

Populated Printable COP Without TBD Partners

2008

Caribbean Region

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Table 1: Overview

Executive Summary

None uploaded.

Country Program Strategic Overview

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

Yes

No

Description:

Ambassador Letter

None uploaded.

Country Contacts

Contact Type	First Name	Last Name	Title	Email
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Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
Prevention				
End of Plan Goal				
Care (1)				
End of Plan Goal				
Treatment				
End of Plan Goal				
Human Resources for Health				
End of Plan Goal				
		0		

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
Care (1)				
End of Plan Goal				
Treatment				
End of Plan Goal				
Human Resources for Health				
End of Plan Goal				
		0		

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

Table 3.1: Funding Mechanisms and Source

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
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Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

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

Budget Code: MTCT

Program Area Code: 01

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards

1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results

1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting

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

Custom Targets:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1047.05

Mechanism: UTAP

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

USG Agency: Department of Health & Human Services

Funding Source: GHAI

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 1441.05

Planned Funds: \$400,000

Activity System ID: 1441

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

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

Activities/Outputs

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

Outcomes

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1361.05

Mechanism: N/A

Prime Partner: Association of Public Health Laboratories

USG Agency: Department of Health & Human Services

Funding Source: GHAI

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 1443.05

Planned Funds: \$50,000

Activity System ID: 1443

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

Input

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

Activities/Outputs

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

Outcomes

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1301.05	Mechanism: Management Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: Department of Health & Human Services
Funding Source: GAP	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 1444.05	Planned Funds: \$640,690

Activity System ID: 1444

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

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

A PCR machine will also be purchased with these funds to enable HIV testing of infants at two months of age, instead of 18 months.

July 13, 2005 (1): \$100,000 taken away from this activity for the purchase of emergency infant formula to respond to an acute public health crisis.

July 13, 2005 (2): \$200,000 for the purchase of emergency infant formula to respond to an acute public health crisis.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechanism

Mechanism ID: 1039.05	Mechanism: N/A
Prime Partner: Ministry of Health, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 841.05	Planned Funds: \$1,250,000

Activity System ID: 841

Activity Narrative: Result: Improved Management and Implementation of the PMTCT Program
Inputs

Through an existing Cooperative Agreement for the expansion of PMTCT, the USG will continue to support the positions created in the national and regional PMTCT program and other related Ministry of Health departments (AIDS/STD Unit, Technical Support Services and Institutes of Health Sciences). These are "project posts" and are not permanent civil service positions.

The following positions will be supported through funding:

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

Activities/ Outputs

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

New activities include:

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

Outcomes

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

July 11, 2005: \$250,000 added to this approved 2005 COP activity to (a) maintain a less intensive IEC campaign with production of materials done by local organizations with less overhead costs and, (b) undertake additional training.

July 13, 2005: \$150,000 taken away from this activity for the purchase of emergency infant formula to respond to an acute public health crisis.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1044.05	Mechanism: Cooperative Agreement
Prime Partner: Pathfinder International	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 868.05	Planned Funds: \$800,000
Activity System ID: 868	

Activity Narrative: Result: Improved Psychosocial Support to HIV-infected mothers and their families. The purpose of the program is to provide funding to technical and organizational capacity building support for the expansion of psychosocial support services and development of peer counseling programs for HIV-infected women and their families.

Inputs

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

Activities/Outputs

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

Outcomes

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1045.05	Mechanism: AED GHAI
Prime Partner: Academy for Educational Development	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT	Program Area Code: 01
Activity ID: 869.05	Planned Funds: \$618,389
Activity System ID: 869	

Activity Narrative: Result: Increased awareness, demand and utilization of PMTCT services. AED is to develop and implement a national PMTCT social marketing campaign that will increase the level of knowledge about PMTCT, foster positive attitudes, promote HIV testing, and increase utilization of PMTCT services.

Inputs

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

Activities/Outputs

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

Outcomes

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

New Total Funding Request (July 11,2005):

Two main reasons:

- 1)The context has changed. Due to the introduction of routine HIV testing in Botswana, the uptake of HIV testing by pregnant women has increased and is >80%, so the priority for a large and comprehensive social marketing campaign highlighting the importance of HIV testing during pregnancy is no longer an issue.
- 2)The contractor did not perform according to international standards. Personality issues arose between staff of the AED team and the team from the MoH that were difficult to resolve.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1300.05

Mechanism: Management GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: Department of Health & Human Services

Funding Source: GHAI

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

Budget Code: MTCT

Program Area Code: 01

Activity ID: 2644.05

Planned Funds: \$19,298

Activity System ID: 2644

Activity Narrative: These funds from unallocated will supplement management and staffing activities funded under Management Base in this program area.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1300.05

Mechanism: Management GHAI

Prime Partner: US Centers for Disease Control and Prevention
Funding Source: GHAI
Budget Code: MTCT
Activity ID: 2723.05
Activity System ID: 2723
Activity Narrative: Karina to add data
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

USG Agency: Department of Health & Human Services
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Program Area Code: 01
Planned Funds: \$150,000

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 1301.05
Prime Partner: US Centers for Disease Control and Prevention
Funding Source: GAP
Budget Code: MTCT
Activity ID: 2724.05
Activity System ID: 2724
Activity Narrative: Karina to add data
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Mechanism: Management Base
USG Agency: Department of Health & Human Services
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Program Area Code: 01
Planned Funds: \$200,000

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful

*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)

2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful

Custom Targets:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 2525.05

Mechanism: Deferred

Prime Partner: Pathfinder International

USG Agency: Department of Health & Human Services

Funding Source: Deferred (GHAI)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 2675.05

Planned Funds: \$30,000

Activity System ID: 2675

Activity Narrative: Additional resources to support the following activity:

