the planned television drama will occur during FY2009. The television drama will incorporate key communication themes of the national MCP campaign, as well as other national HIV prevention priorities, such as male circumcision.

There will be no new mass media activities on MCP, other than the television drama series, in FY2009.

PSI's involvement in mass media work on MCP will continue during this period, as part of the forthcoming multi-stakeholder national MCP campaign led by NACA. PEPFAR will support the national MCP campaign during FY2009 through the community level interventions and TV series described above.

A limited number of mass media activities relating to alcohol abuse will be supported through FY2009. Specific channels will be selected following assessment of the first phase of these activities during FY2008, but may include billboards, booklets and events. Lessons learned from mass media alcohol interventions to date will be applied; these include the need to stimulate more open debate about alcohol abuse and HIV/AIDS, which will be addressed via the above mentioned activities.

From COP08

This activity is a comprehensive social marketing and behavior change intervention focused on promoting sexual partner reduction, particularly concurrent partner reduction, and faithfulness. Alcohol misuse and abuse is one of the key mitigating factors that the campaign emphasizes.

In 2007, Population Services International (PSI) developed outreach materials focused on these issues for use in small group settings and carried out a formative assessment in the initial target area (Lobatse district). They worked with a local creative team to develop a branded campaign on partner reduction, but based on feedback from stakeholders and target audience members, PSI plans additional changes before roll-out. PSI developed a branded alcohol-HIV campaign, which they have begun to implement through billboards, on radio, and in bars, shebeens, and discos in the Gaborone area. Humana People to People conducted interpersonal outreach in both Gaborone and Lobatse. PSI also trained and supported 25 DJs, musicians, and print media journalists to reinforce key themes related to alcohol risk reduction and partner reduction/fidelity through their various means. Together, the partners reached about 400 people through small group activities and 20,000 people through large scale promotional events.

PSI has planned a national 6-month awareness campaign focused on the risks of concurrent partnership and is developing a short television drama (approximately 6-13 episodes) that will air in early 2008, which will challenge norms related to multiple partnerships and promote those related to faithfulness through an edutainment format with wide reach. These efforts will be supported by community outreach in Lobatse and Gaborone districts, and by additional media efforts, such as radio talk shows and short radio spots. The HIV risks associated with alcohol, particularly casual sex and poor or no condom use, are a core theme in these efforts.

In 2008, PSI will continue and expand these activities. First, the mass media behavior change intervention will continue on a national scale, including either 1-2 short television dramas or a continuation of the drama initiated in coming months. The decision will depend on the success of the pilot drama. PSI also will launch a new branded campaign focused on print, radio, and outdoor advertising. PSI will reinforce the themes through community theater and through DJs and other popular performers, who weave the messages into their performances and work; and radio call-in and talk shows. The two sub partners, Humana People to People and African Methodist Episcopal Services Trust (AMEST), will expand the small group interpersonal communication activities into secondary schools, churches, workplaces, drinking establishments, and other sites as appropriate to the target communities. One outreach manual focuses on people 15-24, while another focuses on older adults; PSI also will maintain sets of materials focused on alcohol and on multiple partners, which partners will implement in the field in response to the target audience and setting. In all cases, field officers will address issues related to alcohol and multiple and concurrent partnerships and fidelity, but the degree of emphasis will vary. In 2008, PSI and its existing partners will also begin to identify additional local partners in the target districts that can incorporate the small group activities into their work, as part of their plan to expand the reach of those further. In total in 2008, PSI will take the interpersonal activities to communities and villages across an estimated 10 districts.

Because these themes are still somewhat new for large scale social marketing and outreach in Botswana,

Activity Narrative: PSI will intensively monitor the implementation of these activities and the reactions to it. PSI will conduct its regular program monitoring survey, which includes behavioral, attitudinal, and knowledge measures related to partner reduction, fidelity, and alcohol.

PSI also will lead a public health evaluation of the interventions developed under this activity. In light of the knowledge gap on how best to address multiple concurrent partnerships, PSI Botswana, working with a reputable academic institution with experience in social research (e.g. PSI has had initial discussions with the Poverty Action Lab of MIT, but the partner and the local co-investigator are both to be determined), will conduct a randomized control trial to compare two approaches to addressing multiple and concurrent partnerships. The first approach will provide an intervention that focuses on encouraging the target population to reduce the number of sexual partners (such as by stressing the benefits of fidelity and/or the risks associated with having multiple partners). The second intervention will focus on the pattern of sexual relations, with an aim of discouraging the practice of having overlapping partners. Each of the treatments will be delivered through an intensive combination of mass media (particularly outdoor advertising and local radio programs), interpersonal communications (done in small groups and in one-on-one sessions), and edutainment (with drama groups).

Villages would be randomized into the two treatment groups, with a third set of villages established as the control arm, in order to ensure that outcomes were related to the treatments rather than to exposure to any outside mass media efforts on multiple concurrent partnerships. Outcomes would primarily be subjective (e.g., changes in self-reported patterns of sexual networks). Pending further discussion with collaborators (including GOB), some objective outcomes might be measurable (particularly biomarkers such as pregnancy rates, STI rates, and/or seroprevalence rates at antenatal clinics or in other counseling and testing sites). The budget for the research is estimated to be about \$275,000 for the first of a planned two year study. This is based on a preliminary design with an 80% power to detect a 5% difference between groups, with 20 subjects in each of 300 clusters (i.e., a total of 6,000 interviewees per round). Approximately \$200,000 would go for field work costs, and \$75,000 for research design, researcher time, and other direct costs. In addition to a research partner from an international academic institution, PSI plans to seek a partnership with a local researcher or academic group, particularly in the University of Botswana (UB).

This activity has funds from both AB and C/OP program areas. The majority of funds are from the AB area (75%, \$1,500,000), because the majority of effort will focus on faithfulness and partner reduction. The C/OP funds support that part of the activity that highlights the risks associated with alcohol misuse and abuse (25%, \$500,000).

Condom Hotspot Distribution

Another part of PSI's work is distributing free condoms in rural area "hotspots" and educating distributors in those communities on correct, consistent condom use. Approximately \$75,000 of this entry is support to PSI for this activity.

While PSI conducts social marketing for condoms in Botswana, they also support the free condom distribution program led by GOB's MOH. In this activity, PSI will distribute Government free condoms to approximately 500 non-traditional condom distribution sites across rural Botswana, in order to help make condoms more available to such remote areas. Key sites include shebeens, small shops, bars, and other strategic sites relevant to each community. PSI will identify a key individual in those sites who will serve as the point of contact and condom promoter at that site. PSI will provide education to those individuals, to help them be sources of accurate information about condoms in those communities and to promote the correct, consistent use of condoms among sexually active people. PSI staff will visit these sites on a regular basis, providing new supply of condoms and additional encouragement and education to the condom promoters. About 3 million condoms will be distributed through this program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17460

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17460	11314.08	HHS/Centers for Disease Control & Prevention	Population Services International	7768	5339.08	U62/CCU32522 2: Increasing Access to HIV Confidential Voluntary Counseling and Testing and Enhancing HIV/AIDS Communications , Prevention, and Care in Lesotho, South Africa & Swaziland	\$500,000
11314	11314.07	HHS/Centers for Disease Control & Prevention	Population Services International	5339	5339.07		\$200,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1341.09	Mechanism: Peace Corps Mechanism
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 10202.24065.09	Planned Funds: \$200,000
Activity System ID: 24065	

Activity Narrative: 09.P.OP12: Peace Corps – Life Skills Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Ministry of Education (MOE) is considering the following schools for possible placement of Life Skills Peace Corps Volunteers in Y2009:

1. Salajwe Lempu J.S.S Kweneng
2. Kaudwane Kaudwane P. School Kweneng
3. Molepolole Sedumedi J.S.S Kweneng
4. Kopong Kopong J.S.S Kweneng
5. Mmathubudukwane Madikwe J.S.S Kgatleng
6. Bokaa Borwa J.S.S Kgatleng
7. Otse Moeding S.S.S South East
8. Ramotswa Kagiso S.S.S South East
9. Mochudi Molefhi S.S.S Kgatleng
10. Oliphants Drift Oliphants Drift P. School Kgatleng
11. Artesia Artesia J.S.S Kgatleng
12. Manyana Boswelakgosi J.S.S Kweneng
13. Mogobane Mogobane J.S.S South East
14. Ranaka Nthwalang J.S.S Southern
15. Modipane Modipane P. School Kgatleng

From COP08:

Peace Corps/Botswana's (PC/B) Life Skills Program is a comprehensive HIV prevention program for youth, encompassing Abstinence/Be Faithful (AB) (83%) and OP (17%). This program targets school children between the ages of 7 and 19. For youth ages 7-14, the focus of the program is on AB prevention. For older teens in the target population, who are likely to be sexually experienced and/or sexually active, the program also incorporates OP elements. The Life Skills program endeavors to equip adolescents with the skills and tools necessary to remain free of HIV and unintended pregnancies, and includes the discussion of condoms and STI treatment when appropriate. Creating a comprehensive Life Skills program allows the program to address the HIV prevention needs of a wider range of beneficiaries than it would with funding from only one of the prevention program areas.

Since Peace Corps' return to Botswana in 2003, Peace Corps Volunteers (Volunteers) have been assigned to HIV/AIDS-related projects focused on district AIDS coordination, community capacity building, prevention of mother-to-child-transmission (PMTCT), home-based care (HBC) and PEPFAR-supported NGO capacity building. In addition to their primary assignments, many Volunteers also participate in youth development activities such as school clubs, mentoring programs, sports and recreational activities, and Girls Leading Our World (GLOW) camps.

To expand upon what current Volunteers are doing and to help support HHS/CDC/BOTUSA and Government of Botswana efforts, in FY 2007, PC/B began a pilot life skills capacity building initiative, in collaboration with the Ministry of Education (MOE) and other key partners working with youth in Botswana. Specific activities undertaken by PC/B in 2007 include:

- (1) Training for current, interested Volunteers (90% of all Volunteers) in Life Skills by MOE;
- (2) Placement of five PEPFAR-funded Life Skills Volunteers (including three third-year extensions and two new Volunteers) to pilot the life skills initiative;
- (3) Training of Life Skills Volunteers by curriculum specialists from the MOE, a Youth Forum training, and additional technical training and planning with MOE during IST; and
- (4) Preparatory groundwork for the arrival of a group of 15 new PEPFAR-funded life skills Volunteers in April/May 2008.

Starting in June 2007, PC/B, in collaboration with the MOE, assigned Life Skills Volunteers for a 12-month period with a cluster of schools in the Molepolole District (communities include: Molepolole, Sojwe, Salajwe, Lethakeng, with a fifth community to be determined). Volunteers are assigned full-time to life skills capacity building within their host communities and, based upon MOE approval and community assessments, undertake a range of activities, including:

- ? 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 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 Volunteers assigned to other projects (i.e., 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; and
- ? Assisting in the monitoring of the program implementation and related reporting to district and national educational offices, on the part of their assigned schools.

FY 2008 Proposed Activities

Activity Narrative: In 2008, PC/B will recruit, train and place 15 new Volunteers to expand beyond the pilot phase launched in 2007—with up to five Volunteers working at the educational district level. Up to five PEPFAR-funded third-year Volunteers will also be recruited in 2008, to replace the three third year extension Volunteers who are piloting the effort in 2007. Volunteers at the educational district level will 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.

PC/B-funded Volunteers assigned to other projects are also provided PEPFAR-funded training to support the dissemination and use of the new MOE Life Skills materials. Developed with the support of HHS/CDC/BOTUSA, these materials focus on 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. Volunteers will support teachers with these materials in and outside the classroom and within communities.

PC/B will target its efforts to upper primary, junior & senior secondary students because these stages appear to be the critical ones in the development of life skills and precede or coincide with the typical dropout juncture.

The Minister of Education pledged the support of the MOE to PC/B regarding the design of appropriate Volunteer interventions and training, and the prioritization of site placements. In advance of the start of the initiative, HHS/CDC/BOTUSA, PC/B 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 HHS/CDC/BOTUSA, Volunteers will collaborate with other partners, such as UNICEF, that are involved in youth-related life skills development to maximize the impact of collective efforts and donor resources.

FY 2008 PEPFAR funds will support:

- costs related to the new and existing Life Skills Volunteers, including trainee pre-arrival costs, travel, pre-service and in-service training, living and readjustment allowances,, housing and medical costs, home leave for the third-year Volunteers;
- in-country and HQ administrative and human resource costs including local staff positions to support PC/B's PEPFAR program. In addition to staff positions approved in the FY07 COP, PC/B will hire a new Program Manager to oversee the PEPFAR-funded NGO and Life Skills Volunteers;
- OP prevention-related in-service training for PC/B-funded Volunteers; and
- grants for small community-initiated projects focused on C/OP activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17420

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17420	10202.08	Peace Corps	US Peace Corps	7752	1341.08	Peace Corps Mechanism	\$100,000
10202	10202.07	Peace Corps	US Peace Corps	5290	1341.07		\$30,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$150,000

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5437.09	Mechanism: ILO
Prime Partner: International Labor Organization	USG Agency: Department of Labor
Funding Source: GHCS (State)	Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP	Program Budget Code: 03
Activity ID: 10267.24230.09	Planned Funds: \$500,000
Activity System ID: 24230	

Activity Narrative: 09.P.OP15: ILO/US DOL Trade Union HIV/AIDS Project

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This project will build on the already established foundation of trained resource persons, tools and good practices with the aim of ensuring a coordinated, comprehensive and sustainable national workplace program in accordance with the PEPFAR/Botswana strategy. The following lines of action are proposed by the ILO for FY2009:

- Reinforce action with Botswana Federation of Trade Unions (BFTU) and ensure full implementation of its strategic plan in line with national and PEPFAR indicators.
- Provide technical assistance to the Business Coalition in order to build its capacity to develop workplace policy and programs in line with the ILO Code of Practice on HIV/AIDS and the world of work and related national policy.
- Promote a dialogue between the BFTU and the Business Coalition with the aim of developing joint action at the level of the workplace.
- Based on the above, expand activities in the tourism sector as well as initiate action in other sectors, such as transport and agriculture, through public-private partnerships bringing the strengths of enterprises and community-based services together for comprehensive prevention, treatment and care support services for the benefit of workers.
- Engage the newly formed federation of Public Services Unions with the aim of developing policy and programs on HIV/AIDS. In this context, special attention will be given to health workers utilizing the ILO/WHO guidelines on health services and HIV/AIDS as well as the ILO/WHO guidelines.

From COP08:

In support of the national response, the ILO has taken initial steps to assist the tripartite constituents in Botswana to lay the groundwork for a comprehensive workplace response. In 2004, the ILO assisted the Ministry of Labor and Home Affairs (MLHA) to develop a national policy on HIV/AIDS and Employment; adhering to the principles and guidelines laid out in the ILO Code of Practice on HIV/AIDS in the World of Work. A selected number of enterprises were also assisted to develop and implement workplace policies and programs. Activities at enterprise level included among others the training of Peer Educators and development of targeted behavior change communication materials.

Building on the anticipated achievements of the recently initiated FY07 PEPFAR funded initiative targeting 10 Trade Unions, the FY08 project will expand to 10 more Trade Unions. Currently there are 51 registered Trade Unions, and with the advent of the new labor laws allowing for the unionization of public officers, the number is expected to rise. Although Unions represent workers from different sectors, they are organized under an umbrella body - the Botswana Federation of Trade Unions. Their total membership is estimated up to 65,000.

For this funding period, the project aims at further building capacity among unions, to set up structures that will enable members to exchange information on HIV and AIDS; encourage members to go for counseling and other HIV-related services; and encourage correct and consistent condom use, partner reduction, and other risk reduction behaviors. The proposed FY08 project activities are as follows:

ILO will conduct workshops to develop broad scale commitment from sectoral level union leaders (approximately 6 leaders from each of the 10 unions) on the key principles of the ILO Code of practice and the national policy on HIV/AIDS and Employment. ILO will have facilitated an umbrella Trade Union policy over the next 12 months, and in this funding period, they will continue to assist dissemination of that umbrella policy and work with 10 unions to develop their own HIV/AIDS strategic plans. Part of this process involves encouraging the Unions to develop their own budget contributions to the seed money provided by ILO for their HIV/AIDS initiatives. In addition Unions will be encouraged to go into joint-partnerships with employers. Co-funding will not only help cushion the financial costs of both parties but be a demonstration of leadership commitment.

In order to reach many of its members with basic peer-led HIV/AIDS education and outreach, the 10 Botswana Trade Unions and ILO will select and train approximately 8-12 focal persons per union to be peer educators, using the GOB Peer Education curriculum for workplace settings. To support these peer educators, ILO will place 4 project officers in the mother trade union body, Botswana Federation of Trade Union. They will assist with support, supervision, and monitoring of activities.

To complement the peer education program, ILO will also introduce "SOLVE" to this cadre of peer educators. SOLVE is new initiative developed by ILO and aimed at addressing psychosocial problems at work all under one comprehensive workplace wellness program. As an acronym SOLVE stands for Stress, Tobacco, Alcohol, HIV/AIDS and Violence. Currently ILO is updating SOLVE to address other interrelated psychosocial problems such as sleep deprivation, lack of regular exercise, lack of good nutrition, cyber addiction etc. The SOLVE trainings will expand the knowledge of the peer educators to address a wider range of important health issues and provide additional skills to implementing a range of workplace-based activities, such as health fairs and support groups. ILO anticipates that the 120 educators will each reach approximately 200 people, for a total of approximately 20,000 people who will ultimately benefit.

ILO also will conduct a formative assessment to establish the key issues and interests within the different Union membership as related to HIV/AIDS prevention, care, treatment, and support programs. The assessment will be a simple survey done with small groups and other key informant interviews, something to help develop IEC materials. Based on the findings of the assessment, ILO and the Trade Unions will develop information, education, and communication materials and messages to use through various channels in the Union infrastructure (posters, pamphlets, monthly campaign themes, etc. for use by peer educators and others).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17662

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17662	10267.08	Department of Labor	International Labor Organization	7850	5437.08	ILO	\$200,000
10267	10267.07	Department of Labor	International Labor Organization	5437	5437.07	ILO	\$200,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5404.09 **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:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 10149.24200.09 **Planned Funds:** \$84,993
Activity System ID: 24200

Activity Narrative: 09.P.OP90: Technical Expertise and Support C/OP

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity covers the salaries and other administrative costs for the technical staff in-country that support the AB and C/OP program areas. The staff includes one full time CDC direct hire, part time of a senior CDC prevention lead, 2 senior FSN, and 1 mid-level FSN. The funds also support USG-sponsored meetings of prevention implementing partners, professional development and training for staff persons, conference attendance, and travel for site visits and other meetings in and out of Botswana that USG prevention officers may attend as part of their regular duties.

All staff work across the AB and C/OP program areas, so the costs associated with these staff and activities above are distributed proportionately (66%-33%, respectively).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17328

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17328	10149.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$79,000
10149	10149.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$35,000

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 3469.09 **Mechanism:** U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention
Prime Partner: Makgabaneng **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 4831.24175.09

Planned Funds: \$700,000

Activity System ID: 24175

Activity Narrative: 09.P.OP01: Makgabaneng-Radio Serial Drama

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Radio Serial Drama has been refocused to target five behavioral outcomes with the five main transitional characters. A baseline evaluation is planned for early 2009 on three of the five outcomes and a summative evaluation is planned for 2011 when the Cooperative Agreement ends.

The Reinforcement Activities will also concentrate on these five behavioral outcomes with the Teen Magazine topics focusing on one outcome for the entire school year. The Listening and Discussion Groups' materials are also being updated to reflect the five behavioral outcomes.

Specific changes include:

1. Six villages have been added for the Listening and Discussion Groups' interventions.
2. Six Junior Secondary Schools have been added for in-school reinforcement interventions.
3. The number of health fairs will increase from four held in 2008 to six for 2009.
4. The number of weekly broadcasts of the Makgabaneng late night talk shows will increase from 32 held in 2008 to 47 for 2009.
5. Schools that request the Makgabaneng drama episodes on CDs, as has happened during focus groups discussions, will receive them, so as to be able to schedule their listening sessions independently. Thus far, two schools have done so.

The specific technical assistance needed in order to do the above-mentioned changes includes:

1. Capacity building in data management.
2. Technical monitoring and evaluation support for the project with a focus on evaluation.
3. Outside consultant engaged to assist in enhancement of the community outreach component of the project.
4. Leadership and supervisory skills training for senior management.

From COP08:

Makgabaneng is a local organization that has carried out a behavior change program of the same name since 2001. The program includes a national radio serial drama and various community-based and mass media reinforcement activities. In a national 2005 survey (Population Services International TRAC survey) of 15-24 year olds, 42% reported listening to the drama many times recently and 31% reported listening sometimes; 90% were aware of the program. Other surveys suggest high listenership among older age groups too. In the third quarter of 2007, Makgabaneng and its sub partners had formed 45 listening and discussion groups with adults and out of school youth, held school rallies in 9 schools, and distributed their teen magazine on the theme of parent-child communication to 17 junior secondary and senior secondary schools in their 2 target districts, Tutume and Ghanzi. Makgabaneng also soon will train facilitators from the BDF in the listening and discussion group activity.

The radio serial drama airs on two national Botswana radio stations, with two new 15-minute episodes each aired twice a week, with over 650 episodes aired to date. The program will add 2-3 short spin-off, short-term radio dramas annually, which will be aired at different time slots but simultaneously with the core drama. These spin-off dramas will use characters from the core drama to go into greater depth on key issues, such as multiple concurrent partners. The program will design the format and content of these shorter radio dramas to increase their appeal to men, who studies show are less likely to be listeners to Makgabaneng than women. In 2008, the program will highlight issues related to 1) multiple, concurrent partnerships; 2) care, support, and prevention for PLWHA; 3) delayed sexual debut and sexual and reproductive health among adolescents and younger youth, including cross-generational sex; and 4) alcohol abuse.

To reinforce these mass media interventions, Makgabaneng will continue to conduct community-based outreach in community junior and senior secondary schools and the community at large. The school-based components include an interactive magazine for use in and out of the classroom and drama competitions. In 2008, a small group activity tool kit that will complement the themes in the Ministry of Education's (MOE) new life skills materials. The Botswana National Youth Council (BNYC) is the sub partner carrying out these school-based activities. The other main community outreach reinforcement activity is listening and discussion groups, which Humana People to People will continue to carry out for the project. These groups involved six 1-2 hour sessions focused on discussing and personalizing critical issues that the drama raises. The groups have been formed in a variety of settings, including workplace, households, churches, and health care settings, depending on the community involved, and include 10-25 men and women.

These community reinforcement activities currently reach two districts, Ghanzi and Tutume. Makgabaneng will expand these interventions to one additional district, to be determined, and seek at least 1 additional national partner who can incorporate some of the program reinforcement tools into their existing activities (e.g. listening and discussion groups training materials, discussion guides, support material; the teen magazine). They plan to continue expanding the collaboration with other Men's Sector agencies, such as the Prison's, Police, and other uniformed services.

The program will continue conducting additional reinforcement through mass media channels, specifically through: 1) hosting weekly radio call-in shows to discuss characters, events, and themes in the drama with the general public and 2) airing approximately 10 trailers and epilogues, which are short messages and calls to action related to events in the drama.

In 2008, a more intensive program evaluation will take place. Makgabaneng currently plans to carry out another large scale listenership survey, which will assess listenership and exposure to reinforcement activities, as well as various key outcomes of the intervention, in order to allow tests of associations between various levels of exposure to the intervention and those outcomes.

The funding for this activity is split between AB and C/OP. This activity is a comprehensive intervention that

Activity Narrative: targets multiple issues related to HIV prevention and targets various populations in its activities, including youth and adults. This program area entry for this activity will cover about 33% of the program effort and reflects that part of the intervention focused on key issues related to condoms and other prevention, including correct and consistent condom use, alcohol misuse, STIs, and other service promotion such as VCT, antiretroviral therapy (ART) etc.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17263

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17263	4831.08	HHS/Centers for Disease Control & Prevention	Makgabaneng	7709	3469.08	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention	\$274,860
9918	4831.07	HHS/Centers for Disease Control & Prevention	Makgabaneng	5336	3469.07	Technical Assistance	\$300,000
4831	4831.06	HHS/Centers for Disease Control & Prevention	Makgabaneng	3469	3469.06	Technical Assistance	\$300,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1367.09

Mechanism: Capacity building assistance for GAP through technical assistance collaboration

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10145.24172.09

Planned Funds: ██████████

Activity System ID: 24172

Activity Narrative: 09.P.OP05: TBD-Assistance to MLG District Prevention Programs

ACTIVITY UNCHANGED FROM FY2008, CONTINUING ACTIVITY WITH A NEW PARTNER

From COP08:

NASTAD is embedded in the MLG to provide a range of support to the DACs and the DMSACs. In 2007, they hired an officer dedicated to prevention, held a workshop for approximately 20 DACs, Peace Corps Volunteers (PCVs), and Implementing Partner representatives from the 5 focus districts, and conducted one-on-one follow up visits to those districts to support improved prevention activity planning and implementation. NASTAD will continue to support quality prevention planning, implementation, and monitoring in five districts identified for PEPFAR prevention assistance by the Ministry.

This activity is responding to a relatively low capacity to address critical prevention needs on the district level. With this support, districts officials and implementers will be able to hold more strategic (albeit small scale) interventions, rather than funding a wide range of unrelated one-off activities targeting a large number of target audiences. NASTAD will also focus on helping the district staff responsible for overseeing the District Implementation Plans with monitoring of quality and reach of the various activities funded by the DMSAC.

NASTAD will hold training workshops and provide one-on-one technical assistance to key individuals working in the DMSAC, including the DAC and attached PCVs (in cases where a PCV is there) and at times key district-level implementing partners, who are often small civil society groups. Local and international NASTAD staff will provide that assistance. NASTAD will also facilitate training and implementation support from other Botswana training and implementation providers, such as Youth Health Organization (YOHO) (e.g. for theater training) and the Botswana Business Coalition on HIV/AIDS (BBCA) (e.g. for workplace outreach). NASTAD will also coordinate and support the distribution and planning of funds provided to the Ministry of Local Government under PEPFAR to support more prevention activities in these districts.

Complementing this activity are 1) a small grants program for some of the local civil society groups working in these five districts, and 2) provision of additional funding for prevention activities for the MLG. Together, these three activities will increase the total amount of assistance and funding for prevention activities in those districts, through two critical directions: the DMSAC and local planning and monitoring bodies and the civil society groups that conduct a large share of the prevention-related implementation on the local level.

The funding for this activity is from both the AB program area (66%) and the C/OP (33%). The District Comprehensive Plans that NASTAD will support usually includes activities for a range of target groups and issues, including some that belong under AB (e.g. school abstinence pageants) and some that belong under C/OP (sex worker outreach).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17641

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17641	10145.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	7750	1367.08	U62/CCU32456 96 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	\$250,000
10145	10145.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5300	1367.07	NASTAD	\$0

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 1044.09

Mechanism: U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana

Prime Partner: Pathfinder International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10119.24094.09

Planned Funds: \$0

Activity System ID: 24094

Activity Narrative: 09.P.OP06: Pathfinder-Male Focused Interventions

CONTINUING ACTIVITY FOR WHICH NO ADDITIONAL fy2009 FUNDING HAS BEEN REQUESTED
ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity targets adult men (over age 25) for one-to-one peer education, based on a personal risk assessment. Three local implementing partners carry out this activity through visits to households, employment sites, and recreational clubs such as local football teams. The intervention is focused on promoting partner reduction, correct and consistent condom use, and more equitable gender attitudes.

In 2007, Pathfinder selected implementing partners through a competitive process, worked with those partners to develop work plans and contracts, liaised with relevant GOB partners in the target districts and nationally to lay a stronger base of support for the project, developed project monitoring tools, held 3 work shops with the implementing partners, and developed a comprehensive outreach manual that will guide the intervention. The implementing partners selected additional staff and peer educators and participated in a training of trainers (TOT) in the manual. As of September 2007, Pathfinder and its implementing partners will have trained a large cadre of male peer educators, who will begin conducting outreach in the target communities.

The risk assessments cover a range of critical issues including number of sexual partners, consistent and correct use of condoms, alcohol misuse and risks associated with it, gender relations, HIV-related drug adherence (ART, isoniazide preventive therapy [IPT]), and counseling and testing. We expect each individual reached to have about 2 or more visits by a peer educator, for one-on-one discussion on the above listed issues with emphasis on those raised in the personal assessment. The materials will include specific information and support for men who are HIV positive. Referrals will be made to available services such as HIV counseling and testing, Alcoholics Anonymous, and PMTCT. Clients who have been exposed to key topics identified in their personal risk assessment will graduate and be invited to join a male support group for continued education and motivation. These groups will be formed by Pathfinder implementing partners in areas where they operate. The groups will have regular meetings at which members will give each other support to maintain whatever positive change they will have achieved. Occasionally, presenters will be invited to give talks on topics of interest to the groups. Opinion leaders like politicians, traditional leaders and PLWHA who have gone public with their HIV status will also be invited occasionally to motivate the men.

Humana will continue to implement the intervention by going door-to-door in select communities. Humana will conduct group sessions focused on gender equity and will train men who hold influential positions like corporate leaders, traditional leaders and politicians as advocates for male involvement in HIV prevention programmes. The above activities will be implemented in eight villages in the two districts where Humana operates.

True Men will continue to work in the Francistown area to target this intervention to miners from the two gold mines as well as social soccer teams and their supporters. The programme will expand to two new sites in 2008.

Botswana Council of Churches (BCC) will implement the program in three districts, targeting male staff in 4 mission schools run by churches which are BCC members. The programme extends beyond schools to communities around the schools.

In support of these activities and partners, Pathfinder will continue to support training in peer education and outreach, including refresher trainings, to all relevant field officers. Pathfinder also will continue to strengthen local implementing partners' operational systems and structures and will provide technical support for their program activities.

New for 2008, the program will forge stronger partnerships with health and other facilities that offer counseling and testing for HIV so that people who test HIV positive at these facilities and other PLWHA who access services at these facilities are referred to the program for peer support in one-on-one and group settings. This will entail sensitizing service providers about the program and its activities and establishment of a referral network either from the program to the facilities or the reverse. The outreach and peer materials will be adapted to better meet the needs of HIV positive men.

This activity is funded about 66% from the AB program area, and 33% from the C/OP program area. The content of the intervention is comprehensive in scope to meet the needs of sexually active adult men, including a strong emphasis on multiple partnerships and fidelity, as well as gender equity, and important components on alcohol abuse and condom use.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17282

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17282	10119.08	HHS/Centers for Disease Control & Prevention	Pathfinder International	7712	1044.08	U62/CCU124418 - Expansion of Psychosocial & Peer Counseling Services to HIV Infected Women, their Partners and Families in Botswana	\$200,000
10119	10119.07	HHS/Centers for Disease Control & Prevention	Pathfinder International	5282	1044.07	CoAg # U62/CCU124418	\$200,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5338.09

Mechanism: U2G/PS000599- The Basha Lededi (Youth are the Light) Project

Prime Partner: Family Health International

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10122.24192.09

Planned Funds: \$200,000

Activity System ID: 24192

Activity Narrative: 09.P.OP02: FHI—Youth-Focused Community Intervention

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Within the Basha Lesedi youth HIV prevention project, Family Health International (FHI) will support the Botswana Network for people living with HIV/AIDS (PLWHA) to implement an adult mentorship program, the Aunties and Uncles program, and OVC services, such as the provision of psychosocial support within prevention activities. The Aunties and Uncles program targets all young people from 10 to 17 years of age. This means that those who are orphaned will receive appropriate support through linking them up with existing orphans and vulnerable children (OVC) programs

From COP08:

Family Health International's (FHI) Basha Lesedi project targets youth ages 10-17 in two districts, Barolong and Northeast, for HIV prevention, including life skills education in and out of schools, household level outreach, localized mass media, abstinence and other clubs, and service referrals as needed. The topical emphases are abstinence, sexual and reproductive health, and alcohol abuse prevention. The activity also includes programs for parents and guardians of these youth, to support improved communication between them and further support for healthy sexual choices by youth. BONASO is the main in-county project management organization, and the project is implemented through 5 national local organizations, in addition to the support from various groups in the target districts (e.g. local drama and support groups).

In 2007, FHI hired key staff, selected the target districts, worked extensively with the sub partners on work plan development, made contracts with the sub partners, devised a project monitoring system, conducted a participatory needs assessment in both districts, prepared the baseline survey that they will implement in coming weeks, held project launch events in both districts, and began implementation on a small scale (July 07).

In 2008, FHI will continue with implementation in the two target districts, expanding to more villages within those districts and providing technical assistance to the various implementing partners. The budget increase over the FY07 funding level will allow FHI to hire additional project staff to support the various implementing partners (a senior youth technical advisor plus 2 additional project staff).

The Botswana National Youth Council (BNYC) will manage advocacy at the district level by holding youth forums, promoting youth-adult partnerships as relevant to the activities, including outreach to health care workers and other critical service providers in the target areas whose services these youth may need to access (e.g. family planning providers, condom providers, HIV testing, etc.). BNYC will train its youth group affiliates in the districts to deliver other prevention messages to the community through their drama, choirs and youth friendly activities, which target youth as well as community leaders and health service providers.

As the main faith based organization (FBO) sub partner, the Botswana Christian AIDS Intervention Program, BOCAIP, will be in charge of supporting HIV prevention programs in churches, including life skills curriculum (they will adopt YouthNet's life skills program from a Christian Perspective), abstinence clubs, parent outreach (using FHI's faith based parent-child curriculum and Families Matter!) and training to pastors on supporting these goals.

The Botswana Network of People Living with HIV/AIDS, BONEWPA, will reach HIV positive youth in the target districts, through support groups and will conduct outreach through PLWHA in schools and other forum to support the project goals. They will also hold forums for parents, based on the Families Matter! curriculum. New for 2008, Baylor University, through their Center for Excellence with Pediatric HIV Care in Gaborone, will support BONEPWA to improve its work with young persons living with HIV by sharing their protocols and materials with them. BONEPWA then will train support group members on the Baylor materials, and those trained people will implement those components in their outreach work in schools and other fora.

Makgabaneng will continue to produce a cartoon drama magazine for distribution in clubs, schools, churches, and other relevant sites, carry out its school-age focused reinforcement activities in these districts (listening and discussion groups, school drama and debate competitions), and produce other information, education, communication (IEC) and promotional materials to support the other sub partners' work (e.g. wrist bands, posters).

Humana People to People will continue to go door to door in these two districts, talking about HIV prevention with youth and parents/guardians, and will also implement the Families Matter! curriculum for groups of parents in community centers, workplaces, and other forum as appropriate to the village targeted. Humana also provides condom demonstrations to those youth identified who are sexually active. All partners will provide correct information on condoms and other family planning methods and encourage referrals for those youth in need of those.

FHI will provide technical assistance to all the sub partners, through workshops and regular on-site assistance. This assistance will include 1) strengthening quality of the interventions delivered, 2) monitoring the reach and quality, and 3) processing feedback obtained over the course of implementation. FHI will continue to strengthen the content of the intervention components that is focused on cross-generational sex and alcohol abuse prevention by developing and adapting modules and materials for inclusion into the existing intervention packages.

The funding for this activity is from the ABI program area (80%) and the C/OP program area (20%). The reason for the two sources is that, while the activity focuses on adolescents who are not yet sexually active, a portion of the older teens included in the target population are likely to be sexually experienced and/or sexually active. When program partners interact with such youth, they will give these adolescents all the skills and tools necessary to remain free of HIV and of unintended pregnancies, including the provision and discussion of condoms, STI treatment, etc, when appropriate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17406

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17406	10122.08	HHS/Centers for Disease Control & Prevention	Family Health International	7746	5338.08	U2G/PS000599-The Basha Ledi (Youth are the Light) Project	\$200,000
10122	10122.07	HHS/Centers for Disease Control & Prevention	Family Health International	5338	5338.07	CoAg # U2G/PS000599	\$200,000

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 5406.09

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: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 10150.24212.09

Planned Funds: \$168,962

Activity System ID: 24212

Activity Narrative: 09.P.OP91: Technical Expertise and Support C/OP

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity covers the salaries and other administrative costs for the technical staff in-country that support the AB and C/OP program areas. The staff includes one full time CDC direct hire, part time of a senior CDC prevention lead, 2 senior FSN, and 1 mid-level FSN. The funds also support USG-sponsored meetings of prevention implementing partners, professional development and training for staff persons, conference attendance, and travel for site visits and other meetings in and out of Botswana that USG prevention officers may attend as part of their regular duties.

All staff work across the AB and C/OP program areas, so the costs associated with these staff and activities above are distributed proportionately (66%-33%, respectively).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17344

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17344	10150.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$114,000
10150	10150.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$215,695

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 7761.09

Prime Partner: To Be Determined

Funding Source: GHCS (State)

Budget Code: HVOP

Activity ID: 17647.24250.09

Activity System ID: 24250

Mechanism: AIDStar Mechanism

USG Agency: U.S. Agency for International
Development

Program Area: Sexual Prevention: Other
sexual prevention

Program Budget Code: 03

Planned Funds: ■

Activity Narrative: 09.P.OP10: TBD – Civil Society Capacity Building

ONGOING ACTIVITY WITH NO ADDITIONAL FY2009 FUNDS

DELAYED IMPLEMENTATION IN FY2008

From COP08:

(funding level cut by \$200,000 in April 08 Reprogramming)

The first part of this activity will support a prime partner, TBD, to provide organizational development assistance, technical assistance, and grants to 3-5 indigenous NGO's that provide interventions in prevention, OVC, palliative care, and counseling and testing and one that is focused on legal, human rights, and gender advocacy and mobilization. The local implementing partners will be among those with existing networks of service delivery across multiple districts or with established track record of working successfully across many districts. The target populations and organizations are specific to the interventions chosen. The total number of organizations funded will depend in part on the quality and cost of proposals submitted under this mechanism.

These established organizations likely will need a range of organizational development assistance, to help them become more sustainable and adhere to policies and requirements of receiving USG funds directly. This assistance may target human resource policies and practices, Board development and management, fund raising skills, asset and financial resource management skills, strategic planning, and strengthening of program monitoring systems. We expect that these groups will benefit from technical assistance to further strengthen the various interventions they provide to their different target groups. This assistance may involve visits from technical assistance providers, to provide targeted help to each organization on critical programmatic issues (e.g. updating a curriculum, developing a program evaluation protocol, training in a new approach). The prime partner also will provide on-going support for program strategy, quality, and reach through its technical field staff. The assistance will depend on the particular needs of the local implementing partners.

One organization supported under this initiative will be an umbrella organization for HIV/AIDS service organizations across Botswana. The prime partner will work with this umbrella organization to develop its grants-making capabilities and the technical skills of its staff persons. The prime will support strengthening of that umbrella organization's core systems, including those related to program monitoring, accounting, human resource management, and communication, as determined jointly with the local partner and the prime partner. In year one, the umbrella will not receive funding for sub-grants under this award, but rather assistance with systems and capacity for doing so.

Another organization supported under this initiative will be a FBO with an established network of service provision centers across the country. This organization will provide a range of community services in prevention, counseling and testing, OVC, and palliative care through its network. The prime will work with this organization to standardize its services across its centers, as appropriate to the needs of the various target communities involved, and will focus on quality assurance as well as program expansion. The local implementing agency also will develop its capacity as a technical resource for other FBOs and provide some training to other FBOs in its stronger technical areas in this first year.

A third target organization is one focused on the comprehensive needs of PLWHA. This local implementing partner will provide services through a network of community service providers, such as support groups and other venues, and will focus on prevention, palliative care, counseling and testing, and stigma reduction. The prime partner will support the expansion of the reach of the best interventions that the local organization provides to PLWHA and will collaborate with the local partner to provide the best quality services possible. The local implementing agency also will develop its capacity as a technical resource for other PLWHA-service organizations in the country and provide some training to such groups.

The fourth target area is advocacy and community mobilization for HIV-related legal, human rights, and gender issues. A 2005 legislative review identified many policy and legal gaps related to HIV/AIDS in Botswana, particularly in the area of ethics and human rights, gender, and stigma. 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. The prime partner will support a range of activities to promote awareness raising about legal and human rights issues and to train key organizations and individuals to take action to address those issues on a community and/or national level. Target groups for these efforts include policy makers, interest groups, the private sector, community leaders, development organizations, PLWHA support groups, DACs and the general public. A key area for emphasis in these activities will be gender relations in the context of HIV prevention, care, treatment, and support. The prime and local partners will coordinate with the Women's Sector of the National AIDS Council, and the Women's Affairs Department of the Ministry of Labor and Home Affairs for this activity.

A fifth target organization will focus on underserved or marginalized populations, such as people with disabilities. This implementing partner will provide direct services to underserved populations, for basic education on HIV/AIDS transmission, prevention, treatment, care, support, and available clinical and community services. The partner will reach those underserved groups by 1) adapting available material to those groups (e.g. a rare language, a particular disability such as deaf), 2) conducting outreach sessions with those populations, and 3) training caregivers and others who work with such populations regularly to provide such core information.

Support for small, localized civil society partners in 5 districts

In the second part of this activity (approx \$1,000,000 total from both ABand C/OP program areas), the prime partner will support a separate program focused on civil society organizations working in the five districts selected by the MLG for PEPFAR primary prevention assistance. The support will include organizational

Activity Narrative: development, including assistance with funds management, fund-raising, project tracking and monitoring, and technical assistance for improving the quality of the prevention interventions provided by those groups. The partner, TBD, will competitively select approximately eight civil society groups from across the five districts (at least one per district) for this support and grants for implementation. The groups likely will vary in focus and should be among the most promising local implementers working in those districts. Some may be support groups that could be funded for Positive Prevention interventions, while others might be youth groups that could be funded for strategic theater and other community mobilization techniques focused on key issues to that district. The prime partner will work with these smaller, local organizations to focus on critical population groups and themes, including young adults, PLWHA, couples and partner reduction and alcohol misuse/abuse.

Complementing this activity are 1) technical assistance to the DMSAC for prevention planning, implementation, and monitoring through NASTAD, and 2) provision of additional funding for prevention activities for the MLG to distribute in those five districts. Together, these three activities will increase the total amount of assistance and funding for prevention activities in those districts, through two critical directions: the DMSAC and local planning and monitoring bodies and the civil society groups that conduct a large share of the prevention-related implementation on the local level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17647

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17647	17647.08	U.S. Agency for International Development	To Be Determined	7761	7761.08	AIDStar Mechanism	[REDACTED]

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 5455.09 **Mechanism:** Post
Prime Partner: US Agency for International Development **USG Agency:** U.S. Agency for International Development
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03
Activity ID: 26663.09 **Planned Funds:** \$149,000
Activity System ID: 26663
Activity Narrative: 09.P.OP17: USAID PSC Prevention Officer

This activity covers salary of an offshore hire Prevention Advisor, technical assistance, and travel to provide support for the activities of the President's Emergency Plan for AIDS Relief (PEPFAR), including work with the Government of Botswana. Funding also covers participation by staff in domestic and international conferences related to their work.

The USAID Prevention Advisor will have particular expertise in program management, as well as HIV and AIDS prevention programming, to complement skills of the rest of the USG Botswana Prevention Team.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11094.09 **Mechanism:** Post
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Sexual Prevention: Other sexual prevention
Budget Code: HVOP **Program Budget Code:** 03

Activity ID: 26676.09

Planned Funds: \$50,000

Activity System ID: 26676

Activity Narrative: 09.P.OP18: CDC HPR – Truvada Study

HIV pre-exposure prophylaxis (PrEP) is commonly defined as the oral use of antiretroviral agents (ART) to prevent HIV transmission. In part based on the success of ART for prevention of HIV mother-to-child transmission and after post-occupational HIV exposure, PrEP is still considered to be one of the more promising HIV prevention tools being explored with seven current or planned clinical trials worldwide evaluating this approach. If effective this approach may be able to prevent up to 3 million people in sub-Saharan Africa from getting HIV over the next 10 years.

The Centers for Disease Control and Prevention are currently conducting a phase 3 safety and effectiveness trial of the two drug combination of tenofovir and emtricitabine (TDF/FTC) among heterosexual men and women in two cities in Botswana. Given the potential benefit of this approach, the Government of Botswana is very eager to initiate discussions regarding possible implementation. Any discussions regarding implementation, however, will require substantial input over several meetings from the multitude of stakeholders both locally and well as internationally, e.g., WHO, UNAIDS. We request funding support to assist with these programmatic discussions. With this funding we will be able to arrange for meeting venues, printing services, and other meeting services. Since at least two studies will be conducting interim efficacy analyses in 2009, policy makers will need to decide soon whether PrEP is worth their investment.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechanism

Mechanism ID: 11088.09

Mechanism: Expansion of Counseling and Psychosocial Support to HIV positive pregnant mothers and their families in Botswana

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26656.09

Planned Funds: [REDACTED]

Activity System ID: 26656

Activity Narrative: 09.P.OP14: TBD – Expanding Counseling and Psychosocial Support for HIV-positive Pregnant Women, their Spouses and Families

The Botswana Prevention of Mother to Child Transmission (PMTCT) program has made remarkable progress in the last few years including expanding program uptake to more than 80% and decreasing MTCT transmission rates to less than 7%. The program still faces a number of challenges, however, including:

-Community norms, values, and beliefs often make it difficult for women to implement the medical and behavioral recommendations for the prevention of mother-to-child transmission (PMTCT). For example, taking medication during pregnancy, using a breast milk substitute, or exclusively breastfeeding and then early weaning are not normative practices for Botswana women. Many women are uncertain of the effect these recommendations may have on their pregnancy and on their infant. Moreover, women may face stigma and other social pressures if they follow their providers' PMTCT recommendations.

-Health providers are often overextended. HIV services have been added to existing responsibilities as the number of nurses has declined over the years. In many settings, there are not enough nurses and midwives to give needed medical and prevention information and support to patients.

-Follow up with HIV-positive women after delivery to address infant feeding, infant health, family planning, and women's health has been difficult. Once women deliver, some do not return to the antenatal care (ANC) or the maternal child health (MCH) clinics where they received PMTCT services.

The Counseling and Psychosocial Support Program was created to respond to these PMTCT challenges. Recognizing that women need psychosocial support upon learning that they are HIV-positive, the Peer Mothers Program provides peer support not only to help women accept their HIV status, but also to support with prevention counseling and to assist clients to adhere to PMTCT recommendations. The program supplements existing health services so that HIV-positive women and their infants receive comprehensive care and are able to access the full range of services available to them, as well as carry out recommended practices successfully.

In FY2009, a partner TBD will work closely with the Government of Botswana (GOB) to strengthen the current activities and build a sustainable model for the rapid scale up of the Peer Mother's Program as follows:

1. To provide counseling and psychosocial support to HIV-positive pregnant women and new mothers to empower them to focus on and take responsibility for the health of their babies and their own health so that pediatric and maternal outcomes are improved;
2. To assist HIV-positive women to access linkages and referral systems to bridge PMTCT and treatment and care services to enable women and infants with AIDS-defining conditions access ARV therapy in a timely manner;
3. To recruit and assist male partners to adopt positive and gender-equitable attitudes and behaviors and reduce the risk and vulnerabilities of sexually transmitted infections;
4. To provide on-site technical assistance and supportive supervision, including a sustainable plan for recruiting, training and evaluating newly recruited peer counselors, assessments, readiness preparation, ongoing quality assurance of sites implementing the Peer Mothers Program, mentoring and orientation to PMTCT and other appropriate health care delivery staff before and after a district or other health site begins delivery of the Peer Mothers Program;
5. To provide a clear plan for quality assurance, routine monitoring and evaluation of activities over the life of this five year project.

Planned measurable objectives:

1. The increase by five in the number of districts and sites providing counseling and psychosocial support by the end of year one of the award.
2. The increase in the number of HIV-positive pregnant mothers provided with psychosocial support and empowerment counseling and the assured knowledge transfer on issues they encounter in navigating the PMTCT process, such as disclosure, stigma and discrimination, and risky sexual behavior, among other things, from 2,000 to 3,000 by end of year one of the award.
3. The increase of male partners enrolled and active in PMTCT and other HIV prevention programs by 3000 by the end of year one of the award.
4. The increase of current access rates to care programs by women and infants with AIDS defining conditions from 21% to 25% in year one of the award.
5. The increase of anti-retroviral (ARV) therapy adherence rates for women and their infants identified in PMTCT clinics from 70% to 75% in year one of the award.

Monitoring and evaluation:

An M&E system for the Program will be strengthened in order to enable monitoring and evaluation of performance of the program and measurement of impact in reducing stigma and enhancing access to psychosocial support.

New/Continuing Activity: New Activity

Continuing Activity:

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 26678.09

Planned Funds: \$375,000

Activity System ID: 26678

Activity Narrative: 09.P.OP19: URC – Alcohol Activity

Alcohol is a mood altering drug and it can influence high-risk sexual behaviors, which can lead to HIV infection. Alcohol substance abuse can impair a person's judgment and may lead to behavior that is often contrary to socially learned behavior, for example, uninhibited high-risk activities, such as unsafe sexual practices. It induces changes in thinking, judgment, and behavior. Alcohol abuse has caused many traffic accidents, incidents of violent behavior, and rape. For HIV-infected persons, it is thought to depress the CD4 count and facilitate HIV replication.

Surveys have been done in Botswana that describe the drinking patterns here and data from a 2006 population-based study show that 31% of men and 17% of women met criteria for heavy drinking behaviors. Many other African studies have looked at the association between alcohol use and HIV and 20 of them, including one study from Botswana, which concluded that alcohol use was associated with HIV infection in Africa and alcohol-related interventions might help reduce further expansion of the epidemic.

Another study conducted in Botswana suggested that those patients who drank alcohol during treatment were 3.8 times more likely to interrupt treatment than those who did not drink. All of these conclusions are troubling and speak to the need for a comprehensive response to alcohol use and its risks.

Proposed Strategy:

1. Support structural interventions to reduce hazardous drinking.
 - a. Assist the Government of Botswana (GOB) to develop a draft National Alcohol Policy, which should be based on the World Health Organization's (WHO) Best Evidence Policies. The process should be facilitated by a reputable consultant who is conversant with alcohol and its implications for public health and development.
 - b. Review current enforcement of Liquor Act (2004), identify gaps, and make recommendations to strengthen those areas.
 - c. Conduct qualitative study to assist in developing behavior change interventions for the different age groups.
 - d. Collect data from Botswana Epidemiology Network on Drug Use (BENDU) and SENDU on the epidemiology of alcohol use.
2. Support networks of organizations working in alcohol risk reduction:
 - a. Expand and support existing interventions within the GOB and civil society, e.g., Botswana Network on Ethics, Law, and HIV/AIDS (BONELA), Botswana Congress of Non-Governmental Organizations (BOCONGO), faith-based organizations (FBO), and community coalitions and infuse messages of alcohol risk reduction into existing programs.
 - b. Develop appropriate interventions that target the youth, aged 13-24 years, including vulnerable youths and their guidance
3. Train Health Care Workers and all relevant professionals and organizations on issues alcohol as a drug, alcohol as a risk factor for HIV transmission, and prevention and management of HIV in the context of alcohol use and abuse:
 - a. Introduce Screening and Brief Interventions (SBI) or Brief Motivational Intervention (BMI) in primary health care facilities, for example, Voluntary Counseling and Testing (VCT) centers, and Sexually Transmitted Infections (STI), Anti-retroviral Therapy (ART, and Infectious Disease Care Clinic (IDCC) clinics, and among support groups to identify high risk drinkers better. Train current counselors and peer educators on links between alcohol abuse and HIV/AIDS.
 - b. Integrate alcohol screening at all points of entry to the health care system, e.g., clinical notes, emergency visits, and antenatal care (
 - c. Look for incidence and prevalence of Fetal Alcohol Syndrome (FAS).
 - d. Document concomitant use of alcohol for all police cases and accidents/injuries in the workplace.
 - e. Create alcohol referrals and collaborate with all counseling facilities.
 - f. Support AA recovery programs which are free and have demonstrated success. Develop referrals, attend their meetings to see how they work, and invite speakers.
 - g. Create, outside of AA, appropriate 12 Step Programs and train leaders. These groups can operate from the clinical areas and local meeting places, for example.
 - h. Develop interventions for drinking venues, i.e., bars or shebeens, with the collaboration of the staff servers, owners and the alcohol industry, including education and awareness programs, warning posters and labels, condom negotiation, and other life skills.
 - i. Support and sponsor the SAHIV clinicians and the Botswana Medical Association to hold continuing medical education (CME) courses to empower their members with the confidence and skills to consult on alcohol.
4. Universal alcohol and HIV messages to raise awareness:
 - a. Develop interventions for drinking venues, i.e., bars or shebeens, with the collaboration of the staff servers, owners and the alcohol industry, including education and awareness programs, warning posters and labels, condom negotiation, and other life skills.
 - b. In primary schools, begin to educate and empower children in life skills and emotional intelligence, for example, managing emotions, like anger, fear, and loss and taking responsibility for one's feelings and consequent behavior). Teach about alcohol in drama and on the radio.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: \$1,745,593

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Botswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

Blood Safety

The National Blood Transfusion Services (NBTS) is responsible for the provision of a safe, adequate and accessible supply of blood and blood products in Botswana. According to the World Health Organization (WHO) recommendations, a country such as Botswana with a population of 1.7 million, requires a total 34,000 usable units of blood per year to be self-sufficient. The President's Emergency Program for AIDS Relief (PEPFAR) Blood Safety project was implemented in September 2004, covering seven key areas which ensure a safe and adequate blood supply and include infrastructure, blood collection, testing, blood utilization, training, monitoring and evaluation, and sustainability. The Safe Blood for Africa Foundation (SBFA) provides technical assistance to the NBTS of Botswana and the African Comprehensive HIV/AIDS Partnership (ACHAP) has contributed to the Blood Safety Program by funding the Blood Safety and Youth HIV Prevention Project in 2003 and 2004, which it will continue to support along with the additionally important Pledge 25 strategy. Supply Chain Management Systems (SCMS) procures test kits, reagents and supplies for overall blood safety. SBFA, ACHAP and SCMS will continue to work with PEPFAR funding on blood safety issues in FY2009.

Since the inception of the PEPFAR Blood safety project the NBTS has undergone significant transformation and implemented a number of projects successfully, including:

- An increase in the annual blood collections from 13,210 units in 2004 to 22,230 units in 2007.
- A decrease in donations reactive for transfusion transmissible infections (TTIs) from 9.9% in 2004 to 4.4% in 2007.
- A decreasing in the HIV prevalence in donated blood from 5.7% in 2004 to 2.1% in 2007.
- The acquisition of equipment for all of the thirty (30) outlets which undertake blood transfusion activities.
- The revision of the draft of the Blood Policy.
- The training of 623 blood transfusion staff in different aspects of blood transfusion, specifically laboratory staff, nurses and

doctors, blood donor recruiters and other healthcare workers.

- The development of information, education and communication (IEC) materials on blood donation and related topics,
- The renovation of National Blood Transfusion center, which was completed in June 2008, and started operations in July, 2008. The center houses both the blood collection center and the laboratories.
- The introduction of Hospital Transfusion Committees in 28 hospitals with 16 hospitals now having functional committees which have formed the National Committee on Clinical Use of Blood and Blood Products.

In FY2009, PEPFAR will continue to support the seven focus areas with activities that include increasing the blood collection from 28,000 to 30,000, increasing the pool of regular blood donors and improving donor retention, reducing HIV prevalence in donated blood from 1.6% to 1%, training 200 NBTS staff and other health providers, completing construction of the Regional Blood Center in Francistown and a blood depot in Maun, continuing to pay salaries of 21 project staff, implementing the revised blood policy and usage guidelines, improving quality management systems at NBTC and monitoring the implementation of the revised TTI testing strategy. Monitoring and evaluation will continue to be an integral part of the blood safety project and the Botswana government will implement a process that will allow sustainability.

Injection Safety

The exceedingly high prevalence of HIV in Botswana calls for a comprehensive prevention strategy that takes into account medical transmission, despite the relatively small proportion of HIV infections resulting from this type of transmission.

Prior to the implementation of the injection safety project, there was no policy articulating clear safety procedures in the healthcare settings. Rapid assessments conducted in 2004, found that none of healthcare workers had received any in-service training in injection safety. The national annual prevalence of needle-stick injuries among healthcare workers was 26%, a potential risk for occupational infections such as HIV, hepatitis B and C. A rapid assessment indicated that 23% of injections administered in the facilities were unnecessary, used sharps were disposed of inappropriately in the majority of facilities and waste was poorly segregated at the source. In most facilities, there were no logistic management information system tools to manage the injection commodities or the drugs and no educational or behavior change messages communicating the importance of infection prevention and injection safety.

With PEPFAR funding, Botswana started implementing injection safety interventions to promote the safety of healthcare workers, patients, and the community in 2004. The project has been implemented through a collaborative approach with Ministry of Health (MOH), implementing partners that include John Snow, Incorporated, and sub-contractors Academy for Educational Development (AED) and Program for Appropriate Technology (PATH). The National Injection Safety Advisory Group (NISAG), a consortium of medical, nursing and public health professionals that advise and guide the implementation of the project, has been actively involved since its inception in November 2004. Currently, the injection safety is working in four health districts and with the Botswana Defense Force Health Corps (BDF Health Corps). It is expected to scale up the interventions in ten additional districts by September 2009.

To date, the Botswana Injection Safety Program has achieved the following:

- The development of a policy on injection safety with guidelines, service norms and standards that was submitted to Ministry of Health for approval.
- Capacity building, training and support for infection prevention and injection safety, specifically, 4,723 healthcare workers engaged in in-service and pre-service training in injection safety as of August 29, 2008 and 450 diabetic patients were trained to manage used syringes and needles at home safely.
- Procurement, distribution and management of injection devices, including the successful completion of a study evaluating the contribution of retractable syringes for reducing needle-stick injuries among healthcare workers. Botswana's primary task was to ensure adequate and continuous availability of retractable syringes in the pilot districts. There will be adequate retractable syringes in the pipeline for FY 2009, during which time the districts will have the commodities while MOH decides to scale-up its use or terminate it.
- Implementation of sustained healthcare waste management, such that segregation of waste at the source has improved and injuries sustained by waste handlers have been dramatically cut, according to the supervisory monitoring (February 2007). Additionally, incinerator breakdowns have been minimized and protective clothing provided to workers in selected risk areas, especially in hospitals.
- Development of an injection safety advocacy toolkit and behavior change messages, which have reached approximately 260,000 community members with injection safety messages through drama, brochures, posters and other media communications, as of June 30, 2007. In preparation for scaling-up injection safety interventions, a multi-year advocacy and a Behavior Change Communication (BCC) strategy has been developed.
- Promotion of healthcare worker safety through the national policy, guidelines and service norms and standards for injections safety, which articulate measures that promote and advocate for institutional administrative procedures and improved healthcare worker safety.

Linkages

The Injection Safety Program in Botswana works closely with Supply Chain Management Systems (SCMS), Safe Blood for Africa, the National Blood Transfusion Services in the Ministry of Health, the Nurses Association of Botswana, several academic institutions, notably the University of Botswana and the Institute of Health Sciences, other government ministries, including the Ministry of Local Government (MLG) and the Ministry of Environment, Wildlife and Tourism (MEWT) and the World Health Organization (WHO).

Plans

In FY2009, the Government of Botswana (GOB) will scale-up the injection safety interventions to reach 54% national coverage by September 2009. In the districts into which it expands, the project plans to train 1,070 healthcare workers, disseminate and implement the national policy, guidelines and service norms and standards, replicate good practices for the sustained management of healthcare waste, manage injection device supply, and produce behavior change communication messages.

Male Circumcision

Three recent rigorously conducted clinical studies done in South Africa, Kenya and Uganda suggest that male circumcision (MC) can reduce HIV infection by up to 60%. These and other studies have led WHO, UNAIDS, PEPFAR and others to encourage greater access to MC in countries of Africa where the current rates of MC are low and HIV infection rates high, Botswana being one of these countries. Although traditionally MC was a part of some of the local cultural groups' practices, with the coming of the missionaries and the British Protectorate in the 19th century, access to MC was greatly reduced. It is estimated that now less than 20% of males in Botswana are circumcised. A recent study by local and international researchers suggests, however, that the potential to expand MC access rapidly would be favorably received by the population, if services were provided in a medical setting.

In November 2007, then-President Mogae, in the face of increasing evidence of the potentially important role for MC in HIV prevention, supported the idea that this intervention be part of Botswana's new Prevention strategy. The MOH, with the assistance of WHO and UNAIDS, developed a Safe Male Circumcision Strategy which aims at reaching 80% of the male population in the next five years at a cost of around US\$25,000,000.

PEPFAR support for MC to date has included support for a MOH/JHPIEGO MC needs assessment in FY2006; support to the Botswana Harvard Project for studying approaches to infant circumcision in FY2008; funding to the BDF for a conference on MC and other prevention approaches for the militaries in all African PEPFAR countries to be held early in FY2009; funding to Populations Service International (PSI) for an MC communications strategy and program; and funding to the MOH through the CDC Cooperative Agreement for MC training and services. Also, a Public Health Evaluation (PHE) focused on adult MC has been developed and approval is pending. Additionally, the Botswana PEPFAR program will be requesting US\$ 2.6 million in FY2009 to continue many of the above mentioned activities, including the recruitment of a staff member to manage the growing PEPFAR Botswana MC portfolio.

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 7941.09	Mechanism: GPO-I-01-05-00032: SCMS Track 1
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 17506.24390.09	Planned Funds: \$200,000
Activity System ID: 24390	
Activity Narrative: 09.P.BS04: Supply Chain Management System – Blood Safety	
ACTIVITY UNCHANGED FROM FY2008	
From COP08:	
The GOB has been procuring reagents for the blood transfusion project. The program experiences delays in delivery of reagents and basic supplies leading to difficulties in smooth operations and provision of blood.	
In FY2008, SCMS will assist the NBTS in the procurement of the following reagents/ commodities: HIV test reagents, HBV surface antigen reagent, HCV reagents, blood grouping reagents, syphilis testing reagents, collecting tubes, pipette tips and pipettes, blood labels for units and products as well as blood bags. Testing related activities will include certification of the NBTS to ISO 9001: 2000 which will help to ensure continued quality assurance of the services provided.	
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17506	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17506	17506.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7941	7941.08	SCMS Track 1	\$200,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5406.09 **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:** Biomedical Prevention: Blood Safety
Budget Code: HMBL **Program Budget Code:** 04
Activity ID: 10162.24211.09 **Planned Funds:** \$45,593
Activity System ID: 24211
Activity Narrative: 09.P.BS91: Technical Assistance & support – Blood safety
ACTIVITY UNCHANGED FROM FY2008
From COP08:
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.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17343

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17343	10162.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$75,000
10162	10162.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$75,000

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1325.09 **Mechanism:** U62/CCU324046: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)
Prime Partner: Safe Blood for Africa Foundation **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: Central GHCS (State) **Program Area:** Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 4807.24097.09

Planned Funds: \$500,000

Activity System ID: 24097

Activity Narrative: 09.P.BS01: Safe Blood for Africa – Technical Assistance on Blood Safety

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Safe Blood for Africa (SBFA) has provided technical assistance for the National Blood Transfusion Services. Progress has been made with the implementation of different activities which aimed to support the Rapid Strengthening of Blood Transfusion Services. After these initial years of implementation, in FY2009 with the President's Emergency Plan for AIDS Relief (PEPFAR) support, SFBA will engage an independent consultancy to assess the impact of the project on the blood transfusion services.

From COP08:

Through PEPFAR Track 1 funding, SFBA provides technical assistance to the NBTS in collaboration with the MOH since September 2004. The Blood Safety program covers seven key areas: infrastructure, blood collection, testing, blood utilization, training, monitoring and evaluation, and sustainability.

2007 progress

SBFA assisted in the introduction of the concept and terms of reference for Hospitals Transfusion Committees in all 28 public hospitals in Botswana, and assisted in the formation of a National Committee on Clinical Use of Blood and Blood Products. Currently, 11 of the hospitals have functional hospital transfusion committees (HTCs). The establishment of these HCTs and the National Committee will provide a reporting structure for the NBTS and the MOH to monitor blood utilization as well as promoting the rational use of blood and blood products. Updates on clinical and laboratory transfusion practice are distributed to healthcare providers. Review of the national blood policy and clinical guidelines was planned for FY2007.

Training in blood safety issues is predominately provided or facilitated by SFBA. The increase in blood collection and the reduction in HIV prevalence in donated blood have been achieved largely through training to improve blood donor recruitment, increased staff capacity, training in blood safety skills, and training community workers in basic blood donor recruitment skills. 504 healthcare workers received blood transfusion services training in FY2007.

SBFA assisted the NBTS in the recruitment of personnel by drafting job descriptions for the new posts, preparing advertisements and selecting a short-list of applicants. SFBA participated in identifying equipment needs and provided specifications for critical new equipment to be purchased for 28 hospital blood banks.

SBFA worked closely with their NBTS counterparts in identifying sites for two fixed blood donation centers and assisted in the design of comprehensive alterations for the NBC in Gaborone by providing the lay-out plan, negotiating for acquisition of the building, and ensuring a complete and timely environment impact assessment, preparing advertisements for tender and monitoring the renovation project through regular site meetings. The renovation is now fully underway and is scheduled for completion by February 2008. Technical assistance (TA) has also been provided in the identification of a suitable site for the RBC in Francistown.

2008 plans

SBFA will provide assistance in the rational use of blood and alternatives through continued medical education (CME) and updates in transfusion practice to the healthcare providers.

Establishing a pool of regular, repeat blood donors is pivotal to a safer blood supply. Strategies to increase regular blood donors include the use of "Pledge 25 clubs" to recruit and retain in-school and out-of school youth as blood donors. Pledge 25 club members pledge to donate 25 units of blood in their lifetime, and are actively encouraged to maintain low risk lifestyles. The Botswana public is being educated on the importance of blood safety through radio, TV, public meetings, posters and information leaflets. SFBA will continue to provide assistance in running a call center which provides information on blood donation, donor recall services and also contacts potential donors by telephone. TA will assist in the development and distribution strategies of IEC materials, TV and Radio advertisements, and Billboards. The overall objective is to enable the NBTS to increase blood collection to 28,000 units and to reduce HIV prevalence in donated blood to 1%.

In FY2008, blood utilization activities will include monitoring the implementation of the revised policy and guidelines, supporting the operation of the HTCs and ensuring that the National Committee on Clinical Use of Blood and Blood Products is effective and well supported.

Training activities will include: aphaeresis training for 2 doctors; update sessions for healthcare workers on blood transfusion; two national blood donor counseling workshops; one day training on Cardio-Pulmonary Resuscitation (CPR) for counselors and phlebotomists; two counseling workshops for non governmental organizations (NGOs) and voluntary counseling and testing (VCT) counselors; in-service training of two counselors to an external aphaeresis unit for 14 days; and detail of two counselors to an external blood transfusion service for 14 days.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17497

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17497	4807.08	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	7782	1325.08	U62/CCU32404 6: Providing Technical Assistance Support for the Rapid Strengthening of Blood Transfusion Services in Selected Countries in Africa and the Caribbean Under the President's Emergency Plan for AIDS Relief (PEPFAR)	\$500,000
8055	4807.07	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	4680	1325.07	Track 1	\$400,000
4807	4807.06	HHS/Centers for Disease Control & Prevention	Safe Blood for Africa Foundation	3477	1325.06	Track 1	\$676,440

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 3479.09 **Mechanism:** U62/CCU023645: Rapid Strengthening of Blood Transfusion Services in Selected Countries

Prime Partner: Ministry of Health, Botswana **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State) **Program Area:** Biomedical Prevention: Blood Safety

Budget Code: HMBL **Program Budget Code:** 04

Activity System ID: 24176**Activity Narrative:** 09.P.BS02: MOH – Support to the National Blood Transfusion Service

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Recruitment for blood donors will expand by getting support from the Red Cross and the Donor Association for recruitment efforts.

From COP08:

A total of 19 NBTS personnel have been employed to strengthen existing staff. The staff employed include: 6 blood donor counselors, 1 blood donor recruiter, 6 laboratory scientists/technicians, 5 data capture clerks, 1 IT officer.

Different types of equipment has been purchased for all (30) outlets that conduct blood transfusion activities. Computerization of the two blood centers (Gaborone and Francistown) and the hospital blood banks of the two referral hospitals (Princess Marina and Nyangabgwe) have improved their data management operations.

Currently, two fixed blood donation centers are located in busy shopping centers (in rented facilities). Regular mobile or outreach clinics are conducted in the greater Gaborone and Francistown areas. Operations extend into more remote areas wherever suitable venues and adequate donor numbers are present. The relocation of the blood collection centers from the hospital premises to the shopping centers contributed to an increase in the number of donors from 100 per month to 205 per month. The renovation of the NBC in Gaborone will be completed by February 2008 and the construction of the RBC in Francistown is planned for FY2008.

2008 plans

Activities to develop the infrastructure will include: land acquisition for the Maun blood and blood products depot; building the RBC in Francistown; relocating the laboratory and blood collection centre in Gaborone to the renovated National Blood Transfusion Centre; rental of the Francistown blood collection centers until new center is occupied; purchase of 10 vehicles comprising of 4 vehicles customized for blood collection and 4 trailers, 2 vehicles for recruiters, 2 for administration and supervisory visits, and 2 vehicles for blood delivery. Equipment purchases will be required for the NBTC, QA laboratory including 2 aphaeresis machines and automated equipment for donation testing. Purchase of 31 desk top computers and data management software will support automated systems; data collection and monitoring and evaluation.

NTBS staff will learn additional management skills, supply chain management and waste management. It is hoped that NBTS will gain certification to ISO 9001: 2000 placing it in line with internationally accepted standards. National blood donor counseling workshops and a TTI workshop will continue to build health care worker and counselor knowledge base on blood safety; purchasing equipment for the NBTC QA laboratory and two aphaeresis machines and automated equipment for donation testing; purchasing of 31 desk top computers and data management software will all upgrade the NTBS infrastructure.

In FY2008, blood collection activities will include: training in-school and out of school pledge 25 club members. Blood donor recruitment workshops will be conducted with churches, secondary school headmasters, companies, peer educators and community leaders. Different types of IEC will be developed. Tele-recruiting and call centre services will be implemented.

Previously all donor and laboratory records were manually recorded making data management extremely difficult. FY2008 monitoring & evaluation activities will include convening stakeholders and technical team meetings, auditing and evaluating the project.

The training given to the NBTS staff is aimed at sustainability through self-reliance. Currently all these blood safety improvements are being funded through PEPFAR. The MOH will develop and adopt a plan for sustainability beyond the project life. In FY2008, sustainability activities will include adopting project staff by the government and taking over of the call centre and tele-recruiting by the government.

In FY2008, the NBTS will continue to work through local NGOs to provide post –donation counseling to the blood donors and for recruitment of blood donors. The NBTS also intends to collaborate with the VCT program for the referral of HIV negative VCT clients to the NBTS for blood donation.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 17495

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17495	4455.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7780	3479.08	U62/CCU02364 5: Rapid Strengthening of Blood Transfusion Services in Selected Countries	\$600,000
8054	4455.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	4679	3479.07	Track 1- Technical Assistance	\$300,000
4455	4455.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3479	3479.06	Technical Assistance	\$1,000,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5208.09	Mechanism: RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: Central GHCS (State)	Program Area: Biomedical Prevention: Blood Safety
Budget Code: HMBL	Program Budget Code: 04
Activity ID: 8064.24180.09	Planned Funds: \$0
Activity System ID: 24180	

Activity Narrative: 09.P.BS03: RPSO – Construction of the Regional Blood Transfusion Center in Francistown

ONGOING ACTIVITY WITH NO ADDITIONAL FY2009 FUNDS

DELAYED IMPLEMENTATION IN FY2008

From COP08:

The current RBC in Francistown 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. During FY2008, activities will include the construction of a new RBC in Francistown (\$300,000) and the renovation of an existing blood bank in Maun (\$100,000).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17496

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17496	8064.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7781	5208.08	RPSO	\$400,000
8064	8064.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5208	5208.07	RPSO	\$700,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 5404.09

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: Biomedical Prevention: Blood Safety

Budget Code: HMBL

Program Budget Code: 04

Activity ID: 10161.24199.09

Planned Funds: \$0

Activity System ID: 24199

Activity Narrative: 09.P.BS90: Technical Assistance & Support – Blood safety

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity covers the salaries and travel for the technical staff in-country. This activity provides support to the cost shared prevention team leader. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17327

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17327	10161.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$25,000
10161	10161.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$25,000

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: \$928,542

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 7785.09
Prime Partner: To Be Determined
Funding Source: GHCS (State)
Budget Code: HMIN

Mechanism: New CoAg- Injection Safety
USG Agency: HHS/Centers for Disease Control & Prevention
Program Area: Biomedical Prevention: Injection Safety

Activity ID: 17522.24255.09

Program Budget Code: 05

Planned Funds: [REDACTED]

Activity System ID: 24255

Activity Narrative: 09.P.IS02: TBD – Technical Assistance on Injection Safety

Track 1.0 mechanisms will phase out during FY2008 and PEPFAR will replace activity P0401 with a new activity that will continue the work and contribute to annual targets.

Programs will continue supporting the MOH to strengthen the existing injection safety systems and promote the safety of healthcare workers, patients, and the community. The Making Medical Injections Safer (MMIS) program is currently working in four districts and the BDF Health Corps). The new partner will continue to scale up interventions (except for distribution of retractable syringes) to ten additional health districts in FY2009.

The primary focus for the procurement and distribution of injection devices (retractable syringes) has been ensuring adequate and continuous availability of retractable syringes for Kgatleng and Lobatse districts where MOH and MMIS piloted the use of retractable syringe technology to reduce exposure to needle-stick injuries. Result of the pilot still needs to be disseminated.

Approximately 260,000 people have been reached with injection safety messages. As a strategy of scaling-up injection safety interventions, a multi-year advocacy and Behavior Change and Communication (BCC) strategy for injection safety has been developed. It is anticipated that 700,000 people will be reached by the end of FY2009. This program will contribute to this objective.

The project will explore areas of collaboration and develop synergies with other projects. Possible areas being explore with the NBTS and SBFA is infection prevention and safety training. The program will also explore linkages with Supply Chain Management Systems (SCMS) implemented by Crown Agents Inc in areas of procurement of injection safety related commodities in Botswana.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17522

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17522	17522.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7785	7785.08	New CoAg-Injection Safety	■

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ■

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1326.09

Prime Partner: John Snow, Inc.

Mechanism: U62/CCU124534: Injection Safety

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: Central GHCS (State)

Program Area: Biomedical Prevention:
Injection Safety

Budget Code: HMIN

Program Budget Code: 05

Activity ID: 4820.24063.09

Planned Funds: \$643,449

Activity System ID: 24063

Activity Narrative: 09.P.IS01: John Snow, Inc. – Technical Assistance for Injection Safety

ACTIVITY UNCHANGED FROM FY2008

From COP08:

With USG support, JSI and its subcontractors, PATH and AED are supporting the MOH to strengthen the existing injection safety systems and promote the safety of healthcare workers, patients, and the community. The Making Medical Injections Safer (MMIS) program is currently working in four districts and the BDF Health Corps. MMIS and its partners plan to scale up interventions (except for distribution of retractable syringes) to ten additional health districts in FY2008.

The primary focus for the procurement and distribution of injection devices (retractable syringes) has been ensuring adequate and continuous availability of retractable syringes for Kgatleng and Lobatse districts where MOH and MMIS are piloting the use of retractable syringe technology to reduce exposure to needle-stick injuries. Results drawn from this pilot will be used by the MOH to make an informed decision whether retractable syringes should be procured for the administration of injections in Botswana.

2007 accomplishments

From FY2005 to June 30, 2007, 4,082 healthcare workers including doctors, nurses, student nurses, laboratory and dental staff, pharmaceutical staff, lay counselors, environmental health staff, industrial class workers and ambulance drivers had been trained in infection prevention and control and injection safety (IPC/IS). Senior district health managers from the current districts received regional capacity building training in infection prevention, healthcare waste management, logistics, and behavior change. Training extended to diabetic patients who self administer injection at home.

According to the mid-term review of the injection safety project in March 2007, preliminary results indicate that prevalence of injuries and use of unnecessary injections have been reduced by half, and management of healthcare waste are improving.

During FY2007, MMIS focused on establishing logistics management information system tools in Gaborone, Kanye/Moshupa and BDF at service delivery points to promote appropriate management of injection equipment. MMIS supported MOH (CMS, the Botswana Essential Drug Action Program, and the Drug Management Unit in revising the 2000 Botswana Drug Management Guidelines.

MMIS supports the GOB (MOH, Ministry of Local Government, and Ministry of Environment, Wildlife and Tourism) to enforce its 1996 Code of Practice for Clinical Waste Management/Healthcare Waste Management. The Code is the Government of Botswana's implementation document that provides standards and procedures of managing clinical waste at facility as well as central level.

The country-wide review of the injection safety policy that drew healthcare workers from all districts was concluded during the first quarter of FY2007. The policy is being put in recommended government format and will be presented to MOH for approval before the end of FY07. The policy articulates and advocates for institutional administrative procedures and IPC/IS guidelines to improve healthcare worker safety.

2008 plans

Approximately 260,000 people have been reached with injection safety messages. As a strategy of scaling-up injection safety interventions, a multi-year advocacy and BCC strategy for injection safety has been developed. It is anticipated that 700,000 people will be reached by the end of FY2008.

MMIS will assess the effectiveness of retractable syringe use and conduct a follow-up assessment in health facilities of the pilot districts to gather information on the effectiveness of the intervention. A baseline assessment in the districts identified for expansion and scale up of program activities is also planned. Supervision visits will be conducted on a quarterly basis with results reported to HHS/CDC/BOTUSA, MOH and MMIS/HQ.

The project will explore areas of collaboration and develop synergies with other projects. Possible areas being explore with the NBTS and SBFA is infection prevention and safety training. JSI will also explore areas of linkages with Supply Chain Management Systems (SCMS) implemented by Crown Agents Inc in areas of procurement of injection safety related commodities in Botswana.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17513

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17513	4820.08	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	7783	1326.08	U62/CCU12453 4: Injection Safety	\$1,900,785
8053	4820.07	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	4678	1326.07	Track 1	\$0
4820	4820.06	HHS/Centers for Disease Control & Prevention	John Snow, Inc.	3484	1326.06	Track 1	\$2,115,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$643,449

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 5406.09 **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:** Biomedical Prevention: Injection Safety
Budget Code: HMIN **Program Budget Code:** 05
Activity ID: 24829.09 **Planned Funds:** \$47,593

Activity System ID: 24829

Activity Narrative: 09.P.IS91: Technical Assistance and support – Injection Safety

This activity is intended to provide technical support to the Ministry of Health to strengthen the existing injection safety systems and promote the safety of health care workers, patients and the community. It will also support the scaling up of injection safety interventions, a multi-year advocacy and Behavior Change and Communication strategy, and linkages with Supply Chain Management Systems (SCMS) in the areas of procurement of injection safety-related commodities.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: \$0

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: \$2,915,798

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5404.09	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: Biomedical Prevention: Male Circumcision
Budget Code: CIRC	Program Budget Code: 07
Activity ID: 24847.09	Planned Funds: \$147,850
Activity System ID: 24847	
Activity Narrative: 09.P.MC90: Technical Expertise and Support for Male Circumcision	

This activity links with all activities under Male Circumcision (MC). Botswana recently adopted MC as added strategy for the prevention of HIV infection. It is intended to provide technical support to the Government of Botswana's (GOB) effort in scaling up MC and intends to do the following: (1) increase the number of health providers trained to perform safe MC; (2) increase the knowledge of health providers about risks and benefits of MC; (3) augment equipment and supplies; (4) establish a referral system; (5) set standards and quality assurance for MC; and (6) establish a monitoring and evaluation process to monitor MC demand and use, as well as rates of adverse events. Since this is a new activity, it is currently being coordinated by the Prevention of Mother to Child Transmission (PMTCT) Section Advisor as an additional activity over and above PMTCT activities. Given the importance of MC as a new prevention strategy in Botswana, it is necessary that a dedicated LES be recruited to coordinate MC activities.

