



Botswana

Operational Plan Report

FY 2011



Operating Unit Overview

OU Executive Summary

There are two sides to the story of Botswana's national response to HIV and AIDS. On the one hand, Botswana's treatment and PMTCT programs are known internationally as models of success for both their coverage and quality of services. On the other hand, HIV prevalence in Botswana remains extremely high, new infections have not significantly slowed, and the prevalence of TB/HIV co-infection is among the highest in the world.

What separates the strong programs from those that have lagged behind has a lot to do with ownership. Programs with strong GOB leadership and broad participation by civil society and the private sector generally have had more success leveraging funds and achieving overall program goals. Conversely, programs that haven't made the same progress usually have gaps in country ownership and sustainability.

In 2010, the PEPFAR Botswana team analyzed the role of country ownership and sustainability in achieving long-term program success. This resulted in the development of a strategic approach called "The Journey of PEPFAR" that guides PEPFAR investments in Botswana toward expanding country ownership and sustainability to achieve program success. This strategy calls for different approaches for the most mature programs, such as treatment and PMTCT, as compared to the approach for programs where critical gaps remain, including TB/HIV and male circumcision. This 2011 Country Operational Plan (COP) represents the first steps in implementing the Journey of PEPFAR approach, and will build upon past successes, while increasing impact in remaining critical gaps in the Botswana national response to HIV and AIDS.

Background

The 2011 COP is the second year of a two-year plan for funding HIV and AIDS in the four broad areas of 1) prevention, 2) system strengthening, 3) strategic information and 4) treatment, care and support activities in Botswana. The Executive Summary gives an overview of new and continuing activities, as well as new approaches for the 2011 COP. The COP also includes a detailed 2011 budget totaling \$84,376,709 across these four broad areas, as well as in-country PEPFAR management and operations costs. For detailed technical area narratives, implementing partner narratives, and program-level activity descriptions, please refer to the 2010 PEPFAR Botswana COP.

A simultaneous exercise was also undertaken during the COP 11 development process to allocate Redacted in to-be-determined (TBD) funds set aside during the COP 10 process to specifically address Partnership Framework priorities. These funding decisions are not reflected in COP 11, but the use of these funds go hand-in-hand with COP 11 strategies. Appendix 3 outlines how these funds have been allocated.

Since 2004, PEPFAR has supported the Botswana national response to HIV and AIDS. This support has contributed to the success that the country has achieved in providing critical prevention, treatment, care and support services. By 2010, programs developed and implemented by the GOB with PEPFAR support have reached nearly universal coverage for ARV treatment and PMTCT, turning the focus from an emergency response to one focused more on quality improvement, sustainability and addressing remaining gaps. Though sustainability is a challenge and significant gaps remain, PEPFAR's program in Botswana has been considered one of the most mature PEPFAR programs, due in large part to the GOB's leadership and commitment to addressing the HIV/AIDS epidemic.

PEPFAR Botswana is led by the US Department of State and implemented by the Centers for Disease Control and Prevention (CDC), US Agency for International Development (USAID), the Department of Defense (DOD), and the US Peace Corps. The annual budget has increased from \$24 million in 2004 to \$93 million in 2009. The program outlined in the 2010-2011 two-year COP cycle aims to maintain the

impact of past investments, while increasing the sustainability and cost-effectiveness of current and future investments. The end result is a program that continues to support the national response to meet the needs in country at a more sustainable and cost-effective budget level.

Epidemiological Context

Botswana is a sparsely populated country of 1.8 million people with one of the highest HIV prevalence in the world. In 2009, there was an estimated 350,000 Batswana living with HIV, with nearly 19,000 new infections. The TB/HIV co-infection rate is 67.8%, and an estimated 40% of deaths among persons living with HIV are due to tuberculosis.

Overall, HIV prevalence has remained stable over the last several years. The Botswana AIDS Impact Survey (BAIS) showed that the national HIV prevalence was 17.1% in 2004 and 17.6% in 2008. However, the Botswana Antenatal Sentinel Surveillance Survey showed that the HIV prevalence among pregnant women declined from 36.2% in 2001 to 31.8% in 2009. Further, HIV prevalence among pregnant women aged 15–19 years declined from 24.7% in 2001 to 13.2% in 2009 (Figure 1).

According to BAIS III, 56.4% of Batswana aged 10-64 years reported having ever been tested for HIV infection and 41.2% of persons aged 15-49 years reported having ever been tested in the past 12 months. Prevention of mother to child transmission of HIV (PMTCT) services reach over 95% of pregnant women, resulting in HIV transmission to less than 4% of infants born to HIV-positive

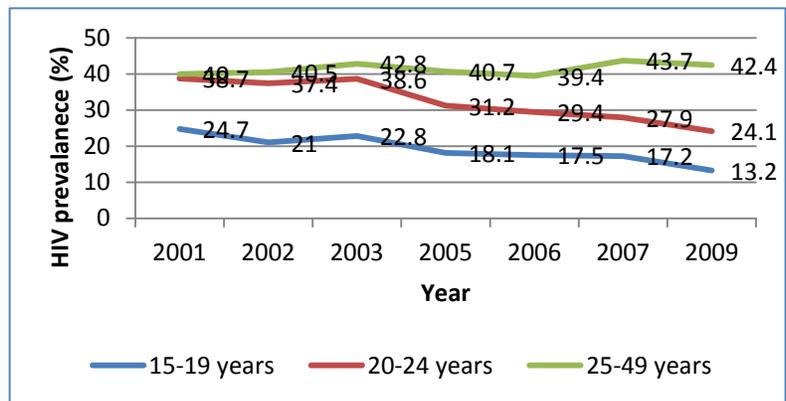


Figure 1. HIV prevalence among pregnant women by age group by year, Botswana Antenatal Sentinel Surveillance Survey

mothers. However, male circumcision in Botswana is still very low at only 11.2%. By May 2010, 150,033 patients were receiving antiretroviral therapy (ART) in Botswana, which represents 92.8% of the 161,700 HIV-positive adults and children in need of ART, based on the current <250 CD4 count criteria used by the national program.



2011 Program Overview

The Partnership Framework and the Journey of PEPFAR

The 2011 COP is the first budget to be developed under the Botswana Partnership Framework for HIV and AIDS, a five year strategy developed by the GOB and the US Government (USG). The Partnership Framework was finalized in July 2010, and outlines PEPFAR's expected contributions to Botswana's national response to HIV and AIDS over the next five years, as well as other USG and GOB collaborative efforts in areas including policy, management, and coordination. The overarching principle of the Partnership Framework is to increase the impact and sustainability of PEPFAR's contribution to the national response. The four broad areas funded under the 2011 COP are prevention; system strengthening; strategic information; and treatment, care and support. These are aligned with the four priorities listed in the Partnership Framework. Each of these four areas is further divided into a total of 18 program areas in which PEPFAR is working. (Please see Appendix 1 for a cross reference of PEPFAR Botswana program areas and OGAC budget codes.)

The National Operational Plan (NOP), a comprehensive fully-costed implementation plan for the Botswana national response (which will also be used as the implementation plan for the Partnership Framework in Botswana) is still under development. However, in June and July of 2010, the PEPFAR team conducted a portfolio review and strategic planning exercise called "The Journey of PEPFAR" that resulted in an approach that aims to:

- Maintain the value and build on the investments made during the first phase of PEPFAR;
- Achieve the goals and objectives of the Partnership Framework; and
- Maximize the impact and sustainability of the Partnership Framework investments.

To achieve these goals, the Journey of PEPFAR process evaluated each of our 18 program areas on country ownership, sustainability, financial leveraging and program coverage to gauge the program's relative maturity. Country ownership and sustainability is evaluated by gauging local ownership, leadership and involvement in six categories: 1) strategy and policy, 2) financial planning, costing, allocation and management, 3) implementation planning, 4) governance and oversight, 5) implementation, and 6) monitoring and evaluation. Financial leveraging and program coverage is estimated by gauging the relative financial inputs from the GOB and the private sector, and whether the program has achieved its goals.

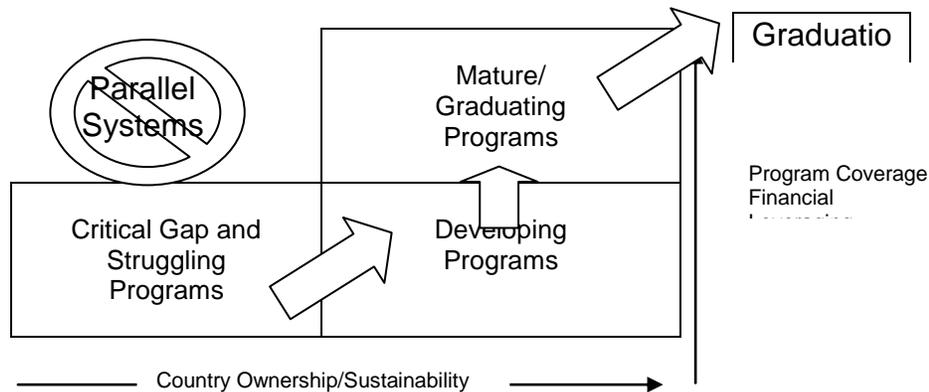
Based on this evaluation, programs have been grouped into three broad categories:

- **Critical Gap and Struggling** – Programs with significant weaknesses in two or more of the four criteria (country ownership, sustainability, financial leveraging and program coverage.) These programs are either new programs or programs that are struggling and require significant efforts to scale-up or turn-around. Programs in this category need to either demonstrate a proof-of-concept to gain acceptance or be abandoned. Examples include male circumcision, TB/HIV, behavior change communication, and monitoring and evaluation.
- **Developing** – Programs that have made progress in some or all of the areas, but still have gaps that need to be addressed. These programs need additional capacity building and/or technical assistance. Examples include counseling and testing, lab, and human resources for health.
- **Mature/Graduating** – These are the most successful programs, which have high marks in country ownership, sustainability, financial leveraging and coverage. These programs are ready for "graduation." Sustainability plans will be developed for these programs to reduce the amount of external resources required to maintain these programs over a three-year period. Examples of mature programs include treatment, PMTCT, and blood safety.