Result: promoted and integrated abstinence and partner reduction in BCC programs and messages YOHO: Promotion of abstinence/be faithful programs. YOHO is a well-known youth-run organization dedicated to a number of key health issues facing youth, including HIV/AIDS. HHS/CDC/BOTUSA has provided funding for many years to facilitate technical assistance for their various outreach and IEC projects on HIV/AIDS as well as for institutional strengthening. Input: The USG provides funding for this project. Activities/Outputs: In FY05, these funds will be used to enhance YOHO's work on abstinence. Activities will include training other youth groups, schools, and faith-based organizations in ways to reach youth and deliver messages about abstinence to them and their parents. They will also include strengthening the abstinence messages and activities in YOHO's current programs, including their annual arts festival and bus/taxi outreach programs. Many of YOHO's activities are "edutainment"-based (music, theater) and thus reach large numbers of youth. Part of the salaries of YOHO staff and YOHO's internal capacity building to better serve as a resource on abstinence and abstinence programs will also be covered with these funds. Outcome: YOHO's capacity to work and train on abstinence will be strengthened, and large numbers of youth will be reached with abstinence messages and programs.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1383.05	Mechanism: GHAI Deferred Management
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: Department of Health & Human Services
Funding Source: Deferred (GHAI)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 2676.05	Planned Funds: \$16,438
Activity System ID: 2676	
Activity Narrative: Reprogrammed funds for additional support to management, staffing and travel for BCC related activities.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1044.05	Mechanism: Cooperative Agreement
Prime Partner: Pathfinder International	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 2639.05	Planned Funds: \$150,000
Activity System ID: 2639	
Activity Narrative: Result: promoted and integrated abstinence and partner reduction in BCC programs and messages YOHO: Promotion of abstinence/be faithful programs. YOHO is a well-known youth-run organization dedicated to a number of key health issues facing youth, including HIV/AIDS. HHS/CDC/BOTUSA has provided funding for many years to facilitate technical assistance for their various outreach and IEC projects on HIV/AIDS as well as for institutional strengthening. Input: The USG provides funding for this project. Activities/Outputs: In FY05, these funds will be used to enhance YOHO's work on abstinence. Activities will include training other youth groups, schools, and faith-based organizations in ways to reach youth and deliver messages about abstinence to them and their parents. They will also include strengthening the abstinence messages and activities in YOHO's current programs, including their annual arts festival and bus/taxi outreach programs. Many of YOHO's activities are "edutainment"-based (music, theater) and thus reach large numbers of youth. Part of the salaries of YOHO staff and YOHO's internal capacity building to better serve as a resource on abstinence and abstinence programs will also be covered with these funds. Outcome: YOHO's capacity to work and train on abstinence will be strengthened, and large numbers of youth will be reached with abstinence messages and programs.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1300.05	Mechanism: Management GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 2643.05	Planned Funds: \$25,000
Activity System ID: 2643	
Activity Narrative: Additional funds from unallocated to support management and staffing activities as described in Management base/US CDC activity table.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1231.05	Mechanism: Axiom Non-Deferred
Prime Partner: Axiom Resources Management	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 1104.05	Planned Funds: \$550,000
Activity System ID: 1104	

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

Setswana-language radio drama "Makgabaneng" is an HIV/AIDS-related radio drama broadcast twice weekly to a nationwide audience. The drama models positive behaviors and behavior change for, and provides information about, a range of HIV/AIDS issues (e.g. abstinence, faithfulness, partner reduction, testing, treatment, stigma reduction). Qualitative and survey data have indicated that the drama's messages have a significant impact. For example, results of a household survey conducted in seven health districts in 2003 indicate that 45% of respondents listen to Makgabaneng at least once a week and weekly listenership is positively associated with, among other outcomes, greater knowledge about HIV issues and less stigmatizing attitudes toward persons living with HIV/AIDS. Reinforcement activities (for example Makgabaneng road shows, student/faith-based/community discussion groups, contests, epilogues, etc) are also a part of this activity, to further support the messages modeled in the radio drama. The activity is a part of the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) project, based in HHS/CDC/Atlanta. The NGO Media Support Solutions (MSS) has provided technical assistance to the drama team in the past.

About one third of the project is estimated to focus on abstinence, faithfulness, partner reduction, healthy relationships, and basic HIV information, as reflected through the storylines related to those themes and reinforcement activities for youth, a major focus in FY05. This activity table is for that portion only. The remainder of the project is listed under an activity table in "Prevention: Other," to cover the project's activities related to promoting counseling and testing, ARV information and adherence, PMTCT, stigma reduction, disclosure, and other issues not related to AB and associated life skills.

Inputs: Funding to cover training of volunteer group facilitators, monitoring and evaluation, road shows and development of IEC materials, as well as all radio production costs and technical and support staff for the drama and reinforcement activities. Funding also is included for the transition of the program into an NGO, and for salaries, benefits, and other technical costs (e.g. travel, related temporary duty assignments (TDYs), printing, workshops) of two BOTUSA senior staff who work on this project and who link with the broader behavior change project of which this is a part, MARCH (Modeling and Reinforcement to Combat HIV). [Lots of revision.]

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

Outcome: The radio drama will continue to be popular across the country and will cover a range of important behavior change topics. The program will be strengthened as a result of having technical staff on the ground, in particular the further development of the reinforcement activities, evaluation research, and data analysis.

Reinforcement activities will be upscaled and monitored. Local capacity to provide high quality behavior change communication media programs will be strengthened.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1330.05	Mechanism: N/A
Prime Partner: National AIDS Coordinating Agency, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 2367.05	Planned Funds: \$350,000
Activity System ID: 2367	

Activity Narrative: Result :increased effectiveness of prevention messages and improved linkages between prevention, care and treatment activities; promoted and integrated abstinence and partner reduction in BCC programs and messages

Community-based (door-to-door) prevention
NACA and HHS/CDC/BOTUSA provide financial support and technical assistance to Humana People to People to run the Total Community Mobilization Program (TCM), a nationwide door-to-door community HIV education program, which has reached 65% of Botswana households. TCM activities include training a cadre of field officers to inform, educate and mobilize the community through a variety of means and on a variety of topics, including abstinence, faithfulness, partner reduction, condom use, VCT, PMTCT, stigma reduction, and related life skills. TCM complements and supplements work of other organizations working with HIV/AIDS in Botswana and supports the technical strategies of HIV Counseling and Testing, Youth-focused activities, Behavior Change Communication and PMTCT. The program seems successful, based on numerous anecdotes, support from communities involved, program monitoring data, and a recent analysis of survey data from 2003. That analysis showed that individuals with exposure to TCM were more likely than their counterparts without such exposure to, for example, show less stigmatizing attitudes, better knowledge of PMTCT, and be more likely to have tested for HIV (reference is available). Additional evaluation of TCM is planned for early 2005. This funding will cover that part of TCM's activities that are related to abstinence, faithfulness, partner reduction, and healthy relationships; the other part of the program is listed under the "Prevention: Other." This section here, related to AB is estimated to be 50% of the program.