In F2009, United States Government (USG) funds will be used to hire a dedicated LES to coordinate all MC activities and to provide ongoing technical support to the GOB Ministry of Health (MOH) and the partners involved in implementation of MC.

Additionally, the costs related to training, workshops, and participation by the technical staff in domestic, regional and international meetings, the printing of training materials, and support for the MOH on MC will be covered by the funds for this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 5406.09	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: Biomedical Prevention: Male Circumcision
Budget Code: CIRC	Program Budget Code: 07
Activity ID: 24848.09	Planned Funds: \$135,185
Activity System ID: 24848	

Activity Narrative: 09.P.MC91: Technical Expertise and Support for Male Circumcision - Local

This activity links with all activities under Male Circumcision (MC). Botswana recently adopted MC as added strategy for the prevention of HIV infection. It is intended to provide technical support to the Government of Botswana's (GOB) effort in scaling up MC and intends to do the following: (1) increase the number of health providers trained to perform safe MC; (2) increase the knowledge of health providers about risks and benefits of MC; (3) augment equipment and supplies; (4) establish a referral system; (5) set standards and quality assurance for MC; and (6) establish a monitoring and evaluation process to monitor MC demand and use, as well as rates of adverse events. Since this is a new activity, it is currently being coordinated by the Prevention of Mother to Child Transmission (PMTCT) Section Advisor as an additional activity over and above PMTCT activities. Given the importance of MC as a new prevention strategy in Botswana, it is necessary that a dedicated LES be recruited to coordinate MC activities.

In F2009, United States Government (USG) funds will be used to hire a dedicated LES to coordinate all MC activities and to provide ongoing technical support to the GOB Ministry of Health (MOH) and the partners involved in implementation of MC.

Additionally, the costs related to training, workshops, and participation by the technical staff in domestic, regional and international meetings, the printing of training materials, and support for the MOH on MC will be covered by the funds for this activity.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 11097.09	Mechanism: New CoAg Male circumcision scale up of services
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Biomedical Prevention: Male Circumcision
Budget Code: CIRC	Program Budget Code: 07
Activity ID: 26687.09	Planned Funds: ██████████
Activity System ID: 26687	

Activity Narrative: 09.P.MC01: TBD – Expansion of Safe Male Circumcision -- Services

This activity will support the Government of Botswana's (GOB) effort in scaling up male circumcision (MC) services countrywide. The GOB recently adapted the UNAIDS/WHO recommendations to implement male circumcision as an additional strategy to reduce HIV transmission without delay. In leading the scale up process, the Ministry of Health (MOH) has developed a National Safe Male Circumcision Strategy with the objective of strengthening the capacity of health services for scaling up safe male circumcision, offering a comprehensive safe male circumcision service package to all men consenting to undergo MC, strengthening behavior change communications on MC for all segments of the population, and systematically monitoring and evaluating MC. The strategy establishes an ambitious goal of circumcising 80% of HIV negative men aged 0-49 by 2012, resulting in 470,000 circumcisions in 5 years.

Services

Male circumcision continues to be performed in public and private facilities in Botswana albeit at a fairly low rate. In FY2008, United States Government (USG) supported the scale up of MC in Botswana by providing US\$1.3 million to the MOH to strengthen service delivery and improve MC standards by recruiting additional health workers, developing a comprehensive training curriculum, training health workers on the new curriculum and guidelines, establishing a safe MC base of Master Trainers and purchasing the basic MC supplies and equipment. In addition, USG provided US\$ 800,000 to develop a short term communication strategy to improve the availability of information on MC at service delivery points, inform demand and provide technical support to Botswana's communication efforts.

In FY2009, USG funding will be used to build upon FY2008 MC initiatives by further supporting the government's efforts to: (1) increase the number of health providers trained to perform safe MC; (2) increase the knowledge of health providers about risks and benefits of MC; (3) augment equipment and supplies; (4) establish a referral system; (5) set standards and quality assurance for MC; and (6) establish a monitoring and evaluation (M&E) process to monitor MC demand and use, and the rates of adverse events.

Referrals and linkages

All HIV negative male individuals from Voluntary Counseling and Testing sites (VCT), Reproductive and Child Health Clinics, PMTCT (Early Infant Diagnosis) and health facilities after Routine HIV testing (RHT) will be referred for safe MC. The President's Emergency Plan for AIDS Relief (PEPFAR) funding will support the Department of AIDS Prevention and Care (DHAPC) in its role to continue to provide leadership and coordination to the national MC program as well as performing stewardship, regulatory, supervisory and quality assurance functions to ensure delivery of high quality MC services in accordance with the national guidelines. The DHAPC will further guide the establishment of systems and mechanisms for stronger linkages and coordination between MC, Sexual and Reproductive Health (SRH) and other HIV/AIDS prevention and care programs, including counseling and testing and male involvement programs.

Policy

MC Technical Working Group already meets quarterly and is required to address policy guidelines and curricula development. MC will be integrated within the existing health services, and in particular SRH. Integrating safe MC with SRH services has the potential to get men more involved in reproductive health, in general. In addition, there is a compelling and urgent need to disseminate accurate and balanced information on MC. This is not to promote MC as conferring complete HIV prevention, but to make sure accurate information gets out in an understandable package to avoid disinhibition.

Monitoring and evaluation

A monitoring and evaluation (M&E) system for MC will be developed in order to enable monitoring and evaluation of the performance of MC program and the measurement of the impact of MC in reducing the risk of acquisition of HIV in the population.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 11098.09

Mechanism: New CoAg Communication strategies on Male circumcision

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Biomedical Prevention: Male Circumcision

Budget Code: CIRC

Program Budget Code: 07

Activity ID: 26688.09

Planned Funds: [REDACTED]

Activity System ID: 26688

Activity Narrative: 09.P.MC02: TBD – Expansion of Safe Male Circumcision -- Communications

One of the most promising new approaches to prevent HIV transmission is safe male circumcision (MC), which has been endorsed by UNAIDS and WHO, in light of studies demonstrating that it can reduce HIV transmission by approximately 60%. The Government of Botswana (GOB) has recently begun moving rapidly forward on scaling up safe male circumcision service delivery and communications and has spearheaded the development of a draft national strategy on male circumcision. In support of the government efforts, the President's Emergency Plan for AIDS Relief (PEPFAR) funds were reprogrammed in FY2008 and CDC engaged Population Services International (PSI) to assist the GOB to develop and implement a Short Term MC Behavior Change Information and Communications (BCIC) Strategy. Because MC only offers partial protection from HIV infection in males and there is no immediate benefit to women, it is important that the public is provided with accurate information on MC, including the benefits and limitations of this intervention for HIV prevention. BCIC is, therefore, an important strategy in scaling up MC and realizing its benefits. In addition, BCIC will assist in mobilizing the public for MC and increasing demand for MC from the target groups, i.e infants, adolescents and adult males.

The short term strategy has set out the initial communication priorities to address the immediate public information needs before the longer term strategy is developed. The immediate communication needs include:

1. Improve availability of information about MC
2. Inform existing demand for services and
3. Counter myths and misconceptions about MC.

Using FY2008 reprogrammed funds, the following have been completed: 1. Take home brochures and leaflets for clients at health facilities have been developed.

2. Other materials for print and electronic media have also been developed ready for the multimedia campaign once they are printed.
3. The multimedia campaign is expected to be launched before the end of FY2008.

Major FY2009 Activities:

In 2009, a TBD partner will build on the activities started during the implementation of the short term strategy, as well as implement the following:

1. Describe and implement a long term science based, culturally appropriate male circumcision strategy for strengthening BCIC on MC for all segments of the population (circumcised and uncircumcised males, women, parents, stakeholders, key high level decision makers, etc).
2. Disseminate information on benefits associated with safe male circumcision.
3. Stimulate informed demand by developing and disseminating evidence based messages that encourage HIV negative men to seek circumcision.
4. Solicit broad based support for safe male circumcision by reaching out to and engaging traditional, political, religious and youth leaders.
5. Ensure gender and human rights considerations are addressed as male circumcision is scaled up.
6. Conduct operational research on effects of safe male circumcision communication efforts.

Contribution to overall program area:

Male circumcision communications support will contribute significantly to PEPFAR goals for primary prevention. This activity will also contribute to the Botswana 5 year national strategy, which focuses on prevention as the overall strategy to realize the Botswana Vision 2016 of no new infections.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 11442.09

Prime Partner: Mullens & Associates

Funding Source: GHCS (State)

Budget Code: CIRC

Activity ID: 17648.24393.09

Activity System ID: 24393

Mechanism: PHE

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Biomedical Prevention: Male Circumcision

Program Budget Code: 07

Planned Funds: \$250,000

Activity Narrative: 09.P.MC03: PHE – Infant Male Circumcision

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08:

note: April 08 Reprogramming- +\$40,000 due to additional administrative costs while awaiting clearance.

This activity supports the Botswana-Harvard Partnership (BHP) to conduct a pilot test of an expanded infant male circumcision program in 4 hospitals. The evaluation will identify medical, cultural, programmatic/economic and ethical issues to consider in scaling up infant male circumcision for HIV prevention in Botswana. Two letters of support for this activity from the Ministry of Health are in the appendix of this Operational Plan.

Many studies have shown a protective effect of male circumcision on acquisition of HIV. Circumcision of infants is easier and safer than that of adolescent or adult men. Previous work has shown that women and men in Botswana find male circumcision to be an acceptable HIV prevention strategy.

In this activity, Harvard will ascertain 1) parental acceptance/uptake in the face of actual, expanded service delivery options; 2) feasibility and safety of modern male circumcision techniques in existing service delivery sites; and 3) satisfaction with results by parents of infants. Secondary objectives include 1) determining factors associated with the uptake of infant circumcision, 2) evaluate safety and outcomes of Mogen vs. Plastibell techniques in the Botswana setting, and 3) evaluate the cost of the intervention. The population to be studied will be mothers (and their partners and male infants) at least 21 years of age who deliver in one of four district hospitals: Scottish Livingstone Hospital in Molepolole; Athlone Hospital in Lobatse; Deborah Retief Memorial Hospital in Mochudi; and Princess Marina Hospital in Gaborone.

In the proposed study protocol, an experienced urologist will train 2 physicians to conduct circumcisions for the study. Four nurses will support the study, one in each hospital. Harvard will also train additional physicians in the techniques as requested by the MOH. Harvard will administer a questionnaire to collect socio-demographic data and assess knowledge and attitudes about male circumcision from consenting postpartum mothers of infant boys. Second, these new mothers/parents will be offered circumcision for their sons, who will be randomized to circumcision using one of two standard techniques (Mogen Clamp vs. Plastibell) at 1-4 weeks of age. The investigators will monitor complications (e.g. bleeding, infection) and follow-up infants and parents at 4 weeks and 6 months to ascertain surgical outcomes and parental satisfaction with results. Investigators plan to accrue approximately 600 mothers in the questionnaire portion and 300 infants in the circumcision portion over 12-18 months from among the approximately 9,000 births/year in the four hospitals.

The study team will also develop or adapt family education materials that could be used in future expansion of infant male circumcision in Botswana. These materials may include hand-outs for parents and family members of the infants and visual aids to assist with parent education in the clinic setting. Throughout the pilot and after, Harvard will share progress, achievements, and challenges with the MOH and other key stakeholders.

Local co-investigators include Dr. J. Makhema, Botswana-Harvard Partnership; Dr. P. Kebaabetswe, CDC; and Dr. C. Lesetedi, Ministry of Health. Dr. R. Plank of Harvard University will be the primary international co-investigator and based in Botswana. Approximately \$186,000 of the budget is for staff costs in Botswana, about \$5,000 for supplies, \$8,000 for participant compensation, \$5,000 for travel, and \$10,000 for miscellaneous supplies and communication.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17648	17648.08	HHS/Centers for Disease Control & Prevention	Mullens & Associates	8742	8742.08	CoAg (5444.08)	\$254,000

Emphasis Areas

Human Capacity Development

Public Health Evaluation

Estimated amount of funding that is planned for Public Health Evaluation \$250,000

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: \$4,936,715

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Batswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

Infrastructure in the medical and public health systems is strong and support from the Gates Foundation and industry sponsors allowed the Ministry of Health (MOH) and the Ministry of Local Government (MLG) to roll out a national anti-retroviral therapy (ART) program, the Masa Program, in 2002 which, as of July 2008, is treating a total of 109,991 patients with ART, including almost 19,000 patients outsourced to registered private practitioners, which is estimated to be 97% of those Batswana in need of ART (113,000) and recent outcome data give a cumulative program mortality of 9,323, since 2002. At the current time, approximately 4% of adult patients are on second-line ART due to first-line failure for differing reasons, although there is limited national data on HIV drug resistance.

The United States Government (USG) assistance over the period of the President's Emergency Plan for AIDS Relief (PEPFAR) in Botswana has focused on strengthening the national Masa Program. No partners who directly provide care and support or ART have been supported from the inception of PEPFAR in Botswana. Despite the exemplary response Botswana has pioneered, there have been significant challenges and USG assistance has and will continue to assist the Government of Botswana (GOB) to focus on these challenges. One of the principal clinical challenges has been the resurgence of TB in Botswana, which is described in more detail in the TB/HIV program narrative.

A prolonged challenge within the GOB has been the mechanisms responsible for procurement and logistics of drugs, including anti-retrovirals (ARV), other care and support medications and supplies, such as laboratory reagents. In FY2007 and FY2008, Supply Chain Management Systems (SCMS) began to work with Central Medical Stores, the Drug Registration Unit and other relevant GOB organizations to improve the quality of these services. This will continue with FY2009 funding (described in the ARV Drugs Program Area Description), with added support for a national patient data management system to include pharmacy data. This strengthening of systems will be accomplished at the same time that the USG support for ARV purchases decreases. The GOB currently funds 70% of the Masa Program costs. In addition to the support for logistics and procurement, PEPFAR funds will continue to support the data management section of the MASA Program to produce valuable outcome measures from one of Africa's most mature treatment programs through secondment of epidemiologists and statisticians to the Monitoring and Evaluation (M&E) Section of the MOH and through technical assistance (TA) (see the Strategic Information Program Description).

Another major threat to the continued success of Botswana's response to the HIV epidemic is the availability of technical personnel, a need on which the USG support has focused over the past five years. The GOB has undertaken the development of

a Medical School at the University of Botswana to train students and junior doctors within Botswana for the first time and PEPFAR support will integrate with this long-term capacity building initiative. For the current year, there will be direct support for faculty positions in the Laboratory Sciences (described in Laboratory Program Area Description section) at the allied Institutes of Health Sciences. USG-funded training partners will be expected to develop plans for integration of their services with the nascent medical school beginning this year. These partners include Harvard University who have developed a national curriculum for HIV/AIDS care providers known as KITSO, a Master Trainer Program, and who are involved in task shifting initiatives to train personnel for the planned decentralization of ART to the primary level. Principal activities with Harvard this year will focus on the transition of this Track 1.0 partner to a local USG prime partner, as well as its integration into the GOB strategic framework along with other USG-funded training partners in country. Other training partners who will continue to be supported in FY2009 are the University of Pennsylvania who will continue to provide mentoring and didactics at the tertiary and secondary levels of HIV/AIDS care, expanding their services from Gaborone and Francistown to other principal sites in Botswana through outreach, particularly in the area of TB/HIV co-management (described in the TB/HIV Program Area Description) and I-TECH/University of Washington, who will continue to develop curricula, organize Continuing Medical Education (CME) activities for both GOB and private providers, and promote decentralized “cascade” training to the primary level. All three principal training partners will be expected and assisted to improve the integration of their activities with each other and with the GOB’s strategic plan for long-term capacity over the coming year.

While services at the facility level have developed admirably, the community involvement in care and support has been slower, in large part due to the underdeveloped role of civil society in Botswana. A number of programs that started in FY2007 and FY2008 will be continued and strengthened in FY2009, including local non-governmental organization (NGO) capacity in Francistown through Project Concern International (PCI) and NGO-strengthening activities to deliver community-based care in other parts of Botswana by a new prime partner not yet identified. All of these activities are designed to improve community linkage for care and support services provided in facilities with particular emphasis on pre-ART care, in other words, care and support for HIV-infected individuals prior to qualification for ART, in order to improve retention of patients and long-term follow-up. A specific package of care is available, which includes cotrimoxazole and nutritional education, but safe water treatment and bed nets are not included most likely because the publicly-supplied water is safe to drink and malaria, the incidence of which is low, is endemic only in sparsely populated northern areas of Botswana. These community linkages are expected to reduce transmission of HIV and increase timely initiation of ART for improved morbidity and mortality. The new partner will specifically work with Prevention with Positives (PwP) initiatives in the community and at Tebelopele counseling and testing centers to achieve these goals.

Programs in end-of-life care have been initiated and are supported by a collaboration of the Botswana Nurses Association and the African Palliative Care Association through the American International Health Alliance’s (AIHA) Twinning Center to promote effective comfort care and opioid use.

Initiatives in women’s health this year will focus on promoting screening for cervical cancer. The national policy of Pap smear based screening will be piloted along with the provision of treatment services and a resource-limited strategy of “see and treat” will be introduced for women in primary care settings. The small, but underserved, population of registered refugees with HIV/AIDS in the United Nations High Commission for Refugees (UNHCR) camp in Dukwe is not eligible for GOB-funded ART and so will receive USG-funded ART through the Masa Program in FY2009.

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7761.09	Mechanism: AIDStar Mechanism
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 17666.24251.09	Planned Funds: ■
Activity System ID: 24251	

Activity Narrative: 09.C.AC02: TBD Civil Society Capacity Building- Palliative care

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

This activity will support a prime partner, TBD, to provide organizational development assistance, technical assistance, and grants to 2-4 indigenous non-governmental organizations that provide interventions in prevention, OVC, palliative care, and counseling and testing and 1 that is focused on legal, human rights, and gender advocacy and mobilization. The local implementing partners will be among those with existing networks of service delivery across multiple districts or with established track record of working successfully across many districts. The target populations and organizations are specific to the interventions chosen. The total number of organizations funded will depend in part on the quality and cost of proposals submitted under this mechanism.

These established organizations likely will need a range of organizational development assistance, to help them become more sustainable and adhere to policies and requirements of receiving USG funds directly. This assistance may target human resource policies and practices, Board development and management, fund raising skills, asset and financial resource management skills, strategic planning, and strengthening of program monitoring systems. We expect that these groups will benefit from technical assistance to further strengthen the various interventions they provide to their different target groups. This assistance may involve visits from technical assistance providers, to provide targeted help to each organization on critical programmatic issues (e.g. updating a curriculum, developing a program evaluation protocol, training in a new approach). The prime partner also will provide on-going support for program strategy, quality, and reach through its technical field staff. The assistance will depend on the particular needs of the local implementing partners.

One organization supported under this initiative will be an umbrella organization for HIV/AIDS service organizations across Botswana. The prime partner will work with this umbrella organization to develop its grants-making capabilities and the technical skills of its staff persons. The prime will support strengthening of that umbrella organization's core systems, including those related to program monitoring, accounting, human resource management, and communication, as determined jointly with the local partner and the prime partner. In year one, the umbrella will not receive funding for sub-grants under this award, but rather assistance with systems and capacity for doing so.

Another organization supported under this initiative will be a faith-based organization with an established network of service provision centers across the country. This organization will provide a range of community services in prevention, counseling and testing, OVC, and palliative care through its network. The prime will work with this organization to standardize its services across its centers, as appropriate to the needs of the various target communities involved, and will focus on quality assurance as well as program expansion. The local implementing agency also will develop its capacity as a technical resource for other faith-based organizations (FBO) and provide some training to other FBOs in its stronger technical areas in this first year.

A third target organization is one focused on the comprehensive needs of People Living with HIV/AIDS (PLWHA). This local implementing partner will provide services through a network of community service providers, such as support groups and other venues, and will focus on prevention, palliative care, counseling and testing, and stigma reduction. The prime partner will support the expansion of the reach of the best interventions that the local organization provides to PLWHA and will collaborate with the local partner to provide the best quality services possible. The local implementing agency also will develop its capacity as a technical resource for other PLWHA-service organizations in the country and provide some training to such groups.

The fourth target area is advocacy and community mobilization for HIV-related legal, human rights, and gender issues. A 2005 legislative review identified many policy and legal gaps related to HIV/AIDS in Botswana, particularly in the area of ethics and human rights, gender, and stigma. 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. The prime partner will support a range of activities to promote awareness raising about legal and human rights issues and to train key organizations and individuals to take action to address those issues on a community and/or national level. Target groups for these efforts include policy makers, interest groups, the private sector, community leaders, development organizations, PLWHA support groups, District AIDS Coordinators and the general public. A key area for emphasis in these activities will be gender relations in the context of HIV prevention, care, treatment, and support. The prime and local partners will coordinate with the Women's Sector of the National AIDS Council and the Women's Affairs Department of the Ministry of Labor and Home Affairs for this activity.

Funding permitting, a fifth target organization will focus on underserved or marginalized populations, such as people with disabilities. This implementing partner will provide direct services to underserved populations, for basic education on HIV/AIDS transmission, prevention, treatment, care, support, and available clinical and community services. The partner will reach those underserved groups by 1) adapting available material to those groups (e.g. a rare language, a particular disability such as deafness), 2) conducting outreach sessions with those populations, and 3) training caregivers and others who work with such populations regularly to provide such core information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17666

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17666	17666.08	U.S. Agency for International Development	To Be Determined	7761	7761.08	AIDStar Mechanism	

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5406.09 **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:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 10306.24213.09 **Planned Funds:** \$150,203
Activity System ID: 24213
Activity Narrative: 09.C.AC91: Technical Expertise and Support PC/Basic Services
ACTIVITY UNCHANGED FROM FY2008
From COP08:
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.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17345

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17345	10306.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$84,000
10306	10306.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$85,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 3617.09 **Mechanism:** PRM
Prime Partner: United Nations High Commissioner for Refugees **USG Agency:** Department of State / Population, Refugees, and Migration
Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 17670.24178.09 **Planned Funds:** \$250,000
Activity System ID: 24178

Activity Narrative: 09.C.AC05: UNHCR- HIV/AIDS Support to Refugees

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

General Prevention:

Our FY2007 and FY2008 HIV prevention activities focused on community education to help refugees acquire basic information on HIV/AIDS and to promote safer sex behavior practices and VCT. As a result of these activities, 39,222 condoms were distributed in the camp and 209 refugees of the 2500 living in the camp were tested for HIV. During the process of implementation of this project, new issues emerged which require modification of the prevention strategies for FY2009 and FY2010. These include the gender inequalities resulting in sexual- and gender-based violence (SGBV) and the potential for new HIV infections. Women raised concerns of challenges that many of them face in the camp when negotiating safer sex practices, due to power imbalances between them and their male partners, their dependency on men, and the cultural expectations regarding child bearing.

Additionally, girls are more at risk of engaging in early sexual debut because of both the disintegration of strong family connections and parenting issues. The FY2009 and FY2010 prevention activities will focus on addressing gender inequalities by engaging men as equal partners in HIV prevention, promoting the positive aspects of masculinity and encouraging men to participate fully in sexual reproductive health issues affecting them, as well as their partners. This will be done through partnering with the Men's Sector committee in the Dukwi area to conduct regular outreach activities.

Prevention with positives:

The capacity of people living with HIV/AIDS (PLWHA) to have a voice in planning, implementing and monitoring of camp HIV prevention activities will be strengthened through identification and regular training of those in the support group with potential to do so. Most will be engaged in the program as volunteers to support community outreach education, health talks and lay counseling activities. A camp-based support group will be developed to become a trusted service provider for PLWHA, including those in the local village of Dukwi. It will be registered and affiliated with the Botswana Network of People Living with HIV and AIDS (BONEPWA).

OVC:

Care and support for OVC will be extended from life skills development to include material support for exceptionally vulnerable children based on thorough assessments.

Baseline survey:

As part of the continuing activities to strengthen HIV/AIDS activities in Dukwi Refugee Camp, a baseline survey on the impact of HIV/AIDS, targeting Botswana's entire refugee population, will be conducted by outsourcing technical support to a consultant. Such a survey has never been conducted among the refugees living in Botswana. The objective of this activity will be to establish baseline data to provide support for evidence-based HIV prevention interventions among refugees in the future. At the end of the study, recommendations for future interventions on prevention, treatment, care and support will be available.

From COP08:

The UNHCR office in Botswana continues to provide protection to approximately 3,113 persons who are Dukwi camp based refugees (1,709), urban refugees (788), asylum seekers (137) and rejected asylum seekers (479). Botswana's refugee population is made up of individuals from 17 nationalities, which creates significant challenges when designing programs to address their diverse protection and assistance needs including programs tailored to address the HIV and AIDS pandemic.

Dukwi Refugee camp is situated within the Tutume Sub-District, one of the four main districts in the northern part of Botswana. The district has a high HIV prevalence rate. According to recent surveys, the district had a 41.5% HIV prevalence among pregnant women and 39.9% among the general population. To date no other HIV surveillance has been conducted among refugees in Botswana.

Community mobilization and education on HIV/AIDS to overcome myths in the community and to promote abstinence and healthy sexual behavior change among youth and adults are important focus areas. There is evidence of alcoholism, intergenerational sex and having multiple sexual partners in this community.

A fresh approach to education needs to be adopted because the uncreative educational programs have attracted few adult participants. Promotion of HIV testing will be intensified because refugees still test in low numbers due to the fact that they have not had access to the national ART program.

In 2006, 254 refugees tested for HIV in Dukwi Clinic. Fifty-four (54) were diagnosed HIV positive. Continuous advocacy with the GOB is expected to result in a change in the policy of exclusion of refugees from the national ART program. The proposal will be presented by the MOH to the Cabinet for approval and hopefully be endorsed.

The objectives of the program are:

1. To ensure continuous activities to prevent and reduce the spread of HIV infection in the camp by supporting behavior change initiatives, particularly targeting youth.
2. To ensure improved welfare of refugees by providing access and utilization of HIV/AIDS services as well as empower the community with continuous basic health education.
3. To support the camp clinic and community capacity to support PMTCT and ART for refugees with hope that the clinic might become an official ART site.

Activity Narrative: In FY08, community-based prevention programs will include: education and awareness, condom promotion, HIV counselling and testing. Education will include information dissemination on the basic facts about HIV/AIDS strengthened by developing refugee friendly information and education materials. Condom use promotion will aim to teach safe condom use methods. The accessibility of male and female condoms will be improved by continuing to place them in strategic areas around the camp, such as the community hall, bars, and provide them to willing volunteers to dispense outside working hours.

The program will liaise with UNFPA through UNHCR to get more condoms for the camp; especially the female condom, which is popular amongst some women but is in short supply. Sports will be targeted to promote HIV education for in and out of school youth to reduce their involvement in negative activities such as alcohol and drug abuse which may expose them to the risk of HIV infection. Further more HIV education and testing promotional materials such as a quarterly newsletter, calendars, pens, key rings and bags will be printed and given to the community for learning purposes and as tokens to encourage them to test for HIV.

Clinic based prevention will continue in the form of promotion of universal precautions, access to safe blood, STI management and HIV testing and counseling for pregnant women (PMTCT is provided in Dukwi clinic only to Botswana women and their infants)

Treatment preparedness will be developed and will include community preparedness for a full scale ART provision through the Tutume Sub-District Council District Health Team (DHT) and Dukwi Clinic to educate all refugees about ART. Community leaders, faith based organizations (churches in the camp), community groups and volunteers will be engaged as referral agents. Pending the implementation of the Government ART program for refugees, the Catholic Bishop's ART program will continue providing ART to 14 refugees they started assisting in the year 2005.

Care and support activities include: community home-based care, treatment of opportunistic infections, and nutritional support for chronically ill. Psychosocial support will continue to be extended to all children in the camp especially orphans and vulnerable children (OVC) to address pertinent issues affecting them on a case by case basis with the help of teacher counselors. An educational personal and group counseling retreat for vulnerable and orphaned children will be carried out as a part of the 2006 child-mentoring program. A social worker will run the retreat with the assistance of several caretakers from the refugee community and/or the school guidance and counseling teachers. New inputs stemming from counseling sessions and new assessment of environmental livelihoods will be used for the review/improvement of the child-mentoring program established in 2006.

The PwP initiative will be strengthened. Emphasis will be on providing support for refugees who tested HIV positive but are not on treatment or receiving counseling. A formal referral system between the Dukwi clinic and VCT services will be continued to identify such persons. They will be encouraged to join the PLWHA support group where they will receive education and ongoing counseling including counselor mediated disclosure to their partners and referrals for related health services.

Gender issues related to HIV status including sexual coercion and lack of support from male counterparts will also be addressed in support groups. Pregnant women will be encouraged to test for HIV in clinic health talks. Regular support group sessions will be held to motivate mothers whose children did not benefit from AZT to consider HIV testing for the children, in order to help estimate the number of children in need of ART. Issues of gender inequalities and lack of support from male counterparts will be addressed.

Refugees will be encourage to participate as active support members, providing peer support to others as well as receiving services themselves. This will hopefully indirectly or directly minimize the stigma associated with HIV and AIDS if they see faces of others living with HIV in the education initiatives.

The program will work with MOH to provide palliative care training for 4 staff members to address the palliative care needs. Psychosocial support and nutritional programs will also be provided. Four officers including the HIV officer will be trained on ART protocols by undergoing KITSO training with the Botswana Harvard Partnership Master Trainers program.

Teachers in Dukwi Primary school will receive training on pediatric ART from the Botswana Baylor Children Clinical Centre of Excellence. This will enable them to support children who may be enrolled in ART in the school if it is extended to refugees. Youth volunteers will be trained in drama to enable them to develop creative ideas for community education. They will also benefit from an exchange program of mentoring and visit to other youth facilities in the country.

Church leaders will receive training on lay counseling in HIV/AIDS to enable them to actively identify those in need of HIV testing and follow-ups and refer them to relevant services in the camp for follow-up health care.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17670

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17670	17670.08	Department of State / Population, Refugees, and Migration	United Nations High Commissioner for Refugees	7802	3617.08	PRM	\$200,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Refugees/Internally Displaced Persons

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$150,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1331.09	Mechanism: U69/HA00047 -- I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 10286.24103.09	Planned Funds: \$759,050
Activity System ID: 24103	

Activity Narrative: 09.C.AC07: University of Pennsylvania – Training in Palliative Care

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The goal of the Botswana-University of Pennsylvania Partnership is to provide ongoing clinical mentoring to healthcare workers providing Anti-Retroviral (ARV) and palliative care services in order to improve the quality of patient care.

In 2008, the Partnership provided palliative care services, healthcare training and clinical mentoring in 15 healthcare facilities, including the two main referral hospitals, Princess Marina (Gaborone) and Nyangabgwe Referral Hospital (Francistown) in the southern and northern parts of the country, respectively, as well as at seven regional hospitals and six remote primary and district hospitals. The remote sites were visited in collaboration with Airborne Life Line. In terms of training, 115 healthcare workers were given direct training in palliative care and 132 workers indirect training. Additionally, 1319 patients were provided direct palliative care and 23,645 indirect palliative care. Antiretroviral (ARV) treatment was provided to patients mainly at the two referral hospitals.

At the end of FY2008, more than 5000 patients will have been started on ARV treatment since 2004. These services were provided by six specialist physicians, four in Gaborone and two in Francistown. In FY2009, we propose to continue the same services at the 15 facilities, but decrease the number of physicians to five, three in Gaborone and two in Francistown. In Gaborone, the physicians will spend most of their time in the Infectious Diseases Clinic and only a small fraction in inpatient settings, so that they are familiar with the inpatient services and can provide relevant information at the outreach sites.

We also propose an evaluation of the palliative care program, which has been funded since 2004. This will enable us to know if the program is meeting its goals and working in the most efficient and effective manner.

From COP08:

The scope and direction of the Penn – Botswana program continues to evolve. At the inception of the PEPFAR funded program, Penn deployed one Botswana based faculty member in Gaborone with the goal of providing high quality HIV related palliative care and treatment training to clinicians at PMH and NRH. The program has expanded to include an outreach program to each district hospital where the goals are to increase knowledge and improvement in the standard of patient care to those suffering with HIV/AIDS and opportunistic infections. In 2007 with 6 specialists deployed at both referral hospitals the program will directly influence the treatment of some 5,000 inpatients at the two referral hospitals and have an indirect influence on the care and treatment of some 6,000 patients at the district hospitals by having delivered some 80 training sessions to 60 doctors under our outreach education program. During 2007 Penn specialists have also assisted the MOH in developing their guidelines for palliative care and will, by the end of COP07, have developed with I-TECH the clinical guidelines covering palliative care for the MOH. In 2008 a curriculum will be compiled for the training and the service will be extended to some peripheral primary hospitals.

In patient services

Penn will have a total staff presence of four internal medicine specialists in Gaborone and two in Francistown. They will provide inpatient care to the medical department that has a total of some 150 beds within the two referral hospitals. However with the severe overcrowding of these beds it is expected that these staff will deliver direct care to some 5000 inpatients suffering with HIV/AIDS and its co-infections. As well as providing direct inpatient care Penn will also undertake a structured educational training program aimed directly at affecting the care practices other internal medicine clinicians perform as well as a similar program given to all clinical staff (doctors and some nursing staff) in the practice of medicine related to HIV/AIDS. Some 250 clinicians at the 2 referral hospitals will be able to benefit from this education program.

Out patient services

During 2007 Penn started specialized HIV clinics at both referral hospitals. These clinics created a “one stop shop” idea for patients with HIV and complications such as metabolic problems, co-morbidity issues and co-infections that can be managed as outpatients. Clinics are run three days a week and during COP08 it is expected that some 2,500 to 3,000 patients will be managed in these specialized clinics.

Outreach services.

Botswana's 2 referral hospitals have patients referred to them by 11 district hospitals and 14 primary hospitals. With the current HIV/AIDS pandemic, the increasing rate of OIs in patients suffering from HIV/AIDS, the lack of clinical skills in the primary and district hospitals to manage these opportunistic infections leads to their subsequent referral to the two referral hospitals. This is in itself is a major cause of their overcrowding. The Penn outreach program aims at training with both lectures and direct bedside teaching the management of patients with HIV/AIDS and opportunistic infections.

It is expected therefore that some 180 lectures will be delivered to some 60-70 primary and district hospital doctors. This will directly affect the care of some 8,000 patients admitted to these primary and district hospitals with HIV/AIDS and hopefully stop up to 2500 being referred to district and eventually to the main referral hospitals in FY2008.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17284

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17284	10286.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$799,000
10286	10286.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$798,698

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$600,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1331.09	Mechanism: U69/HA00047 -- I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 10288.24104.09	Planned Funds: \$342,000
Activity System ID: 24104	

Activity Narrative: 09.C.AC08: ITECH – Support of STI Syndromic Management

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

STI Human Resources and Developing Staff Capacity

I-TECH requests funds in FY2009 to continue to support salaries for the three I-TECH Sexually Transmitted Infections (STI) Trainers who collaborate with the STI Unit, as well as for travel costs for staff to conduct clinical mentoring training and visits in the districts. I-TECH will build the capacity of these trainers through on-going technical assistance and professional development opportunities. The trainers will be included in an I-TECH Training of Trainers (TOT) on mentoring to build their mentoring abilities to enhance their training and mentoring in the districts. Based upon the highly positive experience of the STI Unit staff in FY2008, I-TECH will sponsor one additional Ministry of Health (MOH) employee to attend the University of Washington (UW) Principles of HIV/STD Research course in July, 2009.

Support of STI Clinical Mentoring

I-TECH requests funds to continue to support the STI Unit in leading a national program in clinical mentoring for high-quality STI syndromic management in Botswana. Specifically, I-TECH will provide support to the National STI Training and Research Center (NSTRC) Master Trainers to provide training on clinical mentoring in the remaining 18 districts, using the revised clinical mentoring guide. Funding is requested to support the workshop package for four clinical mentoring trainings and one workshop for clinical mentors trained in previous years, as well as for the travel costs of Master Trainers to conduct follow-up visits with the clinical mentors. Funds, as mentioned above, will also be used for skill-building and professional development of Master Trainers by providing technical assistance to the Master Trainers in developing a plan for the scale-up, monitoring and evaluation of mentoring activities.

For this activity, FY2009 funds will support completion of clinical mentoring rollout that began in FY2007. Technical assistance will also be provided for developing an exit strategy for I-TECH to ensure that the STI Unit's capability of carrying out the on-going clinical mentoring activities is sustainable. The MOH, now having finalized the clinical mentoring guide and developed the mentoring and professional skills of the Master Trainers, MOH, is currently in the process of planning how to absorb the Master Trainers, and will be facilitated to do so. Ongoing clinical mentoring activities will be supported by the MOH.

Building Capacity and Systems Strengthening of the NSTRC

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

In response to NSTRC's plans, I-TECH is requesting funds to build the capacity of the NSTRC through systems strengthening and data management. FY2009 funds will support Technical Assistance provided by I-TECH's Senior Monitoring and Evaluation Officer. This individual will build the capacity of the NSTRC in developing proposals for operations research activities.

FY2009 funds are requested to support the NSTRC in developing an STI resource center for clinicians, program officers and trainers. The resource center will be housed in the NSTRC. Funds will support procurement of STI books, manuals and journals, as well as computer equipment. I-TECH will provide procurement support for basic start-up costs related to the resource center. Future plans will include the integration of electronic STI resources into the KITSO Training Unit resource center.

From COP08:

Between 2004-2007, the International Training and Education Center on HIV (I-TECH) successfully supported the MOH National STI Training and Research Center (NSTRC) to implement the revised Sexually Transmitted Infections (STI) syndromic management training, including the introduction of acyclovir for genital ulcer disease, to all districts nationwide. Training in syndromic management of STIs includes routine HIV testing (RHT) of clients as well as risk reduction counseling. In 2007, I-TECH began supporting the NSTRC to implement clinical mentoring among their district trainers and health care providers.

In 2008, I-TECH will continue to support the NSTRC to scale up clinical mentoring to the remaining districts through training of clinical mentors and providing support to trainers during the initiation of clinical mentoring. PEPFAR funds will be used to develop and reproduce a clinical mentoring guide (training materials) for all district trainers (27 trainers including master trainers), as well as support partial time and travel of the I-TECH Quality Improvement (QI) Specialist who is developing this training and supporting the NSTRC with the scale out.

I-TECH will assist the NSTRC to strengthen the Supportive Supervision Visits conducted. In 2007, there were 3-4 supervisory visits in 14 districts conducted by the district trainers who were trained by Master Trainers. The plan is to conduct supervisory visits into the remaining districts (10) and maintain the quality of mentoring and training in the initial 14 districts.

2008 funds will support four staff at the NSTRC until such time as the MOH is able to absorb these positions and hire them directly. These include:

- STI Master Trainer at D4 level
- STI Training Coordinator at D3 level
- STI Master Trainer/M&E Officer, all continuing from prior years and
- STI Data Clerk, part time to be supported with 2008 funds.

Activity Narrative: 2008 funds are also requested for MOH/NSTRC staff development, specifically funding the study tour costs for the MOH/STI Training Coordinator and two other STI Master Trainers from implementing districts to attend the University of Washington's Principles of HIV & STD Research Course in July 2008.

The I-TECH funded STI Master Trainers are responsible for supporting the district trainers with their supportive supervision visits, responding to efforts to improve the quality of care, and reporting on the visits. One of these Master Trainers will also be responsible for scaling up use of acyclovir to the remaining districts (ten additional districts in Phase 3), providing support to the trainers and pharmacy technicians in the scale up, and monitoring the correct prescription and stock levels at district clinics and hospitals.

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 I-TECH funded Master Trainers will work with the NSTRC coordinator and clinic staff, administration, Central Medical Stores (CMS), and other stakeholders to improve the quality of STI care.

2008 funds are requested to support half the salary and relocation costs of a M&E Technical Lead to be based in the Gaborone office, as well as partial time and one trip for I-TECH (Seattle-based) QI Specialist to work with the I-TECH M&E Lead to build the capacity of the MOH/STI program with in-service training, how to enter, analyze and interpret data to result in evidence-based planning activities. I-TECH will conduct individual training assessments of the STI unit staff in order to tailor training based on individual need and conduct this training accordingly.

Additional printing of the STI syndromic management training materials (1,000 Participant Handbooks) will be needed to provide for two additional years' worth of training.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17283

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17283	10288.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$360,000
10288	10288.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$210,621

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 7804.09	Mechanism: New CoAg- Health Care Providers Training
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 17675.24258.09	Planned Funds: ██████████
Activity System ID: 24258	

Activity Narrative: 09.C.AC06: TBD - Health Care Provider Training

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The TBD organization is expected to develop a sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expand CD4 and Viral load laboratory testing to decentralized laboratories, and strengthen the Ministry of Health's (MOH) Monitoring and Evaluation (M&E) capacity to monitor the effectiveness of the national anti-retroviral (ART) program, MASA.

In FY2007 and FY2008, the Clinical Master Trainer (CMT) program trained a total of 492 health personnel on ART service delivery and 635 on palliative care service delivery. It also supported and mentored 18 hospitals and 39 satellite clinics. The Laboratory Master Trainers have so far been able to train a total 22 laboratory technicians and have supported and mentored approximately 22 facilities, 15 of them decentralized.

The M&E results indicated that there were 32 sites reached, 59 data entry clerks (DEC) trained, a data warehouse developed with integration of MASA and DHIS ongoing, and a data security and confidentiality system with encrypt and decrypt completed.

The TBD organization is expected to have a three pronged approach to using the master trainer model, which will include Clinical master trainers, Laboratory master trainer and M&E technical advisor.

The Clinical Master Trainers will continue to do:

(1) task shifting: training of nurse dispensers and nurse pre scribes; (2) train Health Care Providers on QAI and implementation of QA activities at ART site level and QAI training for district/site leadership cadres; (3) provide CME at district level and telephone site support; 4) continue training material development, SOPs, guidelines, memos, checklists and other tools for care and treatment sites.

B) The Laboratory Master Trainers will continue to:

(1) support the established CD4, VL decentralized and expand training to include hematology, chemistry and microbiology support; (2) in collaboration with MOH and HHS/CDC/BOTUSA formalize the training manuals on CD4, VL, hematology, chemistry and microbiology, including TB; (3) train on LIS issues at decentralized labs/sites and on lab data management, reagent logistics and quality assurance.

C) The M&E Unit within MASA will continue to:

(1) refine and expand indicators and management tools; (2) replace PIMS (MASA) and roll out new system to all PIMS locations; (3) integrate functions of (e.g. PMTCT) and integrate with all other national systems, for example, DHIS;(4) train end users on the new systems; (5) establish a support desk and use DEC to perform vital roles; and 6) conduct a targeted patient evaluation study on medication adherence.

From COP08:

With PEPFAR support, an organization (TBD) will assist GOB in strengthening the capacity of health care providers in providing palliative care/ ART services. The organization TBD will put in place a training program using the Trainer of Trainers Master trainer approach as described below. Three main activities will be supported by the TBD organization: 1) support and strengthen a clinical master trainer (CMT) program; 2) support and strengthen a laboratory master trainer program; and 3) support and strengthen the M&E component of the MASA program

A. The Clinical Master Trainer program consists of on-site specific training to bring MLG and MOH facilities up to standard to prescription and dispensing level. Proper data recording and reporting is another area of strengthening in the master trainers program. It consists of site assessments, on-site and centralized training to support task shifting, support and follow up on clinical, laboratory, pharmacy and quality assurance and improvement activities.

B. The CMT program should also involve a pharmacy training component. Activities should be scaled up to include training on task shifting for nurse prescribers/ dispensers to support pharmaceutical officers and prescribers for managing chronically stable patients. By the end of the program, all 32 sites and satellite clinics should have received coverage. All roll out clinics should have been supported and > 1,000 workers trained in short term trainings including, Introduction to AIDS Clinical Care, Nurse Dispensing, Nurse training for stable patients and facilitated other MoH training initiatives including palliative care.

C. Strengthening the capacity of laboratories through the laboratory master trainers (LMT) has been instrumental in the decentralization of CD4 and VL testing (infrastructure funded by ACHAP and PEPFAR). CD4 services were decentralized to 12 laboratories. The LMT program will continue to support the established CD4, VL decentralized and expanded training to include hematology, chemistry and microbiology support. All laboratory technicians from the 12 decentralized laboratories will be fully trained in CD4 & 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 LMT will continue. The LMT in collaboration with MOH and HHS/CDC/ BOTUSA will formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB) The activity will include training in quality issues at decentralized sites and LIS at roll-out sites. Additionally they will provide training on lab data management, reagent logistics and quality assurance in COP08.

D. Monitoring and Evaluation (M&E) Unit within the National ARV (Masa) Program will be assisted by the TBD organization 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. Staff at the ART sites will be trained on the new data capture instruments,

Activity Narrative: indicators, quality and flow. Activities for COP08 will continue in line with the MoH vision of developing a viable and sustainable monitoring system for the ART program. Long term, the TBD organization will assist the M&E Unit to do the following: 1) refine and expand indicators and management tools; 2) replace PIMS (MASA) and roll out a new system to all PIMS locations; 3) Integrate functions of (e.g. PMTCT) and integrate with all other national systems (e.g. DHIS); 4) Train end users on the new systems; 5) Establish support desk and using DEC to perform vital role; 6) Unlock data warehouse; 7) Purchase and install software to develop end user reporting tools for the data warehouse; 8) Establish end-user support (user registration, user training).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17675

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17675	17675.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7804	7804.08	New CoAg-Health Care Providers Training	■

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17667.24238.09

Planned Funds: \$0

Activity System ID: 24238

Activity Narrative: 09.C.AC04: MOH - Training and Mentoring Prevention with PWP

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

This activity focuses on strengthening the primary prevention components of existing, major HIV-related services (both clinical and community-based) that target large numbers of PLWHA. This follows steps completed in FY06 and FY07, whereby USG supported an assessment of opportunities to strengthen prevention in clinical and community services and an activity to strengthen the prevention content of the interventions that Tebelopele and other counseling and testing partners provide. This latter activity has involved the adaptation of a provider-delivered intervention that promotes prevention, development of informational materials that help counter stigma around PLWHA, and will also involve identification of one additional service area for similar assistance (TBD, awaiting assessment results). USG also supports the alcohol-HIV trainings to health care workers begun by Blossom two years ago and will ensure incorporation of alcohol issues into the other prevention materials and interventions they develop or adapt. To date, achievements include completion of the assessment, adaptation of the US Centers for Disease Control and Prevention (CDC) developed "PwP flipchart intervention" for use in Tebelopele's new supportive counseling program, and training of counselors in use of that intervention (Sept 07).

In 2008, as this activity expands to more program areas and increases in scale, the USG will compete the award through an appropriate, long-term mechanism. Therefore the prime partner is TBD.

The activities in 2008 will continue with program development and implementation and will focus on collaboration with the TB, PMTCT, counseling and testing, and private sector HIV treatment programs. Specifically, the prime partner will adapt evidence-based prevention interventions for incorporation into these existing services. It will examine closely the interventions being developed under the Office of Global AIDS Coordinator (OGAC) special initiative for positive prevention, for consideration of adaptation in Botswana. It will train providers in the use of these materials and protocols, monitor utilization, and work with local organizations to support the roll out of these initiatives. A key component of the services provided is alcohol abuse risk reduction and prevention, in addition to the core themes of HIV prevention, including Abstinence, Be faithful, Condom promotion (ABC), disclosure, and partner testing. The specific content of each intervention or tool developed will depend on the target program and clients, but sensitization and training in alcohol-related interventions will continue in this activity.

In the TB area, the activity will target HIV-infected TB patients. The prime partner will develop/adapt appropriate HIV prevention service enhancements and/or interventions to the local TB care setting. This will involve the development of relevant material (IEC, curricula, job aids, protocols, training packages, etc.), training and sensitization of approximately 60 clinical and community service providers about the interventions and their implementation, in collaboration with the Botswana National Tuberculosis Program (BNTP). This intervention will initially be provided in the southern part of the country. These activities will support Botswana's Round 5 TB grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which among other goals, seeks to strengthen TB/HIV collaborative activities.

In the PMTCT program, the focus will be supporting the promotion of family planning and unintended pregnancy prevention among HIV+ women and their partners. This activity will begin in the Francistown area, where CDC has a PMTCT demonstration program. Activities will include community mobilization through local drama and related discussion forums, in addition to supporting implementation of the existing PMTCT protocols by health care workers within clinical settings, which include active promotion of family planning to clients. About 30 lay counselors, 30 Family Welfare Educators, and 100 nurses will be involved in these refresher trainings. The prime partner will also develop IEC materials for use in those settings, to promote these themes.

In the counseling and testing settings, the focus will be strengthening interventions for discordant couples. There is a high rate of HIV discordance in Botswana; at least 21% of couples who test at the Tebelopele VCT centers are discordant (Tebelopele data 2000-2005). USG will support development of additional prevention materials and interventions to use in counseling and testing settings for discordant couples, based on experiences with the development of supportive counseling programs in Tebelopele and other counseling and testing centers, the pilot test of the home-based testing program, and completion of the adaptation of the CDC couples counseling curriculum through the Institute for Development Management. The prime partner will draw on lessons learned and best practices in this area from other PEPFAR countries, especially Uganda and Kenya, to further inform the training and scale up of activities.

Specific activities will include training of at least 60 counselors from civil society and government in counseling discordant couples, development of counseling protocols and cue cards for the discordant couple sessions. This will include job-aids like flip charts, referral directories and brochures. Through assistance by the prime partner, the testing sites involved will be expected to provide on-going prevention and supportive counseling to an estimated 270 discordant couples, in about 27 sites; form and maintain at least 5 support groups for discordant couples; provide mentoring and supervision to the counselors supporting discordant couples; coordinate and share lessons learned among themselves, and document their experiences, both positive and negative.

In the area of palliative care and ART, the prime partner will work with the Associated Fund Administrators Botswana (Pty) Ltd (AFA) to enhance the prevention services provided within its ART program. AFA is an administrator of two medical aid schemes/insurance organizations namely, Botswana Public Officers' Medical Aid Scheme (BPOMAS) and Pula Medical Aid Fund (PULA). Through its managed care program, AFA facilitates the provision of ART to insured patients and GOB funded patients, as well as provision of continuous medical education and KITSO training to private practitioners (doctors, pharmacist etc). In 2008, with the assistance of the prime partner, AFA will strengthen its HIV prevention strategies for its HIV positive clients, including development of additional patient education materials and other appropriate job

Activity Narrative: aids, to be determined later. This activity is expected to promote behavior change and reduce risky behaviors among clients. It is estimated that 600 HIV positive new patients will be enrolled in FY08, and all will benefit from this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17667

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17667	17667.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$450,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5425.09	Mechanism: 5U51HA02522: Palliative Care Support
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 10301.24223.09	Planned Funds: \$200,000
Activity System ID: 24223	

Activity Narrative: 09.C.AC09: Harvard – Palliative Care Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Clinical master trainer program will expand its activities in the following areas in conjunction with:

-Prevention of Mother to Child Transmission (PMTCT) Program to include the PMTCT Pilot for universal HAART with the PMTCT program and training on DBS and Routine HIV Testing (RHT) for the expanded nurse role in testing.

-Botswana National TB Program (BNTP), which will include TB/HIV co-infection; Isoniazid Preventative Therapy (IPT) integration activities in anti-retroviral (ARV) roll out clinics; and the development of TB/HIV adherence material to be incorporated into training and mentoring activities.

-MASA, the anti-retroviral (ARV) distribution program to incorporate: Pediatric expert training expansion for identifying infected children; the Nurse Training Initiative for prescribing and dispensing; and training in conjunction with the Palliative care unit on the training package for community volunteers.

-Ministry of Local Government (MLG) to add: Nurse dispensing training.

The Laboratory Master trainers will expand its activities to include: the development of training manuals and training in chemistry, hematology and tuberculosis microscopy in the ARV clinic laboratories; and standardization, SOP and EQA program for new ARV clinic laboratories.

From COP08:

The BHP-PEPFAR ART Training and Site Support program is aimed at developing sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expanding CD4 and Viral load laboratory testing to decentralized laboratories, and strengthening the Botswana MOHs M&E capacity to monitor the effectiveness of the National ART program (MASA).

Achievements during FY07

Clinical master trainer results (CMT): Number of health personnel trained for ART services - 492, number trained in palliative care - 635, facilities supported and mentored - 18 hospitals and 39 satellite clinics.

Laboratory Master Trainer (LMT) results: Number of lab technicians trained – 22; facilities supported and mentored -15; decentralized laboratories supported ran 72,041 samples for CD4 testing, and 7,577 for VL testing

Monitoring and Evaluation (M&E) results: Sites reached – 32; data entry clerks (DEC) trained – 59; data warehouse developed; integration of MASA and DHIS ongoing and; data security and confidentiality system to encrypt and decrypt completed.

Plans for FY2008:

A) CMT will continue to:

1) task shifting: training of nurse dispensers and nurse prescribers; 2) train Health Care Providers on QAI and implementation of QA activities at ART site level and QAI training for district/site leadership cadres; 3) provide CME at district level, telephone site support; 4) continue training material development, SOP's, guidelines, memo's and checklists tools for care and treatment sites.

B) LMT will continue to:

1) support the established CD4, VL decentralized and expand training to include hematology, chemistry and microbiology support; 2) in collaboration with MOH and HHS/CDC/BOTUSA formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB); 3) train on LIS issues at decentralized labs/sites and train on lab data management, reagent logistics and quality assurance.

C) The M&E Unit within Masa will continue to:

1) refine and expand indicators and management tools; 2) replace PIMS (MASA) and roll out new system to all PIMS locations; 3) integrate functions of (e.g. PMTCT) and integrate with all other national systems (e.g. DHIS); 4) train end users on the new systems; 5) establish support desk and using DEC to perform vital role; 6) conduct a targeted patient evaluation study on medication adherence.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17565

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17565	10301.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	7806	5425.08	5U51HA02522: Palliative Care Support	\$200,000
10301	10301.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	5425	5425.07	Field	\$144,290

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 5404.09 **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:** Care: Adult Care and Support
Budget Code: HBHC **Program Budget Code:** 08
Activity ID: 10305.24201.09 **Planned Funds:** \$214,664

Activity System ID: 24201

Activity Narrative: 09.C.AC90: Technical Expertise and Support PC/Basic Services

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17329

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17329	10305.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$75,000
10305	10305.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$15,000

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1039.09 **Mechanism:** U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State) **Program Area:** Care: Adult Care and Support

Budget Code: HBHC **Program Budget Code:** 08

Activity ID: 4456.24077.09 **Planned Funds:** \$700,000

Activity System ID: 24077

Activity Narrative: 09.C.AC11: MOH – Palliative Care Support

ACTIVITY UNCHANGED FROM FY08

From COP08:

The USG provided financial support to train 250 health workers in FY05 and 100 health workers in FY06. Funds were allocated to development of training modules. Capacity in the Palliative Care Unit has been strengthened with recruitment of three officers; two have expertise in Palliative Care and one in NGO support. Clinical guidelines for management of opportunistic infections were revised in 2004 and will continue to be revised periodically.

The GFATM fund has supported the recruitment of 204 lay counselors who were trained in basic HIV/AIDS counseling. Strengthened psychosocial support is needed for families and communities that provide care to ill PLWHA in their homes. Some PLWHA and their care givers experience care related burdens and/or stigma. Hence the need to continue training of lay counselors and family welfare educators to effectively provide psychological support in the community.

In 2008, PEPFAR funds will support the following activities:

Basic Palliative Care training: The training will target service providers from health care institutions and from NGOs, CBOs, FBOs dealing with Palliative Care. This will be achieved through the TOT model so as to facilitate the roll out of palliative care training country wide and ensure sustainability. A total of 280 Health Care providers will be trained in Basic Palliative Care.

Review of the Clinical Guidelines: The government intends to review clinical guidelines for management of opportunistic infections to integrate TB, PMTCT, and ART and to strengthen the pediatric component and train clinicians, lay counselors and family welfare educators on the use of the revised guidelines. Training will be done in collaboration with HAVARD master training and Baylor University for provision of technical expertise in adult and pediatric palliative care.

Printing of Nutritional Guidelines: In order to enhance the nutritional status of PLWA and other chronically ill patients the Units will print nutritional guideline to be used in training and to guide service providers.

Strengthen collaboration with CBO/NGO: The civil society plays a very critical role in provision of palliative care at community level. There is need to establish a strong linkage for improvement of quality care to patients as well as strengthen referral system from civil society to health care facilities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17266

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17266	4456.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$0
9801	4456.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$300,000
4456	4456.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$610,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$540,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1345.09	Mechanism: U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services
Prime Partner: Tebelopele	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Adult Care and Support
Budget Code: HBHC	Program Budget Code: 08
Activity ID: 10294.24169.09	Planned Funds: \$400,000
Activity System ID: 24169	

Activity Narrative: 09.C.AC10: Tebelopele – Prevention with Positives

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

As part of its Prevention with Positives (PWP) program, Tebelopele will expand its current Supportive Counseling and Post Test Club package of services, which includes TB and STI suspect screening, by expanding its focus to prisons and construction camps.

Referral systems will be modified to improve referrals for patients with TB to IPT programs and mothers to safe motherhood, including PMTCT, programs. An improved referral system as well as involvement of male partners could improve acceptance and uptake of the Prevention of Mother to Child Transmission (PMTCT) program; therefore, part of our prevention with positives (PWP) package will be assisting in education and involvement of partners.

Family planning remains a vital part of the PWP package to ensure minimum risk, including sexually transmitted infections (STIs) to HIV- positive partners. PWP will include empowering would-be mothers to consult medical practitioners in their family planning concerns and intentions.

Male Circumcision will be incorporated into the PWP as a prevention mechanism in the reduction of STI acquisition among HIV-positive male clients. Linkages will be created with the 'See and Treat' (SAT) clinics to encourage HIV-positive women to be screened in the cervical cancer prevention program.

In FY2009, Tebelopele will incorporate PWP into five of its youth friendly counseling outlets to address PWP youth. Training will be required to build the capacity of counselors to administer the PWP services to youth, including Post Test Clubs, support for positive living and advocacy for HIV-positive youth.

PEPFAR funds will support the training of counselors through the Tebelopele Resource and Training Centre in partnership with the TWININGS program.

From COP08:

Tebelopele engaged the District Multisectoral AIDS Committees (DMSACs) in building strong referral linkages at all their center locations in the country. They continued use of the referral form, track of referrals, and hold regular referral network meetings with service providers in each district. Screening of all clients for TB using a questionnaire was introduced in 2007. Any clients reporting any of the TB symptoms were referred to government clinics for evaluation. In addition, post-test clubs and supportive counseling were introduced.

FY08 plans:

Referrals and linkages will be augmented by using Post-Test Clubs and the Youth Against Aids (YAA) Volunteers to track clients tested at Tebelopele and referred for services. Tebelopele will work with HPP to create community-based referral linkages, and to continue the involvement of traditional and spiritual healers in prevention and referrals. Pregnant women will be referred to the Cervical Cancer Unit and to the PMTCT program.

The Tebelopele VCT centers will continue to role out the Supportive Counseling program initiated in FY2007, by providing Post Test and Supportive Counseling Services to those who test negative and positive, both at Tebelopele VCT sites, as well as Provider Initiated Sites. Tebelopele now provides supportive counseling at its fixed sites, with a package of services that includes TB suspect screening, testing of family members, disclosure, discordant couples, education and prevention for positives.

To strengthen capacity and improve quality of services, Tebelopele will train its counselors and VCT site managers in various aspects of Supportive Counseling, and in particular couples counseling.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17567

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17567	10294.08	HHS/Centers for Disease Control & Prevention	Tebelopele	7807	1345.08	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	\$400,000
10294	10294.07	HHS/Centers for Disease Control & Prevention	Tebelopele	5289	1345.07	CoAg # U62/CCU25113	\$215,000

Emphasis Areas

Health-related Wraparound Programs

- * Family Planning
- * Safe Motherhood
- * TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 26699.09

Planned Funds: \$66,948

Activity System ID: 26699

Activity Narrative: 09.C.AC14: Mullens – NGO Coordinator

The involvement of civil society organizations can be traced back to the first Short Term Plan of Action (1987-1989) on HIV and AIDS, the Medium Term Plan I and II, respectively, and now the National Strategic Framework for HIV/AIDS 2003-2009. The Government of Botswana (GOB), communities and other development partners have acknowledged the strategic role played by civil society organizations in responding to HIV and AIDS.

Civil society's role became evident in the early 1990s when the epidemic became more mature resulting in many people suffering from chronic conditions related to HIV/AIDS, thus increasing the demand for HIV/AIDS-related services. This increased need has overwhelmed the capacity of the public sector to deliver services to all people in need, resulting in many of them, still needing care and support, being discharged back to their families and communities who are not always capable of handling the varying situations.

In 1995, the government adopted community home-based care (CHBC) as a strategy to ensure continuity of care and to support people living with HIV and AIDS (PLWHA) and other chronically ill patients. The government realized it had limited capacity to implement the program, hence family and community mobilization was adapted as a major intervention. The community response has been very supportive, as evidenced by the emergence of several civil society organizations working country-wide. In 1998, there were 78 community groups and, currently, there are more than 300 local Civil Society Organizations (CSO) involved in the response to HIV and AIDS, including Faith Based Organization (FBOs), NGOs such as Botswana National AIDS Service Organization (BONASO), Botswana Network of People Living with HIV/AIDS (BONEPWA), Botswana Network for Ethics, Law and HIV/AIDS (BONELA), Botswana Christian AIDS Intervention Program (BOCAIP), and others. It is obvious that the public sector in Botswana recognizes the importance of CSOs, so they have played an active role in establishing the CSO sector and continue to nurture its growth.

CSOs, therefore, provide a strategic opportunity to increase geographical coverage of services and reach marginalized, vulnerable and underserved communities with ease. They can provide a range of services, both stand alone and integrated, depending on a given organization's capability and comparative advantage. These services include traditional community mobilization, distribution of health resources such as condoms, bed nets, and community TB Dots, dissemination, health information, psychosocial support, voluntary counseling and testing, peer education on HIV, income generating activities, care for orphans and vulnerable children (OVC), awareness campaigns, training on human rights, and advocacy to more complex activities, such as anti-retroviral (ARV) treatment literacy and adherence counseling, palliative care, home based care, hospices and day care centers, and youth and adolescent friendly reproductive health services. They also play a role in the development of health sector HIV and AIDS related policies and programs and in shaping the health systems. There is, however, significant variability in the scope and quality of their services, as well as in their levels of accountability. The public sector, particularly the Ministry of Health (MOH) still has the overall accountability to the public at large on the quality of services provided by these CSOs in the health sector.

Needs assessments done in the country indicate that most of these organizations are faced with challenges in terms of service delivery, adequate coverage, insufficient funding, and inadequate material and human resources. Due to a lack of skilled personnel, most of them are operating with a minimal number of skilled staff for both management and technical operations with most of staff being lay or unskilled volunteers.

Since the inception of the CHBC program, the government has been providing CSOs with financial, material and technical support and most are still dependent on the government for these resources. It is important to note, however, that as the numbers of CSOs increase and diversify their services, the provision and coordination of both financial and technical support to all of them is becoming a challenge to the government. The sharing of information on HIV and AIDS prevention and care and the support of programmatic issues between CSOs and the public sector both at national and implementation levels of the health sector response are weak. Additionally, public sector-CSOs collaboration linkages and patients referral systems are inadequate. This has implications on both the CSOs' and the government/public sector's accountability to the general public on quality of health services.

The above-mentioned capacity challenges experienced by the local organizations have attracted international organizations through various donor agencies' bilateral twinning programs, such as PEPFAR, United States Agency for International Development (USAID), Swedish International Development Cooperation Agency (SIDA), and BMS among others, to assist and strengthen the capacity of CSOs in Botswana. These international organizations come with both financial and technical expertise as well as pre-packaged options and ideas. For the health sector, both government ministries and CSOs, to maximize the benefits of these international NGOs' and donor agencies' support, there is a need to have formal mechanisms for communication, for example, on the sharing of information about the support they are able to give Botswana as well as what the public sector envisions, given the Botswana Health Sector HIV and AIDS response's national priorities, objectives, policies and guidelines and challenges. This will enable NGOs and donor agencies to align their support with both local CSOs and the MOH to address the country's needs within the policy and legal framework, further strengthen the public sector -CSOs collaboration, and maximize the benefits of their financial and technical support to the country.

PEPFAR will support the position of a CSO Technical Advisor and Coordinator within the department of HIV/ AIDS Prevention and Care (DHAPC) at a government scale of D2 to enable the MOH to coordinate and strengthen links between CSOs and the public and private sectors.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 26690.09

Planned Funds: \$300,000

Activity System ID: 26690

Activity Narrative: 09.C.AC12: URC - Nurses Association of Botswana, Caring for the Caregivers Program

The Nurses Association of Botswana (NAB) aims to continue to intensify its Caring for the Caregivers activities through the employment of a dedicated project officer. The project officer will be responsible for the following activities:

1. The continued roll out of the support groups' establishment and training to cover all health facilities in the country in close cooperation with the relevant stakeholders in the Ministry of Health (MOH).
2. The monitoring and evaluation of the support groups' activities.
3. The determination the extent and impact of previous Nurses Association of Botswana (NAB) –Caring for the Caregivers (CFC) activities, such as the publication of the various manuals and workshops.
4. The implementation of a research project on the impact of HIV/AIDS on the nursing profession.
5. The continuation of the current CFC projects, as well as the development and initiation of further CFC activities, for example, the establishment of a pilot wellness center.

The purpose of the support groups for health workers is to provide and receive emotional, spiritual, social and practical support from each other in health and professional related issues with emphasis on, though not limited to, HIV/AIDS. Nurses and other health workers will be trained in how to organize and run support groups, after which they will be assisted to establish support groups at their facilities and in their health regions. The project will be implemented in close cooperation with the Wellness Program in the MOH. The aim is for all health facilities to have sustainable support groups up and running, using guidelines and training materials that have already been developed.

It is important to understand the extent and impact of previous CFC activities in terms of whether or not all nurses have been reached, how nurses have directly benefited from these activities, and what other activities nurses would like to see in place. This would go hand in hand with a research project, which aims to determine the impact of the HIV/AIDS epidemic on the professional lives of nurses. An initial research proposal has been drafted to this effect.

The Nurses Association of Botswana (NAB) aims to establish a Wellness Center of Excellence for Health Workers. The purpose of such centers is to attend to the health and well being of health workers, to provide professional development, and to establish a forum to address health issues and other concerns of the health workers. It will deliver health and other professional services to all health workers and will serve as a model of good practice. Through the provision of comprehensive, confidential health services to the health workers outside of their workplace, the Nurses Association of Botswana (NAB) intends to sustain a healthy, motivated and productive health work force. Services at the center would include testing, counseling and treatment for HIV/AIDS and TB, antenatal services, PMTCT, stress management, Post-exposure Prophylaxis (PEP), and screening, among other things. The center would also be a resource/ knowledge center for continuous professional development. As has been suggested by research, nurses and other health workers in Botswana are affected by HIV and AIDS at the same devastating rate as the general population, but have the additional burden of care and treatment of the sick often in difficult working conditions. The Wellness Center aims to address the issues of the health workers, who are increasingly over-stressed, under-valued and often at risk for infection.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$280,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 11100.09

Mechanism: Technical Assistance for In-Service Training of Health Care Providers in Botswana in Management of HIV/AIDS and HIV/TB Co-infection

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 26692.09

Planned Funds: ██████████

Activity System ID: 26692

Activity Narrative: 09.C.AC13: TBD – NEW FOA for Palliative Care

The scope for this activity is to assist the Ministry of Health (MOH) of the Government of Botswana (GOB) in providing high quality HIV-related palliative care and treatment training to clinicians at the two referral hospitals, Princess Marina and Nyangabgwe, and further training in outreach services in palliative care to selected district and primary hospitals. The goal is to increase the clinicians' knowledge of palliative care and to improve the standard of patient care to those suffering with HIV/AIDS, TB/HIV and other opportunistic infections (OI). This should have a direct influence on the treatment of inpatients at the two referral hospitals and have an indirect influence on the care and treatment at the level of the district and primary hospitals.

It is expected that the TBD organization will assist the MOH in developing its clinical curriculum for palliative care for the University of Botswana's new medical school and, by the end of FY2009, will have a comprehensive package compiled for the training and services to be extended to some peripheral primary hospitals. The TBD organization will train health care workers and other partners according to the national TB/HIV curricula for nurses and medical officers to ensure adherence to the Botswana National TB Control Program (BNTP) guidelines and will provide in-service training of health care workers in the care of children with TB and TB/HIV co-infections and, in collaboration with the BNTP, will implement strategies to enhance the diagnosis of TB in children and improve contact tracing.

With respect to in-patient services, the TBD organization will provide inpatient care support to the medical departments within the two referral hospitals and will deliver direct care to inpatients suffering with HIV/AIDS and its co-infections, including patients with dual TB/HIV disease and multidrug-resistant TB (MDR-TB). The TBD organization, in addition to the direct in-patient care services, will undertake a structured educational training program aimed directly at enhancing the care practices of various internal medicine clinicians' performance. A similar program in the practice of medicine related to HIV/AIDS will be arranged for all clinical staff, both doctors and relevant nursing staff. The TBD organization will also provide pediatric TB/HIV clinical services at the two referral hospitals for advanced treatment, consultative, outreach and educational services for TB/HIV co-infected children and will work with all partners to strengthen linkages between the TB and Anti-retroviral Treatment (ART) programs at the national, district and facility levels.

In terms of outpatient services, the TBD organization will run ART clinic and specialized HIV clinics at both referral hospitals and will provide the standard of care treatment for patients with TB/HIV and MDR-TB. These clinics will create a "one stop shop" idea for patients with HIV and other complications, such as metabolic problems, co-morbidity issues and co-infections, which can be managed on an outpatient basis.

Botswana's two referral hospitals have patients referred to them from district hospitals and primary hospitals. With the current HIV/AIDS pandemic, the increasing rate of opportunistic infections (OI) in patients suffering from HIV/AIDS and the lack of clinical skills in the primary and district hospitals to manage these OIs, lead to patients being referred to the two referral hospitals, which is a major cause of their overcrowding. The TBD organization will provide an outreach program, using both lectures and direct bedside teaching, aimed at training clinicians from primary and district hospitals in the management of patients with HIV/AIDS, TB/HIV and other OIs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 11102.09

Prime Partner: American International Health Alliance Twinning Center

Funding Source: GHCS (State)

Budget Code: HBHC

Activity ID: 10278.24849.09

Activity System ID: 24849

Mechanism: New CoAg Twinning

USG Agency: HHS/Health Resources Services Administration

Program Area: Care: Adult Care and Support

Program Budget Code: 08

Planned Funds: \$142,500

Activity Narrative: 09.C.AC01: TBD – Botswana School of Nursing Twinning

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The partners will organize clinical placements for a team of ten lecturers from the Institute of Health Sciences-Gaborone (IHS-G) in established palliative care centers outside Botswana. The placement sites selected will have extensive clinical expertise in the delivery of palliative care and in the provision of effective clinical teaching experiences for students and lecturers.

The TBD organization will establish a palliative care resource center at the IHS-G library, where students and lecturers will be able to access the latest information and resources on palliative care. The center will provide computers and internet connections with subscriptions to medical research databases, so that users can access the latest information available online. The center will house books, DVDs, CDs, CD-ROMs, and other supplemental resources. AIHA will provide training in evidence-based practice for IHS staff who will manage and use the resource center. The center will bolster and support the previously established information access points.

The African Palliative Care Association (APCA) will provide training and mentoring in advocacy for representatives from all IHS institutions. IHS-G will play the lead role in strengthening palliative care components within the broader curricula and the other IHS institutions will become more aware of the process of integrating palliative care into their own educational programs. Additional training and mentoring will be available from the media partnership between the Media Institute for Southern Africa (MISA) and Zambia Institute of Mass Communication (ZAMCOM).

APCA will follow up on the monitoring and evaluation training previously provided by working with IHS-G to develop and implement a monitoring and evaluation system.

APCA will assist IHS-G in conducting an organizational assessment and developing a business plan at an institutional level and in select departments, as appropriate. Based on this and other assessments, training will be provided to address the specific capacity development needs that have been identified.

The TBD organization will place two or three experts, such as nurses or curriculum development specialists, with appropriate experience and expertise at IHS-G for a minimum of a three-month assignment through the Volunteer Healthcare Corps. Each placement will be vetted with IHS, the Ministry of Health (MOH), BOTUSA, and other stakeholders as appropriate.

It is expected that the TBD organization will take gender concerns into account in all its policy, program, administrative and financial activities, as well as in its organizational procedures, thus contributing to organizational transformation. It will actively seek the involvement of the beneficiaries and government counterparts in project formulation in order to include their perspectives in gender mainstreaming. Furthermore, it is expected that they will believe that it is of critical importance to attain a keen sense of the socio-economic and political contexts of the activity, as these will direct programming to address the gender perspective of HIV in Botswana at all levels. The TBD organization, likewise, will strive to consult and involve both women and men in the decision making processes, as well as assess the impact of its work on both genders. They will work with IHS and APCA to ensure that the development of the educational programs at IHS and palliative care services provided take gender issues into account.

From COP08:

The AIHA Twinning Center proposes the expansion of a partnership between the African Palliative Care Association (APCA) in Uganda and the University of Botswana, Institute of Health Sciences (IHS), School of Nursing in Botswana.

In July 2007, APCA visited IHS to conduct an initial assessment, met with local stakeholders, and identified focus areas for the partnership. This was quickly followed by an AIHA facilitated workplan development exchange in August. During this exchange the partners jointly developed the initial objectives, corresponding activities and a partnership communication plan. The goal of this partnership is to strengthen the institutional capacity of IHS to provide quality palliative care education and training for healthcare workers in Botswana. The partners collaboratively identified the following objectives, which are currently be vetted with stakeholders in Botswana to minimize duplication of efforts:

1. To strengthen the capacity of IHS faculty to provide palliative care training for students
2. To develop the organizational capacity of IHS in planning, monitoring and evaluation, and research

In an effort to fully coordinate activities with the MOH in Botswana, the partnership will discuss with the MOH the possibility of including a representative(s) in a subsequent exchange to Uganda. In this exchange, the representative(s) will be able to visit the APCA facilities, the Uganda Hospice, and learn about the resources APCA brings to this partnership.

AIHA is requesting additional funding in 2008 to ensure the robust progress of this partnership. As the partners transition out of their year 1, initiation phase, they will require increased funding levels to support a greater level of activities and allow for an adequate number of professional exchanges, trainings, and technical assistance to accomplish their goals and objectives. Robust funding for partnerships will ensure rapid progress in reaching partnership and PEPFAR goals.

Further, in the first 3 years of the TC cooperative agreement, HRSA provided central funding (received from PEPFAR/OGAC headquarters) to AIHA to subsidize the initiation of programs and cover in-country office and headquarters operations. Now, HRSA is phasing out its central funding to its cooperative agreement partners; therefore, these costs are now included in this country funding request. Beginning with COP 2008, the Twinning Center will operate as a traditional US government partner, receiving all its programmatic funding, including operations for the in-country office and headquarters, from the US government country

Activity Narrative: programs (through the Country Operational Plans) and will cease to receive central funding from HRSA.

The specific partnership activities will be determined jointly by the partners during the year two workplan development exchange, however activities will likely include:

Establishment of a stakeholders committee to oversee the integration of palliative care in pre-service health care worker training curricula

Quarterly meeting of the stakeholder committee
 (1 quarterly meeting for 20 participants=\$2,500)
 4 meetings X \$2,500=\$10,000

Sensitization workshops on palliative care for faculty at health training institutions
 (25 faculty participants from health care training departments per training=\$35,000)
 2 trainings X \$35,000=\$70,000

Partnership exchange trips between partner institutions for program planning, program management and evaluation activities related to the implementation of the workplan.
 (1partner to participate in exchange trip=\$4,000)
 2 participants X 4 exchanges=4 x \$4,000=\$16,000

Training on the implementation of monitoring and evaluation (M&E) data collection tools to improve access to quality palliative care. This will be conducted during the partnership exchanges

The remaining partnership funds will cover the overall administrative costs for AIHA, APCA and the Botswana partners.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17570

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17570	10278.08	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	7809	5325.08	U69HA04128: Twinning	\$150,000
10278	10278.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5325	5325.07	AIHA	\$150,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$90,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 11100.09

Mechanism: Technical Assistance for In-Service Training of Health Care Providers in Botswana in Management of HIV/AIDS and HIV/TB Co-infection

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Adult Care and Support

Budget Code: HBHC

Program Budget Code: 08

Activity ID: 17676.24850.09

Planned Funds: ██████████

Activity System ID: 24850

Activity Narrative: 09.C.AC03: NEW FOA – Cervical Cancer Prevention Program

Cervical cancer is a relatively rare disease in the developed world due to organized screening and appropriate treatment of pre-cervical cancer lesions, awareness among the general public and healthcare workers, strong advocacy from civil society, as well as a priority on women's health issues in these countries. Women in poorer countries face problems of limited access to care, highlighting the inequity inherent in this disease.

There are close to 500,000 new cases of and 275,000 deaths from cervical cancer world wide with 80% of these occurring in resource-limited settings. Twenty percent of all annual global deaths from cervical cancer occur in Sub-Saharan Africa. Cervical cancer accounts for more than 25% of all cancers in Botswana and is the leading cancer in women. Of those women presenting with cervical cancer in Botswana, 90% of them have never been screened.

Persistent infection with oncogenic types of HPV is essential for development of invasive cervical cancer. HIV-infected women are thought to be at highest risk for cervical cancer, due, in part, to the higher prevalence of HPV high risk subtypes, more rapid carcinogenesis, and poor immune response.

Immune reconstitution associated with potent anti-retrovirals (ARV) does not seem to be a factor in regression of pre-cancer lesions. If indeed that is the case, extensive availability of anti-retroviral treatment (ART) in Botswana with associated improved life span, is likely paradoxically to permit progression of the cancer in more women. Taking all these factors into consideration, it is becoming clear that cervical cancer is rapidly becoming a secondary epidemic in the wake of HIV in Botswana.

The Government of Botswana (GOB) recognizes the magnitude of the cervical cancer problem. The national cervical cancer prevention program currently is cytology-based following the recommendation by the World Health Organization (WHO). Women with abnormal Pap smears are referred for colposcopy and biopsy, and treatment of pre-invasive disease through cold knife cone biopsy, soon to include loop electrosurgical excision procedure (LEEP), at the two referral hospitals, Nyangagbwe and Princess Marina. Those with the early invasive disease have access to hysterectomy, while the more advanced invasive disease is treated either for cure by radiation, specifically external beam and brachytherapy, and chemotherapy and for palliation with radiation. With most of the health dollars committed to the fight against HIV, however, the GOB had to look toward development partners for assistance to scale up the cervical cancer prevention program, especially with regards to HIV-infected women.

The 'See and Treat' (SAT) method using visual inspection with acetic acid (VIA) with digital cervicography as an adjunct and cryotherapy treatment has not been included as part of the national cervical cancer prevention program for various reasons. Current evidence has shown that SAT, however, can be a valuable strategy in resource limited countries, such as Botswana. As no work regarding SAT with cryotherapy has ever been done in Botswana, we are proposing to have a pilot program to test the suitability and acceptability of this technique in HIV-infected women attending a local clinic in Gaborone. If the SAT technique can be shown to be acceptable in Botswana, the results will be shared with government and the method could be advocated for inclusion in the national cervical cancer prevention program, specifically targeting women in rural areas where follow up is difficult.

Detailed Standard Operating Procedures (SOPs) will be developed, following the methodology similar to the one used in established SAT centers, such as Zambia. This will be a one visit strategy where women presenting to the SAT clinic will first receive counseling regarding cervical cancer prevention and the SAT procedure, after which their consent would be obtained for cryotherapy, should it be required. In the SAT procedure, a specially trained nurse visualizes the cervix and applies 3-5% acetic acid, before inspecting it with the naked eye and recording the findings on a diagram of the cervix. After second application of the acetic acid, a digital photograph (cervigram) is taken, and the image uploaded onto a laptop.