Experience of the team has shown that successful programs have progressed through these three stages. Programs may start with a large degree of external technical and financial resources in order to scale-up, but risk stagnating if support of the GOB and other local stakeholders is not present. Programs that have strong country ownership make better progress achieving program goals. While programs

should be making simultaneous progress in both expanding country ownership and coverage throughout its lifespan, our analysis concluded that programs rapidly expanding coverage too early, before progress is made in country ownership lead to highly unsustainable parallel systems.

With this in mind, the team has seen that supporting critical gap and struggling programs with external resources is valuable in helping program start-up, but sufficient attention must be paid to building sustainability into the program early. Further, as programs develop, reliance on external financial and technical resources should begin to decline, if appropriate in-country partnerships have been developed, and capacity has been built.



This approach has been shared with GOB leadership and was used to guide funding allocation decisions for the 2011 COP. It is also being folded into the National Operational Planning process for PEPFAR-related investments over the next five years. (Please see Appendix 2 for a full list of PEPFAR programs and their Journey of PEPFAR rating.)

As a result of both the Partnership Framework and the Journey of PEPFAR, 2011 represents a year of important change for the PEPFAR Botswana program. Every program area will begin to experience some level of transition as the first steps are taken in implementing the new strategic approach. In addition, the GOB and USG have identified a few priority programs requiring more intensive focus in 2011:

- **Graduating Programs** (Treatment, PMTCT and Blood Safety) - The USG and the GOB will work together to develop three-year sustainability strategies for the most successful and mature programs in the PEPFAR portfolio with the goal of reducing external technical and financial resources required to maintain these programs.
- **Critical Gap Programs** (Male Circumcision and TB/HIV) - Increased emphasis will be put on two areas where significant gaps still remain, yet continue to be main areas of emphasis for Botswana.
- **Struggling/Turn-Around Programs** (Behavior Change Communication and M&E) - Finally, two areas that have had several years of investment but have not achieved the expected outcomes will be significantly reworked to develop new approaches with the goal of increasing impact.

Intensive focus and changes in these priority areas will also have a ripple effect on other critical support systems, including logistics and human resources for health (HRH). Though the health systems strengthening budget was reduced in COP 11, efforts were undertaken across all other program areas to better address system strengthening and HRH issues.

Adoption of GHI Core Principles in Botswana

The Global Health Initiative (GHI) core principles offer exciting opportunities in Botswana, including:

- Woman and Girl-Centered Approach;
- Engagement and Leveraging non-USG Resources (multilaterals and private sector); and
- Sustainability through System Strengthening and Improved M&E.



Though PEPFAR is the only major source of US health-related development assistance in Botswana, there are many opportunities to bring the GHI approach to PEPFAR-funded programs, as well as other activities carried out by the PEPFAR team. Given the generalized HIV/AIDS epidemic in Botswana, its related co-morbidities, and the early and committed response by the GOB to provide universal access to ART, Botswana can now achieve greater benefit from a more holistic approach to health care service delivery. This is important for two reasons. First, the urgent need to control the spread of HIV and mitigate the burden on the population has led human, financial and technical resources to focus on the HIV response, often to the neglect of other diseases. Second, because of the relatively large population of people living with HIV, Botswana is likely to be one of the first countries to see the impacts of long-term survival on ARTs, which may include a range of chronic conditions, such as diabetes and cervical cancer, as well as ARV resistance and cost implications of introducing second-line ARVs.

Perhaps the most significant way that PEPFAR is already delivering on GHI without additional funding is through the day-to-day work of our expert technical staff. Our staff spends between a large portion 25-50% of their time working with the GOB counterparts to develop technical guidelines, policies, curricula, plans and strategies that affect more than just the HIV/AIDS response. For example, our team has been engaged in supporting health policies and strategies that improve capital and human resources management for the HIV/AIDS national response, as well as the entire Botswana health care system, such as the policies and strategies that guide workforce development, strengthening of the central medical stores, information management systems, and procurement.

PEPFAR Botswana is also consolidating the OVC portfolio. A new OVC and Gender Project will replace four projects that are ending this year and one that will end next year. The new project has been strategically designed to strengthen enrollment in and implementation of the GOB OVC services including free primary and secondary education, free health care, and free nutritional support, while filling the gaps that still exists in community mobilization and support for OVC, early childhood development, income-generating activities and job skills development for older children. The project incorporates lessons learned from the Go Girls! Project (PEPFAR 's Vulnerable Girls Initiative) and focuses on women and girl-centered health activities. It also includes activities funded through the Gender Challenge Fund announced in July 2010, by building the capacity of the Women's Affairs Department to provide training in gender analysis to GOB officials and PEPFAR partners. It will also provide technical assistance to strengthen data management and evaluation to better measure and analyze challenges and accomplishments related to gender. This will increase our ability to design programs that target and meet the needs of the women and girls. The project also includes a child protection component and a gender-based violence activity that will address the needs of vulnerable children and women through a multi-sectoral/multi-agency approach.

Further, as a result of the Journey of PEPFAR, all PEPFAR programs are being more closely evaluated on impact and sustainability. This is being carried out by aligning PEPFAR programs more clearly with activities supported by other donors and stakeholders in Botswana through the NOP process, as well as by encouraging minimum cost-share and public private partnership policies in all new awards.

Unfortunately, Botswana has had limited success in securing Global Fund HIV resources or in attracting other new donors. The PEPFAR team plans to increase its technical assistance to the GOB in areas of costing and program planning to assist in developing convincing funding proposals that will attract additional international assistance.

Finally, the Partnership Framework has put an increased emphasis on building sustainability through health systems strengthening and improved metrics, monitoring and evaluation.

Though Botswana does not receive other health-related development assistance, such as Maternal-Child Health or President's Malaria Initiative funds, efforts have been made to link with National Institute of Health and other HHS-funded research initiatives, as well as USAID-funded education and water management funds.

Key PEPFAR Botswana Policies

To achieve the goals of the Partnership Framework, the PEPFAR Botswana Interagency Leadership Team, led by the US Ambassador to Botswana, has agreed upon the following policies that will guide all



PEPFAR-funded work in Botswana over the next several years:

Seconded Staff – Human resource capacity is one of the most significant impediments to the Botswana national response. In response, PEPFAR has supported over 100 seconded positions in the GOB, with varying degrees of sustainability and capacity-building built in. Secondments have been used in a variety of ways, including augmenting service delivery personnel, as well as bringing in experts to provide capacity building within GOB ministries. (GOB administrative staff who manage the CDC-funded Mega-CoAg are not considered secondments.)

In some cases, capacity building secondments are seen as models for sustainability and capacity building, especially when clear benchmarks and timelines were set for each position at the outset, and knowledge, skills and responsibilities are transferred according to the agreed upon plan. When there are no timelines or local counterparts, success in building GOB capacity is not possible, and secondments become expensive, unsustainable approaches to addressing human capacity gaps.

Therefore, in FY 11, all PEPFAR-supported capacity building secondments will be put on a three-year sustainability plan or phased out. Service delivery or administrative secondments will similarly be reviewed and negotiations will take place with the GOB to absorb or phase out these positions in the next three years.

New capacity building secondment requests must be initiated by the accountable officer in the relevant GOB Ministry (Permanent Secretary or higher), and approved by a joint USG/GOB committee. These new secondments must have local counterparts identified and hired before the secondment, and a three-year maximum sustainability strategy in place. New service delivery secondments will be approved only under exceptional circumstances, such as the male circumcision campaign.

Increasing Reliance on In-Country Partners – As the PEPFAR program shifts from emergency response to a sustainability approach, the PEPFAR Botswana program must increase its reliance on in-country partners, including the GOB and civil society. The increased use of local partners aims to, over time, lower the overall cost of delivering services, while maintaining the coverage and quality of the services. While international partners continue to provide valuable technical and program management expertise, PEPFAR must utilize these partners in a way that more directly transfers these skills to local partners. The most common challenge with using in-country partners, however, is the capacity to absorb new funding. This can be seen in the largest in-country partner, the GOB.

One approach to addressing gaps in the management of GOB cooperative agreement is being addressed in 2011 through the support of the Ministry of Health's (MOH) new Project Management Office. This team will facilitate the rolling out of key activities, such as male circumcision and improvements to the logistics and supply chain management. Eventually all MOH activities funded by PEPFAR will be managed through the Project Management Office.

Decision making around using international rather than local partners must be based on the progress in the Journey of PEPFAR categories. Programs needing significant, rapid scale-up or turn-around, such as Male Circumcision or Behavior Change Communication may not have sufficient in-country technical resources to achieve the program goals within a short timeframe. Therefore, international partners may be leveraged for speed. However, programs that have reached significant coverage through international partners must begin to transfer skills and implementation to local partners.

As part of the COP budgeting process, data has been collected on each activity specifying the amount of funds managed directly by local prime or sub-partners. We estimate that more than 50% of the COP 11 budget will be directly managed by local sub-partners [data will be filled in after this analysis has been completed.] The PEPFAR Botswana team is committed to increase this by at least x% per year in future COPs. One way this will be done is by requiring all new funding announcements to encourage the use of local firms as sub-partners. Strategies for each funding announcement may vary, but could include evaluation criteria that favors the use of local partners, or even requiring consortiums that include at least one local entity.

Relying on more local partners will likely impact the management of the PEPFAR program, possibly resulting in a larger number of smaller awards, rather than a fewer number of large awards. Managing these programs may also require increased oversight and better M&E systems. Therefore, it is likely that the size of the PEPFAR staff will not decrease in the coming years, and management costs are predicted



to increase. These changes may also require new and different skill sets as well. (Management impacts of these and other changes are summarized below.)