Input: The USG will provide funding and technical assistance.

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1234.05

Mechanism: Axiom Deferred

Prime Partner: Axiom Resources Management

USG Agency: Department of Health & Human Services

Funding Source: Deferred (GHAI)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 1445.05

Planned Funds: \$45,000

Activity System ID: 1445

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

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

Activities/Outputs: The Axiom contract includes funding for the salaries, benefits, and other technical costs (e.g. travel, related temporary duty assignments (TDYs), printing, workshops) of two BOTUSA senior staff who work all or part-time on this project and who link with the broader behavior change project of which this is a part, MARCH (Modeling and Reinforcement to Combat HIV). This line item is a corollary of the BOTUSA internal budget and covers only that portion of this technical assistance that is considered to related to AB. Similar deferred funds fall under the Prevention: Other section, for assistance and related costs for topics such as counseling and testing, care, support, and stigma.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1232.05

Mechanism: N/A

Prime Partner: Ministry of Education,
Botswana

USG Agency: Department of Health &
Human Services

Funding Source: GHAI

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 1449.05

Planned Funds: \$225,000

Activity System ID: 1449

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1302.05

Mechanism: N/A

Prime Partner: Educational Development
Center

USG Agency: Department of Health &
Human Services

Funding Source: GHAI

Program Area: Abstinence and Be Faithful
Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 1452.05

Planned Funds: \$150,000

Activity System ID: 1452

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

Life Skills Curricula Instructional Materials

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

Inputs: The USG will provide funding and technical assistance.

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1303.05	Mechanism: PACT
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHAI	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 1453.05	Planned Funds: \$840,000
Activity System ID: 1453	

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

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

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

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

Activities/Outputs: In the area of abstinence/be faithful, these funds will be used to support local FBOs/CBOs/NGOs that promote abstinence/be faithful behavior change activities. Criteria for selection and distribution of the allocations of funds will be determined at a later date. However, minimum amounts will be set aside for faith-based organizations (e.g. \$150,000) and youth organizations (e.g. \$350,000). Some funding will go for capacity-building of the organizations selected, but we plan for most of the money to go to programs. Funding has been set aside in another part of the COP05 to support BONASO's role as the umbrella organization for this fund. We anticipate being able to support 3 FBO/CBO/NGOs for AB work with this funding.

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

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

July 13, 2005 (1): In COP this is listed as Youth Behavior Change (\$100,000) but in our first redirection request 2 weeks ago we increased it to \$300,000 (Prime partner listed as Southern African Regional PSI but that name should have been deleted)

The cooperative agreement under which this activity was included was recently terminated before it could be awarded. Thus we propose to redirect these funds towards Pact, where there are already funds and support available for youth AB activities. The same kinds of activities can be covered there.

July 13, 2005 (2): In COP this is listed as B message (\$400,000) Prime partner: to be determined

We just learned that the mechanism that was going to be used to advertise and fund this activity could not be used to support programmatic procurements. In order to rapidly get the funds into the field to support partner reduction and faithfulness messages, we proposed to redirect these funds to Pact. We have already set up activities with PACT in the areas of Abstinence and Faithfulness (in addition to Palliative care, OVC and Systems strengthening). Thus activities similar to those initially proposed could be carried out through Pact.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1304.05	Mechanism: N/A
Prime Partner: Advocates for Youth	USG Agency: Department of Health & Human Services
Funding Source: Deferred (GHAI)	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 1456.05	Planned Funds: \$100,000
Activity System ID: 1456	
Activity Narrative: Result: promoted and integrated abstinence and partner reduction in BCC programs and messages	
YOHO: Enhanced work on abstinence; these funds are deferred from FY04 to FY05.	
YOHO is a well-known youth-run organization dedicated to a number of key health issues facing youth, including HIV/AIDS. HHS/CDC/BOTUSA has provided funding for many years to facilitate technical assistance for their various outreach and IEC projects on HIV/AIDS as well as for institutional strengthening.	
Input: The USG provides funding for this project.	
Activities/Outputs: In FY05, these funds will be used to enhance YOHO's work on abstinence. Activities will include training other youth groups, schools, and faith-based organizations in ways to reach youth and deliver messages about abstinence to them and their parents. They will also include strengthening the abstinence messages and activities in YOHO's current programs, including their annual arts festival and bus/taxi outreach programs. Many of YOHO's activities are "edutainment"-based (music, theater) and thus reach large numbers of youth. Part of the salaries of YOHO staff and YOHO's internal capacity building to better serve as a resource on abstinence and abstinence programs will also be covered with these funds.	
Outcome: YOHO's capacity to work and train on abstinence will be strengthened, and large numbers of youth will be reached with abstinence messages and programs.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1303.05	Mechanism: PACT
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHAI	Program Area: Abstinence and Be Faithful Programs
Budget Code: HVAB	Program Area Code: 02
Activity ID: 1458.05	Planned Funds: \$300,000
Activity System ID: 1458	

Activity Narrative: Result: increased effectiveness and reach of behavior change communication programs

Youth behavior change

PSI has been working for several years to promote behavior change among youth, through its varied communication activities, such as radio and TV programs, jam sessions, and educational programs. This activity is separate from PSI's condom social marketing work and does not involve marketing condoms to youth.

Inputs: The USG will provide funding and technical assistance.

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

Outcome: Youth are better informed and mobilized around HIV/AIDS and are adopting healthy behaviors; sexual debut is delayed, abstinence and faithfulness increase among targeted youth.

July 11, 2005: \$200,000 of additional funds added to this approved 2005 COP activity to (a) undertake additional M&E activities, (b) better implement and support a youth-parent program, and (c) account for initial under-budgeting

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechanism

Mechanism ID: 1303.05

Mechanism: PACT

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHAI

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 1464.05

Planned Funds: \$400,000

Activity System ID: 1464

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

Social marketing campaign of the "Be Faithful" message

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

Input: The USG will provide funding and technical assistance.