The image will be: (1) used to explain the findings to the patient; (2) emailed to a physician for consultation where a second opinion is required; and (3) stored in database for record keeping and used for quality control and nurse education.

Cryotherapy will be performed, if the visualized lesion fits set strict criteria.

Lessons learned in Zambia from their SAT cervical cancer prevention program indicate that a minimum of 40% of HIV-infected women would not be suitable for cryotherapy and therefore, need alternative treatment with LEEP. As part of the program, a Gynecologic Cancer Prevention Unit (GCPU) will be set up at Princess Marina Hospital (PMH) in Gaborone, where all patients with complex lesions will be referred. At this clinic, patients will be examined by a gynecologist who has been trained to perform colposcopy, cervical biopsy, and LEEP. All histologically confirmed pre-cervical cancer lesions will be treated with LEEP under local anesthesia. Those with suspicion of microinvasion or with lesions too large for treatment under local anesthesia will be referred to the hospital Gynecology services for cone biopsy and any further required management, e.g., surgery, radiation and chemotherapy. The unit will also provide overall coordination and supervision of the pilot SAT clinic, in addition to the planned clinical care.

Both the SAT and GCPU clinics will incorporate sexually transmitted infection (STI) care for women as part of a comprehensive cervical care. A trained nurse will perform a speculum examination on the cervix with the naked eye. If the patient is found to have significant cervicitis or a non-fungal vulvovaginitis, oral antibiotics in keeping with the national drug formulary will be given. If a significant fungal vulvovaginitis is identified, the patient will be given intravaginal antifungal medication. A cotton swab will be used to collect vaginal secretions, which will be tested for pH and a wet mount made for evaluation by the nurse at the end of the examination. All patients found to have trichomonas, bacterial vaginosis or a significant yeast infection will receive appropriate therapy. This will be in keeping with the ethos embodied in prevention with positives (PWP).

Activity Narrative: The SAT clinic will be located at one of the local primary clinics within Gaborone. This will be one of the sites where HIV-infected women are assessed for eligibility for ART. The GCPU clinic will be situated within PMH for proximity to other services, such as access to higher care, for example, general anesthesia and surgery, should complications, such as hemorrhage arise.

PEPFAR will be supporting the following for the setting up of the SAT program:

Staff

The program will require a full time Obstetrician and Gynecologist(ObGyn) who will be the program director and lead specialist with the GOB-employed ObGyn as backup, a clinical coordinator, a quality control (QC) officer, 2 nurses at the SAT clinic, one nurse practitioner at the GCPU clinic and a data entry clerk.

The program director and lead specialist will be involved in overall project management and provide specialist care as a clinician, teacher, and specialist resource, the clinical coordinator will coordinate training and be responsible for data management and monitoring and evaluation (M&E) activities, as well as assist with the running of both clinics. The QC officer will be responsible for all quality assurance issues, including infection control, health and safety, and setting up cervicography QC meetings for cevigram- histology correlation reviews. The nurse practitioner will run the LEEP clinic with the lead specialist and the two nurses will be involved in the SAT clinic. The data entry clerk will be responsible for capturing data, data cleaning and record keeping.

Training

Training of staff, which will be required at the initial phase of this pilot, will be coordinated with existing programs that already have experience in SAT with cryotherapy and incorporate digital cervicography for quality and evaluation. This will include a three-day didactic training workshop on cervical cancer prevention with the trainer coming from outside the country to train all staff members, excluding the Data Entry Clerk, that is, nurses, gynecologists, the clinical coordinator and the QC officer. Topics will cover: background information on the female reproductive system, cervical cancer and HIV, treatment of Cervical Intraepithelial Neoplasm (CIN) using cryotherapy, LEEP, and cold-knife, STI management, digital cervicography, computer basics, such as emailing, indications for referral, and management of patient records.

The three nurses will subsequently require a minimum of eight weeks practical training to gain hands-on experience at an already established SAT clinic, for example, in Zambia, where they will be required to perform a minimum of 100 visual examinations, 100 digital photographs, and over 30 cryotherapies. The full time Obstetrician and Gynecologist will also require a minimum of two weeks practical training in digital cervicography and cryotherapy.

In addition, the program director and coordinator will be trained in M&E, and the latter will also be trained in data management. The QC officer will be trained in quality control, health and safety, and infection control, and the data entry clerk on the program software, including data cleaning.

A Training of Trainers (TOT) model will be utilized, whereby the first trained group will be used to train subsequent groups of health practitioners, monitored by the lead specialist and the government-employed ObGyn.

The key to success of this program is ensuring overall quality control. All work will be implemented with strict accordance to the SOPs and rigorous monitoring will ensure that work is of the highest standards. Checklists will be used by all staff for their various activities and these will be routinely monitored by the QC officer with supervision from the clinical coordinator. Immediate backup for the SAT nurses will be available in the form of telephone and/or email consultation with the lead specialist or the government employed ObGyn. All cervigrams will be correlated with histology results at the weekly cervicography quality control meetings and the nurses involved will be given the opportunity to explain or defend their management decisions.

During the initial training phase as well as during implementation, close liaison with the chosen training site will be maintained for ongoing technical support and advice.

Program evaluation will take place at regular intervals to look at several parameters, including the number of successfully trained staff, the number of pre-cancerous and cancerous lesions detected, and the number of lesions treated with cryotherapy and with LEEP.

Supplies

Supplies will need be purchased and will include equipment, e.g., a cryotherapy machine, a LEEP generator and loops, nitrous oxide gas cylinders, laptop computers, digital cameras, telephones, stationery and stationery related services, such as printing and photocopying, bedding and consumables.

Travel

The travel expenses covered will be local between the clinics as well as regional and international.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17676

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17676	17676.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$433,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: \$6,902,072

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4954.24395.09

Planned Funds: \$30,400

Activity System ID: 24395

Activity Narrative: 09.T.AT01: Associated Fund Administrators

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08

Associated Fund Administrators Botswana (Pty) Ltd (AFA) is an administrator of two medical aid schemes/insurance organizations namely, Botswana Public Officers' Medical Aid Scheme (BPOMAS) and Pula Medical Aid Fund (PULA). Through its managed care program, AFA facilitates; the provision of antiretroviral therapy (ART) to insured patients and Government of Botswana funded patients, as well as provision of continuous medical education and KITSO training to private practitioners (doctors, pharmacist etc).

Subsequent to AFA being awarded a tender, in May 2005, to pilot the rolling out of ART services to private sector through the GOB outsourcing program, to date AFA continues to manage and coordinate the provision of ART services to GOB funded patients by the private sector (medical doctors, pharmacists and laboratory services). This is a form of a Public-Private Partnership (PPP).

The AFA managed care program had, as at end of May 2007, about 12 600 patients (6, 800 insured patients and 5, 800 GOB funded patients) on ART, therefore, it is the largest HIV/AIDS managed care program in the private sector and nationally, it is the second largest after the GOB MASA program.

In view of the close association between AFA and the national ART program (MASA) and the former's commitment to ensuring alignment between the public and the private sector with regard to HIV/AIDS treatment, there is a need to ensure synergy in HIV/AIDS treatment and management training.

As a consequence, the proposed project activities necessarily relate to continually providing continuous medical education (CME) and KITSO training to private practitioners, the printing and distribution of client information leaflets for the promotion of information, education and communications (IEC) activities for members and prospective members of administered schemes. In essence, the project aims to build on and strengthen activities that would be completed for FY07.

The main objective of the project is to increase access to quality antiretroviral therapy and related services in the private sector in Botswana, which is aligned to national and international clinical guidelines.

To date, and since we started this project with BOTUSA, we have facilitated the provision of KITSO Training to 95 different private and public sector practitioners, done eight continuous medical education sessions (in Francistown and Gaborone) which were attended by a total of 321 private and public sector practitioners. In addition, more than 2,000 patients (excluding public-private partnership project patients) have been indirectly reached and increased the number of medical practices providing ART services to 156.

The challenges, as previously reported, continue to be availability of funds, scarcity of IEC specialists to assist in developing program specific IEC materials, limited capacity of the KITSO faculty to provide KITSO Training as and when requested.

Going forward, we have decided to develop the IEC materials in-house with oversight from the a member of the KITSO faculty, establish honorarium for private practitioners willing to accredit and provide KITSO training to private sector practitioners, and continue to invite resource persons from abroad to provide Continuous Medical Education, in collaboration with, amongst others, International Training & Education Centre (I-TECH -University of Washington) and Aid for AIDS consultants from University of Cape Town..

In FY08 at least four continuous medical education sessions for private sector practitioners are planned for the southern and northern parts of Botswana, two Government of Botswana (Ministry of Health) accredited HIV/AIDS treatment training (KITSO) to ensure that treatment and/or antiretroviral services offered in the private sector meet national and international standards. This activity will provide CME and KITSO Training to about 210 private practitioners.

To strengthen and supplement Government information, education and communication activities (IEC), 15 000 program specific IEC materials / leaflets would be produced to provide knowledge and information to insured and non-insured persons in order to increase the number of clients accessing the managed care program and therefore accessing antiretroviral therapy. This would be done at the same time as promoting HIV preventative strategies such as abstinence, be faithful and condoms (ABC). By distributing the IEC materials, nationally, to the various employer groups, this activity is expected to increase current new patients' enrollment rate.

In conclusion, the funding will also support the payment 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17810

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17810	4954.08	HHS/Centers for Disease Control & Prevention	Mullens & Associates	8742	8742.08	CoAg (5444.08)	\$32,000
10220	4954.07	HHS/Centers for Disease Control & Prevention	Associated Funds Administrators	5422	1352.07	Contract	\$52,000
4954	4954.06	HHS/Centers for Disease Control & Prevention	Associated Funds Administrators	3563	1352.06	Contract	\$98,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 11100.09

Mechanism: Technical Assistance for In-Service Training of Health Care Providers in Botswana in Management of HIV/AIDS and HIV/TB Co-infection

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 26704.09

Planned Funds: ██████████

Activity System ID: 26704

Activity Narrative: 09.T.AT13: TBD – NEW FOA for Palliative Care

The scope for this activity is to assist the Ministry of Health (MOH) of the Government of Botswana (GOB) in providing high quality HIV-related palliative care and treatment training to clinicians at the two referral hospitals, Princess Marina and Nyangabgwe, and further training in outreach services in palliative care to selected district and primary hospitals. The goal is to increase the clinicians' knowledge of palliative care and to improve the standard of patient care to those suffering with HIV/AIDS, TB/HIV and other opportunistic infections (OI). This should have a direct influence on the treatment of inpatients at the two referral hospitals and have an indirect influence on the care and treatment at the level of the district and primary hospitals.

It is expected that the TBD organization will assist the MOH in developing its clinical curriculum for palliative care for the University of Botswana's new medical school and, by the end of FY2009, will have a comprehensive package compiled for the training and services to be extended to some peripheral primary hospitals. The TBD organization will train health care workers and other partners according to the national TB/HIV curricula for nurses and medical officers to ensure adherence to the Botswana National TB Control Program (BNTP) guidelines and will provide in-service training of health care workers in the care of children with TB and TB/HIV co-infections and, in collaboration with the BNTP, will implement strategies to enhance the diagnosis of TB in children and improve contact tracing.

With respect to in-patient services, the TBD organization will provide inpatient care support to the medical departments within the two referral hospitals and will deliver direct care to inpatients suffering with HIV/AIDS and its co-infections, including patients with dual TB/HIV disease and multidrug-resistant TB (MDR-TB). The TBD organization, in addition to the direct in-patient care services, will undertake a structured educational training program aimed directly at enhancing the care practices of various internal medicine clinicians' performance. A similar program in the practice of medicine related to HIV/AIDS will be arranged for all clinical staff, both doctors and relevant nursing staff. The TBD organization will also provide pediatric TB/HIV clinical services at the two referral hospitals for advanced treatment, consultative, outreach and educational services for TB/HIV co-infected children and will work with all partners to strengthen linkages between the TB and Anti-retroviral Treatment (ART) programs at the national, district and facility levels.

In terms of outpatient services, the TBD organization will run ART clinic and specialized HIV clinics at both referral hospitals and will provide the standard of care treatment for patients with TB/HIV and MDR-TB. These clinics will create a "one stop shop" idea for patients with HIV and other complications, such as metabolic problems, co-morbidity issues and co-infections, which can be managed on an outpatient basis.

Botswana's two referral hospitals have patients referred to them from district hospitals and primary hospitals. With the current HIV/AIDS pandemic, the increasing rate of opportunistic infections (OI) in patients suffering from HIV/AIDS and the lack of clinical skills in the primary and district hospitals to manage these OIs, lead to patients being referred to the two referral hospitals, which is a major cause of their overcrowding. The TBD organization will provide an outreach program, using both lectures and direct bedside teaching, aimed at training clinicians from primary and district hospitals in the management of patients with HIV/AIDS, TB/HIV and other OIs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 12178.09	Mechanism: Refugee ART Program
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 29675.09	Planned Funds: ██████████
Activity System ID: 29675	

Activity Narrative: These funds are programmed to support a TBD ARV program for refugees in Botswana. Despite the recent increase in refugee influx to Botswana, especially following the political crisis in neighboring Zimbabwe, the Government has retained the policy of not providing ARVs for non-citizens. Treating refugees, however, will reduce transmission of new HIV infection among non-citizens in addition to saving lives. To this effect, PEPFAR-Botswana decided to provide a temporary solution to the problem while negotiations with the GOB continue in order to fina a sustainable solution. One-third of this money (\$100,000) is planned to come from funds allocated for Partnership Framework development. The effect of this funding decision on country soft and hard earmarks are neglible.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7804.09	Mechanism: New CoAg- Health Care Providers Training
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 27235.09	Planned Funds: ██████████
Activity System ID: 27235	

Activity Narrative: 09.T.AT12: TBD - Health Care Provider Training

CONTINUING ACTIVITY UNDER PERFORMANCE PASS:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The TBD organization is expected to develop a sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expand CD4 and Viral load laboratory testing to decentralized laboratories, and strengthen the Ministry of Health's (MOH) Monitoring and Evaluation (M&E) capacity to monitor the effectiveness of the national anti-retroviral (ART) program, MASA.

In FY2007 and FY2008, the Clinical Master Trainer (CMT) program trained a total of 492 health personnel on ART service delivery and 635 on palliative care service delivery. It also supported and mentored 18 hospitals and 39 satellite clinics. The Laboratory Master Trainers have so far been able to train a total 22 laboratory technicians and have supported and mentored approximately 22 facilities, 15 of them decentralized.

The M&E results indicated that there were 32 sites reached, 59 data entry clerks (DEC) trained, a data warehouse developed with integration of MASA and DHIS ongoing, and a data security and confidentiality system with encrypt and decrypt completed.

The TBD organization is expected to have a three pronged approach to using the master trainer model, which will include Clinical master trainers, Laboratory master trainer and M&E technical advisor.

The Clinical Master Trainers will continue to do:

(1) task shifting: training of nurse dispensers and nurse pre scribers; (2) train Health Care Providers on QAI and implementation of QA activities at ART site level and QAI training for district/site leadership cadres; (3) provide CME at district level and telephone site support; (4) continue training material development, SOPs, guidelines, memos, checklists and other tools for care and treatment sites.

B) The Laboratory Master Trainers will continue to:

(1) support the established CD4, VL decentralized and expand training to include hematology, chemistry and microbiology support; (2) in collaboration with MOH and HHS/CDC/BOTUSA formalize the training manuals on CD4, VL, hematology, chemistry and microbiology, including TB; (3) train on LIS issues at decentralized labs/sites and on lab data management, reagent logistics and quality assurance.

C) The M&E Unit within MASA will continue to:

(1) refine and expand indicators and management tools; (2) replace PIMS (MASA) and roll out new system to all PIMS locations; (3) integrate functions of, for example, PMTCT, and integrate with all other national systems, for example, DHIS; (4) train end users on the new systems; (5) establish a support desk and use DEC to perform vital roles; and 6) conduct a targeted patient evaluation study on medication adherence.

From COP08:

With PEPFAR support, an organization (TBD) will assist GOB in strengthening the capacity of health care providers in providing ART services. The organization TBD will put in place a training program using the Trainer of Trainers Master trainer approach

as described below. Three main activities will be supported by the TBD organization: 1) support and strengthen a clinical master trainer (CMT) program; 2) support and strengthen a laboratory master trainer program; and 3) support and strengthen the M&E component of the MASA program

A. The Clinical Master Trainer program consists of on-site specific training to bring MLG and MOH facilities up to standard to prescription and dispensing level. Proper data recording and reporting is another area of strengthening in the master trainers program. ART site support is designed to provide a sustainable training capacity for integrated, high quality HIV/AIDS treatment at public sector ART sites in Botswana. It consists of site assessments, on-site and centralized training to support task shifting, support and follow up on clinical, laboratory, pharmacy and quality assurance and improvement activities.

B. The CMT program should also involve a pharmacy training component. Activities should be scaled up to include training on task shifting for nurse prescribers/ dispensers to support pharmaceutical officers and prescribers for managing chronically stable patients. By the end of the program, all 32 sites and satellite clinics should have received coverage. All roll out clinics should have been supported and > 1000 workers trained in short term trainings including, Introduction to AIDS Clinical Care, Nurse Dispensing, Nurse training for stable patients and facilitated other MoH training initiatives including palliative care. The Master Trainer Program will expand its clinical support to ARV sites in COP08 through these activities; 1) Training of nurse dispensers and nurse prescribers for stable patients for ARV roll out; 2) 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 Health Care Providers on QAI and implementation of QA activities at ARV site level and QAI training for district/site leadership cadres; 3) provision of CME at district level, telephone site support for HIV/AIDS Management, the newly established failure management phone support to enable clinical and pharmacy staff at all ART sites to obtain advice on difficult cases, etc. from core Master Trainers and to ensure the best, quickest, and most efficient care & treatment possible; 4) Development of training materials, SOP's, guidelines, memo's and checklists tools for ARV sites; 5) seeking editorial and peer review services for developed material

C. Strengthening the capacity of laboratories through the laboratory master trainers (LMT) has been instrumental in the decentralization of CD4 and VL testing (infrastructure funded by ACHAP and PEPFAR). CD4 services were decentralized to 12 laboratories. The LMT program will continue to support the established CD4, VL decentralized and expanded training to include hematology, chemistry and

Activity Narrative: microbiology support. All laboratory technicians from the 12 decentralized laboratories will be fully trained in CD4 & 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 LMT will continue. The LMT in collaboration with MOH and HHS/CDC/ BOTUSA will formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB) The activity will include training in quality issues at decentralized sites and LIS at roll-out sites. Additionally they will provide training on lab data management, reagent logistics and quality assurance in COP08.

D. Monitoring and Evaluation (M&E) Unit within the National ARV (Masa) Program will be assisted by the TBD organization 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. Staff at the ART sites will be trained on the new data capture instruments, indicators, quality and flow. Activities for COP08 will continue in line with the MoH vision of developing a viable and sustainable monitoring system for the ARV program. Long term, the TBD organization will assist the M7e Unit to do the following: 1) refine and expand indicators and management tools; 2) replace PIMS (MASA) and roll out a new system to all PIMS locations; 3) Integrate functions of (e.g. PMTCT) and integrate with all other national systems (e.g. DHIS); 4) Train end users on the new systems; 5) Establish support desk and using DEC to perform vital role; 6) Unlock data warehouse; 7) Purchase and install software to develop end user reporting tools for the data warehouse; 8) Establish end-user support (user registration, user training).

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 5404.09 **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:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 10234.24205.09 **Planned Funds:** \$109,367
Activity System ID: 24205
Activity Narrative: 09.T.AT90: Technical expertise and Support ARV Services
 CONTINUING ACTIVITY UNDER PERFORMANCE PASS
 From CXOP08:
 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17335

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17335	10234.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$300,000
10234	10234.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$50,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5425.09	Mechanism: 5U51HA02522: Palliative Care Support
Prime Partner: Harvard University School of Public Health	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 10226.24224.09	Planned Funds: \$1,275,000
Activity System ID: 24224	
Activity Narrative: 09.T.AT08: Harvard Botswana AIDS Initiative Partnership	

CONTINUING ACTIVITY UNDER PERFORMANCE PASS:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Clinical master trainer program will expand its activities in the following areas in conjunction with:

-Prevention of Mother to Child Transmission (PMTCT) Program to include the PMTCT Pilot for universal highly active anti-retroviral therapy (HAART) with the PMTCT program and training on dried blood spot (DBS) and Routine HIV Testing (RHT) for the expanded nurse role in testing.

-Botswana National TB Program (BNTP), which will include TB/HIV co-infection; Isoniazid Preventative Therapy (IPT) integration activities in anti-retroviral (ARV) roll out clinics; and the development of TB/HIV adherence material to be incorporated into training and mentoring activities.

-MASA, the anti-retroviral (ARV) distribution program to incorporate: Pediatric expert training expansion for identifying infected children; the Nurse Training Initiative for prescribing and dispensing; and training in conjunction with the Palliative care unit on the training package for community volunteers.

-Ministry of Local Government (MLG) to add: Nurse dispensing training.

The Laboratory Master trainers will expand its activities to include: the development of training manuals and training in chemistry, hematology and tuberculosis microscopy in the ARV clinic laboratories; and standardization, standard operating procedures (SOP) and external quality assurance (EQA) program for new ARV clinic laboratories.

From COP08:

The BHP-PEPFAR ART Training and Site Support program is aimed at developing sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expanding CD4 and Viral load laboratory testing to decentralized laboratories, and strengthening the Botswana MOHs M&E capacity to monitor the effectiveness of the National ART program (MASA).

Achievements during FY07

Clinical master trainer results (CMT): Number of health personnel trained for ART services - 492, number trained in palliative care - 635, facilities supported and mentored - 18 hospitals and 39 satellite clinics.

Laboratory Master Trainer (LMT) results: Number of lab technicians trained – 22; facilities supported and mentored -15; decentralized laboratories supported ran 72,041 samples for CD4 testing, and 7,577 for VL testing

Monitoring and Evaluation (M&E) results: Sites reached – 32; data entry clerks (DEC) trained – 59; data warehouse developed; integration of MASA and DHIS ongoing and; data security and confidentiality system to encrypt and decrypt completed.

Plans for FY2008:

A) CMT will continue to:

1) task shifting: training of nurse dispensers and nurse prescribers; 2) train Health Care Providers on QAI and implementation of QA activities at ART site level and QAI training for district/site leadership cadres; 3) provide CME at district level, telephone site support; 4) continue training material development, SOP's, guidelines, memo's and checklists tools for care and treatment sites.

B) LMT will continue to:

1) support the established CD4, VL decentralized and expand training to include hematology, chemistry and microbiology support; 2) in collaboration with MOH and HHS/CDC/BOTUSA formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB); 3) train on LIS issues at decentralized labs/sites and train on lab data management, reagent logistics and quality assurance.

C) The M&E Unit within Masa will continue to:

1) refine and expand indicators and management tools; 2) replace PIMS (MASA) and roll out new system to all PIMS locations; 3) integrate functions of (e.g. PMTCT) and integrate with all other national systems (e.g. DHIS); 4) train end users on the new systems; 5) establish support desk and using DEC to perform vital role; 6) conduct a targeted patient evaluation study on medication adherence.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17566

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17566	10226.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	7806	5425.08	5U51HA02522: Palliative Care Support	\$1,275,000
10226	10226.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	5425	5425.07	Field	\$1,200,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 19621.24085.09

Planned Funds: \$332,500

Activity System ID: 24085

Activity Narrative: 09.T.AT11: MOH – Airborne Lifeline Foundation

CONTINUING ACTIVITY UNDER PERFORMANCE PASS:

ACTIVITY HAS CHANGED SIGNIFICANTLY IN THE FOLLOWING WAYS:

Airborne Lifeline Foundation provides the first regularly scheduled preventative medical air service in Africa, with its primary emphasis on HIV/AIDS treatment. It not only transports specialists from Princess Marina and Nyangagbwe hospitals to remote clinics on a scheduled basis, thereby allowing medical professionals to spend time to both treat, as well as train, but also transports anti-retroviral (ARV) drugs, other drugs and medical equipment to these remote clinics in a secure and timely manner.

The needs for the service have been identified by key members of the Ministry of Health, and as these needs change, the service will adapt its schedule to these changes. It was demonstrated that although Botswana has upgraded the rural medical facilities, the facilities were not staffed with the necessary Health Care Specialists to tend to the local population as most of the Health Care Specialists were living in Gaborone and Francistown. The need for a timely and efficient transport system was required to transport these specialists to the rural areas, so as to cover the population of Botswana with medical services more effectively.

Airborne Lifeline Foundation began flight operations in Botswana in May 2007, initially funded by its founder, Johnathan Miller and his wife Elizabeth Thompson. Airborne has since signed a Memorandum of Understanding with the Ministry of Health in August 2006 and received its first PEPFAR grant in April 2008.

Airborne originally flew specialists from Gaborone to Hukuntsi, Tshabong, Ghanzi and Gumare on a regularly scheduled basis. Based on feedback from MOH, the clinics and the health care professionals that utilized the service, the schedule was expanded and changed in July, 2008. Airborne continues to fly from Gaborone to Ghanzi, Hukuntsi and Tshabong, but has added service from Francistown to Kasane, Maun and Gumare.

It is anticipated that this recently expanded service will continue in FY2009, and that additional service will be added to Orapa to serve the villages of Lethlakane and Rakops, and Shakawe should funds become available.

From COP08:

In May of 2007, Airborne Lifeline Foundation (herein referred to as "Airborne"), a US registered 501 (c) (3) non profit corporation, commenced the operation of what is regarded as the first regularly scheduled medical air service in Africa- to provide regular health care and health monitoring service to underserved areas. After substantial analysis, Airborne chose remote portions of Botswana to commence service. This service was undertaken, following the signing of a Memorandum of Understanding (MOU) between Airborne and the Botswana Ministry of Health (herein referred to as "MOH") in August 2006. Minister of Health. The purpose of the MOU was "The implementation of regularly scheduled medical air service to hospitals and clinics in the Republic of Botswana".

The core benefits of the program are:

- To substantially improve the utilization of scarce medical profession talent by dramatically reducing travel time of professionals to remote areas. Turboprop aircraft are substantially faster than overland transportation options.
- Introduce "regular" service, and therefore inspire confidence in patients that doctors, medications, etc. will be there and their travel from the bush to hospital/clinic will be justified.
- To ensure lab samples are transported with dispatch to laboratory facilities- in terms of hours instead of days-with increased reliability and less risk of contamination and spoilage.
- Ensure that patients in remote locations might have the ability to establish regular, same physician doctor-patient relationship-with increased benefits to patients and the broader medical community in terms of collecting and tracking health information. From the inception, it was made crystal clear that the raison d'être of this proposed air service was driven by the desire to take HIV/AIDS treatment, testing, training, education, etc. to remote parts of Botswana. While this scheduled air service would be available (if capacity existed) to other health care services, HIV/AIDS treatment was deemed paramount.

Presently Airborne aircraft are organized through its chartered air provider NAC Botswana, and are flying capacity loads on three flights a week on two routes. Both routes carry both medical cargo and health care professionals. The Tuesday route, flown both in the morning and evening, goes from Gaborone to Hukuntsi and Tshabong. The second route, flown on Thursday, flies from Gaborone to Ghanzi, Gumare and Maun. Depending on the amount of cargo carried, each flight can carry up to 10 passengers.

Airborne is carrying large amounts of ARV boxes to all five locations presently being flown. We have also been flying infant CD4 samples on a regular basis back to the Harvard Lab from locations, such as Gumare. We also carry test results and cool boxes back from the Harvard Lab to these locations.

In addition to the cargo, we have been ferrying medical personnel engaged in HIV/AIDS work.

There have already been requests to expand the number of flights to other locations. Once we get past this initial start up and assessment phase of operations, we intend to expand it to additional cities/routes and/or a larger plane. Additional stops conceivably would include, but not be limited to, Kasane, Shakawe, Francistown, Orapa/Lethlakane, and Selibe Phikwe..

Airborne's scheduled service will support the USG PEPFAR's treatment, care, monitoring and evaluation programs in Botswana by transporting ARVs and medical personnel to rural areas, as well as samples to the Harvard Lab. Currently, health care to these areas are erratic as the only way providers can access

Activity Narrative: these areas are by road, which can take up to 8-hours travel time. Airborne's regularly scheduled flights already has resulted in an increase in the number of patients supported by the various HIV/AIDS programs as medical personnel can now treat more patients.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19621

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19621	19621.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$350,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 8744.09

Mechanism: TBD HQ Contracts

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 19650.24399.09

Planned Funds: ■

Activity System ID: 24399

Activity Narrative: 09.T.AT09: TBD - Medical Knowledge Assessment

CONTINUING ACTIVITY UNDER PERFORMANCE PASS.
ONGOING ACTIVITY FOR WHICH NO ADDITIONAL F2009 FUNDS ARE REQUESTED

From COP08:

The Government of Botswana is committed in the fight against HIV/ AIDS and offers free ART to its citizen through the national ART program MASA. Currently 32 sites are providing services and the roll out of the program in satellite clinics to bring treatment closer to the population is under way. While the country response is strong, one of the challenges facing the program is the availability of trained personnel. The national program MASA with assistance from a variety of PEPFAR-funded and national stakeholders has embarked in a capacity building effort through training of health care workers (doctors, nurses and counsellors) in order to ensure delivery of quality services by well trained and qualified staff in both public and private sectors. Since 2001, many partners have assisted in this training effort, including Harvard University through the KITSO program, the University of Pennsylvania, the University of Washington/I-TECH and the AFA, a Botswanan Health Insurance organization. In addition, the Botswana Ministry of Health has an accreditation exam to test the knowledge required to obtain a License to Practise in Botswana. However, until now there has been no monitoring or assessment of the successful dissemination of a basic minimum standard of medical practice nationally in Botswana. We propose, in collaboration with the Ministry of Health, the Botswana Examinations Council, and the Botswana Bureau of Standards to measure the principal outcome of medical training by a nationwide assessment of medical knowledge with particular emphasis on provision of quality HIV/AIDS care. The groundwork for this has been laid with the collation and review of the content of the different training curricula currently offered in Botswana by I-TECH. This establishes what may be reasonably expected of the knowledge of medical practitioners in Botswana. We propose to support the development of a multiple-choice type Medical Knowledge Assessment Test similar to the USMLE used for the same purpose in the USA, but based on the Botswana curricula, and administer the tests to health care workers nationwide, in both central and district practice settings. The principal outcome of the testing will be scoring of knowledge, primarily about delivery of quality HIV/AIDS services, for individual health care workers. Secondary outcomes will include regional, district and facility level knowledge indicators and health care worker cadre indicators. These hard outcomes may be used to target trainings, update curricula, and serve as a template for a more comprehensive review of the quality of medical practice in Botswana as the country prepares to open its first medical school.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19650

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19650	19650.08	HHS/Centers for Disease Control & Prevention	To Be Determined	8744	8744.08		

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1331.09 **Mechanism:** U69/HA00047 -- I-TECH
Prime Partner: University of Washington **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Treatment: Adult Treatment
Budget Code: HTXS **Program Budget Code:** 09
Activity ID: 10232.24107.09 **Planned Funds:** \$50,000
Activity System ID: 24107
Activity Narrative: 09.T.AT05: University of Pennsylvania

The scope for this activity is to assist the Ministry of Health (MOH) of the Government of Botswana (GOB) in providing high quality HIV-related palliative care and treatment training to clinicians at the two referral hospitals, Princess Marina and Nyangabgwe, and further training in outreach services in palliative care to selected district and primary hospitals. The goal is to increase the clinicians' knowledge of palliative care and to improve the standard of patient care to those suffering with HIV/AIDS, TB/HIV and other opportunistic infections (OI). This should have a direct influence on the treatment of inpatients at the two referral hospitals and have an indirect influence on the care and treatment at the level of the district and primary hospitals.

It is expected that the University of Pennsylvania (UPenn) will assist the MOH in developing its clinical curriculum for palliative care for the University of Botswana's new medical school and, by the end of FY2009, will have a comprehensive package compiled for the training and services to be extended to some peripheral primary hospitals. UPenn will train health care workers and other partners according to the national TB/HIV curricula for nurses and medical officers to ensure adherence to the Botswana National TB Control Program (BNTP) guidelines and will provide in-service training of health care workers in the care of children with TB and TB/HIV co-infections and, in collaboration with the BNTP, will implement strategies to enhance the diagnosis of TB in children and improve contact tracing.

With respect to in-patient services, UPenn will provide inpatient care support to the medical departments within the two referral hospitals and will deliver direct care to inpatients suffering with HIV/AIDS and its co-infections, including patients with dual TB/HIV disease and multidrug-resistant TB (MDR-TB). UPenn, in addition to the direct in-patient care services, will undertake a structured educational training program aimed directly at enhancing the care practices of various internal medicine clinicians' performance. A similar program in the practice of medicine related to HIV/AIDS will be arranged for all clinical staff, both doctors and relevant nursing staff. UPenn will also provide pediatric TB/HIV clinical services at the two referral hospitals for advanced treatment, consultative, outreach and educational services for TB/HIV co-infected children and will work with all partners to strengthen linkages between the TB and Anti-retroviral Treatment (ART) programs at the national, district and facility levels.

In terms of outpatient services, UPenn will run ART clinic and specialized HIV clinics at both referral hospitals and will provide the standard of care treatment for patients with TB/HIV and MDR-TB. These clinics will create a "one stop shop" idea for patients with HIV and other complications, such as metabolic problems, co-morbidity issues and co-infections, which can be managed on an outpatient basis.

Botswana's two referral hospitals have patients referred to them from district hospitals and primary hospitals. With the current HIV/AIDS pandemic, the increasing rate of opportunistic infections (OI) in patients suffering from HIV/AIDS and the lack of clinical skills in the primary and district hospitals to manage these OIs, lead to patients being referred to the two referral hospitals, which is a major cause of their overcrowding. UPenn will provide an outreach program, using both lectures and direct bedside teaching, aimed at training clinicians from primary and district hospitals in the management of patients with HIV/AIDS, TB/HIV and other OIs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17287

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17287	10232.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$50,000
10232	10232.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$50,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$50,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1331.09

Mechanism: U69/HA00047 -- I-TECH

Prime Partner: University of Washington

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 10223.24109.09

Planned Funds: \$71,250

Activity System ID: 24109

Activity Narrative: 09.T.AT02: ITECH - Continuing Medical Education Courses

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08

This activity continues to complement the Botswana national HIV/AIDS training program by providing workshops on advanced topics of HIV/AIDS care and treatment. Two successful CME trainings on ARV resistance and salvage ARV regimens, and neurological complications of HIV have been conducted. Each session trained 75 public and private physicians.

In FY2008, I-TECH will provide another series of didactic and skill-building workshops to physicians on four advanced HIV/AIDS topics selected by in-country clinicians. For each topic, an experienced clinician trainer will conduct two workshops, one in Gaborone and one in Francistown. The 2008 scope of work includes four, one-week trips to Botswana for the I-TECH expert clinical trainer. During each week of trainings, the clinician/trainer will work with an in-country co-facilitator to conduct lectures, facilitate workshops, and provide technical assistance to the in-country team as identified. The trainer will develop specific training objectives prior to each training session, as the topic and audience are identified. PEPFAR funds will cover time and travel, lodging and per diem of the I-TECH clinical trainer, training materials, training site logistical costs, as well as a portion of overall I-TECH country management and administrative costs.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17286

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17286	10223.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$75,000
10223	10223.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$312,248

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1353.09

Mechanism: 5U51HA02522: Palliative Care Support

Prime Partner: Harvard University School of Public Health

USG Agency: HHS/Health Resources Services Administration

Funding Source: Central GHCS (State)

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 4955.24171.09

Planned Funds: \$2,786,962

Activity System ID: 24171

Activity Narrative: 09.T.AT07: Harvard Botswana AIDS Initiative Partnership

CONTINUING ACTIVITY UNDER PERFORMANCE PASS:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Clinical master trainer program will expand its activities in the following areas in conjunction with:

-Prevention of Mother to Child Transmission (PMTCT) Program to include the PMTCT Pilot for universal highly active anti-retroviral therapy (HAART) with the PMTCT program and training on dried blood spots (DBS) and Routine HIV Testing (RHT) for the expanded nurse role in testing.

-Botswana National TB Program (BNTP), which will include TB/HIV co-infection; Isoniazid Preventative Therapy (IPT) integration activities in anti-retroviral (ARV) roll out clinics; and the development of TB/HIV adherence material to be incorporated into training and mentoring activities.

-MASA, the anti-retroviral (ARV) distribution program to incorporate: Pediatric expert training expansion for identifying infected children; the Nurse Training Initiative for prescribing and dispensing; and training in conjunction with the Palliative care unit on the training package for community volunteers.

-Ministry of Local Government (MLG) to add: Nurse dispensing training.

The Laboratory Master trainers will expand its activities to include: the development of training manuals and training in chemistry, hematology and tuberculosis microscopy in the ARV clinic laboratories; and standardization, standard operating procedure (SOP) and external quality assurance (EQA) program for new ARV clinic laboratories.

From COP08:

The BHP-PEPFAR ART Training and Site Support program is aimed at developing sustainable training capacity in clinical care and treatment of HIV/AIDS patients, expanding CD4 and Viral load laboratory testing to decentralized laboratories, and strengthening the Botswana MOHs M&E capacity to monitor the effectiveness of the National ART program (MASA).

Achievements during FY07

Clinical master trainer results (CMT): Number of health personnel trained for ART services - 492, number trained in palliative care - 635, facilities supported and mentored - 18 hospitals and 39 satellite clinics.

Laboratory Master Trainer (LMT) results: Number of lab technicians trained – 22; facilities supported and mentored -15; decentralized laboratories supported ran 72,041 samples for CD4 testing, and 7,577 for VL testing

Monitoring and Evaluation (M&E) results: Sites reached – 32; data entry clerks (DEC) trained – 59; data warehouse developed; integration of MASA and DHIS ongoing and; data security and confidentiality system to encrypt and decrypt completed.

Plans for FY2008:

A) CMT will continue to:

1) task shifting: training of nurse dispensers and nurse pre scribes; 2) train Health Care Providers on QAI and implementation of QA activities at ART site level and QAI training for district/site leadership cadres; 3) provide CME at district level, telephone site support; 4) continue training material development, SOP's, guidelines, memo's and checklists tools for care and treatment sites.

B) LMT will continue to:

1) support the established CD4, VL decentralized and expand training to include hematology, chemistry and microbiology support; 2) in collaboration with MOH and HHS/CDC/BOTUSA formalize the training manuals on CD4, VL, hematology, chemistry and microbiology (including TB); 3) train on LIS issues at decentralized labs/sites and train on lab data management, reagent logistics and quality assurance.

C) The M&E Unit within Masa will continue to:

1) refine and expand indicators and management tools; 2) replace PIMS (MASA) and roll out new system to all PIMS locations; 3) integrate functions of (e.g. PMTCT) and integrate with all other national systems (e.g. DHIS); 4) train end users on the new systems; 5) establish support desk and using DEC to perform vital role; 6) conduct a targeted patient evaluation study on medication adherence.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17564

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17564	4955.08	HHS/Health Resources Services Administration	Harvard University School of Public Health	7805	1353.08	5U51HA02522: Palliative Care Support	\$2,786,962
8050	4955.07	HHS/Health Resources Services Administration	Harvard University School of Public Health	4676	1353.07	Track 1- ARV	\$2,786,962
4955	4955.06	HHS/Health Resources Services Administration	Harvard University School of Public Health	3564	1353.06	Track 1- ARV	\$2,200,001

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$1,900,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5286.09	Mechanism: GPO-I-01-05-00032 --SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 19652.24185.09	Planned Funds: \$500,000
Activity System ID: 24185	

Activity Narrative: 09.T.AT10: SCMS – PIMS Support

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08:

The Botswana National ART Programme is supported by a multidimensional community mobilization initiative called MASA. The goal of MASA is to ensure universal access to HIV/AIDS treatment care and services to the citizens of Botswana who require such. The programme is funded and supported by various partners which include the government, PEPFAR, African Comprehensive HIV/AIDS Partnership (ACHAP). The MASA ARV Programme currently has over 90,000 patients on HAART in the public and private sectors and hopes to reach 110,000 patients on HAART by 2009 and 125,000 patients by 2010. These patients will be served at both the Ministry of Health (MOH) and Ministry of Local Government (MLG) managed sites. The MOH has established 32 sites which prescribe and dispense ARVs while the MLG has 60 sites providing ARV prescription and dispensing services and is rolling out to other sites within the system.

For this rapid expansion to be successful, there is need to have a very strong and robust patient management cum inventory management system deployed at the facilities where ARVs are dispensed. Patient clinical and dispensing data are currently being managed with two software systems in the Botswana ART sites - Meditech developed in South Africa and the MASA system developed in Botswana. The Meditech system is deployed at 4 pilot facilities but as currently deployed, the system is unable to provide very useful information on patient regimen ratios and inventory management which are crucial for forecasting and quantification purposes. In addition, it is not available at district clinics. The MASA system is deployed in most of the other facilities dispensing ARVs. The system has been very useful to the ART programme for programmatic purposes. However, like the Meditech system, it is unable to provide useful information on patient regimen ratios and inventory management for quantification purposes. Both programs need further customization to improve their effectiveness to enable them generate the specific type of information required for quantification purposes. The two systems are not interfaced making programmatic data integration and analysis a problem

The challenges faced by the current data capture system for ARVs in the country include poor quantification capabilities and inadequate tools for data analysis and reporting. This results in poor information flow to Central Medical Stores (CMS) and MASA thereby affecting quantification of ART resource needs and management. The CMS and MASA are concerned about these challenges and improving on these parameters through the use of user friendly software which can be easily customized to the needs of the Botswana ART programme will make CMS and MASA more responsive to the needs of a rapidly scaling up programme. CMS currently faces huge challenges in projecting demand for ARVs at sites due to unreliable logistic information flow and hence supporting hospitals and clinics to build capacity for effective supply chain management will be the major determinant for ensuring a sustainable supply chain needed for HIV prevention, care and treatment programs. SCMS will provide technical support to the MOH for the development of a HIV/AIDS commodities tracking system. This activity will be for support to the national MASA program in its initiative of developing a Patient Information Management System (PIMS) by engagement of design consultants to develop the pharmacy module for the PIMS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19652

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19652	19652.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7711	5286.08	SCMS	\$500,000

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1337.09	Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana
Prime Partner: Ministry of Local Government, Botswana	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 4541.24165.09	Planned Funds: \$420,000

Activity System ID: 24165

Activity Narrative: 09.T.AT06: MLG – ARV Support

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08:

To improve access to ARVs in line with the goal of "Universal Access" the MASA program focuses on improving access to ARVs by expanding all the components of ART services to the satellite clinics, having in the operation linkages between treatment and prevention and optimizing workload distribution and service provision as key strategy. A critical element of this will include developing a full ART service provision to the clinic level. In so doing, not only will access to the program be improved, but also other critical related programs will be linked to MASA program and hence ensure the much needed service to clients and patients. These programs are; Maternal and Child Health (MCH), Prevention of Mother to Child Transmission (PMTCT) of HIV, TB, Sexually Transmitted Infections (STI), Palliative Care and Home Based Care (HBC).

MLG has already rolled out ARVs to 30 facilities and is planning to rollout ARV to 50 facilities this year 2007/2008 to a cumulative of 80 facilities and to 128 in financial year 2008/2009. The national projection of patients who will be on ART by the end of 2008, 2009 and 2010 is 92,500, 110,000 and 125,000 respectively.

Currently there are 14 facilities that are dispensing drugs on site and 19 on outreach.

To date, Eleven (11) drug storerooms were strengthened and or upgraded to be able to store ARV drugs. Nine (9) of these facilities are dispensing on site and one on outreach.

In COP 6 the post of a public health specialist was filled and drug storerooms for 33 more facilities were upgraded. 300 nurses were trained in drug management and dispensing to provide these services at the sites. 34 facilities were targeted for strengthening of the drugs storerooms and increasing the working space.

2008 plans

MLG will continue training nurses on dispensing ARVs to increase capacity. To ensure that facilities always have nurses who can dispense, this training will increase the number of nurses who have been trained on dispensing to 500. There will be 3 sessions of trainings for nurses on drugs dispensing.

The MLG will use funds to renovate one old building and convert it into district/regional ARV drugs warehouse where drugs from Central Medical Stores will be stored before being distributed to the facilities. Having district drug warehouses in all districts will improve the supply chain management to ensure that drugs are always in stock, there is proper drugs management system in place, proper accounting of drugs in the districts, there is safety of the drugs and ultimately their distribution resulting in improved access. Pharmacists will manage these district/regional warehouses. Support and training for the pharmacists will come from SCMS.

MLG's Department of Primary Health Care has the responsibility of coordinating the ARV rollout to the clinics. MLG will hire 2 Regional ARV Coordinators for the northern and southern parts of the country funded by PEPFAR. The 2 Regional ARV Coordinators will be responsible for monitoring the projects implementation through frequent visits to the districts facilities where rollout will be implemented. They will closely supervise the strengthening of the infrastructure, monitoring of the funds in the districts by making sure that accounts are in order and payments are made speedily. With the increase in number of health facilities that are dispensing from 30 to 80 to 128 in 2006/2007, 2007/2008 and 2008/2009 respectively, the two coordinators will closely oversee the whole process of the rollout, give necessary assistance to the districts and through the national coordinator make provisions for the needs that might arise. The two (2) regional coordinators will work hand in hand with the District HIV/AIDS Coordinators (DAC) to increase the uptake of MASA program in the health facilities. The 2 coordinators will be hired as project posts and will be taken over by GOB after 3 years.

The Public Health Specialist, who is in place, will direct the overall coordination of the rollout of ARV to the clinics in collaboration with the Ministry of Health. He will also provide guidance to the District Health Teams on issues of rollout of ARV to the clinics; where applicable facilitate training to personnel of Local Authorities on ARV rollout and provide technical support to DHTs on ARV program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17818

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17818	4541.08	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	7749	1337.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$50,000
9867	4541.07	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	5298	1337.07	CoAg # U62/CCU02509 5	\$318,000
4541	4541.06	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	3372	1337.06	Technical Assistance	\$1,517,054

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$301,200

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 5406.09	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: Treatment: Adult Treatment
Budget Code: HTXS	Program Budget Code: 09
Activity ID: 10235.24218.09	Planned Funds: \$76,593
Activity System ID: 24218	

Activity Narrative: 09.T.AT91: Technical expertise and Support ARV Services

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17351

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17351	10235.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$109,000
10235	10235.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$400,000

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: \$1,060,900

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Batswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

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

Despite these challenges, Botswana has become a global leader in scaling pediatric HIV care and treatment. Anti-retroviral therapy (ART) is currently provided free of charge to all qualifying HIV-infected citizens in Botswana through the national ART program known as Masa (or "new dawn"), which was launched in January 2002 and already prescribes ART through 32 hospitals and 62 clinics around the country (see Adult Care and Treatment narrative). In common with adult treatment services, there are no partners directly providing treatment – all care is delivered through the Masa Program or Government of Botswana (GOB) licensed private practitioners. Children receive care and support and highly active anti-retroviral therapy (HAART) through the 32 hospitals and as of April 2008 there were 6481 pediatric patients on ART in the public sector, which represents approximately 8% of the total number of individuals receiving ART in the public sector. In recent months, with support from UNICEF, the Masa Program hired a Pediatric Coordinator to oversee pediatric care and treatment in the country. As part of long-term human capacity development, the President's Emergency Plan for AIDS Relief (PEPFAR)-supported national HIV training program—Knowledge, Innovation, and Training Shall Overcome (KITSO)—continued regularly throughout FY2008 a substantive week long pediatric HIV/AIDS management course in an effort to decentralize pediatric expertise and care to all parts of Botswana. This course utilized trainers from the GOB and the United States Government (USG) partners, Baylor School of Medicine and University of Pennsylvania School of Medicine, and will continue with USG support in FY2009. PEPFAR is also supporting the position of four pediatricians to deliver services to the children in Princess Marina, Nyangabgwe Hospital and in surrounding districts through an outreach program. These pediatricians are strengthening the capacity of GOB in pediatric care and treatment.

HIV-exposed infants are tested for HIV using polymerase chain reaction (PCR) testing of dried blood spots (DBS), at the age of six weeks and breastfed infants are tested again six weeks after weaning (see PMTCT Program Narrative). 2007 data show that nationwide, 78% of all HIV-exposed infants were tested before the age of six months. Cotrimoxazole (CTX) is provided for exposed infants from age six weeks until they have a negative HIV test along with nutritional support. 2007 data show that among infants older than 9 weeks old, more than 70% were already taking daily CTX at the time they arrived for their first HIV test. HIV-

infected infants are referred to the Masa Program, which provides pediatric ART at all sites which provide adult ART. FY2007 data show that only 24% of HIV-infected infants identified through routine PCR testing received treatment. Reasons for this low percentage have been explored in other studies and relate to the slow return of results and lack of adequate outreach to follow these children at their homes in a timely manner.

In FY2009, using USG funds, clinics will be supported to develop their own protocols to track and review appointment compliance, to prioritize patients for follow up, and to find and engage the families in care. HIV-exposed infants who become sick will be referred to the HIV care and treatment clinic as soon as possible so they can be evaluated for possible treatment, even if they have not had an HIV test yet. Health workers will conduct a daily review of appointment schedules to identify patients who missed appointments and, on a weekly basis, identify priority cases for follow-up. Family welfare educators, lay counselors and peer educators will be engaged to track families in local communities. Where possible, staff will phone patients who missed visits on mobile phones to give them another appointment date. All infants receiving care at the sites will benefit from the development of follow-up systems and a shift from episodic to continuous care during childhood.

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

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

Strategies to increase diagnostic coverage continue, and include routine health provider initiated testing and counselling (PITC) for all children. With support from the Clinton Foundation, Masa recently completed an expert patient training pilot to improve appropriate diagnosis and treatment for unidentified children beyond the reach of current clinics and referral centres. In FY2009 with the support from PEPFAR, the Ministry of Health (MOH) will continue to strengthen its pediatric activity and initiate through Masa and the Botswana Harvard Project (BHP) the roll out of the Expert Patient support which will serve to identify children in need of treatment and increase their access to care. The pediatric care and outreach will continue with a TBD partner. In addition, both Baylor and a new partner in FY2008, the Children's Hospital of Philadelphia (CHOP), will pilot facility to community strategies in selected sites to improve contact tracing for TB affected families, which will include introduction of facility-based sputum induction to improve diagnosis, and community and referral strategies to improve follow up.

A Public Health Evaluation (PHE) will begin in FY2009 that will characterize stillbirth and early infant mortality rates in several large sites in Botswana and determine factors associated with mortality in order to tease out the causes of the unacceptably high infant mortality figures for Botswana. In addition, a Program Evaluation collaboration between the MOH and CDC-Botswana will extract and analyze pediatric outcome data from the Masa Program in parallel with the routine evaluation carried out for the adult program. It is hoped to strengthen this activity so that it becomes routine.

PEPFAR will also continue to support purchase of supplies for early infant diagnosis. In addition, through SCMS, training of health workers will be conducted to strengthen infant formula supply chain management.

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7813.09	Mechanism: GHH-A-00-07-00017: Light & Courage Trust- New Partners Initiative
Prime Partner: Light and Courage Centre Trust	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 17713.24260.09	Planned Funds: \$0
Activity System ID: 24260	

Activity Narrative: 09.C.PC06: Light and Courage Center Trust - Palliative Care NPI

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activities under care and support to people living with HIV/AIDS (PLWHA) have been modified to provide clinical care and pain management for asymptomatic and symptomatic infections.

Additional activities will include a Rehabilitation Program that provides PLWHA in Francistown with physical, psychosocial, occupational and vocational rehabilitation.

Capacity building through training of staff and volunteers on adult care and support, HIV/AIDS, the basics of anti-retrovirals, adherence counseling, reporting skills, monitoring and evaluation, leadership skills, nutrition and HIV, child nutrition and behavior change communication will be administered in FY2009.

From COP08:

This activity is linked to OVC and Prevention areas. The Light and Courage Centre Trust (LCCT) offers holistic support to all people, infected, affected, living with HIV/AIDS by effectively utilizing physical, social and spiritual resources available in Francistown. LCCT will support and scale up its Francistown activities. LCCT will replicate the present model of care, to additional locations within Francistown. The pattern of palliative care provided is described below:

1. "Hospice at home" assists clients in the terminal stage of their illness or to the stage where they are able to access day care at the Light and Courage Centre, and to support the care giving role of household members. This effort will continue and expand into the four satellite centres being established in COP07. In addition to the activities directly implemented by LCCT, LCCT has partnered with the Francistown Home Based Care Program which includes care assistants whose stipends are supported by the city council to provide HBC services.
2. Day Center Care - Clients come to access LCCT services via referrals made by other care agencies in the city. They are also referred by other clients, caregivers or family. Some clients refer themselves by coming to the Center for help. Each potential client is interviewed and a care plan is drawn up. Where this involves day care the Center transport will collect and return them from and to their homes each day. At each Center they will receive counselling, education, skills development, spiritual encouragement, tea breaks and a nourishing meal. LCCT provides an informal atmosphere for mutual support. LCCT provides regular workshops for caregivers to assist in their education and to share information. They share in a regular review process to assess their progress and are encouraged to plan for the time when they will be fit enough to no longer require day care. This has proved an effective means of re-integrating clients into the community and assisting them to return to work. LCCT provides prevention, treatment adherence, psychosocial support, education and training services, as well as referrals to other agencies and services.
3. Counselling -The nature and duration is unique to each client, but focuses on health, education, social and behavioural issues. Each client will have a key worker who will accompany them along whatever path their illness takes them. When clients no longer require day care they are encouraged to visit the Center regularly to encourage new clients and to deal with any outstanding / ongoing issues. In addition to the direct support LCCT provides, LCCT has partnered with BOCAIP to provide support and counselling to the children of LCCT clients.
- 4 To provide education training and behavior change support messaging to ongoing and drop-in clients. While a lot of information is shared in formal and informal counseling situations, there is a need for more formal behavior change efforts and training. Ongoing clients will include those who are accessing day centre care who will receive teaching as appropriate in literacy and numeracy, education on the nature of HIV and appropriate lifestyle responses (including abstinence and faithfulness) and nutrition. Along with skills development and training this program will empower clients to return to play a full part in family and community life.
- 5 OVC Support - In order to support the needs of vulnerable children, LCCT has partnered with BOCAIP and Bopaganang Basha to offer young people a variety of services. The BOCAIP counseling activities are described previously. Bopaganang Basha offers young people a variety of activities. It operates during the day for those who have finished full time education but are unemployed and after school hours for those in education. It also acts as a health information centre, providing accurate and up to date information on HIV/AIDS. The program will strengthen Bopaganang's organizational capability and their outreach activities. In particular it will support a drama based outreach program seeking prevention through abstinence and faithfulness. Whilst materials used at present are based on publications from the District Health Team it is anticipated that they will link with YOHO's new initiative also funded under PEPFAR-NPI to improve their materials. The Light and Courage Centre is anxious to work in partnership to complement its own education program to ensure the young people learn from the experiences of older clients and so make informed decisions about their own lives.

The present Center, established in 1998, will remain the main focus for information and resources, based on the Resource Center and the work of the Education and Training Officer. It will also be the Center providing more advanced occupational therapy, skills training, education and outreach to the general public, business and government organisations. In line with the Center's integrated and holistic approach to care for those infected and affected with HIV/AIDS, this project includes three sub-partners (Francistown Home Based Care program, BOCAIP, Bopaganang Basha) to enable capacity building and quality improvements in service delivery.

This whole project will build on the experience already gained in these areas by partnering more effectively with other organisations and extending the coverage and provision of day centre care by the establishment of four new satellite centres.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17713

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17713	17713.08	U.S. Agency for International Development	To Be Determined	7813	7813.08	GHH-A-00-07-00017: Light & Courage Trust-New Partners Initiative	■

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7803.09 **Mechanism:** New CoAg- PediatricCare
Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State) **Program Area:** Care: Pediatric Care and Support
Budget Code: PDCS **Program Budget Code:** 10
Activity ID: 17673.24256.09 **Planned Funds:** ■

Activity System ID: 24256

Activity Narrative: 09.C.PC01: TBD – Pediatric Care and Outreach Support

ONGOING ACTIVITY FOR WHICH NO NEW FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

The Pediatric ART program has witnessed tremendous progress in the past five years. Starting from scratch with no HIV-experienced pediatricians, Botswana has moved to becoming one of the largest pediatric HIV/AIDS treating countries in the world. Several partners are assisting Botswana improving the provision of ART services to the pediatric population.

With the improvement of treating staff, especially specialist pediatricians, emphasis is now being shifted to decentralize therapy at peripheral facilities. These are supported by outreach visits by the specialists from PMH, the Baylor Center of excellence and NRH.

Lately, a gradual rise can be noted in those presenting to the pediatric clinics with co-morbid chronic conditions requiring long-term follow up, such as Lymphocytic Interstitial Pneumonia (LIP), bronchiectasis, tuberculosis; and non-HIV associated diseases such as asthma, diabetes, heart diseases.

PEPFAR will support for the continued of pediatric patient care and training activities. The selected TBD organization will work closely with GOB facilities to improve and strengthen the delivery of pediatric palliative care and ART services countrywide in order to support the national program, increase access to care and treatment of children, train non pediatrician health care workers in the care of HIV infected children and maintain high standards of pediatric HIV/AIDS management in Botswana through guidelines and curriculum development. The selected organization will create a referral service center which will deal with complicated HIV/AIDS cases in children. It is expected that the TBD organization will put in place a mentoring /supportive supervision system with an outreach support component in order to standardize approach to pediatric HIV/ AIDS management.

The TBD organization will continue to facilitate the training of health care workers in pediatric HIV/ AIDS management in collaboration with the national ART training courses and participate in the revision of the pediatric module of the KITSO training curriculum. Pediatric training will be in line with the newly developed national guidelines that will be published in late 2007 or early 2008. The organization will participate in the national roll out of these new guidelines.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17673

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17673	17673.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7803	7803.08	New CoAg-PediatricCare	

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 7759.09	Mechanism: 674-A-00-08-00078 -- PCI
Prime Partner: Project Concern International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 10298.24245.09	Planned Funds: \$400,000
Activity System ID: 24245	

Activity Narrative: 09.C.PC02: Project Concern International – Pediatric Palliative Care

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The HIV/AIDS epidemic in Botswana is taking a toll on the capacity of the health and social welfare systems to respond, and straining the capacity of extended families to care for infected/affected family members. ART alone will not ensure the health and wellbeing of people living with HIV/AIDS (PLHA) and their families. A comprehensive approach is needed emphasizing palliative care in the home and in the community, including psychosocial support, treatment adherence support, positive living education and support, nutrition support along with basic health care and referral. Coverage of comprehensive palliative care services is low relative to the needs, tends to focus on adults rather than children, and tends to be geared towards end-of-life care rather than promoting wellness.

Stronger linkages between CT, PMTCT, ART, and palliative care services that reach into the home are needed, as are stronger partnerships between government health and social welfare services and CSOs. CSOs are well placed to serve as a bridge between facility-based services and the communities and households they serve. Yet the CSO sector in Botswana is young and needs significant capacity building to play this role.

During the COP07 period (project year one), PCI expects to strengthen palliative care services through 8 CSOs in Francistown and Gaborone, and to train 40 individuals to provide palliative care, reaching 800 adults and/or children infected/affected by HIV.

Building upon the foundation established in 2007, PCI will continue and expand the provision of technical and organizational capacity building services and sub grants to the initial 8 CSOs, and will extend palliative care capacity building to an additional 11 organizations. PCI will also continue and expand its partnership with BONASO, enabling BONASO to manage small grants and capacity building services for up to 4 partners. PCI in FY08 will support other local organizations that have previously been supported with USG support.

Program objectives: 1) improved and expanded CSO delivery of palliative care services; 2) strengthened capacity of local government agents (MOH, MLG) to deliver palliative care; 3) strengthened collaboration and referral among government services and CSOs in the delivery of palliative care services; 4) improved documentation and sharing of promising practices and lessons learned among CSOs and government counterparts.

Partners: Through its work in OVC, Palliative Care, and ART Access & Adherence, PCI expects to begin the COP08 period (project year two) with approximately 15-20 CSO partners. The ultimate aim is to strengthen the capacity of all the partners to provide integrated services across all three areas. This will be a phased process that will continue through the second year. Partners entering the program with palliative care strengths will have been assisted in year one to strengthen the quality, range and reach of their palliative care work, while beginning to incorporate ART access & adherence and OVC services. Conversely, partners entering the program primarily with OVC strengths will be assisted to build those strengths and incorporate palliative care and ART access & adherence services into their work. PCI therefore does not expect to increase the absolute number of CSO partners in the second year, but rather to extend palliative care capacity building and sub grants to an additional 5 CSOs within the 15-20 current partners. At the same time, PCI will assist CSO partners that received palliative care support in year one to scale-up their activities in year two, through increased sub grants and technical assistance, and to improve their service quality and linkages.

Capacity Building: During the first year, PCI will have identified specific technical and organizational development (OD) needs among the CSO partners, as well as gaps in palliative care service delivery in the project communities. This information will inform the design of specific technical and OD inputs to be provided in year two. As in year one, capacity building is expected to balance technical and OD, and to emphasize tailored, one-on-one mentoring and peer learning approaches, strategically combined with larger group training activities.

Palliative care interventions to be strengthened include the full range of physical, psychological, social and spiritual support activities needed by adults and children infected/affected by HIV/AIDS, guided by the nationally-defined minimum essential package, and delivered collaboratively by government and CSO agents from both health and social sectors. Palliative care service strengthening will emphasize tailored approaches depending on the age, gender and life situation of clients. The Family Care approach will continue to serve as the guiding framework for service delivery, focusing interventions holistically on the family rather than singling out individual members based on which "target group" they belong to. CSO partners will continue to be facilitated to develop project plans that emphasize the family as the focal point for integrating palliative care, ART support, OVC, and other HIV/AIDS services. PCI will continue to strengthen the capacity of CSO partners to utilize Participatory Learning for Action (PLA) techniques, such as Journey of Life (REPSSI, 2006) or other context-appropriate methods identified in year one, to change community attitudes, reduce stigma, and build community support and utilization of HIV/AIDS services. Through PLA and other processes, PCI will continue to catalyze and strengthen participation and resource mobilization from diverse public and private entities to strengthen palliative care services, including commercial private sector.

Government partnership: Staff from district and community health centers, social workers, family welfare educators, and government HBC volunteers, are considered key partners in this project. Support to government may include inviting government personnel to attend CSO training activities; assistance with rolling out new government-led training programs; assisting in the development/implementation of quality standards for nationally-defined minimum packages of essential services; and other strategies to be determined in consultation with government counterparts. Linkages between government and CSOs will continue to focus on ensuring that all eligible families and children are registered and receiving all available

Activity Narrative: social welfare and health services, and that benefits such as food are being utilized appropriately
Documentation/Dissemination: In year one PCI expects to convene, with partner BONASO, a Learning Forum to bring together CSOs, government and other key stakeholders to share promising practices in delivering integrated palliative care, ART access & adherence, and OVC services. In year two PCI will develop and disseminate case studies and other documentation of promising practices generated through this event as well as through ongoing program M&E/documentation, and to find practical ways of sharing such documentation locally as well as disseminating internationally.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17692

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17692	10298.08	U.S. Agency for International Development	Project Concern International	7759	7759.08	New CoAg - PCI	\$1,300,000
10298	10298.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$700,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$320,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 4964.24084.09

Planned Funds: \$210,900

Activity System ID: 24084

Activity Narrative: 09.C.PC03: MOH – Human Resource Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The Pediatric ART program has witnessed tremendous progress in the past five years. Starting from scratch with no HIV-experienced Pediatricians, Botswana has moved to becoming one of the largest Pediatric HIV/AIDS treating countries in the world. There are close to 4,000 children now on treatment in the two referral hospitals and local medical staff had built up expertise in Pediatric antiretroviral treatment.

With the improvement of treating staff, especially specialist Pediatricians, emphasis is now being shifted to decentralizing therapy, rolling it out to peripheral facilities. These are then supported by outreach visits by the specialists from PMH, the COE and NRH. We are now able to effectively participate in the weekly outreach visits to selected facilities in Botswana, thanks to the support we received under COP06 and COP07 for two Pediatricians each in PMH and NRH.

Since more HIV-infected children are now surviving, we are now seeing a gradual rise in those presenting to our Specialist Pediatric Clinics with co-morbid chronic conditions requiring long-term follow up, such as LIP, bronchiectasis, tuberculosis; and non-HIV associated diseases such as asthma, diabetes, heart diseases. AT the HIV clinic we are also seeing a steady rise in resistant viral mutations. The general clinics see at least 100 patients a week on the average, in both facilities, and over half of whom are children with HIV/AIDS.

The Pediatric KITSO training is now well established and PMH and Baylor Centre form the core training team going. Trainings are conducted in clusters around the country on biweekly schedules. The trainings are supported by UNICEF Botswana. The four PMH-based PEPFAR-funded Pediatricians have made it possible to strengthen these training activities.

The Departments of Pediatrics at PMH and NRH conduct scheduled outpatient-based specialist clinics four days of the week (PMH and five days a week, (NRH). These are mainly to follow up children who would have been admitted to the Pediatric Medical Ward treated and discharged; but because a long-term follow up is required, they are registered in these clinics usually under the same specialist that looked after them while on admission. Secondly the clinics in these two hospitals also receive referrals from all hospitals in Botswana. These are usually cases that require specialist consult and management on a long-term basis. Most of these cases have several co-morbid conditions that require an integrated approach to their management.

There is only one dedicated room for the clinic per week in the MCH clinic complex in PMH and in NRH. This is certainly inadequate. It has become increasingly difficult to accommodate them at the current sites

The UB Pediatrics residency training will begin in 2008. The new UB medical school will also start in 2008. These undergraduate and postgraduate medical training programs will require adequate space. There is therefore a growing need to provide adequate clinic space that will be used for the care of patients as well as for teaching purposes. University of Pennsylvania is assisting UB in the development of these academic activities and we are collaborating with them on these issues.

The Nutrition Rehabilitation Centre for children (supported by PEPFAR) is on the offing in both hospitals and we shall be collaborating with our Dietetics colleagues to provide the out patient medical care for the malnourished children being managed at the centers.

During FY07 four Pediatricians were supported in the FY06/ FY07 to strengthen the pediatric ARV service delivery as well as capacity building of health care providers in the country. Their activity include as well an outreach component to try and cover the country.

In FY08, these pediatricians will continue to provide clinical care to HIV/AIDS children in the two hospitals, conduct outreach services, train health care workers and run the outpatient clinics.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17273

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17273	4964.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$0
9814	4964.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$400,000
4964	4964.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$300,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$210,900

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 5420.09	Mechanism: RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 10224.24227.09	Planned Funds: \$0
Activity System ID: 24227	

Activity Narrative: 09.C.PC07: RPSO – Construction of Nutrition Unit

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED- -- DELAYED IMPLEMENTATION

From COP08:

In FY2007, USG funds supported the construction of a rehabilitation unit for malnourished children infected and affected by HIV/AIDS in NRH in Francistown.

The rehabilitation unit would serve several purposes:

1. Affected children would served at the Unit for supportive care and proper nutrition management
2. The unit would serve as a training center for family care givers in the care of malnourished children
3. NGOs/ CBOs/FBOs working with OVC would refer needy cases to the Unit and their staff would get proper advice and regular training
4. The Unit would provide office space for the Project staff

Due to inflation rates and increase in building materials and other related factors, the amount budgeted for and approved in FY2007 (\$800,000) is insufficient to support the construction of such a unit in PMH in Gaborone.

It is estimated that the construction of one unit will cost \$1million. Furthermore, GOB requested USG if a similar unit could be supported in NRH in Francistown. Therefore, in this COP08, USG Botswana is requesting an additional US\$1.2million;\$200,000 will go towards the completion of the one in PMH and 1million will go towards the construction of the second unit in Francistown.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17813

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17813	10224.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7892	5420.08	RPSO	\$1,200,000
10224	10224.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5420	5420.07	contract	\$500,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 26710.09

Planned Funds: \$150,000

Activity System ID: 26710

Activity Narrative: 09.C.PC04: URC – Psychosocial & Home Visit Support to OVC

Catholic Relief Services (CRS) is implementing a multi-country PEPFAR Track 1 Orphan and Vulnerable Children (OVC) program in Botswana in partnership with the Vicariate of Francistown (VoF).

The CRS-VoF project aims to provide as complete and holistic a package of OVC care and support services as possible, by integrating activities and interventions across the PEPFAR domains of palliative care. This project will directly provide Psychological Care in the form of psychosocial support (PSS) to OVCs and guardians, Spiritual Care as part of home visits by trained community volunteers augmented by pastoral visits, Social Care comprising several forms of prevention activities including OVC peer support groups (PSGs) and broad based community sensitization, as well as assuring links to Government of Botswana (GOB)-provided social services, food and education resources. Facilitating pre-school attendance is a cornerstone of this project and will go a long way to reducing stigma against OVCs by integrating the community's children in such a setting, while also serving as an entry point for PSS. The project will indirectly provide Clinical Care by linking to the local health center in each project site for non-HIV health care and its home based care (HBC) outreach service for HIV-related care and support.

Home visits lie at the heart of Palliative care programming. Regular home visits allow the project to provide quality, holistic support to the OVC household and may include, for example, screening for health care needs and appropriate clinical referrals, PSS, nutrition education or counseling. Depending on the household situation, more extensive support may be needed for succession planning, will writing, and understanding bereavement processes, which will augment guardian training. OVC home visits require the identification and recruitment of respected, committed adult volunteers.

Given Botswana's extremely high HIV prevalence rate, and the GOB's commitment to provide anti-retroviral therapy (ART) to its citizens, adherence to ART is an important issue, especially in the more distant areas. Home visits are an ideal mechanism for identifying gaps in adherence support among people living with HIV and AIDS (PLWHA). Especially where Home Based Care (HBC) for PLWHA is located in the same areas with this OVC project, the OVC home visit volunteers can assure child and/or guardian referrals to HBC providers and the clinics with which they are associated to assure adherence support.

Other emphasis areas will be HIV Prevention activities and nutrition education. The project will link to local health centers and other reputable providers for voluntary counseling and testing (VCT) services, targeting Tebelopele or local VCT providers. The project maintains monthly progress reports on all children attending pre-school. This strategy provides an extra set of caring eyes for detecting any deterioration in nutritional status. Since the Social and Community Development (S&CD) monthly food basket isn't available to all OVC households who need it, its contents are not necessarily the highest nutritional quality, and rations are pegged only to the registered OVC and not the entire household, the potential exists for poor nutritional status among the three to seven year olds. The project will train the community volunteer caregivers to provide nutrition education to the OVC households they visit, as well as to identify visually nutritional problems present in the household. The project will utilize trainers from S&CD and district level nutritionists, including the Nutrition Rehabilitation Project at Nyangabgwe Hospital in Francistown. The OVC project staff will also facilitate referral links between communities, local hospitals and the Nutrition Rehabilitation facility in Nyangabgwe Hospital.

The northern districts of Botswana vary as to risk levels for malaria. While the S&CD provides insecticide treated bed nets (ITN) to registered OVC, a significant gap exists in terms of OVC registration. The project will provide ITNs to its enrolled OVC households who cannot yet access them from S&CD.

The project will put great emphasis on setting up sustainable structures, such as Parish OVC Leadership Committees and Community OVC Committees. Each parish in the project area will convene a committee comprised of, for example, the parish priest, the local Chief, representatives from various churches, the police, the Village Development Committee (VDC), the local clinic, Positive Living Groups, women's groups, S&CD, and school headmasters. This Parish Committee might meet quarterly to determine its own involvement in the oversight of the OVC project activities and outcomes. Such a committee will follow in the project's founding principle of community participation, but would also build more structure into the OVC project, which will assist in building sustainability. The Parish Committee will also serve as a model of program integration, since it will comprise a cross-section of the community, including both civil society and government representatives. Also, a Community OVC Committee will be formed in each ward in the project area, which will serve as the unit of project intervention. This committee should include local leaders who can be galvanizing forces in the support of OVC in their midst and assist with open and transparent identification of those OVC most in need. Appropriate training will be provided, especially at the community level, on group or organizational management to best insure low-stress committee participation and the most effective building of community ownership of OVC care and support. The relationship between the trained volunteer caregivers, the Community Committees, the Parish Committees and the project site staff will need to be developed during FY2009. Ideally, the two levels of committees will determine their Terms of Reference with project site staff.

While community awareness and sensitization efforts are well used strategies already in the project, there will be a scaling up of such activities in FY2009, with a multi-sectoral emphasis.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities
- * Malaria (PMI)

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$20,000

Economic Strengthening

Education

Estimated amount of funding that is planned for Education \$30,000

Water

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 7804.09	Mechanism: New CoAg- Health Care Providers Training
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: Pediatric Care and Support
Budget Code: PDCS	Program Budget Code: 10
Activity ID: 26713.09	Planned Funds: ██████████
Activity System ID: 26713	

Activity Narrative: 09.C.PC05: TBD – Masa Expert Patients Support

The Expert Patients Support program has been developed for the following reasons:

HIV-infected children are a vulnerable group with an extremely high morbidity and mortality, if they have not been identified, tested and received care. It is estimated that about 25% of HIV-infected children would be dead by the end of their first year of life and close to 50% would be dead at the end of second year. Even infants who have received prophylactic antiretroviral drugs from the Prevention of Mother to Child Transmission (PMTCT) program have slipped through the system without getting the full benefit of care.

The Expert Patients Support program will therefore:

- identify and refer children who need testing to health facilities.
- follow up on children from PMTCT and Under 5 clinics who need care and refer them to the point of service sites for anti-retrovirals (ARV.)
- provide psychosocial support and appropriate referrals, as needed.

They shall be functioning from clinics where children are most often seen and also in the community. They will link up with community based organizations (CBO) and NGOs in the respective communities to leverage these resources in carrying out their duties, as there are other community resources that will add value to child survival.

It is hoped that through this program care will be expanded care to many more children. Currently, less than 10% of the over 100,000 patients on ARVs in Botswana are children. Even though the exact number of children in need of care in Botswana is not known, because of the high prevalence of HIV, it is expected that more children will be identified and cared for.

The Clinton Foundation had supported a pilot project to see the feasibility of using Expert Patients for identifying children in need of treatment. The project yielded promising results. With these results, Masa in collaboration with the Botswana Harvard Master Trainer program will roll out the Expert Patients project initially in three districts. PEPFAR funds are requested for the purpose of training the Expert Patients in counseling, psychosocial support and stigma reduction.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: \$1,491,624

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5406.09	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: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 26719.09	Planned Funds: \$77,593
Activity System ID: 26719	
Activity Narrative: 09.T.PT91: Technical Support Pediatric Treatment-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.	
New/Continuing Activity: New Activity	
Continuing Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 8742.09	Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana
Prime Partner: Mullens & Associates	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 17303.27305.09	Planned Funds: \$250,000
Activity System ID: 27305	

Activity Narrative: 09.T.PT04: Mullens – Early Infant Diagnosis –Training

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAY:

The budget has been increased from US \$100,000 to US \$250,000. A recent assessment, undertaken by the Prevention of Mother to Child Transmission (PMTCT) program and CDC, revealed that approximately 50% of staff who previously were trained in Early Infant Diagnosis had been transferred or had left their jobs. They have been replaced by untrained staff who now need training.

From COP08:

2007 Accomplishments

A significant achievement was the national roll-out of EID using PCR testing on DBS. Over 800 government health workers in all 27 districts were trained in EID and DBS collection between October 2006 and June 2007. All clinics with maternal-child health services can now offer routine early infant testing beginning as early as six weeks. During the roll-out training more than 6,000 infants were tested for HIV using the new system. Data such as PMTCT interventions received, feeding method, CTX use, HIV test results, etc. are collected for each infant on the laboratory requisition form and data from 4,600 infants are now entered into the national infant testing database.

2008 Plans

The successful new system of infant testing must be maintained and quality assurance needs to be provided. The USG will provide funding for SCMS (see activity P0107) to procure the laboratory and clinical supplies for the EID program. Training teams will revisit districts and provide feedback on issues such as quality of data collection, quality of samples sent, prevalence of HIV by district from data collected during the first months of the roll-out, and turn around time of sending back results from laboratories to clinics. The training teams will provide on-site training as needed. The USG will provide support to maintain a database of infant diagnosis data and to produce regular reports on infant HIV prevalence. The MOH will contract a private data management firm for data entry, technical assistance and will upgrade skills needed to produce regular reports on infant diagnosis by PMTCT managers.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17303

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17303	17303.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7726	5444.08	RFA-PS07-747-Building Human-Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs	■

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development



Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1331.09

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: PDTX

Activity ID: 17812.27241.09

Activity System ID: 27241

Mechanism: U69/HA00047 -- I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Treatment: Pediatric Treatment

Program Budget Code: 11

Planned Funds: \$0

Activity Narrative: 09.T.PT07: I-TECH – ART Outcomes among Children

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS: ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

Expected cost and implementation period: This is a 1-year project to conduct analysis of routinely collected pediatric data, with an estimated cost of \$100,000

Local co-investigator: Drs. Jibril (MOH); Negussie Taffa; Stephane Bodika and Disasi Kisanga (BOTUSA)

Project description: Children age below 15 years made up 9.4% of the total 85,000 people on ART in Botswana by May 2007. The ARV program (MASA) in Botswana is far advanced in terms of patient-based information tracking system once an individual is put on ART. The system has limited some systematic data on pediatric care and treatment that has not been sufficiently utilized to date. This project will conduct initial data analysis on clinical and immunological profiles of children at HIV diagnosis, disease history, and treatment outcomes including (if available from the routine record) treatment adherence, drug side effects, toxicities and occurrence of opportunistic infections.

Evaluation questions

- 1) What are the clinical profiles HIV infected children who are initiated on ARV treatment?
- 2) How do these profiles differ by point of entry or referring program (PMTCT, out patient clinic and routine HIV testing)?
- 3) What is the level of early mortality (at 3 and 6 months) and what are the common causes?
- 4) What types of drug toxicities are commonly observed early and late in the course treatment for children put on ARV therapy?
- 5) What are the commonly observed opportunistic infections for children on ARV therapy and what factors are associated with OIs?
- 6) What are chances of survival after 2-3 years on ARV therapy?
- 7) What is the level of loss to follow up and treatment adherence as defined by the country's treatment guideline?

Programmatic importance/anticipated outcomes:

Adequate knowledge of HIV manifestations, treatment outcomes and adherence issues among HIV infected children in Botswana will inform quality care and treatment design and management. The analysis will be used to describe the profiles of children in treatment, particularly with respect to adherence and retention, and to develop a concept sheet for a prospective PHE to evaluate strategies to improve treatment adherence among children who are suspected as ART failures due to adherence problems. Also part of this initial project we will consult with other PEPFAR countries in the region who are implementing PHEs on pediatric adherence in order to learn experiences. A third part of this initial project may be a sample record review and abstraction from the paper-based medical records of the children receiving treatment at the 24 sites that are not linked to the electronic patient management system (IPMS). For this portion of the evaluation, we will consult with those countries planning to conduct national pediatric outcomes evaluations who have already developed protocols and data collection instruments that we might adapt for Botswana.

Method:

This is a retrospective record review of all children (below 12 years of age) initiated on ARV treatment between 2003 and 2004 in six major ARV treatment hospitals in Botswana (Baylor, Nyangagbwe, Maun, Molepolole, Selebe-Phikwe, Serowe/Palapye). These sites were among the few initial sites where pediatric ARV treatment was started alongside the one for adults. It is believed that a complete treatment data worth 3-4 years (i.e. January 2003 to December 2007) is obtainable from the national HIV/AIDS data warehouse. This data will be counter-checked with electronic patient records at each treatment site for completeness, accuracy and consistency. Unique identifiers will be developed to merge data from the six sites since children in Botswana do not have national identity numbers. Frequencies and cross-tabulations will be conducted on selected variables of interest to the study. As indicated above, the study does not involve field data collection. Data extraction forms will be developed to address study objectives and variables. Database managers at national HIV/AIDS data warehouse will move the information into data analysis software of choice.