Leveraging Resources and Public Private Partnerships (PPP) in New Awards – A focus of the Journey of PEPFAR is the leveraging of other resources. Therefore, all new award announcements will encourage strategies to leverage non-USG resources, such as cost-share, matching or PPPs to attempt to leverage at least 10% in-kind or matching funds. The most mature programs are expected to exceed that amount. This requirement may be considered an insurmountable burden for local partners. However, recent examples have shown that local partners, including the Botswana Retired Nurses Society (BORNUS), have been able to leverage significantly more than 10% in in-kind contributions and matching funds. PEPFAR will continue to provide resources and support to local organizations to help them achieve cost-share requirements.

Management Updates

The strategic changes the PEPFAR Botswana program is undergoing will have several impacts on PEPFAR program management and operations. The following lists new procurements, programs that are ending or phasing out, as well as broader impacts of the new strategy on management and staffing.

New Procurements

Redacted

Impact of Strategic Shift on Management and Operations

Redacted



Appendix 1

PEPFAR Botswana Program Areas and OGAC Budget Code Cross Reference

Prevention¹

Botswana Program Area	OGAC Budget Code	OGAC Budget Code Description
PMTCT	MTCT	PMTCT
BCC	HVAB HVOP	Abstinence/Be Faithful Other Sexual Prevention
HCT	HVCT	Counseling and Testing
Blood Safety	HMBL	Blood Safety
Injection Safety	HMIN	Injection Safety
Male Circumcision	CIRC	Male Circumcision
Gender	OHSS	Health System Strengthening

Treatment, Care and Support

Botswana Program Area	OGAC Budget Code	OGAC Budget Code Description
Treatment	HTXD HTXS PDTX	ARV Drugs Adult Treatment Pediatric Treatment
Care and Support	HBHC PDCS	Adult Care and Support Pediatric Care and Support
TB/HIV	HVTB	TB/HIV
OVC	HKID	OVC
Lab	HLAB	Laboratory Infrastructure

System Strengthening

Botswana Program Area	OGAC Budget Code	OGAC Budget Code Description
Health System Strengthening	OHSS	Health System Strengthening
Civil Society Strengthening	OHSS	Health System Strengthening
Human Resources for Health	HRH	Human Resources for Health

Strategic Information

Botswana Program Area	OGAC Budget Code	OGAC Budget Code Description
Research and Surveillance	HVSI	Strategic Information
Monitoring and Evaluation	HVSI	Strategic Information
Information Systems	HVSI	Strategic Information

Management

Botswana Program Area	OGAC Budget Code	OGAC Budget Code Description
PEPFAR Reporting	HVSI	Strategic Information
Program Management Support	M&O	Management and Operations
FSN Leadership	M&O	Management and Operations
Public Diplomacy and Communications	M&O	Management and Operations

¹ IDUP – There are currently no PEPFAR-funded activities targeting injecting drug users in Botswana.



Appendix 2 Technical Area Summaries

The PEPFAR Botswana program is divided into four broad technical areas: prevention, treatment care and support, strategic information, and system strengthening. The following summaries provide an overview of the targets and other expected goals for each area in 2011, as well as providing highlights of key programs within each area.

Prevention

The 2009 PEPFAR Five-Year Strategy provides guidance on designing, implementing and monitoring combination HIV prevention programs that address the unique needs of each country. The strategy recommends a comprehensive approach to prevention that includes three types of mutually reinforcing interventions—biomedical, behavioral and structural. The guidance notes that the epidemic is not static and that a well developed prevention response will identify and deploy interventions to meet these new conditions. After various portfolio and strategy assessment meetings, PEPFAR Botswana has selected a new path forward for its prevention programs that should enhance the overall goal of decreased HIV incidence and enhanced country ownership and sustainability. First, several activities did not have the coverage or intensity to make an impact at the population level. Second, there are many partners providing similar activities yet potentially different messages. Lastly, capacity building efforts have been disjointed in the past.

While better approaches are needed to determine the optimal mix of services, calculate costs, and understand the effectiveness of programs, the PEPFAR Botswana Team has reached consensus that the prevention portfolio could be strengthened with a more prioritized set of core activities. The following represent key shifts and highlights in the FY11 portfolio:

Recast the sexual prevention portfolio – While there is broad agreement that behavior change is paramount to halting the epidemic in Botswana, there is no globally-identified intervention that ensures success of a behavior change intervention. There is, however, concurrence that enhanced scope, intensity and message coherency are critical parts of an effective response. In FY11, the portfolio will begin focusing on reducing the number of funded partners in the BCC portfolio and shift away from small-scale activities in selected areas of the country. Greater focus will be placed on supporting GOB-designed and -implemented multi-component national campaigns that address key drivers of the epidemic, such as alcohol and gender inequality.

Preparation for graduation of blood safety and PMTCT programs – Through PEPFAR's financial and technical assistance, the blood safety and PMTCT programs have seen remarkable improvements. The blood safety program has achieved high levels of country ownership yet its ultimate success will rely on more robust senior management of the program. In FY11, PEPFAR will no longer have an ongoing agreement with a non-governmental partner to continuously support the blood safety program. Instead, support will be provided through task-driven technical assistance. Further, plans will be developed in 2011 to eventually phase out direct GOB funding as well.

While the PMTCT program receives international recognition for its accomplishments, there are a few remaining hurdles—rollout of universal HAART, improved maternal and child health and enhanced data collection. In an effort to transition the program to complete GOB control, PEPFAR will begin to shift its focus to ensuring healthy mothers and HIV-free survival of infants, both inline with goals of the Global Health Initiative. Through strategically funding certain activities, PEPFAR Botswana will ensure a smooth transition from PEPFAR financial assistance to full country ownership and long-term sustainability.

Universal HAART – While efforts are underway to graduate the PMTCT program, an intensified focus will be given to how PEPFAR can support the rollout of Universal HAART in Botswana. A combination of



COP 11 and COP 10 Partnership Framework funds are being allocated to support technical assistance and training in support of the rollout, while the GOB plans to fund the cost of the drugs and the service delivery. (See Appendix 3 for information about the COP 10 Partnership Framework funds.)

Improved uptake and sustainability of HTC services – Provider-initiated HTC services rely on an opt-out policy; however, in practice, this is not implemented consistently. An increased emphasis will be placed upon strengthening provider-initiated testing and counseling (PITC), or routine HIV testing (RHT), as the most cost-effective way of expanding counseling and testing. Voluntary counseling and testing (VCT) services have been nearly exclusively funded by PEPFAR and in FY11, a long-term sustainability plan will be mandated from the implementing partner. PEPFAR will work with this partner to provide increase access to and utilization of high quality, integrated, confidential, VCT and PITC services.

Strategic alignment of capacity building efforts – Given PEPFAR Botswana's increased focus on civil society capacity building in FY11, the sexual prevention portfolio will be altered to ensure that its efforts leverage these additional funds. As such, CDC will predominately focus on its established role as a technical assistance provider to the Government of Botswana while USAID will have primary responsibility for addressing local organization engagement in implementing nationally-driven campaigns at the community-level. At the same time, Peace Corps volunteers will be strategically placed at PEPFAR-funded local organizations to build capacity as well as within district health management teams in critical locations. Key areas of emphasis – Greater emphasis will be placed on the scale-up of male circumcision and reducing multiple concurrent partnerships. Male circumcision and HTC will continue to be crucial components of the HIV response while structural interventions will be sought that take into account social, political, and economic factors that contribute to individual risk and vulnerability.

Gender – Informed by a more gender-sensitive monitoring and evaluation system, PEPFAR Botswana is gaining more data on its ability to reach individuals in a gender-specific manner. An increased understanding of the inter-linkages between sexuality and gender roles and its impact on sexual behavior—and ultimately HIV transmission—is needed. Behavior change interventions must not only focus on individual behaviors but also on collective behaviors, norms and values of society. As a cross-cutting issue, gender will see an increased emphasis on ensuring better access to gender-sensitive prevention, treatment, care and support services in FY11.

System Strengthening

System strengthening features as the second priority in Botswana's NSF II and the PEPFAR Partnership Framework. It comprises three primary program areas: Human Resources for Health, Civil Society Strengthening, and Health System Strengthening (HSS).

HRH & HSS in Other Program Areas

The overall budget for System Strengthening declined by \$574,000 in COP 11, with the bulk of the decline coming from the HRH and HSS programs. However, this alone does not give a clear picture of the HRH and HSS investments in Botswana. HRH and other health system gaps are noted as significant challenges in many program areas. Investments in these areas are diffused throughout the Botswana program. [Once analysis is finished, list # of programs with HRH or HSS components.]

Human Resources for Health

PEPFAR support will contribute to increasing the number of health care workers to meet demands of the national response through improving human resource management, support/rollout use of Human Resources Information System (HRIS) for planning and management, supporting the implementation of the attraction and retention strategy. PEPFAR will provide support to strengthen pre-service education at the University of Botswana and the Institutes of Health Sciences along with the establishment of a health management-training institute. Capacity building to enable professional regulatory bodies to be autonomous will also be supported.

Civil Society Strengthening



PEPFAR will significantly and sustainably strengthen the capacity (technical and business operations, mentoring) of several civil society organizations to support the implementation of HIV/AIDS and other health interventions and activities. PEPFAR will build local institutions and individuals that will in turn provide capacity building training/mentoring and support to local CSOs before PEPFAR II leaves Botswana. Coordination mechanisms for supporting and funding CSOs will also be supported.