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 1301.05

Mechanism: Management Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: Department of Health & Human Services

Funding Source: GAP

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 1467.05

Planned Funds: \$166,000

Activity System ID: 1467

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

This activity covers salary, technical assistance, travel, and printing of technical materials to provide support for the national abstinence and faithfulness programs and projects, including work with the Ministry of Education, YOHO, the Makgabeng radio drama, and other partners funded under the abstinence/be faithful program area. Costs related to workshops for the piloting and roll-out of school life skills instructional materials are included in this activity (over 100,000 USD of planned funds). Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters. 25% of this budget is allocated to the printing and potential contractor costs related to the roll-out of the Ministry of Education's new life skills instructional materials.

July 13, 2005: \$100,000 taken away from this activity for the purchase of emergency infant formula to respond to an acute public health crisis.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11836.05

Mechanism: Track 1 AB

Prime Partner: Hope Worldwide

USG Agency: U.S. Agency for International Development

Funding Source: GHAI

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 29082.05

Planned Funds: \$52,030

Activity System ID: 29082

Activity Narrative: Track 1

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HMBL - Blood Safety

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

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Area Downstream Targets:

3.1 Number of service outlets carrying out blood safety activities

3.2 Number of individuals trained in blood safety

Custom Targets:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 1325.05

Mechanism: Track 1 Blood Safety

Prime Partner: Safe Blood for Africa Foundation

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 1518.05

Planned Funds: \$676,440

Activity System ID: 1518

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

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

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

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

Please note: Funding request is \$0 because the funds-600,000- are being provided centrally through Track 1.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11837.05

Mechanism: Track 1 Blood Safety

Prime Partner: Ministry of Health, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Medical Transmission/Blood Safety

Budget Code: HMBL

Program Area Code: 03

Activity ID: 842.05

Planned Funds: \$2,818,490

Activity System ID: 842

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

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

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

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

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

Please note: Funding request is \$0 because the funds are being provided centrally.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HMIN - Injection Safety

Program Area: Medical Transmission/Injection Safety

Budget Code: HMIN

Program Area Code: 04

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Area Downstream Targets:

4.1 Number of individuals trained in medical injection safety

Custom Targets:

Table 3.3.04: Activities by Funding Mechanism

Mechanism ID: 1326.05

Prime Partner: John Snow, Inc.

Funding Source: GHAI

Budget Code: HMIN

Activity ID: 1521.05

Activity System ID: 1521

Mechanism: Track 1 Injection Safety

USG Agency: Department of Health & Human Services

Program Area: Medical Transmission/Injection Safety

Program Area Code: 04

Planned Funds: \$2,115,000

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

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

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

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

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

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

Please note: Funding request is \$0 because the funds- \$580,000- are being provided centrally through Track 1.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVOP - Condoms and Other Prevention

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

Total Planned Funding for Program Area: \$0

Amount of total Other Prevention funding which is used to work with IDUs

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Area Downstream Targets:

- 5.1 Number of targeted condom service outlets
- 5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful
- 5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful

Custom Targets:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1303.05	Mechanism: PACT
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHAI	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 1524.05	Planned Funds: \$100,000
Activity System ID: 1524	
Activity Narrative: Result: increased consistent, correct condom use among high risk populations Social marketing of condoms has been an activity for over 10 years and complements the free distribution of condoms provided largely through the government. PSI has also been working to promote behavior change among youth, through its varied communication activities, such as radio and TV programs and jam sessions. Inputs: The USG will provide funding and technical assistance to PSI to continue their work promoting correct and consistent condom use among high risk groups through social marketing. Activities/Outputs: In FY05, PSI will continue with the re-launch of its condom brand, Lover's Plus. Funding will be used to help cover sales person salaries and transportation costs, and the monitoring of condom sales. Outcome: Increased sales and use of condoms among high risk population; reduction of high risk sexual behavior.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 2547.05	Mechanism: N/A
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: Deferred (GHAI)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 1525.05	Planned Funds: \$200,000
Activity System ID: 1525	
Activity Narrative: Result: partnered with alcohol distributors, breweries and related business partners to promote responsible drinking and sensitization to the role that alcohol plays in HIV infection	
<p>In 2003, a national workshop on HIV/AIDS and alcohol and substance abuse was held in Gaborone, where the ties between and the importance of alcohol/substance abuse to the HIV epidemic in Botswana were highlighted. For example, research has shown that, among TB patients in Botswana, the adjusted odds ratio for HIV infection was 6.8 for those who used (or whose partner used) alcohol prior to sex, compared to those who did not (reference available). Following the national workshop, BOTUSA and other partners began new discussions with the leadership of the major brewery, KBL, to discuss ways to work together. This activity builds on this recent momentum.</p> <p>The objectives of this activity are to reduce unsafe sexual behavior and poor medical adherence to ARVs associated with alcohol consumption among Botswana that attend bottle shops (liquor stores), bars/nightclubs and other high transmission areas associated with alcohol and to better mobilize the alcohol and beverage industry to address the links between HIV/AIDS and alcohol and substance abuse.</p> <p>Inputs: The USG will provide funding and technical assistance.</p> <p>Activities/Outputs: The awardee will strengthen the collaboration already begun between the major brewery in Botswana-KBL, with HHS/CDC/BOTUSA and other HIV/AIDS partners, to help KBL better address HIV/AIDS through its distribution network and products. Awardee will work with KBL and related private sector companies and the government of Botswana to sustain a discussion about the HIV/AIDS-alcohol/substance abuse link and to act on priorities outlined in a national meeting on the link between alcohol and HIV held in 2003. Through this collaboration, IEC and other interventions that promote both HIV prevention messages (ABC) and anti-alcohol abuse messages will be offered in key areas where alcohol is served or distributed, including bottle shops, bars, and night clubs. Localized media and interpersonal communication activities will be developed for these sites to increase the adoption of safe sex behavior among customers and clients in such sites.</p> <p>Outcome: High risk behavior among alcohol drinkers will be reduced; collaborative relationships with breweries and other private sector groups related to the alcohol industry will be strengthened.</p> <p>Note: Once the grant is awarded, the targets and target groups will be better defined.</p>	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1328.05	Mechanism: Alcohol BCC
Prime Partner: Blossom	USG Agency: Department of Health & Human Services

Funding Source: Deferred (GHAI)

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 1526.05

Planned Funds: \$100,000

Activity System ID: 1526

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

Alcohol and substance abuse prevention work: health care provider focus
The objective of this activity is to strengthen the HIV health care sector's ability to screen for alcohol and substance abuse among clients and provide appropriate referrals. This activity is a response to the high prevalence of alcohol and substance abuse in Botswana and the links between that and HIV infection and poor ARV adherence. Health care providers are in a key position to help identify such issues in their clients, but their ability to handle these issues needs strengthening.