Population of interest:

Study population: All HIV infected children below 12 years of age who are on ART in public health facilities.

Information dissemination plan:

Study findings will be disseminated to health workers involved in care and treatment of children infected with HIV in Botswana, and elsewhere as needed. Abstracts will be presented to the national and international audiences for experience sharing.

Budget justification (\$)

Salary 50,000

Equipment 5,000

Supplies 5,000

Travel 15,000

other (contractual services): 25,000

Activity Narrative: Total 100,000

New/Continuing Activity: Continuing Activity

Continuing Activity: 17812

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17812	17812.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$100,000

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5404.09

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: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 26720.09

Planned Funds: \$324,031

Activity System ID: 26720

Activity Narrative: 09.T.PT90: Pediatric treatment-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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7759.09

Mechanism: 674-A-00-08-00078 -- PCI

Prime Partner: Project Concern International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 12304.24247.09

Planned Funds: \$400,000

Activity System ID: 24247

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08:

The HIV/AIDS epidemic in Botswana is taking a toll on the capacity of the health and social welfare systems to respond, and straining the capacity of extended families to care for infected/affected family members. Botswana was the first country in Africa to roll out a national ART program, reaching 85% of those in need through over 32 ART sites nationwide (WHO 2005). A relatively low treatment failure rate for adults, approximately 4% (IRIN/AIIFfrica.com, 6 June 2006), suggests that adherence has not been a major problem for adults; however, among children treatment failure rates are estimated at 15% (verbal estimate, ARV Program Coordinator, May 8, 2007), suggesting a need for adherence support closer to the home in between scheduled hospital/clinic visits.

Adherence among children is complicated by their dependence on parents and guardians to bring them for treatment and to care for them once on medications, parents who are themselves struggling with HIV infection and its consequences. Palliative care programs are not equipped to focus on the distinct needs of children on treatment, and there are no formal systems for follow up of children on treatment in the home after they leave the hospital/clinic. Adherence among adolescents is also an emerging concern, as teenagers tend to have compliance difficulties with medicines.

ART alone will not ensure the health and well-being of people living with HIV/AIDS (PLWHA) and their families. A comprehensive approach is needed which integrates ART access & adherence support with palliative care and OVC support services. CSOs are well placed to serve as a bridge between facility-based services and the communities and households they serve. Yet the CSO sector in Botswana is young and needs significant capacity building to play this role.

During the COP07 period (project year one), PCI expects to strengthen ART Access & Adherence services through 8 CSOs in Francistown and Gaborone, and to directly train 80 individuals to provide ART access & adherence services, reaching 300 adults and/or children infected/affected by HIV.

Proposed Activities

Building upon the foundation established in the COP07 period, PCI will continue and expand the provision of technical and organizational capacity building services and sub grants to the initial 8 CSOs, and will extend ART access & adherence capacity building to an additional 5 organizations.

Program objectives: 1) improved and expanded CSO delivery of ART access & adherence services; 2) strengthened capacity of local government agents (MOH, MLG) to deliver ART access & adherence services; 3) strengthened collaboration and referral among government services and CSOs in the delivery of ART access & adherence services; 4) improved documentation and sharing of promising practices and lessons learned among CSOs and government counterparts.

Partners: Through its work in OVC, Palliative Care, and ART Access & Adherence, PCI expects to begin the COP08 period (project year two) with approximately 15-20 CSO partners. The ultimate aim is to strengthen the capacity of all the partners to provide integrated services across all three areas. This will be a phased process that will continue through year two. Partners entering the program with palliative care strengths, for example, will have been assisted in year one to strengthen the quality, range and reach of their work, while beginning to incorporate ART access & adherence and OVC services. Conversely, partners entering the program with OVC strengths will be assisted to build those strengths and incorporate palliative care and ART access & adherence services into their work.

PCI therefore does not expect to increase the absolute number of CSO partners in the second year, but rather extend ART access & adherence capacity building and sub grants to an additional 5 CSOs within the 15-20 current partners. At the same time, PCI will assist CSO partners that received ART access & adherence support in year one to scale-up their work in year two, through increased sub grants and technical assistance, and to improve their service quality and linkages.

Capacity Building: During the first year PCI will have identified specific technical and organizational development (OD) needs among the CSO partners, as well as gaps in ART access & adherence service delivery in the project communities. This information will inform the design of specific technical and OD inputs to be provided in year two. As in year one, capacity building is expected to balance technical and OD, and to emphasize tailored, one-on-one mentoring and peer learning approaches strategically combined with larger group training activities.

ART access & adherence capacity-building will include continuing to strengthen referral partnerships and collaboration among a broad array of government and CSO agents at multiple levels, who are critical to facilitating the identification of HIV-infected individuals, in particular infants and children, linking them to treatment services, and for ensuring optimal care and treatment adherence after they leave a treatment facility. HBC caregivers will continue to be equipped to act as the "eye of the ART center" in the community, not only to provide ART adherence support, but also to refer patients who miss clinic appointments and those with severe side effects to health centers. In year one PCI will have explored the feasibility of placing "Community Liaison Officers" in ART sites to strengthen the linkage between the clinic, the client, and community CSO support services; if this approach is successful it will be scaled up in year two.

Families and communities will be sensitized about the importance of early intervention with adults and children, educated about testing and treatment, and motivated to take advantage of CT, PMTCT, ART, and other services. Linkages with PMTCT services will include follow-up with parents of children on treatment, and building treatment literacy and adherence support skills using a family care approach that enlists all family members in monitoring and supporting treatment adherence.

Activity Narrative: ART clients will continue to be assisted to form Self-Help Groups (SHG) as a platform for providing treatment literacy education, counseling, and ongoing support for adherence. SHG members will be trained as peer educators, who will work in coordination with existing CSO outreach workers, to reach out to and support new ART clients as well as PLHA that are not yet on ART.

The Family Care approach will continue to serve as the guiding framework for service delivery, focusing interventions holistically on the family rather than singling out individual members based on which "target group" they belong to. PCI will continue to strengthen the capacity of CSO partners to utilize Participatory Learning for Action (PLA) techniques, such as Journey of Life (REPSSI, 2006) or other context-appropriate methods identified in year one, to change community attitudes, reduce stigma, and build community support and utilization of HIV/AIDS services. Through PLA and other processes, PCI will continue to catalyze and strengthen participation and resource mobilization from diverse public and private entities to strengthen ART access & adherence services, including commercial private sector.

Government partnership: Staff from district and community health centers, social workers, family welfare educators, and government HBC volunteers, are considered key partners in this project. Support to government may include inviting government personnel to attend CSO training activities; assistance with rolling out new government-led training programs; assisting in the development/implementation of quality standards for nationally-defined minimum packages of essential services; and other strategies to be determined in consultation with government counterparts. Linkages between government and CSOs will continue to focus on ensuring that all eligible families and children are registered and receiving all available social welfare and health services, and that benefits such as food are being utilized appropriately.

Documentation/Dissemination: In year one PCI expects to convene, with partner BONASO, a Learning Forum to bring together CSOs, government and other key stakeholders to share promising practices in delivering integrated palliative care, ART access & adherence, and OVC services. In year two PCI will develop and disseminate case studies and other documentation of promising practices generated through this event as well as through ongoing program M&E/documentation, and to find practical ways of sharing such documentation locally as well as disseminating internationally.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17814

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17814	12304.08	U.S. Agency for International Development	Project Concern International	7759	7759.08	New CoAg - PCI	\$600,000
12304	12304.07	HHS/Centers for Disease Control & Prevention	Project Concern International	6130	6130.07	PCI CoAg	\$600,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$310,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 7803.09
Prime Partner: To Be Determined

Mechanism: New CoAg- PediatricCare

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 17809.24257.09

Planned Funds: ■■■

Activity System ID: 24257

Activity Narrative: 09.T.PT01: TBD - Pediatric ART Treatment

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – DELAYED INPLEMENTION

From COP08:

The Pediatric ART program has witnessed tremendous progress in the past five years. Starting from scratch with no HIV-experienced pediatricians, Botswana has moved to becoming one of the largest pediatric HIV/AIDS treating countries in the world. Several partners are assisting Botswana improving the provision of ART services to the pediatric population.

With the improvement of treating staff, especially specialist pediatricians, emphasis is now being shifted to decentralize therapy at peripheral facilities. These are supported by outreach visits by the specialists from PMH, the Baylor Center of excellence and NRH.

Lately, a gradual rise can be noted in those presenting to the pediatric clinics with co-morbid chronic conditions requiring long-term follow up, such as Lymphocytic Insterstitial Pneumonia (LIP), bronchiectasis, tuberculosis; and non-HIV associated diseases such as asthma, diabetes, heart diseases.

PEPFAR will support for the continued of pediatric patient care and training activities. The selected TBD organization will work closely with GOB facilities to improve and strengthen the delivery of pediatric ART services countrywide in order to support the national program, increase access to care and treatment of children, train non pediatrician health care workers in the care of HIV infected children and maintain high standards of pediatric HIV/AIDS management in Botswana through guidelines and curriculum development. The selected organization will create a referral service center which will deal with complicated HIV/AIDS cases in children. It is expected that the TBD organization will put in place a mentoring /supportive supervision system with an outreach support component in order to standardize approach to pediatric HIV/ AIDS management.

The TBD organization will continue to facilitate the training of health care workers in pediatric HIV/ AIDS management in collaboration with the national ARV training courses and participate in the revision of the pediatric module of the KITSO training curriculum. Pediatric training will be in line with the newly developed national guidelines that will be published in late 2007 or early 2008. The organization will participate in the national roll out of these new guidelines.

The selected organization will be charged with reviewing and evaluating pediatric care and treatment, designing educational materials and using them in training activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17809

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17809	17809.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7803	7803.08	New CoAg-PediatricCare	■■■

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 5420.09

Mechanism: RPSO

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 17816.24226.09

Planned Funds: \$0

Activity System ID: 24226

Activity Narrative: 09.T.PT03: RPSO – Pediatric Clinic

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS:ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED

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

From COP08:

USG will construct a new pediatrics building on space adjacent to the pediatrics wards and the Botswana-Baylor Centre of Excellence for Pediatric HIV Treatment (COE). There are multiple needs for this building, all of which complement or directly serve PEPFAR implementation for children. When complete, this facility will provide in its first year of function an access pathway to HIV care and treatment for approximately 200 newly diagnosed HIV-infected children. It will provide care for 3,000 children with HIV and co-morbidities such as TB and other OIs. It will serve as a training clinic for 250 HCWs on care and treatment of HIV-infected and affected children. It will provide a place for followup care for discharged HIV-infected and uninfected children. It will provide a place for general and HIV-related pediatrics training of medical students, interns, and residents. It will permit coordinated care at the largest hospital in the country. FY08 funds will be used by the US Department of State (DOS) Regional Procurement Service Organization (RPSO) for construction.

Some of the challenges of providing adequate HIV care and treatment are those related to geographical distribution of the population across a large land mass. The COE is working with the MOH to address the treatment and palliative care needs of children served by health care facilities in the periphery through training and mentoring activities supported by PEPFAR.

Other challenges result from the fact that most attention to pediatrics HIV care has focused on prevention of vertical transmission in the PMTCT program and on the early infant diagnosis program with referral to treatment and care of HIV + babies in the first 2 months of life. Those HIV+ children who have survived infancy and early childhood are often unidentified and moving through life with suboptimal health. The system is not actively screening these older children for HIV and OIs to prevent illness through early identification and care. These secondary prevention activities need a programmatic and facility focus.

Space and staff capacity are two major problems posing a barrier to adequate pediatric care at PMH. Excellent care and treatment for children with HIV/AIDS is provided for those 1,400 children who have found their way to the COE at PMH. Aside from the COE and two old pediatrics wards, Princess Marina Hospital (PMH), the largest referral hospital in the largest population center in the country, does not have any dedicated space for any pediatrics care. This situation results in inadequate attention to children with HIV infection as well as inadequate attention to general pediatrics preventive, acute and chronic care and treatment. For example, children under 5 are at increased risk of acquiring TB when exposed to infectious adults at home or in other settings. In a country which has approximately the third highest rate of TB and HIV in the world, it is important to screen children for TB. There is no place for this to take place other than adult TB clinics, which also serve children once they are identified. Although the PMH is a referral hospital, people use it for ambulatory acute and chronic care as well as specialty care in the same way that people do in the US.

A few clinics use borrowed space from other medical services on an intermittent basis. Children with HIV, who reportedly comprise about 50% of inpatients, are not always registered patients at the COE and thus are not always seen by COE staff in the inpatient facilities or referred to the COE at discharge. Further, the COE is at its maximum number of patients so another pathway for HIV screening and referral, followup after hospital admissions, and chronic management of TB and other OIs needs to be developed.

Medical training in general and HIV-related pediatrics is in urgent need of space and staffing to train medical students, interns, and pediatrics residents. In 2008, all these training programs will begin simultaneously. The lack of a pediatrics clinic attached to PMH is a dire deficit for all these training programs.

Nearly half of Botswana's population is under 15 years of age. Thus the need for pediatrics care is critical at PMH where pediatric care is currently patchy, incoherent, and inadequate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17816

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17816	17816.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7892	5420.08	RPSO	\$2,000,000

Emphasis Areas

Construction/Renovation

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5286.09	Mechanism: GPO-I-01-05-00032 --SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX	Program Budget Code: 11
Activity ID: 17278.24181.09	Planned Funds: \$240,000
Activity System ID: 24181	

Activity Narrative: 09.T.PT06: SCMS – Infant Formula Supply Logistics

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08:

The Botswana national PMTCT program provides all babies born to HIV-positive mothers with free infant formula until they are 12 months old. Tins of powdered formula are provided and picked up by mothers at public health clinics. During FY 2007, 13,000 babies received free formula. The program distributes infant formula to three warehouses, which in turn distribute formula as it is ordered by districts, which then distribute to clinics. At the national level, infant formula shortages occurred in 2005 and 2006 and emergency formula supplies were purchased by PEPFAR. Causes of the shortages include difficulties with government procurement processes and regional supply shortages. There is no infant formula manufacturer in Botswana, and formula is usually procured from South Africa via local contractors (though bids from other manufacturers are accepted). The national PMTCT program has no formal training in supply management, no contingency plans for purchasing substitute foods for infants and no plan for formula rationing in times of shortage. Improvements in formula supply chain difficulties are a high priority for the national program.

2007 Accomplishments

An assessment completed by UNICEF and CDC (with SCMS) highlighted the near lack of systems for forecasting, procurement planning, storage, distribution and general stock management of the product at the three warehouses and the clinics where it is given out. The new system developed to meet this need requires maintenance and quality assurance. In April 2007, SCMS began supporting the PMTCT Unit in procurement planning, process management, and forecasting of infant formula requirements and providing technical support for designing a more viable and sustainable supply system.

2008 Plans

SCMS will conduct the following activities in FY2008: 1) Design an operational supply and distribution management system using a robust Logistic Information Management System (LIMS). 2) Assist the PMTCT Unit in procurement management for bid documents preparation, evaluation criteria and definition of deliverables for effective supply contract performance management. 3) Train supply officers in inventory and distribution management, demand management and forecasting, commodity tracking. 4) SCMS logistics experts will provide continuing on-site mentoring support to entrench tools and standard operating procedures introduced. All of these will address shortfalls identified in the assessment.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17278

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17278	17278.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7711	5286.08	SCMS	\$240,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$240,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 5286.09

Mechanism: GPO-I-01-05-00032 --SCMS

Prime Partner: Partnership for Supply Chain Management

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Treatment: Pediatric Treatment

Budget Code: PDTX

Program Budget Code: 11

Activity ID: 17313.24182.09

Planned Funds: \$200,000

Activity System ID: 24182

Activity Narrative: 09.T.PT05: SCMS-Supplies for Early Infant Diagnosis

CONTINUING ACTIVITY UNDER PERFORMANCE PASS

From COP08:

2007 accomplishments

Procurement of laboratory supplies, reagents, and equipment is done through MOH's Central Medical Stores (CMS). Gaps in the system result in delayed receipt of the laboratory equipment, reagents, and supplies at the end point. In FY2006, the nationwide roll-out of early infant diagnosis began and continued through FY 2007 with USG support.

2008 Plans

The USG will continue this support to the program by procuring laboratory supplies, reagents, and equipment for the PMTCT program. 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 implementation of EID nationally as well as equip the second laboratory in Francistown.

These activities will be supported through the in-country SCMS team.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17313

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17313	17313.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7711	5286.08	SCMS	\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: \$5,452,214

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Botswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

Botswana has made impressive progress in scaling up a comprehensive national response to the HIV/AIDS epidemic, including an antiretroviral therapy program that now treats an estimated 97% of eligible Botswana. Strong political and financial commitment to the national Isoniazid Preventative Therapy (IPT) program by the Government of Botswana, coupled with USG funding and technical support, have resulted in the first and most comprehensive national program in Africa, which has enrolled more than 72,000 PLWHA since its inception in 2001. Botswana now accounts for 80% of all PLWHA in the world on IPT who are reported to the World Health Organization (WHO). Tuberculosis (TB) case detection rates of new smear positive cases remain high at 80% and the country regularly reports 100% geographical DOTS coverage. With USG support, Botswana is one of the few countries that has regularly conducted national drug resistance surveys (DRS), and the fourth such survey was conducted in 2007/2008. Results are pending.

Despite these achievements, tuberculosis (TB) remains a major challenge and is the leading cause of death among people living with HIV/AIDS (PLWHA). In 2006, the country reported 8,519 cases of all forms of TB, a notification rate of 453 cases per 100,000 population. It is estimated that the prevalence of HIV infection among TB patients is 60-86%. Among new smear positive cases reported in 2005, the treatment success was 70% while 7% of these patients died. The IPT program was evaluated with FY08 funding, and the findings highlighted challenges in the areas of data management and treatment adherence. It proposed to remediate the data deficiencies with FY09 funding.

A major drawback to an effective response was the absence of a national medium-term strategic plan to address TB in Botswana. This has been developed through a collaborative process involving the Botswana National Tuberculosis Program (BNTP), USG agencies, the World Health Organization (WHO) and other key stakeholders, including USG-funded partners. The strategic plan is based on the WHO New Stop TB Strategy and prioritizes the national response to TB, TB/HIV and drug-resistant TB. PEPFAR support covers the whole range of activities in the plan, particularly in TB/HIV and drug-resistant TB. FY09 funds will support the printing and dissemination of the strategy document. To maximize USG resources, avoid duplication and maximize efficiency, a USG interagency TB/HIV technical working group was formed in FY08 and conducted peer performance reviews. An expanded TB/HIV TWG chaired by the BNTP and comprising of all implementing and funding partners was also formed and has met regularly. USG-funded technical support was provided in the development of the Phase II application for Botswana's Round 5 GFATM grant, which focuses on scaling up community TB care, strengthening TB/HIV collaborative activities, and monitoring and evaluation.

Recently revised national HIV and TB policies clearly describe the joint care of TB/HIV dually-infected patients, including guidance for their referral between the TB and HIV/AIDS programs and for routinely testing TB patients for HIV and screening HIV clients for TB. Tebelopele, a local NGO established with PEPFAR funding that provides voluntary counseling and testing services, has piloted, with USG-funded technical assistance, a TB screening questionnaire that is currently being used in their sites. Data about the number of TB patients identified through this active case finding method are awaited. At program level, reliable and accurate data about joint TB/HIV care remain elusive. An assessment of the referral system between TB and HIV services to identify and address barriers contributing to the low uptake of ART among eligible TB patients was planned with FY08 funding. Due to the unusually high staff turnover at all levels of the Department of Public Health and Disease Control Unit in early 2008, the BNTP postponed this project to late 2008/early 2009.

In the Electronic TB Register (ETR), HIV testing among TB patients is now 70% but ART uptake remains low among HIV-infected TB patients and there are no data on cotrimoxazole preventative therapy for these patients. There are several contributing factors. HIV services do not routinely record the number of HIV-infected clients screened or referred for diagnosis and treatment of TB. Masa regularly assess their HIV-infected clients for TB during their regular review visits but there is no systematic capture of these activities. The national TB policy follows WHO recommendations to defer ART in HIV-infected TB patients until the end of anti-TB treatment (ATT) for all but very ill patients. When such TB patients eventually commence ART after completing ATT, they are not recorded in the BNTP reporting system. With growing evidence for the benefit of commencing ART early during ATT (further confirmed by the Starting Antiretrovirals at three Points in Tuberculosis (SAPIT) trial in South Africa), advocacy will be advanced for a review of the national policy to enable more TB patients to receive ART. Though TB registers (paper and electronic) were modified to enable collection of TB/HIV data, the quality of recording and reporting by the TB coordinators is poor, and many records are incomplete. Trainings, support and supervisory visits of TB coordinators and trainings on TB/HIV surveillance will be intensified in FY09 to address this deficiency. I-TECH receives USG funding for information management officers, who are placed

in every district. Through the expanded TB/HIV TWG, discussions are underway between I-TECH and BNTP on the best utilization of these cadres to improve the quantity and quality of TB/HIV data. FY09 funds will continue supporting the maintenance and upgrading of the ETR to facilitate better reporting and analysis of joint TB/HIV care activities, and will support the post of an officer responsible for TB/HIV activities in BNTP.

A recent ominous threat is multi-drug resistant TB (MDR-TB). The number of confirmed MDR-TB patients is 160 but the true extent of this emerging epidemic is likely significantly greater, and more worryingly, sporadic drug outages have increased the risk of amplification of resistance, although the principal source of MDR-TB is likely failed drug-sensitive TB therapy. In January 2008, Botswana became the first African country besides South Africa to report extensively drug resistant TB (XDR-TB), when 3 cases were confirmed, one of whom died before commencing treatment. USG funds enabled the procurement of essential drugs for the identified XDR-TB patients as an interim measure, and TA in the development of an application to the Green Light Committee of the WHO, which enables access to 2nd line TB drugs for pre-approved countries. FY2009 funds will strengthen TB/HIV clinical care and management of MDR-TB patients through University of Pennsylvania (UPenn) and I-TECH and allow the expansion of clinical support for MDR-TB management to Maun and Serowe, two new centers designated by the Government of Botswana. The programmatic MDR-TB management will be promoted through TBCAP, who will provide technical support on programmatic organization of MDR-TB services, and through the implementation of laboratory-based database for routine surveillance of drug-resistant TB which will benefit from the ongoing drug-resistance survey currently supported under COP 08 funds. A new partner, the University Research Corporation (URC) will further strengthen drug-resistant management in selected districts and will work with BNTP to address cross-border issues in TB control, MDR/XDR TB advocacy, communication and social mobilization activities and implementation of infection control guidelines.

A significant deficit in Botswana is the absence of national TB infection control guidelines and a dedicated TB hospital. USG funds have supported the development of draft national TB infection control guidelines and infection control trainings, technical assistance (TA) to resuscitate the national TB infection control committee, as well as the bulk of funding for the renovation of the Princess Marina Hospital TB isolation ward. In addition, technical assistance from Atlanta in this crucial area has been invaluable over the past year. Initiatives in TB infection control this year will focus on printing the national TB infection control manual, roll-out infection control trainings and provision of three porta-cabins appropriately fitted for infection control. Contingency funds will be requested for anticipated requests for emergency IC measures (e.g., ultraviolet light fittings, fans, respirators) in the MDR-TB sites and in selected Infectious Disease Care Clinics (IDCC). In FY2008, UPenn received funding from ACHAP to initiate a pilot TB screening program for health care workers, and has received USG-funded technical input in developing the protocol.

To address the perennial threat of inadequate human resources for TB control, PEPFAR I funding has supported key positions in the national IPT program, in training partners such as the International Teaching and Education Center on HIV (I-TECH), with adult and pediatric clinical care specialists through the UPenn and the Botswana Baylor College Center of Excellence (BBCCOE), and through mechanisms such as the TB Control Assistance Program (TBCAP). Principal activities this year will focus on adult and pediatric TB/HIV and MDR-TB case management and promote linkages to community-based care through contact tracing pilots supported by TA from CHOP and Baylor, and outreach clinical care and mentoring of health care providers extended to Maun, Bobirwa, Serowe and to Francistown local clinics. USG support has enhanced capacity by funding the development of national TB/HIV curricula (developed by I-TECH during 2007 and 2008) and the rolling out of national and district trainings on case management, infection control, IPT, joint TB/HIV care, community based TB care and monitoring and evaluation.

Through the Partnership for Supply Chain Management Systems (SCMS), PEPFAR strengthened TB diagnostic capacity by procuring laboratory equipment and reagents for microscopy, culture and drug susceptibility testing for the National TB Reference Laboratory (NTRL). Equipment, reagents and trainings to prepare for the introduction of liquid culture and rapid diagnosis of MDR-TB are well under way with USG support. TA by the American Society of Microbiologists (ASM) and American Public Health Laboratory (APHL) has strengthened laboratory external quality assurance and a national QA team has been constituted to improve the quality of sputum smear technicians and will begin nationwide site visits in the coming year. FY09 funding is requested to continue the support. A no-cost extension is requested to support training of laboratory personnel at regional training center for HIV/TB diagnostic services to be set up by the International Laboratory Branch of CDC/Atlanta, CDC/South Africa and the South African National Institute for Infectious Diseases/National Health Laboratory Services.

FY2009 funds will be requested to provide TA from CDC Atlanta for activities to follow up the DRS; to locate patients with INH mono-resistant TB identified in the DRS in order to improve their treatment outcomes; to evaluate of relapse/reinfection rates as a follow-up to the DRS; refine and improve the MDR database; a pilot project to intensify TB case finding in health facilities in Francistown; an assessment of infection control in the national prison network; remediation of the IPT data issues; and a project to reduce TB transmission in outpatient care settings.

The activities proposed above continue USG support in maintaining the momentum in the scale-up of HIV testing, care and treatment for TB patients and suspects, and will enable Botswana to attain a position as a regional center of excellence for TB/HIV control.

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5286.09	Mechanism: GPO-I-01-05-00032 --SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17731.24183.09

Planned Funds: \$700,000

Activity System ID: 24183

Activity Narrative: 09.C.TB09: SCMS – Strengthening Lab Capacity

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:Funding from FY2009 will be used to procure TB infection control equipment and supplies for distribution to selected health care facilities in consultation with the Ministry of Health (MOH).

From COP08:
2007 Achievements

Prefabricated laboratories and additional laboratory personnel were provided by another stakeholder to improve the TB diagnostic capacity in the country. FY2007 funds (including Plus Up funds) were used to provide laboratory supplies, equipment and improve laboratory space for TB in the primary and district hospital laboratories, the construction of the second culture and DST laboratory in Francistown and for the reconstruction of the NTRL isolation room. The support improved quality control and quality assurance systems in the laboratory network, resulting in enrolment of the reference laboratory for accreditation and the commencement of the national drug resistance survey in July 2007.

2008 Plans

FY2008 funds to SCMS will serve to procure equipment and laboratory supplies for TB culture and DST at the NTRL, and to expand these services to the NRH laboratory. FY08 PEPFAR funds will support the procurement of additional equipment and supplies to the new laboratories, including laboratories under the MLG. The funds will also help to improve the transport of sputum and results from clinics to the laboratories and the laboratories to clinics and hospitals.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17731

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17731	17731.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7711	5286.08	SCMS	\$800,000

Emphasis Areas

Construction/Renovation
Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1331.09

Prime Partner: University of Washington

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 19625.24105.09

Activity System ID: 24105

Mechanism: U69/HA00047 -- I-TECH

USG Agency: HHS/Health Resources
Services Administration

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$1,000,000

Activity Narrative: 09.C.TB15: I-TECH – Co-morbidity of HIV

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY2009, I-TECH is requesting funding to support the following activities related to the TB Curriculum and Training:

Training roll-out:

I-TECH requests FY2009 funds to support lodging and per diem of the nurse master trainer and physician master trainer to travel to the 25 districts throughout the year in support of ongoing "cascade level" trainings. Funds will also support the professional development of the master trainers. FY2009 funds will support partial time of the I-TECH Training Coordinator to abridge and repackaging the current 4-day training curriculum for medical officers to form a two-day, weekend course for private sector health care providers.

Refresher training:

The master trainers will provide four two-day regional refresher trainings, targeting the nurses, medical officers and TB coordinators trained as district trainers in FY2008.

TB Clinical Mentoring:

I-TECH will support a TB clinical mentoring program for health care workers, building upon the first three levels of training, namely, didactic, skills-building, and practicum, with the addition of three training levels through clinical mentoring, which will be on-site mentoring, distance consultation, and systems strengthening. I-TECH requests funds to hire and second one nurse and one doctor to the Ministry of Health/Botswana National TB Program (MOH/BNTP) as clinical mentors to build the capacity within the districts and to support 0.3 FTE of an I-TECH Clinical Advisor who will build the capacity of BNTP-seconded Clinical Mentors. I-TECH will support MOH/BNTP in its TB clinical mentoring program in four districts, specifically Mabutsane, Boteti, Tsabong and Ghanzi, and will support clinical mentors' per diem and lodging expense in the districts.

Pre-service assessment and updating of TB curricula:

In its continued effort to build sustainable capacity, I-TECH requests FY2009 funds to conduct an assessment among key stakeholders regarding pre-service TB curricula needs and pre-service training in Botswana's tertiary institutions.

Health Informatics Support:

Both BNTP and MASA have expressed the need to integrate the BNTP and Botswana HIV/AIDS Response Management System (BHRIMS) databases for effective implementation and national reporting. I-TECH requests FY2009 funds to second a Senior Informatics Specialist to MOH/BNTP to support the unit in integrating TB data into eBHRIMS. The Health Informatics Specialist will work closely with the Senior Epidemiologist who will be supporting the BRHIMS database at National AIDS Coordinating Agency (NACA).

From COP08:

Based on the Botswana National TB guidelines and program manual, I-TECH Botswana developed a training package for Medical and Nursing Officers. The curricula include content on TB diagnosis, TB prevention and infection control, contact tracing, complexities of clinical management, Anti Tuberculosis Treatment (ATT); Treatment of the dually infected patient; drug-drug interactions/toxicities and sequencing, and multi-drug resistant TB. Each curriculum consists of a set of presentation slides, a Facilitator Guide, and a Participant Handbook. Utilizing the I-TECH 5-Level Training Framework, didactic training, skill building workshops, clinical training, clinical consultation, and technical assistance, I-TECH Botswana will support building a training structure for BNTP training 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 second to the BNTP MOH two dedicated Master Trainers to train and mentor Botswana clinicians using the training package developed and piloted by I-TECH in close collaboration with BNTP and BOTUSA. BNTP in collaboration with I-TECH Botswana developed a TB Case management training plan for Botswana; Starting April 2008, BNTP with I-TECH Botswana support plans to train 170 Nurses Officers, 80 Medical Officers and 40 Private doctors. The target area includes all the districts in Botswana. Funds are requested to support the two positions (one nurse and one doctor) to be seconded at MOH, to roll out the TB trainings in the districts of Botswana and to support 0.20 FTE I-TECH Botswana Training Coordinator who will oversee this process and the two Master Trainers. A portion of these funds will cover technical assistance and management costs for I-TECH management in-country.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19625

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19625	19625.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$400,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$380,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1331.09	Mechanism: U69/HA00047 -- I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 5158.24106.09	Planned Funds: \$900,000
Activity System ID: 24106	

Activity Narrative: 09.C.TB03: University of Pennsylvania

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Funds are requested to provide monthly two-day visits to Maun, Kasane, Bobirwa and Serowe District Hospitals by two pediatric clinical specialists from Francistown to advance the care of TB/HIV infected children and to increase local capacity of on-site medical officers to deliver state-of-the-art pediatric care. Funds are requested to recruit two nurses and two social workers to augment TB contact tracing teams in Francistown and Serowe, to strengthen the existing contract tracing teams and to establish new teams where they are not in place. The focus will be on children admitted to hospital with TB and HIV-TB co-infected adults at the Infectious Disease Care Clinic (IDCC) who have children. The nurse/nurse assistant cough team that worked at Ramotswa District Hospital in FY2008 will teach these skills to colleagues at all district hospitals in Southern Botswana in FY2009. Funds are requested to disseminate TB meningitis educational material developed in FY2008 to clinics and to develop the first phase of a national database for pediatric TB cases.

From COP08:

The Penn HIV/TB program was initiated in April 2006 at PMH with PEPFAR funding, with the goals of strengthening the care of HIV/TB co-infected persons in Botswana through training and education, clinical consultation and collaboration with the BNTP. More than one third of all TB patients in Gaborone are diagnosed at PMH.

It is estimated that a quarter of the 2,000 children admitted each year to NRH in Francistown are co-infected with HIV/TB. NRH has a critical shortage of pediatric specialists: only 6 of the 10 pediatric specialist posts at NRH are currently filled. This number includes 2 rotating pediatricians from the Baylor Center of Excellence and an expatriate pediatrician who will be leaving Botswana in late 2007. Each year NRH pediatricians attend to 2,000 in-patients, 2,000 HIV-infected children in the outpatient HIV clinic and provide limited outreach work to 4 district hospitals and 12 primary care hospitals.

PMH admits more than 2,000 children per year, 10-20% of whom are co-infected with HIV/TB. There are only 4 pediatric specialists, including 2 Baylor pediatricians. PMH is the pediatric referral center for 5 district hospitals and pediatric specialist outreach by the Baylor Pediatric Team reaches 4 of these hospitals. This proposal will provide pediatric specialist outreach to the fifth, Ramotswa Hospital.

2007 Achievements

In FY2007, the Penn TB/HIV program implemented changes within the reporting systems at PMH to ensure collection of relevant information, improved TB-HIV surveillance within the facility, improved transition to district directly observed treatment strategy (DOTS) and eventual referral for ART. During this period, the PMH IDCC provided care to 266 HIV-TB patients, including 20 with multidrug-resistant TB (MDR-TB). During the same period, 27 HIV-TB patients were initiated on ART, while 67 TB patients were diagnosed in other wards and departments at PMH and referred for ART at the IDCC.

The Penn TB/HIV program conducts clinical didactic teaching and clinical mentoring at four district hospital sites in the greater Gaborone area. The program trained 190 health care workers in TB-HIV palliative care issues, and participated at BNTP training workshops held in Gaborone for 60 medical officers working in all hospital facilities in Botswana (three 2-day workshops held in Gaborone, including one exclusively for private practitioners).

Penn is collaborating with I-TECH to develop new national TB/HIV training curricula for medical officers and nurses. Penn is actively collaborating with the BNTP to develop and implement a national strategy for MDR-TB management, and contributed to the finalization of the national TB management manual which was finalized with FY2007 support.

2008 Plans

PMH, Gaborone

It is proposed to continue with the 2007 activities of providing treatment, consultative and educational services for HIV/TB co-infected patients, training of 180 health care workers in collaboration with the BNTP and I-TECH according to the new TB/HIV curricula for nurses and medical officers to ensure adherence to BNTP guidelines, and strengthening linkages between the hospital and the national TB and ART programs.

It is proposed to continue with the subspecialty HIV/TB clinic at PMH and to provide TB treatment to 180 HIV-infected clients with TB disease (particularly those patients with drug-resistant TB), HIV counseling and testing to 600 registered TB patients, and clinical prophylaxis for TB to 200 HIV-infected individuals. The Penn TB/HIV program intends to refer 600 patients for DOTS in the Gaborone City Health Clinics, and to refer 90 TB patients for HIV care at local IDCCs.

The baseline proportion of HIV-infected IDCC clients screened for TB infection in 2007 will be evaluated and it is intended to improve the proportion by 5%-10% in 2008. It was determined that approximately 90% of TB patients are offered screening for HIV. The targeted rate for 2008 will increase this by 5%. In 2007, only 50% of HIV/TB co-infected patients at PMH had baseline CD4 testing. It is intended to improve the rate by 10%-20% in 2008.

It is proposed to increase the TB/HIV program by adding one full-time specialist and one nurse to do TB/HIV co-infection work at PMH at a cost of \$110,000. Specific areas that require more staffing include: clinical work; infection control at PMH; outreach to the City Council Clinics and Primary Hospitals; greater involvement in developing and implementing a nationwide TB training program; expanded participation on ministry related committees, task forces and workshops.

It is proposed to form 2 TB Support Teams (TB teams) of lay persons trained to carry out basic diagnostic

Activity Narrative: and reporting functions for the enhanced management and diagnosis of TB and TB-HIV. Health care workers (HCWs) are overburdened, in short supply and are currently responsible for most activities related to TB control in the health facility. Therefore, trained local technical staff could help TB diagnosis and follow-up. The hospital-based TB team would be comprised of two individuals (with nurse and physician backup) who will 1) conduct simple symptom screens on all admitted medical patients to identify TB suspects; 2) collect sputum specimens from all identified TB suspects (expectorated or induced samples); 3) transport, retrieve and report on all specimen results to the appropriate health care teams caring for the individual patients; 4) perform rapid bed-side HIV testing on all TB-suspects with no known HIV result; 5) submit serum for CD4 T-cell testing on HIV infected patients; 6) initiate access to HIV and TB services for identified patients.

A second TB support team will be based in the City Clinics and will have a similar composition with the primary responsibility of ensuring specimen collection and reporting of all TB patients during TB treatment (at 2 months to initiate consolidation of TB therapy in those responding to treatment and at 6 months to test for cure). All Gaborone City Clinics will be monitored with the goal of scheduling follow up visits at the various clinics on different days of the month such that the TB team can see all the patients. The cost for the TB support teams will be \$80,000.

Nyangabgwe Referral Hospital, Francistown

PEPFAR funds will be used to recruit two pediatric clinical specialists to advance treatment, consultative, outreach and educational services for HIV/TB co-infected children in Francistown. Activities include increasing the capacity to deliver care to HIV/TB infected children in both the in- and out-patient settings at Francistown with outreach services to all the city clinics. PEPFAR will train 15 medical officers in the Francistown area in the care of children with TB and HIV/TB co-infection through case-based discussions and didactic lectures. Two nurses and two social workers will be recruited to initiate a pilot contact tracing program at PMH, focusing on 2 key areas: (1) children admitted to PMH with TB, and (2) HIV-TB co-infected adults at the Penn-Botswana IDCC clinic who have children. USG funds will support the training of 30 medical officers and pediatricians at PMH, Ramotswa Hospital, NRH, Maun and Kasane Hospitals on contact tracing of patients with TB and HIV/TB co-infection.

At PMH, a cough team composed of one nurse and one nursing assistant will be formed to collect samples from children (gastric washing or induced sputa), take samples to the laboratory, and follow up on all results via a detailed log book. This pilot project to enhance the diagnosis of TB in children has the potential for expansion to other district hospitals. To coordinate data entry, it is proposed to recruit one data manager.

The Botswana-Penn Adult HIV/TB program began at PMH in April 2006 with FY06 support. The program has subsequently expanded and continues to build local infrastructure to improve the care of HIV/TB infected adults. USG funds will support the Penn-Botswana Program and their pediatric partner, The Children's Hospital of Philadelphia (CHOP) in strengthening the pediatric partnership between PMH, NRH and Penn-CHOP.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17285

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17285	5158.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$805,000
9858	5158.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$183,509
5158	5158.06	HHS/Health Resources Services Administration	University of Pennsylvania	3602	2412.06	ITECH	\$163,826

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7837.09

Prime Partner: KNCV TB Foundation

Funding Source: GHCS (State)

Budget Code: HVTB

Activity ID: 17691.24261.09

Activity System ID: 24261

Mechanism: GHS-A-00-05-00019: TBCAP

USG Agency: U.S. Agency for International
Development

Program Area: Care: TB/HIV

Program Budget Code: 12

Planned Funds: \$450,000

Activity Narrative: 09.C.TB04: TBCAP – Support for Human Resources

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: The Royal Netherlands Tuberculosis Foundation (KNCV) will increase district capacity building, extend the coverage of supervision visits, convene district monitoring and evaluation meetings. The Human Capacity Development support is for three staff to be seconded to the Ministry of Health, specifically the Botswana National TB Program (BNTP) and National TB Reference Laboratory, and for the continuing professional development.

From COP08:

TBCAP is a USAID five year cooperative agreement awarded to the TBCTA with the KNCV Tuberculosis Foundation as the lead partner. TBCTA is a coalition of eight well-known international organizations in TB control: American Thoracic Society (ATS), CDC, Family Health International (FHI), International Union Against Tuberculosis and Lung Disease (The UNION), Japanese Anti-Tuberculosis Association (JATA), Royal Netherlands Tuberculosis Foundation (KNCV), Management Sciences for Health (MSH) and World Health Organization (WHO). TBCTA was created in 2000 and is the United States Agency for International Development (USAID) Bureau for Global Health's lead technical assistance partner in accelerating the implementation and expansion of TB control strategies in developing countries.

TB CAP focuses on five priority areas: 1) increasing political commitment for the DOTS strategy; 2) strengthening and expanding DOTS programs; 3) increasing public and private sector partnerships; 4) strengthening TB and HIV/AIDS collaboration; 5) improving human and institutional capacity.

Some of the major recommendations of the 2006 comprehensive program review concerned TB/HIV collaboration, prevention and management of multidrug-resistant TB (MDR-TB), and development and strengthening of partnerships with all care providers. The BNTP is currently overstretched and is unable to fully address these issues, resulting in sub-optimal implementation of national TB control policies and reduced absorption of funds. TBCAP expertise will complement national efforts to achieve Millennium Development Goals (MDGs) and PEPFAR goals for TB control.

2008 Plans

COP08 funds will strengthen the human resource base for TB control activities by supporting the salaries and benefits for one medical officer (TB/HIV advisor) seconded to the BNTP, one senior laboratory scientist for the NTRL and a laboratory technologist to be seconded to NRH laboratory, and the administrative costs associated with these posts, at a cost of \$332,150. The TB/HIV advisor will be seconded to work with the BNTP, with responsibility for overseeing TB/HIV activities within the BNTP and the development and strengthening of links with HIV/AIDS prevention, treatment, care and support services in both the private and public sectors. The senior laboratory scientist will act as the laboratory director and mentor the laboratory scientist appointed by the MOH in the management of a reference laboratory. The candidate will also provide laboratory technical support to improve TB diagnostic in the country and will guide the establishment of the second TB culture and DST laboratory capacity in Francistown. The laboratory technologist will provide the technical support for initiating culture and drug susceptibility testing in Francistown.

FY08 funding of TBCAP will strengthen DOTS expansion through improving community-based TB/HIV collaborative activities and in the organization of services to improve the management of multidrug-resistant TB services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17691

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17691	17691.08	U.S. Agency for International Development	KNCV TB Foundation	7837	7837.08	GHS-A-00-05-00019: TBCAP	\$423,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$261,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism**

Mechanism ID: 8744.09	Mechanism: TBD HQ Contracts
Prime Partner: To Be Determined	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 17740.24262.09	Planned Funds: ■

Activity System ID: 24262**Activity Narrative:** 09.C.TB11: TBD – Regional TB/HIV Laboratory Training Center

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED

From COP08:

The International Laboratory Branch of CDC/Atlanta, CDC/South Africa and the National Institute for Infectious Diseases (NICD)/National Health Laboratory Services (NHLS) in South Africa are planning to collaboratively implement a regional training center for HIV/TB to serve the southern Africa region. This center will provide PEPFAR focus countries and other countries in the region with a center of excellence for training, procurement of specialized laboratory services and technical assistance related to TB and HIV laboratory diagnostic services.

2008 Plans

FY2008 funds are requested to support the training of laboratory staff from district and primary hospital laboratories and staff from the National TB Reference Laboratory TB is diagnosed in Botswana by sputum smear microscopy in peripheral laboratories and by culture and DST using the Lowenstein Jensen (LJ) media method in the NTRL. FY2008 funds will support the training of laboratory technicians in new diagnostic methods, including liquid media methods using the MGIT method for the two laboratories with culture and DST. Training will focus on TB smear microscopy (using both light and fluorescent microscopy), external quality assurance (EQA) for TB smear microscopy, mycobacterial culture (using both manual and automated methods), first-line DST, diagnosis of opportunistic infections and sexually transmitted infections, and HIV diagnosis, monitoring and EQA.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 17740

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17740	17740.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$250,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 11094.09

Mechanism: Post

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 10170.24214.09

Planned Funds: \$140,000

Activity System ID: 24214

Activity Narrative: 09.C.TB08: HHS/CDC/BOTUSA TB Section Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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.

Referrals for ARV treatment and CPT will be provided to approximately 1,000 PLWHA. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17347

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17347	10170.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$140,000
10170	10170.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$350,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5406.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 10177.24215.09

Planned Funds: \$223,185

Activity System ID: 24215

Activity Narrative: 09.C.TB91: Technical Expertise and Support PC

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity covers the salaries and travel for the technical staff in-country and TDY visits by colleagues based in the US at HHS/CDC headquarters to provide support for the programs and activities, including work with the Government of Botswana, at a total cost of \$466,767. The cost of providing administrative support (telephone, consumables, supplies and equipment) will be \$5,000.

PEPFAR funds will be used to contract out the organization of a consensus workshop to finalize a national medium-long term strategic plan for TB and TB/HIV control and of an annual conference of the BNTP, at a combined cost of 30,000.

FY08 funds are requested to support contractual services to maintain and upgrade the electronic TB register (ETR) and to develop a database for routine monitoring of anti-TB drug resistance, at a cost of \$90,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17346

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17346	10177.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$181,000
10177	10177.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$15,000

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5295.09

Mechanism: U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration

Prime Partner: The American Society for Microbiology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 9861.24187.09

Planned Funds: \$350,000

Activity System ID: 24187

Activity Narrative: 09.C.TB05: American Society of Microbiology – Technical Assistance on TB/HIV for laboratories

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: Diagnosis of opportunistic infections (OI) and sexually transmitted infections (STI) is an important component of HIV prevention, care, and treatment, especially among HIV-positive individuals and persons who engage in high-risk behaviors. Botswana needs to be supported in identification of opportunistic infections pathogens, because of limited microbiology laboratory capacity. In FY2008, funds were provided to the American Society for Microbiology (ASM) to strengthen TB diagnostics at the National Tuberculosis Reference Laboratory (NTRL) and to strengthen OI and STI diagnostic capacity at the National Health Laboratory (NHL) and at the peripheral laboratories in the country. FY2009 funding is requested for ASM to provide technical support to Botswana for clinical microbiology with respect to clinical laboratory diagnostics for common OIs and guidance for expansion of services of the NHL clinical microbiology laboratory as a National Public Health Laboratory. ASM will also continue to support to the National TB Reference Laboratory for TB diagnostics and the TB external quality assurance (EQA) program. ASM will provide support to expand core functions of the NHL Microbiology Laboratory, improve surveillance of communicable diseases by providing training for detection and identification of STIs, diarrhea outbreaks, respiratory outbreaks using molecular and automated methods, and strengthen the monitoring of antibiotic resistance nationwide. The Botswana clinical microbiology laboratory network activity with the national microbiology EQA program and the development of the national AFB microscopy training and EQA program will all continue.

From COP08:
2007 Achievements

In FY07, funds were requested to strengthen TB diagnostic services at the NTRL and to evaluate the capacity of the NHL and peripheral laboratories to diagnose opportunistic infection (OIs) and sexually transmitted infections (STIs). The identified gaps and weaknesses will be addressed in FY08.

The technical assistance enabled the NTRL to improve its local organization and its capacity to provide quality-assured TB microscopy, culture and drug sensitivity testing. The NTRL was enrolled with Centers for Disease Control and Prevention (CDC) External Quality Assurance (EQA) in 2006 as well as the South African EQA program with the National Health Laboratory Service, enabling it to provide services for the fourth national drug resistance survey (DRS), with FY2007 funding. WHO/CDC training material was customized and produced to support the TB microscopy training program.

2008 Plans

National TB Reference Laboratory

FY2008 funding is requested for the ASM to provide technical assistance to the NTRL and the peripheral laboratories to maintain and improve TB microbiological services, strengthen the EQA program for TB microscopy by training local staff in preparing TB panels and smear microscopy for the EQA program.

National Health Laboratory: Local organization capacity development

Diagnosis of STIs and OIs is an important component of HIV prevention, care and treatment. Botswana had significant difficulties in identifying the pathogen responsible for a recent outbreak of infant diarrhea, mainly due to weakness of the microbiology laboratory capacity in the country. FY08 funding is requested for ASM to provide technical support to Botswana for basic clinical microbiological services for common OIs and to provide guidance for establishing a central microbiology laboratory.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17653

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17653	9861.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	7836	5295.08	U62/CCU32511 9: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration	\$150,000
9861	9861.07	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	5295	5295.07	ASM	\$320,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17745.24239.09

Planned Funds: \$0

Activity System ID: 24239

Activity Narrative: 09.C.TB13: MOH – Prevention with Positives in TB Settings

ONGOING ACTIVITY WITH NEW PARTNER FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

TB care settings represent critical opportunities to provide HIV prevention services, messages and interventions because 60-86% of TB patients in Botswana are also infected with HIV. Botswana has also offered all TB patients routine HIV testing and counseling (opt out strategy) since 2005. Consequently, the majority of approximately 10,000 TB patients registered annually in the country know their status. Most of these patients are also sexually active, making TB patients prime targets to prevent primary HIV transmission. General HIV prevention interventions are routinely provided at most TB care settings and primary prevention (e.g. abstinence, be faithful, and condom promotion [ABC]) often forms a part of these services, though this component of service delivery needs to be strengthened.

2008 Plans

Prevention services and interventions will target HIV-infected TB patients. FY08 funds are requested to support a new activity on PwP, again through the behavioral change communication (BCC) section. Prevention services and interventions will target HIV-infected TB patients by adapting simple tools that health care providers can deliver within their current scope of work. It is likely that the CDC's PwP material will be adapted to the local TB care setting and delivered through one-on-one interactions between health care workers and TB patients.

This will involve the development of relevant material (IEC, curricula, job aids, protocols, training packages, etc.), training and sensitization of 60 clinical and community service providers about the interventions and their implementation, in collaboration with the Botswana National Tuberculosis Program (BNTP).

A major component of collaborative TB/HIV activities is the reduction of the burden of HIV among TB patients, one of which activities is the reduction of HIV transmission. These activities therefore will support Botswana's Round 5 TB grant from the GFATM, which among other goals, seeks to strengthen TB/HIV collaborative activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17745

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17745	17745.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$50,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.12: Activities by Funding Mechanism****Mechanism ID:** 5453.09**Mechanism:** ODC Mechanism**Prime Partner:** US Department of Defense**USG Agency:** Department of Defense**Funding Source:** GHCS (State)**Program Area:** Care: TB/HIV**Budget Code:** HVTB**Program Budget Code:** 12**Activity ID:** 17714.24159.09**Planned Funds:** \$15,000**Activity System ID:** 24159**Activity Narrative:** 09.C.TB06: Botswana Defence Forces – TB Training

ACTIVITY UNCHANGED FROM FY2008

From COP08:

Funding will be used to send 3-5 BDF Medical Personnel to Uganda for specific training on identification and treatment of TB. Training will ensure that BDF personnel are prepared to take full advantage of the laboratory equipment provided by PEPFAR, and that the Botswana Defence Force (BDF) is able to provide identification and care of TB patients without increasing the burden on the civilian health care system. Training will ensure there is a TB trained professional at each of the 4 major BDF treatment locations

New/Continuing Activity: Continuing Activity**Continuing Activity:** 17714**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17714	17714.08	Department of Defense	Botswana Defence Force	7745	1332.08	ODC/BDF	\$15,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Military Populations

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$15,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7891.09	Mechanism: CDC HQ & Cable
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 17732.24388.09	Planned Funds: \$0
Activity System ID: 24388	
Activity Narrative: 09.C.TB10: CDC – Infection Control Prisons	
	ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION
	From COP08: Infection control is an important aspect of prevention of TB in high HIV settings, such as correctional facilities. None of the prisons in Botswana have isolation facilities for inmates with infectious TB. Recent reports of XDR-TB from neighboring South Africa have raised the concern about possible cross-border movement of patients with similar TB. Infection control policies are currently under development with FY07 funds.
	2008 Plans FY2008 funds are requested to procure 1 prefabricated building to be converted into an isolation ward for inmates with TB. The building will be located at a site to be determined in consultation with the Division of Prison Services. Prevention of TB infection in congregate settings is a major component of collaborative TB/HIV activities. These activities therefore will support Botswana's Round 5 TB grant from the GFATM, which among other goals, seeks to strengthen TB/HIV collaborative activities.
New/Continuing Activity: Continuing Activity	
Continuing Activity: 17732	

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17732	17732.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7891	7891.08	CDC HQ & Cable	\$100,000

Emphasis Areas

Construction/Renovation
 Health-related Wraparound Programs
 * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7757.09	Mechanism: 674-A-00-08-00077 - Capable Partners Program
Prime Partner: Academy for Educational Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 17743.24243.09	Planned Funds: \$45,000
Activity System ID: 24243	

Activity Narrative: 09.C.TB12: AED – Private-Public Partnership in TB/HIV

ACTIVITY UNCHANGED FROM FY2008

From COP08:

Effective collaborative treatment, care and support of patients with dual TB and HIV disease remains a challenge at all levels of the health system. The very high rate of HIV infection among TB patients (60 - 86%) implies that many TB patients do not receive adequate support with respect to HIV. The majority of TB/HIV patients are within the economically active age groups. Businesses face losses due to absenteeism, lost productivity, lost skills and personnel, and increased medical and indirect costs. TB/HIV patients face loss of income or even employment when on anti-TB treatment. The BBCA receives PEPFAR support to conduct some HIV-related activities, but the focus is strongly on HIV/AIDS with little or no attention to address TB/HIV co-infection.

2008 Plans

It is intended to pilot the provision of workplace TB/HIV activities in Gaborone City, in collaboration with BBCA. FY2008 funds will support the training of personnel from selected private companies on TB/HIV issues, focusing on TB case detection, HIV testing of TB patients, TB screening in HIV infected clients, and treatment support for patients on HIV or TB treatment, and the referral of patients between private sector settings and TB and HIV public sector services. These activities will support Botswana's Round 5 TB grant from the GFATM which seeks to scale up community TB care, improve treatment success rate, strengthen TB/HIV collaborative activities and strengthen supervision, monitoring and evaluation.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17743

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17743	17743.08	U.S. Agency for International Development	Academy for Educational Development	7757	7757.08	Capable Partners Program	\$50,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 5420.09

Mechanism: RPSO

Prime Partner: Regional Procurement Support Office/Frankfurt

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 17747.24225.09

Planned Funds: \$0

Activity System ID: 24225

Activity Narrative: 09.C.TB02: RPSO – Infection Control (two districts)

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – LARGE PIPELINE

From COP08:

Infection control is an important aspect of prevention of TB in high HIV settings, such as Infectious Diseases Care Clinics (IDCC) and wards. Botswana has no dedicated infectious diseases hospital, and none of the hospitals have TB wards. Recent reports of extensively drug resistant tuberculosis (XDR-TB) from neighboring South Africa have raised the concern about possible cross-border movement of patients with similar TB. The current DRS that is being conducted with FY07 funds will provide more accurate data about the extent of drug resistant TB.

Infection control policies are currently under development with FY07 funds. PEPFAR funds are supporting the renovation of a TB isolation ward at the HHS/CDC/BOTUSA site in Gaborone, which will be staffed by PMH personnel. With funding from the GFATM, the MOH is constructing a TB isolation ward at Bamalete Lutheran Hospital in Ramotswa. FY07 Plus Up funds were requested for the installation of a prefabricated building at a district hospital that will be selected by the MOH.

2008 Plans

FY2008 funds are requested to procure two prefabricated buildings to be converted into isolation wards for TB patients. The wards will be located at sites to be determined in consultation with the MOH. Prevention of TB infection in congregate settings is a major component of collaborative TB/HIV activities. These activities therefore will support Botswana's Round 5 TB grant from the GFATM, which among other goals, seeks to strengthen TB/HIV collaborative activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17747

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17747	17747.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7892	5420.08	RPSO	\$200,000

Emphasis Areas

Construction/Renovation
 Health-related Wraparound Programs

* TB

Human Capacity Development**Public Health Evaluation****Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7891.09	Mechanism: CDC HQ & Cable
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 10168.24202.09	Planned Funds: \$200,000

Activity System ID: 24202

Activity Narrative: 09.C.TB07: HHS/CDC/BOTUSA TB Section Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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.

Referrals for ARV treatment and CPT will be provided to approximately 1,000 PLWHA. 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17330

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17330	10168.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$200,000
10168	10168.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$15,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 5404.09

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: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 10175.24203.09

Planned Funds: \$150,000

Activity System ID: 24203

Activity Narrative: 09.C.TB90: Technical Expertise and Support PC

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity covers the salaries and travel for the technical staff in-country and TDY visits by colleagues based in the US at HHS/CDC headquarters to provide support for the programs and activities, including work with the Government of Botswana, at a total cost of \$466,767. The cost of providing administrative support (telephone, consumables, supplies and equipment) will be \$5,000.

PEPFAR funds will be used to contract out the organization of a consensus workshop to finalize a national medium-long term strategic plan for TB and TB/HIV control and of an annual conference of the BNTP, at a combined cost of 30,000.

FY08 funds are requested to support contractual services to maintain and upgrade the electronic TB register (ETR) and to develop a database for routine monitoring of anti-TB drug resistance, at a cost of \$90,000. their work.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17331

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17331	10175.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$391,000
10175	10175.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$65,000

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 4457.24078.09

Planned Funds: \$0

Activity System ID: 24078

Activity Narrative: 09.C.TB01: MOH – TB/HIV and IPT Support

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – LARGE PIPELINE

From COP08:
2007 Accomplishments

FY07 funds were used to support the finalization of the national TB management manual. The new manual incorporates guidance on the management of HIV-related TB and drug-resistant TB, which are consistent with current international recommendations. The manual is now the basis for training of all health cadres in Botswana on TB management and control.

A significant increase in HIV/TB activities was programmed in FY07 to further integrate HIV/TB care with core programs for people living with HIV/AIDS (PLWHA). PEPFAR funds expanded RHT among pediatric and adult TB clients to fund supervisory visits from the national level to the districts. In January 2007, 24 TB coordinators were trained on IPT, Community-based TB care (CTBC), and TB/HIV surveillance. Francistown, and Kgalagadi South trained 114 health care workers on TB/HIV surveillance and 64 community volunteers on TB/HIV.

The IPT program is well accepted and available in all 24 districts. FY07 funds were used to train 33 trainers of trainers (TOTs) on IPT, and 51 health workers were trained on IPT. The IPT Program has registered more than 50,000 HIV-infected persons since 2001. FY07 funds will support the comprehensive external evaluation of the program, which will provide Botswana (and other focus and non- countries) with essential data on the implementation of a national Isoniazid Preventive Therapy (IPT) program. A Drug Resistance Survey (DRS) began with FY07 support and will provide data to guide programmatic policy and management.

To improve coordination of TB/HIV activities, FY2007 funds resuscitated the national TB/HIV advisory committee, a key component to establishing mechanisms of coordinated TB/HIV care at all levels of the health sector. This committee met for the first time in a year in August 2007, and revised its terms of reference.

PEPFAR funds support nine posts at the national and regional level of the IPT program. To strengthen the technical capacity of the BNTP staff, FY07 funds were used to send two participants to the WHO Global TB/HIV course in Sondalo, Italy and two staff to the International Union Against Tuberculosis and Lung Disease (the UNION) TB management course in Arusha, Tanzania. To provide a perspective on the practicalities of implementing nation-wide interventions, FY07 funds will support a team of three staff from the central BNTP to go on a study tour to Malawi focusing on community based TB/HIV collaborative activities, and to send three staff to the Annual IUATLD Conference in Cape Town, South Africa.

2008 Plans

FY08 funds will be used to continue supporting the BNTP to conduct supervision and monitoring visits and trainings. To bolster the capacity of the NTRL to perform its activities as a reference laboratory, it is proposed to use FY08 funds to meet the salaries for two laboratory technicians who will be based at the NTRL. Funding is also requested to support quarterly meetings of the national TB/HIV Advisory Committee and to support quarterly meetings of two regional TB/HIV advisory Committees to be formed for the north and south regions.

General program support to the BNTP is requested to continue training health care workers on these guidelines to increase the number of TB patients diagnosed and successfully treated, including enhanced referral to HIV care services. USG funds will be used to conduct a cross-sectional survey 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.

These activities support Botswana's Round 5 TB grant from the GFATM which seeks to scale up community TB care, improve treatment success rate, strengthen TB/HIV collaborative activities and strengthen supervision, monitoring and evaluation.

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17267	4457.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$0
9802	4457.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$710,000
4457	4457.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$627,000

Emphasis Areas

Construction/Renovation
 Health-related Wraparound Programs
 * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7891.09	Mechanism: CDC HQ & Cable
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: TB/HIV
Budget Code: HVTB	Program Budget Code: 12
Activity ID: 26731.09	Planned Funds: \$229,029
Activity System ID: 26731	

Activity Narrative: 09.C.TB92: Technical expertise and support (TB)

This activity covers the salaries and travel for the technical staff in-country and TDY visits by colleagues based in the US at HHS/CDC headquarters to provide support for the programs and activities, including work with the Government of Botswana.

PEPFAR funds will be used to contract out the organization of a consensus workshop to finalize a national medium-long term strategic plan for TB and TB/HIV control and of an annual conference of the BNTP.

FY09 funds are requested to support contractual services to maintain and upgrade the electronic TB register (ETR) and to develop a database for routine monitoring of anti-TB drug resistance.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 7803.09

Mechanism: New CoAg- PediatricCare

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 18701.24502.09

Planned Funds: ■

Activity System ID: 24502

Activity Narrative: 09.C.TB14: TBD – Pediatric TB/HIV Management

ONGOING ACTIVITY FOR WHICH NO NEW FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

The diagnosis and treatment of TB in children is difficult and this more so in HIV-infected children, where TB is a major cause of disease and death. The new WHO Stop TB Strategy was announced in 2006 with the aim of ensuring equitable access to care of international standards for all TB patients – infectious and non-infectious, adults and children, with and without HIV, with and without drug-resistant TB. International guidance for national TB programs on managing TB in children was released in 2006, with the aim of addressing this neglected area of TB control.

Botswana has one of the largest pediatric HIV/AIDS treatment programs in the world, an example of effective partnerships in the provision of ART services to the pediatric population. ART services are being decentralized to peripheral facilities with the support of outreach visits by specialist pediatricians from PMH, the Baylor Center of Excellence and NRH. The management of TB in HIV-infected children has not matched this scale up of quality HIV treatment and care.

PEPFAR funding will be requested to improve pediatric TB/HIV patient care and training activities to raise the quality of TB care and treatment according to the latest national and international recommendations. Baylor will work closely with the BNTP and GOB facilities in the southern part of the country (Kgatleng, Kweneng, South-Eastern, Southern districts) to improve and strengthen the delivery of pediatric TB/HIV services, to increase access to quality TB/HIV care and treatment of children and to train non-pediatrician health care workers in the care of TB/HIV infected children according to the national guidelines.

The selected organization will create a referral service center which will deal with complicated TB/HIV disease and multidrug-resistant TB (MDR-TB) in children, and will implement a mentoring/supportive supervision system with an outreach support component to standardize the approach to pediatric TB/HIV and MDR-TB management. Baylor will assist hospitals in this region to improve TB screening and diagnosis of pulmonary TB in children, and will develop appropriate screening algorithms for TB in children.

The selected organization will be charged with reviewing and evaluating pediatric TB/HIV and MDR-TB care and treatment, and in designing and implementing an information, educational and communication (IEC) strategy targeting parents of children with HIV/TB disease, and adolescents at high risk of HIV and TB infection.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18701

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18701	18701.08	HHS/Centers for Disease Control & Prevention	Baylor University	8743	8743.08		\$253,000

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 11100.09

Mechanism: Technical Assistance for In-Service Training of Health Care Providers in Botswana in Management of HIV/AIDS and HIV/TB Co-infection

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 26726.09

Planned Funds: ██████████

Activity System ID: 26726

Activity Narrative: 09.C.TB16: TBD – NEW FOA for Palliative Care

The scope for this activity is to assist the Ministry of Health (MOH) of the Government of Botswana (GOB) in providing high quality HIV-related palliative care and treatment training to clinicians at the two referral hospitals, Princess Marina and Nyangabgwe, and further training in outreach services in palliative care to selected district and primary hospitals. The goal is to increase the clinicians' knowledge of palliative care and to improve the standard of patient care to those suffering with HIV/AIDS, TB/HIV and other opportunistic infections (OI). This should have a direct influence on the treatment of inpatients at the two referral hospitals and have an indirect influence on the care and treatment at the level of the district and primary hospitals.

It is expected that the TBD organization will assist the MOH in developing its clinical curriculum for palliative care for the University of Botswana's new medical school and, by the end of FY2009, will have a comprehensive package compiled for the training and services to be extended to some peripheral primary hospitals. The TBD organization will train health care workers and other partners according to the national TB/HIV curricula for nurses and medical officers to ensure adherence to the Botswana National TB Control Program (BNTP) guidelines and will provide in-service training of health care workers in the care of children with TB and TB/HIV co-infections and, in collaboration with the BNTP, will implement strategies to enhance the diagnosis of TB in children and improve contact tracing.

With respect to in-patient services, the TBD organization will provide inpatient care support to the medical departments within the two referral hospitals and will deliver direct care to inpatients suffering with HIV/AIDS and its co-infections, including patients with dual TB/HIV disease and multidrug-resistant TB (MDR-TB). The TBD organization, in addition to the direct in-patient care services, will undertake a structured educational training program aimed directly at enhancing the care practices of various internal medicine clinicians' performance. A similar program in the practice of medicine related to HIV/AIDS will be arranged for all clinical staff, both doctors and relevant nursing staff. The TBD organization will also provide pediatric TB/HIV clinical services at the two referral hospitals for advanced treatment, consultative, outreach and educational services for TB/HIV co-infected children and will work with all partners to strengthen linkages between the TB and Anti-retroviral Treatment (ART) programs at the national, district and facility levels.

In terms of outpatient services, the TBD organization will run ART clinic and specialized HIV clinics at both referral hospitals and will provide the standard of care treatment for patients with TB/HIV and MDR-TB. These clinics will create a "one stop shop" idea for patients with HIV and other complications, such as metabolic problems, co-morbidity issues and co-infections, which can be managed on an outpatient basis.

Botswana's two referral hospitals have patients referred to them from district hospitals and primary hospitals. With the current HIV/AIDS pandemic, the increasing rate of opportunistic infections (OI) in patients suffering from HIV/AIDS and the lack of clinical skills in the primary and district hospitals to manage these OIs, lead to patients being referred to the two referral hospitals, which is a major cause of their overcrowding. The TBD organization will provide an outreach program, using both lectures and direct bedside teaching, aimed at training clinicians from primary and district hospitals in the management of patients with HIV/AIDS, TB/HIV and other OIs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 26728.09

Planned Funds: \$245,000

Activity System ID: 26728

Activity Narrative: 09.C.TB17: URC - Strengthening Management of MDR TB and Cross Border Control

Supporting Multi-Drug Resistant (MDR)/Extensively Drug Resistant (XDR) and Infection Control at the District and Facility Levels:

University Research Corporation, LLC (URC) is working with the Centers for Disease Control and Prevention (CDC) to improve the quality of HIV/AIDS services in Botswana under a recently awarded grant. URC has gained substantial expertise in the Southern African countries in strategies to improve TB, including MDR/XDR prevention and control activities. Based on the lessons learned in the region, URC is proposing to work closely with the Botswana National TB Program (BNTP) to strengthen MDR/XDR prevention and control activities at the district and facility levels. URC proposes to cover three districts with implementation of TB, TB/HIV and MDR/XDR initiatives. URC staff will help facilities identify programmatic gaps for TB prevention and control and develop effective strategies for overcoming the same.

Strengthening national and district level response for preventing and controlling MDR/XDR TB: URC will work with BNTP to strengthen the capacity at national and district levels to manage prevention and control of MDR and XDR TB. Assistance will be provided to the BNTP to ensure proper training of staff to diagnose and treat MDR TB appropriately, help the facilities to control primary transmission of MDR/XDR, and implement initiatives to reduce development of resistance among TB patients treated with first and second line drugs. Key activities will include the dissemination and implementation of MDR TB monitoring tools by training healthcare workers and information officers on the use of the tools and by training medical officers and nurses on clinical management of MDR TB.

Enhancing Implementation of Infection Control Policies and Guidelines:

Facilities will be assisted to conduct infection control risk assessments and to develop and implement infection control plans. Technical assistance will be provided to districts and facilities in implementing TB infection control strategies.

Strengthening Surveillance of MDR/XDR-TB:

URC will work with BNTP and local partners to improve and expand the surveillance of MDR/XDR-TB. Assistance will be provided to design a simple framework to collect and analyze data on MDR/XDR patients in each district. In addition, mechanisms will be developed and implemented for contact tracing of MDR patients to minimize risk of nosocomial transmission.

Addressing cross-border issues related to the management of Drug Resistant TB:

URC will work with the BNTP and other PEPFAR funded partners to strengthen referral systems to minimize spread of MDR TB to neighboring countries and to ensure continuous access to treatment and laboratory services for migrant workers returning home after the diagnosis of MDR TB. Referral forms will be developed.

Supporting Advocacy, Social Mobilization and Communication for MDR/XDR TB:

URC will help BNTP to increase awareness about MDR-TB through public education and social mobilization.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$245,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: \$7,269,814

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Botswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

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

The 2007 NSA, using the definition that an orphan is a child below 18 years who has lost one parent, when single, or both, if married, either biological or adoptive, reported a prevalence rate of 6.5% or 51,806 children, and 3.1% of children had lost both parents. The international definition, according to UNAIDS, states that an orphan is 'a child below the age of 18 who has lost one or both parents,' and using this, the prevalence of orphans is 17.2% (137,805). The 2001 Population and Housing Census Report in Botswana indicated that there were 111,828 orphans which included maternal, paternal and double orphans, similar to the UNAIDS definition, out of a population of 737,241 children or about 15%, which is slightly lower than the USAIDS rate, suggesting that the number of OVC may be increasing. Children in Botswana are orphaned for the following reasons: 34% due to AIDS, 35% due to chronic diseases, 25% due to accidents, and about 7% due to death of the mother during child birth.

The GOB provides care and support to orphans through the Short Term Plan of Action (STPA), launched in 1999 by the Department of Social Services (DSS) under the Ministry of Local Government (MLG). The STPA serves as the normative framework for responding to the immediate needs of orphans and has reached virtually all eligible registered orphans (50,000)

with key emergency services, a commendable accomplishment. It highlights the political will, leadership and management, and financial commitment Botswana has made towards addressing the impact of HIV/AIDS on children.

Through the President's Emergency Program for AIDS Relief (PEPFAR) support both the GOB and the Civil Society Organizations (CSO) have extended the scope of their combined efforts to address HIV and AIDS far beyond what either one could have achieved individually. Collectively, they have leveraged their strengths to implement and deliver services more effectively to OVC. Services that include: providing and ensuring OVC access to psychological and/or emotional care counseling, education, including vocational skills training, nutritional support, succession planning; giving access to legal aid, including protection from all forms of abuse including child labor and property grabbing; and assisting with access to health care, treatment for HIV/AIDS-infected OVC, and shelter and related family care.

Major program accomplishments for FY2007 and FY2008 include the completion of the NSA, development of National OVC Guidelines, Psycho-Social Support (PSS) National Training Manual, National Monitoring and Evaluation (M&E) Framework for OVC, creation of linkages among OVC partners and government, and increasing the number of OVC benefiting from United States Government (USG) support. In FY2009, it is expected that at least 30,000 OVC will be reached directly with services through a mix of strategies, such as supporting activities within a geographic focus to attain higher coverage, investing in priority sectors like social services, education and health, and making grants available to non-governmental organizations (NGO), community-based organizations (CBO), and faith-based organizations (FBO).

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

In FY2007 and FY2008, about 25,000 caregivers were trained to care for OVC on issues of PSS, child protection, and health care, including anti-retroviral therapy (ART) adherence for infected OVC. In FY2009, 8,160 caregivers will be trained, a reduced number due to the large pool of caregivers already trained. Follow-up activities will be initiated to assess the changes in OVC services as a result of the trainings

Since 2005, the Marang Child Care Network has worked closely with DSS on policy issues as well as expanding its partner base to 60 CBOs/NGOs/FBOs reaching over 10,000 OVC indirectly. Marang's work has gained recognition from the GOB such that they have signed a Memorandum of Understanding with the network. One notable achievement is how Marang has managed leverage PEPFAR resources to receive funds from the GOB. In a bid to expand the reach and strengthen the quality of service provided by Marang, 24 member organizations will be assessed and given grants to provide comprehensive services to OVC at the village level. The members will be selected on the basis of their geographical spread, program capacity and diversity to include those working with OVC with special needs or disabilities

Despite the achievements made thus far, there still exists great potential capacity in communities to respond to the needs and challenges of OVC. The major and most immediate challenge is scaling up successful community-based responses to match the magnitude and extent of the HIV/AIDS epidemic. In that regard, capacity building efforts will be supported not as an end in themselves, but as means to an end, the strategy being two-fold: capacity building on the one hand and service delivery on the other

In FY2009, the USG support will continue to strengthen and scale-up the FY2007 and FY2008 activities by facilitating expansion of OVC services and organizations working locally to address HIV/AIDS-related challenges, providing financial, material and technical resources to organizations serving OVC, enabling them to better coordinate efforts and provide additional services, and supporting the sharing of effective practices among stakeholders at all levels. They will build capacity, not as an end, but as a means to improved service provision by investing in human resource development in technical and management support, program design and implementation, mentoring and apprenticeships, logistical and equipment, and monitoring and evaluation. Additionally, gender issues will be mainstreamed to ensure equal opportunities and access to basic services to reduce the persistent and increasing burden of orphan hood and vulnerability in both boys and girls, and the discrimination against and violation of the rights of the girl child.

Targeted interventions by the implementing partners resulting from the 2007 NSA, will increase access to birth registration, education, adequate food, basic health services (including HIV services if appropriate), nutrition, PSS, succession planning, and legal assistance. These interventions aim to improve income in affected households, build advocacy around inclusion and stigma reduction, and catalyze public-private partnerships, which ultimately will be critical to expanding the resources available to sustaining provision of the above services. Caregivers and guardians will benefit from training on the care of OVC. Parents and Guardians, in particular those infected with HIV/AIDS, will be supported in writing wills and developing memory books.

In FY2009, the Ministry of Health (MOH) and the Ministry of Education (MOE) will each continue their particular roles in the addressing OVC issues, including training caregivers and CSOs in the care of infected children, malnourished children, and other childhood illnesses related to HIV/AIDS and ensuring access to education, specifically scaling up the Circles of Support program to enroll and retain OVC in schools and train teachers in PSS.

In FY2009, DSS will implement the Community Carers Model (CCM) and Family Care Model (FCM) to assist families who have little or no means of supporting the OVC and to ensure that all members of families with OVC are empowered and have their needs addressed, respectively. Currently, the government provides basic needs to OVC; however, not all of the services reach the intended children and families, especially the food basket support. In an effort to address this issue, the CCM, DSS and S&CD at district level will identify community carers, through the existing community structures who will monitor the service delivery to

identified families to ensure that OVC receive quality care and support. The FCM will be used to ensure that the Marang Child Care network, through its members, will assist DSS in monitoring the project and documenting the processes for continued project improvement, so that the successes and lessons learned will be refined in preparation for replication and mainstreaming into DSS's mandate.

The M&E Framework for OVC will be used to monitor and evaluate OVC programs and will include regular and systematic assessments, structured quarterly meetings with partners, site monitoring, and semi-annual internal program reviews. The Botswana 'core indicators' on OVC have linkages with others being used by UNAIDS to assess global HIV/AIDS care and prevention goals for 2005 and 2010. In FY2008, relevant stakeholders were trained on the M&E Framework and the application indicators at different levels. DSS updated the OVC data base to capture the key national and program level indicators, including the number of orphans, vulnerable children, children in need of care and support, and children registered and benefiting from services. The update of the database has enabled DSS to capture, not only government data, but also data from the partners and other stakeholders providing services to children. Facilitative supervision will continue to be provided in FY2009.

Efficient and timely transfer of lessons learned and best practices between programs will strengthen national strategies and interventions in scaling-up of OVC programming by the GOB, CSOs, donors, and the private sector. To this end, an OVC National Forum will be held with all relevant stakeholders in order to share best practices and lessons learned in OVC programming and promote evidence-based programming.

Botswana has shown substantial commitment to the prevention of HIV infection and the mitigation of the impact of HIV/AIDS. DSS collaborates with key stakeholders including the USG, Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM), and UNICEF. DSS with other local partners intends to ensure that policies and guidelines related to HIV/AIDS and OVC provide an environment in which OVC needs are appropriately addressed. USG will support the strengthening of OVC coordination structures both at the national, district and village level to ensure that OVC services are well organized and avoid duplication of efforts. In addition to the coordination roles, these structures ensure that OVC continue to receive services in a timely manner and assist in identifying OVC who require care and support. The activities supported by PEPFAR funds will continue to build capacities of communities to maintain and sustain the interventions following the expiration of this grant

Referrals and Linkages were initiated in FY2007 and FY2008 with prevention, palliative care, treatment, and counseling and testing and will be strengthened in FY2009. Some of the OVC activities have components of palliative child care, adherence to treatment, counseling and testing and prevention for older OVC. Linkages with the PMTCT program will ensure that children whose mothers are enrolled have access to basic essential services. NGOs/CBOs/FBOs will create linkages with local clinics to ensure that families with infants who are diagnosed positive continue to access treatment.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8742.09	Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana
Prime Partner: Mullens & Associates	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 26732.09	Planned Funds: \$580,000
Activity System ID: 26732	

Activity Narrative: 09.C.OV12: Mullens – OVC Support

The Ministry of Local Government (MLG) through the Department of Social Services (DSS) with funding from PEPFAR has developed a number of national guidelines and manuals that need to be disseminated and implemented country-wide. Working in collaboration and in consultation with DSS and United States Government (USG) OVC Section, Mullens will organize and support OVC stakeholder meetings and workshop logistics. Their tasks will include identification of the venue, preparation of the workshop materials, and meeting the costs of the workshops and other related costs.

In addition to disseminating and implementing the national guidelines and manuals, there is a need to recruit an international consultant who will support the process of further development of OVC policy and a technical advisor for the Nutrition Project at the Ministry of Health to provide leadership, guidance and training.

Specifically, Mullens will be expected to perform the following tasks:

I. Organize and support DSS to conduct workshops to disseminate the following documents:

1. Situation Analysis Findings
2. National Guidelines on the Care of orphans and Vulnerable Children
3. OVC Monitoring and Evaluation Framework

II. Recruit an International OVC Policy Consultant to support the on-going process of the development of the OVC policy. The international consultant will provide technical support and facilitate the completion of the draft policy framework. Mullens will:

1. Participate in the recruitment process as requested by DSS and the USG OVC Section. This will be limited to advertising for the consultant position on behalf of DSS.
2. In consultation with DSS and the USG OVC Section, make the necessary payments to the consultant.

III. Recruit a Technical Advisor for the Nutrition Project at the Ministry of Health who will provide technical leadership, guidance and training to the Nutrition Rehabilitation program, which is implemented at two sites, specifically, Gaborone and Francistown. The main duties and responsibilities of the technical advisor will be:

1. At the national level:

- a. Serve as a liaison between the Ministry of Health and USG, working particularly with Coordinators of OVC and HIV/AIDS Care and Treatment.
- b. Serve as the contact point for OVC nutrition issues and interface with NGOs, community-based organizations and other partners working with orphans and vulnerable children.
- c. Recommend strategic directions for the program for effective and comprehensive management of malnourished children infected and affected by HIV/AIDS and interface with other technical components, for example, the Prevention of Mother to Child Transmission (PMTCT) and the Anti-retroviral Therapy (ARV) teams.