Health System Strengthening

PEPFAR support is aimed at enabling the national health system to become a more efficient and cost-effective, client-friendly system to deliver needed HIV and other health services through the institutionalization of National Health Accounts and supporting quality management systems, including facility accreditation. Health System Capacity Strengthening includes several sub-areas, including health finance, logistics, infrastructure and maintenance, leadership and coordination, and policy strengthening. PEPFAR will provide support to improve Quality and Cost Effectiveness of National Response through improving the Supply Chain Management – Central Medical Stores through unifying systems and establishing 'Distribution Hubs' and decrease the reliance on parallel processes and rely only on one procurement process.

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Strategic Information

Strategic Information Management is one of four priority areas outlined in the Second Botswana National Strategic Framework for HIV/AIDS 2010-2016. In planning for COP 11 activities and beyond, the Strategic Information Team of PEPFAR Botswana will prioritize four areas; 1) conducting operations research and evaluation of existing PEPFAR program data, 2) conducting public health evaluation of large scale prevention programs, 3) strengthening the health information system infrastructure, and 4) training of local personnel in health, civil society, and the Botswana Defense Force in monitoring and evaluation (M&E). These activities are in line with the strategic information goals of the 2009 PEPFAR Five-Year Strategy to identify best practices in service delivery, expand the evidence base of prevention, improve the science of HIV, and enhance local capacity to carry out M&E activities.

Monitoring and Evaluation

PEPFAR Botswana will continue to work with the National AIDS Coordinating Agency (NACA) to develop a National M&E Framework for the National Operational Plan. PEPFAR Botswana is planning to conduct several large scale evaluations, including public health evaluations of the PMTCT program and pediatric and adult male circumcision programs. PEPFAR Botswana is committed to increased evaluation of program effectiveness, including the MASA Treatment Program data and Voluntary Counseling and Testing (VCT) data, to improve existing programs and health outcomes. In addition to ongoing efforts to monitor PEPFAR performance using the Next Generation Indicators, Botswana will work with partners and the Office of the Global AIDS Coordinator (OGAC) Strategic Information to develop and pilot new indicators that capture technical assistance and indirect support to Botswana's success. PEPFAR Botswana will provide technical assistance the Ministry of Health (MOH) to support the establishment of a new government department within MOH dedicated to M&E and to develop an advanced M&E curriculum.

Surveillance and Research

PEPFAR Botswana will continue to support the strengthening of surveillance and research capacity through participation in the development of the 2011 Antenatal Clinic (ANC) Survey and the 2012 Botswana AIDS Indicator Survey (BAIS), which provide national HIV prevalence, incidence, and behavioral data. Because of the uncertainties in previous HIV incidence estimates, PEPFAR Botswana will work with CDC to retest specimens from previous ANC surveys using newly developed avidity



incidence assays. More accurate incidence estimates will help to benchmark the success of reducing HIV incidence in Botswana. Because the BAIS surveys include only adults 18 years or older, PEPFAR Botswana will also collaborate with the Botswana Ministry of Education to conduct a survey of risk behaviors, including sexual behavior, of students ages 10-18 years. PEPFAR Botswana will continue to conduct operations research designed to improve the efficiency of the national response, including a comparison of routinely collected PMTCT data with annual ANC survey data, which may obviate future ANC surveys. PEPFAR Botswana will continue to provide training for District Health Officers in M&E, surveillance, and research.

Health Information Systems

PEPFAR Botswana will continue to enhance the efficiency of health information systems in Botswana. Priority areas include creating and deploying electronic registers to capture routine data from opt-out HIV testing in clinical settings and from the national PMTCT program, developing a National Strategic Plan for Health Information Systems, and expanding coverage of a basic national integrated health information system to more health facilities.

Treatment, Care and Support

The primary goal of the Care and Treatment Team is to support the Government of Botswana (GOB) in providing HIV care and treatment to the people of Botswana. The team is divided into five programs: Treatment, Care and Support, TB/HIV, Laboratory, and Orphans and Vulnerable Children (OVC). The treatment program supports the GOB's effort to provide treatment services through training, improved drug supply management, and renovations/construction of community-based clinics focusing on drug stores. These program activities will help to build capacity to absorb additional patients under the new treatment guidelines under discussion by the GOB. As the GOB considers expanding the treatment guidelines from <250 to <350, PEPFAR will continue to provide technical assistance as needed, including help with costing and rollout strategies.

In FY11 the treatment program will continue to strengthen Central Medical Stores and support creation of the Medicines Regulatory Authority to improve sustainability and cost effectiveness of treatment services. The emphasis will be on reducing direct procurement of ARV drugs and helping GOB to build program management capacity and reduce costs for sustainability. Currently, the health care sector provides care and support services both in institutions and at the community level. The care and support program provides support for people living with HIV/AIDS, nutrition and clinical care, and psychosocial and spiritual care. The program's strategic goal is to scale up care and support services to children, adolescents, and adults with an emphasis on improving the coverage and the quality of care and support services through strengthening of managerial and technical assistance as well as strengthening long-term capacity for comprehensive service delivery. This will include building the capacity of both the government primary health care systems and civil society organizations.

The TB/HIV program is supporting the GOB in reducing TB and integrating TB/HIV services into other program areas. In FY11 the TB/HIV program will continue to support the enhancement of directly observed treatment implementation including community-based approaches to TB care and management. The program will also strengthen the scaling up of rapid and proper diagnosis of TB through lab support and introduction of microscopists in areas that do not have access to laboratory services. One major emphasis will be the integration of collaborative TB/HIV activities and the continued support of monitoring and evaluation activities.

Laboratory services have faced challenges in providing accurate and timely results that improve patient



care and treatment. In FY11 the laboratory program will continue improving the quality and timely delivery of results by rolling out an integrated Laboratory Information Management System. The laboratory program will support the introduction of molecular diagnostics for TB at both the reference laboratory in Gaborone and the new laboratory in Francistown. The laboratory program will also continue improving disease surveillance and diagnostics by strengthening the National Public Health Laboratory. Redacted. More emphasis will also be placed on human resource strengthening and supporting the supply chain management system for laboratory commodities, equipment maintenance, and calibration. The OVC program supports the GOB and Civil Society Organizations (CSOs) to work collectively in implementing and delivering effective OVC services. Services include: providing access to psychological and/or emotional care counseling, education including vocational skills training, nutritional support, succession planning, access to legal aid, protection from all forms of abuse including child labor and property grabbing, and assisting with access to health care including treatment for HIV/AIDS. In FY11 the focus will be on supporting the GOB to strengthen its OVC coordination systems, increasing identification of vulnerable children, and implementing the Children's Act. Additionally CSOs serving OVC will be supported to intensify their focus on developing sustainable economic strengthening programs in order to improve the livelihoods of households for vulnerable children, especially adolescent girls.

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	300,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	25	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV	16,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Deaths due to HIV/AIDS	5,800	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV						

infections among adults and children						
Estimated number of pregnant women in the last 12 months	47,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of pregnant women living with HIV needing ART for PMTCT	13,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Number of people living with HIV/AIDS	320,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS	93,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
The estimated number of adults and children with advanced HIV infection (in need of ART)	170,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			



Women 15+ living with HIV	170,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
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Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

Partnership	Related Mechanism	Private-Sector Partner(s)	PEPFAR USD Planned Funds	Private-Sector USD Planned Funds	PPP Description
NIIT District Health IT Officers		NIIT / Botho College	300,000	300,000	CDC is working with NIIT and GOB to develop and implement a one-year, district-level IT internship program for NIIT graduates. During FY11 (October 2010 through September 2011), 20 IT graduates were placed at the District Health Medical Teams (DHMT) to provide IT support to the DHMT and health clinics. The

				<p>main activities were to support computer network function, including prevention and removal of computer viruses, to support the deployment and use of the District Health Information System (DHIS), and to support reporting of electronic public health data. In 5 pilot districts, NIIT interns were crucial to the deployment and of support of electronic registers for PMTCT and HTC. CDC and GOB provide strategic and technical guidance in the development of the implementation and monitoring plan for the project. NIIT is responsible for overall administration, implementation, and monitoring of the project. The NIIT supervisors assessed the</p>
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					<p>performance and development needs of these graduates and provided them with relevant additional training. NIIT provided CDC with a final report of the activity. The implementing mechanism is Cardno Emerging Markets USA, the CDC PPP mechanism. This activity is planned to continue through FY 2012. The response from GOB has been positive. GOB is exploring sustainability of the activity beyond 2012 through the existing government internship program.</p>
PCI ARV Reminders		Mascom	335,000	335,000	<p>CDC is working with GOB, Positive Innovation for the Next Generation (PING), and Mascom to send SMS text reminders to ART patients in the Masa treatment program with noted</p>

				<p>adherence problems. Mascom, a leading provider of mobile telephony in Botswana, is providing free airtime, ISP service and token prizes for patient successes. During FY11, a small pilot was conducted with Masa ART patients. Evaluation of the pilot is being conducted. Future expansion of the program may include 1) increasing follow-up of children born to HIV+ mothers for HIV testing at 8 weeks and 18 months, 2) sending notification of availability of laboratory test results for the Early Infant Diagnosis program to facilities and patients, 3) referring VCT clients for safe male circumcision (if HIV negative) or treatment (if HIV</p>
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				<p>positive), 4) tracking TB cases and monitoring adherence, and 5) increasing donor participation in blood drives. The implementing mechanism is Cardno Emerging Markets USA, the CDC PPP mechanism. This activity is planned to continue through FY13.</p>
TBD - OVC Gender PPP		New Partner		<p>The main goal of the OVC and Gender project is to bring more focus on women and children on issues of HIV and AIDS prevention, care and support. This is because women and children have been impacted by HIV and AIDS in a unique way. For women, this has been exacerbated by their role within society and their biological vulnerability to HIV infection. The</p>

					<p>project aims to empower children to grow up being aware of the challenges facing women and how to address these to prevent them from experiencing similar issues when they are adults. The project will also address issues of child-headed households and sexual abuse. These issues are not implemented with input from the private sector hence the objective of this project is to promote public private partnership in OVC and gender programming. The involvement of the private sector will hopefully encourage this sector to contribute more to the development or upbringing of the orphaned and vulnerable children in Botswana.</p>
TBD - PPP General		TBD			The TBD - PPP

					General funds will be used to encourage PPPs in multiple program areas.
TBD - Treatment PPP		TBD			The treatment team aims to leverage PEPFAR resources to approach the mining and tourism sectors for targeted staff PPP opportunities. As this is the most highly trained, most mobile cadre of employee in Botswana, there is a belief that this area is ripe for harvesting. As a middle income country with a globalized epidemic, corporate social responsibility is on everyone's mind, and this seed money should get the program kicked off in a big way.