Inputs: The USG will provide funding and technical assistance.

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1039.05

Mechanism: N/A

Prime Partner: Ministry of Health, Botswana

USG Agency: Department of Health &
Human Services

Funding Source: GHAI

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 1528.05

Planned Funds: \$270,000

Activity System ID: 1528

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

Inputs: The USG will provide funding and technical assistance.

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1330.05	Mechanism: N/A
Prime Partner: National AIDS Coordinating Agency, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 1529.05	Planned Funds: \$238,952
Activity System ID: 1529	
Activity Narrative: Result :increased effectiveness of prevention messages and improved linkages between prevention, care and treatment activities.	
Community-based (door-to-door) prevention NACA and HHS/CDC/BOTUSA provide financial support and technical assistance to Humana People to People to run the Total Community Mobilization Program (TCM), a nationwide door-to-door community HIV education program, which has reached 65% of Botswana households. TCM activities include training a cadre of field officers to inform, educate and mobilize the community through a variety of means and on a variety of topics, including abstinence, faithfulness, partner reduction, condom use, VCT, PMTCT, stigma reduction, and related life skills. TCM complements and supplements work of other organizations working with HIV/AIDS in Botswana and supports the technical strategies of HIV Counseling and Testing, Youth-focused activities, Behavior Change Communication and PMTCT. The program seems successful, based on numerous anecdotes, support from communities involved, program monitoring data, and a recent analysis of survey data from 2003. That analysis showed that individuals with exposure to TCM were more likely than their counterparts without such exposure to, for example, show less stigmatizing attitudes, better knowledge of PMTCT, and be more likely to have tested for HIV (reference is available). Additional evaluation of TCM is planned for early 2005. This funding will cover that part of TCM's activities that are not related to abstinence, faithfulness, partner reduction, and healthy relationships; that part is listed under the "Prevention: A/B section." This section here, related to promotion of VCT, PMTCT, stigma reduction, and ARVs is estimated to be 50% of the program.	
Input: The USG will provide funding and technical assistance.	
Activities/Outputs: TCM will continue its varied, community-based HIV prevention work by rolling out its program in areas. In FY 2005 TCM is to begin work with BOTUSA and other partners to help develop, pilot, and implement home-based HIV testing in the Selibe-Phikwe region.	
Outcome: Community members will be more aware of HIV/AIDS issues and services; communities will increase service utilization; more people will adopt healthy behaviors; and, HIV testing will increase.	

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1331.05	Mechanism: ITECH GHAI
Prime Partner: University of Washington	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 1530.05

Planned Funds: \$375,000

Activity System ID: 1530

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

Targeting High Risk Populations: STI Clients

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

Inputs: The USG will provide funding.

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

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

July 13, 2005: This activity was initially bundled with other activities that were not approved by OGAC. Without those unapproved activities included, it became more reasonable to un-bundle them and find individual partners for the remaining two activities. This activity involves carrying out a needs assessment of commercial sex work in Botswana, and ITECH (University of Washington) has agreed to do this activity.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1332.05

Mechanism: ODC/BDF

Prime Partner: Botswana Defence Force

USG Agency: Department of Defense

Funding Source: GHAI

Program Area: Condoms and Other
Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 1531.05

Planned Funds: \$250,000

Activity System ID: 1531

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1300.05

Mechanism: Management GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 1533.05

Planned Funds: \$428,409

Activity System ID: 1533

Activity Narrative: Other Prevention Technical Assistance Costs

This activity covers salary for 3 staff members, technical assistance, travel, and printing of technical materials to provide support for national other prevention projects. Costs related to workshops are included in this activity. Funding also covers participation by staff in domestic and international conferences related to their work and TDY visits by colleagues based in the US in HHS/CDC headquarters.

July 11, 2005: Additional funds added to this approved 2005 COP activity to (a) assist in preparation of a national HIV prevention conference to identify priority areas, (b) account for initial under-budgeting .

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1301.05

Mechanism: Management Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: Department of Health & Human Services

Funding Source: GAP

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 1534.05

Planned Funds: \$10,000

Activity System ID: 1534

Activity Narrative:

Other Prevention Technical Assistance Costs

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1231.05

Mechanism: Axiom Non-Deferred

Prime Partner: Axiom Resources Management

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 2368.05

Planned Funds: \$1,095,000

Activity System ID: 2368

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

Setswana-language radio drama "Makgabaneng" is an HIV/AIDS-related radio drama broadcast twice weekly to a nationwide audience. The drama models positive behaviors and behavior change for, and provides information about, a range of HIV/AIDS issues. Qualitative and survey data have indicated that the drama's messages have a significant impact. For example, results of a household survey conducted in seven health districts in 2003 indicate that 45% of respondents listen to Makgabaneng at least once a week and weekly listenership is positively associated with, among other outcomes, greater knowledge about HIV issues and less stigmatizing attitudes toward persons living with HIV/AIDS. Reinforcement activities (for example Makgabaneng road shows, student/faith-based/community discussion groups, contests, epilogues, etc) are also a part of this activity, to further support the messages modeled in the radio drama. The activity is a part of the MARCH (Modeling and Reinforcement to Combat HIV/AIDS) project, based in HHS/CDC/Atlanta. The NGO Media Support Solutions (MSS) has provided technical assistance to the drama team in the past.

About two thirds of the project is estimated to focus on the promotion of counseling and testing, ARV information and adherence, PMTCT, stigma reduction, disclosure, alcohol and domestic abuse, as reflected through the storylines related to those themes and reinforcement activities tied to the drama. This activity table is for that portion only. The remainder of the project is listed under an activity table in "Prevention: AB," to cover the project's activities related to AB and associated life skills.