2. General program implementation, management and leadership:

- a. Provide technical assistance to the community-based nutrition rehabilitation program in the Ministry of Health and coordinate its activities strengthening project design, implementation, and monitoring.
- b. Facilitate the training of health workers and other service providers in the management of malnourished children infected and affected by HIV/AIDS.
- c. Facilitate training of community-based organizations serving OVC to ensure proper care of children.
- d. Facilitate development of appropriate Information, Education and Communication (IEC) materials to support the program.
- e. Identify short and long term technical assistance required for successful implementation of activities to support comprehensive management of malnutrition in children.
- f. Facilitate procurement of equipment and other commodities necessary for the program in line with the limits of the budget.
- g. Establish and maintain strong linkages with other teams in the design and oversight of programs which have synergistic elements, as well as strengthen synergies between the nutrition rehabilitation program and other partners, such as community-based organizations, and the PMTCT ARV, TB, child survival, nutrition, HIV counseling and testing, prevention, and child welfare programs.
- h. Facilitate needs assessments for scale up of the program to other sites.

3. Monitoring, evaluation and reporting:

- a. Prepare periodic planning and program implementation reports, including the annual Country Operational Plan (COP), and submit to all relevant partners on time.
- b. Undertake regular visits to program sites and projects and provide feedback to program coordinators at USG and in hospital management.
- c. Support and build capacity of program staff in data collection, analysis, and interpretation, management, and advocacy, and ensure quality reporting and sharing of findings.
- d. Exercise financial stewardship for the nutrition rehabilitation program and, on a quarterly basis, estimate accruals to ensure that funds are obligated on time, programmed and spent in a timely fashion. Facilitate audit evaluations.
- e. In collaboration with USG OVC Section, document program findings to contribute to organizational learning and identify any associated research opportunities.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 8756.09

Prime Partner: Hope Worldwide

Funding Source: GHCS (State)

Budget Code: HKID

Activity ID: 17725.24408.09

Activity System ID: 24408

Mechanism: GPO-A-00-05-00014 -- HWW

USG Agency: U.S. Agency for International
Development

Program Area: Care: OVC

Program Budget Code: 13

Planned Funds: \$100,000

Activity Narrative: 09.C.OV10: Hope World Wide – OVC Support for Molepolole

ACTIVITY UNCHANGED FROM FY2008

From COP08:

In FY2008, through competitive bidding, a Prime Partner will be selected to work with the communities in Molepolole to increase their capacity to provide care and support services to OVC and their families that are affected by HIV/AIDS. Local communities will be mobilized, engaged and their capacities strengthened to absorb the growing numbers of orphans and other children made vulnerable by HIV/AIDS. The local communities will be empowered to care for and support children impacted by HIV/AIDS and prevent further spread of HIV; improve their welfare by increasing access to education, adequate food, psychosocial support, basic health services, legal rights and to catalyze a public-private partnership to expand the resources available to sustain provision of the above services to OVC.

Program activities will be community-run and the implementing partner will be the main facilitator to ensure quality provision of services to OVC.

The implementing partner will support community based organizations to identify and replicate proven techniques, and promote the sharing of technical expertise between organizations. OVC will benefit through direct support to meet their basic and psychosocial needs, food, school fees, clothing, health care, recreation and social activities with peers to foster belonging.

This project will ensure that relevant OVC guidelines and frameworks are used. Use of existing training manuals already developed by relevant government ministries or other stakeholders will be fostered. Collaboration and creating linkages with other OVC serving organizations will be facilitated.

Community based organizations will carry out community and resource mobilization activities. Communities will be educated on the needs of OVC and encouraged to be "part of a solution" rather than a hindrance in ensuring that these children have access to basic services and continue to live a normal life free of stigma and discrimination.

This project aspires to continue to scale up going OVC activities in Molepolole. The project will target 0 - 17 years orphans and other children made vulnerable by HIV/AIDS, their families, and the community at large.

The implementing partner will collaborate with the Department of Social Services, under the Ministry of Local Government to ensure quality provision of services, coordination, monitoring of OVC programs. The implementing Partner will also collaborate with other OVC serving organizations and share lessons learnt in OVC programming.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17725

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17725	17725.08	U.S. Agency for International Development	Hope Worldwide	8756	8756.08	08.C0810	\$94,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$25,000

Education

Estimated amount of funding that is planned for Education \$10,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 4458.24079.09

Planned Funds: \$540,000

Activity System ID: 24079

Activity Narrative: 09.C.OV03: Ministry of Health – Nutrition Rehabilitation for OVC

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

There has been an increase in the budget for this activity to enable the program to bridge the gap between the clinical and community approaches to combating malnutrition in children infected with and affected by HIV/AIDS. The program will scale-up its community efforts by mobilizing and training communities on the care and management of malnutrition. The program managed to recruit staff in FY2007 and FY2008 and this will facilitate the roll out of the program to districts surrounding Francistown and Gaborone.

From COP08:

The project entailed the renovation of two buildings at Nyangabgwe Referral Hospital (NRH), Francistown and Princess Marina Hospital (PMH), Gaborone. The overall goal of this project is to ensure an effective and comprehensive nutritional management of malnourished children affected and infected with HIV/AIDS. Specific objectives include: registering of new clients; nutritional assessment, counseling and monitoring of orphans and vulnerable children; provision of psychosocial support; training of care givers on meal preparation and feeding of OVC.

2007 Accomplishments

The project recruited an expert in child nutrition to train 20 health care professionals (Pediatricians, Dietitians, and Nurses) with skills in the management of malnourished children, affected and infected with HIV/AIDS. About 500 children were enrolled and benefited from the project. The USG funded the recruitment of two Principal Dietitians, two Social Workers and two Home Economists. A needs assessment established nutritional needs of OVC and developed nutritional care standards.

2008 plans

The FY2008 activities will be a continuation and scale up of activities. The project equips OVC serving CBOs with skills on care for malnourished OVC. An additional 2,000 OVC will be enrolled into the program, 100 more health workers will be trained as well as 100 representatives from CBO/NGO/FBOs serving OVC. Human resource capacity will be strengthened at the two referral hospitals to increase availability of quality services to OVC. One Project Manager will provide oversight for the two Centers.

In order to improve the care of HIV infected children, the project will create linkages with the PMTCT program, the Infectious Disease Care Clinic (IDCC, the sites for ART) for children in PMH and NRH to come up with a nutrition monitoring program for HIV infected children. The Botswana PMTCT programme in collaboration with HHS/CDC/BOTUSA has initiated a program for testing for HIV infection on HIV exposed infants at 6 weeks. The MOH also has a nutrition surveillance program that monitors children's weight for age every month. Comprehensive monitoring of the growth of HIV infected children has been a gap in service delivery. This gap will be addressed by the Nutrition Rehabilitation Centres in Princess Marina and Nyangabgwe hospitals.

Nutritional assessments will be performed at every visit and early recognition of problems and appropriate remedial interventions applied. Monitoring of these children will include identification of the multiple factors which contribute to poor growth, including the environment in which the child is raised. Accordingly, the centres will closely monitor the growth and development of HIV infected children seen at primary care health facilities and at the Baylor Children's Centre of Excellence (for those on ART).

During 2008, the nutrition rehabilitation centres will work with MLG's DSS to advocate for development of a food basket for HIV infected children. It has been documented that HIV infected children enrolled in nutrition rehabilitation centres, even those that recover to normal nutritional status, take longer to recover completely and often relapse if additional nutritional support is not available. Currently, the DSS provides food baskets to orphaned children without regard to their HIV or nutritional status, except for the few referred by dietitians (with individualised food basket prescriptions). Guidelines for food basket contents and placement will lead to more targeted use of food support for OVC.

The rehabilitation project will continue to collaborate with MOH's Food and Nutrition Unit, DSS, UNICEF and other relevant stakeholders.

The expected results for 2008 include: Project Manager added to manage program, Nutrition Rehabilitation Project evaluated, additional 2000 OVC enrolled and benefiting from the project, 200 health workers and CSO staff trained, sites for rolling out identified and community needs determined, monitoring of HIV infected children in the program and food baskets and implementation guidelines developed for HIV infected children.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17268

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17268	4458.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$305,000
9803	4458.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$0
4458	4458.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$311,000

Emphasis Areas

Gender

- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$126,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$85,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$25,000

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1341.09	Mechanism: Peace Corps Mechanism
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 4893.24066.09	Planned Funds: \$650,000

Activity System ID: 24066

Activity Narrative: 09.C.OV02: Peace Corps – OVC NGO Capacity Building Program

ACTIVITY UNCHANGED FROM FY2008

From COP08:

It is widely recognized that non-governmental organizations (NGOs, CBOs and FBOs) 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. The aim of the Peace Corps Botswana's (PC/B) NGO program is to help build the capacity of local NGOs, to provide services to OVCs as well as to others affected directly by HIV/AIDS.

The Botswana Network of AIDS Service Organizations (BONASO) establishes a priority list of organizations and sites for the placement of Peace Corps Volunteers (Volunteers) in the NGO program; Peace Corps staff conduct site development assessments and make final site decisions based on established criteria (including consideration of safety and security, program resources, and job description). Following eight weeks of training, NGO Volunteers are placed in OVC-serving organizations for a two-year period. In the first two months of being placed in an organization, NGO Volunteers carry out community assessments. These assessments enable the Volunteers to understand their communities better and to develop their work plans. These work plans are used to assess and monitor their input into the respective organizations.

NGO Volunteers 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;
- Generating new ideas on care and activities for OVC;
- Staff development to ensure sustainability;
- Serving as a resource during training for NGOs/CBOs/FBOs depending on skills needed.

FY08 PEPFAR funds will support 11 NGO Volunteers in their second year of service and 10 new NGO Volunteers scheduled to arrive for training in April 2008. In FY08, an additional five Volunteers will extend for a third year in the NGO program. These 15 new and extending Volunteers will be placed in NGOs engaged in community-based OVC activities.

Specifically, FY08 PEPFAR funds will support:

- all costs associated with the 26 new and current PEPFAR-funded NGO Volunteers, including pre-arrival, travel, pre-service and in-service training, living and readjustment allowances, housing and medical expenses, and home leave for the third-year extension Volunteers;
- in-service training for other PC/B-funded Volunteers involved in OVC activities;
- small grants for community-initiated projects benefiting OVCs;
- in-country and HQ administrative costs; and
- local staff hired to support PC/B's PEPFAR program. In addition to positions funded in the FY07 COP, PC/B will hire a new Program Manager to oversee the work of the PEPFAR-funded NGO and Life Skills Volunteers.

Volunteers will report to the leadership of their respective NGO/CBO/FBO organizations, as well as to the new Program Manager, who will be responsible for providing the HHS/CDC/BOTUSA team with summary reports, based upon Office of the Global Aids Coordinator (OGAC) reporting requirements. PC/B is working work with HHS/CDC/BOTUSA and other partners to define the most effective means of reporting in order to capture the unique contributions to capacity building made by Volunteers and to complement the quantitative data provided by the NGOs through their reporting channels to HHS/CDC/BOTUSA.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17421

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17421	4893.08	Peace Corps	US Peace Corps	7752	1341.08	Peace Corps Mechanism	\$850,000
9835	4893.07	Peace Corps	US Peace Corps	5290	1341.07		\$600,000
4893	4893.06	Peace Corps	US Peace Corps	3523	1341.06		\$580,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1339.09	Mechanism: GPO-I-00-05-00040-00: Health Policy Project
Prime Partner: Constella Futures Group	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 4892.24168.09	Planned Funds: \$520,000
Activity System ID: 24168	

Activity Narrative: 09.C.OV01: The Futures Group—Marang Childcare Network

The Futures Group provides services to support policy development, advocacy, monitoring and evaluation, computer modeling, and strategic planning through its Health Policy Initiative Project (HPI). With a focus on policy dialogue, HPI empowers partners to participate in the policymaking process. With an additional focus on policy implementation, the initiative helps countries and organizations translate policies, strategic plans, and operational guidelines into effective programs and services, especially for the poor and other underserved groups.

HPI/Botswana's goal is to strengthen the response to the HIV epidemic by creating an enabling policy environment for OVC, youth, women and other populations affected by HIV/AIDS. More specifically, HPI supports the Department of Social Services (DSS) and Marang to assume leadership in the policy process for OVC.

In FY2009, the project's objectives are to:

-strengthen the technical and organizational capacity of Marang and its members to provide quality care and support services to OVC and to engage in policy dialogue at the community, district and national levels.

-provide technical support to the Government of Botswana to disseminate OVC guidelines, reports and policy, further developing its capacity building experiences with non-government community groups in Botswana. Four key activities will be conducted during the funding year including: dissemination of the National OVC situation analysis findings and dissemination of the OVC guidelines and the OVC policy

-disseminate the National OVC situation analysis findings working with DSS and the Ministry of Local Government (MLG). HPI will assist in the development of the dissemination strategy, user-friendly materials, power-point presentations, and the media package. In addition, HPI has been working with the Marang Child Care Network Trust to build the capacity of its 72-member network to provide quality OVC services at the grassroots level. Through this activity, HPI will strengthen Marang's capacity and support a Capacity Building position to work at the national level. This activity will build on Marang's strengths as a network to enable it to support MLG in disseminating the findings of the OVC situation analysis throughout the country.

-work with DSS to develop a national dissemination strategy for the National OVC Guidelines, which were recently launched, but not yet widely disseminated by the Government of Botswana (GOB). HPI and Marang will roll out a user-friendly dissemination program that will reach stakeholders at the national, district and village levels utilizing the Marang membership network

-work collectively with DSS and the Technical Working Group to review and confirm the dissemination strategy and materials. The dissemination will reach at least 100 stakeholders at the national level and 150 CBOs/FBOs/NGOs service providers from 25 districts. Partners targeted for dissemination are strategically placed geographically and programmatically to facilitate the effective spread and application of OVC guidelines by various child service providers

OVC Policy

In order to provide a framework for a sustained, effective response, the GOB has developed a national policy on OVC. To strengthen this effort, HPI will work with the MLG/DSS and the multi-sectoral technical reference group to cost the OVC policy and facilitate its dissemination

HPI will work with DSS to scale up the reach of MPs, councillors, chiefs, and key government ministries/departments through dissemination of situational analysis findings and the National guidelines on Care of OVC, in order to create an environment conducive to policy reform and implementation. HPI will further support this process by collaborating with the Ministry of Education (MOE) which deals with the OVC returning to schools, the Ministry of Health (MOH) in the area of OVC nutrition, and Catholic Relief Services for remote and hard to reach families. Through collaboration, the service providers will understand the mechanisms for quality control, standardization and compliance with OVC policy guidelines, which will strengthen their specific interventions in the provision of comprehensive OVC services.

Marang is experiencing steady growth and, for that reason, will require increased technical capacity to support their 72 member organization to provide effective and comprehensive OVC services at a national level. Consistent with the Memorandum of Understanding (MoU) Marang signed with the GOB, HPI will continue to strengthen Marang's technical capacity through support of six technical officers, as was done in FY2008. This will include the Executive Director, Finance Manager, Monitoring and Evaluation officer, Capacity Building and Resource Mobilization officer, and Day Care officer. Working in partnership with strategic stakeholders in the Ministries of Health and Education, Hope World Wide and Catholic Relief Services, HPI will support Marang to assist its member organization to scale up its direct reach of OVC to 15,000.

From COP08:

The Marang Child Care Network Trust is the only umbrella body for organizations serving OVC in Botswana. Currently, the organization has a membership of 37 community-based organizations. 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.

To date Marang provided support and built capacity of 50 partner OVC-serving organizations in 24 districts in the following areas: leadership skills, program planning and design, implementation and management,

Activity Narrative: M&E, local social and resource mobilization, and advocacy. The Marang Child Care Network Trust will continue scaling up these activities which focus on the development of NGOs/CBOs/FBOs' capacities.

In FY2008, Marang will continue strengthening other OVC service providers especially community based organizations in delivery quality services to OVC. In addition to this Marang will assist MLG's DSS in advocacy and coordination. This will include dissemination of relevant legislation affecting orphans and other children made vulnerable by HIV/AIDS. Marang will establish a data base of technical persons whose capacity has already been developed by Marang to assist in training other service providers. Marang will hire one additional technical staff person: a Day Care Officer. Exchange visits with OVC programs in other countries and continued internal staff capacity building will expand.

Marang will work with DSS and other relevant stakeholders in establishing and strengthening coordination committees such as the District Child Welfare Committees and Village Child Welfare Committees. Marang will assist DSS in establishing Community Child Care Forums (CCCF). These CCCF will serve as the "watch dogs" for OVC services at the community level. DSS will also collaborate with Marang in holding a National OVC forum. This will be an annual event bringing all NGOs/CBOs/FBOs and other relevant stakeholders together to share progress, best practices and lessons learned in OVC programming.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17418

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17418	4892.08	U.S. Agency for International Development	Constella Futures Group	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	\$200,000
10033	4892.07	U.S. Agency for International Development	The Futures Group International	5380	1339.07	Technical Assistance	\$350,000
4892	4892.06	U.S. Agency for International Development	The Futures Group International	3522	1339.06	Technical Assistance	\$400,000

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7759.09	Mechanism: 674-A-00-08-00078 -- PCI
Prime Partner: Project Concern International	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 10209.24246.09	Planned Funds: \$700,000
Activity System ID: 24246	

Activity Narrative: 09.C.OV11: PROJECT CONCERN INTERNATIONAL –OVC

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The HIV/AIDS epidemic in Botswana is taking a toll on the capacity of the health and social welfare systems to respond, and straining the capacity of extended families to care for infected/affected family members. Children who are orphaned or otherwise made vulnerable by HIV/AIDS have benefited from government services such as the food basket, support for school supplies, and free health care. However, needs such as psychosocial support for children and succession planning are not being well met.

Barriers to children's access to education are also broader than school costs; a range of interventions are needed with affected families to ensure that children stay in school over the long term. While the social welfare system works to provide food support to the most needy children and adults, the number of children in need in affected households is growing, stressing the capacity of this system.

ART coverage for adults is high (90%), with a relatively low treatment failure rate (4%, IRIN/AllAfrica.com, 6 June 2006); however treatment failure rates for children are significantly higher, estimated at 15% (verbal estimate, ART Program Coordinator, May 8, 2007), suggesting a need for adherence support closer to the home. There are no formal systems for follow up of children on treatment in the home after they leave the hospital/clinic. Adherence among adolescents is also an emerging concern, as teenagers tend to have compliance difficulties with medicines.

A comprehensive approach is needed which integrates ART access and adherence support with palliative care and OVC support services. CSOs are well placed to serve as a bridge between facility-based services and the communities and households they serve. The CSO sector in Botswana is young and needs significant capacity building to play this role.

2008 Plans

Building upon the foundation established in the FY07 period, PCI will continue and expand the provision of technical and organizational capacity building services and subgrants to the initial 10 CSOs, and will extend OVC capacity building to an additional 5 organizations.

Program objectives: 1) improved and expanded CSO delivery of OVC services; 2) strengthened capacity of local government agents (MOH, MLG) to deliver OVC services; 3) strengthened collaboration and referral among government services and CSOs in the delivery of OVC services; 4) improved documentation and sharing of promising practices and lessons learned among CSOs and government counterparts.

Partners: Through its work in OVC, Palliative Care, and ART, Access and Adherence, PCI expects to begin the 2008 period (project year two) with approximately 15-20 CSO partners. The ultimate aim is to strengthen the capacity of all the partners to provide integrated services across all three areas. This will be a phased process that will continue through year two. Partners entering the program with palliative care strengths, for example, will have been assisted in year one to strengthen the quality, range and reach of their work, while beginning to incorporate OVC and ART access and adherence services. Conversely, partners entering the program with OVC strengths will be assisted to build those strengths and incorporate palliative care and ART access & adherence services.

PCI therefore does not expect to increase the absolute number of CSO partners in the second year, but rather extend OVC capacity building and sub grants to an additional 5 CSOs within the 15-20 current partners. At the same time, PCI will assist CSO partners that received OVC support in year one to scale-up their work in year two, through increased subgrants and technical assistance, and to improve their service quality and linkages.

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

Volunteers will be trained to provide PSS tailored to the needs of children. Sensitization and skills building with parents will help them understand the psychosocial needs of infected/affected children and what parents can do to support children's well-being, while also taking care of their own well-being. Parents will be educated about succession planning and assisted to develop wills and take actions to protect children's inheritance rights, and ensure that children participate in decisions about who will become their guardians after parental death. Local traditional leaders and other influential members of society will be sensitized about women's and children's property rights. Birth registration will be promoted through collaborative activities among CSOs, government agents, and other relevant stakeholders

Linkages between government and CSOs will continue to focus on ensuring that all eligible families and children are registered and receiving all available social welfare and health services, and that benefits such as food are being utilized appropriately.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17727

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17727	10209.08	U.S. Agency for International Development	Project Concern International	7759	7759.08	New CoAg - PCI	\$2,350,000
10209	10209.07	U.S. Agency for International Development	Project Concern International	6131	6131.07		\$1,211,000

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 5454.09

Mechanism: HQ

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 17728.24232.09

Planned Funds: \$300,000

Activity System ID: 24232

Activity Narrative: 09.C.OV90: Technical Expertise and Support for OVD USAID

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 17728

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17728	17728.08	U.S. Agency for International Development	US Agency for International Development	7842	5454.08	HQ	\$300,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 11102.09 **Mechanism:** New CoAg Twinning
Prime Partner: American International Health Alliance Twinning Center **USG Agency:** HHS/Health Resources Services Administration
Funding Source: GHCS (State) **Program Area:** Care: OVC
Budget Code: HKID **Program Budget Code:** 13
Activity ID: 10210.24188.09 **Planned Funds:** \$0
Activity System ID: 24188
Activity Narrative: 09.C.OV04: TBD – OVC Twinning

ONGOING ACTIVITY WITH NEW PARTNER FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED

From COP08:

This activity continues a twinning partnership between the Marang Childcare Network in Botswana and the Children in Distress (CINDI) in South Africa. The mission of the Marang Childcare Network is to deliver effective psychosocial support, community mobilization and life-skill programs for children. Their strategy is to mobilize and build the capacity of community-based organizations for child rights-based response. Interventions include advocacy, networking, community mobilization, child day care and government partnerships. The Children in Distress Network (CINDI) founded in 1996, consists of over 150 NGOs, CBOs, government agencies and individuals who collaborate in the interests of children affected by HIV and AIDS in KwaZulu-Natal, South Africa. The CINDI Network operates a multi-sectoral network of civil society and government agencies capable of implementing diverse programs for children affected by HIV/AIDS.

The main goal of this partnership is to strengthen the organizational response to address the needs of OVC in Botswana. Twinning activities began with an assessment exchange to Botswana by CINDI in August 2007 to assess the Marang Childcare Network's current capacities and meet with local stakeholders. A visit by key stakeholders from the Marang Childcare Network to South Africa to learn first-hand about the services and resources of CINDI follows the initial Botswana visit. 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. 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.). With FY 2008 funds, AIHA will assist partners to scale up and increase the coverage of activities completed in FY 2007.

Initial areas in need of technical assistance include the following:

1. To strengthen the organizational capacity of the Marang Childcare Network to be a responsive and resourceful network for both civil society and government;
2. To build the capacity of the Marang Childcare Network to be a funding conduit for other NGOs in Botswana;
3. To strengthen advocacy efforts to develop responsive policies and sustainable integrated programs for OVC; and
4. To increase the capacity of the Marang Childcare Network to mentor other CBOs and FBOs in OVC programming.

While it is important that the partners themselves determine their joint activities, likely support activities 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. A NGO/CBO/FBO workshop on OVC will draw-in civil society organizations in Botswana with the aim of sharing information and advocating for a formal network and mapping of OVC activities in Botswana.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17571

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17571	10210.08	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	7809	5325.08	U69HA04128: Twinning	\$462,000
10210	10210.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5325	5325.07	AIHA	\$150,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7883.09	Mechanism: GPO-A-00-05-00014: ANCHOR
Prime Partner: Hope Worldwide	USG Agency: U.S. Agency for International Development
Funding Source: Central GHCS (State)	Program Area: Care: OVC
Budget Code: HKID	Program Budget Code: 13
Activity ID: 4901.24263.09	Planned Funds: \$285,814
Activity System ID: 24263	

Activity Narrative: 09.C.OV09: Hope World Wide – OVC Support for Molepolole

ACTIVITY UNCHANGED FROM FY2008

From COP08:

During FY08, HOPE World Wide (HWW) Botswana would like to shift gear and work on creating a community-based, community-run program. This will not be an automatic shift as work already started has to be continued and where HWWB relinquishes work, other players be engaged to take over so that there is sustainability.

The move is necessitated by inter alia, the introduction of the Circles of Support (COS) program by the MOE, which is also PEPFAR-funded. COS will be carried out in schools and HWWB has been operating from schools as well. During FY08, HWWB proposes to be a liaison for COS in the community, referring children who have dropped out of school or are struggling to stay, to COS for re-entering.

HWWs program, which targets OVC infected and affected by HIV/AIDS aged 0-18, aims to reach 2,500 children. The three-pronged service provision targets the child as an individual, the family and community. HWW will also train 150 caregivers.

HWW has also learnt that better quality work could be given with more community involvement and presence. The organization will initiate kids clubs in the community as entry points to identify and meet needs of orphans and other vulnerable children. Support groups for older OVC and caregivers will be run, and these will be driven by skilled personnel such as social workers and psychologists. During these activities, children will be imparted with skills to cope with grief and bereavement, together with survival skills to enable them to become productive and self-sustaining adults. Apart from equipping older youth with livelihood training and projects, HWW will also facilitate training on personal finance and how to use one's talents to earn a living for the older orphans and caregivers.

Since it is evident that due to their difficult circumstances OVC tend to perform badly academically, HWW will continue to organize tutorials during school holidays. Qualified professionals such as teachers, taken from among HWWs pool of volunteers will be engaged in this regard.

CCCF will be initiated in the new sites and in these, the project will be run by the community, HWW being the facilitator.

Referrals will be made to relevant authorities such as social workers, other NGOs, the Nutrition Rehabilitation Center of the MOH, and the MOE's Circles of Support and HWW sister program, also active in Botswana, Abstinence and Behavioral change for Youth (ABY).

During FY07, 100 caregivers were trained by HWW, in FY08 150 will be trained and sensitized on various issues to enable them to better care for OVC. The training and sensitization will include among others, issues around nutrition, hygiene, identifying and meeting needs of OVC without necessarily using money, legal aspects such as the importance of children having birth certificates.

Succession planning, which includes memory boxes, memory books, and will writing, will be introduced to communities especially support groups of people living with HIV/AIDS to ensure that parents/guardians leave memories for their children when they are deceased.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17408

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17408	4901.08	U.S. Agency for International Development	Hope World Wide - Kenya	7883	7883.08	GPO-A-00-05-00014: ANCHOR	\$375,000
8052	4901.07	U.S. Agency for International Development	Hope Worldwide	4677	3838.07	Track 1	\$259,357
4901	4901.06	U.S. Agency for International Development	Hope Worldwide	3838	3838.06	Track 1	\$197,354

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing women's access to income and productive resources

Health-related Wraparound Programs

- * Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities \$10,000

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$25,000

Education

Estimated amount of funding that is planned for Education \$10,000

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7890.09

Mechanism: State Mechanism

Prime Partner: US Department of State

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 18076.24384.09

Planned Funds: \$144,000

Activity System ID: 24384

Activity Narrative: 09.C.OV91: Technical Expertise and Support OVC State (2 LES)

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The State Department will establish and recruit staff for two new LES positions that will be established to help manage new USAID-funded community-based programs for OVC and Care. These new Program Assistants will work together under the direct supervision of the OVC Coordinator to link community-based activities with the other HIV/AIDS services including VCT, PMTCT, treatment and palliative care. Funds will cover salaries and benefits as well as training and technical assistance to increase the capacity of the new LES.

1. Orphans and Vulnerable Children (OVC) Program Assistant (FSN 10): Supervised by the OVC/NGO Coordinator this person will have professional training and experience designing and implementing OVC activities in Botswana at the community level and will serve as an Activity Manager for USAID-funded OVC centrally-funded and locally-funded awards. This person also will play a key role in implementing the monitoring system for collecting and reporting on PEPFAR OVC targets and achievements.

2. Community-based Care Program Assistant (FSN 10): Supervised by the OVC/NGO Coordinator and guided by the Care and Treatment Section Chief, this person will work closely with the OVC Program Assistant to strengthen community-based palliative care services, linkages with OVC community-based NGOs and other HIV/AIDS activities. S/He will have professional training and experience designing and implementing community-based care activities in Botswana and will serve as an Activity Manager for USAID-funded Palliative Care centrally-funded and locally-funded awards. This person also will play a key role in implementing the monitoring system for collecting and reporting on PEPFAR palliative care targets and achievements.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18076

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18076	18076.08	Department of State / African Affairs	US Department of State	7890	7890.08	State Mechanism	\$129,000

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 7761.09

Mechanism: AIDStar Mechanism

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 17717.24252.09

Planned Funds: ██████████

Activity System ID: 24252

Activity Narrative: 09.C.OV05: Civil Society Capacity Building—OVC

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity links with entries in Abstinence/Be Faithful (AB), Condoms and Other Prevention (C/OP), Counseling and Testing (CT), Palliative Care and Policy and System Strengthening

This activity will support a prime partner, yet to be determined (TBD), to provide organizational development assistance, technical assistance, and grants to 3-5 indigenous NGO's that provide interventions in prevention, OVC, palliative care, and counseling and testing and one that is focused on legal, human rights, and gender advocacy and mobilization. The local implementing partners will be among those with existing networks of service delivery across multiple districts or with established track record of working successfully across many districts. The target populations and organizations are specific to the interventions chosen. The total number of organizations funded will depend in part on the quality and cost of proposals submitted under this mechanism.

These established organizations likely will need a range of organizational development assistance, to help them become more sustainable and adhere to policies and requirements of receiving USG funds directly. This assistance may target human resource policies and practices, Board development and management, fund raising skills, asset and financial resource management skills, strategic planning, and strengthening of program monitoring systems. We expect that these groups will benefit from technical assistance to further strengthen the various interventions they provide to their different target groups. This assistance may involve visits from technical assistance providers, to provide targeted help to each organization on critical programmatic issues (e.g. updating a curriculum, developing a program evaluation protocol, training in a new approach). The prime partner also will provide on-going support for program strategy, quality, and reach through its technical field staff. The assistance will depend on the particular needs of the local implementing partners.

One organization supported under this initiative will be an umbrella organization for HIV/AIDS service organizations across Botswana. The prime partner will work with this umbrella organization to develop its grants-making capabilities and the technical skills of its staff persons. The prime will support strengthening of that umbrella organization's core systems, including those related to program monitoring, accounting, human resource management, and communication, as determined jointly with the local partner and the prime partner. In year one, the umbrella will not receive funding for sub-grants under this award, but rather assistance with systems and capacity for doing so.

Another organization supported under this initiative will be a FBO with an established network of service provision centers across the country. This organization will provide a range of community services in prevention, counseling and testing, OVC, and palliative care through its network. The prime will work with this organization to standardize its services across its centers, as appropriate to the needs of the various target communities involved, and will focus on quality assurance as well as program expansion. The local implementing agency also will develop its capacity as a technical resource for other FBO and provide some training to other FBOs in its stronger technical areas in this first year.

A third target organization is one focused on the comprehensive needs of People Living with HIV/AIDS (PLWHA). This local implementing partner will provide services through a network of community service providers, such as support groups and other venues, and will focus on prevention, palliative care, counseling and testing, and stigma reduction. The prime partner will support the expansion of the reach of the best interventions that the local organization provides to PLWHA and will collaborate with the local partner to provide the best quality services possible. The local implementing agency also will develop its capacity as a technical resource for other PLWHA-service organizations in the country and provide some training to such groups.

The fourth target area is advocacy and community mobilization for HIV-related legal, human rights, and gender issues. A 2005 legislative review identified many policy and legal gaps related to HIV/AIDS in Botswana, particularly in the area of ethics and human rights, gender, and stigma. 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. The prime partner will support a range of activities to promote awareness raising about legal and human rights issues and to train key organizations and individuals to take action to address those issues on a community and/or national level. Target groups for these efforts include policy makers, interest groups, the private sector, community leaders, development organizations, PLWHA support groups, District AIDS Coordinators (DACs) and the general public. A key area for emphasis in these activities will be gender relations in the context of HIV prevention, care, treatment, and support. The prime and local partners will coordinate with the Women's Sector of the National AIDS Council, and the Women's Affairs Department of the Ministry of Labour and Home Affairs for this activity.

A fifth target organization will focus on underserved or marginalized populations, such as people with disabilities. This implementing partner will provide direct services to underserved populations, for basic education on HIV/AIDS transmission, prevention, treatment, care, support, and available clinical and community services. The partner will reach those underserved groups by 1) adapting available material to those groups (e.g. a rare language, a particular disability such as deaf), 2) conducting outreach sessions with those populations, and 3) training caregivers and others who work with such populations regularly to provide such core information.

Funding for this activity comes from all relevant program areas.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17717

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17717	17717.08	U.S. Agency for International Development	To Be Determined	7761	7761.08	AIDStar Mechanism	██████████

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1232.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Education, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 4898.24096.09

Planned Funds: \$700,000

Activity System ID: 24096

Activity Narrative: 09.C.OV07: Ministry of Education – OVC Circles of Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The number of orphans in Botswana has significantly increased, due to the high HIV prevalence, adding to the large numbers of other vulnerable children. This has resulted in highly stretched community and family capacities to cope. It is noted that most of the OVC fall in the school going age, and there is evidence that more and more children are unable to attend schools or do not have access to education due to being an OVC. Child neglect, delays in the delivery of school uniforms, orphan exploitation and violence against children all contribute to denying access to education. For example, some children are forced to drop out of school to take care of their younger siblings. Other negative effects may include death of a caregiver which may result in serious psychological effects on a child.

Findings from the evaluation of the STPA reports that provision of psychosocial support services for orphans is lagging compared to other areas such as provision of food supplies. The gaps in meeting the psychosocial needs of the child and in ensuring access to education can be addressed through the Circles of Support program. This involves the identification of the resources available for the different roles in the community and provision of an enabling environment to afford children the most needed support, in the most humane way possible.

2007 accomplishments

The Circles of Support for OVC concept is a community and school-based multi-sectoral approach to meeting the needs of OVC. It aims at strengthening schools and community based networks and systems that provide the basic needs, including psychosocial needs of children of school going age who have lost their parents or are in difficult circumstances. Its main focus is to facilitate linkages in the local network of support to retain OVC in the school system and assist those who have dropped out to re-enter the school system.

The MOE will be working closely with MLG's DSS, and civil and CBOs. All service providers who care for OVC will be brought together so as to ensure that each plays a complementary role in ensuring that OVC remain within the school system and achieve their potential.

The Institute for Development and Management (IDM) trained 22 Regional Education Officers as master trainers and 31 teachers' as Training of Trainers (ToTs) in 2006 and 2007.

The Circles of Support program was rolled out to 250 primary and secondary schools in the Education Regions of South, South Central and West in 2007.

2008 plans

The MOE through the HIV/AIDS Coordinating Office will be scaling up the Circles of Support for OVC program to 300 primary and secondary schools in the Education Regions of: Central, North and the remaining schools in the Education Regions of South, South Central and West that would not have been covered in 2007.

For each implementing school, three members of staff (head teacher and two teachers) will be selected for training. They will then form a committee referred to as School conveners. At community level, three members drawn from Parents Teachers Association, Social and Community Development office will be selected and trained. This group is will be referred to as community Neighborhood Agents. Training will also cover NGOs working with schools on OVC issues. This will facilitate referrals of OVC to service providers of such organizations as: Hope World Wide (HWW) Botswana based in Kweneng District, The Ark for Children, Bana ba Keletso and Catholic Relief Services (CRS). The school conveners and the community neighborhood agents will identify OVC eligible for the program.

Officers at the Ministry level will undertake monitoring visits to schools and track project progress. Master training will be an on-going activity in FY08.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17410

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17410	4898.08	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	7748	1232.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$133,000
10027	4898.07	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	5370	1232.07	CoAg # U62/CCu025095	\$450,000
4898	4898.06	HHS/Centers for Disease Control & Prevention	Ministry of Education, Botswana	3468	1232.06	Technical Assistance	\$500,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$300,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1337.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Local Government, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 4540.24164.09

Planned Funds: \$1,575,000

Activity System ID: 24164

Activity Narrative: 09.C.OV06: MLG – OVC Support

The Ministry of Local Government (MLG) through the Department of Social Services (DSS) will continue to build on its FY2007 and FY2008 initiatives. In FY2007 and FY2008, emphasis was placed on the completion and dissemination of the following national documents:

- National Guidelines on the Care of OVC
- Situational Analysis of OVC
- National M&E Framework for OVC
- Review and Upgrading of the Registration System for OVC
- Development of the Policy Framework for OVC
- National Training Manual on Psychosocial Support

In addition to the completion of the above national OVC document, DSS was able to train social workers, teachers, community leaders, NGOs/CBOs/FBOs staff and other relevant stakeholders in Psychosocial Support (PSS). The PSS training will be scaled-up in FY2009.

In FY2009, DSS intends to strengthen its capacity at the district level to support, monitor and coordinate the implementation of OVC programs. 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. They will work with Marang and The Futures Group to disseminate relevant legislation affecting orphans and vulnerable children to different stakeholders. DSS will work closely with other relevant stakeholders in advocating for implementation of guidelines and other policy frameworks on OVC and will solicit technical assistance from UNICEF on issues of child rights programming, advocacy on children's issues, and dissemination and implementation of legislation relevant to OVC programming.

DSS will continue to coordinate the provision of services to OVC and to mobilize non-governmental organizations (NGO), community-based organizations (CBO) and faith-based organizations (FBO) to participate in issues that affect OVC. DSS will work closely with Marang and other key stakeholders to strengthen their coordinating structures both at the national and district level through the in-service training of its employees and by enhancing the linkages and partnerships with the NGO/CBO/FBO providing care and support to OVC. Most importantly, DSS will build a partnership with the private sector, which will play a vital role in supporting the service delivery to OVC.

The following coordinating bodies will be strengthened: The National Children's Council, District Child Welfare Committees and Village Child Welfare committees. These Committees will not only be responsible for coordination, but will also ensure that OVC are identified and have access to basic services. The committees will facilitate effective utilization of resources and provision of quality of services to OVC. In addition to these structures, DSS will identify and train community care givers.

The 2007 Situational Analysis on OVC in Botswana revealed that there are a significant number of OVC who are cared for by the elderly, female headed households who have little or no income and young people who are unemployed and unable to provide the basic needs to the OVC. To address the situation, DSS will use the Community Carers Model (CCM) and Family Care Model (FCM). The main objective of the CCM is to ensure that the community gives support to the families who do not or cannot support the OVC effectively. Currently, the government provides the basic needs to OVC; however, some of the services do not reach the intended children and families due to mismanagement, especially the food baskets. DSS and the Department of Social and Community Development (S&CD) at district level, together with the CCM, will identify community carers through the existing community structures, such as Village Development Committees, Parent Teachers Association and kgotla meetings, who will be used to monitor the service delivery to identified families. The selected community members will be trained on issues, such as parenting skills and hygiene. Within the carers' network, there will be supervisors who work directly with the social workers and provide monthly reports. The FCM will be used to ensure that all the members of the family with OVC are catered for and their capacity to manage is strengthened by addressing their needs. Marang Child Care network through its members will assist DSS in the monitoring of the project and in the documentation of all the processes for the betterment of the project in preparation for replication and mainstreaming into the DSS mandate. Botswana Christian AIDS Intervention Program (BOCAIP) will be engaged in providing skills to identified community carers.

DSS will take a lead role in ensuring that OVC programs are adequately monitored and evaluated using the National M&E Framework for OVC. The Department will also facilitate and ensure that OVC-serving organizations provide at least three minimum essential services as defined by DSS. DSS will collaborate with OVC-serving organizations to ensure provision of quality OVC services, monitor program results and document best practices and lessons learned. Additionally, they will collaborate with other OVC-serving organizations, such as Marang, Catholic Relief Services (CRS), HWW, BOCAIP, Project Concern International (PCI), UNICEF and other key players such as the National AIDS Coordinating Agency (NACA), Ministry of Education (MOE) and Ministry of Health (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. In FY2009, DSS will strengthen the OVC registration system in 16 districts, which will involve training staff on the use of the updated registration system.

Further, in FY2009, in addition to government funds, DSS will utilize PEPFAR resources to continue building the capacity of the NGO/CBO/FBO that it has been supporting. 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.

From COP08:
2007 accomplishments

MLG's DSS continues to build on its work to date. Through 2007 emphasis was placed on the development

Activity Narrative: of guidelines, policy, M&E framework, training manuals, upgrading the OVC registration and data management systems. DSS focused on addressing capacity building issues at the Child Welfare Division at the national level.

2008 plans

DSS intends scale up interventions and will continue strengthen capacity at the national and district level to effectively support, monitor and coordinate the implementation of OVC programs. DSS will specifically focus on strengthening linkages with key implementing partners such as BOCAIP and Marang Child Care Network, addressing issues of quality and service delivery to OVC.

Through BOCAIP, DSS will strengthen and monitor the quality of services provided to OVC and promote referrals among partners and improved reporting of results. BOCAIP will work closely with CBO/NGO/FBOs to support comprehensive care to OVC for both protection and welfare of children affected and infected by HIV and AIDS. Training on guidelines and regulations related to services delivery as well as tracking the use of existing tools is integral to this support. DSS working closely with BOCAIP will ensure that at community level there is monitoring in the delivery of the food basket to OVC. To further enhance the quality of service at family level BOCAIP will provide guidance to service providers on child participation and involvement.

With Marang, DSS will work in training, advocacy and coordination of NGO/CBO/ FBO's and Social Workers at national and district level. Under advocacy, Marang will disseminate relevant legislation affecting orphans and vulnerable children to different stakeholders. Emphasis will be placed on issues of vigilance to child abuse, incest, detrimental cultural practices, inheritance and will writing to protect children's rights as well as working with the media on reporting issues of OVC.

DSS will continue to strengthen its coordinating structures both at the national and district level to ensure comprehensive and effective delivery of services for orphans and vulnerable children. Marang, as the only OVC umbrella network in the country with a coordination mandate, will collaborate with DSS and other relevant government departments to ensure effective coordination and quality of services to OVC. Marang will collaborate with DSS and other stakeholders in promoting and strengthening coordination committees such as the District Child Welfare Committees and Village Child welfare committees. Marang will collaborate with government in establishing CCCFs among its partner organizations. The CCCF will serve as the "watch dogs" for OVC services at the community level. DSS will also collaborate with Marang in holding National OVC forums. This will be an annual event bringing all NGOs/CBOs/FBOs and other relevant stakeholders to share best practices and lessons learned in OVC programming.

Marang will facilitate improved monitoring of OVC services by supporting DSS in disseminating the OVC data collection tools for reporting. Marang will take a lead role in coordinating and monitoring the activities of community based organizations to ensure application of these tools.

By strengthening the policy implementation environment, Botswana can achieve greater impact in terms of averting new infections, care for OVC, and meeting the treatment and care needs of people living with or affected by HIV. OVC advocacy initiatives will be a key concern in the regions, such as child participation, birth registration, education, inheritance, access to services and child abuse. Marang will contribute to the reduction of stigma through advocacy. Outreach at key community events and special venues. These activities will be done in conjunction with the Department of Social Services, UNICEF and Marang members.

The DSS will continue to take a lead role in ensuring that there is capacity to implement OVC programs and that they are adequately monitored and evaluated using the National M&E Framework for orphans and vulnerable children. DSS will facilitate and ensure that there is documentation of best practices and lessons learned from the overall PEPFAR supported OVC program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17412

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17412	4540.08	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	7749	1337.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$50,000
9866	4540.07	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	5298	1337.07	CoAg # U62/CCU02509 5	\$600,000
4540	4540.06	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	3372	1337.06	Technical Assistance	\$645,946

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$470,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$150,000

Education

Water

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 3527.09

Mechanism: GPO-A-00-04-0008: OVC: Support to OVCs Affected by AIDS

Prime Partner: Catholic Relief Services

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 4899.24177.09

Planned Funds: \$875,000

Activity System ID: 24177

Activity Narrative: 09.C.OV08: CRS—OVC Care and Support, Francistown

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

There has been an increase in the budget for Catholic Relief Services (CRS) to enable them to reach more marginalized OVC. In FY2009, CRS in collaboration with the Department of Social Services (DSS) will also focus on reaching marginalized OVC in hard to reach areas where most of the residents are from the Basarwa tribe. The OVC will be equipped with life skills and older OVC supported with vocational training and income generating activities.

From COP08:

Catholic Relief Services (CRS) OVC program in Botswana starts from a strong base of partnership with the Southern Africa Catholic Bishops Conference (SACBC) and the Catholic Vicariate of Francistown. This key partnership has allowed the rapid involvement of CRS in five districts throughout northern Botswana. The OVC program established strong linkages with the Social and Community Development offices of the Social Welfare Department of the Botswana Government and the Tribal Administration in all the five districts. This partnership will continue and be strengthened to scale up the program and eventually enable communities to support OVC in a sustainable manner.

2007 accomplishments

The OVC program benefits from linkages with regional CRS OVC programs which offer considerable experience and lessons learned. Active involvement of regional technical advisors as well as key program staff from other country programs has been beneficial. A total of 24 OVC leaders and program staff were sent for a one week training program to Masiye Camp in Zimbabwe. In addition, CRS have sought out good practices on youth and community led programming as well as AB resources. These efforts expand service to three and seven years old age groups in the northern districts of Botswana to enroll them in pre-school and assure attendance. CRS addresses the needs of OVC ages 8-17 through the development and support of OVC community level support activities. CRS linked with The Regional Psychosocial Support Initiative for Children Affected by AIDS, poverty and conflict (REPSSI) specifically to explore the use of their Journey to Life program. This program aims to support both caregivers and children through workshops which encourage, not only reflection and dialogue, but also action to better meet the needs of vulnerable children.

The program linked with SOS Children's Village and Light and Courage Centre to collaborate in experience sharing and training for youth and field staff. The program will collaborate with Program Concern International (PCI) who are in the process of starting a program in Botswana.

2008 plans

The program will scale up its activities and reach 6,000 OVC in 13 parishes in the Catholic Vicariate of Francistown. The program also aims to reach 13,000 indirect beneficiaries. Activities will build on program accomplishments and capacity and will continue to strengthen services, leadership roles and livelihoods opportunities for the existing and proposed OVC program participants. 2008 plans will target 71 villages.

Enrollment of OVC in preschool will continue in the existing 27 preschools reaching 460 OVC. New preschools will be identified to reach a total of 600 OVC. Block grants will include school fees, clothing, meals for children, and improvement of facilities and services. Up to 100 OVC leaders and 100 community leaders will be identified and trained to lead the initiation and implementation of community support activities. The leaders will receive initial training through participation in the Masiye OVC support trainer of trainer's camp in Zimbabwe.

The specific program activities will be defined individually for each village and will engage peer groups, caregivers, community volunteer, and civil society organization, such as the Village Development Committees, teachers, and other local government officials. The OVC leaders and community leaders will receive additional support through exchange visits and training and workshops to be organized and sponsored through the program, in collaboration with Salvation Army, REPSSI, Social Welfare Department and NGOs involved in OVC programming. The trainings will include topics on HIV/AIDS prevention, Life Skills, Behavioral Change Process, Leadership skills, etc. Support and training for the caregivers will be a critical element for the successful expansion of the program.

Activities undertaken by OVC and community leaders include: establishment of weekly psycho-social support groups with facilitated discussions designed to address the needs and concerns of OVC and how caregivers and communities can help create an enabling environment for OVC livelihoods development; awareness building on OVC rights; learning about government services and how communities can help fully utilize these services; improvements to a community based structure to be used for meetings and events; development of awareness building and IEC materials.

The program will target 710 OVC who have dropped out of secondary school or have finished school and have limited opportunities for livelihood activities, and no opportunity for higher education. Activities will include visits from working professionals, vocational schools and teachers intended to expose and inform OVC about various professions and to inspire interest. Program staff will identify a volunteer in the village to collect career resource materials such as job announcements or job market studies and organize a central place in the village where this information can be accessed. With assistance and materials from program staff, the volunteers will organize discussion and learning sessions on how to learn more about potential jobs, prepare a C.V., make contact, and apply for opportunities. Each OVC will also be supported to either enroll in a short training course or work as an apprentice with an experienced professional. One possible activity could be to carry out a Participatory Livelihoods Assessment with affected OVC and the community.

Activity Narrative: CRS will support the capacity building plan of the Vicariate by obtaining external trainers (e.g. HIV/AIDS training for the Clergy is planned for November 2007) and through specific trainings using tools and manuals developed in-house by CRS technical staff. The in-house trainings may include: program management and monitoring and evaluation; finance management and budgeting training; advocacy training using the CRS advocacy training manual. CRS will dedicate technical advisors within the southern Africa region or globally who will lead these in-house trainings.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17654

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17654	4899.08	U.S. Agency for International Development	Catholic Relief Services	7839	3527.08	GPO-A-00-04-0008: OVC: Support to OVCs Affected by AIDS	\$875,000
10188	4899.07	U.S. Agency for International Development	Catholic Relief Services	5419	3527.07		\$499,000
4899	4899.06	U.S. Agency for International Development	Catholic Relief Services	3527	3527.06		\$499,000

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: \$7,943,642

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Botswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

Statistics

Up through FY2008, the United States Government (USG) supported the counseling and testing (CT) program of the Government of Botswana (GOB) through procurement of rapid HIV test kits, training, social marketing, non-governmental organization (NGO) capacity building, increased service delivery sites, pilot testing of innovative approaches, such as door-to-door voluntary counseling and testing (VCT), the Care-for-the-Carers program, development of policy and guidelines, and monitoring and evaluation activities. In 2007, over 310,000 tests were performed: Tebelopele VCT centers counseled and tested 126,329 clients (42.3% of whom were first-time testers), government facilities tested and counseled over 170,000, and other civil society organizations (CSO) counseled and tested over 11,000 clients. It is now estimated that 53.2% of Botswana know their HIV status up from 25% in 2004 and 18% in 2001. In 2009, the target is to perform over 387,000 tests, representing a 25% increase over 2008 numbers. Scale up will be done by the addition of CSOs with CT services, the training of more lay counselors and the strengthening of routine HIV testing (RHT). About 41% of the tests undertaken in 2009 will be directly funded by the USG, while the others will be indirectly supported through guidelines, training and monitoring and evaluation activities.

Services

Traditional VCT is provided by a network of organizations, including Tebelopele VCT centers, other NGOs and community-based organizations (CBOs), and government facilities that are available throughout Botswana, covering the two major cities, namely Francistown and Gaborone, and the other main towns and villages. A rapid assessment by the Ministry of Health (MOH) in 2007 identified the parts of the country not adequately covered, such as the Okavango and Kgalagadi districts. Six CBOs in these districts were selected for the President's Emergency Plan for AIDS Relief (PEPFAR) support through the MOH to improve

service delivery. To further strengthen the capacity of CSOs to provide high quality VCT services, a twinning partnership is operating between Tebelopele and Botswana Christian AIDS Intervention Program (BOCAIP), and the Liverpool VCT in Kenya and The AIDS Support Organization (TASO) in Uganda.

Provider-initiated Testing and Counseling (PITC) or Routine HIV Testing (RHT), launched in 2003, is offered in all 28 health districts in Botswana. In 2008, PEPFAR provided technical support and funding for strengthening RHT through the adaptation of the Centers for Disease Control and Prevention (CDC) curriculum for PITC. The University Research Corporation (URC) was engaged to provide support to the MOH and the Ministry of Local Government (MLG) in strengthening RHT using a district level process improvement model, an activity that USG will support in FY2009.

CT is largely provided using rapid HIV tests with same-day results. A parallel rapid HIV testing algorithm is used with HIV testing being performed by a spectrum of health professionals, including well trained and supervised lay counselors. The GOB through the Central Medical Stores (CMS), supplies rapid HIV tests to both government and civil society sites, although supplies can be inconsistent with occasional "stock-outs." Supply Chain Management Systems (SCMS), began strengthening the CMS for improvement of the whole supply chain management process for C&T in 2007. Alternative rapid HIV tests are currently being evaluated to allow for variety of rapid test kits and it is anticipated that the rapid test algorithm will change slightly in 2009.

VCT outreach expanded in 2007 from mainly mobile caravans and work place services to "door-to-door" pilot VCT programs in Bobonong and Selebi-Phikwe districts, "ward-based" VCT in Ghanzi district, VCT in the bus and taxi ranks in Gaborone and Francistown, as well as VCT in the churches and shopping malls. In 2008, Tebelopele VCT center introduced "moonlight" testing, largely targeting farm workers in the Ghanzi area who do not have time to test during the day and Commercial Sex Workers (CSW) in the Kasane (Botswana-Zambia-Zimbabwe) border area. Clients are mobilized by members of the local Post-Test Club (PTC). In FY2009, Tebelopele plans to reduce outreach services by 50% because their current key strategy is to build the capacity of community-based organizations in various areas of the country to assume direct service delivery in order to enhance the sustainability of CT services in the future; however, mobile and satellite services will continue, especially to targeted populations, such as prisoners and farm workers.

The results from the pilot door-to-door testing will be disseminated in FY2008 and will inform any revisions in the project protocol. It is envisaged that in FY2009, door-to-door testing will be rolled out in Selebi-Phikwe and Bobonong, with funding from FY2007. Social marketing and community mobilization has been intensified to target more couples and men to test. Testing campaigns included the Tebelopele's "Passport to Life," "Couples who test together stay together," "Show you care," Zebras4Life, Test4Life," and "Life Fest" aimed at specific population segments. Volunteers meeting specific criteria set by the MOH are being trained as lay counselors to provide additional manpower for CT services.

In 2007 and 2008, post-test services were established in the VCT sites throughout the country and through the twinning partnership, Liverpool VCT provided technical support to Tebelopele in the establishment of 16 Post Test Clubs (PTCs). In collaboration with the local and CDC-based Prevention Teams, the CDC "prevention package," which provides on-going supportive and prevention counseling for use in clinical settings was adapted for the VCT sites. This prevention package specifically includes materials used for providing additional support to VCT clients who test HIV positive as well as their partners. It covers critical issues, including partner testing, disclosure, and consistent and correct condom use. Based on feedback from the counselors, the materials are being adapted for use with the PTCs. Additionally, a questionnaire screening both HIV negative and HIV positive clients for TB has also been introduced at the VCT centers in collaboration with the TB/HIV programs and the MOH.

Quality assurance and monitoring of CT continues in collaboration with BOTUSA's laboratory and the MOH. In 2007, over 200 nurses, professional and lay counselors were trained to perform the rapid HIV tests. Civil society sites put in place quality assurance measures, such as proficiency testing, proper storage facilities, temperature monitoring and proper record keeping. The MOH is currently revising the Monitoring and Evaluation (M&E) tools with the view of standardizing these across the country. The revised tools, which include an HIV Testing and Counseling (HTC) register, will be launched by end of 2008. Training of Counselors and other providers in CT is being carried out by institutions with curricula that have been approved by the Ministry of Health.

Based on previous progress and learning, FY2009 funds will largely support the consolidation of on-going activities, the sharing of best practices towards sustainable CT services, the increased involvement of the media and private sector and the efforts aimed at increasing access of CT to men, youth, children, couples and high-risk groups, such as CSWs. In 2008, URC was engaged to support the GOB and key stakeholders in developing training curricula and protocols for scaling up child and adolescent CT and strengthening the implementation of RHT in the districts. In collaboration with the prevention, care and support, TB/HIV and PMTCT program areas, the President's Emergency Fund for AIDS Relief (PEPFAR) funds will support on-going Prevention with Positives (PWP) interventions with a focus on discordant couples. The "National Testing Month," in October 2008, will be replicated in 2009. Additionally, Botswana proposes to participate in multi-country public health evaluation of interventions for high-risk HIV negative clients.

Referrals and Linkages

In 2007, Tebelopele VCT centers transitioned from anonymous to confidential VCT services, a change that enabled follow-up of clients between the VCT and clinical sites when over 75% of clients provided their names and national ID ("Omang"), though the option of anonymous services is still available. The referral form for clinical services now includes information from the TB screening of clients and all clients, HIV-negative or -positive, symptoms suggestive of TB are referred for evaluation, but no current data exist on the efficacy of this system. Referral networks of HIV/AIDS service agencies operate in the various locations where the VCT sites are with the aim of providing a continuum of care. Through the PWP project, clients are offered follow-up support services at VCT sites, including support groups of people living with HIV/AIDS (PLHWA) and information on government facilities.

In 2008, CSOs worked with volunteers and Community Home Based Care (CHBC) groups to strengthen referrals from community to government settings in order to improve linkages between community and government sites. For example, Humana People to People implemented a tracking system in July 2008 that involves the issuing of cards to traditional healers and other key people in the community to refer clients and patients to HIV/AIDS care, treatment and support sites. Thus far, 160 cards have been issued and 31 have followed up on the referral. Members of the PTC, volunteers from the Tebelopele youth against AIDS program, counselors from other CBOs, and PLHWA support groups are all providing additional support in following up and linking clients with various services in the continuum of care.

Policy

The age of consent for HIV testing being 21 is still a major barrier for CT. Discussions are still going on to reduce the age of consent from 21 to 16, as recommended by the National AIDS Council and, at this point, the issue is at the Parliament level. In 2008, USG and WHO/AFRO supported the on-going efforts by the MOH to review and update national guidelines for CT, which are now in the final review stages at the MOH management level and will be launched by end of 2008. Policy and guidelines for CT of children and adolescents are also being developed in 2008, along with training programs and protocols for providing services for these age groups.

Tebelopele has successfully adapted the Assess Consent Test Support (ACTS) protocol in the VCT centers, which the MOH has approved and plans to adapt for use throughout the country. This protocol greatly reduces the counseling time, largely by providing group pre-test information to clients as they wait to be tested; thereby reducing the time each client spends individually with a counselor.

Challenges

The following remain the key challenges to the CT program area:

- Legal age of consent at 21 is still very high and poses a challenge to providers.
- Referral procedures are not monitored or followed up.
- PITC or RHT is still weak in terms of support supervision, mentoring of lay counselors and inadequate human resources for service provision.
- More women are reached than men, especially in the government facilities, CT is still inaccessible in many hard-to-reach locations in Botswana due to difficult terrain, long distances, sparse population and language barriers and services for high-risk groups, such as CSW and truck drivers are inadequate.
- Stigma is believed to prevent some people from accessing services.

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7761.09	Mechanism: AIDStar Mechanism
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 17803.24253.09	Planned Funds: ██████████
Activity System ID: 24253	

Activity Narrative: 09.C.CT07: TBD – Civil Society Strengthening to Support VCT

ACTIVITY UNCHANGED FROM FY2008

From COP08:

The first part of this activity will support a prime partner, TBD, to provide organizational development assistance, technical assistance, and grants to 3-5 indigenous NGOs that provide interventions in prevention, OVC, palliative care, and counseling and testing and 1 that is focused on legal, human rights, and gender advocacy and mobilization. The local implementing partners will be among those with existing networks of service delivery across multiple districts or with established track record of working successfully across many districts. The target populations and organizations are specific to the interventions chosen. The total number of organizations funded will depend in part on the quality and cost of proposals submitted under this mechanism.

These established organizations likely will need a range of organizational development assistance, to help them become more sustainable and adhere to policies and requirements of receiving USG funds directly. This assistance may target human resource policies and practices, Board development and management, fund raising skills, asset and financial resource management skills, strategic planning, and strengthening of program monitoring systems. We expect that these groups will benefit from technical assistance to further strengthen the various interventions they provide to their different target groups. This assistance may involve visits from technical assistance providers, to provide targeted help to each organization on critical programmatic issues (e.g. updating a curriculum, developing a program evaluation protocol, training in a new approach). The prime partner also will provide on-going support for program strategy, quality, and reach through its technical field staff. The assistance will depend on the particular needs of the local implementing partners.

One organization supported under this initiative will be an umbrella organization for HIV/AIDS service organizations across Botswana. The prime partner will work with this umbrella organization to develop its grants-making capabilities and the technical skills of its staff persons. The prime will support strengthening of that umbrella organization's core systems, including those related to program monitoring, accounting, human resource management, and communication, as determined jointly with the local partner and the prime partner. In year one, the umbrella will not receive funding for sub-grants under this award, but rather assistance with systems and capacity for doing so.

Another organization supported under this initiative will be a faith-based organization (FBO) with an established network of service provision centers across the country. This organization will provide a range of community services in prevention, counseling and testing, OVC, and palliative care through its network. The prime will work with this organization to standardize its services across its centers, as appropriate to the needs of the various target communities involved, and will focus on quality assurance as well as program expansion. The local implementing agency also will develop its capacity as a technical resource for other FBOs and provide some training to other FBOs in its stronger technical areas in this first year.

A third target organization is one focused on the comprehensive needs of PLWHAs. This local implementing partner will provide services through a network of community service providers, such as support groups and other venues, and will focus on prevention, palliative care, counseling and testing, and stigma reduction. The prime partner will support the expansion of the reach of the best interventions that the local organization provides to PLWHA and will collaborate with the local partner to provide the best quality services possible. The local implementing agency also will develop its capacity as a technical resource for other PLWHA-service organizations in the country and provide some training to such groups.

The fourth target area is advocacy and community mobilization for HIV-related legal, human rights, and gender issues. A 2005 legislative review identified many policy and legal gaps related to HIV/AIDS in Botswana, particularly in the area of ethics and human rights, gender, and stigma. 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. The prime partner will support a range of activities to promote awareness raising about legal and human rights issues and to train key organizations and individuals to take action to address those issues on a community and/or national level. Target groups for these efforts include policy makers, interest groups, the private sector, community leaders, development organizations, PLWHA support groups, DACs and the general public. A key area for emphasis in these activities will be gender relations in the context of HIV prevention, care, treatment, and support. The prime and local partners will coordinate with the Women's Sector of the National AIDS Council, and the Women's Affairs Department of the Ministry of Labor and Home Affairs for this activity.

A fifth target organization will focus on underserved or marginalized populations, such as people with disabilities. This implementing partner will provide direct services to underserved populations, for basic education on HIV/AIDS transmission, prevention, treatment, care, support, and available clinical and community services. The partner will reach those underserved groups by 1) adapting available material to those groups (e.g. a rare language, a particular disability such as deaf), 2) conducting outreach sessions with those populations, and 3) training caregivers and others who work with such populations regularly to provide such core information.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17803

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17803	17803.08	U.S. Agency for International Development	To Be Determined	7761	7761.08	AIDStar Mechanism	

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 19648.24394.09

Planned Funds: \$100,000

Activity System ID: 24394

Activity Narrative: 09.C.CT10: Mullens – National Counseling and Testing Workshops

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Funds from FY2009 will be used to engage short-term consultants, in consultation with the Ministry of Health (MOH) and the in-country United States Government (USG) Counseling and Testing Core Team, for the completion of specific identified needs, such as the development of an implementation manual for counseling and testing, and the review the voluntary counseling and testing (VCT) training curriculum.

Additionally, a study tour to a country in the region for purposes of learning and benchmarking counseling and testing (CT) activities with the best practices will be organized and implemented. Potential places with related activities to understudy include the integration of male circumcision into CT in Zambia, the formation of support groups for discordant couples in Uganda or Kenya, or the involvement of traditional healers in CT in South Africa.

From COP08:

The purpose of the national counseling and testing workshop is to bring together implementers and stakeholders on counseling and testing to:

1. Share information on national strategy, policy and technical issues and current coverage of counseling and testing services
2. Share experiences on implementation, monitoring and evaluation of CT services
3. Identify strategies for future direction: overcoming challenges and filling gaps. Mullens and Associates will provide facilitation services for the workshop, in consultation with the counseling and testing technical working group. An estimated 150 participants drawn from implementing partners, key stakeholders like the UNAIDS, WHO, ACHAP and the networks of various HIV and AIDS organisations in Botswana will attend. The counseling and testing technical working group will closely with the Communications working group to ensure appropriate involvement of the media. A deliverable from the workshop will be a report with recommendations on how to efficiently and effectively strengthen and scale up counseling and testing services in the country. This workshop is planned to precede the COP planning exercise so as to draw from the recommendations that will be made. Funding will cover conference venue, transportation and accommodation, as well as general conference facilitation like production of materials and the report.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19648

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19648	19648.08	HHS/Centers for Disease Control & Prevention	Mullens & Associates	8742	8742.08	CoAg (5444.08)	\$150,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7890.09	Mechanism: State Mechanism
Prime Partner: US Department of State	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 9836.24385.09	Planned Funds: \$400,000
Activity System ID: 24385	

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Zebras for Life will expand their target population from only football clubs to other sports clubs. Members of the clubs will be trained to increase referrals of men for male circumcision and pre-and post-circumcision counseling. Tebelopele's voluntary counseling and testing (VCT) center is the key implementer of the Zebras4Life, Test4Life project and is a member of the National Committee for Male Circumcision (MC). It is expected that in line with the Government of Botswana National Plan for MC, the Zebras4Life, Test4Life brand will play a major role in attracting men for circumcision.

From COP08:

This activity aims to increase the number of males tested especially young men throughout the country. The Zebras for Life campaign aims to promote messages that inspire hope, life and behavior change. It is conducted throughout the country to reach even the most rural places using the national football team. The players will continue to make appearances at different sporting, district activities and schools throughout the country. The Zebras for Life--Test for Life campaign will continue to work closely with different stakeholders to encourage men aged 15- 35 years to test for HIV.

The project is youth driven and involves stakeholders such as the private sector, Botswana Football Association and DMSACs. Edutainment and sporting events is used to mobilize people in the communities to participate in the campaign. Further consultation meetings to discuss strategies and develop campaign schedules are conducted with the service providers such as Tebelopele, BOCAIP, BDF, Men Sector, Zebras supporter clubs, Botswana National Youth Council (BNYC), Youth Health Organization (YOHO) and Musicians Against AIDS so that they all can align their plans with the Zebras for Life, Test for Life initiative. In addition to the goal of increasing numbers of males tested, and behavior change, the campaign links with other programs such as PMTCT, palliative care, prevention and OVC to leverage resources and ensure that the people are mobilized to test and access services provided. It therefore promotes increased access to and use of services, including HIV counseling and testing, male participation in PMTCT, IPT and ART. The campaign is one of the strategies to ensure that USG and Botswana government reach the Goal of the Botswana NSF of 95% of the population to know their HIV status by 2009. The campaign in 2007 has been able to make significant strides in sensitizing and mobilizing men and Zebras football players to participate in the campaign. In partnership with the Tebelopele VCT centers, the campaign has over a period of six months, tested over 6,000 people of which 59% were males through 60 outreaches in 33 different villages and towns across Botswana. In addition, 15 Zebras (national soccer team players) were trained in HIV/AIDS, awareness in counseling and testing, and communication skills, in order for them to adequately mobilize young men to test. Due to the huge demand generated by such a male engaging manner for mobilizing men (through a popular sport and national icons), there have been limitations to the total number of clients tested at activities due to shortages in counseling staff. Counselor shortage and burnout has also resulted in the number of activities being limited. Botswana's vast landscape and diverse culture has proven a challenge as well. Botswana is sparsely populated meaning outreach to hard to reach areas is long distances over rough terrains. Increasing the number of counselors at each Zebras activity is one of the lessons learned already being implemented through Tebelopele. Part of the funding request includes allowance for more staff for counseling and testing as well as mobilization and capacity building. The introduction of post test clubs is also a lesson learned during FY 2007 to address the growing need for support and education for those who test positive or negative as well as for creating linkages to prevention, care, treatment and other support services in their communities.

2008 plans

The campaign will extend its coverage to very remote villages and plan to increase the number of people tested from approximately 6,000 in 2007 to 41250 in 2008. These numbers are reported by Tebelopele who performs the HIV testing. As the campaign expands, mobilization and training will expand to include the under 23 and the under 20 players to increase the number of Zebra players participating in the campaign. It is estimated that some 50 players will be trained in HIV/AIDS prevention, the importance of HIV testing and in communication skills. Debriefing sessions will also be held for the players to provide them with on-going support to enable them to cope with the task of addressing big audiences and officiating at promotional events. An estimated 2 debriefing sessions per quarter, for 10 players will be conducted in 2008. PEPFAR funds will support post-test clubs for young players, especially those who test HIV positive, to help them to cope and access care, treatment and support services; and also for those who test HIV negative, to provide them with motivation and skills to remain HIV negative and become advocates for testing and behavior change. PEPFAR will also fund capacity building of community sports clubs to provide on going support through prevention education and linkages to care and treatment, and other support programs in their community. IEC packages will be developed as part of capacity building for community sports clubs and the Zebras Supporters Club to function as post test clubs. The Zebras Supporters Club has 21 branches throughout the country and the Zebras for Life—Test for Life will work closely with its executive committee and branches.

In order to further strengthen testing campaigns, increase awareness of the importance and understanding of testing, and increase the number of people tested, a National Testing Month will be held end of the year. This will be linked to the World AIDS Day events. Participation of the country's leadership such as the President, who is the chair of the National AIDS Council, will be requested as well as other relevant stakeholders. This activity will be linked to activity PO215, Society of Students Against HIV/IDS (SAHA) in ensuring that the testing campaigns are brought to the University campus. Additionally the Test for life campaign will collaborate with SAHA in forming post test clubs and use of peer educators to keep people motivated to maintain their status after testing

A strong social marketing component and promotions using electronic and mass media will continue to be done during 2008, in addition to the giving of the Zebras for Life, Test for Life empowerment bracelets to those who test at the community and outreach events. The wrist bands function has an incentive to test, a powerful reminder of the importance of HIV testing, and the contribution to de-stigmatize HIV testing. The Zebras for Life project will also work with NACA, MOH and other key stakeholders to convene a meeting to share best practices and generate a plan for scaling up counseling and testing services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17657

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17657	9836.08	Department of State / African Affairs	US Department of State	7890	7890.08	State Mechanism	\$601,000
9836	9836.07	Department of State / African Affairs	US Department of State	8364	8364.07		\$250,000

Emphasis Areas

Gender

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 11102.09

Prime Partner: American International Health Alliance Twinning Center

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 9902.24189.09

Activity System ID: 24189

Mechanism: New CoAg Twinning

USG Agency: HHS/Health Resources Services Administration

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$400,000

Activity Narrative: 09.C.CT08: TBD – Twinning Center

ACTIVITY UNCHANGED FROM FY2008

From COP08:
2007 accomplishments

Twining activities began in April 2007 with the first exchange visit of Liverpool VCT (Kenya) and The AIDS Support Organization (TASO-Uganda) to Botswana to meet with Tebelopele VCT and BOCAIP. The aim was to introduce the partners and to conduct an organizational assessment. Partners also identified potential areas of collaboration for partnership activities. A second exchange trip is planned for the 15th October 2007, where Botswana partners from both Tebelopele and BOCAIP will visit Kenya and Uganda to tour the facilities, learn first-hand about the services and resources of their selected counterpart VCT organizations and to develop a joint partnership work plan and budget. Based on the needs identified during the April 2007 assessment exchange, formal relationships are being established between Tebelopele and Liverpool VCT, and TASO and BOCAIP, respectively, in order to provide more targeted technical assistance. In addition, many of the partnership activities conducted by the lead partners will benefit both local partners, e.g. training events conducted in Botswana for both local partners.

2008 plans

The partnership between Tebelopele and Liverpool VCT in Kenya will focus on meeting the following three objectives: establishing post-test clubs and support systems, including counseling, for PLWHAs; developing a marketing plan for VCT services for the private sector; and strengthening the capacity for VCT-counselor supportive supervision and quality assurance systems.

TASO will also assist Tebelopele on building their capacity to mentor community-based organizations in Botswana to provide VCT.

The partnership between BOCAIP and TASO will continue to focus on meeting the following three objectives: strengthening the organizational development of BOCAIP by building capacity for: a) increasing BOCAIP membership and networks; b) diversifying sources of funding; c) developing a human resource management and development strategy and d) managing and integrating services; strengthening the monitoring and evaluation systems for BOCAIP's services; and sharing best practices on home-VCT and adherence counseling with relevant partners and stakeholders.

Liverpool VCT will also assist BOCAIP by sharing best practices in establishing post-test clubs and youth-friendly services including the development of a Training-of-Trainers (TOT) manual for youth-friendly services.

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, mentoring and documentation of best practices, etc.). A small portion of the funds will be used to cover administrative costs incurred by partners to manage the partnership, including fiscal and M&E reporting as required by AIHA and HHS/CDC/BOTUSA.

The expected outputs from the partnership activities include increased organizational development of both local partner institutions, the establishment of new VCT services for different target groups and improved quality of VCT services.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17572

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17572	9902.08	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	7809	5325.08	U69HA04128: Twinning	\$700,000
9902	9902.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5325	5325.07	AIHA	\$150,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5406.09

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: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 10186.24216.09

Planned Funds: \$150,685

Activity System ID: 24216

Activity Narrative: 09.C.CT91: Technical Expertise and Support CT

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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.

An additional staff member (locally employed) will be hired to provide technical and management support for the counseling and testing program area. This position was approved in FY2007, but has not yet been filled. Position description is now being developed, and will be caged by the US Embassy Gaborone, before advertising the position.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17349

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17349	10186.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$50,000
10186	10186.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$30,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5453.09

Mechanism: ODC Mechanism

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 5131.24160.09

Planned Funds: \$150,000

Activity System ID: 24160

Activity Narrative: 09.C.CT04: DOD/BDF – HIV Counseling and Testing

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING

In 2007, The Department of Defense (DOD) and the Botswana Defense Force (BDF) plan to train additional Counselors to operate the new voluntary counseling and testing (VCT) centers that are currently being constructed in Selibe-Phikwe and Gaborone using the FY2007 funds. At this time, twenty BDF Officers have been trained to the Certificate level in an HIV/AIDS Counseling course.

In FY2009, it is important that training continue with these officers on VCT protocol for same day results, performing the rapid tests, couples counseling, adherence counseling, and counseling supervision. IDM, the key counselor training institution in Botswana, uses a curriculum for training that incorporates basic HIV Counseling approved by the Ministry of Health (MOH) and the CDC protocol for VCT and couples counseling.

FY2009 funds will also be used to support refresher courses for peer educators and counselors with a focus on Care of the Care-givers. Often counselors experience burn-out and stress due to their experiences with HIV clients, hence it is vital that we offer them retreat-seminars to refresh, learn, and share experiences. Counselor supervisors will be trained to ensure delivery of quality services in counseling and to provide support to their staff, including de-briefing sessions.

Additionally, the BDF will organize Male and Female Peers seminars to address gender-related issues, such as gender-based violence, incest and male involvement in sexual and reproductive health (SRH).

From COP08:

The Botswana Defense Force (BDF) will conduct an HIV bio-behavioral survey which provides an estimation of the prevalence of HIV and behavioral risk factors including those associated with deployment, sexual risk, alcohol use, and male norms. The target group for the survey will be active duty BDF personnel. Due to the low number of women in the BDF the sample will be limited to men. The BDF will participate in all planning and execution of the survey.

The HIV testing for the survey will be conducted in counseling and testing setting with participants able to know their results immediately. Those testing positive will be referred to care/treatment. Prevention activities will be organized to occur on the same day as the survey capitalizing on the heightened awareness created by participation in the survey. Results from the survey will enable better service delivery planning, and targeting of prevention programs to those behaviors associated with highest risk in the military.

This activity will support the strategic plan by providing information on male behaviors in Botswana and directly linking behaviors to sero-positivity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17403

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17403	5131.08	Department of Defense	Botswana Defence Force	7745	1332.08	ODC/BDF	\$50,000
9829	5131.07	Department of Defense	Botswana Defence Force	5287	1332.07	ODC/BDF	\$200,000
5131	5131.06	Department of Defense	Botswana Defence Force	3488	1332.06	ODC/BDF	\$135,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and
Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 17804.24240.09

Planned Funds: \$0

Activity System ID: 24240

ONGOING ACTIVITY WITH NEW PARTNER WITH NO ADDITIONAL FY2009 FUNDS – DELAYED IMPLEMENTATION

From COP08:

This activity focuses on strengthening the primary prevention components of existing, major HIV-related services (both clinical and community-based) that target large numbers of PLWHA. It is largely a positive prevention activity. This follows steps completed in FY06 and FY07, whereby USG supported an assessment of opportunities to strengthen prevention in clinical and community services and an activity to strengthen the prevention content of the interventions that Tebelopele and other counseling and testing partners provide. This latter activity has involved the adaptation of a provider-delivered intervention that promotes prevention, development of informational materials that help counter stigma around PLWHA, and will also involve identification of one additional service area for similar assistance (TBD, awaiting assessment results). USG also supports the alcohol-HIV trainings to health care workers begun by Blossom two years ago and will ensure incorporation of alcohol issues into the other prevention materials and interventions they develop or adapt. To date, achievements include completion of the assessment, adaptation of the CDC-developed "PwP flipchart intervention" for use in Tebelopele's new supportive counseling program, and training of counselors in use of that intervention (Sept 07).

In 2008, as this activity expands to more program areas and increases in scale, the USG will compete the award through an appropriate, long-term mechanism. Therefore the prime partner is TBD.

The activities in 2008 will continue with program development and implementation and will focus on collaboration with the TB, PMTCT, counseling and testing, and private sector HIV treatment programs. Specifically, the prime partner will adapt evidence-based prevention interventions for incorporation into these existing services. It will examine closely the interventions being developed under the Office of the Global Aids Coordinator (OGAC) special initiative for positive prevention, for consideration of adaptation in Botswana. It will train providers in the use of these materials and protocols, monitor utilization, and work with local organizations to support the roll out of these initiatives. A key component of the services provided is alcohol abuse risk reduction and prevention, in addition to the core themes of HIV prevention, including abstinence, be faithful, and condom promotion (ABC), disclosure, and partner testing. The specific content of each intervention or tool developed will depend on the target program and clients, but sensitization and training in alcohol-related interventions will continue in this activity.

In the TB area, the activity will target HIV-infected TB patients. The prime partner will develop/adapt appropriate HIV prevention service enhancements and/or interventions to the local TB care setting. This will involve the development of relevant material (IEC, curricula, job aids, protocols, training packages, etc.), training and sensitization of approximately 60 clinical and community service providers about the interventions and their implementation, in collaboration with the Botswana National Tuberculosis Program (BNTP). This intervention will initially be provided in the southern part of the country. These activities will support Botswana's Round 5 TB grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), which among other goals, seeks to strengthen TB/HIV collaborative activities.

In the PMTCT program, the focus will be supporting the promotion of family planning and unintended pregnancy prevention among HIV+ women and their partners. This activity will begin in the Francistown area, where CDC has a PMTCT demonstration program. Activities will include community mobilization through local drama and related discussion forums, in addition to supporting implementation of the existing PMTCT protocols by health care workers within clinical settings, which include active promotion of family planning to clients. About 30 lay counselors, 30 Family Welfare Educators, and 100 nurses will be involved in these refresher trainings. The prime partner will also develop IEC materials for use in those settings, to promote these themes.

In the counseling and testing settings, the focus will be strengthening interventions for discordant couples. There is a high rate of HIV discordance in Botswana; at least 21% of couples who test at the Tebelopele VCT centers are discordant (Tebelopele data 2000-2005). USG will support development of additional prevention materials and interventions to use in counseling and testing settings for discordant couples, based on experiences with the development of supportive counseling programs in Tebelopele and other counseling and testing centers, the pilot test of the home-based testing program, and completion of the adaptation of the CDC couples counseling curriculum through the Institute for Development Management. The prime partner will draw on lessons learned and best practices in this area from other PEPFAR countries, especially Uganda and Kenya, to further inform the training and scale up of activities.

Specific activities will include training of at least 60 counselors from civil society and government in counseling discordant couples, development of counseling protocols and cue cards for the discordant couple sessions. This will include job-aids like flip charts, referral directories and brochures. Through assistance by the prime partner, the testing sites involved will be expected to provide on-going prevention and supportive counseling to an estimated 270 discordant couples, in about 27 sites; form and maintain at least 5 support groups for discordant couples; provide mentoring and supervision to the counselors supporting discordant couples; coordinate and share lessons learned among themselves, and document their experiences, both positive and negative.