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
2011 HIV Drug resistance among ANC	HIV Drug	Pregnant Women	Implementation

population	Resistance		
ANC Sentinel Surveillance (2011)	Sentinel Surveillance (e.g. ANC Surveys)	Pregnant Women	Data Review
Assessing the Utility of Prevention of Mother to Child Transmission Program Data for HIV Surveillance	Evaluation of ANC and PMTCT transition	Pregnant Women	Data Review
Behavioral Surveillance Survey among Learners Aged 10-19 in Botswana	Population-based Behavioral Surveys	Youth	Publishing
Botswana AIDS Indicator Survey IV	Population-based Behavioral Surveys	General Population	Planning
Characterization, Validation and Application of New HIV-1 Incidence Assays to Detect Recent HIV-1 Infections in Botswana	Recent HIV Infections	Pregnant Women	Development
Integrated HIV Serological and Behavioral Surveillance among Persons Attending Alcohol Consumption Venues in Gaborone, Botswana	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Implementation
Monitoring adverse events after male circumcision	Sentinel Surveillance (e.g. ANC Surveys)	General Population	Development
Multiple Concurrent Partnerships Study Supporting Campaign Development, Monitoring and Evaluation	Evaluation	General Population	Implementation



Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
DOD			2,665,800		2,665,800
HHS/CDC		7,147,000	48,611,691		55,758,691
HHS/HRSA	2,786,962		2,798,000		5,584,962
PC			1,660,000		1,660,000
State			649,600		649,600
State/AF			1,936,231		1,936,231
State/PRM			250,000		250,000
USAID			15,871,425		15,871,425
Total	2,786,962	7,147,000	74,442,747	0	84,376,709

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency								Total
	State	DOD	HHS/CDC	HHS/HRSA	PC	State/AF	USAID	AllOther	
CIRC		800,000	5,250,000	100,000			1,000,000		7,150,000
HBHC			3,741,350	538,000				250,000	4,529,350
HKID			2,570,000		620,000	0	2,389,709		5,579,709
HLAB		300,000	1,619,709	560,000		1,300,000	1,300,000		5,079,709
HMBL			853,024			500,000			1,353,024
HMIN			700,000						700,000
HTXD			5,816,395						5,816,395
HTXS			600,000	1,500,000			407,246		2,507,246
HVAB		250,000	650,000				954,883		1,854,883
HVCT		450,000	6,420,069	135,000					7,005,069
HVMS	649,600	225,800	11,228,105		420,000		838,526		13,362,031



HVOP		400,000	2,700,000		620,000		2,062,537		5,782,537
HVSI		200,000	3,512,630	900,000			300,000		4,912,630
HVTB		15,000	3,065,000	900,000		0	1,250,000		5,230,000
MTCT			2,918,062	351,962			150,024		3,420,048
OHSS		25,000	3,304,347	200,000		136,231	5,218,500		8,884,078
PDCS			460,000						460,000
PDTX			350,000	400,000		0			750,000
	649,600	2,665,800	55,758,691	5,584,962	1,660,000	1,936,231	15,871,425	250,000	84,376,709

Budgetary Requirements Worksheet

(No data provided.)



National Level Indicators

National Level Indicators and Targets

Redacted



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	4,529,350	
HTXS	2,507,246	
Total Technical Area Planned Funding:	7,036,596	0

Summary:
(No data provided.)

Technical Area: ARV Drugs

Budget Code	Budget Code Planned Amount	On Hold Amount
HTXD	5,816,395	
Total Technical Area Planned Funding:	5,816,395	0

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
CIRC	7,150,000	
HMBL	1,353,024	
HMIN	700,000	
Total Technical Area Planned Funding:	9,203,024	0

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
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HVCT	7,005,069	
Total Technical Area Planned Funding:	7,005,069	0

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	8,884,078	
Total Technical Area Planned Funding:	8,884,078	0

Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	5,079,709	
Total Technical Area Planned Funding:	5,079,709	0

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	13,362,031	
Total Technical Area Planned Funding:	13,362,031	0

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	5,579,709	
Total Technical Area Planned	5,579,709	0



Funding:		
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Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	460,000	
PDTX	750,000	
Total Technical Area Planned Funding:	1,210,000	0

Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	3,420,048	
Total Technical Area Planned Funding:	3,420,048	0

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	1,854,883	
HVOP	5,782,537	
Total Technical Area Planned Funding:	7,637,420	0

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	4,912,630	



Total Technical Area Planned Funding:	4,912,630	0
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Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	5,230,000	
Total Technical Area Planned Funding:	5,230,000	0

Summary:
(No data provided.)



Technical Area Summary Indicators and Targets

Redacted

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
7317	United Nations High Commissioner for Refugees	Multi-lateral Agency	U.S. Department of State/Bureau of Population, Refugees, and Migration	GHCS (State)	250,000
7319	Partnership for Supply Chain Management	Private Contractor	U.S. Agency for International Development	GHCS (State)	5,880,770
7320	Regional Procurement Support Office	Other USG Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	1,800,000
7321	Research Triangle Institute, South Africa	Private Contractor	U.S. Agency for International Development	GHCS (State)	1,000,000
7324	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
9909	Harvard University School of Public Health	University	U.S. Department of Health and Human Services/Health Resources and Services Administration	Central GHCS (State)	2,786,962
9910	National Association of State and Territorial AIDS Directors	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	475,000

			Prevention		
9911	Makgabaneng	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	250,000
9915	The American Society for Microbiology	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	275,000
9920	Association of Public Health Laboratories	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
9922	Academy for Educational Development	NGO	U.S. Agency for International Development	GHCS (State)	104,883
9923	John Snow, Inc.	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	300,000
9924	Baylor University, College of Medicine	University	U.S. Department of Health and Human Services/Centers	GHCS (State)	620,000

			for Disease Control and Prevention		
9925	Botswana Harvard AIDS Institute	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	648,038
9962	JHPIEGO	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	700,000
10303	Pathfinder International	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
10311	University of Washington	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,800,000
10312	Population Services International	NGO	U.S. Department of Health and Human Services/Centers for Disease	GHCS (State)	900,000

			Control and Prevention		
10313	University of Pennsylvania	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,661,350
10315	American International Health Alliance Twinning Center	NGO	U.S. Department of Health and Human Services/Health Resources and Services Administration	GHCS (State)	150,000
10485	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	256,188
11574	U.S. Peace Corps	Implementing Agency	U.S. Peace Corps	GHCS (State)	1,240,000
11577	US Department of Defense	Own Agency	U.S. Department of Defense	GHCS (State)	1,940,000
11584	U.S. Department of State	Implementing Agency	U.S. Department of State/Bureau of African Affairs	GHCS (State)	136,231
11586	MULLAN & ASSOCIATES	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and	GHCS (State)	1,493,724

			Prevention		
11589	University Research Corporation	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	2,285,069
11708	HHS/Centers for Disease Control & Prevention	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
11999	US Agency for International Development	Own Agency	U.S. Agency for International Development	GHCS (State)	562,537
12006	Academy for Educational Development	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
12008	Johns Hopkins University	University	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	1,800,000
12727	TBD	TBD	U.S. Department of Health and Human Services/Centers	Redacted	Redacted

			for Disease Control and Prevention		
12762	Cardno Emerging Markets	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	635,000
12817	Government of Botswana	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	20,346,217
12944	Otse Village Association	NGO	U.S. Agency for International Development	GHCS (State)	0
12946	Project Concern International	NGO	U.S. Department of Defense	GHCS (State)	500,000
12958	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12974	Botswana Retired Nurses Society	NGO	U.S. Agency for International Development	GHCS (State)	0
12975	KNCV TB Foundation	NGO	U.S. Agency for International Development	GHCS (State)	300,000
13032	Abt Associates	Private Contractor	U.S. Agency for	GHCS (State)	200,000

			International Development		
13068	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13075	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13079	IntraHealth International, Inc	NGO	U.S. Agency for International Development	GHCS (State)	250,000
13091	Education Development Center	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	500,000
13141	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13300	CDC GLOBAL EPIDEMIOLOGY AND STRATEGIC INFORMATION SERVICES	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	75,000

13316	Botswana Harvard AIDS Institute	Implementing Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GHCS (State)	210,000
13369	University of North Carolina at Chapel Hill, Carolina Population Center	University	U.S. Agency for International Development	GHCS (State)	450,000
13442	Sesame Street Workshop	NGO	U.S. Agency for International Development	GHCS (State)	100,000
13452	TBD	TBD	U.S. Department of Health and Human Services/Health Resources and Services Administration	Redacted	Redacted
13480	Management Sciences for Health	NGO	U.S. Agency for International Development	GHCS (State)	300,000
13495	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted
13529	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 7317	Mechanism Name: PRM
Funding Agency: U.S. Department of State/Bureau of Population, Refugees, and Migration	Procurement Type: Contract
Prime Partner Name: United Nations High Commissioner for Refugees	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	Funding Amount
GHCS (State)	250,000

Sub Partner Name(s)

Botswana Red Cross		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	25,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Increasing women's legal rights and protection
 Mobile Population