Inputs: Funding to cover training of volunteer group facilitators, monitoring and evaluation, road shows and development of IEC materials, as well as all radio production costs and technical and support staff for the drama and reinforcement activities. Funding also is included for the transition of the program into an NGO, and for salaries, benefits, and other technical costs (e.g. travel, related temporary duty assignments (TDYs), printing, workshops) of two BOTUSA senior staff who work on this project and who link with the broader behavior change project of which this is a part, MARCH (Modeling and Reinforcement to Combat HIV).

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

Outcome: The radio drama will continue to be popular across the country and will cover a range of important behavior change topics. The program will be strengthened as a result of having technical staff on the ground, in particular the further development of the reinforcement activities, evaluation research, and data analysis.

Reinforcement activities will be upscaled and monitored. Local capacity to provide high quality behavior change communication media programs will be strengthened.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechanism

Mechanism ID: 1234.05	Mechanism: Axiom Deferred
Prime Partner: Axiom Resources Management	USG Agency: Department of Health & Human Services
Funding Source: Deferred (GHAI)	Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP	Program Area Code: 05
Activity ID: 2369.05	Planned Funds: \$85,000
Activity System ID: 2369	

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

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

Activities/Outputs: The Axiom contract includes funding for the salaries, benefits, and other technical costs (e.g. travel, related temporary duty assignments (TDYs), printing, workshops) of two BOTUSA senior staff who work all or part-time on this project and who link with the broader behavior change project of which this is a part, MARCH (Modeling and Reinforcement to Combat HIV). This line item is a corollary of the BOTUSA internal budget and covers only that portion of this technical assistance that is considered to be related to non-AB topics such as counseling and testing, care, support, and stigma.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 2411.05

Mechanism: ITECH Base

Prime Partner: University of Washington

USG Agency: Department of Health & Human Services

Funding Source: GAP

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 2629.05

Planned Funds: \$25,000

Activity System ID: 2629

Activity Narrative: Result: reduced transmission of HIV among STI clients Targeting High Risk Populations: STI Clients In 2002, the MOH AIDS/STD Unit, I-TECH, and HHS/CDC/BOTUSA began working with STI providers and clients to improve linkages between high risk individuals and HIV prevention, treatment, and care. Among the activities was an effort to improve management of STIs, so that high risk populations can be better identified, and more quickly linked with HIV testing and related services. The project has also involved working with the MOH to develop videos on routine testing of HIV, with an accompanying facilitator's guide and distribution plan. This teaching tool emphasizes the importance of learning one's HIV status and is offered for use in clinics that offer STD and other health services, such as TB client service sites. Inputs: The USG will provide funding. Activities/Outputs: In FY05, the USG will provide financial assistance to I-TECH to complete its work improving the identification of people with STIs who are at high risk of HIV infection. Funding will also support further implementation of the video program on routine HIV testing and the improvement of HIV risk assessments and risk reduction counseling among this population. Activities will include planning to apply this program to Tuberculosis (TB) patients, another population at high risk of HIV. Outcome: Better linkage between HIV and STI health care providers and systems; better identification of individuals at high risk of HIV infection; higher rate of HIV testing among STI clients; reduced transmission of HIV among STI clients; and improved management of STIs in the health care sector.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1303.05

Mechanism: PACT

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHAI

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 2679.05

Planned Funds: \$450,000

Activity System ID: 2679

Activity Narrative: July 11, 2005: We have set up activities with PACT in the areas of 1) Abstinence and Faithfulness, 2) Palliative care, 3) OVC and 4) Systems strengthening. Adding these funds would allow local NGOs to embark and submit proposals for work on other prevention initiatives that are not covered under the 4 mentioned such as involvement of men, gender programs, prevention for positives initiatives, ABC programs, and commercial sex worker support groups.

July 13, 2005: In COP this is listed as Southern African Regional PSI /PSI (\$200,000)

The cooperative agreement under which this activity was included was recently terminated before it could be awarded. Thus we propose to redirect these funds towards Pact, where, under a separate redirection request, we hope to make funds for "Other Prevention" activities available. This proposed activity, targeting the harmful use of alcohol and HIV prevention, is an Other Prevention activity. A separate announcement for applications would be made, specifying a request for work on alcohol and HIV. The targets remain the same.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1337.05

Mechanism: N/A

Prime Partner: Ministry of Local Government, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 2680.05

Planned Funds: \$100,000

Activity System ID: 2680

Activity Narrative: In collaboration with other major donors and Government to implement risk reduction strategies in border crossing areas especially among truck drivers and surrounding villages (a type of Corridor of Hope project in Northern Botswana, Chobe district)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1331.05

Mechanism: ITECH GHAI

Prime Partner: University of Washington

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 2725.05

Planned Funds: \$115,000

Activity System ID: 2725

Activity Narrative: Karina will add to activity. Similarly, there is a need to further identify the extent and nature of transactional sex in Botswana and to promote commitment and program planning to address that important aspect of HIV transmission. Finally, efforts have already been made to identify the various ways that gender relations affect and are affected by HIV/AIDS. However there is a need to strengthen knowledge about particular issues so that stronger commitments are made by government and other agencies to better address such issues. Collaboration and coordination among members of the HIV/AIDS community about how gender is addressed in prevention activities needs strengthening.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 1397.05

Mechanism: N/A

Prime Partner: United Nations Development Programme

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Condoms and Other Prevention Activities

Budget Code: HVOP

Program Area Code: 05

Activity ID: 2726.05

Planned Funds: \$60,000

Activity System ID: 2726

Activity Narrative: Karina to add narrative to the

For the gender-HIV/AIDS part of this activity, the contractor will organize and hold two full day workshops and meetings to gather partners and stakeholders to discuss some of the gender issues that inhibit HIV prevention efforts, share best-practices on these issues, and outline research and programmatic needs and priorities. The format, participants, and specific topics will be determined in collaboration with key partners. Experts from the region and outside the region may be invited to participate. Topics might include men's health, male norms, and/or gender-based violence.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)

6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)

6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)