In the area of palliative care and ART treatment, the prime partner will work with the Associated Fund Administrators Botswana (Pty) Ltd (AFA) to enhance the prevention services provided within its ART program. AFA is an administrator of two medical aid schemes/insurance organizations namely, Botswana Public Officers' Medical Aid Scheme (BPOMAS) and Pula Medical Aid Fund (PULA). Through its managed care program, AFA facilitates the provision of to insured patients and Government of Botswana (GOB) funded patients, as well as provision of continuous medical education and KITSO training to private practitioners (doctors, pharmacist etc). In 2008, with the assistance of the prime partner, AFA will strengthen its HIV prevention strategies for its HIV positive clients, including development of additional

Activity Narrative: patient education materials and other appropriate job aids, to be determined later. This activity is expected to promote behavior change and reduce risky behaviors among clients. It is estimated that 600 HIV positive new patients will be enrolled in FY08, and all will benefit from this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17804

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17804	17804.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$250,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 4459.24080.09

Planned Funds: \$250,000

Activity System ID: 24080

Activity Narrative: 09.C.CT02: Ministry of Health – Counseling and Testing Unit

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to the on-going activities from FY2008, the Ministry of Health (MOH) will develop a standard training curriculum for HIV lay counselors and will review and update the generic training curriculum for HIV Counseling.

From COP08:
2007 accomplishments

A rapid assessment of the capacity of civil society organizations to provide C&T resulted in the selection of six NGOs/CBOs/FBOs to be supported to provide services. An in-depth evaluation of the selected sites has led to the development of a capacity building plan.

The USG supported the MOH in training of health workers in various aspects of C&T service delivery. To-date, the MOH trained over 80 trainers in couples HIV counseling and testing (CHCT), and over 200 health workers and counselors. Training has so far covered 11 of the 24 health districts.

Through routine HIV testing (RHT), 178,176 tests were performed in 2006, representing a 25% increase from the previous year. Eventually, the program aims to expand routine testing to the private sector as well. Over 300 health workers were trained in how to perform the rapid HIV tests, including 35 from the private sector. Through follow-up and support visits conducted to public facilities by MOH in 2007, a number of challenges facing RHT were identified. These included: inadequate on-site support supervision and mentoring of lay counselors; 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. PEPFAR funds were approved for an evaluation of routine HIV testing in 2007, however, a contractor is still to be identified to carry out this activity.

In FY 2007, a consultant was engaged to work with the MOH and a reference group of key stakeholders to develop national guidelines for counseling and testing, based on recent release from WHO of guidelines for provider-initiated C&T. These include guidelines for C&T in the various settings (e.g. client-initiated and provider-initiated CT services). WHO/AFRO has provided a technical officer to provide assistance in this activity.

The identification of a contractor to support the development of the counselor supervision curriculum and training of a core team of trainers is underway. Applicants have submitted proposals to MOH and the review and selection process is in progress.

Plans for 2008

The goal of the Botswana NSF is for 95% of sexually active adults counseled and tested by 2009. At this point, it is estimated that at least 50% of adults in Botswana know their HIV status. USG funds will support MOH in increasing access to and availability of VCT through the six civil society organizations. Activities will include provision of services, training of 18 lay counselors, mentoring support and monitoring and evaluation. The new sites will become part of the referral networks that have been established in various locations to enhance referral of clients to care and treatment and to community-based support groups. An estimated 7,718 first-time testers will receive services at these sites.

Funds for FY2008 will support on-going monitoring and quality assurance efforts by MOH. Activities will include rolling out of CHCT to the remaining 13 health districts not yet covered, support supervision and mentoring to counselors.

The USG will continue to support capacity development by funding the salaries of two program counselor trainers in the MOH/C&T unit.

PEPFAR funds will also support the development of IEC materials for RHT and VCT, targeting groups, e.g. couples, children, youth and men.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17269

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17269	4459.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$200,000
9804	4459.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$346,000
4459	4459.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$446,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1345.09

Prime Partner: Tebelopele

Funding Source: GHCS (State)

Mechanism: U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Activity ID: 4857.24170.09

Activity System ID: 24170

Program Budget Code: 14

Planned Funds: \$5,200,000

Activity Narrative: 09.C.CT01: Tebelopele – VCT Network

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Tebelopele has increased the number of direct service delivery outlets from 31 in FY2008 to 41 in FY2009. The additional outlets include prisons, which will eventually be phased out when more non-governmental organizations (NGO), community-based organizations (CBO), and faith-based organizations (FBO) are trained to provide direct voluntary counseling and testing (VCT) services to those groups.

Tebelopele is dropping the Dialogue Group as an advertising company because they (Tebelopele) will carry out the social marketing and community mobilization in collaboration with existing community-based organizations, such as Humana People to People and BOCAIP. Similarly, Tebelopele is dropping the Academy for Educational Development (AED) as sub-partner, but plans to solicit technical assistance from them by engaging short-term consultants on an as-needed basis.

Tebelopele's Outreach Program is being reduced by 50% with the plan to build the capacity of community-based organizations in hard to reach areas to provide the direct services that they were previously providing through outreach, which will contribute to the sustainability of the program.

Male circumcision (MC) activities will be introduced into VCT by, for example, referring uncircumcised males to sites that provide that service, providing prevention counseling pre- and post-circumcision, participating in the MC committees at various levels for the development of guidelines and communication strategies, and working with the Zebras National Football players to promote male circumcision, in general.

Additionally, Tebelopele would like to participate in the multi-country Public Health Evaluation (PHE) for Maximizing the Prevention Effectiveness of HIV Testing and Counseling, if Botswana's participation is approved by Office of the Global AIDS Coordinator (OGAC) PHE Team.

From COP08:
2007 Accomplishments

In January 2007, Tebelopele transitioned from a completely anonymous to confidential VCT services delivery, with an option for anonymous services, for those who preferred it. By time of writing this COP, 75% of clients were receiving confidential services. In 2006, Tebelopele counseled and tested 110,000 clients (73% of whom were first-time testers) through 31 service delivery outlets. This number is expected to increase by at least 12% in 2007. The GOB provided rapid HIV test kits and supplies including condoms. Tebelopele used USG funds to procure back up stock of test kits to assure a steady supply.

Tebelopele engaged the District Multisectoral AIDS Committees (DMSACs) in building strong referral linkages at all their center locations in the country. They continued use of the referral form, tracking of referrals, and holding regular referral network meetings with service providers in each district. Screening of all clients for TB using a questionnaire was introduced in 2007. Any clients reporting any of the TB symptoms were referred to government clinics for evaluation. In addition, post-test clubs and supportive counseling was introduced. CD4 cell counting at the VCT centers was not approved by GOB, and therefore not implemented.

Community mobilization and social marketing continued in partnership with community based organizations like Humana People to People (HPP) and BOCAIP, and through print and electronic media. Specific campaigns targeting men were implemented, like the Zebras for Life, Test for Life. In this campaign, Tebelopele worked with the Peace Corp Volunteers in various communities to mobilize people, especially men, for testing.

From 2004 through 2007, Academy for Educational Development (AED) worked to build Tebelopele's capacity to run as an independent NGO. Tebelopele is now able to also build the capacity of smaller NGOs and CBOs. In 2007, Tebelopele worked with HPP and BOCAIP, providing support in M&E, reporting and financial management.

With technical assistance from AED, Tebelopele established a sustainable organization from a systems and procedures standpoint. Becoming a financially sustainable organization is an ongoing priority for Tebelopele. In FY 2007, a Sustainability Plan was developed, focusing on: GOB to supply test kits and supplies; creation of a counselor training unit for capacity building and for income generation; partnership with private companies e.g. Medical Rescue International to support with some resources; increased use of volunteers; fund raising; exploring fee for service, e.g. charging private companies for workplace VCT; soliciting funds from other donors - an award of \$600,000 was received from African Comprehensive HIV/AIDS Partnership (ACHAP) (Gates Foundation, Merck and GOB Partnership).

To improve data quality, the use of electronic data capturing technology (Personal Digital Assistant - PDA) was introduced. This has improved the timeliness and accuracy of VCT data and reporting.

Plans for 2008

Tebelopele will continue to provide high quality confidential and anonymous VCT services with same-visit results, through 31 service outlets throughout Botswana. This activity will support 220 locally employed staff including 104 HIV/AIDS counselors, other technical staff like lab technicians, community outreach technicians and management staff who are responsible for providing VCT services on a daily basis. In addition to its 31 directly managed sites, Tebelopele will support 32 additional civil society sites to provide VCT services through training, mentoring and development of VCT service delivery systems. By building the capacity of community-based organizations, it is expected that testing numbers will increase by 20%, from 125,000 in 2007 to 150,000 clients (75% of whom will be first time testers).

Activity Narrative: Referrals and linkages will be augmented by using Post-Test Clubs and the Youth Against Aids (YAA) Volunteers to track clients tested at Tebelopele and referred for services. Tebelopele will work with HPP to create community-based referral linkages, and to continue the involvement of traditional and spiritual healers in prevention and referrals. Pregnant women will be referred to the Cervical Cancer Unit and to the PMTCT program.

PEPFAR funds are also requested to support the hiring of additional 40 lay counselors to enhance outreach to specific target groups such as men, CSW, clients of CSWs, truck drivers, women and girls in cross generational/transactional sex, through "mobile moonlight" VCT services. Tebelopele also plans to reach more youth by advocating for the reduction of the age of consent for testing from 21 to 16 years, and by youth outreach activities in schools and other locations. Through promotional events, such as Valentine's month of Love in February, couples counseling and testing will be scaled up. The strategy of addressing couples at the District Commissioner's office as they wait for the marriage ceremony was found to be successful, and will be scaled up in 2008.

To promote and sustain a high demand for services, The Dialogue Group, Tebelopele's advertising agency, will continue with the print and outdoor media production and placement, and the design and production of all Tebelopele VCT information, education and communication (IEC) materials.

Funds are also requested for Tebelopele's continued collaboration with AED: strengthening utilization of data and technology for more effective VCT services. In many activities Tebelopele is breaking new ground, a factor that has not been documented for best practice or lessons learned in leading journals; supporting new and expanded approaches to VCT. AED will work with Tebelopele and HPP to develop and implement an effective strategy to provide VCT for CSWs and truck drivers in selected "high-risk locations". This activity will be further supported by the HHS/CDC/BOTUSA BCC/prevention section, to augment mobilization, prevention messages, and C&T outreach to these groups. Approaches will include cost-effective, door-to-door VCT; providing technical assistance (TA) to Tebelopele as it develops its supportive counseling service; mentoring Tebelopele in its expansion of NGO service provision; and ongoing support for sustainability of Tebelopele in the areas of Board Governance, diversification of services and funding sources, a Fee-For-Service, and establishing a clear memorandum of understanding (MOU) with GOB for supplies from CMS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17568

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17568	4857.08	HHS/Centers for Disease Control & Prevention	Tebelopele	7807	1345.08	U62/CCU25113: Expanding and Enhancing Voluntary Counseling and Testing Services	\$5,300,000
9831	4857.07	HHS/Centers for Disease Control & Prevention	Tebelopele	5289	1345.07	CoAg # U62/CCU25113	\$2,607,711
4857	4857.06	HHS/Centers for Disease Control & Prevention	Tebelopele	3503	1345.06	Technical Assistance	\$3,539,000

Emphasis Areas

Gender

- * Addressing male norms and behaviors
- * Increasing gender equity in HIV/AIDS programs
- * Reducing violence and coercion

Health-related Wraparound Programs

- * Family Planning
- * TB

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 8747.09

Prime Partner: University Research Corporation, LLC

Funding Source: GHCS (State)

Budget Code: HVCT

Activity ID: 17744.24402.09

Activity System ID: 24402

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Prevention: Counseling and Testing

Program Budget Code: 14

Planned Funds: \$200,000

Activity Narrative: 09.C.CT05: URC – Child and Adolescent Counseling and Testing

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In four districts, there will be a roll out of training for providers of voluntary counseling and testing (VCT) services in the use of protocols for child and adolescent counseling.

Additionally, the capacity of facility and district staff to collect, analyze and use VCT data to plan and allocate resources for child and adolescent counseling and testing services, including linkages to care and pediatric treatment, will be strengthened.

From COP08:

In Botswana, counseling and testing for children and adolescents remains an area of critical gaps in legal, policy and program issues. The legal age of consent for testing in Botswana remains at 21, although major efforts are underway to reduce the age to 16. Policy and guidelines for C&T of children are unclear, if not unavailable. There are no C&T protocols to guide service delivery to children and adolescents. In addition, counselors lack the skills and the confidence to provide services to this group. A number of children are infected, but their status is not known, yet they would benefit from pediatric treatment and other services to improve their quality of life. Some children are on HIV treatment, without knowing their HIV status. This has posed challenges in relation to adherence.

In 2007, the MOH is working to develop policy and guidelines for counseling and testing of children and adolescents, as part of the process to review and update C&T guidelines in general. A review workshop is scheduled to take place in September 2007. Technical assistance from WHO/AFRO region has been obtained for this activity.

2008 plans

Funds will support technical expertise for the MOH and key partners in developing an HIV/AIDS counseling protocol for children and adolescents. The contractor will be required to form a working group comprising of key stakeholders in the development of protocols. These stakeholders will include MLG - OVC program, MOH, Botswana-Baylor Children's Clinical Center of Excellence, UNICEF, and representatives of civil society organizations.

The process will include the review of current practices and relevant policy and guidelines in counseling and testing of children and adolescents. The review will also include existing guidance and protocols from UNICEF, WHO, UNAIDS, CDC and other international organizations, including resources from the region. A consultative and participatory process will be engaged, to draw from all the stakeholders to develop draft protocols for pre-testing in relevant settings. It is expected that the protocol will address the needs of health care workers in providing C&T services for children and adolescents, on-going psychosocial and preventive support, support for disclosure and referrals, among other areas. A curriculum will be developed for the training of health workers on the use of the protocols. PEPFAR funds will also support training of 75 trainers (TOT) of health workers/counselors on child/adolescent counseling.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17744

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17744	17744.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	8747	8747.08		\$600,000

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 7891.09	Mechanism: CDC HQ & Cable
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Prevention: Counseling and Testing
Budget Code: HVCT	Program Budget Code: 14
Activity ID: 10184.24506.09	Planned Funds: \$215,957
Activity System ID: 24506	

Activity Narrative: 09.C.CT92: Technical Expertise and Support CT

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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.

An additional staff member (locally employed) will be hired to provide technical and management support for the counseling and testing program area. This position was approved in FY2007, but was has not yet been filled. Position description is now being developed, and will be caged by the US Embassy Gaborone, before advertising the position.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17333

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17333	10184.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$300,000
10184	10184.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$40,000

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 26734.09

Planned Funds: \$627,000

Activity System ID: 26734

Activity Narrative: 09.C.CT11: URC –Strengthening Routine HIV Testing

In FY2008, the Counseling and Testing Team successfully accomplished the following tasks:

- a coordinator for the Routine HIV Testing (RHT) position was recruited;
- the Ministry of Health (MOH) and the Ministry of Local Government (MLG) were supported in the adaptation of the RHT training materials;
- the MOH identified two districts for the RHT baseline assessments;
- a Technical Working Group (TWG) was formed;
- partnerships were forged with the District Health Teams, the District Multi-Sectoral AIDS Committees, and the MLG.

At the same time, the MOH and the MLG have been working with University Research Corporation (URC) to pilot test a strategy to improve Routine HIV Testing (RHT) or Provider Initiated Testing and Counseling (PITC) services in two districts. The RHT improvement strategy assists facilities to improve the quality of testing, as well as post-test counseling, which is critical for promoting risk reduction behaviors among clients. The improvement interventions put emphasis on enhancing referrals for further care and treatment. All categories of staff who are involved in HIV testing and counseling are being trained in each facility. After completing the provider training, URC staff along with MOH and MLG staff, will provide on-site mentoring and coaching of RHT providers to ensure that implementation occurs and is aligned with the training objectives, and the national guidelines for HIV Testing and Counseling (HTC). Mentoring will ensure that data management concepts are clearly understood and implemented by the facility staff. The URC staff will also observe and assess counseling and testing procedures periodically to determine levels of compliance among providers with the RHT protocols.

The objectives for the program are:

- to increase the number of public and private healthcare facilities offering and performing high quality RHT and post-test counseling;
- to improve the capability and skills of health workers in RHT and post-test counseling;
- to increase the number of health care clinic attendees who receive high quality RHT services;
- to improve the capacity of facility and district staff to collect, analyze and use RHT monitoring and evaluation data, then plan and allocate resources for RHT and HIV care, treatment and support services based on timely and accurate information;
- to improve the coordination and support supervision of RHT both at the facility and district levels.

Plans for 2009:

Activities and Expected Results:

Activity 1: Establishment of Quality Improvement Teams at the Facility Level

URC will work with facilities to identify a core team representing staff from the various clinical services. The facility-based teams, with support from URC and MOH/MLG staff, will be responsible for improving uptake and the quality of RHT services in the various clinical settings. Each facility team will conduct a rapid baseline assessment to identify quality gaps in its current RHT services, if it has not already completed one. These assessments and additional quality assessment (QA) tools will be used to develop and implement a quality improvement plan. URC will assist facility teams in developing strategic plans for improving access to and quality of RHT services.

URC will also integrate routine HIV testing services into this strategic plan, thereby increasing access to HIV testing in all clinical settings. Emphasis will be placed on increasing recruitment of couples and families, including children and adolescents, to RHT services. Facility staff will: (1) promote access to and availability of confidential HIV testing; (2) ensure that HIV testing is informed and voluntary; (3) ensure effective and prompt provision of test results for all clients who undergo HIV testing; (4) utilize a prevention counseling approach aimed at personal risk reduction for HIV-infected persons and those at a high risk of HIV exposure; and (5) link HIV-infected individuals to care and treatment. URC will ensure that all facility staff are aware that HIV prevention counseling should focus on each client's unique personal circumstances and risk and help each client set and reach an explicit behavior-change goal to reduce the chance of acquiring or transmitting HIV.

The program will be rolled out to two additional districts in the FY2009.

Activity 2: Human Capacity Development

The MOH has requested URC to support the hiring of two counselor trainer positions to be based at the ministry, but work in the districts to support training and implementation of the quality of RHT services. Staff will receive training that includes specifics on RHT quality, the meaning of quality in services, and compliance with national guidelines. Health care workers with basic RHT knowledge and skills will be the target of capacity building activities. Emphasis will be placed on indicators used to monitor clinical performance, such as the presence of guidelines at facility level or the knowledge and skills of counselors. Specific case studies will be presented during the training and participants will work in groups to identify quality gaps and suggest possible solutions. URC will provide job-aids, such as wall charts, to improve compliance with clinical and RHT guidelines. URC will visit each facility at least twice a month to provide on-the-job support and mentoring to healthcare workers in participating facilities. Mentoring will focus on improving skills of RHT and other high-volume clinical service staff on HIV counseling and referring. During these visits, URC will also review program performance data.

Activity 3: Referrals and Linkages

Activity Narrative: URC along with MOH/MLG will promote a 'continuum of care' model for all HIV-infected persons. The model emphasizes the identification and early referral of all people living with HIV/AIDS (PLWHA) to care, treatment, and other support services. As part of this mandate, URC will work to link different levels of care, including facility, community-based organizations (CBO), faith-based organizations (FBO), home-based organizations, and other different services, to minimize missed opportunities. In order to ensure that RHT is widely available, various innovative counseling and testing (CT) approaches, such as family-based, door-to-door, community-based, outreach, youth focused and home-based care services, will be incorporated into existing programs. They will continue to expand this focus and promote available methods for prevention to all clients, with a specific focus on discordant couples. In addition, URC will continue to work with local CBOs and FBOs to increase community outreach and support for knowing one's HIV status and will train facility, CBO and FBO staff in analyzing their performance and quality, or in other words, outputs and compliance, indicators. The staff will use site-specific data to monitor uptake of basic healthcare and support services on a monthly basis. Additionally, URC will ensure that there will be linkages established with facilities that provide male circumcision services and follow up risk reduction counseling.

Activity 4: Building Sustainability

In order to promote sustainability, URC will train district and facility-level supervisors in QA methods and facilitative supervision techniques for improving the quality of RHT services. URC has begun the process of reviewing national RHT guidelines and evaluating the quality of CT at the facility level, in partnership with the district health department, which will be a key focus area in the next twelve months. To ensure the quality and reliability of data obtained at all URC supported sites, it has been necessary to ensure uniform reporting structures, including the introduction of HTC-specific data collection tools. URC will conduct quarterly assessments in each facility/CBO/FBO to assess whether staff is in compliance with MOH HTC guidelines. At least once a year, sample-based surveys will be undertaken in a small number of URC and non-URC sites to assess the differences in compliance and other performance indicators.

ACTIVITY 5: Development and operationalization of RHT Training Manuals

URC will assist the MOH and MLG to finalize the development of RHT Trainer and Participants Manuals and to develop job aids to support providers in service delivery. These will include cue cards and posttests for group information and counseling sessions. URC will support training in approximately four districts within one year and will evaluate training material adequacy and relevance among participants and trainers through pre and post surveys.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 5453.09

Mechanism: ODC Mechanism

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Prevention: Counseling and Testing

Budget Code: HVCT

Program Budget Code: 14

Activity ID: 29674.09

Planned Funds: \$150,000

Activity System ID: 29674

Activity Narrative: This is a request of additional funds(US\$ 150,000) to the project that was planned in COP 2007 ref(07 – C0905: Botswana Defense Force/US DoD- C&T) to purchase a PREFAB to be used as a VCT centre by Botswana Defense Force at the East Military Garrison in the town of Selibe-Phikwe. This activity will target military personnel, their dependents, other government department employees and the general public around the Garrison since the camp is located some distance from town and this makes accessibility of services difficult for the military personnel and those residing near their establishments

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: \$8,292,500

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Botswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

The GOB supports financially 50% of ARV drugs procurement and receives assistance from PEPFAR, the Bill and Melinda Gates Foundation, Merck Foundation, Glaxo-Smith Kline, Boehringer Ingelheim, Clinton Foundation and Pfizer in the form of donations of anti-retrovirals (ARV), drugs for treatment of opportunistic infections (OI) and ARV price reductions. The Clinton HIV/AIDS Initiative (CHAI) supported procurement of pediatric and second line ARV'S.

The GOB procured ARVs through the Ministry of Health's (MOH) Drugs Regulatory Unit (DRU), which is responsible for registration of medicines for use in Botswana on the basis of quality, safety and efficacy; the National Drug Quality Control Laboratory (NDQCL), which is responsible for testing all medicines and related medical products; and Central Medical Stores (CMS), which performs all the supply chain functions including procurement, quality assurance, warehousing and distribution of drugs and related medical products to all health facilities countrywide. These institutions are supported by the President's Emergency Plan for AIDS Relief (PEPFAR)-funded Supply Chain Management (SCMS), which provides technical assistance to strengthen various systems, including the Quality Management System, the ARV Forecasting/Quantification, the Drug Registration applications documentation process management, and an evaluation in-house mentoring/training.

The GOB program faces human capacity constraints in terms of: (1) ARV logistics; (2) ARV quality control; (3) ARV security infrastructure; (4) ARV procurement; and (5) ARV registration. In FY2008, the GOB continued with strengthening the procurement and distribution of ARVs and other medicines. Sixteen percent of the total GOB budget for ARVs was provided from the FY2007 funds. The results included: (1) increased procurement of pediatric formulations; (2) procurement of pharmacopoeial reference standards and reference textbooks; (3) the strengthening of the supply chain by hiring skilled personnel; (4) the development and implementation of quality management systems for CMS; (5) the training of health care practitioners on pharmacovigilance and adverse drug reactions reporting; (6) Good Manufacturing Practice (GMP) inspections of manufacturers of ARVs and OI medicines; (7) the training of NDQCL staff in various areas of pharmaceutical analysis; (8) study tours to laboratories and other organizations with Laboratory Information Management Systems (LIMS) installed. The funds were used to strengthen process management systems, support the technical assistance of a consultant for further in-house training of DRU staff and evaluate dossiers for registration as well as support the salaries of pharmacists. The DRU was able to register nine non generic ARVs, forty-nine generic ARVs, and fifteen medicines for OIs as a result of the training and GMP inspections.

FY2009 PEPFAR funds will support activities to strengthen and standardize supply chain systems, quality control, and medicines regulation. SCMS will continue to support the DRU by providing short term technical assistance and mentoring, training in post market surveillance and support for two project positions. The funds will also continue to support GMP inspection of manufacturers of drugs for treatment and management of OIs and the procurement of pharmacopoeial reference standards and reference textbooks. In addition, an SCMS-supported effort to incorporate drug supply and prescribing information in the national electronic patient management database to improve logistics will continue with PEPFAR funding in FY2009.

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

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 4460.27316.09

Planned Funds: \$6,712,500

Activity System ID: 27316

Activity Narrative: 09.T.AD01: Ministry of Health- Central Medical Stores Support

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS

From COP08:

CMS is a unit of Pharmaceutical Services which is under the Department of Clinical Services in the MOH. It is entrusted with the responsibility of providing the nation with good quality and cost effective pharmaceuticals, laboratory and related medical supplies timely. It serves all government health facilities, missions, mine hospitals and non-governmental organizations in Botswana.

The GOB provides free ART to PLWHAs since 2002. Since its inception the program has grown and serves 62 ART facilities (32 hospitals and 30 satellite clinics) with approximately 90,478 patients on treatment (July 2007). The projected number of patients on ART is 102,500 by end of 30 September 2008.

This objective of the program is achieved through procurement, quality assurance, warehousing and distribution by CMS. The program is faced with a number of challenges such as shortage of staff, inadequate storage space, inadequate logistics skills, inadequate quality assurance skills, inadequate ARV security infrastructure, and lack of offices as well as limited funds. In the past the GOB received assistance from partners such as PEPFAR, Bill and Melinda Gates Foundation, Merck Foundation, Boehringer Ingelheim, UNFPA, Clinton HIV/AIDS Initiative (CHAI) and Pfizer in the form of donations of ARVs and drugs for the treatment of OIs and price reductions. CMS has been able to procure ARVs, strengthen the security system, pre-qualify suppliers and train 15 employees on supply chain management and 15 employees on quality management system to improve organizational efficiency and effectiveness through 2007.

In 2007, 63% of the PEPFAR funds were used to procure generic drugs, while 21% of the funds were used for procurement of pediatric formulations. The DRU, which has been receiving support from PEPFAR, is in the process of registering generic ARVs which will enable CMS to increase drug purchase and make savings. The NDQCL has also been receiving support from the USG to improve their analytical skills to assist in testing of procured generic ARVs. Through the cooperative agreements between the GOB and partners, the MOH (CMS) will use FY2008 funds to supplement procurement and distribution of drugs for ART and commodities used in treatment of OIs in the management of HIV/AIDS. Supplies will help support HIV/AIDS Care/Treatment services for PLWHAs their families, children, caregivers. The purchased drugs will be distributed to 50 more clinics operated by the MLG thereby greatly expanding access in 2008. CMS will also secure provision of ARV drugs to 180 legal refugees from the Dukwe refugee center.

There is acute shortage of skilled staff at CMS. The employment period of two Chief Supplies officers and one pharmacist to implement and monitor the project will be extended to additional two years. The employed officers will be deployed as follows: the Pharmacist will be employed at Quality Assurance Unit to support the continuous prequalification following work done by the consultants. He/she will perform quality assurance activities of a selection of suppliers, technical evaluation of tender quotations to support purchasing unit and also address quality matters throughout the supply chain. The Chief Supplies Officers will strengthen the procurement, receipt, inspection and distribution of ARVs, drugs used in the treatment and management of OIs. The services provided by them will lead to an effective system of ensuring that orders will be received, processed and distributed to the health facilities timely and cost effectively.

In order for CMS to improve its organizational efficiency and effectiveness in provision of ARVs there is need to continue with the outsourced technical assistance from SCMS to strengthen the implement a quality management system and the quality assurance system and training of CMS staff on the systems. The program will review and strengthen forecasting and quantification of national needs for ARV drugs and related products used in the management and treatment of HIV/AIDS related diseases through the ART program.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17271

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17271	4460.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$7,945,000
9805	4460.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$10,680,587
4460	4460.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$10,064,409

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$91,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 10216.27317.09

Planned Funds: \$100,000

Activity System ID: 27317

Activity Narrative: 09.T.AD04: Ministry of Health- National Drug Quality Control Laboratory Support

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS

From COP08:

The NDQCL is a unit in Pharmaceutical Services within the Department of Clinical Services in MOH. NDQCL ensures that medicines and related medical products produced, imported, exported, distributed and used in Botswana are of acceptable quality, safety and efficacy through testing. There has been heavy dependence on manufacturer's documentation on the quality of medicines and related medical products imported, distributed and used in Botswana due to shortage of skilled manpower and inadequate infrastructure. The NDQCL has lacked independence. The Botswana Government has since approved and supported the construction of an independent 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, safety and efficacy of medicines in the country.

2007 accomplishments

The NDQL used USG support to:

- Train two staff in pharmaceutical analysis for eight weeks at the Medicines Control Authority of Zimbabwe
- Train staff in courses on Advanced Technical Techniques, Instrumentation, Good Laboratory Practice, Stability studies in-county.
- Train two staff in understanding ISO/IEC 17025 at Botswana Bureau of Standards
- Procurement of reference textbooks that contain official test methods of ARV medicines, other relevant reference books and international standards
- Procurement of pharmacopoeial primary reference standards of ARV medicines, opportunistic infection medicines and other drugs
- Study tour / visits to organizations / laboratories with in South Africa with LIMS installed.

2008 plans

USG funds for FY2008 will continue to assist in strengthening the quality control of ARV medicines for OIs imported, distributed, and used in the country.

Training as the major activity for the laboratory will continue to improve staff analytical skills and competence as the number of staff involved in testing increases and new improved instruments/equipment are produced to improve testing of pharmaceuticals. The impact of the training of staff will be seen as the testing of ARVs and other medicines increases yearly and the establishment of a quality management system in the laboratory in accordance to ISO 17025 Standards is done. Documentation and other operating procedures will visibly improve in the laboratory ensuring that accurate test results are produced. USG funds will continue to supplement GOB funds in the procurement of reference textbooks and ARV and OIs primary reference standards.

Since testing of ARVs is now being performed it is important that the required resources such as primary reference standards and other laboratory consumables are available at all times.

Training of staff (old and new) will be the major new activity. Training will be done through attachment training and short courses, to improve staff analytical skills, enhance proficiency in testing; getting acquainted with new analytical techniques and new 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.

The continuation of the procurement of reference textbooks that contain official specifications and test methods of ARVs and medicines for OIs and the procurement of ARV pharmacopoeial primary reference standards in order to continue testing each batch supplied in the country.

Study tours to other laboratories are necessary to assess the operations of the laboratory. Study tours / visits to at least three laboratories will allow NDQCL to benchmark its operations with other laboratories and assist it to develop methods of improvement. The locations for the study tours are being identified.

Challenges

One major challenge that the laboratory foresees is being able to sustain testing of each batch of ARV medicines and OIs medicines supplied in the country with the limited skilled manpower and current laboratory space until the construction of the new laboratory building. Further, the laboratory is also tasked with the responsibility to test all other medicines and related medical products distributed and used in the country. Such testing of each batch of ARV medicines and OIs circulating in the country is pivotal, as it will assist in detecting counterfeit or substandard drugs increasingly used worldwide.

Currently there are more than 2,000 medicines in the Drugs Regulatory Unit List of Drugs Allowed in the Botswana market Document and more than 2,000 medicines and related medical products that are supplied and distributed to the public sector through CMS Stores to all Government Health Facilities, Mission and Mine Hospitals and some non-governmental organizations. These medicines and related medical products require quality testing to be performed on continuous basis for registration / pre-market authorization, post-marketing surveillance and national procurement.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17270

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17270	10216.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$50,000
10216	10216.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$200,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$80,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 5404.09 **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:** ARV Drugs
Budget Code: HTXD **Program Budget Code:** 15
Activity ID: 10218.24204.09 **Planned Funds:** \$0
Activity System ID: 24204

Activity Narrative: 09.T.AD90: Technical Expertise and Support ARV Drugs

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS:

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 ARE REQUESTED

From COP08:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17334

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17334	10218.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$15,000
10218	10218.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$15,000

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: ARV Drugs

Budget Code: HTXD

Program Budget Code: 15

Activity ID: 4461.24081.09

Planned Funds: \$200,000

Activity System ID: 24081

Activity Narrative: 09.T.AD03: Ministry of Health- Drug Regulatory Unit Support

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS:

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Drug Regulatory Unit (DRU) activity has a PASS, but there is a new component to be added to the continuing activities. There are plans to develop a regulatory system for condoms, which will consist of the development of regulations and guidelines, as well as training on the developed tools.

From COP08:

The DRU is a unit within the MOH responsible for the regulation of medicines in Botswana. With the expansion of the MASA program and increase in number of patients on ART, the Ministry faced a number of challenges in the provision of the medicines including increased costs of medication. The increasing costs necessitated looking at different options of sources of medicines, including generic ARVs. To ensure that the quality of the products used would not be compromised it was necessary to strengthen the regulatory unit, hence DRU became one of the beneficiaries of the PEPFAR funds. The areas for strengthening included the inspectorate, the registration; and the setting up and training of a pharmacovigilance section.

2007 accomplishments

The activities for FY2007 continued the previous two years work. These include further training activities within the DRU as well as training of other health care professionals in reporting of adverse drug reactions.

The need to develop a monitoring and evaluation of the processes within the unit was also recognized. Part of the funds for FY07 budget period developed a quality management system. The unit will have quality manual, updated standard operating procedures as well as the staff trained in the system by the end of 2007. The system now has a monitoring and evaluation component which will help with the continuous improvement of processes and procedures to allow for effective regulation of medicines.

2008 plans

The DRU proposes to increase human resources by at least two officers with regulatory skills. For more generic ARVs to be registered, bioequivalence data needs to be evaluated to ensure equivalence with the innovator products. The pharmacovigilance section must be able to process and evaluate adverse drug reaction reports. These officers will also help in review and updating processes and procedures to minimize multicycle evaluation of dossiers for registration. The unit plans to continue with the activities of registration and pharmacovigilance next year.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17272

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17272	4461.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$0
9806	4461.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$200,000
4461	4461.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$575,000

Mechanism ID: 5286.09

Prime Partner: Partnership for Supply Chain
Management

Funding Source: GHCS (State)

Budget Code: HTXD

Activity ID: 17801.24184.09

Activity System ID: 24184

Mechanism: GPO-I-01-05-00032 --SCMS

USG Agency: U.S. Agency for International
Development

Program Area: ARV Drugs

Program Budget Code: 15

Planned Funds: \$1,280,000

CONTINUING ACTIVITY UNDER A PERFORMANCE PASS

From COP08:

The GOB through its MASA program currently provides antiretroviral treatment to 90,478 patients at 32 hospitals and 30 satellite clinics. It is projected that this number will grow to 104,900 patients by September 2008. The number of satellite clinics will increase to 80 by March 2008 and 128 by March 2009.

HIV/AIDS commodities used in prevention, care and treatment are procured and distributed by CMS which is charged with managing the entire supply chain for the country. CMS receives direct support from PEPFAR for commodity procurement and this contribution is estimated to be equivalent to about 15% of the total ARV procurement cost in the country. CMS has also been supported to train and hire staff to support ART scale-up and to increase procurement of pediatric formulations.

Currently most ARVs used in the country are innovator brands as donations from multinational companies (Merck) and the rest are procured with government funds. The government receives USG support through DRU to strengthen systems for generic ARV registration in order to lower cost of ARVs. NDQCL received support to augment their technology and skills capacity for quality testing of generic ARVs. The Clinton Foundation has promised to donate pediatric ARVs for FY2007 and FY2008. SCMS proposes to continue supporting all these organizations in FY2008 to augment capacities needed to build sustainable HIV/AIDS supply chains in Botswana. SCMS will work as a partner to these organizations within the existing systems and not develop any parallel systems.

This proposed activity has several components. One component provides technical assistance and support to CMS 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. The second component will be on provision of technical assistance to the DRU in its mission to assure quality of ARVs and related commodities used in care and treatment. The third activity supports the national MASA program in its role to harmonize and coordinate all partners by ensuring the supply chain is ready to support and sustain the new treatment guidelines and treatment objectives of the program.

In FY2007, SCMS worked with CMS to strengthen management systems through the development of clear management quality performance indicators and a continuous monitoring and evaluation plan. Additionally, support improved the IT infrastructure for commodity tracking at the stores and in the procurement and distribution pipeline. Two key staff at CMS were trained at the SCMS Regional Distribution Center in South Africa in good warehousing practices plus exchange visits to regional medical stores for benchmarking purposes. Ten other staff were trained in procurement planning and forecasting at one of the tailor made SCMS training programs that also covered use of specific software programs: Quantimed for forecasting and Pipeline for procurement planning. CMS' in house Quality Assurance Unit received in-house training to ensure quality of ARVs and related commodities that are provided along the supply chain up to the end user. Other support provided related to the general operations management at the warehouse based on the findings and recommendations of the Boehringer-Ingelheim Assessment Report that was adopted by government. SCMS also supported the STI Unit at the MOH by procuring Acyclovir tablets worth \$200,000. DRU received technical assistance to assess registration systems for generic ARVs and training of in-house staff in dossier review. Evaluation of application dossiers helped clear the back log in the registration process.

PEPFAR through SCMS supported CMS and other partners in FY2007 to develop national forecasts for ARVs needs for the next 24 months and set in place a system for continuous updates of these forecasts as regular activity. In addition, 10 persons were trained in ARV and related commodities forecasting and procurement planning. Working through the MASA program SCMS supported the setting up and facilitation of an ARV Working Group that brings together all partners in the sector - MOH, MOLG, CMS, BOTUSA, MASA, GFATM, Clinton Foundation, ACHAP, Harvard Program and the others for better harmonization of forecasting and procurement planning. SCMS continues to assist in providing analyzed supply chain information on both demand and supply sides that can be relied on to make decisions on resource mobilization and scale up rates.

2008 plans

SCMS working in collaboration with partners will continue to support planned activities helping to further enhance systems at the national level. Working with CMS, SCMS will provide support for strengthening the distribution system for ARVs and related commodities including investigating options for a more effective distribution structure which CMS can adopt to ensure continuous supply in an efficient manner to all the ART sites (128 clinics under MLG and 32 hospitals under MOH) spread across the whole country. There will be more focus on building capacity at the treatment site level for the 32 hospitals offering ART and working with health clinics under the MLG. This work will involve development of tools for inventory management and transactions tracking; electronic inventory and dispensing records; training of pharmacy staff in quantification, product requisition; general inventory management training; commodity transactions tracking information collection and analysis in order to make the supply system be fully pull based.

CMS currently faces huge challenges in projecting demand for ARVs at sites due to unreliable logistic information flow and hence supporting hospitals and clinics to build capacity for effective supply chain management will be the major determinant for ensuring a sustainable supply chain needed for HIV prevention, care and treatment programs. SCMS will provide technical support to the MOH for the development of a HIV/AIDS commodities tracking system; implementation of a revamped LMIS; train staff in collection, analysis and use of information; and provide analyzed information to feed into product forecasting, procurement planning and distribution management (supply and demand management). SCMS will support the roll out of whatever technological solution is adopted by the MOH that is also in line with the

Activity Narrative: general health management information systems of the country. SCMS will continue to work with the DRU to strengthen systems for quality assurance of ARVs in the country's supply chain. The support will include short term technical assistance for in-house mentoring of DRU staff; training in post marketing surveillance of ARVs and adoption of technology solution for maintaining the drug register.

GOB is strengthening its activity related to preventive care for HIV positive women. The newly revised care and treatment guidelines recommends annual PAP smear screening for HIV positive women. A PAP smear screening clinic is being put up for this purpose. Lack of basic equipment is making implementation difficult. An amount of \$80,000 is earmarked for purchase of PAP smear screening equipment so that the clinic becomes fully operational.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17801

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17801	17801.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7711	5286.08	SCMS	\$1,580,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$900,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: \$5,854,615

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Batswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

The public laboratory network in Botswana is a referral system with 35 government laboratories, three mission hospital laboratories, and three mine hospital laboratories. Government of Botswana laboratories include seven clinic laboratories, 16 primary hospital laboratories, six district hospital laboratories, one national health laboratory, two referral hospital laboratories, and

three reference laboratories. In addition, there are 15 private laboratories as well as about 35 VCT center laboratories.

Challenges include weakness in transporting specimens and results from the clinics to the laboratories and back from the laboratories to the clinics. The distances between health posts, clinics and laboratories delay and compromise the integrity of the specimens and also increase drastically the turn around time of the results. Data management is paper based in all public laboratories. In FY2008 five pilot sites for the Meditech Laboratory Information System (LIS) computerized laboratory data system were rolled out and plans for expansion in FY2009 are described.

The procurement system remains a burden for the laboratory system and other programs which run out of reagents and supplies on a regular basis, thereby compromising turn around time and quality of service. Specimen transport and dispatching of result remain a burden for the referral system in the country. The PEPFAR supported Supply Chain Management Systems group (SCMS) is addressing it in FY2007 and will continue in FY2008, but it remains an issue. Resolution requires management and supervision commitment from the Ministry of Health (MOH) and Ministry of Local Government (MLG).

The decentralization of CD4 has improved patient enrollment in the national ART program, Masa. Currently, a total of 29 laboratories (all districts hospital laboratories and some primary hospital laboratories with bigger catchments areas) are improving the quality of service to the patients and the quality of the results. The decentralization of viral load (VL) testing depends on the renovation of eight selected sites which is ongoing. The addition of new equipment at the two national HIV reference laboratories has improved the turn around time but challenges still remain due to frequent break down, stock out of reagents and specimens transport from clinics to the laboratory and the results from the lab to the clinics.

In FY2008, funds were requested to develop a Specimen Management and Results Tracking system and a technical working group comprised of MOH, MLG and different stakeholders was formed. The Terms of Reference (TOR) of the TWG were to:

- a. Review findings and recommendations of the assessment report on lab logistics conducted in 2007.
- b. Define a system and processes on specimen and results management.
- c. Review and finalize the draft specimen collection manual and distribute to users (lab staff, clinicians and relevant health care providers).
- d. Develop standard operating procedures (SOP) for laboratory specimen and results management and train end users.
- e. Review the requisition forms and other documents to include provision for documenting chain of custody and other critical information.
- f. Prepare a plan of action with timelines for the deliverables and facilitate implementation of the new system.

FY2009 funds are requested to continue the development, implementation and training on the system developed with previous years of PEPFAR support. AFB microscopy and TB EQA plan was developed in FY2008 to train and monitor laboratories doing AFB microscopy. Roll out of the training has started and will continue in FY2009. The National TB Reference Laboratory was strengthened with PEPFAR funds and as a result the national Drug Resistance Survey for TB was able to be completed after two years of suspension after strengthening the laboratory. There is a plan to continue the improvement the laboratory by development rapid diagnostic tools and molecular diagnostic capacity. FY2009 funds will be used to support the TB diagnostic laboratory network and equip the second TB culture laboratory built in Francistown with USG support.

FY2007 and FY2008 funding strengthened the Nyangabgwe HIV reference laboratory for the northern area and an infant diagnosis capability was set up which is improving the turn around time and the quality of the tests. FY2009 funds will continue development of the infant diagnosis capability by providing human resources and additional equipment and enough reagents to the program. With the development of Hematology and Chemistry capacity for the monitoring of ARV patients in the district, the laboratory will be able to process all laboratory tests for the follow up and monitoring of ARV patients, CD4, Viral Load, Hematology and Chemistry. The monitoring of the laboratory by an external body will continue in FY2009.

The decentralization of testing in FY2007 and FY2008 to Princess Marina Hospital clinical laboratory was done in order to release the National Health Laboratory (NHL) from routine activities. A prefab laboratory was provided to the Princess Marina Hospital for TB microscopy and microbiology testing for opportunistic infections (OIs). FY2009 fund will continue supporting Princess Marina Hospital clinical laboratory by providing equipments and technical support as well as continue the accreditation process.

FY2009 funds will develop an integrated NHL for various public health activities and mainly support HIV surveillance and strengthening OIs and STIs diagnostics. The NHL will also be strengthened to support and conduct quality assurance and quality control (QA/QC) activities by providing field training and frequent onsite visit and monitoring. Over the last few years, Botswana has followed the baseline report recommendations developed in 2002 intent on establishing a robust national quality assurance program. In FY2008, USG supported the Botswana Quality Assurance program, providing technical assistance to the MOH through short term on-site consultations in the areas of quality systems, TB and PMTCT. A review on the current status has been developed to establish the program made towards the goal of establishing a strong quality assurance program. In FY2009, funding is requested to continue with the provision of technical assistance in this area to further develop the quality of Botswana's laboratory services to meet PEPFAR objectives. Plans are also in development to leverage CDC-BOTUSA local expertise developed by the CDC Division of HIV Prevention Lab Group in viral load testing and genotyping to provide QA/QI to the national Viral Load and Sequencing Laboratory at Princess Marina Hospital. Technical assistance and capacity is also planned to develop a national surveillance strategy for drug-resistant HIV.

There is a need for robust Laboratory Information Systems (LIS) at Ministry of Health (MOH) administered laboratories throughout Botswana. Purchase of a commercial LIS and a piloting phase to three sites was done in FY2008. In FY2009, APHL will provide

project management expertise to assist CDC/BOTUSA and the Botswana MOH in the effective implementation and management of a pilot laboratory information system (LIS).

FY2009 funds will serve to develop a comprehensive national laboratory strategic plan that clearly describes a vision, mission, strategic initiatives and essential implementation activities including delegation of authorities and responsibilities, objectives and outcomes, timelines and proposed budgets for the organization of a Botswana National Laboratory Network that assures quality laboratory services in support of Botswana's health priorities and supports improved health of the people of Botswana. This plan should propose an organization and infrastructure that integrates public health laboratory services including disease specific services for HIV, TB and malaria; reference testing services; quality management and biosafety; in service training and human resources development; equipment maintenance and repair; and facility design and support.

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5286.09	Mechanism: GPO-I-01-05-00032 --SCMS
Prime Partner: Partnership for Supply Chain Management	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 10260.24186.09	Planned Funds: \$2,200,000
Activity System ID: 24186	

Activity Narrative: 09.T.LS05: SCMS Laboratory Procurement

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY 2007, SCMS conducted an assessment of the national laboratory commodity management system that identified priority areas and results, and formed the basis for the on-going implementation plan. To address the frequent difficulties of "stock outs" of laboratory commodities, SCMS supported procurement of key reagents, equipment and supplies for BOTUSA supported programs and worked with the National Health Laboratory (NHL) to re-design a more efficient and effective laboratory supply chain & logistics management system capable of supporting a sustainable prevention, care and treatment HIV program in the country, including a system for specimen and results handling, which had also been reviewed. Physicians at treatment sites had continuously expressed a need to streamline the system for specimen and results handling, which led, at times, to multiple tests being requested for the same patient with no results coming back from the referral labs. Movement of specimens and results requires similar logistical support as moving reagents and other supplies, plus the commodity tracking information, and was a major area addressed in FY2008.

Other FY2008 activities focused on operationalizing the laboratory commodity logistics system at both at the national and the testing sites levels. Activities implemented included:

1. a demand forecasting and procurement planning capacity;
2. an inventory management systems at all levels, meaning both the national and treatment site, consistent with Good Inventory Management Practices (GIMP);
3. a robust logistics management information system (LMIS) that provided reliable information to feed into the forecasting and procurement planning, plus decision making processes; that supported the management of lab reagents and supplies, and included finding the right technological solution compatible with the general HMIS of the country to roll out to all the laboratories;
4. the development and institutionalization of Standard Operating Procedures (SOP) for managing supplies and key reagents used in HIV prevention, care and treatment;
5. the training and mentoring of key personnel in the existing laboratories to augment their skills and capabilities for effective management of laboratory supplies and reagents;
6. the introduction and institutionalization of continuous monitoring and evaluation plans with clear indicators to measure performance improvements initiated;
7. support to NHL and BOTUSA with procurement of reagents, medical and laboratory equipment for NHL and other PEPFAR projects, taking advantage of the preferential prices that SCMS negotiates leveraging its economies of scale for multiple country procurement.
8. the promotion of sustainability, through SCMS-initiated discussions with key stakeholders, including MOH, Central Medical Stores (CMS), NHL, and BOTUSA, to integrate laboratory commodity including procurement, warehousing and distribution into Central Medical Stores within the conditions set by both NHL and CMS.
9. support BOTUSA HIV Prevention Research (HPR) and Global AIDS Program (GAP) with procurement of equipment, supplies and reagents to develop a genotyping capacity at CDC/BOTUSA, in order to carry on with the monitoring of drug resistance of patients on anti-retrovirals (ARV) and support the Ministry of Health (MOH) genotyping laboratory by providing training and quality control and quality assurance capacity.

In FY2009, SCMS will continue to support both the procurement and system strengthening functions including:

1. establishing a robust computerized logistics information management system (LMIS) which is capable of interfacing with laboratory information system (LIS) and/or patient information management system (PIMS).
2. strengthening an integrated inventory control systems and LMIS for both Ministry of Health (MOH) and Ministry of Local Government (MLG), at the central and health facilities levels, to facilitate the proper management of laboratory reagents and supplies.
3. supporting the development of standardized procedures, policies and guidelines on logistics systems at MOH and MLG for test kits and HIV-related commodities.
4. supporting NHL Services and MLG to develop standards for storage facilities and infrastructure upgrades to meet those standards.
5. strengthening the logistics office at NH is responsible for collating and analyzing the information for forecasting and procurement planning and decision making, by increasing the staffing level and advocating for absorption of the staff by MOH.
6. continuing to strengthen local capacity in forecasting and quantification of laboratory commodities.
7. continuing to support NHL, BOTUSA and other PEPFAR supported programs in procurement of test kits, laboratory reagents and other supplies.
8. developing and implementing a monitoring and evaluation plan with clear indicators to measure performance, then using information to make improvements in the supply chain functions.
9. \$200,000 will be used to build a laboratory for genotyping resistance results.

Additionally, SCMS will liaison with NHL to support the Biomedical Engineering Services Unit at MOH to strengthen systems for equipment maintenance and support the standardization of laboratory instruments. They will also support implementation of recommended improvements, including procurement of refurbished porta-cabins, based on findings of the laboratory commodity warehousing infrastructure and conditions assessment carried out in FY2008.

From COP08:

In FY 2007 SCMS supported procurement of key reagents, equipment and supplies for USG supported programs; assessed, recommended and worked with NHL to re-design a more efficient and effective laboratory supply chain and logistics management system capable of supporting a sustainable prevention, care and treatment HIV program in the country including a system for specimen and results handling. An additional activity in 2007 was to review the system for specimen and results handling between site laboratories and referral laboratories. Physicians at treatment sites have continuously expressed a need to

Activity Narrative: streamline the system for specimen and results handling which leads at times to multiple same tests being requested for the same patient with no results coming back from the referral laboratories. Movement of specimens and results requires almost similar logistical support as moving reagents and other supplies plus the commodity tracking information and that is why SCMS was asked to help find a solution to this challenge.

2008 activities will focus more on operationalizing the system across the country, both at the national level and the testing sites. This will include:

- 1) Demand forecasting and procurement planning capacity;
- 2) Inventory management systems at all levels (national coordination and treatment site) consistent with Good Inventory Management Practices (GIMP);
- 3) A robust logistics management information system (LMIS) that provides reliable information to feed into the forecasting and procurement planning plus decision making processes; that supports the management of laboratory reagents and supplies, this will include supporting NHL to find the right technological solution that is compatible with general HMIS of the country and help in its roll out to all the laboratories;
- 4) development and institutionalization of Standard Operating Procedures for managing supplies and key reagents used in HIV prevention, care and treatment;
- 5) Training and mentoring of key personnel in the existing laboratories to augment their skills and capabilities for effective management of laboratory supplies and reagents;
- 6) Introducing and institutionalizing continuous monitoring and evaluation plan with clear indicators of performance to measure and using information derived from this process to make improvements in the supply chain functioning;
- 7) SCMS will also continue supporting NHL and BOTUSA with procurement of reagents especially for conducting surveillance and BAIS III (for an estimated amount of \$300,000), medical and laboratory equipments in the interim as NHL strengthens its capacity to undertake all procurement activities at the country level. Even as NHL takes on this role, SCMS will provide an opportunity for the country to take advantage of preferential prices that SCMS has negotiated with several manufacturers leveraging its economies of scale for multiple country procurement potential.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17279

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17279	10260.08	U.S. Agency for International Development	Partnership for Supply Chain Management	7711	5286.08	SCMS	\$2,200,000
10260	10260.07	U.S. Agency for International Development	Partnership for Supply Chain Management	5286	5286.07	SCMS	\$1,400,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 1331.09	Mechanism: U69/HA00047 -- I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 10259.24110.09	Planned Funds: \$800,000
Activity System ID: 24110	

Activity Narrative: 09.T.LS03: I-TECH – Laboratory Positions Support

ACTIVITY HAS BEEN CHANGED IN THE FOLLOWING WAYS:

In FY2009, I-TECH is requesting funding to support the following activities:

Activity 1 - Human Resources

Funds are needed for the continuation of salary support for a laboratory scientist at the Botswana Harvard HIV Reference Laboratory (BHHRL), two laboratory technicians at the National Quality Assurance Laboratory (NQAL).

Additionally, funds are needed to continue the support of the Program Coordinator, Lecturer and two laboratory technician positions seconded to the Bachelor of Science Medical Laboratory Sciences to upgrade program at the University of Botswana.

Activity 2 – National Phlebotomy Curriculum

In FY2008, I-TECH developed a national phlebotomy curriculum. In COP09, funding is requested to pilot the training program and roll-out training of phlebotomists.

Activity 3 – Curriculum: 4-Year B.Sc. Medical Laboratory Sciences degree (New)

The proposed 1-year training program at the University of Botswana that will commence in January 2009 is a transitional arrangement in response to an urgent national need for medical laboratory scientists with requisite knowledge and skills to perform complex diagnostic procedures in clinical laboratories. The long-term goal is to develop a 4-year degree program with two exit points: diploma level after two years and degree level after four years of study. This will be accomplished in phases.

The first phase entails curriculum development. In FY2009, I-TECH is requesting funding to support the Ministry of Health (MOH), Institute of Health Sciences (IHS) and University of Botswana (UB) to develop a curriculum for a four-year degree program in medical laboratory sciences.

Activity 4 – Pre-service assessment and updating of TB curriculum (New)

The pre-service curriculum should be guided by current knowledge and the requirements of service providers. In FY2009, funds are requested to conduct an assessment of the IHS medical laboratory technology pre-service TB curriculum needs. A Technical Working Group (TWG) made up of IHS, the TB Reference Laboratory, the National Health Laboratory and the MOH will convene to discuss and document needs related to the pre-service curriculum. The level and current relevance of the TB content in the training curriculum for medical laboratory technicians will be determined through the TWG. Funds will support the updating of the curriculum based on recommendations of the TWG.

From COP08:

Activity 1: Continuation of salary support for 1) Lab Scientist performing EID at Gaborone and 2) Lab Scientist performing national quality assurance program

The International Training and Education Center on HIV (I-TECH) will be continuing with the salary support for these 2 laboratory scientists. Costs include salary, benefits and local administration.

Laboratory Scientist placed at the Botswana-Harvard HIV Reference Laboratory
The laboratory scientist is responsible for testing infant DBS samples for early HIV diagnosis and the QA system in the laboratory for infant DBS. The laboratory scientist also carries out CD4, viral load, and resistance testing. The activities of this position are essential for the success of ARV treatment program in pediatric patients.

Laboratory Scientist placed at the National Quality Assurance Laboratory
I-TECH will continue salary support for the position of one laboratory scientist at the National Quality Assurance Laboratory (NQAL). This position characterizes proficiency testing specimens for different HIV laboratory testing to support the NQAS; coordinates and organizes training in collaboration with the QA Unit at MOH for lab techs; and assists laboratories in the annual proficiency testing. Shortage of staff at the NQAL is an obstacle for quality assurance/quality control (QA/QC) implementation and rolling out of the QA program in the country.

Activity 2: Continuation of Pre-Service Training Activities

Building upon the pre-service curriculum and training activities with the Institutes of Health Sciences (IHS) in 2007, and the technical assistance provided to explore development of the three-year program into a four-year Laboratory Technician Bachelor's degree at the University of Botswana, I-TECH is requesting funds to continue providing the TA to IHS and UB regarding the potential for a four-year degree program.

Activity 3: IHS capacity strengthening

In 2007 a pre-service training program was developed and PEPFAR supported the salary of five lecturers in three district laboratories. Turnover is high and a steady cadre of trainers is not consistently available. FY2008 funds will support three part-time trainers for these laboratories. It is anticipated that the part-time employment may be more attractive to those with the qualifications and retention may be easier as a result.

Activity Narrative:
New/Continuing Activity: Continuing Activity

Continuing Activity: 17288

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17288	10259.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$400,000
10259	10259.07	HHS/Health Resources Services Administration	University of Washington	5285	1331.07	ITECH GHAI	\$558,981

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$800,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 5406.09 **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 Budget Code:** 16
Activity ID: 10264.24219.09 **Planned Funds:** \$223,013
Activity System ID: 24219
Activity Narrative: 09.T.LS91 Technical Expertise and Support Post

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17352

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17352	10264.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$100,000
10264	10264.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$100,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5453.09

Prime Partner: US Department of Defense

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 4990.24161.09

Activity System ID: 24161

Mechanism: ODC Mechanism

USG Agency: Department of Defense

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$450,000

Activity Narrative: 09.T.LS04: Botswana Defense Force – Laboratory Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Since 2005, PEPFAR has supported the Botswana Defense Force Laboratory infrastructures. Through this support, laboratory space has been improved and training and equipment provided for the monitoring of patients on anti-retroviral (ARV) treatment.

In FY2008, PEPFAR funds were requested to provide support to the BDF laboratories in Francistown, Selibe Pikwe, as well as the Sir Seretse Khama Base (SSKB) and Thebephatshwa Airbase (TAB) laboratories.

FY2009 funds are requested to strengthen the Eastern Military Garrison Lab at Thebephatshwa Airbase. Currently, there are more than 155 patients on ARV treatment and about 651 HIV-positive civilians, 78 of whom are on ARVs, seeking care and treatment at the TAB. There is a need to provide a CD4 machine to the TAB laboratory because they are referring CD4 and viral load testing to the SSKB laboratory, which is overwhelmed by the more than 300 specimens that are processed weekly. Funds will be used to provide a high throughput machine to the SSKB laboratory and the small CD4 machine will be moved to TAB laboratory, thereby improving the turn around time and managing the patients more effectively.

FY2009 funds are requested to put a laboratory at the Maun Camp in the northern part of Botswana where the majority of the military deployment occurs. The camp has been selected to be an ARV center and, for that reason, an Infectious Disease Care Clinic (IDCC) is being built for treatment and monitoring of soldiers and civilians living in the surrounding area. The laboratory will be able to provide basic investigations for patients, while CD4 and Viral load testing will be referred to the MOH Hospital where high throughput machines have been installed. The funds will serve to provide hematology, chemistry, TB and bacteriology capacity.

In FY2009, BDF staff will be trained on various laboratory techniques, such as TB testing, bacteriology, quality assurance, and safe laboratory practices, and the laboratory will be enrolled in the National Quality Assurance Scheme, as well as External Quality Assurance program, with funds provided by PEPFAR.

From COP08:

Laboratory activities will continue building the capacity of BDF laboratories begun in 2005 and continued through FY2007. Funding will be supplemented by \$40,000 in Foreign Military Financing remaining from FY05 funds.

Funding will ensure that capacity exists in each major BDF laboratory facility to conduct Hematology, Blood Chemistry, and TB smear testing, and that regional laboratories in Gaborone and Francistown areas have the capacity to conduct VL and CD4 testing for the BDF and support the MOH on an as needed basis. Equipment and renovations by site are estimated to be: SSKB Laboratory \$39,000, Thebephatshwa Airbase \$129,000, Francistown 359,500, and Selibe Phikwe \$179,000. An estimated \$39,895 will go to support training for BDF laboratory personnel with 29,895 to fund BDF participation in MOH supported training, \$5,000 for Biosafety Training in South Africa, and \$5,000 for TB training in Uganda.

These laboratories will support testing for an estimated 9,000 BDF personnel and their families on a regular basis and an additional 3,000 BDF personnel from other camps on a rotational basis for an estimated target of 50,000.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17404

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17404	4990.08	Department of Defense	Botswana Defence Force	7745	1332.08	ODC/BDF	\$742,000
9828	4990.07	Department of Defense	Botswana Defence Force	5287	1332.07	ODC/BDF	\$300,000
4990	4990.06	Department of Defense	Botswana Defence Force	3488	1332.06	ODC/BDF	\$100,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 6163.09

Prime Partner: Association of Public Health Laboratories

Funding Source: GHCS (State)

Budget Code: HLAB

Activity ID: 12390.24235.09

Activity System ID: 24235

Mechanism: U47/CCU323096: APHL

USG Agency: HHS/Centers for Disease Control & Prevention

Program Area: Laboratory Infrastructure

Program Budget Code: 16

Planned Funds: \$550,000

Activity Narrative: 09.T.LS07 APHL - Technical Assistance

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Association of Public Health Laboratories (APHL) is requesting funds in FY2009 to provide technical assistance in building the laboratory infrastructure in Botswana through the President's Emergency Plan for AIDS Relief (PEPFAR).

There is a need for robust Laboratory Information Systems (LIS) at the Ministry of Health (MOH) administered laboratories throughout Botswana. In FY2008, the Association of Public Health (APHL) will provide project management expertise to assist CDC/BOTUSA and the MOH in the effective implementation and management of a pilot laboratory information system (LIS). The LIS implementation will follow the Office of the Global AID Coordinator (OGAC) approved guidelines that were developed by APHL in 2005. APHL will also deliver paper based training and support basic computer training for health professionals from the selected pilot sites. This support will enable the country to generate reliable data for surveillance and HIV/AIDS interventions planned by the MOH.

Over the last few years, Botswana has followed the baseline report recommendations developed in 2002 intent on establishing a robust national quality assurance program. In FY2008, APHL supported the Botswana Quality Assurance program, providing technical assistance to the MOH through short term on-site consultations in the areas of quality systems, TB and PMTCT. A review on the current status has been developed to establish the progress the program has made towards the goal of instituting a strong quality assurance program. In FY2009, funding is requested to continue with the provision of technical assistance in this area to develop further the quality of Botswana's laboratory services to meet the PEPFAR objectives. APHL will work with the Botswana Bureau of Standards to strengthen and build their capacity to carry out quality control and quality assurance activities.

In FY2009, APHL will participate in an evaluation of the anti-retroviral therapy (ART) monitoring program. This evaluation will help Botswana decide whether or not the decentralization program is actually helping the ART program and identify how to address the gaps. APHL will collaborate with the national health laboratory to provide technical assistance in conducting laboratory work during the HIV sentinel surveillance survey. Assistance will also be provided to support quality control and quality assurance.

APHL will work closely with CDC Atlanta and CDC/BOTUSA, as well as other partners, to provide technical assistance in support of the expansion of HIV testing services. To this end, APHL will continue to participate in laboratory assessment visits and provide technical assistance in quality system implementation, TB testing and the PMTCT HIV testing activities. APHL will specifically support rapid HIV testing activities within VCT centers. Technical assistance will be provided to support this activity and ensure adequate monitoring of the program.

In FY2009, APHL will work with key partners and stakeholders to perform needs assessment/gap analysis for the laboratory network. The expected outcome is a report of current and future needs of laboratories in the tiered structure in terms of physical infrastructure, equipment, staffing, types and number of tests performed, and educational background of staff. This report will provide recommendations for overall strengthening of the laboratory network in Botswana and supplement the SWOT completed in FY2008.

APHL will then work with key partners and stakeholders as described previously to develop a comprehensive national laboratory strategic plan that clearly describes a vision, mission, strategic initiatives and essential implementation activities including the delegation of authorities and responsibilities, objectives and outcomes, timelines and proposed budgets for the organization of a Botswana National Laboratory Network that assures quality laboratory services in support of Botswana's health priorities and improved health of the people of Botswana.

APHL will have two senior laboratory professionals, who are current or former directors of major U.S. public health laboratories who have international experience, work with key officials to plan and hold a three-day meeting to develop a draft National Laboratory Strategic Plan for interactive review and development into a comprehensive strategic plan for a national laboratory system. This plan should propose an organization and infrastructure that integrates public health laboratory services including disease specific services for HIV, TB and malaria; reference testing services; quality management and biosafety; in service training and human resources development; equipment maintenance and repair; and facility design and support.

From COP08:

The USG will provide technical assistance and financial support to the Government of Botswana to strengthen the quality assurance for diagnostic, support HIV survey and surveillance through the Association of Public Health Laboratory (APHL). In FY08 fund was allocated to APHL to provide technical assistance for training, testing and EQA for the The Botswana AIDS Impact Survey (BAIS) which is a population-based survey that collects information on key indicators of knowledge, attitudes and sexual behavior known to be associated with the HIV/AIDS/STD epidemic. But this activity has not been approved by CDC IRB therefore the fund won't be able to be used to support the planned activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17658

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17658	12390.08	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	7845	6163.08	U47/CCU32309 6: APHL	\$700,000
12390	12390.07	HHS/Centers for Disease Control & Prevention	Association of Public Health Laboratories	6163	6163.07		\$300,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 4462.24086.09

Planned Funds: \$460,500

Activity System ID: 24086

Activity Narrative: 09.T.LS01: MOH – Laboratory Support

ACTIVITY HAS BEEN CHANGED IN THE FOLLOWING WAYS:

In FY2007 and FY2008, the Government of Botswana's MOH and the Association of Public Health Laboratory (APHL) conducted an assessment to initiate the development of a Laboratory Information System (LIS) for district and primary hospital laboratories in order to improve the laboratory testing and the turn around time.

In FY2008, funds were requested for a LIS administrator consultant to coordinate the program, develop processes, and monitor the function of the software on the different sites selected to pilot the program. FY2009 funds are requested to continue to support the consultant and to roll out the program in all the laboratories. Funds will also be used to purchase additional computers for the laboratories and interface the program to the laboratory equipment, namely, chemistry, hematology, serology, CD4, and viral load. The implementation of the LIS will improve the monitoring and evaluation of processes in the laboratory including reagents and other consumables usage, quality of results and services offered to patients on anti-retroviral (ARV) medication. The system will assist in obtaining statistics, which will be used in planning for the laboratories.

In FY2008, funds were requested to strengthen the NHL to support the HIV ANC (antenatal care) sentinel surveillance in Botswana, validate new techniques and new tests using dried blood spots (DBS), and show that the ANC sentinel surveillance can be done using DBS instead of plasma as in the past. FY2009 funds will help carry forward the 2009 ANC sentinel surveillance testing on HIV serology, incidence and resistance testing. Funds are requested to provide a short term position to support the testing and the analysis of the data.

Additionally, HIV rapid tests were rolled out in Botswana and a training and EQA program developed. New test kits have been evaluated and a new testing algorithm developed and now there is a need to revise the existing training manual by including the newly validated kits. Funds are requested to support the revision and the printing of new manual to support the training program and to organize training to VCTs, clinics and hospitals for non-laboratory staff performing HIV rapid test.

The MOH and the American Society of Microbiology (ASM) have worked together since 2007 to strengthen the Microbiology diagnostic and the bacteriology section of the National Health Laboratory to support surveillance testing for infectious diseases. FY2009 funds will help continue the development of the laboratory by supporting training, the procurement of laboratory supplies and reagent for STI surveillance and the development of new techniques at the central level and in the peripheral laboratories. FY2009 funds will assist in improving cytology and histology diagnostics at the National Health Laboratory and at Nyangabgwe Referral Hospital by providing supplies, training, and software for the management of results.

In 2002, the MOH, APHL, and CDC developed the five-year quality assurance program (QAP) strategic plan, which was implemented between 2002 and 2007 and evaluated in February 2008. Funds are requested to address the recommendations of the evaluation and develop the next five-year plan for 2009-2011. Funds will be also used to continue to strengthen the quality assurance laboratory by providing training to the national quality officer, support the Proficiency Testing and EQA programs, and provide for an onsite supervisory visit for the QAP and a meeting of the National Quality Assurance committee.

Human resources have been a challenge to the Government of Botswana (GOB), hence at the request of the Ministry of Health (MOH) and the Institute of Health Sciences (IHS), PEPFAR provided 14 strategic positions to laboratories and to the department of Medical Laboratory Technology (MLT) in FY2008. FY2009 funds are requested to continue supporting the 14 positions. The positions offered by PEPFAR have helped the school to increase the intake of students, because of the increased demands in the country, and it is expected that there will be 30 graduates as compared to 15 in the past.

FY2009 funds are requested to continue supporting those positions and a new position at MOH laboratory services at the request of clinical services. The National Quality Assurance manager position has been empty for the last two years, a position that was created at the recommendation of CDC and APHL for the implementation of the five year plan for the Quality Assurance Program. The lack of a national coordinator of the quality assurance program has been an issue for its implementation.

From COP08:

Activity 1: Quality Assurance (QA): \$40,000

In FY2007 funding was requested to improve the QA laboratory. Equipments were purchased, and training for two staff members was provided.

FY2008 funds will continue the activities at the QA laboratory: carry on the EQA program for all the laboratory tests, rapid test EQA for voluntary counseling and testing (VCT) and hospital laboratories, hematology and chemistry EQA, continue the development of national laboratory standards for hematology, chemistry, and CD4. Funds will also support the QA Unit to conduct the annual laboratory assessment and provide one additional staff to the unit to support the QA program in the country because three critical laboratory scientists from the QA unit resigned leaving the unit without manpower to carry on the activities.

Activity 2: Development of a laboratory maintenance service at NHL and NyangabgweHIV reference laboratory: \$60,000

Frequent break down of laboratory equipment has been one of the main problems in the laboratory system in Botswana, equipment purchased or donated are not under service contracts or have to wait for several weeks before maintenance because repair services are not available. FY2008 funds will procure maintenance equipment and support training for biomedical engineers for the support of the reference

Activity Narrative: laboratories in Gaborone and Francistown.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17274

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17274	4462.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$100,000
9807	4462.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$700,000
4462	4462.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$2,400,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$350,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 5420.09	Mechanism: RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt	USG Agency: Department of State / African Affairs
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 10258.24228.09	Planned Funds: \$200,000
Activity System ID: 24228	

Activity Narrative: 09.T.LS02: RPSO - National Health Laboratory Infrastructure Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

HIV drug resistance testing has been a challenge for both the Ministry of Health (MOH) and CDC/BOTUSA, as specimens are regularly sent to CDC for re-testing and quality assurance/quality control (QA/QC) purposes. In order to build the capacity in the country to support the 100,000 people under treatment in the anti-retroviral (ARV) program, we are planning to set up a genotyping laboratory for HIV resistance. Funds are requested to transform an existing porta-cabin into a laboratory, in order to set up the genotyping lab. Funds will also be used to provide furniture and commodities in the laboratory after renovation.

From COP08:

MLG: Prefab laboratories for 6 selected clinics in the districts: \$600,000

Three prefab laboratories and equipment were provided in FY2007 to Tlokweng clinic (South East district) and Area W clinic in Francistown. In FY2008 the same activities will continue, and prefab laboratories will be provided to clinics to improve the diagnostic capabilities of HIV and TB and to reduce the work load of Primary and Districts laboratories; 6 sites have been identified.

Renovation of Institute of Health Sciences: \$100,000

In FY2007 PEPFAR, provided support to the Institute of Health Sciences to improve the intake of laboratory technicians and pre-service training. The target is to double the number of laboratory technicians trained from 15 trained every three year to 30. FY2008 fund will help improve the old classrooms to accommodate the increase of the students. The old building of the initial school is not used because the classrooms are not adequate.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17807

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17807	10258.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7892	5420.08	RPSO	\$700,000
10258	10258.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5420	5420.07	contract	\$1,085,227

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 11406.09

Mechanism: U62/PS001285 -- Capacity building assistance for global HIV/AIDS microbiology Laboratory Program Development through Technical Assistance Collaboration

Prime Partner: American Society of Clinical Pathology

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 17811.24505.09

Planned Funds: \$305,000

Activity System ID: 24505

Activity Narrative: 09.T.LS06: ASCP-Laboratory Accreditation Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Since FY2005 to strengthen the laboratory infrastructure in Botswana, work has been done to enhance and implement a Laboratory Quality Assurance (LQA) program in the public health laboratories. The objective in FY2007 and FY2008 was to enroll three public health laboratories for accreditation with the South African National Accreditation System (SANAS) board. Assessment was conducted on the selected sites and a quality manual developed, then the first audit conducted by the Botswana Bureau of Standards showed many instances of non compliances with the quality standards. In FY2008, the non compliance issues were addressed and a second audit was conducted by a consultant organization, which showed much improvement in most of the laboratories. The Ministry of Health (MOH) laboratory services requested then support from the USG-PEPFAR team to enroll all the remaining reference laboratories. FY2009 funds are requested, therefore, to include the National Health Laboratory, the Botswana Harvard HIV Reference Laboratory, and the Princess Marina Referral Hospital Laboratory for accreditation. A situational assessment of the laboratory, with regard to laboratory quality will be conducted and a development of a quality manual including on-site training and development of Standards Operation Procedures (SOP) and quality manual will be done. FY2009 funds will also serve to present the first group of laboratories for assessment by the South African National Accreditation System for certification and accreditation, if all the requirements are met.

From COP08:

To strengthen the laboratory infrastructure in Botswana, in FY05 and FY06 work was done to enhance and implement a laboratory QA program in the public health laboratories in Botswana. The objective was to enroll three public health laboratories for accreditation in the South African National Accreditation System (SANAS) board. Assessment was conducted to the selected sites and a quality manual developed, a first Audit conducted by the Botswana Bureau of Standards showed lot of non compliances to the quality standard. 2008 funds are requested to address the gaps and continue the preparation of the laboratory to accreditation in 2008.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17811

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17811	17811.08	HHS/Centers for Disease Control & Prevention	The American Society for Microbiology	7836	5295.08	U62/CCU32511 9: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration	\$200,000

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 7891.09	Mechanism: CDC HQ & Cable
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Budget Code: 16
Activity ID: 10262.24513.09	Planned Funds: \$416,102
Activity System ID: 24513	

Activity Narrative: 09.T.LS92: Technical Expertise and Support HQ

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17336

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17336	10262.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$500,000
10262	10262.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$50,000

Table 3.3.16: Activities by Funding Mechanism

Mechanism ID: 1330.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: National AIDS Coordinating Agency, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 26735.09

Planned Funds: \$250,000

Activity System ID: 26735

Activity Narrative: 09.T.LS09 NACA – Botswana Bureau Of Standards

Implementation of PEPFAR has been a challenge for many African countries because of the lack of local capacity, in terms of human resources. Additionally, there are limited human resources internationally to support PEPFAR in the fifteen focus countries, hence building local capacity to carry on the PEPFAR activities has become necessary.

The Botswana Bureau of Standards (BOBS) is a Botswana Government structure supporting industry through training on various Quality Management Systems (QMS), Environmental Management System (EMS), and Laboratory Management courses in accordance with ISO 9001, 14001 and 17025/15189, respectively. In addition to organizing these training courses, the Bureau helps laboratories with the testing of products and calibration of certain types of laboratory equipment.

In the laboratory training courses, BOBS is lacking the capacity to offer training in method validation, uncertainty of measurement and statistical techniques for laboratory analytical results. The Bureau is also lacking in the capacity to carry out calibrations of certain types of medical equipment, e.g., centrifuges, pipettes, and biological cabinets, among others. There is need to build capacity in the areas indicated above in order for BOBS to support the medical laboratories in the country effectively.

Funds are requested from PEPFAR to strengthen BOBS's capacity through the twinning system with the Association of Public Health Laboratory (APHL), and to undertake training for specific activities that will be necessary to provide technical support to the Ministry of Health laboratory services.

Funds will also be used to support onsite training for documentation of QMS in the four district upgraded laboratories, namely Mahalapye, Molepolole, Maun, and Serowe, to collaborate with the Quality Assurance Program at the Ministry of Health (MOH) to conduct annual laboratory assessments, and to conduct training on documentation, ISO 17025/15189, and auditing. BOBS will also support the laboratories by providing calibration of laboratory equipment, specifically pipettes, thermometers, and centrifuges, and certification and maintenance of biosafety cabinets.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: \$5,271,858

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Batswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

Botswana has almost achieved universal coverage in most program areas responding to HIV/AIDS, particularly in Prevention of Mother to Child Transmission (PMTCT), routine HIV testing (HRT) and anti-retroviral ARV provision. As with many countries, the HIV/AIDS response of the information management system is still struggling to catch up with the success achieved in other programs.

The President's Emergency Plan for AIDS Relief (PEPFAR), through its Botswana United States Government (USG) Strategic Information (SI) section, has been working with different governmental departments and stakeholders to assist the Government of Botswana (GOB) to respond to these challenges. Capacity development initiatives at district health and AIDS coordinating offices through placement of information management officers have begun to show visible results in improving frequency, completeness and quality of data generated at their level. The future envisages solidifying these gains and encouraging local data utilization for resource prioritization and decision making.

In FY2009, the SI team will continue to provide technical support to the United States agencies in the country PEPFAR team and implementing partners by strengthening their staff base and through collaboration with partners such as International Training and Education Center on HIV (I-TECH), the University of California-San Francisco (UCSF) and others. These institutions have the necessary technical staff and use appropriate methodologies to transfer skills in the area of monitoring and evaluation (M &E) and

strategic information to the local partners and entities in Botswana. This constitutes the biggest advantage the USG brings to the capacity building arena in Botswana in the SI area.

USG support to the Government of Botswana (GOB) and other partners covers many aspects of M&E and SI, including strengthening of the monitoring and evaluation system, data quality assurance, enhancing the Health Management Information System (HMIS), improving HIV surveillance and human resource capacity development.

Through previous USG supports, the Ministry of Local Government (MLG) hired 44 Monitoring and Evaluation (M&E) Officers to work with the District AIDS Coordinators (DACs) and the District Health Teams (DHT). These officers, also known as Information Management Officers (IMOs), were hired to improve data quality, conduct data analyses to inform programmatic decision-making, and facilitate communication and data exchange between the DAC Offices and DHTs.

This project also supported two senior M & E officers at the headquarters of MLG to supervise the IMOs and provide them with technical and administrative support.

In FY2009, MLG will undertake two regional data analysis and report writing workshops for the IMOs and pilot data quality improvement (DQI) activities in 2 districts in collaboration with I-TECH. Experience gained from the pilot DQI will be supplemented with another rapid assessment of data transfer and flow mechanism that I-TECH will undertake to help institutionalize and rollout data quality assurance (DQA) program in all districts in 2010.

During FY2009, I-TECH will continue its mentoring role to support the IMOs with additional activities to map out different data quality management challenges at different levels including service facilities, the headquarters of the Ministry of Health (MOH), the National AIDS Coordinating Agency (NACA) and MLG. I-TECH will continue to provide human resource secondment to the MOH in FY2009. A senior epidemiologist was hired in May 2008 through the I-TECH funding mechanism and seconded to the Department of HIV/AIDS Prevention and Care (DHAPC) to build capacity in HIV surveillance. I-TECH also provides management backing for the two senior M&E officers at the MLG in building their management capacity to supervise and provide technical support to the IMOs.