Budget Code Information

Mechanism ID: 7317			
Mechanism Name: PRM			
Prime Partner Name: United Nations High Commissioner for Refugees			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7319	Mechanism Name: GPO-I-01-05-00032 --SCMS
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Partnership for Supply Chain Management	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 5,880,770	
Funding Source	Funding Amount
GHCS (State)	5,880,770

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



Human Resources for Health	457,246
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Key Issues

TB

Budget Code Information

Mechanism ID: 7319			
Mechanism Name: GPO-I-01-05-00032 --SCMS			
Prime Partner Name: Partnership for Supply Chain Management			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	407,246	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	2,023,500	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,000,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVOP	250,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,024	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,300,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	700,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7320	Mechanism Name: State/AF - HQ - GHCS (State) - RPSO ()
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: Regional Procurement Support Office	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,800,000	
Funding Source	Funding Amount
GHCS (State)	1,800,000



Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	1,800,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 7320			
Mechanism Name: State/AF - HQ - GHCS (State) - RPSO ()			
Prime Partner Name: Regional Procurement Support Office			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	0	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	500,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	1,300,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	0	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7321	Mechanism Name: USAID - HQ - GHCS (State) - Research Triangle Institute (RTI), Prevention with Most at-Risk Populations (MARP) (GHS-1-00-07-00005-00)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Research Triangle Institute, South Africa	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	Funding Amount
GHCS (State)	1,000,000

Sub Partner Name(s)

Botswana Council of Churches (BCC) and Kgologano College	Botswana Family Welfare Association	Light and Courage Centre Trust
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Matshelo Community Development Association (MCDA)	Nkaikela	Silence Kills
Tebelopele Voluntary Counseling and Testing	True Men	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	300,000
Human Resources for Health	100,000

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Mobile Population

Budget Code Information

Mechanism ID:	7321		
Mechanism Name:	USAID - HQ - GHCS (State) - Research Triangle Institute (RTI), Prevention with Most at-Risk Populations (MARP) (GHS-1-00-07-00005- 00)		
Prime Partner Name:	Research Triangle Institute, South Africa		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,000,000	
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7324	Mechanism Name: USAID - Local - GHCS (State) - (Civil Society) TBD
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 TB



Budget Code Information

Mechanism ID: 7324			
Mechanism Name: USAID - Local - GHCS (State) - (Civil Society) TBD			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9909	Mechanism Name: 5U51HA02522: Palliative Care Support
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement



Prime Partner Name: Harvard University School of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,786,962	
Funding Source	Funding Amount
Central GHCS (State)	2,786,962

Sub Partner Name(s)

Botswana Harvard Partnership		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	51,962
Human Resources for Health	625,000

Key Issues

Increasing women's access to income and productive resources
 Child Survival Activities
 Safe Motherhood

Budget Code Information

Mechanism ID: 9909			
Mechanism Name: 5U51HA02522: Palliative Care Support			
Prime Partner Name: Harvard University School of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HBHC	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	1,500,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	135,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	350,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	201,962	
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9910	Mechanism Name: Capacity building assistance for GAP through technical assistance collaboration
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Association of State and Territorial AIDS Directors	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 475,000	
Funding Source	Funding Amount
GHCS (State)	475,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	242,000
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Key Issues

(No data provided.)



Budget Code Information

Mechanism ID:	9910		
Mechanism Name:	Capacity building assistance for GAP through technical assistance		
Prime Partner Name:	collaboration National Association of State and Territorial AIDS Directors		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	475,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9911	Mechanism Name: U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention		
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement		
Prime Partner Name: Makgabaneng			
Agreement Start Date: Redacted		Agreement End Date: Redacted	
TBD: No		Global Fund / Multilateral Engagement: No	

Total Funding: 250,000	
Funding Source	Funding Amount
GHCS (State)	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9911		
Mechanism Name:	U2GPS000634 - Age-Appropriate Behaviour-Change through radio & Reinforcement Activities for HIV Prevention		
Prime Partner Name:	Makgabaneng		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9915	Mechanism Name: U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS Microbiology Laboratory Program Development through Technical Assistance Collaboration
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: The American Society for Microbiology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 275,000	
Funding Source	Funding Amount
GHCS (State)	275,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	9915		
Mechanism Name:	U62/CCU325119: Capacity Building Assistance for Global HIV/AIDS		
Prime Partner Name:	Microbiology Laboratory Program Development through Technical Assistance Collaboration		
	The American Society for Microbiology		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	275,000	
Narrative:			
None			

Implementing Mechanism Indicator Information



(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9920	Mechanism Name: U47/CCU323096: APHL
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Public Health Laboratories	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9920
Mechanism Name:	U47/CCU323096: APHL
Prime Partner Name:	Association of Public Health Laboratories



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9922	Mechanism Name: USAID - Local - GHCS (State) - Academy for Educational Development Capable Partners Project (AED/CAP) (674-A-00-08-00077)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Academy for Educational Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 104,883	
Funding Source	Funding Amount
GHCS (State)	104,883

Sub Partner Name(s)

Botswana Business Coalition on AIDS		
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Overview Narrative

Cross-Cutting Budget Attribution(s)



(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID:	9922		
Mechanism Name:	USAID - Local - GHCS (State) - Academy for Educational Development		
Prime Partner Name:	Capable Partners Project (AED/CAP) (674-A-00-08-00077) Academy for Educational Development		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	104,883	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	0	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9923	Mechanism Name: HHS/CDC - HQ - GHCS (State) - JSI (PS001958-01)
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Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: John Snow, Inc.	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	Funding Amount
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	230,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9923		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - JSI (PS001958-01)		
Prime Partner Name:	John Snow, Inc.		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	300,000	
Narrative:			



None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9924	Mechanism Name: New CoAg- PediatricCare
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Baylor University, College of Medicine	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 620,000	
Funding Source	Funding Amount
GHCS (State)	620,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	31,000
Human Resources for Health	422,000

Key Issues

Child Survival Activities

TB



Budget Code Information

Mechanism ID: 9924			
Mechanism Name: New CoAg- PediatricCare			
Prime Partner Name: Baylor University, College of Medicine			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	310,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	110,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9925	Mechanism Name: HHS/CDC - HQ - GHCS (State) - BHP (PS001994-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Botswana Harvard AIDS Institute	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	Global Fund / Multilateral Engagement: No
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Total Funding: 648,038	
Funding Source	Funding Amount
GHCS (State)	648,038

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	700,000
Human Resources for Health	648,038

Key Issues

Child Survival Activities

Safe Motherhood

Budget Code Information

Mechanism ID:	9925		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - BHP (PS001994-01)		
Prime Partner Name:	Botswana Harvard AIDS Institute		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	648,038	
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9962	Mechanism Name: U2G/PS001309 -- Pre service training
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: JHPIEGO	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 700,000	
Funding Source	Funding Amount
GHCS (State)	700,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	700,000
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Key Issues

Workplace Programs



Budget Code Information

Mechanism ID: 9962			
Mechanism Name: U2G/PS001309 -- Pre service training			
Prime Partner Name: JHPIEGO			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	700,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10303	Mechanism Name: HHS/CDC - HQ - GHCS (State) - Pathfinder (PS001886-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Pathfinder International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

Botswana Council of Churches		
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Overview Narrative



Cross-Cutting Budget Attribution(s)

Human Resources for Health	500,000
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Key Issues

Child Survival Activities
 Safe Motherhood
 Family Planning

Budget Code Information

Mechanism ID: 10303			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - Pathfinder (PS001886-01)			
Prime Partner Name: Pathfinder International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10311	Mechanism Name: HHS/CDC - HQ - GHCS (State) - I-TECH (PS001824-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University of Washington	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 1,800,000	
Funding Source	Funding Amount
GHCS (State)	1,800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	494,000
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Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID: 10311			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - I-TECH (PS001824-01)			
Prime Partner Name: University of Washington			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,800,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 10312	Mechanism Name: HHS/CDC - HQ - GHCS (State) - PSI (PS001841-01)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 900,000	
Funding Source	Funding Amount
GHCS (State)	900,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	226,814
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Key Issues

Addressing male norms and behaviors
 Mobile Population

Budget Code Information

Mechanism ID: 10312



Mechanism Name: HHS/CDC - HQ - GHCS (State) - PSI (PS001841-01)		Prime Partner Name: Population Services International	
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	900,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10313	Mechanism Name: HHS/CDC - HQ - GHCS (State) - U-Penn (PS001949-01)		
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement		
Prime Partner Name: University of Pennsylvania			
Agreement Start Date: Redacted	Agreement End Date: Redacted		
TBD: No	Global Fund / Multilateral Engagement: No		

Total Funding: 2,661,350	
Funding Source	Funding Amount
GHCS (State)	2,661,350

Sub Partner Name(s)

American Medical Informatics Association	Orange	
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Overview Narrative



Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,532,377
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Key Issues

Child Survival Activities

TB

Budget Code Information

Mechanism ID: 10313			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - U-Penn (PS001949-01)			
Prime Partner Name: University of Pennsylvania			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,311,350	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	450,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	900,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details



Mechanism ID: 10315	Mechanism Name: HHS/HRSA - HQ - GHCS (State) - AIHA (U97HA04128-06-00)
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: American International Health Alliance Twinning Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	Funding Amount
GHCS (State)	150,000

Sub Partner Name(s)

African Palliative Care Association	Human Development Trust	Marang Childcare Network
University of Botswana Institute of Health Sciences, School of Nursing	University of Kentucky School of Journalism and Communications	Zambia Mass Communication and Educational Trust

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	10315
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Mechanism Name: HHS/HRSA - HQ - GHCS (State) - AIHA (U97HA04128-06-00)			
Prime Partner Name: American International Health Alliance Twinning Center			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 10485	Mechanism Name: HHS/CDC - HQ - GHCS (State) - ASCP (U62/PS001285)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 256,188	
Funding Source	Funding Amount
GHCS (State)	256,188