Custom Targets:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 2412.05

Mechanism: ITECH GHAI

Prime Partner: University of Pennsylvania

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 2334.05

Planned Funds: \$421,000

Activity System ID: 2334

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1351.05	Mechanism: ITECH DEFERRED
Prime Partner: University of Pennsylvania	USG Agency: Department of Health & Human Services
Funding Source: Deferred (GHA)	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 2335.05	Planned Funds: \$213,050
Activity System ID: 2335	
Activity Narrative: Result: strengthened human resources capacity to deliver ARV clinical care services	
Input: The USG will provide financial support to the University of Pennsylvania to conduct expansion of their activities for inpatients by creating a second team of HIV care providers at the Princess Marina Hospital in Gaborone and provide similar services at the Nyangabgwe Hospital.	
Activities/ Outputs: The University of Pennsylvania's activities in assisting the National ARV program consist of providing human resources to deliver clinical ARV care and assisting in improving guidelines for quality of care. This is done through teaching medical care providers at the patient's bedside, initiating in-patients on ARVs according to the national ARV treatment guidelines and following up patients in the outpatient setting. The University of Pennsylvania medical team or "Firm" has also been involved in strengthening the HIV testing for inpatients in Princess Marina Hospital. This activity is expected to continue in 2005.	
Outcome: These activities will improve the shortage of staffing in the national hospitals, increase access to treatment and improve quality of HIV patient care.	
(This is a continuation of FY 2004 activities)	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 1039.05	Mechanism: N/A
Prime Partner: Ministry of Health, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 844.05	Planned Funds: \$610,000
Activity System ID: 844	

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.06: Activities by Funding Mechanism

Mechanism ID: 1303.05	Mechanism: PACT
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHAI	Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC	Program Area Code: 06
Activity ID: 1536.05	Planned Funds: \$745,000
Activity System ID: 1536	

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

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

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

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

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

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

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

July 11, 2005: \$250,000 of unallocated funds added to this approved 2005 COP activity to (a) enable PACT to expand the scope of its efforts to strengthen the capacity of local HIV/AIDS FBOs, CBOs and NGOs to engage in palliative care activities, and (b) account for initial under-budgeting.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVTB - Palliative Care: TB/HIV

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

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Program Area Downstream Targets:

- 7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting
- 7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease
- 7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)
- 7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet

Custom Targets:

Table 3.3.07: Activities by Funding Mechanism

Mechanism ID: 1301.05	Mechanism: Management Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: Department of Health & Human Services
Funding Source: GAP	Program Area: Palliative Care: TB/HIV
Budget Code: HVTB	Program Area Code: 07
Activity ID: 1538.05	Planned Funds: \$10,000

Activity System ID: 1538

Activity Narrative: Palliative Care/TB Technical Assistance Costs

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1039.05 **Mechanism:** N/A
Prime Partner: Ministry of Health, Botswana **USG Agency:** Department of Health & Human Services
Funding Source: GHAI **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 846.05 **Planned Funds:** \$575,000
Activity System ID: 846
Activity Narrative: Results: IPT for prevention of TB provided in all districts with full monitoring and evaluation; enhanced HIV testing of TB patients; integration of HIV surveillance and services with TB programs.
Input: The USG will provide funds and technical assistance to the MOH.
Activities/Outputs: This activity will support the IPT program through human resources, training, and strategic information; monitor utility of isoniazid for IPT through drug resistance survey among MTB isolates; integrate TB/HIV surveillance and services through training, strategic information and development of policies and guidelines; promote HIV testing among TB patients through training and strategic information.
Outcomes: Delivery of TB palliative care services will be strengthened.
July 11, 2005: \$250,000 added to this approved 2005 COP activity to (a) organize more district level training after the national TB/HIV surveillance course, (b) implement HIV testing for TB patients nationwide, (c) review of the national TB/HIV program (d) refer co-infected HIV/TB patients for appropriate treatment (ARVs and Anti TB drugs) and, (e) account for initial under budgeting.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 1300.05 **Mechanism:** Management GHAI
Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** Department of Health & Human Services
Funding Source: GHAI **Program Area:** Palliative Care: TB/HIV
Budget Code: HVTB **Program Area Code:** 07
Activity ID: 2646.05 **Planned Funds:** \$25,000
Activity System ID: 2646
Activity Narrative: These funds will be used to support a Fellow from the International Experience and Technical Assistance Program (IETA) for implementation of a project to conduct routine HIV testing of TB patients.
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Estimated PEPFAR dollars spent on food \$0

Estimation of other dollars leveraged in FY 2008 for food \$0

Program Area Context:

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs

*** 8.1.A Primary Direct

*** 8.1.B Supplemental Direct

8.2 Number of providers/caregivers trained in caring for OVC

Custom Targets:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1039.05

Mechanism: N/A

Prime Partner: Ministry of Health, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 854.05

Planned Funds: \$120,000

Activity System ID: 854

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

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

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

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

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

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1337.05	Mechanism: N/A
Prime Partner: Ministry of Local Government, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 1547.05	Planned Funds: \$600,000
Activity System ID: 1547	

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

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

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

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

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

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

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

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1303.05

Mechanism: PACT

Prime Partner: Pact, Inc.

USG Agency: U.S. Agency for International Development

Funding Source: GHAI

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 1549.05

Planned Funds: \$830,000

Activity System ID: 1549

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

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

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

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

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

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

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

July 11, 2005: Unallocated funds added to this approved 2005 COP activity to (a) enable PACT to expand the scope of its efforts to strengthen the capacity of local HIV/AIDS FBOs, CBOs and NGOs to engage in OVC activities, and (b) account for initial under-budgeting.