PEPFAR has been supporting civil society capacity development for the past five years and yet there are practical challenges to meet the widespread demands for their input. The National Strategic Framework (NSF) for the HIV/AIDS response in Botswana denotes that civil society contribution shall remain critical in the area of advocacy, design and implementation of workplace programs, counseling, and care and support. Other areas of this key role included research and evaluation undertakings, performing "watch-dog" responsibilities on behalf of the HIV-infected and -affected, and conceptualizing innovative strategies. Current realities on the ground show that this sector lacks core implementing expertise on the HIV/AIDS response, which seems to be visible only among network organizations and large NGOs, rather than among community-based organizations. There are obvious duplications of efforts for certain priority areas among NGOs and within the GOB as well as a lack of organizational and program management capacities.

Based on the aforementioned background, USG funds will support the Botswana HIV/AIDS Response Information Management System (BHRIMS) Division of NACA to undertake a formative evaluation to assess the contribution of civil society in the national HIV/AIDS response in Botswana.

In FY2008, PEPFAR supported five targeted program evaluations. Two targeted evaluation programs were conducted with support from the University of California—San Francisco: The HIV-related Mortality Validation and The Qualitative Behavioral Study in Adults, the results of which will be disseminated soon. Two other program evaluations are in the development process: Sexual Behavior among Alcohol Users and The Behavioral Surveillance Survey among High-School Students. Although USG support was pledged through MACRO International to participate in the Botswana AIDS impact survey (BAIS III), PEPFAR disengaged itself from participating and supporting the survey because of USG ethical queries around returning HIV test results to survey participants.

At this time, of the four public health evaluations (PHE) that were proposed to the Office of the Global AIDS Coordinator (OGAC) from Botswana, two have been accepted to be continued, one on infant morbidity and mortality and one on infant circumcision, and two, on interventions for high-risk negative counseling and testing and adult male circumcision, are still being reviewed. The PHE about male circumcision in adults will engage Botswana in participation in a multi-country evaluation, while the other two are country focused.

Botswana still has a challenge in adopting a unique electronic monitoring system or harmonizing of the various vertical electronic monitoring systems. Last year, PEPFAR supported the strengthening of the patient management information system (PMIS), which is an interim electronic monitoring system, access based, and used in majority of health facilities. With increasing number of patients on ARV treatment (over 100,000 in 2008) and dilemma on the future fate of the Integrated Patient Management System (IPMS), USG support to strengthen the PMIS is deemed necessary. Moreover, as the data warehouse server ages, it becomes necessary to pay attention to the maintenance and the upgrading of the hardware.

The overriding focus for upgrading of the PIMS in the coming year is for additional disk space. The volume of data from the data extracts is growing rapidly. By August 2008, the Masa M&E unit was already extracting more than 45 million records and if this rate of growth is maintained, the projection is that by February 2010, the unit is anticipated to be extracting more than 60 million records.

In FY2009, USG funds will, therefore, support the installation of a new disk array to complement the existing disk space. During FY2008, PEPFAR supported key positions in the Department of Policy, Planning, Monitoring and Evaluation (DPPME) and the Department of HIV/AIDS Prevention and Care (DHAPC) in the Ministry of Health. In addition to these positions, a senior health information management consultant will be hired in FY2009 through I-TECH to oversee the development of HMIS strategic plan,

which will guide future developments and provide support to the HMIS in Botswana.

USG has been supporting HIV Surveillance since 2003. In 2007, the national ANC sentinel surveillance HIV prevalence rate was 33.7%, a slight increase from 2006, however, the declining trend among the youth is still observed. There was no ANC sentinel surveillance in FY2008 because of the Government decision to undertake it every 2 years. Dried blood spot (DBS) sample collection techniques will be used in the 2009 HIV sentinel surveillance. Thus, USG funds will be used to provide funding to purchase reagents for Elisa test, incidence testing and threshold HIV drug resistance testing. In addition to the senior epidemiologist position, USG funds will be used to pay salaries for a data manager and two data clerks within the DHAPC.

During FY2008, USG funded training of three trainers and 26 staff from the Health Statistics unit at the MOH in ICD-10 coding. This effort is meant to improve mortality and morbidity data capturing to allow an accurate assessment of the impact of different programs, such as the ARV program on mortality. The same activity will continue in FY2009 using funds leftover from FY2008.

Currently, the USG SI section has only four people handling issues related to monitoring and evaluation, surveillance, HMIS and informatics. One Full Time Equivalent (FTE) position for the SI team lead post and one locally hired M&E officer will be added to the existing SI team. USAID is still re-strategizing its presence in the country, especially in civil society capacity development and SI is expected to be an important focus area. Other USG agencies have limited presence on the ground and inter-agency SI coordination is critical. The SI team organizes an introductory M&E training session with Peace Corps Volunteers (PCVs) working on USG HIV/AIDS programs every year. SI assists all agencies to set targets, compiles data on achievements, and prepares and submits the semi-annual and annual progress report. This team also provides technical support to different government agencies, such as NACA, MOH, MLG, and Ministry of Education [MOE]) for capacity building in M&E systems design, HMIS, data quality assurance and HIV surveillance.

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 1331.09	Mechanism: U69/HA00047 -- I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 26737.09	Planned Funds: \$1,300,000
Activity System ID: 26737	

Activity Narrative: 09.X.SI10: I-TECH: M&E Support

The International Training and Education Center on HIV (I-TECH) requests funding to continue to support two senior technical positions in the Ministry of Health (MOH). This includes providing continued support for a Senior Epidemiologist at Department of HIV/AIDS Prevention and Care (DHAPC) who is providing systems strengthening and capacity development in relation to the national surveillance systems in Botswana. Additionally, I-TECH will continue to provide support for a Senior Health Informatics Officer for the Department of Policy, Planning, and Monitoring and Evaluation (DPPME). FY2009 funds are also requested to continue providing training and mentoring to the Monitoring and Evaluation (M&E) Officers through support of two M&E Mentor positions and professional development of M&E supervisors.

Individualized Training and Mentoring of M&E Officers

The focus of the training and mentoring activities will be to move each M&E Officer from a functional skill level to a level of excellence. I-TECH will develop and administer a knowledge and skills assessment to identify individual gaps in knowledge and skills, as well as site-specific challenges and will tailor the training and mentoring plan accordingly. In relation to the training activities, I-TECH will provide the Ministry of Local Government (MLG) with technical assistance and curriculum development support for trainings to be funded and organized by MLG. This will include providing the M&E Officers with skills they will need to conduct sensitization workshops within their respective districts. Specifically, I-TECH will provide MLG with support in the planning and implementation of one national workshop and two sets of regional workshops to each be conducted in two regions, namely Gaborone and Francistown.

Mentoring visits will continue with each experienced M&E Officer receiving three sets of day-long mentoring visits. It is anticipated that attrition rates will increase as the M&E Officers become more experienced. To provide training to newly hired M&E Officers, I-TECH will conduct mentoring visits that are longer in duration for newly hired M&E Officers. New M&E Officers will also receive three visits per fiscal year. Mentoring activities will be developed around the two senior M&E Officers at MLG. I-TECH, in conjunction with the Senior M&E Officers will develop a list key knowledge, skill, and ability areas critical to helping ensure that the Senior M&E Officers are effective at carrying out their job duties. These competencies will be prioritized and I-TECH staff will then work one-on-one with the Senior M&E Officers to help ensure they have the necessary technical skills. In addition, I-TECH will provide technical assistance to the Senior M&E Officers in the development and implementation of the President's Emergency Plan for AIDS Relief (PEPFAR)-funded Data Quality Assurance Pilot Project being lead by MLG. I-TECH will provide human resource support to MOH to conduct HIV drug resistance surveys during FY2009.

In order to share this cutting edge mentoring and training program with national and international organizations, FY2009 funds will be used to begin collecting video footage of the challenges and successes experienced by the M&E Officers. I-TECH has extensive expertise in media production and has produced several video and media products in various countries, including Botswana, to address HIV-related training and mentoring. The video footage collected will provide material that can later be used to showcase the successes and challenges of this unique program. The collection of video footage and future processing and packaging of this footage will be done in collaboration with the BOTUSA Communication Officers.

National Assessment of Data Transfer Systems

FY2009 funds are also requested to conduct a situational analysis of data transfer systems. This assessment will focus on HIV-related programs with the intent of collecting the necessary information to develop more effective strategies for data transfer. Specifically, this will involve investigating the transfer of data from patient-level data at the facility-level to its ultimate integration into nationally reported health statistics. The assessment will involve mapping the process and documenting the strengths and challenges at each stage. The situational analysis will look at issues around data drop-off and will be utilized to formulate realistic suggestions for improvement at each step of the data transfer process—facility, district, and national levels. Methods will include key informant interviews and data audits. The situation analysis will be performed in three districts with a mix of urban, rural, large, and small districts.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 8748.09	Mechanism: U62/PS922423 -- UTAP USCF
Prime Partner: University of California at San Francisco	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 17901.24404.09	Planned Funds: \$0
Activity System ID: 24404	

Activity Narrative: 09.X.SI02: Qualitative Behavioral Study in Adults

ONGOING ACTIVITY FOR WHICH NO NEW FY2009 FUNDS ARE REQUESTED – LARGE PIPELINE

From COP08:

PHE: Qualitative behavioral study among adults to investigate the causes of decline of HIV prevalence among youth in Botswana.

1. Title: Qualitative behavioral study among adults to investigate the causes of decline of HIV prevalence among youth in Botswana

2. Summary: This is proposed as a 1-year formative research, with a total projected budget of \$125,000.

3. Investigators: Stephane Bodika, MD, MPH (BOTUSA); Negussie Taffa MD, MPH, PhD(BOTUSA); George W. Rutherford MD, MPH & Sandy Schwarcz MD (UCSF); others to be determined.

4. Project Description: for the past few years, a significant decline in HIV prevalence among youth has been observed in Botswana. In an attempt to understand the causes of this prevalence decline, USG supported MOH's DHAPC to conduct a qualitative behavioral study among youth initially. There are evidence that intergenerational sex and multiple and concurrent sexual partnership in Botswana. This activity intends to assess how adults' sexual behavior interferes in this declining HIV prevalence to allow holistic approach in the designing or reinforcing effective prevention interventions in the communities. Between May 2008 and August 2008, a to be determined partner (TBD) will assist BOTUSA and the MOH to implement this study among a convenient sample of adult males and females in different districts with declining, stable and increasing HIV prevalence. The study will consist of focus group discussions and in-depth interviews with a sample of adults and will cover various topics including risk sexual behavior, multiple and concurrent sexual partnership, condom use, transactional sex and intergeneration sex. It will cover also discussion with discordant couples to unveil their sexual behavior and the potential risk this behavior represent to the youth. Between December 2008 and March 2009, the TBD partner will assist with data analysis, report preparation, and dissemination of results and recommendations.

5. Primary Research Question: What are the risk sexual behaviors adults indulge in which potentially affect youth HIV infection? What is the dynamic of the intergenerational sex and its trends in districts with different HIV prevalence? What is amplitude of transactional sex involving youth and its reasons? What are the configuration of adults' sexual network and the importance of youth in this network?

6. Programmatic Importance: Understanding the adults' sexual behavior and the level of their involvement of the youth in these behaviors is essential in order to develop and target effective prevention strategies. Youth are a key group in which to assess basic knowledge of HIV transmission and related risk behaviors because they are a vulnerable group, risk behaviors are often established during adolescence, and prevention and educational efforts, if implemented prior to sexual debut can effectively prevent acquisition of HIV. Studies have shown that girls enter into sexual relationships with older men (who are more likely than younger men/boys to be HIV-infected) and the result is higher HIV prevalence in adolescent girls than boys. Determining the prevalence of such behavior as well as the factors that contribute to this behavior (such as the desire for having sex with virgins in exchange with items of monetary value from their older sexual partners) can form the basis for intervention. Furthermore, prevention interventions targeting youth will be enhanced by these targeting adults who have intergeneration sex with young people. By conducting such study in different districts with different trends of HIV prevalence, the MOH will learn lessons about the effectiveness of different interventions implemented in these districts targeting adults. This survey will inform national quantitative surveys to really quantify the magnitude of the findings.

7. Methods: Focus group discussions will be organized with adults from different social strata (by profession, education, gender...) in districts with declining, stable and increasing HIV prevalence among the youth. The groups will be homogenous to facilitate full participation of all the members.

8. There will be an in-depth interview with a sample of community members selected by convenience. The interview will help to closely follow up on the major themes with will emerge during the focus group discussions.

9. Population of Interest: A convenient sample of adults from different social strata (by profession, education, gender...) in districts with declining, stable and increasing HIV prevalence among the youth. These districts will be the same like where the qualitative behavioral study among youth would have been conducted through FY 07 funding.

10. Information Dissemination Plan: Between December 2008 and March 2009, the TBD partner will assist with data analysis, report preparation, and dissemination of results and recommendations. The selected partner will conduct a 1-day Data Use and Results Dissemination Workshop with key stakeholders in order to disseminate result of this survey.

11. Budget Justification: Funds are required to support staff effort and travel to review and revise protocol and data collection tools, obtain necessary ethical approvals from HRDC, and CDC, and to assist with implementation of this PHE as follows:

Salaries/fringe benefits: \$40,000
Equipment: \$20,000
Supplies: \$10,000
Travel: \$20,000
Other: \$35,000

Year 01 Total: \$125,000 USD

New/Continuing Activity: Continuing Activity

Continuing Activity: 17901

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17901	17901.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8748	8748.08	UTAP	\$125,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 8748.09

Mechanism: U62/PS922423 -- UTAP USCF

Prime Partner: University of California at San Francisco

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 17903.24405.09

Planned Funds: \$0

Activity System ID: 24405

Activity Narrative: 09.X.SI04: HIV-Related Mortality Validation

ONGOING ACTIVITY FOR WHICH NO NEW FY2009 FUNDS ARE REQUESTED

From COP08:

The team has changed the funding mechanism for this activity to be UTAP from New CoAg, and the prime partner from TBD to UCSF. (April 08 Reprogramming)

1. Title: Updating of HIV-Related Mortality Statistics & Validation of Cause of Death Data.

2. Summary: In order to clarify the accuracy of reported AIDS related mortality data in Botswana we propose to conduct an assessment and validation of causes of child and adult mortality in Botswana in which we will estimate the extent of over-or under-reporting or misclassification of mortality due to HIV/AIDS by comparing death certificate coded cause of death with medical chart diagnoses. Through this work, we will advise on improving the accuracy of mortality reporting and utilization of mortality statistics to improve public health surveillance and policy decision making in Botswana. This project is expected to end in FY08 and the two year cost is estimated at \$150,000.

3. Investigators: UCSF Investigators: George W. Rutherford MD MPH, Rand Stoneburner MD, Sandy Schwarcz MD, Gail Kennedy MPH; Tracy Creek MD (CDC/GAP-Atlanta). Local co-Investigators: Negussie Taffa MD, PhD; Stephane Bodika MD, MPH (BOTUSA); Anna Majalantle & Diemo Motlapele (CSO), Florindo Gomez MD (Botswana Ministry of Health).

4. Status of study/progress to date: In 2007, UCSF assisted team Botswana with the development of a research protocol to update and collect all available HIV-related institutional mortality statistics, as well as ART and PMTCT programmatic data from 1993 through 2006, in order to assess changes in HIV-related mortality following scale up of ART and PMTCT programs, and estimate the degree of potential under-reporting of HIV-related mortality in Botswana. A protocol to update, collect, and analyze mortality and program through 2006 was approved by ethical review committees at UCSF, CDC, and HRDC in Botswana. Further technical assistance to assist the MOH Central Statistics Office in coding, entering, and publishing this data occurred. An amended research protocol for conducting de-identified patient chart review to validate mortality data and describe the extent of potential misclassification of AIDS-related mortality was drafted, reviewed by key stakeholders in Botswana and submitted for review and approval by respective ethical review committees at UCSF, CDC, and HRDC in Botswana.

5. Lessons Learned: It's difficult to give full picture of lessons learned on this project as the progress so far is limited to protocol development and preparing the background work of coding cause of death using ICD-10. The later took quite some time in order to clear backlog of patient chart coding dating back from 2004 to 2006.

6. Information Dissemination Plan: Early in FY08, findings from the updated mortality and programmatic datasets including overall trends, and correlations between infant mortality and PMTCT program uptake, and adult mortality and ART program uptake will be shared with key stakeholders in a Dissemination Meeting. This information is expected to update our understanding on the impact of HIV/AIDS on adult mortality and the extent to which large scale ART can help curb this. Likewise the impact of high PMTCT program uptake on infant and child mortality over time will be assessed.

7. Planned FY08 activities: Detailed analyses of updated mortality datasets on trends, and correlations between infant mortality and PMTCT program uptake, and adult mortality and ART program uptake;

8. Findings from these analyses will be shared with key stakeholders during a Dissemination Workshop

9. Following the Dissemination Workshop, abstracts will be developed for presentation at local and international meetings;

10. Data collection for the Cause of Death Validation Study will be completed, and preliminary results will be reviewed with all Investigative staff.

11. Budget Justification: In the second year of this 2-year effort, funds will be required to support staff effort and travel to conduct final analyses on updated mortality data as described, attend a Dissemination Meeting in-country to present findings, and plan for the development of abstracts and manuscripts; to assist with data collection and analysis of the Mortality Validation Study as outlined for this PHE as follows:

Salaries/fringe benefits: \$26,000
Equipment: \$14,000
Supplies: \$20,000
Travel: \$25,000
Contractual Costs: \$15,000
Other: \$50,000

Year 01 Total: \$150,000 USD

New/Continuing Activity: Continuing Activity

Continuing Activity: 17903

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17903	17903.08	HHS/Centers for Disease Control & Prevention	University of California at San Francisco	8748	8748.08	UTAP	\$150,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 8748.09	Mechanism: U62/PS922423 -- UTAP USCF
Prime Partner: University of California at San Francisco	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 17902.24406.09	Planned Funds: \$0
Activity System ID: 24406	

Activity Narrative: 09.X.SI03: Behavioral Survey among High School Students

ONGOING ACTIVITY FOR WHICH NO NEW FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

We have changed the funding mechanism for this activity to be UTAP from New CoAg, and the prime partner from TBD to UCSF. (April 08 Reprogramming)

1. Title: Baseline behavioral surveillance survey among high-school students in Botswana.
2. Summary: This is proposed as a 2-year PHE effort, with a total projected budget of \$350,000 and a year 1 budget of \$200,000.
3. Investigators: Stephane Bodika, MD, MPH (BOTUSA); Negussie Taffa MD, MPH, PhD(BOTUSA); others to be determined.
4. Project Description: In 2007, the MOE in Botswana conducted a consensus building workshop to plan for a national surveillance study of HIV-related knowledge and behaviors among high school students. Consensus meetings were convened in-country, and draft protocols, procedures, and survey instruments were prepared. Between April 2008 and March 2009, a yet to be determined partner will assist BOTUSA and the MOE to implement a baseline cross-sectional survey of HIV-related behaviors among a sample of male and female high-school students enrolled in 9-12th grades in Botswana. Between April 2009 and March 2010, the partner will assist with data analysis, report preparation, and dissemination of baseline results and recommendations for continued annual administration of this surveillance exercise so that national behavioral trends among youth in Botswana can be observed prospectively.
5. Primary Research Question: What are the baseline levels of knowledge of HIV transmission and the baseline sexual and other risk behavioral patterns among currently enrolled high school students in Botswana?
6. Programmatic Importance: Understanding the prevalence of HIV risk behaviors in populations at risk for HIV is essential in order to develop and target effective prevention strategies. Youth are a key group in which to assess basic knowledge of HIV transmission and related risk behaviors because they are a vulnerable group, risk behaviors are often established during adolescence, and prevention and educational efforts, if implemented prior to sexual debut can effectively prevent acquisition of HIV. Studies have shown that girls enter into sexual relationships with older men (who are more likely than younger men/boys to be HIV-infected) and the result is higher HIV prevalence in adolescent girls than boys. Determining the prevalence of such behavior as well as the factors that contribute to this behavior (such as the desire for obtaining items of monetary value from their older sexual partners) can form the basis for intervention. Furthermore, risk behaviors serve as an early marker of HIV incidence, that is, the risk behaviors precede HIV acquisition. In addition, this activity will assist the MOE to follow trends in risk behaviors, which is a method of predicting HIV incidence and to assess the impact of different HIV prevention programs targeting youth implemented in school in Botswana. Thus, providing information on the required modifications in the design of current prevention programs or mandating the design of new ones.
7. Methods: A three stage multi-cluster sampling strategy will be used to obtain a representative sample of high school students. The first stage will be identifying primary sampling units which will consist of provinces (cities, or other reasonable unit) that will be categorized into X strata based on degree of urbanicity (and any other meaningful measures so that all areas are represented in the sample). A sample of X schools within each strata will be sampled using probability proportionate to size. Within each school, X classrooms will be randomly selected and all students within these classrooms will be asked to complete a written anonymous survey. The classrooms should be selected to ensure that they are required courses. The analysis will be weighted based upon demographics (e.g. sex) and applied to each record. The weights will be scaled so the weighted count of students will equal the proportions of students in each grade to match national population proportions.
8. Population of Interest: A representative sample of X high school students selected from X districts in Botswana.
9. Information Dissemination Plan: Between April 2009 and June 2009 (year 2 of this PHE) a 10-day Data Use and Results Dissemination Workshop will be conducted with key stakeholders in order to disseminate baseline results, and to review recommendations for continued annual administration of this surveillance exercise to support future surveillance activities among High School student on an annual basis.
10. Budget Justification: In Year 1 of this 2 year effort, funds will be required to support staff effort and travel to review and revise protocol and data collection tools, obtain necessary ethical approvals from HRDC, and CDC, and to assist with implementation of this PHE as follows:

Salaries/fringe benefits: \$80,000
Equipment: \$15,000
Supplies: \$10,000
Travel: \$30,000
Other: \$65,000

Year 01 Total: \$200,000 USD

New/Continuing Activity: Continuing Activity

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17908	17908.08	HHS/Health Resources Services Administration	New York AIDS Institute	8753	8753.08	CoAg	\$150,000

Table 3.3.17: Activities by Funding Mechanism

Mechanism ID: 11407.09
Mechanism: GHH-I-00-07-00032-00 -- Project Search
Prime Partner: Johns Hopkins University Center for Communication Programs
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 17900.24610.09
Planned Funds: \$0
Activity System ID: 24610

Activity Narrative: 09.X.SI01: TBD – Sexual Behavior among Alcohol Users

ONGOING ACTIVITY WITH NEW PARTNER FOR WHICH NO NEW FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

the team has changed the funding mechanism for this activity to be UTAP from New CoAg, and the prime partner from TBD to UCSF. (April 08 reprogramming).

Surveillance of sexual behavior and HIV prevalence among who frequent drinking places in Botswana.

1. Title: Surveillance of sexual behavior and HIV prevalence among who frequent drinking places in Botswana.
2. Expected cost and implementation period: this survey is expected to be implemented every other year with FY2008 being the first. Cost is estimated at \$500,000
3. Local investigators: Drs. Florindo de La Hoz Gomez, Marina Anderson (MOH); Drs Negussie Taffa, Stephane Bodika, Marion Carter and Lydia Seeletso (BOTUSA)
4. Project description: Sexual behavior surveys in Botswana have so far been targeting the general population or special group of individuals identified through household or institution-based sampling frames. This is in line with the common practice to describe HIV/AIDS related risk determinants in generalized epidemics. Risk of HIV transmission in such epidemics is assumed to occur at fairly comparable rate among core transmitters such as commercial sex workers, STI patients, truck drivers, soldiers... and the general public. That does not eliminate the need to conduct regular surveys among vulnerable social groups such as young people and others involved in high sexual risk taking. In Botswana, people who frequently visit drinking places are one such group as most sexual networking and risk-taking take place here. In FY08, USG funds will be used to conduct the first round of sexual behavior and HIV prevalence surveillance among people who frequently visit “shebeens, Spoto/Dispoto” (local alcohol drinking places) and bottle stores in a sample of cities in Botswana.
5. Evaluation questions: 1) What are the knowledge gaps on factors that fuel sexual risk-taking among people who frequently visit drinking places? 2) How is the prevalence of HIV and measurement of sexual behavior variables different from those of similar socio-demographic groups captured through household surveys in communities where these drinking places are located? 3) How do these risk factors and HIV prevalence change overtime?
6. Programmatic importance/anticipated outcomes: This survey is part of the prevention program rekindling initiative for a more focused approach in order to increase program effectiveness and efficiency. Shebeens are believed to be among the commonest venues where sexual networking happens in Botswana. There is high possibility for greater HIV transmission to occur among their customers. Sufficient epidemiological data will assist in strong prevention program design that targets these customers. One will also be able to identify new indicators that measure progress in certain HIV prevention areas such as reducing sex partner and risk taking.
7. Methods: The PLACE (Priorities for Local AIDS Control Efforts) method will be used to map out drinking venues in 4 conveniently selected cities namely Gaborone, Francistown, Gantsi, and Chobe. In each district, 10 drinking spots will be conveniently selected and included in the survey and in each drinking spot, 50 people will be requested to participate freely in the study. Those willing to participate will be interviewed about their socio-demographic background, sexual behavior, drinking behavior, frequency and quantity. They will also be counseled for HIV testing on the spot. Post test counseling will be provided to them before they receive their result. Those testing HIV positive will be referred to relevant prevention, care and support services. This activity will be conducted alternate years to allow a trend analysis in the future.
8. Populations of interest: All people working in drinking places and those frequenting these venues.
9. Information dissemination: Data analysis will be conducted in June.2008 and the report will be disseminated through a workshop in September 2008

New/Continuing Activity: Continuing Activity

Continuing Activity: 17900

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17900	17900.08	U.S. Agency for International Development	Johns Hopkins University	7760	7760.08	Project Search	\$500,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 7891.09

Mechanism: CDC HQ & Cable

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26740.09

Planned Funds: \$466,673

Activity System ID: 26740

Activity Narrative: 09.X.SI92: Technical Expertise and Support – SI (HQ)

This activity covers the salary, travel, and printing of technical materials to provide support for the strategic information/ monitoring and evaluation activities including work with the GOB. Funding also covers participation by staff in domestic and international conferences related to their work, contractual costs, and TDY visits experts outside the USG agency.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1330.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: National AIDS Coordinating
Agency, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 26738.09

Planned Funds: \$150,000

Activity System ID: 26738

Activity Narrative: 09.X.SI11: NACA – National Evaluation Agenda

The National Strategic Framework (NSF) for the HIV/AIDS response in Botswana denotes that civil society contribution shall remain critical in the area of advocacy, design and implementation of workplace programs, counseling, and care and support. Other areas of this key role included research and evaluation undertakings, performing "watch-dog" responsibilities on behalf of HIV-infected and -affected, and conceptualizing innovative strategies. Current realities on the ground show that:

1. "Formation of core implementing expertise" on the HIV/AIDS response is not visible at all structural and administrative levels within the non-governmental organization (NGO) community.
2. Civil society activities seem to be concentrated in the area of prevention, care and support.
3. Civil society presence seems to be more visible among network organization and large NGOs, rather than among community-based organizations, so the linkage is between the top and bottom.
4. Duplication of efforts for certain priority areas among NGOs and with the Government of Botswana cannot be ruled out.
5. The lack of organizational and program management capacities are by and large bottlenecks for civil society effectiveness and efficiency.
6. Accountability and transparency in resource allocation and utilization are constrained.
7. Coordination of donor support to civil society is a serious challenge.

Based on the aforementioned background, the Botswana HIV/AIDS Response Management System (BHRIMS) Division of the National AIDS Coordinating Agency (NACA) is planning to undertake a formative evaluation to assess the contribution of civil society in the national HIV/AIDS response in Botswana. The project concept emanated from a national workshop held in November 2007 which aimed at setting priorities for HIV/AIDS program evaluation agendas – an idea born by the global Monitoring and Evaluation Reference Group (MERG). The workshop identified eight broad questions spanning over the five key goals of the national strategic plan.

Specific Evaluation Questions

1. To what extent are civil society programs addressing the identified gaps according to the NSF?
2. How is that influencing civil society's participation and engagement in the HIV/AIDS response?
3. What are the missed opportunities in HIV prevention, care and support due to civil society's inability to play its role effectively?
4. What structural reforms can be implemented to enhance linkages between different levels and coordination within civil society?

Proposed Evaluation Methods

A formative evaluation research project using multiple data collection techniques will be employed. Key informant interviews, document reviews, community meetings, and participatory appraisal of conveniently sampled NGOs, faith-based organizations (FBO), community-based organizations (CBO) will be used to collect the required information.

Management of the Evaluation Project

NACA will lead the evaluation through its Monitoring and Evaluation (M&E) Division, BHRIMS. Participation of the broader stakeholders will be ensured through the BHRIMS Technical Working Group, specifically the Evaluations Sub-Committee. Special attention would be given to maximizing Civil Society representation in the Evaluations Sub-Committee. This evaluation will be carried out through a collaborative consultancy between an international partner and the University of Botswana.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1331.09	Mechanism: U69/HA00047 -- I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 29254.09	Planned Funds: \$515,000

Activity System ID: 29254

Activity Narrative: This PHE has been approved BW.08.0204.

A Public Health Evaluationo of Male Circumcision Service Delivery and Impact on Population Risk Behaviors and HIV Incidence.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas**Human Capacity Development****Public Health Evaluation**

Estimated amount of funding that is planned for Public Health Evaluation \$515,000

Food and Nutrition: Policy, Tools, and Service Delivery**Food and Nutrition: Commodities****Economic Strengthening****Education****Water****Table 3.3.17: Activities by Funding Mechansim**

Mechanism ID: 5404.09 **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 Budget Code:** 17
Activity ID: 10319.24206.09 **Planned Funds:** \$664,542

Activity System ID: 24206**Activity Narrative:** 09.X.SI90: Technical Expertise and Support – SI (HQ)

ACTIVITY UNCHANGED FROM FY2008

From COP08:

This activity covers the salary of four experts including two additional staff members that will join the existing team. One of the new staff will be an direct hire Full Time Equivalent and the other is a Locally employed staff member. Costs cover salary, travel, and printing of technical materials to provide support for the strategic information/ monitoring and evaluation activities including work with the GOB. Funding also covers participation by staff in domestic and international conferences related to their work, contractual costs, and TDY visits experts outside the USG agency.

New/Continuing Activity: Continuing Activity**Continuing Activity:** 17337**Continued Associated Activity Information**

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17337	10319.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$400,000
10319	10319.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$265,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 4464.24087.09

Planned Funds: \$200,000

Activity System ID: 24087

Activity Narrative: 09.X.SI05: MOH – DHAPC Surveillance and Strategic Information Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:
MOH DHAPC - Surveillance and strategic information support

Activity 1: Salaries of Surveillance Staff in MOH's DHAPC
Estimated cost: \$75,280

USG will continue to support the salaries of officers conducting surveillance activities in MOH's DHAPC as surveillance is the cornerstone of monitoring and evaluation of the national HIV response.

The Surveillance Section has conducted and will continue to conduct the antenatal HIV prevalence among pregnant women aged 15-49 years. This year the ANC HIV surveillance will include incidence testing, HIV drug resistance tests and HIV prevalence testing.

The team also compiles, analyses and disseminates data on HIV routine testing in government health facilities

For the FY08, the MOH will require \$75,280 to pay the salary of these personnel. These positions are to be absorbed into the public structure in the future. The pay structure will be similar to that of the GOB to facilitate the integration of the new positions in the public structure.

Activity 2: Evaluation of new techniques for surveillance
Cost: \$50,000

Dried Blood Spot (DBS) has increasingly proved to be the simplest and cost-effective technique of specimen collection for HIV testing in resource limited settings. Its use in early diagnosis of HIV infection among infants using the polymerase chain reaction method has opened opportunities to improve pediatric access to HIV/AIDS care and treatment. We are planning to test this specimens' collection method if it can replace the current sample collection methods for HIV infection testing, HIV incidence testing and ARV resistance tests among pregnant women attending ANC services.

In FY08 USG funds will be used to evaluate the sensitivity, specificity and positive predictive values of DBS in HIV diagnosis, HIV incidence testing, and ARV resistance testing by comparing findings obtained through routine specimen collection techniques for these tests. Representative sample of de-identified specimens will be obtained and subjected to the standard test procedures for HIV testing, incidence testing and ARV resistance tests.

The USG funds in this section of the COP will mainly cover the fieldwork, result dissemination and other logistic costs while funds coming from the laboratory infrastructure section will cover the cost of specimen collection, purchase of laboratory supplies and reagents and the actual conduction of laboratory tests.

Activity 3: PIMS Upgrade and HIV Data Warehouse
Cost: \$175,000

With the planned scale up of the national ART program to serve over 100,000 patients in the future and the need for enhanced patient monitoring, the scalability of the current MS Access system, PIMS, is an issue. In 2007, MOH began the process of upgrading PIMS. Thus far, they have finished gathering requirements and are planning site visits to Kenya and Rwanda to evaluate their patient monitoring systems as possible replacements for PIMS in order to meet the future needs of the program. Once an IT solution is selected, USG will assist MOH in 2008 in acquiring additional IT resources for the development, testing, and implementation of the upgraded system, including deployment to the current ART sites.

MOH will require two IT consultants for a minimum of six months until the new system is deployed in all 28 sites. Deployment will consist of travel across Botswana to each site for installation, conversion of data to the new system, and training of users. At least two teams will be required so that all sites get deployed within three months to minimize the time sites are using different patient monitoring systems. The upgraded system will improve data collection and provide the necessary data for creating appropriate indicators for more effective monitoring of the ART program. In addition, the system will provide data to the national HIV data warehouse, which is under development.

Because Botswana has several independent systems for capturing health data, it is not possible to get a comprehensive picture of the services PLWHA access, much less how effective these services are, unless a longitudinal record is created for each patient. To address this problem, the MOH decided to develop a national HIV data warehouse to store integrated patient level data on health services provided to PLWHA. The data warehouse will allow various health personnel, such as program managers, healthcare workers, researchers, etc. access to up-to-date information for patient management and outcome monitoring. The data for the warehouse will come from diverse information systems, each with its own data formats and coding standards.

In order to link patient data together, MOH is in the process of evaluating Identity Systems' Identity Search Server (ISS) software to match patient identifiers from disparate systems. If ISS is purchased in 2007, in 2008 USG will fund the maintenance cost (18% of purchase price), which becomes due three months after delivery of the software and upon each anniversary of the delivery of the software. The maintenance fee allows MOH to benefit from enhancements, software fixes, and upgrades.

Activity Narrative: Linking patient data is only one part of the data warehouse process, however. Specialized programs must be developed to obtain the data from each system, clean and convert the data, integrate the patient data after the identifiers have been linked, and load the integrated data into the data warehouse. USG will support MOH in building IT capacity via a skills transfer from an experienced data warehouse developer, who will be contracted for a minimum of 6 months to assist in coding the required programs. In addition, once the data warehouse is operational, data analysts will need access to the data for reporting purposes, ad hoc queries, and research to improve patient care and outcomes. In 2008 USG will support the MOH in procuring terminal service licenses for user access and Business Intelligence (BI) software for analysis and reporting.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17275

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17275	4464.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$175,000
9809	4464.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$150,000
4464	4464.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$280,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 17904.24088.09

Planned Funds: \$75,000

Activity System ID: 24088

Activity Narrative: 09.X.SI06: MOH – DDPME Strategic Information Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:

Activity 1: Salaries of Staff in MOH's DDPME

Cost: \$ 136,290

With USG financial support, GOB is in the process to recruit short-term staff to address immediate and short-term workforce requirements. These are key positions within government agencies. The planned positions will strengthen the ability of DPPME to support different existing HIV/AIDS M&E systems within MOH, integrate them to improve reporting, linkages among these programs and support accountability.

The implementation of this activity was delayed and it is yet to yield results. These positions include one chief health information officer, one principal systems analyst, two IT officers, and one senior systems analyst programmer

The senior System Analyst and the Chief Health Information Officer will work closely with the consultant who will develop the national HMIS strategic framework. They will be the drivers behind the implementation of the recommendations to be formulated in the strategic framework.

With the support of all the IT and system analyst and programmer, this team will work towards an integrated system with harmonized HIV/AIDS indicators, user friendly and facilitating information sharing among all stakeholders.

These positions are to be absorbed into the public structure in the future. The pay structure will be similar to that of the GOB to facilitate the integration of the new positions in the public structure

Activity 2: ICD-10 Training

Cost: \$80,000

This is a continuation activity from 2007. The Health Statistics Unit (HSU) remains 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). In order to build capacity in ICD-10, USG supported the training of 15 staff from HSU in ICD-10 in FY 2007. For cost effectiveness, this training will be organized in Botswana by staff from Queensland University of Technology in Australia in January 2008. This training will ease the coding problem HSU is faced with and therefore speed up the production of the annual health reports.

Despite this training, there is a dire need to support the training of records keepers in all the 32 government hospitals in the country and to support the sensitization of health care workers about the importance mortality and morbidity coding and the necessity to write properly the diagnosis in their patients' charts. These initiatives will facilitate the coding process at central level and therefore allow HSU to produce the annual Health statistical reports, necessary for planning, in a timely manner.

Part of these funds will be used to purchase at least one set of ICD-10 reference tools for each hospital in the country and add 6 computers and software to the current infrastructure to allow extra data entry points to speed up the production of the health statistics reports.

Therefore, the MOH's DPPME, is requesting PEPFAR 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.

Activity 3: Botswana Health Information Strategic Plan

Cost: \$70,000

Botswana has several information systems for capturing data on health services, resulting in a fragmented approach to patient management and outcome monitoring. Program data are stored on independent systems that run on different platforms and collect data at different levels of detail, e.g. patient level, aggregated. This creates a challenge to integration of health information systems, as well as integration of health data into a longitudinal patient record for the national HIV data warehouse. In 2008 USG will support the development of a national health informatics strategic plan to provide a framework for future information systems development by all stakeholders in Botswana (GOB, donors, etc.) that includes appropriate international ICT standards and guidelines, as well as addresses long term sustainability of health information systems.

Activity 4: Roll-out of District Health Information System (DHIS) at district level

Cost: \$ 55,000

Botswana is facing a challenge of proliferation of vertical information systems in the MOH. The problem is accentuated by the current use of multiple data collection tools, multiple formats of data collection and multiple data flows. There is also excessive collection of data that ends up not being efficiently converted to indicators used for planning and management. There are delays in data capturing, data analysis and production of statistical reports. This results into poor availability of timely and quality health data affecting

Activity Narrative: the decision-making.

The implementation of EU-funded BEANISH (Building Europe Africa Network for applying Information technologies in the Healthcare Sector) project was initiated in 2005 whereby the DHIS software was piloted in 4 health districts. The pilot phase of this project gave a lesson that timely and accurate information collection and compilation in all primary health care programs including HIV/AIDS will be made easy in Botswana. Through funding from the EU, DHIS will rollout to 8 health districts before the end of 2007. Training of Health Information Management Officers, Public Health Specialists, Matrons and others in the districts is essential part of the roll-out.

As the funding from EU ends by December 2007, USG funds will support the MOH to complete the rollout in the remaining 16 health districts in FY08. MOH is putting emphasis on training of support personnel (IT Officers) in the districts as well as at the centre to ensure sustainability of the DHIS. It is planned that the central support team shall visit the districts half-yearly, conduct short-term refresher courses for users, and support personnel.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17904

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17904	17904.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$342,000

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 5453.09	Mechanism: ODC Mechanism
Prime Partner: US Department of Defense	USG Agency: Department of Defense
Funding Source: GHCS (State)	Program Area: Strategic Information
Budget Code: HVSI	Program Budget Code: 17
Activity ID: 17909.24162.09	Planned Funds: \$100,000
Activity System ID: 24162	

Activity Narrative: 09.X.SI09: BDF – Monitoring and Evaluation Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY2008, we supported the Botswana Defense Force (BDF) to undertake an HIV bio-behavioral survey so as to enable estimation of the prevalence of HIV and behavioral risk factors including those associated with deployment, sexual risk, alcohol use, and male norms. In F2009, we plan to use \$ 50,000 for a data meeting with the BDF to review the survey results and produce reports for them.

We will continue to send BDF officers to advanced Monitoring and Evaluation of HIV/AIDS Programs training in South-Africa in FY2009. The training, which will cover research methods, will be crucial for the BDF if they are to do their own research work in the future, as well as to support and inform their strategic plans.

From COP08:

\$75,000 of this activity will purchase 25 computer systems for use by BDF Social Welfare workers, Chaplains, and Medical Counselors. In FY07 we provided computers to the BDF ART sites, but the BDF has identified a need for automation in the offices of the personnel who counsel and support HIV positive personnel. Currently counseling sessions are recorded manually making it difficult to adequately track which HIV positive personnel are receiving required counseling, who is missing appointments, and to coordinate support between the various medical, social welfare, and religious offices who are providing support to an HIV positive soldier or family member. The lack of automation also makes it difficult for counseling to continue as soldier deploy to other camps in support of anti-poaching or border security missions. An additional benefit is that those involved in counseling and support activities will now have access to on-line support materials and a wider network of expertise.

\$25,000 of this activity will be used to pay expenses related to the training of personnel from the BDF HIV/AIDS program office, chaplain's office, social welfare office, and medical services in monitoring and evaluation techniques and reporting. This is currently one of the weakest aspects of the BDF effort.

This activity will specifically target military personnel and their family members, especially those living with HIV AIDS. Estimated current target population is between 800-1600.

The BDF will assume responsibility for the inclusion of these computers into the Defense Force Network.

\$50,000 of this activity is allocated to an HIV bio-behavioral survey which will enable estimation of the prevalence of HIV and behavioral risk factors including those associated with deployment, sexual risk, alcohol use, and male norms. The target group for the survey will be active duty BDF personnel. Due to the low number of women in the BDF the sample will be limited to men. The BDF will participate in all planning and execution of the survey. The HIV testing for the survey will be conducted in a counseling and testing setting with participants able to know their results immediately. Those testing positive will be referred to care/treatment. Prevention activities will be organized to occur on the same day as the survey capitalizing on the heightened awareness created by participation in the survey. Results from the survey will enable better service delivery planning, and targeting of prevention programs to those behaviors associated with highest risk in the military.

This activity will support the strategic plan by providing information on male behaviors in Botswana and directly linking behaviors to sero-positivity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17909

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17909	17909.08	Department of Defense	Botswana Defence Force	7745	1332.08	ODC/BDF	\$150,000

Mechanism ID: 1337.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Local Government,
Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 17905.24166.09

Planned Funds: \$1,340,000

Activity System ID: 24166

Activity Narrative: 09.X.SI07: MLG – Support for Monitoring and Evaluation in Districts

ACTIVITY UNCHANGED FROM FY2008

From COP08:

In an effort to continue building its capacity to provide strategic information on HIV prevention and care and to improve HIV/AIDS and other health data quality MLG's Department of Public Health Care and Services, formerly the AIDS Coordination Unit, requests financial support for the salary of two Senior M&E officers at headquarters in Gaborone and for 44 Information Management officers (IMOs) placed in the districts (DHT and DAC).

The overall objective of these activities is to increase MLG's M&E capacity to monitor the HIV response at the district and central levels. This will be translated into improving the national level M&E coordination, district reporting, strengthening and streamlining of data flow systems, and supporting overall efforts to improve the quality of HIV care.

IMOs.

Twenty of these positions will be at the DAC Offices working with NACA and 24 positions will be with the DHTs. The recruitment process is about to complete and these officers are expected to be on board by September 2008. Technical assistance in mentoring these officers will be provided by I-TECH. The later will work closely with MLG 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.

Senior M&E officers.

The staff has been hired and is currently posted at the MLG headquarters. Together with the head of the head M&E Unit in the Department of Public Health Care and Services, they will supervise and support the IMOs placed at the DHTs and DACs. These officers will work hand in hand with the I-TECH mentors to acquire necessary skills in supporting the IMOs at both DACs and DHTs. They will ensure the quality of data from the districts and the timeliness of reports to the central level.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17905

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17905	17905.08	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	7749	1337.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$746,000

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: \$7,249,764

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Botswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003 and estimated true MTCT rate is 7%. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

Health system strengthening is an important foundation for ensuring the sustainability of HIV/AIDS programs and other health services and interventions developed and rolled out under the President's Emergency Plan for AIDS Relief (PEPFAR). In Botswana, PEPFAR's strategy has been to contribute to system strengthening within specific HIV/AIDS programs, as well as to support directly various critical planning and support units within the Government of Botswana (GOB), for example, the Ministry of Health (MOH) Department of Policy, Planning and Monitoring and Evaluation (DPPME), Central Medical Stores (CMS), and Laboratory Services, and key civil society leadership groups including national networks of AIDS service organizations, People Living with HIV and AIDS (PLWHA) organizations and OVC support organizations, to address underlying deficiencies in human resources (see Human Capacity Development Program Area Narrative in the supporting documents section), policy and guidelines, infrastructure, procurement and logistics systems, management, leadership, organizational capacity and gender (see Gender Program Area Narrative in the supporting documents section).

Health Service Planning

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

Procurement and Logistics Systems

Substantial investments have been made by PEPFAR Botswana in procurement and logistics systems for anti-retroviral (ARV) drugs, infant formula for PMTCT and laboratory equipment and supplies. SCMS was engaged to work with Central Medical Stores to improve the procurement and distribution processes. Among the many achievements to date are improvements in the Drug Regulatory Unit (DRU) registration of generic ARV, which is lowering the costs of drugs. SCMS also provides technical assistance for quality testing of generic ARVs; strengthening supply chain management for ARVs and laboratory supplies; supporting the CMS Quality Management System (QMS) methodology; establishment of drug logistics management information system and a Laboratory Information Management System (LIMS); and a comprehensive system for specimen management and results tracking and support to the National Health Laboratory (NHL) and the National Blood Transfusion Services (NBTS) for procurement. A LMIS for infant formula supply was developed for the PMTCT program. SCMS assisted the National Tuberculosis Reference Laboratory (NTRL) in the procurement of reagents and equipment to improve the capacity to conduct TB culture and drug susceptibility testing. The laboratory quality assurance program has been strengthened over the past years by providing a fully equipped National Quality Assurance Laboratory (NQAL) at the National Health Laboratory. TB training material and External Quality Assurance (EQA) program were also developed.

In FY2009, work will continue with CMS which is under the overall management of the new MOH contractor to: develop a Monitoring and Evaluation (M&E) system for sustainability of ARV supply; support the merger between the National Drug Quality Control Laboratory (NDQCL) and DRU into Medicines Regulatory Authority; develop QMS and post-marketing surveillance systems to assure the quality of imported drugs; develop tools for managing inventory and tracking transactions to strengthen the warehousing and distribution systems; support management of male circumcision supplies and ARVs at new ARV sites; design, implement and monitor the proposed infant formula voucher system; and continue to expand assistance to NHL – LMIS, and maintain and standardize equipment ..

Management and Leadership

PEPFAR Botswana supported the development of the Botswana Sustainable Management Development Program (SMDP) to train HIV managers in the public sector and civil society in management, leadership and process improvement. This training is now being adopted as part of the Government's overall public sector work improvement initiative and critical health managers and HIV/AIDS service providers are being targeted for training. In 2007, all district matrons were trained, while in 2008, central TB personnel were trained.

The Capacity Project will also assist the Government of Botswana (GOB) to establish a management development program for the public sector that will complement the SMDP program and address additional aspects of management and leadership.

Infrastructure

PEPFAR Botswana has supported many improvements in health infrastructure through the purchase of portable buildings, renovation and construction. These include: purchase of space for counseling and testing at all health facilities; renovations of offices for PMTCT staff at headquarters; renovation of a TB isolation ward; renovation of the HIV Reference Lab in northern Botswana, the blood transfusion center, and nutrition centers; construction of free-standing VCT centers and a pediatric training center; support to the MLG laboratory services by providing prefab laboratories; and building a second TB culture facility in the north.

Civil society capacity building and organizational development

Since the beginning PEPFAR Botswana has supported, and will continue to support, capacity building for civil society partners. Among the accomplishments of this support, are the development of the Tebelopele VCT network and Makgabaneng Radio Show, both now independent programs who continue to receive funding and technical assistance from PEPFAR. Civil society will receive increased attention in FY2009 to complement the GOB's renewed focus on civil society and the new civil society strengthening strategy that will be developed under the National Strategic Framework II (NSF II). PEPFAR will support over 30 small to medium NGOs, CBO and FBOs with technical assistance from various partners, including the Academy for Educational Development (AED), Project Concern International (PCI), National Association of State and Territorial AIDS Directors (NASTAD), Family Health International (FHI), Population Services International (PSI), Research Triangle Institute (RTI), and American International Health Alliance (AIHA). Peace Corps continues to field volunteers who work country-wide with local NGOs. The National AIDS Coordinating Agency (NACA) has established a Donor Coordinating group on Civil Society Capacity Building to which PEPFAR belongs and is undertaking a mapping exercise.

Building capacity for evidence-based planning at the national, district and village levels

Technical assistance from NASTAD, which began in 2005, will continue to build capacity in the Ministry of Local Government (MLG) and train district managers to use an evidence-based approach to develop and implement district HIV plans. The improvement in HIV program planning as a result of this methodology was recognized during the recent mid-term review of the Botswana National HIV/AIDS Strategic Framework.

Community mobilization

PEPFAR has supported MLG since 2005 to implement the Community Capacity Enhancement Program (CCEP) for community mobilization. This strategy uses participatory methodologies to empower communities to address HIV/AIDS at the village level. The program is currently being evaluated, a process intended to improve implementation and assist government to determine whether or not this strategy will be adopted as the national community mobilization during NSF II.

Policy development and legal reform

PEPFAR has supported the development and distribution of various guidelines and protocols for HIV/AIDS programs and supporting units, including PMTCT, OVC, Care and Support, ARV, HIV Counseling and Testing (HCT) aimed at children and couples, TB and laboratory. The U.S. Department of Defense is also assisting the Botswana Defense Force in the development of an HIV/AIDS policy.

PEPFAR also supports policy and legal reform advocacy undertaken by the Botswana Network on HIV/AIDS. Issues currently being addressed include promoting sustainable HIV/AIDS medications, advocating for the right to health, developing policies and programs targeted to address the sexual reproductive health needs of HIV positive persons, particularly women, and harmonizing the provisions of the constitution relating to the protection of women. Other activities will include promoting the enactment of the Domestic Violence Act and monitoring the implementation of national HIV testing guidelines relating to informed consent and confidentiality.

Stigma

PEPFAR is supporting the National Wellness Program for Health Workers that includes a large component on HIV/AIDS, namely education, counseling, testing, and treatment and the establishment of support groups. A key focus of these activities will be aimed at reducing HIV stigma from health workers to each other and from health workers to clients. The CCEP Program described above also includes training for facilitators to enable them to incorporate stigma reduction activities in the community response.

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1337.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Local Government,
Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 4553.24167.09

Planned Funds: \$115,000

Activity System ID: 24167

Activity Narrative: 09.X.SS03: MLG – Community Capacity Enhancement Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The activity will remain the same, but different districts and villages, including Gantsi, Lobatse, Selibe Phikwe, Sua Town, Bobonong and Mabutsane, will be targeted for local facilitator training. Additionally, a skills refinement workshop will be held for participants from all over the country.

Additionally, more equipment will be purchased, including a video camera, laptop and projector, for headquarter staff for documentation and training purposes.

This activity will result in the following outputs: 50 villages will have HIV/AIDS action plans as an output of conversations and representative sample of conversations will be documented.

From COP08:

As part of the multi-sectoral response to HIV in Botswana, Government seeks to empower Botswana to actively participate in HIV prevention and care in their own lives and their communities. To address this objective, MLG with technical support from the United Nations Development Program (UNDP), has adopted a participatory methodology for engaging communities in the fight against HIV/AIDS that has shown to be effective in the African context. In 2004, five districts were selected to begin implementation of the Community Capacity Enhancement Program (CCEP) using the “community conversations” method. This methodology seeks to build on the capacity of individuals and communities to facilitate local 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.

This program uses trained volunteer facilitators to engage their own communities in a process to discuss and identify local HIV-related issues and community solutions. Fifteen (15) national United Nations Volunteers (UNVs) are in place in the districts to lead and facilitate this program. A program officer, housed at MLG and supported by PEPFAR, is responsible for overall implementation.

In 2007, the stigma reduction component of the program is being intensified with technical assistance from NASTAD. This element will specifically address HIV/AIDS stigma, support to PLWHAs and treatment adherence in conversations and community-initiated action plans.

To date, the UNDP CCEP Facilitator Training Manual has been adapted to the Botswana context, trainers have been trained in 24 of the 27 districts, community facilitators have been trained in 11 districts and community conversations are ongoing in 11 communities.

2007 Achievements:

Trained 28 trainers in 8 districts; trained 39 facilitators in 2 districts; hired CCEP project officer/manager for headquarters.

2008 Plans:

Achieve national coverage by training 20 trainers from four remaining target districts; train 24 facilitators in four remaining districts; train 95 additional facilitators in other districts.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17413

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17413	4553.08	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	7749	1337.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$120,000
9869	4553.07	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	5298	1337.07	CoAg # U62/CCU02509 5	\$120,000
4553	4553.06	HHS/Centers for Disease Control & Prevention	Ministry of Local Government, Botswana	3372	1337.06	Technical Assistance	\$100,000

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$115,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1367.09

Mechanism: Capacity building assistance for GAP through technical assistance collaboration

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 3540.24173.09

Planned Funds: ██████████

Activity System ID: 24173

Activity Narrative: 09.X.SS02: TBD – Community Planning

ACTIVITY HAS BEEN CHANGED IN THE FOLLOWING WAYS:

This activity remains largely unchanged from last year, but will continue with a new partner. All districts will continue to receive one-on-one technical assistance to improve their district HIV plans using the new evidence-based toolkit introduced in FY2008. Emphasis will be placed on the use of effective, evidence-based interventions in the district response. The work in evidence-based planning (EBP) will be complemented by a new civil society prevention small grants project. MLG headquarters' staff will continue to benefit from technical assistance.

The FY2009 work plan will be informed by the results of a program evaluation to be conducted during FY2008.

This activity will result in the following output: 75% of districts will submit a comprehensive HIV/AIDS plan to the Ministry of Local Government (MLG) that contains sections describing all six steps of the evidence-based planning process and interventions that are evidence-based.

From COP08:

The Botswana National Strategic Framework (NSF, 2003), which guides the country's response to HIV, outlines a decentralized strategy to address the epidemic. This is led by District Multi-Sectoral AIDS Committees (DMSACs) and District AIDS Coordinators (DACs) who develop and implement interventions, captured in annual work plans, to address the epidemic in their areas. Recognizing that these plans and the resultant response were not adequately addressing the local situation, NASTAD, a U.S. NGO, was engaged in 2003 to provide technical assistance in this area. The objective of this technical assistance 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. NASTAD works in partnership with the MLG, Department of Primary Health Care Services (DPHCS), to provide in-depth on-site technical assistance and training to all DACs and DMSACs to help assure the development of high quality annual evidenced-based comprehensive district HIV plans.

Since the program was established in 2003, the NASTAD team has developed a District HIV/AIDS Planning Toolkit and trained all DACs and DMSAC members and Peace Corps Volunteers (PCVs) on Evidence Based Planning. The capacity of the Districts to perform key functions, particularly in the area of community profiling and analysis of epidemiologic information, has been enhanced. As the work continues into the future, NASTAD will address identified weaknesses in the use of evidence based planning in each district. Specifically, attention will need to be focused on techniques for conducting and analyzing community needs assessments, prioritization of gaps in services, identification of activities that are based in sound theory and practice in the field, implementation of activities and monitoring and evaluation of those activities. NASTAD will undertake a strategic planning process directed at its own program in Botswana and develop a plan for institutionalizing evidence based planning in MLG and the District Offices, thus ensuring sustainable planning processes that will continue to function without the assistance of NASTAD.

2007 Accomplishments:

Trained 229 people in 9 districts (DACs, DMSAC members, PCVs and other community members) in evidence-based planning during technical site visits; developed and implemented quality assurance mechanisms; promoted development of district networking and referral systems and monitoring of expenditures; developed standardized database with which DACs to track implementation of their plan, and provide standardized reporting of variables to MLG; providing technical assistance to develop a stigma component of the CCEP and training to trainers.

2008 Plans:

Continue to partner with MLG DPHCS to provide one-on-one on-site tailored technical assistance to all 27 districts in the use of evidence-based planning methods for the development of annual district comprehensive plans; continue to train as needed DACs (27), DMSACs, associated technical sub-committees (DMSAC co-chairs, TAC chairs, lead DMSAC civil society member, monitoring and evaluation officers - 162) and PCVs (20); train relevant Policy Advisors in the DPHCS (responsible for planning, home based care, orphans and vulnerable children, CCEP and monitoring and evaluation) in evidence-based planning (5); mentor DACs by having them join the NASTAD technical assistance teams in order to afford an opportunity for lateral learning from their peers in the field; conduct one national training for all DACs; collaborate with district monitoring and evaluation officers to continue to support MLG's effort to develop and implement a standardized reporting system for district planning and prevention activities. An external evaluation of the program will be conducted in 2008. As a result, 20 out of 27 districts will submit a Comprehensive HIV/AIDS Plan to MLG that contains sections describing all eight steps of the evidence based planning process.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17415

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17415	3540.08	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	7750	1367.08	U62/CCU32456 96 - Capacity Building Assistance for GAP through Technical Assistance Collaboration with the NASTAD	\$380,000
9874	3540.07	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	5300	1367.07	NASTAD	\$380,000
3540	3540.06	HHS/Centers for Disease Control & Prevention	National Association of State and Territorial AIDS Directors	2912	1367.06	NASTAD	\$245,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development ██████████

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1331.09	Mechanism: U69/HA00047 -- I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 17924.24111.09	Planned Funds: \$500,000
Activity System ID: 24111	

Activity Narrative: 09.X.SS16: I-TECH – In Service Training Technical Assistance

ACTIVITY HAS BEEN CHANGED IN THE FOLLOWING WAYS:

This is a continuing activity that aims to build the capacity of the training unit in the Department of HIV/AIDS Prevention and Care in the Ministry of Health ((MOH). Funding and support for three training unit staff seconded to MOH and the operation of the Resource Center developed in FY2008 will continue. ITECH will develop a three-day in-service training for trainers and update 150 trainers with advanced training skills, which will be one of the activity's major outputs in FY2009.

From COP08:

(Change of funding mechanism from HHS/CDC New Coag (7853.08) to HHS/HRSA I-TECH (1331.08); Change Prime Partner from TBD to Uni of Washington; Increase funding amount from 200,000 to 450,000)

08-X1418: In-service Training Technical Assistance

Since the beginning of the epidemic, the Government of Botswana has responded proactively and rapidly to the HIV/AIDS epidemic by training health care professionals to provide HIV/AIDS prevention, treatment and care services. In 2000, a training need assessment was conducted to inform the development of a coordinated approach to in-service training. This laid the groundwork for the establishment of the KITSO AIDS Training program, the national training program for HIV/AIDS care and treatment, in 2001. By September 2006, 7,240 health care workers received theoretical and practical training in HIV/AIDS.

Despite the above-mentioned achievements, the following constraints were experienced: Roles for different partners were not clearly stipulated; existence of many training materials and tools developed locally and internationally targeting the same health care providers, and; absence of long-term training plan and structure to ensure sustainability, comprehensiveness and responsiveness of the training programs.

To address these constraints, the Ministry, with USG funding, developed the KITSO Expansion Plan 2004 to guide the MOH and its training partners in the coordination of HIV/AIDS health professionals training in Botswana. As recommended, the Department of HIV/AIDS Prevention and Care (DHAPC) established the KITSO HIV/AIDS Training Coordinating Unit to ensure comprehensive, standardized, coordinated HIV/AIDS training and bring all existing and future trainings under the leadership and direction of the MOH. To further this objective, there is need to strengthen the current training system by developing training structures and guidelines, evaluating and revising current training materials and developing new training materials where necessary.

2008:

Conduct an assessment of existing HIV/AIDS training, training mechanisms, including the training models (TOT, master trainers), coordination, monitoring and evaluation and the certification process; develop appropriate structures and guidelines for the coordination, and effective implementation of in-service HIV/AIDS-focused training

New/Continuing Activity: Continuing Activity

Continuing Activity: 17924

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17924	17924.08	HHS/Health Resources Services Administration	University of Washington	7713	1331.08	I-TECH	\$450,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1330.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: National AIDS Coordinating
Agency, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17921.24098.09

Planned Funds: \$0

Activity System ID: 24098

Activity Narrative: 09.X.SS10: NACA – NASA

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

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 National AIDS Spending Assessment (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:

- monitor the implementation of the National Strategic Plan;
- monitor advances towards completion of nationally or internationally adopted goals such as universal access to treatment or care;
- 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

Within the Mid-Term Review of the NSF, the National AIDS Coordinating Agency (NACA) examined the actual resource environment by conducting a NASA for financial years 2003-2005. The NASA found that the actual annual funding made available was 79% of the estimated need. When compared with the intended NSF proportional allocations to the NSF goals, the funding allocations were generally comparable. Only prevention activities were being significantly under-funded; having approximately 8% of the public expenditure, when the NSF intended it to be 10-13%. A follow up NASA for 2006/07 is currently underway and will further the institutionalization of the process and provide trend data for the initial ramping up of PEPFAR funding.

Objectives

1. To develop country estimates of total flows of financing and expenditures for HIV/AIDS, from all international and public (domestic and private) sources of financing for GOB financial year 2007/08.
2. Expand the scope and details of financial information collected to include:
 - a. Government
 - b. Development partners
 - c. Private
 - d. Out of pocket expenses
3. Improve the robustness of data collated from government and development partners
4. Provide refresher and on the job training to Government of Botswana staff in the execution of national HIV/AIDS accounts and further institutionalize the government fiscal data capturing process.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17921

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17921	17921.08	HHS/Centers for Disease Control & Prevention	National AIDS Coordinating Agency, Botswana	7849	1330.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$75,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1330.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: National AIDS Coordinating
Agency, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 10323.24099.09

Planned Funds: \$150,000

Activity System ID: 24099

Activity Narrative: 09.X.SS14: NACA – PEPFAR Administration Support

ACTIVITY UNCHANGED FROM FY 2008

From COP08:

The GOB 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 HHS/CDC/BOTUSA with \$14.8 million from COP05, \$22.2 million from COP06, and \$17.9 million from COP07. 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 Program 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, which can, in collaboration with HHS/CDC/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 HHS/CDC/BOTUSA in a routine and timely manner.

In addition to the HR support, PEPFAR funds will be used to conduct the annual financial cooperative agreement audit as required by 45CFR 74.26(d).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17661

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17661	10323.08	HHS/Centers for Disease Control & Prevention	National AIDS Coordinating Agency, Botswana	7849	1330.08	U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$100,000
10323	10323.07	HHS/Centers for Disease Control & Prevention	National AIDS Coordinating Agency, Botswana	5299	1330.07	Technical Assistance	\$220,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5406.09

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: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 10271.24221.09

Planned Funds: \$125,569

Activity System ID: 24221

Activity Narrative: 09.X.SS91: Technical Expertise and Support

ACTIVITY UNCHANGED FROM FY2008

From COP08:

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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17355

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17355	10271.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$99,000
10271	10271.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$40,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11102.09

Mechanism: New CoAg Twinning

Prime Partner: American International Health Alliance Twinning Center

USG Agency: HHS/Health Resources Services Administration

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 9898.24190.09

Planned Funds: \$500,000

Activity System ID: 24190

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

During FY2009, this activity with a new partner, in addition to continuing the activities from FY2008, will also focus on the following activities:

1. Increase the knowledge and skills of Botswana NGO managers on effective media relations with respect to HIV and AIDS programs and related issues through training.
2. Develop effective Monitoring and Evaluation (M&E) systems and strategies to ensure the continued good quality of reporting on HIV and AIDS in Botswana by developing M&E tools and toolkit for journalists, training MISA and journalists on M&E, and producing a TV documentary for presentation at the 2009 Highway Africa Conference in Grahamstown, South Africa.
3. Increase coverage, scope and depth of training for journalists, editors, media institutions, and NGO representatives, particularly those in rural areas, with assistance from the University of Kentucky (UK). Establish networks among journalists in Botswana, improve their capacity to report effectively and accurately on HIV and AIDS and enhance the level and quality of interaction between the media and NGOs that address HIV and AIDS issues.
4. Strengthen MISA's management, administrative and institutional capacities to organize and implement training workshops of its own on HIV and AIDS reporting through direct mentoring and training by UK and ZAMCOM.
5. Develop a website for MISA, which journalists, NGOs and other stakeholders can network and access current information and toolkits, among other things.
6. Place Volunteer Healthcare Corps (VHC) volunteers to scale up existing and new projects for MISA staff, journalists and NGO representatives.

From COP08:

This activity will continue to support a twinning partnership between the Media Institute of Southern Africa (MISA) located in Botswana and the Zambia Institute of Mass Communication Educational Trust (ZAMCOM) located in Zambia. ZAMCOM offers in-service training to journalists and non-media practitioners involved in communication and is the only in-service training institution for media practitioners in Zambia that has received the highest grading (Grade A).

MISA is a regional non-government organization operating in the Southern African Development Community (SADC) region. MISA Botswana is one of the regional chapters that manage five media-awareness and training programs including media-legislation strengthening; monitoring violations to media legislation; diversifying broadcasting; creating a supporting media environment; and legal protection of media.

The goal of the partnership is to raise the quality of HIV/AIDS reporting in Botswana. This goal is addressed through the following specific objectives:

1. To increase the knowledge and skills of reporters on issue-based HIV and AIDS reporting;
2. To increase the number of inspired quality HIV and AIDS stories that reflect the extent of the epidemic in society; and
3. To increase the dissemination of best practices in HIV and AIDS reporting.

During FY 2008, this partnership will continue to focus on the following activities based on the partnership objectives:

1. Continue to conduct trainings for journalists and editors in Botswana on the production of quality HIV and AIDS stories. The FY 2008 trainings will increase the coverage and scope of the FY 2007 trainings by training 100 journalists and editors from 50 media houses in Botswana. Based on the experiences and evaluations of the original trainings, partners will begin to target media institutions in more rural areas and focus on establishing networks among journalists in Botswana. While FY 2007 trainings were only able to support one editor from each institution for just two days, the FY 2008 trainings will be scaled up to include a more-substantial focus on training editors from media houses and establishing contacts among editors from various types of media houses (print, television, radio, etc.). Editors will spend an increased time in formal trainings and be exposed to field-based practical experiences by partners.

Media House Training

2. Provide technical assistance to local Botswana media houses in the production and dissemination of quality HIV stories by conducting two-week exchange visits by Zambian media professionals to Botswana media houses. It was decided in FY 2007 that Zambian media professionals would be recruited by ZAMCOM to participate in capacity-building exchanges with peer institutions in Botswana. The media professionals will be journalists, editors, administrative officers, etc. with demonstrated expertise and technical capacity and will be paired with similar institutions identified by MISA who require targeted technical assistance in specific focus areas. ZAMCOM will provide each media professional with a small orientation and Scope of Work for the two-week exchange. MISA will coordinate and facilitate the logistics while in Botswana. Upon the return, the media professionals will produce small reports for dissemination upon return to Zambia, with ZAMCOM's assistance. This program will be expanded in FY 2008 to facilitate exchanges between 25 local media houses in Botswana.

3. Evaluate the effectiveness of FY 2007 activities by conducting content analysis of targeted media organizations to measure any changes in the quality and quantity of HIV-related stories produced. In FY 2007, the partners will have conducted a comprehensive needs assessment and situational analysis of media houses in both Zambia and Botswana to assess the quality of HIV and AIDS reporting at baseline in both countries. In FY 2008, the partners will hire local consultants to conduct a follow-up assessment and document review of all HIV/AIDS stories being produced by media houses in Botswana. The consultants will conduct data analysis and present the findings to partners. This report will measure the change in quality of

Activity Narrative: HIV and AIDS stories being produced in Botswana as a result of the trainings being conducted to determine if the practices and lessons learned during the trainings have been implemented in the field. Similar analyses will be completed at the end of FY 2008 after the successful completion of journalist/editor trainings and the technical assistance exchanges.

4. Publish a "Compilation of Best Practices/Experiences in Quality HIV and AIDS Reporting" based on the stories produced during journalist and editor trainings. Based on the results of the follow-up assessment and all of the stories produced by journalists during the trainings, the partners will publish a compilation of best practices and model stories for dissemination. The publication will be made available to all media houses and media professionals in Botswana to serve as a resource in the production of quality stories.

5. Disseminate publication at regional/national media conferences and other press events, including the Highway Africa Conference. A delegation of partners will travel to the Highway Africa Conference in FY 2008 to disseminate the results of the FY 2007 partnership activities.

6. Conduct partnership exchange trips between partner institutions for program planning, program management and evaluation activities related to the implementation of partnership activities.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17573

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17573	9898.08	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	7809	5325.08	U69HA04128: Twinning	\$400,000
9898	9898.07	HHS/Health Resources Services Administration	American International Health Alliance Twinning Center	5325	5325.07	AIHA	\$175,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$500,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7761.09	Mechanism: AIDStar Mechanism
Prime Partner: To Be Determined	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 17914.24254.09	Planned Funds: ██████████

Activity System ID: 24254

Activity Narrative: 09.X.SS06: TBD – Civil Society Capacity Building

ACTIVITY UNCHANGED FROM FY 2008

From COP08:

Funding reduced from 930,000 to 805,000. One of the organizations previously included will not need intensive technical assistance as the others will and so will be funded under a different mechanism. See revised narrative below:

This activity will support a prime partner, TBD, to provide organizational development assistance, technical assistance, and grants to 2-3 indigenous non-governmental organizations that provide interventions in prevention, OVC, palliative care, and counseling and testing and 1 that is focused on legal, human rights, and gender advocacy and mobilization. The local implementing partners will be among those with existing networks of service delivery across multiple districts or with established track record of working successfully across many districts. The target populations and organizations vary, as noted below. The total number of organizations funded will depend in part on the quality and cost of proposals submitted under this mechanism. We expect that these established organizations will need a range of organizational development assistance, to help them become more sustainable and adhere to policies and requirements of receiving USG funds directly. This assistance may target human resource policies and practices, Board development and management, fund raising skills, asset and financial resource management skills, strategic planning, and strengthening of program monitoring systems. We expect that these groups will benefit from technical assistance to further strengthen the various interventions they provide to their different target groups. This assistance may involve visits from technical assistance providers, to provide targeted help to each organization on critical programmatic issues (e.g. updating a curriculum, developing a program evaluation protocol, training in a new approach). The prime partner also will provide on-going support for program strategy, quality, and reach through its technical field staff. The assistance will depend on the particular needs of the local implementing partners. One organization supported under this initiative will be an umbrella organization for HIV/AIDS service organizations across Botswana. The prime partner will work with this umbrella organization to develop its grants-making capabilities and the technical skills of its staff persons. The prime will also support other strengthening of that umbrella organization's core systems, including those related to program monitoring, accounting, human resource management, and communication, as determined jointly with the local partner and the prime partner. In year one, the umbrella will not receive funding for sub-grants under this award, but rather assistance with their systems and capacity for doing so. The Botswana Network of AIDS Service Organizations, BONASO, is a likely candidate for this award. Another organization supported under this initiative will be a faith-based organization (FBOs) with an established network of service provision centers across the country. This organization will provide a range of community services in prevention, counseling and testing, OVC, and palliative care through its network. The prime will work with this organization to standardize its services across its centers, as appropriate to the needs of the various target communities involved, and will focus on quality assurance as well as program expansion. The local implementing agency also will develop its capacity as a technical resource for other faith-based organizations (FBO) and provide some training to other FBOs in its stronger technical areas in this first year. The Botswana Christian AIDS Intervention Program (BOCAIP) is a likely candidate for this part of the award.

A third target organization is one focused on the comprehensive needs of PLWHAs. This local implementing partner will provide services through a network of community service providers, such as support groups and other venues, and will focus on prevention, palliative care, counseling and testing, and stigma reduction. The prime partner will support the expansion of the reach of the best interventions that the local organization provides to PLWHA and will collaborate with the local partner to provide the best quality services possible. The local implementing agency also will develop its capacity as a technical resource for other PLWHA-service organizations in the country and provide some training to such groups. The Botswana Network of People Living with HIV/AIDS (BONEPWA) is a likely candidate for this part of the award.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17914

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17914	17914.08	U.S. Agency for International Development	To Be Determined	7761	7761.08	AIDStar Mechanism	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 5453.09

Mechanism: ODC Mechanism

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17913.24163.09

Planned Funds: \$25,000

Activity System ID: 24163

Activity Narrative: 09.X.SS05: BDF Policy Support

ACTIVITY UNCHANGED FROM FY 2008

From COP08:

While the BDF has an HIV Policy, it needs to be reviewed and updated. To facilitate this review, this activity will fund BDF Participation in a policy workshop (15K) and the PEPFAR annual Meeting (10K).

New/Continuing Activity: Continuing Activity

Continuing Activity: 17913

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17913	17913.08	Department of Defense	Botswana Defence Force	7745	1332.08	ODC/BDF	\$25,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 9900.24089.09

Planned Funds: \$83,000

Activity System ID: 24089

Activity Narrative: 09.X.SS13: MOH – HIV/AIDS Pre-service Training

ACTIVITY HAS CHANGED IN THE FOLLOWING WAYS:

This is a continuing activity at the Institutes for Health Sciences under which support is provided for both faculty development in HIV/AIDS and the HIV/AIDS workplace program for faculty and students.

During FY2009, faculty training will continue and the workplace program will be established at four campuses of the health training institutes, which are in Gaborone, Serowe, Francistown and Lobatse, making one of the outputs for this project that workplace programs will be established in 50% of the Institutes of Health Sciences. Additionally, a printer will be purchased for headquarters.

From COP08:

The Institutes of Health Sciences (IHS), a tertiary institution for the training of health personnel, trains the vast majority of nurses and other allied health workers for the country. The IHS, which falls under the MOH, consists of eight health training institutes with over 1,500 students. A basic diploma is offered in general nursing, medical laboratory technology, pharmacy technology, dental therapy, health education and environmental health. Post-basic level courses are offered in midwifery, family nurse practice, community health nursing and nurse anesthesia.

Since 2003, USG has provided technical assistance to IHS for the strengthening of pre-service training in HIV/AIDS for nurses and other allied health professionals. In addition to this technical assistance, an HIV Training Coordinator supported by USG began working in MOH in 2005. This officer is responsible for staff development and training in HIV, strengthening HIV content in all programs/courses and bridging the gap between in-service and pre-service training. This officer works closely with technical assistance contractors, implements local capacity building activities and leads the workplace program initiative.

In addition to curricula and faculty development, a workplace program to provide HIV education and services to both faculty and students is currently being established at all the Institutes. This activity support the coordinator's salary, training and resources for faculty and the development of the workplace program.

2007 achievements:

Provided journal subscriptions, HIV/AIDS guidelines and in-service curricula to all 8 institutions; conducted annual PMTCT update for 16 midwifery faculty; conducted HIV/AIDS annual update for 17 faculty of first year students; trained 51 lecturers in research methods; trained 38 lecturers in HIV/AIDS treatment (KITSO); conducted situational analysis of workplace activities; developed draft workplace policy; trained 16 peer educators/counselors and 12 workplace focal persons

2008 plans:

Capacity Building: Conduct PMTCT update for 35 midwifery lecturers; conduct HIV and AIDS update workshop for 45 participants; conduct pediatric HIV/AIDS care training for 30 faculty; conduct a workshop for 35 participants to develop competencies for Pharmacy Technology, Dental Technology, Medical Technology programs and strengthen HIV and AIDS content in the curricula

Workplace Program: Conduct update workshops for 16 peer educators and 12 focal persons; provide materials for workplace programs, e.g. condom dispensers

New/Continuing Activity: Continuing Activity

Continuing Activity: 17277

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17277	9900.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$50,000
9900	9900.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$75,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$83,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 -
Strengthening Prevention,
Care & Treatment through
Support to Programs Managed
by the Government of
Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease
Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 4544.24090.09

Planned Funds: \$650,000

Activity System ID: 24090

Activity Narrative: 09.X.SS01: MOH – Human Resource Development Support

ACTIVITY HAS BEEN CHANGED IN THE FOLLOWING WAYS

This activity, which is a 21-month project implemented over the course of FY2007 through FY2010, has different activities that are undertaken each year according to this plan: 2007 Pre-project phase; 2008 Inception phase; 2009 Implementation phase; and 2010 Exit phase.

In FY2009, the following will be undertaken during the Implementation phase:

- Development of the Essential Health Package (EHSP).
- Development of a Revised Human Resource Plan.
- Development of a Monitoring and Evaluation Strategy.
- Development of a Health Financing Framework.
- Development of a Procurement Framework.
- Capacity building and Continuous Professional Development (CPD) activities comprising MOH and MLG.

The outputs from this activity include a Prioritized Essential Health Services Package (EHSP) with necessary support systems; a revised HR plan aligned with the EHSP; a Monitoring and Evaluation Strategy; a Health Financing Framework; a Procurement Framework; a revised health service priority goals for MOH corporate plan; a cost analysis of implementation plan with recommendations; recommendations on key policy issues; a capacity development report; and a 10-year implementation plan.

From COP08:

This project began in 2004 as part of the Southern Africa Capacity Initiative (SACI) with initial financial support from the United Nations Development Program (UNDP) and technical assistance from both UNDP and the World Health Organization (WHO). In 2005, the USG provided funding for an assessment of human resources and health service, resulting in a revised ten-year human resource plan that takes into account the HIV/AIDS epidemic and the GOB's response. The assessment revealed major inequities in the distribution of health services in the country. 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, PEPFAR provided funding to the MOH's Department of Policy, Planning, Monitoring and Evaluation (DPPME) to undertake this next phase of the project. The overall purpose of this two-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 this project develops the capacity of the MOH. With the 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.

Because of funding and bureaucratic delays, it was not possible to award this project to a contractor during year one (FY07). In addition, funding provided by PEPFAR in COP 06 and COP 07 was inadequate to cover the cost of a project of this magnitude. Therefore, we are requesting additional funding in COP 08 to cover the cost of the second year of this two-year project.

By the end of 2009, results will include:

1. A 10-year Integrated Service Delivery Plan for Botswana's Health Services
2. Revised national HRH plan aligned to the health service plan
3. Recommendations on aligning the MOH Corporate plan to the health service plan
4. Cost analysis of implementing the plan, with the recommended most feasible scenario of financing the plan that takes into account issues of equity and sustainability, including strategies of bridging the identified financial gaps (i.e. the recommended resource allocation formulae)
5. Implementation guidelines, including the monitoring and evaluation mechanisms and Facility Management Toolkit and Procedure Manual

Activity Narrative: 6. Recommendations of key policy issues and how they impact on/should influence the current National Health Policy

7. Strengthened capacity within the Department of Policy Planning Monitoring and Evaluation

New/Continuing Activity: Continuing Activity

Continuing Activity: 17276

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17276	4544.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$0
9812	4544.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$140,000
4544	4544.06	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	3357	1039.06	Technical Assistance	\$340,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$650,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 12398.24091.09

Planned Funds: \$200,000

Activity System ID: 24091

Activity Narrative: 09.X.SS17: MOH – Health Care Workers Wellness Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity that supports a new national wellness program for health workers that is moving from the development to the implementation phase. In FY2009, training will continue, a follow up tool will be developed, mentoring support will be provided at district level for the establishment of the program, particularly in District Health Teams, and support groups will be organized. Emphasis will be placed on closely monitoring select facilities. It is planned that this activity will establish wellness programs in 50% of the districts.

From COP08:

The impact of HIV/AIDS on Botswana's healthcare system, coupled with health workforce shortages, has substantially increased the physical and emotional demands placed on 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 responsibilities for new HIV/AIDS services. At the same time, many health workers have found it more difficult to respond to the demands of work because they are HIV infected themselves or are personally affected by ill family members or friends. Though knowledgeable about HIV/AIDS, many health workers are the last to seek HIV treatment and care services.

The Government of Botswana 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 and, to this end, has developed a national Wellness Program for Health Workers. This program aims to provide a minimum package of services which include: health services for staff that incorporate wellness (physical and emotional) services and workplace safety; stress management programs (e.g., workshops, social and emotional support committees; networking opportunities, e.g., support groups, resources for rest/tea breaks at work, recreation (e.g., choir, football, social celebrations); training and staff development (e.g., workplace safety, team building, stress management); health worker recognition/appreciation initiatives.