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)



Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 10485			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - ASCP (U62/PS001285)			
Prime Partner Name: American Society of Clinical Pathology			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	256,188	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11574	Mechanism Name: Peace Corps Mechanism
Funding Agency: U.S. Peace Corps	Procurement Type: USG Core
Prime Partner Name: U.S. Peace Corps	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,240,000	
Funding Source	Funding Amount
GHCS (State)	1,240,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Economic Strengthening	200,000
Education	800,000
Gender: Reducing Violence and Coercion	200,000

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Child Survival Activities

Budget Code Information

Mechanism ID: 11574			
Mechanism Name: Peace Corps Mechanism			
Prime Partner Name: U.S. Peace Corps			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	620,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	620,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 11577	Mechanism Name: ODC Mechanism
Funding Agency: U.S. Department of Defense	Procurement Type: USG Core
Prime Partner Name: US Department of Defense	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,940,000	
Funding Source	Funding Amount
GHCS (State)	1,940,000

Sub Partner Name(s)

Botswana Defence Force		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	700,000
Gender: Reducing Violence and Coercion	50,000
Human Resources for Health	15,000

Key Issues

Addressing male norms and behaviors
 Military Population
 TB

Budget Code Information

Mechanism ID: 11577



Mechanism Name: ODC Mechanism			
Prime Partner Name: US Department of Defense			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	450,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	25,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	800,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	300,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	15,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11584	Mechanism Name: State Mechanism
Funding Agency: U.S. Department of State/Bureau of African Affairs	Procurement Type: USG Core
Prime Partner Name: U.S. Department of State	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 136,231	
Funding Source	Funding Amount
GHCS (State)	136,231

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	36,231
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Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 11584			
Mechanism Name: State Mechanism			
Prime Partner Name: U.S. Department of State			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	136,231	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11586	Mechanism Name: HHS/CDC - HQ - GHCS (State) - Mullan & Associates (U2G/PS000941)		
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement		
Prime Partner Name: MULLAN & ASSOCIATES			
Agreement Start Date: Redacted	Agreement End Date: Redacted		
TBD: No	Global Fund / Multilateral Engagement: No		

Total Funding: 1,493,724	
Funding Source	Funding Amount
GHCS (State)	1,493,724

Sub Partner Name(s)

Botswana Harvard Partnership	Botswana Network on Ethics, Law, and HIV/AIDS	Department of HIV/AIDS Prevention and Care
Institute of Development Management, Botswana	Premier Personnel	



Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	200,000
Human Resources for Health	1,175,000

Key Issues

Child Survival Activities

TB

Budget Code Information

Mechanism ID: 11586			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - Mullan & Associates (U2G/PS000941)			
Prime Partner Name: MULLAN & ASSOCIATES			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	130,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	155,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	450,000	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	355,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	150,024	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	63,700	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	190,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11589	Mechanism Name: HHS/CDC - HQ - GHCS (State) - URC (U2G/PS000947)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 2,285,069	
Funding Source	Funding Amount
GHCS (State)	2,285,069

Sub Partner Name(s)

Catholic Relief Services	Nurses Association of Botswana	University of Medicine and Dentistry, New Jersey
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	1,315,000
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Key Issues

TB

Budget Code Information

Mechanism ID:	11589		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - URC (U2G/PS000947)		
Prime Partner Name:	University Research Corporation		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	HVCT	1,435,069	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11708	Mechanism Name: HHS/CDC - Local - GAP - CDC
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: USG Core
Prime Partner Name: HHS/Centers for Disease Control & Prevention	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	20,000
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Key Issues

- Addressing male norms and behaviors
- Impact/End-of-Program Evaluation
- Increasing gender equity in HIV/AIDS activities and services
- Military Population
- Mobile Population
- TB
- Workplace Programs

Budget Code Information

Mechanism ID: 11708			
Mechanism Name: HHS/CDC - Local - GAP - CDC			
Prime Partner Name: HHS/Centers for Disease Control & Prevention			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 11999	Mechanism Name: USAID - HQ - GHCS (State) - Central Contraceptive Procurement (CCP) Condoms (936-2057)
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: US Agency for International Development	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 562,537	
Funding Source	Funding Amount
GHCS (State)	562,537

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



(No data provided.)

Budget Code Information

Mechanism ID:	11999		
Mechanism Name:	USAID - HQ - GHCS (State) - Central Contraceptive Procurement (CCP)		
Prime Partner Name:	Condoms (936-2057) US Agency for International Development		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	562,537	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12006	Mechanism Name: HHS/CDC - HQ - GHCS (State) - AED (PS001844-01)		
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement		
Prime Partner Name: Academy for Educational Development			
Agreement Start Date: Redacted		Agreement End Date: Redacted	
TBD: No		Global Fund / Multilateral Engagement: No	

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

Botswana Christian AIDS		
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Intervention Program		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	175,000
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Key Issues

Increasing gender equity in HIV/AIDS activities and services
 Child Survival Activities
 Safe Motherhood

Budget Code Information

Mechanism ID: 12006			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - AED (PS001844-01)			
Prime Partner Name: Academy for Educational Development			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12008	Mechanism Name: HHS/CDC - HQ - GHCS (State) - JHU (PS001822)
Funding Agency: U.S. Department of Health and	Procurement Type: Cooperative Agreement



Human Services/Centers for Disease Control and Prevention	
Prime Partner Name: Johns Hopkins University	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,800,000	
Funding Source	Funding Amount
GHCS (State)	1,800,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	494,000
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Key Issues

Addressing male norms and behaviors

Budget Code Information

Mechanism ID:	12008		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - JHU (PS001822)		
Prime Partner Name:	Johns Hopkins University		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	1,800,000	
Narrative:			



None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12727	Mechanism Name: HHS/CDC - HQ - GHCS (State) - (Tebelopele Follow-on) TBD
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	Redacted
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Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 12727			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - (Tebelopele Follow-on) TBD			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12762	Mechanism Name: HHS/CDC - HQ - GHCS (State) - Cardno EMG
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Cardno Emerging Markets	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 635,000	
Funding Source	Funding Amount
GHCS (State)	635,000

Sub Partner Name(s)

Custom



Botho College	Botswana Association of Positive Living	
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	150,000
Human Resources for Health	150,000

Key Issues

Child Survival Activities

Budget Code Information

Mechanism ID:	12762		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - Cardno EMG		
Prime Partner Name:	Cardno Emerging Markets		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	135,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	CIRC	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	50,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12817	Mechanism Name: HHS/CDC - HQ - GHCS (State) - GOB (New MegaCoag)
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Government of Botswana	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 20,346,217	
Funding Source	Funding Amount
GHCS (State)	20,346,217

Sub Partner Name(s)

Boitekanelo Training Institute	Botswana Network on Ethics, Law, and HIV/AIDS	Cambridge University Hospitals
Central Medical Stores	Department of HIV/AIDS Prevention and Care	Department of Public Health
Drug Regulatory Unit	Ministry of Education - Malawi	Ministry of Health
Ministry of Local Government	National AIDS Coordinating	NATIONAL BLOOD



	Agency	TRANSFUSION SERVICE
Nutrition Unit	Palliative Care	UK National Health Service
University of Botswana		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	200,000
Economic Strengthening	10,000
Education	1,309,606
Food and Nutrition: Commodities	230,000
Food and Nutrition: Policy, Tools, and Service Delivery	200,000
Gender: Reducing Violence and Coercion	75,000
Human Resources for Health	4,494,018

Key Issues

Addressing male norms and behaviors
 Increasing gender equity in HIV/AIDS activities and services
 Increasing women's access to income and productive resources
 Increasing women's legal rights and protection
 Child Survival Activities
 Military Population
 Mobile Population
 Safe Motherhood
 TB
 Workplace Programs
 Family Planning



Budget Code Information

Mechanism ID: 12817			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - GOB (New MegaCoag)			
Prime Partner Name: Government of Botswana			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,550,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	2,415,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	500,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	2,587,630	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	1,474,347	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	CIRC	700,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMBL	853,024	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HMIN	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	1,250,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	670,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	799,821	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HTXD	5,816,395	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	780,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12944	Mechanism Name: USAID - HQ - GHCS (State) - OTSE HBC NPI (GHO-A-00-09-00003-00)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Otse Village Association	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 0	
Funding Source	Funding Amount
GHCS (State)	0

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12944			
Mechanism Name: USAID - HQ - GHCS (State) - OTSE HBC NPI (GHO-A-00-09-00003-00)			
Prime Partner Name: Otse Village Association			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	0	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12946	Mechanism Name: DOD - HQ - GHCS (State) - PCI
Funding Agency: U.S. Department of Defense	Procurement Type: Contract
Prime Partner Name: Project Concern International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No



Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

Botswana Defence Force		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

- Addressing male norms and behaviors
- Military Population
- Mobile Population
- Workplace Programs

Budget Code Information

Mechanism ID:	12946		
Mechanism Name:	DOD - HQ - GHCS (State) - PCI		
Prime Partner Name:	Project Concern International		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	250,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	HVOP	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12958	Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD - PMTCT Impact Evaluation
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



Impact/End-of-Program Evaluation
 Increasing gender equity in HIV/AIDS activities and services
 Child Survival Activities
 Safe Motherhood
 Family Planning

Budget Code Information

Mechanism ID:	12958		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - TBD - PMTCT Impact Evaluation		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12974	Mechanism Name: USAID - HQ - GHCS (State) - BORNUS (GHO-A-00-09-00013-00)		
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement		
Prime Partner Name: Botswana Retired Nurses Society			
Agreement Start Date: Redacted	Agreement End Date: Redacted		
TBD: No	Global Fund / Multilateral Engagement: No		

Total Funding: 0	
Funding Source	Funding Amount
GHCS (State)	0

Sub Partner Name(s)

Custom
 2012-10-03 16:00 EDT



(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12974			
Mechanism Name: USAID - HQ - GHCS (State) - BORNUS (GHO-A-00-09-00013-00)			
Prime Partner Name: Botswana Retired Nurses Society			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	0	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12975	Mechanism Name: USAID - HQ - GHCS (State) - KNCV TB Foundation - TB Care
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: KNCV TB Foundation	
Agreement Start Date: Redacted	Agreement End Date: Redacted



TBD: No	Global Fund / Multilateral Engagement: No
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Total Funding: 300,000	
Funding Source	Funding Amount
GHCS (State)	300,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	378,000
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Key Issues

TB

Budget Code Information

Mechanism ID:	12975		
Mechanism Name:	USAID - HQ - GHCS (State) - KNCV TB Foundation - TB Care		
Prime Partner Name:	KNCV TB Foundation		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	300,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 13032	Mechanism Name: USAID - HQ - GHCS (State) - Abt and Associates (GHS-A-00-06-00010)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Abt Associates	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	Funding Amount
GHCS (State)	200,000

Sub Partner Name(s)

Mullens & Associates		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13032
Mechanism Name:	USAID - HQ - GHCS (State) - Abt and Associates (GHS-A-00-06-00010)
Prime Partner Name:	Abt Associates



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13068	Mechanism Name: USAID - HQ - GHCS (State) - TBD - BCC Mapping and Portfolio Review
Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues



Impact/End-of-Program Evaluation

Budget Code Information

Mechanism ID: 13068			
Mechanism Name: USAID - HQ - GHCS (State) - TBD - BCC Mapping and Portfolio Review			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13075	Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD - MOH Project Management Office		
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement		
Prime Partner Name: TBD			
Agreement Start Date: Redacted		Agreement End Date: Redacted	
TBD: Yes		Global Fund / Multilateral Engagement: No	
Total Funding: Redacted			
Funding Source		Funding Amount	



GHCS (State)	Redacted
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13075		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - TBD - MOH Project Management Office		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13079	Mechanism Name: USAID - Local - GHCS (State) - IntraHealth
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Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: IntraHealth International, Inc	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 250,000	
Funding Source	Funding Amount
GHCS (State)	250,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	250,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13079		
Mechanism Name:	USAID - Local - GHCS (State) - IntraHealth		
Prime Partner Name:	IntraHealth International, Inc		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	250,000	
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13091	Mechanism Name: HHS/CDC - HQ - GHCS (State) - EDC
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Education Development Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 500,000	
Funding Source	Funding Amount
GHCS (State)	500,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	200,000
Human Resources for Health	100,000

Key Issues

(No data provided.)



Budget Code Information

Mechanism ID: 13091			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - EDC			
Prime Partner Name: Education Development Center			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	500,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13141	Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD - National Prevention TA
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
GHCS (State)	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13141			
Mechanism Name: HHS/CDC - HQ - GHCS (State) - TBD - National Prevention TA			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13300	Mechanism Name: HHS/CDC - HQ - GHCS (State) - CDC Global Epidemiology and Strategic Information Services
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: CDC GLOBAL EPIDEMIOLOGY AND STRATEGIC INFORMATION SERVICES	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 75,000	
Funding Source	Funding Amount



GHCS (State)	75,000
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Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	75,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13300		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - CDC Global Epidemiology and Strategic Information Services		
Prime Partner Name:	CDC GLOBAL EPIDEMIOLOGY AND STRATEGIC INFORMATION SERVICES		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	75,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13316	Mechanism Name: HHS/CDC - HQ - GHCS (State)
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	- BHP (PS001882)		
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement		
Prime Partner Name: Botswana Harvard AIDS Institute			
Agreement Start Date: Redacted	Agreement End Date: Redacted		
TBD: No	Global Fund / Multilateral Engagement: No		

Total Funding: 210,000	
Funding Source	Funding Amount
GHCS (State)	210,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	210,000
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Key Issues

TB

Budget Code Information

Mechanism ID:	13316		
Mechanism Name:	HHS/CDC - HQ - GHCS (State) - BHP (PS001882)		
Prime Partner Name:	Botswana Harvard AIDS Institute		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Care	PDTX	150,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	60,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13369	Mechanism Name: USAID - HQ - GHCS (State) - MEASURE Evaluation(GPO-A-00-03-00003)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 450,000	
Funding Source	Funding Amount
GHCS (State)	450,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)



(No data provided.)

Key Issues

Impact/End-of-Program Evaluation

Mobile Population

Budget Code Information

Mechanism ID: 13369			
Mechanism Name: USAID - HQ - GHCS (State) - MEASURE Evaluation(GPO-A-00-03-00003)			
Prime Partner Name: University of North Carolina at Chapel Hill, Carolina Population Center			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	250,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13442	Mechanism Name: USAID - HQ - GHCS (State) - Sesame Workshop
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Funding Agency: U.S. Agency for International Development	Procurement Type: USG Core
Prime Partner Name: Sesame Street Workshop	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 100,000	
Funding Source	Funding Amount
GHCS (State)	100,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Education	100,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13442		
Mechanism Name:	USAID - HQ - GHCS (State) - Sesame Workshop		
Prime Partner Name:	Sesame Street Workshop		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	100,000	
Narrative:			
None			



Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13452	Mechanism Name: HHS/HRSA - HQ - GHCS (State) - (I-TECH Follow-on) TBD
Funding Agency: U.S. Department of Health and Human Services/Health Resources and Services Administration	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
GHCS (State)	Redacted

Sub Partner Name(s)

Botswana Association of Positive Living		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	525,000
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Key Issues

Child Survival Activities

TB

Custom



Budget Code Information

Mechanism ID: 13452			
Mechanism Name: HHS/HRSA - HQ - GHCS (State) - (I-TECH Follow-on) TBD			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Treatment	HVTB	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13480	Mechanism Name: USAID - Local - GHCS (State) - MSH (674-A-00-10-00060-00)
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Management Sciences for Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 300,000	
Funding Source	Funding Amount
GHCS (State)	300,000

Sub Partner Name(s)

Council for Health Service Accreditation of Southern Africa		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	300,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 13480			
Mechanism Name: USAID - Local - GHCS (State) - MSH (674-A-00-10-00060-00)			
Prime Partner Name: Management Sciences for Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13495	Mechanism Name: USAID - Local - GHCS (State) - (OVC/Gender) TBD
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
GHCS (State)	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

Economic Strengthening	400,000
Education	600,000
Food and Nutrition: Commodities	700,000
Gender: Reducing Violence and Coercion	300,000

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection

Budget Code Information

Mechanism ID: 13495			
Mechanism Name: USAID - Local - GHCS (State) - (OVC/Gender) TBD			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	Redacted	Redacted



Narrative:
None

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13529	Mechanism Name: HHS/CDC - HQ - GHCS (State) - (Refugees) TBD
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
GHCS (State)	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Mobile Population



Budget Code Information

Mechanism ID: 13529 Mechanism Name: HHS/CDC - HQ - GHCS (State) - (Refugees) TBD Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



USG Management and Operations

1. Redacted
2. Redacted
3. Redacted
4. Redacted
5. Redacted

Agency Information - Costs of Doing Business U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				160,526		160,526
Management Meetings/Professional Development				24,200		24,200
Non-ICASS Administrative Costs				20,000		20,000
Staff Program Travel				42,000		42,000
USG Staff Salaries and Benefits				591,800		591,800
Total	0	0	0	838,526	0	838,526

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
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ICASS		GHCS (State)		160,526
Management Meetings/Professional Development		GHCS (State)		24,200
Non-ICASS Administrative Costs		GHCS (State)		20,000

U.S. Department of Defense

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				25,000		25,000
Non-ICASS Administrative Costs				5,000		5,000
USG Staff Salaries and Benefits				195,800		195,800
Total	0	0	0	225,800	0	225,800

U.S. Department of Defense Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		25,000
Non-ICASS Administrative Costs		GHCS (State)		5,000

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category
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						Total
Capital Security Cost Sharing			102,679			102,679
Computers/IT Services				604,000		604,000
ICASS				675,000		675,000
Institutional Contractors			2,185,078	1,496,239		3,681,317
Management Meetings/Professional Development			120,234			120,234
Non-ICASS Administrative Costs			966,350	48,100		1,014,450
Staff Program Travel			652,853			652,853
USG Staff Salaries and Benefits			3,119,806	1,257,766		4,377,572
Total	0	0	7,147,000	4,081,105	0	11,228,105

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		102,679
Computers/IT Services		GHCS (State)		604,000
ICASS		GHCS (State)		675,000
Management Meetings/Professional Development		GAP		120,234
Non-ICASS Administrative Costs		GAP		966,350



Non-ICASS Administrative Costs		GHCS (State)		48,100
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U.S. Department of State

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
ICASS				47,600		47,600
Management Meetings/Professional Development				51,800		51,800
Non-ICASS Administrative Costs				150,000		150,000
Staff Program Travel				29,900		29,900
USG Staff Salaries and Benefits				370,300		370,300
Total	0	0	0	649,600	0	649,600

U.S. Department of State Other Costs Details

Category	Item	Funding Source	Description	Amount
ICASS		GHCS (State)		47,600
Management Meetings/Professional Development		GHCS (State)		51,800
Non-ICASS Administrative Costs		GHCS (State)		150,000

U.S. Peace Corps

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Non-ICASS Administrative Costs				26,600		26,600
Peace Corps Volunteer Costs				74,300		74,300
USG Staff Salaries and Benefits				319,100		319,100
Total	0	0	0	420,000	0	420,000

U.S. Peace Corps Other Costs Details

Category	Item	Funding Source	Description	Amount
Non-ICASS Administrative Costs		GHCS (State)		26,600