MOH is leading this program with PEPFAR funds and technical support. The program coordinator, who began working in 2005, is supported by PEPFAR. To date, a national needs assessment has been conducted, program structures are in place and foundation materials have been developed.

2007 Achievements:

Developed national structure for the program; visited the wellness center for health professionals in Swaziland to learn best practices; conducted a hospital readiness assessment; developed the foundation materials (three-year program implementation plan, program guidelines - Implementation, Support Groups, Staff Morale), promotional materials (brochure, poster), training materials; established coordination structures (workplace wellness committees in 18 hospitals and 3 headquarters units); disseminating guidelines; conducting quarterly support visits to monitor implementation and provide technical assistance; training facilitators on the formation of support groups; training trainers and health workers in stress management and team building; developing additional brochures and program launch

2008 Plans:

Conduct quarterly support visits to monitor the implementation of the program and provide technical assistance; train 250 health workers in HIV/AIDS, Stress Management, Team Building, Occupational Health and Death and Dying

New/Continuing Activity: Continuing Activity

Continuing Activity: 17925

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17925	12398.08	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	7710	1039.08	U62/CCU02509 5 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana	\$200,000
12398	12398.07	HHS/Centers for Disease Control & Prevention	Ministry of Health, Botswana	5281	1039.07	CoAg # U62/CCU02509 5	\$147,000

Emphasis Areas

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 5404.09 **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:** Health Systems Strengthening
Budget Code: OHSS **Program Budget Code:** 18
Activity ID: 10269.24207.09 **Planned Funds:** \$254,195
Activity System ID: 24207
Activity Narrative: 09.X.SS90: Technical Expertise and Support
ACTIVITY UNCHANGED FROM FY2008
From COP08:
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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17339

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17339	10269.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$200,000
10269	10269.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$40,000

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 27327.09

Planned Funds: \$180,000

Activity System ID: 27327

Activity Narrative: 09.X.SS23: Mullens – GBDS & PWC Sub-contracts

This activity will support a prime partner, Mullens and Associates, to provide systematic pre-audit assessments for partners preparing for statutory audits, as well as for partners preparing to become new recipients. This activity will further support the prime partner to provide accounting, fiscal and financial monitoring services to a number of cooperative agreements, including the Government of Botswana (GOB) and other cooperative agreements outside the GOB, to ensure a systematic review of the recipients' accounting and fiscal management practices, reporting structures and internal control systems, thereby enhancing fiscal discipline and stewardship of (USG) resources among recipients. The sub partners under this activity will also provide pre-audit assessments for new cooperative agreements scheduled for statutory audits in FY2009. In addition, this activity will involve the provision of financial and accounting services assistance to selected recipients who need to build their capacity on adequate accounting systems. As such, through this activity, recipients would be assisted in preparing pre-audit schedules, pre-audit scopes and assessments of compliance issues, and financial and expenditure schedules in line with approved budget categories, as well as entire disbursements and reconciliations of draw downs. Each pre-audit assessment will be based on the tenets of international accounting standards and generally accepted accounting principles of the U.S. with the aim of providing project financial management services and guidance to recipients and other stakeholders.

The objective of this activity is to ensure that recipients effectively carry out and execute project budgets in compliance with laws, regulations, contracts and cooperative agreements' terms applicable to recipients. A part of this activity is to establish a reasonable assurance regarding whether or not the basic financial statements/project income and expenditure accounts are free of material misstatements, including those caused by error or fraud, and to assess the recipients' compliance with certain provisions of the cooperative agreements.

Further, this activity will contribute towards the objective of ensuring that there are adequate financial reporting checks and balances for recipients conducting projects in multiple program areas to eliminate possible double counting.

This activity will specifically contribute to the following results:

- Assisting cooperative agreement recipients to organize and prepare financial records in standardized formats to minimize exposure to financial risks.
- Reporting on compliance with applicable laws, regulations and other cooperative agreement terms.
- Expressing opinions on recipients' payments and disbursements schedules and reconciliations of draw downs to budget execution.
- Assessing and evaluating the strengths or weaknesses of financial systems of internal control.
- Providing feedback to prime partners and to the in-country CDC field office on recipients' improvements to project management controls, changes to policies and procedures and implementation of loss control measures to safeguard loss of information, money and other resources.

In FY2009, at least five cooperative agreements are planned to benefit from this activity. The five include the mega Government of Botswana cooperative agreement which previously benefited from these services for three years through a local purchase order mechanism.

The target group of recipients to benefit from this activity is drawn from both current recipients and planned recipients in FY2009 with emphasis on the financial reporting capacity building for new recipients and those recipients with project financial management constraints.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	\$180,000
Education	
Water	

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8742.09	Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana
Prime Partner: Mullens & Associates	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18
Activity ID: 27329.09	Planned Funds: \$250,000
Activity System ID: 27329	
Activity Narrative: 09.X.SS24: Mullens - NACA ELHR Coordinator	

This new activity provides Human Resource support to NACA to house the Ethics, Law and Human Rights (ELHR) secretariat and is a continuation of previous work carried out by the Botswana Network of Ethics, Law and HIV/AIDS (BONELA).

Since 2005, the President's Emergency Plan for AIDS Relief (PEPFAR) has supported BONELA, as secretariat of the National AIDS Council's Sector on Ethics, Law and Human Rights, to implement activities in the sector plan. Many policy and legal gaps related to HIV/AIDS have been identified in Botswana as documented by a legislative review conducted in 2005, particularly in the area of ethics and human rights, gender and stigma. 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.

Activities in the sector plan focus 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. Training workshops are held to address existing gaps in the knowledge and awareness of legislative and human rights issues in Botswana by targeting policy makers, interest groups, the private sector, community leaders, development organizations, people living with HIV/AIDS (PLWHA) support groups, District AIDS Coordinators and the general public. Increased awareness of prevalent human rights and legislative issues related to HIV/AIDS is expected to assist in legislative and policy reform and create a supportive environment for the implementation of reformed laws.

In early FY2008, a decision was made by National AIDS Coordinating Agency (NACA) to move the sector's secretariat to government and house it at the NACA. PEPFAR will continue to support the ELHR Sector by employing a policy advisor for NACA. The advisor will be the secretariat for the sector and will lead partners in the implementation of the sector plan.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$250,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 11682.09

Mechanism: Self-Help Support

Prime Partner: To Be Determined

USG Agency: Department of State / African Affairs

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 28593.09

Planned Funds: ██████████

Activity System ID: 28593

Activity Narrative: 09.X.SS27: Self Help Fund

The Ambassador's Self-Help Fund (SHF) provides grants to assist small-scale community development projects. The objective of the fund is to encourage self-reliance within local communities and to demonstrate the U.S. Embassy's interest in the welfare and social development of Botswana.

Funding priority is given to projects that include a significant community contribution and/or involvement, plan to generate income or employment opportunities, or address community social concerns. The purpose of Self-Help assistance is to lead to ongoing, self-sustaining activities.

With funds from the President's Emergency Plan for AIDS Relief (PEPFAR), the Self-Help Fund Coordinator will be able to increase the number of communities and people supported by the SHF. The US Ambassador will be authorized to sign these SHF agreements and thereby, obligate these PEPFAR funds. These \$5,000 to \$25,000 grants will assist HIV/AIDS home-based care centers as well as orphanages, pre-schools, and day-care centers which support HIV/AIDS orphans and children with HIV/AIDS.

Potential projects include construction of classroom and kitchen facilities for schools and orphanages, purchase and installation of water tanks, dripline irrigation systems, and shade netting to assist home-based care organizations in the growing of fresh fruits and vegetables with which to feed HIV/AIDS patients.

It is estimated that with these funds we will reach an additional five to ten communities serving 5000 to 20,000 people.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

- * Increasing gender equity in HIV/AIDS programs
- * Increasing women's access to income and productive resources

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Estimated amount of funding that is planned for Food and Nutrition: Policy, Tools and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening

Education

Estimated amount of funding that is planned for Education

Water

Estimated amount of funding that is planned for Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8754.09

Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 26752.09

Activity System ID: 26752

Mechanism: 674-A-00-07-00003-00 --
Capacity Project

USG Agency: U.S. Agency for International
Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$100,000

Activity Narrative: 09.X.SS26: Strengthening the Botswana Health Professions Council (BHPC) and the Nursing and Midwifery Council of Botswana (NMCB)

Botswana has two professional councils that regulate the health professions: the Health Professions Council and the Nursing and Midwifery Council of Botswana. The Health Professions Council is an independent, regulatory body established in 2001 and responsible for "promoting the highest standards of professional training, proficiency, conduct and etiquette of the 25 health professions that it regulates in order to protect the wellbeing of all Batswana." The Nursing and Midwifery Council was established in 1964 as the Nursing Examination Board of Botswana, Lesotho and Swaziland, but became the Nursing and Midwifery Council of Botswana in 1995.

Both councils are heavily dependent on Government for funding and staff, and are housed at the Ministry of Health. This activity would begin to strengthen the autonomy and functions of the Councils by providing technical assistance to develop the following functions:

- Monitoring standards of health care practice and medical ethics, and offering advice thereon to the practitioners of the various professions;
- Promoting high standards of professional training, proficiency, professional conduct and etiquette;
- Developing an evidence-base on their certification and testing programs to help support placement, especially expatriate placement;
- Develop an evidence-base for task-shifting- document the task-shifting analysis

The outputs from this activity would be guidelines and procedures for monitoring advocacy, operations research and promotion standards and the establishment of the examinations function of the Nursing and Midwifery Council.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$100,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 7891.09

Mechanism: CDC HQ & Cable

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 26753.09

Planned Funds: \$55,000

Activity System ID: 26753

Activity Narrative: 09.X.SS92: 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.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 7757.09

Prime Partner: Academy for Educational
Development

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 26747.09

Activity System ID: 26747

Mechanism: 674-A-00-08-00077 - Capable
Partners Program

USG Agency: U.S. Agency for International
Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$1,222,000

Activity Narrative: 09.X.SS07: AED – Capacity Building

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Academy for Educational Development (AED) was awarded a USAID/RHAP Associate Cooperative Agreement for the Local Partners Capacity Building Program under the Capable Partners Leader Award. AED's Capable Partner's Program (CAP) - Botswana supports the development of increased capacity among non-governmental organizations (NGOs), faith-based organizations (FBOs), and community-based organizations (CBOs) to implement successful HIV/AIDS prevention programs. Support includes technical assistance (TA) and grants management for local implementing partners. Technical assistance includes, but is not limited to: organizational development, United States Government (USG) compliance (PEPFAR program and USAID funding regulations and guidance), HIV prevention program delivery, monitoring and evaluation, and finance management.

The grants program will include continued funding for AED sub-grantees, as well as possible new sub-grantees, groups believed to be best suited to support future HIV-prevention efforts under PEPFAR in Botswana. This activity is linked to two other activity narratives, one under each budget code of Sexual Prevention; both with separate budgets and separate indicators. The capacity building activities are described in more detail under the human capacity development (HCD) program area section.

Within the prevention programming and specific to activities in HVAB, AED will continue to strengthen the capacity of and fund NGOs/CBOs/FBOs that are currently performing well and implementing successful and strategically important activities, as well as those who are not currently receiving any other funding. Additionally, this project looks at ways to help prepare NGO/CBOs/FBOs to receive future funding from diversified sources. AED's efforts with the sub-grantees seek to build on and utilize previous assessments done with the sub-grantees and to work to develop and implement detailed technical assistance plans, through a consultative process, that match the sub-grantees' capacity needs.

AED's sub-grantees under the CAP project undertake a variety of prevention programming and most receive both HVAB and HVOP funding, in order to take a more comprehensive approach to prevention programming. With the HVAB funds, sub-grantees implement a variety of prevention activities based on best practices and other successful and promising models to include, but not be limited to, a variety of behavior change interventions to address safer sexual behavior through abstinence programs with youth, "B" components to reach sexually active youth and adults, and general issues of fidelity, reduction of partners and multiple concurrent partners (MCPs). Concerns of stigma, alcohol use and abuse, gender-based violence, improved parent-child communication and related areas will also be addressed by AED's sub-grantees. Target populations include youth, adults in the general population, young vulnerable women, young people engaged in or at risk for inter-generational sex and other sexually active youth. The sub-grantees, many of them FBOs, reach their target populations in a variety of ways. These include contacting youth through kids clubs for in and out of school youth and adults by working with pastor's and church networks. FY2009 activities will also build on the successful development, pre-testing and use of picture codes and outreach manuals for sub-grantees' prevention programming.

AED's sub-grantees deliver prevention programs based on tools and interventions which already exist for HIV- prevention interventions across a broad spectrum of communication channels (e.g., peer-based, media-based, group-based, etc). Prior to creating new tools or developing new models or interventions, our team first looks at those already developed for Botswana, including those developed under the PACT agreement and across AED and other PEPFAR implementers' programs, to identify existing resources and ideas that have been proven effective.

More detail will be available, as AED finalizes their sub-grantees and works with them to develop detailed implementation plans.

In addition, AED understands that while they are managing grants for part of the prevention portfolio of USAID in Botswana, there are multiple other USG implementing partners providing grants and support to local partners, including PSI, FHI, Tebelopele, Futures Group, Pathfinder, YOHO, LCCT and Project Concern International. AED commits to ensuring coordination with these other implementing partners to ensure consistency in grant application packages and grant management approaches, as well as non-duplication of funded services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1331.09	Mechanism: U69/HA00047 -- I-TECH
Prime Partner: University of Washington	USG Agency: HHS/Health Resources Services Administration
Funding Source: GHCS (State)	Program Area: Health Systems Strengthening
Budget Code: OHSS	Program Budget Code: 18

Activity ID: 26749.09

Planned Funds: \$200,000

Activity System ID: 26749

Activity Narrative: 09.X.SS18: TBD - Strengthening Lay Counselor

This activity is a follow on activity that will implement recommendations made during an evaluation conducted in FY2008.

An important challenge faced by the health care system in Botswana is the shortage of skilled health professionals. Since 2002, the President's Emergency Plan for AIDS Relief (PEPFAR) and other development partners have supported the utilization of non-professional health workers in the provision of HIV prevention, treatment and care services in Botswana's health facilities. The World Health Organization (WHO) supports the increased use of auxiliary health workers and the newly developed Human Resources for Health (HRH) Plan for Botswana recommends greater use of mid-level workers, lay counselors in particular, in the health care system. In 2008, PEPFAR commissioned an evaluation of the lay counselor cadre to identify implementation challenges and make recommendations for strengthening this cadre.

Based on the recommendations from the evaluation, a technical assistance partner will be chosen to: (1) develop/revise and disseminate standards related to lay counselor recruitment, selection, training, job duties, and supervisory structure; (2) provide technical assistance for the review and revision of the training curriculum; and (3) undertake any other evaluation recommendation as identified

PEPFAR will continue to collaborate with the Ministry of Health (MOH), the Ministry of Local Government (MLG), the National AIDS Coordinating Committee (NACA), African Comprehensive HIV/AIDS Partnership (ACHAP), and the Global Fund. The outputs for this activity include the development of standards and guidelines for lay counselors and the revision of the training curriculum.

(See page 463 in COP08)

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9206.09

Mechanism: U2G/PS001309 -- Pre service training

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19887.24504.09

Planned Funds: \$400,000

Activity System ID: 24504

Activity Narrative: 09.X.SS09: JHPIEGO – Health Worker Wellness and Pre-Service Training

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity awarded to a new partner. Only a half a year's funding has been provided because FY2008 funds will provide funds for half of FY2009. Specific activities for FY2009 will include: piloting of continuing education for faculty using a distance learning mechanism; development of teaching and student evaluation tools; development of a Master Faculty Cadre; development of web-based tool for linking and supporting health worker; revision of training curriculum for auxiliary workers and institutionalization of training; and technical assistance to the National Wellness Program for Health Workers (WHW).

From COP08:

Since the beginning of the epidemic in Botswana, training in HIV/AIDS has focused on providing practicing health workers with information and skills to enable them to offer new HIV/AIDS prevention, treatment and care services in public facilities as they are developed and rolled out nationally. Pre-service training in HIV/AIDS for nurses and other allied health workers has not kept pace with these developments and has only recently been integrated into pre-service curricula. The Institutes of Health Sciences (IHS), a tertiary institution for the training of health personnel located under the MOH, trains the vast majority of nurses and other allied health workers for the country. The IHS consists of eight health training institutes with over 1,500 students. A basic diploma is offered in general nursing, medical laboratory technology, pharmacy technology, dental therapy, health education and environmental health. Post-basic level courses are offered in midwifery, family nurse practice, community health nursing and nurse anesthesia. Since 2003, USG has provided technical assistance to IHS for the integration of Prevention of Mother-to-Child Transmission of HIV (PMTCT) into the midwifery curriculum, strengthening HIV/AIDS content and teaching in all program areas and has provided HIV/AIDS informational resources to faculty and libraries. The overall aim of this capacity building is to develop high-quality pre-service training in HIV/AIDS. In addition to curricula and faculty development, a workplace program to provide HIV education and services to both faculty and students is currently being established at the Institutes in collaboration with the MOH National Wellness Program for Health Workers. Additional training and support materials for use in the national program and in the Institutes will be needed in 2008. 2007 Achievements: Developed a long-term strategic plan for capacity building at IHS Gaborone; provided technical expertise for faculty updates on PMTCT and HIV, (infant feeding, early infant testing, caring for caregivers); established resource corners (computer unit with HIV/AIDS information) in 8 Institutes and provided training for students and staff; developed competencies and integrated HIV/AIDS into the course content for the nursing program; established workplace wellness program for health workers. 2008 Plans: Evaluate the capacity building activities to date and identify capacity building gaps and needs related to HIV/AIDS pre-service training; design and implement a long-term capacity building strategy for all Institutes; develop HIV/AIDS competencies and integrate HIV/AIDS information and skills development into IHS course plans for Pharmacy Technology, Dental Technology, and Community Health Nursing, Family Nurse Practitioner and Midwifery programs; develop a system for regularly integrating in-service HIV training into pre-service training and keeping faculty up to date; provide mentoring for the MOH HIV Training Coordinator and assist in the development of annual MOH pre-service work plans; develop three additional wellness modules; develop support tools to be used in conjunction with training and during follow-up.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19887

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19887	19887.08	HHS/Centers for Disease Control & Prevention	JHPIEGO	9206	9206.08	Pre service training	\$800,000

Emphasis Areas**Human Capacity Development**

Estimated amount of funding that is planned for Human Capacity Development \$400,000

Public Health Evaluation**Food and Nutrition: Policy, Tools, and Service Delivery****Food and Nutrition: Commodities****Economic Strengthening****Education****Water**

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8754.09

Prime Partner: IntraHealth International, Inc

Funding Source: GHCS (State)

Budget Code: OHSS

Activity ID: 19149.24409.09

Activity System ID: 24409

Mechanism: 674-A-00-07-00003-00 --
Capacity Project

USG Agency: U.S. Agency for International
Development

Program Area: Health Systems Strengthening

Program Budget Code: 18

Planned Funds: \$500,000

Activity Narrative: 09.X.SS21: Technical Assistance Health Workforce Strategic Planning

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The Southern Africa Human Capacity Development Coalition (SAHCD) will continue work started in 2008 with Capacity Project that is based on recommendations to the OGAC HCD Technical Working Group by a technical team that visited Botswana in May 2008. In FY2008, technical assistance is being provided for the development of a Human Information Management System (HRIS), health worker retention strategy, strategic plan development for the new pre-service institution, the University of Botswana Faculty of Health Sciences, implementation of the Management and Leadership Development Program, support on the Ministry of Local Government Customer Focused Strategy for health facilities and their Model Clinic project. SAHCD will provide quality improvement training and monitoring visits to the facilities. A central aim will be to ensure developed local management capacity at both national and facility level. At the facility level, this will be achieved by supporting the inter- and intra-departmental quality improvement teams as they facilitate quality improvement activities and develop guidelines and procedures, while they work towards achieving substantial compliance with standards. This would be led by a MOH/MLG team to do accreditation assessments of all facilities in quality improvement program. In addition to activities continuing from 2008, in FY2009, SAHCD will provide two advisors, one in MOH and one in MLG, to support project implementation, and expand the pre-service training work to include the Institutes of Health Sciences. The latter will address the supply constraints at the Institutes, including faculty retention.

SAHCD is made up of seven organizations; IntraHealth, Management Sciences for Health (MSH), Foundation for Professional Development (FPD), Council of Health Service Accreditation of Southern Africa (COHSASA), The Eastern, Central, and Southern African (ECSA) Health Community -HR, Training Resource Group (TRG) and Institute of Development Management (IDM).

The outputs for this project will be training strategies for the University of Botswana (UB) and the Institutes for Health Sciences (HIS).

From COP08:

The Government of Botswana has clearly recognized HIV/AIDS as a health and development crisis and has mounted a comprehensive, multi-sectoral response to fight the HIV/AIDS epidemic and mitigate its impact. While the governmental response to HIV/AIDS has been strong, effective implementation of programs and services has been hampered by human capacity shortages at all levels. The capacity deficit is manifested in both absolute numbers and in skills. With PEPFAR funding in 2005 and 2006, Government undertook an assessment of the health workforce and put a new human resources for health (HRH) plan in place (2006 – 2016) to address both absolute shortages and inequities in health worker distribution. The assessment report made numerous recommendations for further steps necessary to facilitate the smooth implementation of the new plan in such areas as recruitment, training, monitoring and evaluation and policy. In 2008, the Capacity Project will be engaged to assist the Department of Policy, Planning, Monitoring and Evaluation (DPPME) in the Ministry of Health to identify the recommendations/activities that most urgently need to be addressed in order to implement the new HRH plan and provide technical assistance in doing so. Among those likely to be identified are: 1) Development and implementation of an Human Resource Information System (HRIS) for health workers, 2) Development and implementation of a management course for hospital superintendents and senior staff, 3) Development of short- and long-term recruitment strategies for the health workforce, and 3) Development of short- and long-term training strategies. It is anticipated that this initial work will develop into a longer-term technical support relationship in which the Capacity Project or a similar technical assistance agency will assist the Government of Botswana with its long-term strategy for addressing workforce deficits and human capacity development. Contributions to the Program Area/Benchmarks or outcomes: This activity will strengthen the ability of the Government to implement its new human resource plan by identifying and providing technical assistance to address critical gaps. Outcomes for 2008 include: Identification of urgent issues; Provide technical assistance in the development and implementation of one of the following: HRIS, Management Course, Recruitment Strategy, Training Strategy.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19149

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19149	19149.08	U.S. Agency for International Development	IntraHealth International, Inc	8754	8754.08		\$300,700

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 9206.09

Mechanism: U2G/PS001309 -- Pre service training

Prime Partner: JHPIEGO

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19649.24410.09

Planned Funds: \$210,000

Activity System ID: 24410

Activity Narrative: 09.X.SS22: JHPIEGO – Training Information Monitoring System

ACTIVITY UNCHANGED FROM 2008

From COP08:

Activities in FY 2008 includes pilot testing, modification of the training information management database and provision of training for the local users.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19649

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19649	19649.08	HHS/Health Resources Services Administration	JHPIEGO	8755	8755.08		\$60,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$60,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19647.24403.09

Planned Funds: \$0

Activity System ID: 24403

Activity Narrative: 09.X.SS20: URC – Targeted Evaluation

ONGOING ACTIVITY WITH NO ADDITIONAL FY2009 FUNDS REQUESTED – DELAYED IMPLEMENTATION

From COP08:

A number of PEPFAR-supported programs have been underway for several years now. Under this activity, external process evaluations will be conducted on activities which have been supported for three or more years and that are planned to continue in 2008. These activities include UMDNJ-FXBC Technical Assistance to PMTCT, Pre-service Training and Health Worker Wellness, NASTAD Technical Assistance to Community Planning and Community Capacity Enhancement Program (CCEP). Based on the scope of work provided, URC will conduct site visits and interviews with key informants and beneficiaries of the targeted partner activities in order to identify strengths and weaknesses of the program, and in turn, help map the way forward. The focus of the evaluations will be on the technical content and management of the activities, as well as the effectiveness of the interventions. Best practices and program challenges will be documented and recommendations included.

New/Continuing Activity: Continuing Activity

Continuing Activity: 19647

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19647	19647.08	HHS/Centers for Disease Control & Prevention	University Research Corporation, LLC	8747	8747.08		\$300,000

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 4543.24396.09

Planned Funds: \$195,000

Activity System ID: 24396

Activity Narrative: 09.X.SS08: Mullens -- IDM – Sustainable Management Development Program

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuous activity under which the President’s Emergency Plan for AIDS Relief (PEPFAR) funds the Institute of Development Management (IDM) to implement the Sustainable Management Development Program (SMDP) program to strengthen HIV program and services management in the public and civil society sectors. Funding has been reduced in FY2009 because FY2008 carryover will take the program through early 2010. FY2009 funding will be used to strengthen the mentoring component of the program and further develop it as a required follow on to the initial training. This will be done initially as a pilot program focusing on SMDP graduates from the Botswana National TB Program. Graduates will be mentored to sustain the continuous application of techniques and tools for the improvement of processes, service delivery and quality. A monitoring and evaluation plan will be developed to assess short and medium term outcomes of training.

From COP08:

The Sustainable Management Development Program (SMDP), established in 2003 at the Botswana Institute of Development Management (IDM) with the assistance of CDC/BOTUSA, is based on the CDC Management of International Public Health (MIPH) Course. The objective of this training is to build the managerial and leadership capacity of public health program managers working in HIV/AIDS in the public, non-governmental (NGO), community-based (CBO) and faith-based (FBOs) sectors.

The curriculum is in modular form allowing for shorter training in specific management areas. The major component of the course is the Total Quality Management (TQM) module, designed to develop problem solving and analytical skills for improving routine processes and service delivery in public health programs. Other modules include leadership, communications, team building and strategic resource development. The training is currently undergoing the accreditation process with the Botswana Training Authority (BOTA), with two major components of the course, TQM and Effective Communications, in the final stages of accreditation.

To date, the MIPH course has been adapted to Botswana and a local SMDP program established, ten trainers have been trained in MIPH in Atlanta, 100 public health managers have been trained in SMDP in Botswana, an external evaluation was conducted (2005) and the first SMDP Alumni Conference was held (2007).

2007 achievements:

Trained 120 public health managers in the Botswana SMDP; held first annual Botswana SMDP Alumni Conference (94 in attendance); two modules in the final stages of accreditation with the local training authority; developing a mentor program which will train 20 SMDP graduates to be SMDP focal points in their workplaces; update on the new TQM module scheduled for November

2008 plans:

Train 120 public health managers in SMDP (4 months); train 40 public health managers in TQM (1 week) from MOH, Laboratory Services, Pharmacy Services and the TB program; train 40 managers from NGO, CBO and FBO sectors in Leadership, Networking and Strategic Resource Development (1 week); hold annual two-day conference for 150 Botswana SMDP alumni; train 40 mentors to support and supervise the applied TQM projects; train one IDM staff member in MIPH course at CDC, Atlanta; train two IDM staff in advanced public health management courses; course accreditation will continue.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17916

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17916	4543.08	HHS/Centers for Disease Control & Prevention	Mullens & Associates	8742	8742.08	CoAg (5444.08)	\$410,000
9837	4543.07	HHS/Centers for Disease Control & Prevention	Institute of Development Management, Botswana	5291	1370.07	Contract	\$200,000
4543	4543.06	HHS/Centers for Disease Control & Prevention	Institute of Development Management, Botswana	3373	1370.06	Contract	\$157,500

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$195,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17923.24397.09

Planned Funds: \$200,000

Activity System ID: 24397

Activity Narrative: 09.X.SS15: Mullens – School of Public Health Curriculum Development

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

The President's Emergency Plan for AIDS Relief (PEPFAR) will continue to support the development of public health education in the University of Botswana Faculty of Health Science by employing an expert consultant to implement the strategic plan developed during FY2008. Activities in FY2009 will be a continuation of those that will be built on the results of a needs assessment to be conducted in FY2008 and will include:

- the review of existing curricula for public health content and the development of curricular proposals for each undergraduate and post graduate program.
- the development of a strategy/plan for providing continuing education in public health for practicing health professionals.
- assistance to the Faculty of Health Sciences to forge linkages, including the development of Memoranda of Understanding (MOU) with Botswana Government Ministries, other relevant institutions within and outside the country, and regional University partners
- assistance in faculty professional development and classroom teaching, as appropriate.

From COP08:

Botswana is currently in the process of establishing a medical school at the University of Botswana (UB), with the first class able to do their entire medical education in country beginning this year. A local internship program has just begun, residencies in pediatrics and internal medicine are being established and a new teaching hospital is planned. Aside from the public health component, the curriculum has been developed. The public health courses, when developed, will be integrated into the medical school curriculum, as well as the larger Faculty of Health Sciences, with the longer-term vision of establishing a school of public health in future.

2008 Plans

The activity will support a partner, to provide technical assistance to UB and the new medical school to develop its public health component. This assistance is likely to focus on faculty recruitment and growth, curriculum development and the development of distance learning and telemedicine capacity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17923

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17923	17923.08	HHS/Centers for Disease Control & Prevention	Mullens & Associates	8742	8742.08	CoAg (5444.08)	\$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development \$200,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 19622.24398.09

Planned Funds: \$25,000

Activity System ID: 24398

Activity Narrative: 09.X.SS19: Mullens -- HIV/AIDS Policy Development (BONELA)

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This is a continuing activity that will not need full funding in FY2009, because FY2008 funds will carry it through to early 2010. The activities were modified in mid-2008, hence a description is provided below.

Since 2005, the President's Emergency Plan for AIDS Relief (PEPFAR) has supported the Botswana Network for Ethics, Law and HIV/AIDS (BONELA), as secretariat of the National AIDS Council's Sector on Ethics, Law and Human Rights, to implement activities in the sector plan. In early FY2008, a decision was made by the National AIDS Coordinating Committee (NACA) to move the sector's secretariat to government. PEPFAR will continue to support the Ethics, Law and Human Rights (ELHR) Sector by employing a policy advisor for NACA under another activity, while supporting BONELA to conduct policy and advocacy work around the same issues. In FY2009, BONELA will continue to employ a Policy Advisor to continue advocacy on policy issues from the review of laws, regulations and policies undertaken in 2005. These issues include promoting sustainable HIV/AIDS medications and advocating for the right to health, developing policies and programs targeted to address the sexual reproductive health needs of HIV positive persons, particularly women, shadow reporting on CEDAW, and advocating for the ratification of the African Charter on the Rights of Women in Africa and the formulation of the Botswana Charter on the Rights of Women. Currently, Botswana's constitution does not expressly prohibit discrimination of persons on the basis of gender. Advocacy will also include the need to harmonize the provisions of the constitution relating to the protection of women. Other activities will include promoting the enactment of the Domestic Violence Act and monitoring the implementation of national HIV testing guidelines relating to informed consent and confidentiality. BONELA will report regularly to the NAC, develop a model policy on SRH services, hold consultative meetings with ministries and parliamentarians, and conduct community education campaigns.

The outputs of this activity will include a model SRH policy, advocacy materials for community campaigns on Domestic Violence Act, a shadow report to the UN Commission on Gender on CEDAW, and leaflets on confidentiality and informed consent.

From COP08:

The Botswana Network on Ethics, Law and HIV/AIDS (BONELA), a non-governmental organization, is secretariat to the Ethics, Law and Human Rights (ELRH) sub-committee of the National AIDS Council (NAC) and is responsible for coordinating the implementation of the sector plan. Many policy and legal gaps related to HIV/AIDS in Botswana were documented in a 2005 legislative review, particularly in the area of ethics and human rights, gender and stigma. 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, including people with disabilities. Since 2005, BONELA has received USG funding to employ a policy advisor to implement activities outlined in the ELHR strategic plan. These activities focus 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 issues related to HIV and AIDS. Training workshops address existing gaps in the knowledge and awareness of human rights issues in Botswana by targeting policy makers, interest groups, the private sector, community leaders, development organizations, PLWA support groups, District AIDS Coordinators and the general public. Increasing awareness of prevalent human rights and legislative issues related to HIV/AIDS is expected to assist in legislative and policy reform and create a supportive environment for the implementation of reformed laws. 2007 Achievements: 180 people (PLWAs, government workers, policy makers, civil society, private sector) trained to strengthen political and popular support for HIV/AIDS policies and legislative reform and build capacity to participate in policy development; conducted national media campaign to create awareness on the need for an HIV employment law; project to address HIV stigma in schools /is planned to start before the end of the year. 2008 Plans: Conduct training workshops in 9 districts (100 participants) to address existing gaps in the knowledge and awareness of legislative and human rights issues in Botswana by targeting policy makers, interest groups, the private sector, community leaders, development organizations, PLWA support groups, District AIDS Coordinators and the general public; conduct an awareness raising media campaign using leaflets, advertorials, radio talk shows to disseminate the results of a situational analysis on vulnerable groups (women, children, MSM) to be conducted with Global Funds (Round 7); hire a training officer to support the above activities

New/Continuing Activity: Continuing Activity

Continuing Activity: 19622

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
19622	19622.08	HHS/Centers for Disease Control & Prevention	Mullens & Associates	8742	8742.08	CoAg (5444.08)	\$125,000

Emphasis Areas

Gender

- * Increasing women's legal rights
- * Reducing violence and coercion

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 1039.09

Mechanism: U62/CCU025095 - Strengthening Prevention, Care & Treatment through Support to Programs Managed by the Government of Botswana

Prime Partner: Ministry of Health, Botswana

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 26751.09

Planned Funds: \$100,000

Activity System ID: 26751

Activity Narrative: 09.X.SS25: MOH – KITSO HIV/AIDS Training Coordinating Unit (KITCU)

Since the first case of AIDS was reported in Botswana in 1985, the Government of Botswana has responded proactively to the epidemic by creating training programs for health workers to support the provision of HIV/AIDS prevention, care and treatment programs. With the President’s Emergency Plan for AIDS Relief (PEPFAR) support in 2004, the Ministry of Health (MOH) strengthened the coordination and integration of various training programs by establishing the KITSO Planning Committee to assist with the development of the KITSO Expansion Plan (2004), a document that guides MOH and its partners in training coordination. It is against this backdrop that the Department of HIV/AIDS Prevention and Care established the KITSO HIV/AIDS Training Coordinating Unit (KITCU) to ensure comprehensive, standardized, coordinated HIV/AIDS trainings and to bring all existing and future HIV/AIDS-focused in-service training under the leadership and direction of the MOH. The MOH has also established the National HIV/AIDS Training Steering Committee to guide and advise the Coordinating Unit. This coordination effort has been aided by supporting PEPFAR-funded activities including the introduction of the Training Information Monitoring System (technical assistance from JHPIEGO), human resource support to the unit, development of an electronic inventory of training curricula, development of training standards and guidelines, establishment of a web-based resource center and further development of HIV/AIDS trainers (technical assistance provided by ITECH).

In FY2009, support to the Unit will complement the technical assistance provided by ITECH and be used to purchase equipment, including a photocopier, print guidelines, reports and other documents pertinent to their function, and hold stakeholders meetings.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Human Capacity Development
Estimated amount of funding that is planned for Human Capacity Development \$100,000
Public Health Evaluation
Food and Nutrition: Policy, Tools, and Service Delivery
Food and Nutrition: Commodities
Economic Strengthening
Education
Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8747.09

Mechanism: U2G/PS000947: Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: University Research Corporation, LLC

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17922.24609.09

Planned Funds: \$350,000

Activity System ID: 24609

Activity Narrative: 09.X.SS12: URC – Gender and HIV/AIDS

ONGOING ACTIVITY FOR WHICH NO FY2008 FUNDS ARE REQUESTED – DELAYED IMPLEMENTATION

From COP08:

In support of the Botswana National Strategic Framework on HIV/AIDS (2003-2009), the U.S. Ambassador's HIV/AIDS Initiative has supported local partners to mitigate and reduce the stigma related to HIV/AIDS. In order to enhance the work already undertaken by this Initiative the US Embassy plans to support a new activity that will address the gender emphasis area to increase women's access to income and productive resources. This is in recognition that women and girls' lack of economic assets increases their vulnerability to HIV/AIDS. Therefore providing women with economic opportunities empowers them to avoid high risk behaviors, seek and receive health care services and better care for their families.

Botswana has prioritized poverty alleviation in its national development plan; however, women in Botswana tend to suffer poverty and economic marginalization more acutely than men. A number of factors contribute to the differences in the experience of poverty and economic disadvantage between the two groups. These factors include legal and cultural norms that restrict women's access to, and control of, productive resources.

Gender inequalities also exist in the education system and these impacts negatively on poverty alleviation strategies. In the area of women and health, it is important to bear in mind the fact that people's health and well being are outcomes of the economic, social, political and cultural context in which they lead their lives. In the case of Botswana, women lack full and equal participation in the cited context, and therefore, experience different and additional health barriers. Nevertheless, Botswana has made some strides in this area of Women and Health. Since 1995, Botswana has revised the Family Planning guidelines with the aim of removing barriers to accessing health services by women and girls. There is also an integration of STI and HIV/AIDS prevention with family planning services and reduction of mother to child transmission of HIV. However violence against women is one of the pervasive and escalating social problems in Botswana.

Despite the commendable work and initiative by GOB, many young women in poorer, outlying communities remain highly vulnerable to HIV because they lack access to independent income generating activities, and thus have the potential to be abused and exploited in their relationships with male partners. Since many adult women and adolescent girls continue to lack direct access to cash income, their ability to successfully resist sexual demands from male partners is greatly undermined. Over 50% of people in Botswana live in rural areas and most of them are women. Studies also show that HIV/AIDS prevalence is also high in rural areas. Botswana's rural areas are endowed with natural resources that if prudently utilized, can carry Botswana sustainably into the future. Women residing in rural areas, as custodians of the natural environment, need to be empowered economically and politically to improve their livelihood systems.

NGO's like Women Against Rape (WAR) have tried to break the dependency syndrome that results from women not having their own income and their own resources through an Africa Development Foundation (ADF) funded project that included conducting research on viable small businesses for women in Ngamiland (from cooking, and sewing, to basketry and other activities). Somarelang Tikologo (Environment Watch Botswana) also engaged in a project called Green Shop Project for Women's Economic Empowerment funded by the Women's Affairs Department in which they educated and trained women, and developed marketing centers. Other organizations such as Bomme Isago Association, are working with women to empower HIV positive women on their reproductive health rights and available services.

This activity introduces a unique project approach that aims at economically empowering the rural woman, using raw material from the natural resource base by giving them the resources needed to establish them as enterprises. The uniqueness of this project lies in the emphasis to utilize the natural resource base, which if prudently used, will bear sustainable outputs. The project also moves beyond training and educating, and gives rural women the chance to utilize skills and indigenous knowledge to finally run output-oriented enterprises.

Rural Women Economic Empowerment Project seeks to provide opportunity for rural and peri urban based women aged 25 years and above to engage in business, sustainably utilizing their natural resources to attain independence over livelihood choices, socio-cultural and political choices. Specific objectives are:

- To educate and empower women on HIV/AIDS issues.
- To reduce vulnerability to HIV/AIDS amongst women by avoiding dependence on men in relationships.
- To economically empower women to have independence in decision making at household level.
- To provide women with seed money to start businesses to improve their rural livelihood.
- To use the rural woman to conserve the environment while at the same time benefiting from it.

The activity will be implemented by an experienced Non -Governmental Organization, which has experience in Gender issues and natural resource management, it will coordinate the program and work closely with 3 NGO's in 3 regions in Botswana. Women will be provided with funds to start up or improve on projects that have natural resources as their raw material. They will also be sensitized on HIV/AIDS issues and their reproductive health needs. Linkages with other PEPFAR supported partners such as BONASO, BONELA, Hope World Wild, Catholic Relief Services and BONEPWA will be formed to leverage support and utilization of available technical assistance. Additionally support will be sort from Peace Corps volunteers working in the NGO and PMTCT programs in order to foster collaboration and maximize available resources.

The activity will assist Botswana in addressing a number of policy priority areas including economic diversification, poverty alleviation, women empowerment, sustainable environmental management and rural development.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17922

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17922	17922.08	U.S. Agency for International Development	Constella Futures Group	7751	1339.08	GPO-I-00-05-00040-00: Health Policy Project	\$250,000

Emphasis Areas

Gender

* Increasing women's access to income and productive resources

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening \$350,000

Education

Water

Table 3.3.18: Activities by Funding Mechanism

Mechanism ID: 8742.09

Mechanism: U2G/PS000941 -- Building Human Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs in the Republic of Botswana

Prime Partner: Mullens & Associates

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 17912.24512.09

Planned Funds: \$100,000

Activity System ID: 24512

Activity Narrative: 09.X.SS04: Mullens - MISA-Community Outreach

ACTIVITY UNCHANGED FROM FY2008

From COP08:

A partner will be selected to work with the local chapter of the Media Institute for Southern Africa (MISA) in Botswana to conduct seminars on HIV AIDS and TB prevention in five underserved districts in: Selibe Phikwe, Serowe, Ghanzi, Francistown and Kasane. MISA will help assure local media involvement and support guest speakers who travel to the seminars to participate.

In 2008, at least 5 workshops are planned for up to 50 people each. MISA Botswana is part of a regional organization for journalists and other media professionals throughout the SADC region. One of the nongovernmental organization's objectives is to encourage social responsibility in the media to disseminate accurate information on the pandemic. The Botswana chapter has 155 individuals and 20 organizations affiliated with it and is well placed to expand coverage and information dissemination within Botswana and beyond.

The target groups for the seminars are drawn from local media, community leaders, district administrators and elected leaders, traditional chiefs, police. The dialogue will engage guest speakers and community health workers the latest interventions, assessments and experience in Botswana in prevention, testing, care, treatment and capacity building.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17912

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17912	17912.08	HHS/Centers for Disease Control & Prevention	To Be Determined	7726	5444.08	RFA-PS07-747-Building Human-Resource Capacity to Support Prevention, Care and Treatment, Strategic Information and Other HIV/AIDS Programs	■

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: \$5,999,096

Program Area Narrative:

In response to the challenges that HIV and AIDS present to Botswana, efforts continue to be made to diversify approaches, fine tune technical support, and plan for future program sustainability with the support of the Presidents' Emergency Plan for AIDS Relief (PEPFAR). The national HIV prevalence rate is 23.9% among adults ages 15 to 49, according to recent UNAIDS data, and an estimated 300,000 are living with HIV/AIDS. About 53.2% of Batswana know their HIV status up from 25% in 2004, 95% of pregnant mothers gaining that information through the Prevention of Mother to Child Transmission program. The Botswana 2007 Sentinel Survey indicated that HIV prevalence among pregnant women (15-49 years) is 33.7%, though the overall trend appears to be decreasing from 37.4% in 2003. The Department of HIV/AIDS Prevention and Care reports that, as of the end of July 2008, a total of 109,991 patients were receiving HAART, 97% of the 113,000 patients estimated to require treatment. Challenges remain, however, with prevention, particularly the issue of multiple concurrent partnerships, alcohol abuse, nascent civil society, and human capacity development.

The President's Emergency Plan for AIDS Relief (PEPFAR) in Botswana is implemented by six United States Government (USG) agencies, of which five have resident staff in Botswana: Department of Defense (DOD); Department of Labor (DOL, non-resident); Department of State; Department of Health and Human Services (HHS) both Centers for Disease Control and Prevention (CDC) and Health Resources and Services Administration (HRSA); Peace Corps; and United States Agency for International Development (USAID), through the Pretoria-based Regional HIV/AIDS Program (RHAP) at USAID/Southern Africa

and a Gaborone-based U.S. Personal Services Contractor (USPSC), the USAID Country Director. The overall PEPFAR Coordinator will be hired as a USPSC by USAID and will report directly to the Deputy Chief of Mission. We are in the process of recruiting for this position.

A key event in June 2008 that facilitated interagency teamwork was the co-location of PEPFAR CDC, DOD, USAID, State and Coordinator's Office staff. The new facility is the former USAID/Botswana office complex owned by the Government of Botswana (GOB)/Ministry of Health (MOH), which graciously offered its use to CDC. CDC occupies one building in the complex for its administration and non-PEPFAR bilateral TB and HIV Prevention Research (HPR) programs. CDC manages a second building for the interagency PEPFAR team and provides critical administrative and information technology support. Although the move required significant staff time, the co-location of key PEPFAR staff in one building and the increased space available to staff have been beneficial to teamwork and program management.

PEPFAR Botswana made significant progress during FY2008 in implementation of staffing for results (SFR). In February-March 2008, the interagency team undertook a management training and team building (MTTB) exercise that clarified interagency management and Technical Working Group (TWG) structures and established a number of new structures and processes to facilitate work. Most of these have yielded positive results and are summarized below.

Staffing Issues:

Botswana's SFR progress, however, must be considered in the context of severe and continuing staffing vacancies, particularly affecting CDC and USAID programs. As of November 2008, at CDC (PEPFAR), all of the Locally Engaged Staff (LES) positions remained vacant and only 3 of 6 United States (US) direct hire positions were filled. Most CDC technical program oversight is carried out by COMFORCE contractors, who are committed and skilled, but lack the formal authority and training for key management decisions and actions. At USAID, the PSC Country Director has been able to fill one of the four approved LES positions (staffed through State Department). She has also received significant management support from the staff of RHAP and the USAID Southern Africa Mission. Staff burn-out is becoming an increasing concern. Difficulties in computer assisted job evaluation (CAJE) of highly technical positions, the tight Gaborone labor market, and relatively low USG salary levels do not bode well for relief in the near future.

The GOB recently instituted a 40% salary increase for all "critical positions," including physicians and senior technical staff working on the national AIDS response. This led to an almost immediate departure of two technicians from the CDC HPR program, threatening pre-exposure prophylaxis Truvada trials. While this increase should foster sustainability of the GOB national response, the HPR experience suggests that attracting qualified national staff for USG PEPFAR programs will be increasingly difficult in FY2009 and beyond.

Functional Organizational Teams:

Botswana's Functional Organizational Chart and its April 2008 "SFR Roadmap" are included as an annex to this Country Operational Plan (COP). The Botswana PEPFAR Interagency Team (IAT) was established in August 2004 during the development of the PEPFAR Botswana Five-Year Strategy and has retained its critical leadership role since that time. The IAT meets monthly under the leadership of the Deputy Chief of Mission, with the PEPFAR Coordinator serving as the Secretariat.

The MTTB process clarified the purpose of Botswana's "PEPFAR Info Group," which is to "share information relevant to the PEPFAR Botswana program among professional personnel from all five agencies." The Info Group comprises a broad representation of technical and management staff from all agencies and meets every other Tuesday for one hour. The Information Group continues to serve as a useful forum to promote interagency coordination and collaboration.

The MTTB process reviewed PEPFAR Botswana's experience with TWGs and determined that formation of an explicit USG Core TWG per key PEPFAR technical area was indicated. The USG Core TWGs are new (or more explicit) groups based on PEPFAR program area budget codes that are intended to increase USG interagency collaboration and performance of some inherently Governmental functions. The Core TWGs meet no less than quarterly, and more often for COP preparation.

Staff feedback indicates that Core TWGs are yielding positive results. The benefits are most notable for those program areas previously managed by only one technical advisor: "Before I was so alone, now I can call on my colleagues at the Embassy and DOD and get some help!" Several Core TWGs have undertaken joint field visits and, as noted below, undertook joint partner performance reviews. The IAT recently decided to form a new USG Core TWG for male circumcision, which has taken the lead in development of circumcision-related activities for this COP.

Peer Portfolio Review:

The USG PEPFAR team conducted interagency Peer Portfolio Reviews (PPRs) in June-July 2008. These were undertaken through a two-tier process. First, using a standard template, all of the USG Core TWGs reviewed all activities funded under the program area(s) for which they are responsible. In most cases, this involved presentations and consultation with each of the implementing partners receiving funding in a given program area. In general, USG PEPFAR staff indicated a high degree of satisfaction with the program area-level activity review process and outcomes. Feedback from partners, however, suggested that they would prefer doing only one review covering several program areas, to avoid separate presentations with different TWGs on different days. The USG team is taking this feedback and experience into account in planning for the next round of PPRs, notionally in January-February 2009. The six-month portfolio review will be organized around the larger, more complex projects being implemented by specific partner organizations.

In order to have an optimal number of professionals to assure the validity of conclusions and recommendations of the program

area-level reviews, PEPFAR Botswana also established USG Combined TWGs. The USG Combined TWGs comprise members of selected Core TWGs for the purpose of the second-tier PPRs. The Combined TWG PPRs were less satisfactory. Concerns are that too little time was given to consider the issues of the different program areas and/or issues were not resolved. Based on this feedback, the USG team plans a two-to-three day all-team retreat for the next second-tier PPRs to assure adequate time for discussion and resolution of issues.

Expanded TWGs:

The PEPFAR Botswana Five-Year Strategy (October 2004) established five TWGs that have served as a useful forum for exchange by the USG, GOB, implementing partners and other stakeholders in Behavior Change Communications, Orphans & Vulnerable Children, Counseling & Testing, Strategic Information and Capacity Building, and Care & Treatment. (For clarity, PEPFAR Botswana will now call the existing joint GOB-USG TWGs “Extended TWGs” in USG documents.) They have been maintained and/or reinvigorated to assure continued communication and collaboration with partners (funded and not-funded).

Several new “Extended TWGs” have been established during 2008 to provide for more focus on specific technical areas that have not previously been covered in depth, notably for TB/HIV, PMTCT, and Laboratories. These – and the others – proved useful during PPRs and provided important inputs into the COP2009 development process.

Instrument Management Teams:

Interagency program management is especially important in Botswana, given the high number of unfilled USG PEPFAR positions and the fact that there is no USAID bilateral program. As mentioned above, this is progressing nicely on a technical basis, per program area budget code. Following the MTTB exercise, the USG team began to establish cross-agency teams to manage some of the larger and more complex instruments (contracts, cooperative agreements) that involve more than three program area budget codes—a process that is progressing more slowly.

One of the outcomes of the MTTB was the realization that the different USG agencies do not share a common administrative language, which has led to misunderstandings. For example, a USAID Cognizant Technical Officer and a CDC Project Officer have different acquisition and assistance instrument management authorities, and CDC and USAID cooperative agreements are often quite different in form and substance. Because of these administrative differences, and uneven understanding of different authorities and responsibilities, cross-agency program management has had its ups and downs. The USG team is committed to making it work, however, and will continue to pursue development of protocols and norms in the coming year.

Future Prospects and Issues:

While the SFR functional teams and processes are progressing well, the high number of unfilled positions continues to place undue stress on existing staff. The highest priority in the HVMS program area is to find qualified staff to fill existing positions and those that are turning over in late FY 2008-early 2009. Given the likelihood that Botswana’s budget levels will level off for the FY 2009-2013 period, only one additional technical positions is sought at this time—a USAID Prevention Specialist who will manage and provide technical support for the new, multi-year USAID prevention activities with local NGOs.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5404.09	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 Budget Code: 19
Activity ID: 26754.09	Planned Funds: \$119,000
Activity System ID: 26754	
Activity Narrative: 09.X.MS01: HHS.CDC ITSO Charges	

This comes under the category of the cost of doing business and is to support cost for the CDC Information Technology Services Office (ITSO). In FY2008, the ITSO Office instituted a fee of \$3,250 per work station and laptop to support information technology infrastructure services. In the COP08, this fee was included in the overall CDC HVMS budget request, but per COP09 guidance, is being included as a separate activity narrative. The formula for support costs has changed from a flat fee of \$3,250 per work station to a more accurately defined actual cost sharing within the South African Region and includes support for base level connectivity to the CDC Global Network, IT field equipment maintenance and replacement on a pre-established cycle, expanding the ITSO Global Activities team in Atlanta and fully implementing the Regional Technology Services Executives in the field.

(See page 512 in COP08)

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11094.09	Mechanism: Post
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 26755.09	Planned Funds: \$136,269
Activity System ID: 26755	
Activity Narrative: 09.X.MS93: HHS/CDC Management and Support	

This is a continuing activity from FY2008 and is supported with both GAP and GHCS (State) funds.

Funds requested between GHCS (State) and GAP accounts will support staff salaries/allowances and related office support, including travel, communications, equipment, and miscellaneous procurement, etc. Including all program area technical staff, PEPFAR supports 55 FTE positions. No new positions are being requested for FY2009. Most of the operations staff is shared across three CDC Divisions working in Botswana. An additional 22 individuals representing almost 7.0 full time equivalents provide some portion of their time to support PEPFAR activities and are funded by either the Divisions of HIV/AIDS Prevention or Tuberculosis Elimination. The following positions are currently supported with Management and Staffing funding:

Country Director, USDH
Associate Director-Management and Operations, USDH
Associate Director, GAP, USDH
GAP Senior Administrator, USDH
Associate Director for Science, USDH
Communications Officer, contractor
Building and Design Coordinator, contractor
Program Specialist, contractor
Financial Chief, LES
Secretary, LES (3)
Receptionist, LES (2)
Administrative Assistant, LES (3)
Janitress/laborer (6)
Drivers, LES (3)
Program Assistant

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11427.09	Mechanism: ICASS-CDC
Prime Partner: US Department of State	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 26756.09	Planned Funds: \$603,990
Activity System ID: 26756	

Activity Narrative: 09.X.MS02: HHS/CDC ICASS Charges

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY2008 COP submission combined ICASS charges with those of CSFS charges in the same activity narrative and this year they are separated as per program guidance.

There is no change to the ICASS portion of the narrative.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11427.09

Mechanism: ICASS-CDC

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 26757.09

Planned Funds: \$141,889

Activity System ID: 26757

Activity Narrative: 09.X.MS03: HHS/CDC Capital Security Cost Sharing (CSCS)

This comes under the category of the cost of doing business and is to support cost for the Capital Security Cost Sharing (CSCS). In the FY2008 COP submission, this was included in the same activity as ICASS and is being changed per FY2009 COP guidance to a separate activity. The estimate is based on a snapshot of the data in the State WebPASS system as of June 2008 and applies to the number of existing or authorized positions which occupy USG space. Since the HHS/CDC staff is housed in Ministry of Health buildings, CSCS is only applied to those in the Embassy who are providing ICASS services, thus keeping the CDC costs minimal.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11428.09

Mechanism: DOD-ICASS

Prime Partner: US Department of State

USG Agency: Department of Defense

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 26758.09

Planned Funds: \$15,000

Activity System ID: 26758

Activity Narrative: 09.X.MS12: DOD – ICASS

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In FY2008, the COP submission combined ICASS charges with those of CSFS charges in the same activity narrative and this year, they are separated, as per program guidance.

There is no change to the ICASS portion of the narrative.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11945.09	Mechanism: State Mechanism (ICASS)
Prime Partner: US Department of State	USG Agency: Department of State / Office of the U.S. Global AIDS Coordinator
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 26760.09	Planned Funds: \$19,000
Activity System ID: 26760	
Activity Narrative: 09.X.MS14: State – ICASS Charges	
FY2008 Country Operational Plan (COP) submission combined ICASS charges with those of CSFS charges in the same activity narrative; this year they are separated as per program guidance.	
There is no change to the ICASS portion of the narrative	

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5455.09	Mechanism: Post
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 26759.09	Planned Funds: \$99,000
Activity System ID: 26759	
Activity Narrative: 09.X.MS10: USAID – Regional and RHAP Support	
This activity covers travel and related costs for USAID/Regional Southern Africa staff from the contracting, financial management, program and executive offices, and for USAID Regional HIV/AIDS Program (RHAP) technical staff to provide direct support to USAID staff in Gaborone, Botswana on a regularly scheduled basis. This support is critically important with the awarding of two new cooperative agreements and an IQC task order by the Regional Office of Acquisition and Assistance (OAA) that are managed directly by the Botswana USAID staff with funding coming through the Regional Financial Management Office (RFMO). In addition, a third cooperative agreement for Civil Society Capacity Building is under design and will be awarded in FY2009.	

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5455.09	Mechanism: Post
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 29676.09

Planned Funds: \$374,482

Activity System ID: 29676

Activity Narrative: This funding has been programmed to support activities related to the development of the Botswana PEPFAR Partnership Framework.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5404.09

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 Budget Code: 19

Activity ID: 10325.24208.09

Planned Funds: \$967,946

Activity System ID: 24208

Activity Narrative: 09.X.MS90: HHS/CDC Management and Support

This is a continuing activity from FY 2008 and is supported with both GAP and GHCS (State) funds.

Funds requested between GHCS (State) and GAP accounts will support staff salaries/allowances and related office support, including travel, communications, equipment, and miscellaneous procurement, etc. Including all program area technical staff, PEPFAR supports 55 FTE positions. No new positions are being requested for FY2009. Most of the operations staff is shared across three CDC Divisions working in Botswana. An additional 22 individuals representing almost 7.0 full time equivalents provide some portion of their time to support PEPFAR activities and are funded by either the Divisions of HIV/AIDS Prevention or Tuberculosis Elimination. The following positions are currently supported with Management and Staffing funding:

- Country Director, USDH
- Associate Director-Management and Operations, USDH
- Associate Director, GAP, USDH
- GAP Senior Administrator, USDH
- Associate Director for Science, USDH
- Communications Officer, contractor
- Building and Design Coordinator, contractor
- Program Specialist, contractor
- Financial Chief, LES
- Secretary, LES (3)
- Receptionist, LES (2)
- Administrative Assistant, LES (3)
- Janitress/laborer (6)
- Drivers, LES (3)
- Program Assistant

From COP08:

CDC Management and administration (Headquarters)

In FY 2008 the Botswana estimates for administrative costs from Base Headquarters are \$1,322,615.

These include salaries, benefits, travel, training and support for the Director, Deputy Director, Associate Director for Global AIDS Program (GAP), GAP Senior Administrator, Associate Director for Science, Informatics Specialist, the Informatics Section Chief, and communication officers. It also covers 30 days of support to backstop the country Deputy Director during home leave/R & R by a staff person from CDC headquarters and dollars for a Building and Design Contractor.

Support costs for the CDC Information Technology Services Office (ITSO) will be covered for 42 workstations in Botswana. ITSO has established a support cost of \$3,250 per workstation and laptop for FY 2008 to cover the cost of information technology infrastructure services and support provided by ITSO. This includes the funding to provide base level of connectivity for Gaborone and Francistown, connectivity to the CDC global network, keeping the IT equipment refreshed and updated on a regular cycle, expanding the ITSO Global Activities team in Atlanta and fully implementing the Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for this location. Also included are consumable IT supplies, equipment, maintenance and repairs, telecommunications, international travel and training of IT staff not covered by ITSO.

CDC Management and administration (Post)

These funds support local management and staffing costs including local salaries, travel costs, training; utilities and telecommunications for sites in Gaborone and Francistown; space, leases and warehousing; security services; XTS500 handheld radios for Emergency Action Committee members; motor pool and supplies, local printing, supplies and associated operational costs.

Local salaries this year will be higher than last year due to the anticipated transition to a pension plan. This will require payout for employees formerly on the severance plan as well as a 15% employee annual contribution to the pension plan.

Salaries are included for the requested new CDC FSN positions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17340

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17340	10325.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7731	5404.08	HQ Base	\$1,322,615
10325	10325.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5404	5404.07	HQ Base	\$822,419

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5420.09 **Mechanism:** RPSO
Prime Partner: Regional Procurement Support Office/Frankfurt **USG Agency:** Department of State / African Affairs
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 10335.24229.09 **Planned Funds:** \$0
Activity System ID: 24229
Activity Narrative: 09.X.MS04: RPSO Renovation and Expansion of BOTUSA

ONGOING ACTIVITY FOR WHICH NO ADDITIONAL FY2009 FUNDS ARE REQUESTED

From COP08:

The current location of the HHS/CDC/BOTUSA offices is becoming overcrowded. The MOH is in the process of finding extra space for HHS/CDC/BOTUSA/ PEPFAR which will be provided rent free. It is likely that MOH space in the recently vacated USAID Regional Office will be provided to PEPFAR. \$50,000 is set aside to make this space ready for PEPFAR occupancy as we co-locate with the MOH.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17897

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17897	10335.08	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	7892	5420.08	RPSO	\$50,000
10335	10335.07	Department of State / African Affairs	Regional Procurement Support Office/Frankfurt	5420	5420.07	contract	\$200,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5453.09 **Mechanism:** ODC Mechanism
Prime Partner: US Department of Defense **USG Agency:** Department of Defense
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 10328.24231.09 **Planned Funds:** \$150,000
Activity System ID: 24231
Activity Narrative: 09.X.MS05: DOD – Management and Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This position will oversee the President's Emergency Plan for AIDS Relief (PEPFAR) fund execution and coordinate integration of other DOD programs into the overall HIV treatment and prevention effort. Funds will pay the salary, training and other administrative costs for this employee.

From COP08:

The funds will be paid through the DOD Coordinating Office at the Naval Health Research Center. This position will oversee 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.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17888

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17888	10328.08	Department of Defense	US Department of Defense	7889	5453.08	ODC Mechanism	\$100,000
10328	10328.07	Department of Defense	US Department of Defense	5453	5453.07	HQ	\$50,000

Emphasis Areas

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 11429.09

Mechanism: USAID-ICASS

Prime Partner: US Department of State

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 17894.24233.09

Planned Funds: \$180,000

Activity System ID: 24233

Activity Narrative: 09.X.MS07: USAID – ICASS

Estimated costs for ICASS and related support services for four U.S. Personal Services Contractors (PSC) are budgeted and include funds for residences, residential security and health unit services. Office space and computer and information technology services are provided to USAID staff and contractors by CDC. The funding for these services is budgeted directly under CDC.

From COP08:

Estimated costs for ICASS and related support services for two US PSCs are budgeted and include funds for purchases for office-related needs including office furniture and equipment that will be required due to the move to the new PEPFAR building. Office space, computer and information technology services are already being provided to USAID staff and contractors by CDC. In FY 2008, this arrangement will be formalized in a Memorandum of Understanding. The funding for these services is budgeted directly under CDC.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17894

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17894	17894.08	U.S. Agency for International Development	US Agency for International Development	7842	5454.08	HQ	\$80,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 5455.09	Mechanism: Post
Prime Partner: US Agency for International Development	USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 10329.24234.09	Planned Funds: \$885,000
Activity System ID: 24234	

Activity Narrative: 09.X.MS06: USAID - Management and Support

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

FY2008 funding covered three offshore hire positions: the PEPFAR Coordinator, hired through a USAID/Washington mechanism, and two Personal Services Contractors (PSC), the Senior HIV/AIDS Program Manager and an HIV/AIDS Program Specialist at the GS-13 level. Funding also supported travel by USAID/Regional HIV/AIDS Program (RHAP) to provide technical and administrative support in developing new procurements and training new Locally Employed Staff (LES) funded through State.

The incumbent PEPFAR Coordinator will depart post at the end of September 2008, and a replacement is being sought. The replacement will be an international hire PSC using the standard OGAC Coordinator position description. USAID/RHAP has obtained a decision memorandum from the Director of the Office of Acquisitions and Assistance (USAID/Washington) that although the PSC will be funded by USAID/RHAP, the Coordinator will report to the Deputy Chief of Mission and serve in an interagency capacity on the Botswana PEPFAR team.

FY2009 funding is requested to continue funding the Coordinator position.

The USAID Senior HIV/AIDS Program Manager is at post and managing and increasingly robust program totaling multi million. FY2009 funding is requested to maintain that position.

Recruitment has begun for the HIV/AIDS Program Specialist PSC. The position is expected to be filled in first quarter FY2009. FY2009 funding is requested to continue this position for another year. The HIV/AIDS Program Specialist will serve as a Local Capacity Development Advisor and will also be the second cognizant technical officer (CTO) on the USAID PEPFAR team.

The three USAID positions (the Coordinator position is considered "interagency") will be complemented by a new PSC Prevention Advisor, to be split-funded under HVAB and HVOP, and four LES positions. The LES positions are funded through State – two in HKID and two in HVMS -- but function as part of the USAID team. One position – the Secretary/Program Assistant – is in the process of being filled. The others are still under recruitment.

From COP08:

USAID provides salaries, benefits and travel funds to two senior level PEPFAR managers. The PEPFAR Coordinator, who is contracted through a USAID/W mechanism, reports to the Deputy Chief of Mission and works closely on a day-to-day basis with State/CDC/USAID/DOD/Peace Corps and the other non-present Inter-agency PEPFAR members.

The USAID Senior HIV/AIDS Program Manager, a USPSC who is contracted through and supervised by the USAID/Southern Africa Mission in Pretoria, links directly with the Regional HIV/AIDS Program (RHAP) and is posted in Gaborone. She provides institutional and program expertise and support to all PEPFAR staff who work with USAID-funded implementing partners and facilitates communications between USAID partners, the Botswana PEPFAR team, and the Government of Botswana and the US. She will oversee the development of a fast growing USAID portfolio that will rise from over \$12 million in FY 2007 to \$23 million in FY 2008, which will include the design and launch of new programs and mechanisms to support and strengthen local civil society organizations and expand community-based programs.

Funds are also budgeted to for RHAP staff to travel to Botswana to provide technical and administrative support in developing new procurements and training new local staff, including the Contracting Specialist and Program Assistant who will be recruited and hired locally by State Department.

Given the rapid expansion in the budget and number of USAID awards that will be designed and implemented in Botswana in the coming year, an additional US or TCN PSC position is proposed at the GS-13 level to serve as the USAID HIV/AIDS Program Specialist. This PSC will be the second certified cognizant technical officer (CTO) on the PEPFAR team and will work hand-in-hand with the Senior USPSC (the only other CTO) to provide adequate monitoring and oversight for the USAID agreements operating in country.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17656

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17656	10329.08	U.S. Agency for International Development	US Agency for International Development	7843	5455.08	Post	\$520,000
10329	10329.07	U.S. Agency for International Development	US Agency for International Development	5455	5455.07	Post	\$450,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7891.09	Mechanism: CDC HQ & Cable
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)	Program Area: Management and Staffing
Budget Code: HVMS	Program Budget Code: 19
Activity ID: 17892.24389.09	Planned Funds: \$216,207
Activity System ID: 24389	
Activity Narrative: 09.X.MS92: HHS/CDC Management and Support	

This is a continuing activity from FY2008 and is supported with both GAP and GHCS (State) funds.

Funds requested between GHCS (State) and GAP accounts will support staff salaries/allowances and related office support, including travel, communications, equipment, and miscellaneous procurement, etc. Including all program area technical staff, PEPFAR supports 55 FTE positions. No new positions are being requested for FY2009. Most of the operations staff is shared across three CDC Divisions working in Botswana. An additional 22 individuals representing almost 7.0 full time equivalents provide some portion of their time to support PEPFAR activities and are funded by either the Divisions of HIV/AIDS Prevention or Tuberculosis Elimination. The following positions are currently supported with Management and Staffing funding:

Country Director, USDH
Associate Director-Management and Operations, USDH
Associate Director, GAP, USDH
GAP Senior Administrator, USDH
Associate Director for Science, USDH
Communications Officer, contractor
Building and Design Coordinator, contractor
Program Specialist, contractor
Financial Chief, LES
Secretary, LES (3)
Receptionist, LES (2)
Administrative Assistant, LES (3)
Janitress/laborer (6)
Drivers, LES (3)
Program Assistant

From COP08:

CDC Management and administration (Headquarters)

In FY 2008 the Botswana estimates for administrative costs from Base Headquarters are \$1,322,615. These include salaries, benefits, travel, training and support for the Director, Deputy Director, Associate Director for Global AIDS Program (GAP), GAP Senior Administrator, Associate Director for Science, Informatics Specialist, the Informatics Section Chief, and communication officers. It also covers 30 days of support to backstop the country Deputy Director during home leave/R & R by a staff person from CDC headquarters and dollars for a Building and Design Contractor.

Support costs for the CDC Information Technology Services Office (ITSO) will be covered for 42 workstations in Botswana. ITSO has established a support cost of \$3,250 per workstation and laptop for FY 2008 to cover the cost of information technology infrastructure services and support provided by ITSO. This includes the funding to provide base level of connectivity for Gaborone and Francistown, connectivity to the CDC global network, keeping the IT equipment refreshed and updated on a regular cycle, expanding the ITSO Global Activities team in Atlanta and fully implementing the Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for this location. Also included are consumable IT supplies, equipment, maintenance and repairs, telecommunications, international travel and training of IT staff not covered by ITSO.

CDC Management and administration (Post)

These funds support local management and staffing costs including local salaries, travel costs, training; utilities and telecommunications for sites in Gaborone and Francistown; space, leases and warehousing; security services; XTS500 handheld radios for Emergency Action Committee members; motor pool and supplies, local printing, supplies and associated operational costs.

Local salaries this year will be higher than last year due to the anticipated transition to a pension plan. This will require payout for employees formerly on the severance plan as well as a 15% employee annual contribution to the pension plan.

Salaries are included for the requested new CDC FSN positions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17892

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17892	17892.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7891	7891.08	CDC HQ & Cable	\$587,000

Table 3.3.19: Activities by Funding Mechanism

Mechanism ID: 7890.09

Prime Partner: US Department of State

Funding Source: GHCS (State)

Budget Code: HVMS

Activity ID: 17895.24386.09

Activity System ID: 24386

Mechanism: State Mechanism

USG Agency: Department of State / African Affairs

Program Area: Management and Staffing

Program Budget Code: 19

Planned Funds: \$217,000

Activity Narrative: 09.X.MS08: State management positions (2)

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

Working with USAID and the other PEPFAR agencies, State Department will finalize four new PEPFAR positions, advertise and recruit local citizens to fill the jobs. Two positions, which are technical program specialists for OVC and Community-based Care are included in the entries for these components. The other two positions are cross-cutting management support jobs that are required to support the expansion of State Department and USAID funding and agreements. The two positions are:

1. Program Budget Specialist (FSN 10): Under the direction of the USAID Country Director, this person will work across all program areas to make sure that project documents including scopes of work, budgets and other required documentation for USAID contracts, task orders, cooperative agreements and grants are prepared and managed in accordance with the USAID PEPFAR procurement plan and USAID program management procedures. This person will liaise closely with USAID officials in the Southern Africa Regional Office in Pretoria, especially the Program Office, Regional Financial Management Office and Regional HIV/AIDS Program Office, to track the USAID budget obligations and commitments, expenditures and accruals as well as monitor implementing partners for adherence to reporting requirements.
2. Senior Secretary/Office Manager (FSN 7): Under the direction of the USAID Country Director, this person will provide a wide range of support, administrative and logistics management services for all USAID and State Department PEPFAR staff who are managing USAID contracts, task orders, cooperative agreements and grants. This person will work closely with CDC, USAID, Peace Corps and State Department staff who develop and implement projects funded under USAID mechanisms. S/he will track documents through the review and clearance process, distribute them, especially through the required USAID channels, maintain official files, provide logistical support to USAID TDYers and contract consultants, provide administrative support to the PEPFAR Coordinator, maintain briefing materials and liaise with implementing partners and the public.

This budget includes salaries, benefits and travel for the positions listed above and ICASS costs for all four State Department LES positions.

From COP08:

Working with USAID and the other PEPFAR agencies, State Department will finalize four new PEPFAR positions, advertise and recruit local citizens to fill the jobs. Two positions, which are technical program assistants for OVC and Palliative Care are included in the entries for these components. The other two positions are cross-cutting management support jobs that are required to support the expansion of USAID funding and agreements. The two positions are:

1. Contracting Assistant (FSN 11): Under the direction of the USAID Senior HIV/AIDS Program Manager, this person will work across all program areas to make sure that acquisition and assistance documents including scopes of work, budgets and other required documentation for new USAID contracts, task orders, cooperative agreements and grants are prepared and submitted to the Regional Acquisition and Assistance Officer (RAAO) in USAID/Pretoria in accordance with the USAID PEPFAR procurement plan. This person will work directly with Botswana PEPFAR staff from CDC, USAID, Peace Corps and State Department to guide them in preparing new procurements, amending on-going procurements and closing out projects that have terminated.
2. Program Assistant (FSN 8): Under the direction of the USAID Senior HIV/AIDS Program Manager, this person will provide a wide range of support, administrative and logistics management services for all USAID contracts, task orders, cooperative agreements and grants. This person will work closely with CDC, USAID, Peace Corps and State Department staff who develop and implement projects funded under USAID mechanisms. S/he will track documents through the review and clearance process, distribute them, especially through the required USAID channels, maintain official files, provide logistical support to USAID TDYers and contract consultants, provide administrative support to the PEPFAR Coordinator, maintain briefing materials and liaise with implementing partners and the public.

This budget includes salaries, benefits and travel for the positions listed above and ICASS costs for all four State Department LES positions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17895

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17895	17895.08	Department of State / African Affairs	US Department of State	7890	7890.08	State Mechanism	\$217,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 7890.09 **Mechanism:** State Mechanism
Prime Partner: US Department of State **USG Agency:** Department of State / African Affairs
Funding Source: GHCS (State) **Program Area:** Management and Staffing
Budget Code: HVMS **Program Budget Code:** 19
Activity ID: 17896.24387.09 **Planned Funds:** \$150,000
Activity System ID: 24387
Activity Narrative: 09.X.MS09: State – Public Affairs Office
 ACTIVITY UNCHANGED FROM FY2008
 From COP08:
 Funds will support PEPFAR activities at the Embassy including meetings, receptions, staff travel and support for dissemination activities with journalists and representatives of the media including conferences, workshops and special projects and reports.
New/Continuing Activity: Continuing Activity
Continuing Activity: 17896

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17896	17896.08	Department of State / African Affairs	US Department of State	7890	7890.08	State Mechanism	\$250,000

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 5406.09 **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 Budget Code:** 19
Activity ID: 10326.24222.09 **Planned Funds:** \$1,724,313
Activity System ID: 24222

Activity Narrative: 09.X.MS91: HHS/CDC Management and Support

This is a continuing activity from FY2008 and is supported with both GAP and GHCS (State) funds.

Funds requested between GHCS (State) and GAP accounts will support staff salaries/allowances and related office support, including travel, communications, equipment, and miscellaneous procurement, etc. Including all program area technical staff, PEPFAR supports 55 FTE positions. No new positions are being requested for FY2009. Most of the operations staff is shared across three CDC Divisions working in Botswana. An additional 22 individuals representing almost 7.0 full time equivalents provide some portion of their time to support PEPFAR activities and are funded by either the Divisions of HIV/AIDS Prevention or Tuberculosis Elimination. The following positions are currently supported with Management and Staffing funding:

- Country Director, USDH
- Associate Director-Management and Operations, USDH
- Associate Director, GAP, USDH
- GAP Senior Administrator, USDH
- Associate Director for Science, USDH
- Communications Officer, contractor
- Building and Design Coordinator, contractor
- Program Specialist, contractor
- Financial Chief, LES
- Secretary, LES (3)
- Receptionist, LES (2)
- Administrative Assistant, LES (3)
- Janitress/laborer (6)
- Drivers, LES (3)
- Program Assistant

From COP08:

CDC Management and administration (Headquarters)

In FY 2008 the Botswana estimates for administrative costs from Base Headquarters are \$1,322,615.

These include salaries, benefits, travel, training and support for the Director, Deputy Director, Associate Director for Global AIDS Program (GAP), GAP Senior Administrator, Associate Director for Science, Informatics Specialist, the Informatics Section Chief, and communication officers. It also covers 30 days of support to backstop the country Deputy Director during home leave/R & R by a staff person from CDC headquarters and dollars for a Building and Design Contractor.

Support costs for the CDC Information Technology Services Office (ITSO) will be covered for 42 workstations in Botswana. ITSO has established a support cost of \$3,250 per workstation and laptop for FY 2008 to cover the cost of information technology infrastructure services and support provided by ITSO. This includes the funding to provide base level of connectivity for Gaborone and Francistown, connectivity to the CDC global network, keeping the IT equipment refreshed and updated on a regular cycle, expanding the ITSO Global Activities team in Atlanta and fully implementing the Regional Technology Services Executives in the field. This is a structured cost model that represents what is considered as the "cost of doing business" for this location. Also included are consumable IT supplies, equipment, maintenance and repairs, telecommunications, international travel and training of IT staff not covered by ITSO.

CDC Management and administration (Post)

These funds support local management and staffing costs including local salaries, travel costs, training; utilities and telecommunications for sites in Gaborone and Francistown; space, leases and warehousing; security services; XTS500 handheld radios for Emergency Action Committee members; motor pool and supplies, local printing, supplies and associated operational costs.

Local salaries this year will be higher than last year due to the anticipated transition to a pension plan. This will require payout for employees formerly on the severance plan as well as a 15% employee annual contribution to the pension plan.

Salaries are included for the requested new CDC FSN positions.

New/Continuing Activity: Continuing Activity

Continuing Activity: 17356

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17356	10326.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7732	5406.08	Local Base	\$1,420,385
10326	10326.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5406	5406.07	Local Base	\$2,116,785

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?	X	Yes	No	
If yes, Will HIV testing be included?	X	Yes	No	
When will preliminary data be available?			9/30/2009	
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?		Yes	X	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 2009?		Yes	X	No
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2009?	X	Yes	No	
If yes, approximately how many service delivery sites will it cover?		Yes	No	
When will preliminary data be available?			12/1/2009	
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 2009?	X	Yes	No	

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
FINAL COP 2009 Global Fund Supplemental Pre-populated Table plus Joan's narrative 31-10-08.doc	application/msword	11/11/2008		Global Fund Supplemental	TSukalac
Completed Salary Support Table.xls	application/vnd.ms-excel	11/11/2008	Complete table	Health Care Worker Salary Report	TSukalac
Human Resources for Health New Indicator Justification.doc	application/msword	11/11/2008	Human Resources for Health Indicator Justification for COP 09 Target Indicator: Number of new health care workers who graduated from a pre-service training institution within the reporting period	Health Care Worker Salary Report	TSukalac
MC letter of support.doc	application/msword	11/11/2008	Male Circumcision letter of approval from Ministry of Health	Other	TSukalac
Final- Management and Staffing Budget Table for Focus Countries-11-1-2008.xls	application/vnd.ms-excel	11/11/2008		Management and Staffing Budget Table	TSukalac
REPLACEMENT FOR HCD PAD in COP09 9-11-08.doc	application/msword	11/11/2008	HCD Program Area Narrative	HRH Program Area Narrative*	TSukalac
FY 2009 Country Operational Plan Budget Justification 11-11-08.doc	application/msword	11/13/2008		Budgetary Requirement Justifications	TSukalac
Gender Program Area Narrative.doc 12-11-08.doc	application/msword	11/13/2008		Gender Program Area Narrative*	TSukalac
FY09 Budgetary Requirements Worksheet v2.xls	application/vnd.ms-excel	11/13/2008		Budgetary Requirements Worksheet*	TSukalac
COP09 Abbreviations.doc	application/msword	11/13/2008	A set of abbreviations used throughout activity submissions and program area descriptions.	Other	TSukalac
_Annex 07-Methods Used.doc	application/msword	11/13/2008	Methods Used In Developing the FY 2009 Country Operational Plan (COP) for Botswana.	Other	TSukalac
Letter from Ambassador Nolan.pdf	application/pdf	11/14/2008		Ambassador Letter	TSukalac
letter from Government.doc	application/msword	11/14/2008	Letter from Government of Botswana	Other	TSukalac
Program Area Detailed Target setting short version.doc	application/msword	11/14/2008		Summary Targets and Explanation of Target Calculations	TSukalac
Detailed targets by activity.xls	application/vnd.ms-excel	11/28/2008		Other	SBodika
Targets explanation.doc	application/msword	11/28/2008		Other	SBodika
Executive Summary.doc	application/msword	11/28/2008	Corrected Executive Summary	Other	SBodika
RSD08a)Organizational Charts.doc	application/msword	12/1/2008	Botswana PEPFAR organigrams	Other	TSukalac
Botswana_Summary Targets and Explanations Table.xls	application/vnd.ms-excel	12/18/2008		Summary Targets and Explanation of Target Calculations	MLee
RSD13)PEPFAR Botswana SFR Functional Org - with names.doc	application/msword	12/1/2008	Staffing for results functional organigram	Other	TSukalac