July 14, 2005: \$50,000 reallocated from Axiom other prevention activity to (a) enable PACT to expand the scope of its efforts to strengthen the capacity of local HIV/AIDS FBOs, CBOs and NGOs to engage in OVC activities. Note: this figure incorporates \$85,000 for an OVC needs assessment, which is listed as a separate activity in the COP.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1338.05

Mechanism: Ambassador's HIV-AIDS Initiative Deferred

Prime Partner: The Futures Group International

USG Agency: U.S. Agency for International Development

Funding Source: Deferred (GHA)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 1550.05

Planned Funds: \$22,729

Activity System ID: 1550

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

Ambassador's HIV/AIDS Initiative

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1339.05

Mechanism: Ambassador's HIV-AIDS Initiative NOT DEFERRED

Prime Partner: The Futures Group International

USG Agency: U.S. Agency for International Development

Funding Source: GHAI

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 1552.05

Planned Funds: \$400,000

Activity System ID: 1552

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

Ambassador's HIV/AIDS Initiative

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1340.05

Mechanism: USAID RHAP

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHAI

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 1556.05

Planned Funds: \$250,000

Activity System ID: 1556

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1341.05	Mechanism: N/A
Prime Partner: US Peace Corps	USG Agency: Peace Corps
Funding Source: GHAI	Program Area: Orphans and Vulnerable Children
Budget Code: HKID	Program Area Code: 08
Activity ID: 1560.05	Planned Funds: \$230,000
Activity System ID: 1560	

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

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

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 1342.05

Mechanism: Track 1 OVC

Prime Partner: Hope Worldwide

USG Agency: U.S. Agency for International Development

Funding Source: GHAI

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 1562.05

Planned Funds: \$60,069

Activity System ID: 1562

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.08: Activities by Funding Mechanism

Mechanism ID: 1343.05

Mechanism: N/A

Prime Partner: United Nations Children's Fund

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 1564.05

Planned Funds: \$500,000

Activity System ID: 1564

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

Inputs: The USG will provide funds and technical assistance.

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

Through this activity, the FBOs/CBOs/NGOs to be assisted include Salvation Army Psychosocial Support Initiative, Thireletso Shining Stars (Francistown), Tirisanyo Catholic Commission (Kgalagadi and Mogoditshane), Mankodi Catholic Reneetswe Orphan Project (Kweneng South), Bible Life Ministries - Bafenyi Street Kids Rehabilitation Project (Bokaa, Mochudi), Botswana Christian AIDS Intervention Program (BOCAIP) (Maun, Molepolole, Ramotswa and Tsabong), Bona Lesedi Orphan Care Project (Kanye), Botshelo Orphan Care Project (Serowe).

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

July 13, 2005: Expanding services to an additional 4000 orphans (Adding \$150,000)

July 14, 2005: Expanding services to an additional 1300 orphans (Adding \$50,000)

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVCT - Counseling and Testing

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

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0
Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Area Downstream Targets:

- 9.1 Number of service outlets providing counseling and testing according to national and international standards
- 9.3 Number of individuals trained in counseling and testing according to national and international standards
- 9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)

Custom Targets:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1046.05	Mechanism: AED HHS
Prime Partner: Academy for Educational Development	USG Agency: Department of Health & Human Services
Funding Source: GAP	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 1567.05	Planned Funds: \$3,464,000
Activity System ID: 1567	

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1345.05	Mechanism: N/A
Prime Partner: Tebelopele	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 1568.05	Planned Funds: \$1,700,000
Activity System ID: 1568	

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1330.05

Mechanism: N/A

Prime Partner: National AIDS Coordinating Agency, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 1570.05

Planned Funds: \$140,000

Activity System ID: 1570

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1347.05

Mechanism: TBD VCT

Prime Partner: Institute of Development Management, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 1571.05

Planned Funds: \$120,851

Activity System ID: 1571

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

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

Activities/Outputs: The selected grantee will be responsible for development of training materials, promotional information, counseling and testing protocols and procurement of HIV test kits for home-based testing and counseling. Counseling and testing protocols will be field tested by testing 1000 individuals in their homes. Volunteers and PLWHAs will be involved in sensitizing the communities about the service and liaising with community leaders to prepare schedules for home-based testing. HIV prevalence will likely be very high in this community. Therefore, the grantee will ensure that referral directories, forms and procedures are in place to facilitate referral to treatment, care and support. Follow up and transportation of people referred will be provided to ensure they actually receive services. The grantee will document lessons learned from the pilot and begin preparations for taking the intervention to scale.

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

July 13, 2005: Project delayed (protocol development and clearance). We will only be able to do the pilot phase during this fiscal year.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1300.05

Mechanism: Management GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 1574.05

Planned Funds: \$272,417

Activity System ID: 1574

Activity Narrative: Counseling and Testing Technical Operations

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechanism

Mechanism ID: 1348.05

Mechanism: ODC/VCT

Prime Partner: US Department of Defense

USG Agency: Department of Defense

Funding Source: GHAI

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 1576.05

Planned Funds: \$0

Activity System ID: 1576

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

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

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

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

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

July 11, 2005 (New Total Funding Request (\$0)): One main reason: DoD lawyers now tells us that we cannot use DSCA to do construction projects under the emergency plan. This has been under discussion for a year.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1039.05	Mechanism: N/A
Prime Partner: Ministry of Health, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Counseling and Testing
Budget Code: HVCT	Program Area Code: 09
Activity ID: 856.05	Planned Funds: \$546,000
Activity System ID: 856	

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 1045.05

Mechanism: AED GHAI

Prime Partner: Academy for Educational Development

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Counseling and Testing

Budget Code: HVCT

Program Area Code: 09

Activity ID: 2021.05

Planned Funds: \$433,776

Activity System ID: 2021

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HTXD - ARV Drugs

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

Total Planned Funding for Program Area: \$0

Percent of Total Funding Planned for Drug Procurement

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 2386.05	Mechanism: REF
Prime Partner: Ministry of Health, Botswana	USG Agency: Department of Health & Human Services
Funding Source: Rapid Expansion (GHAI account)	Program Area: HIV/AIDS Treatment/ARV Drugs
Budget Code: HTXD	Program Area Code: 10
Activity ID: 2594.05	Planned Funds: \$6,500,000
Activity System ID: 2594	

Activity Narrative: Background: Botswana began implementation of its national ARV program, called "Masa" or New Dawn, in 2002, available free of charge to all Batswana. As of December 2004 it had rolled out to a total of 32 sites nationwide with more than 32,000 people initiated on ARV. Masa, which is the largest ARV program in Africa, is largely funded by the government of Botswana, with key infusions of financial and technical support from ACHAP (Merck and Gates Foundations). Pregnant women and their families also receive care from these sites. There is no freestanding PMTCT+ program. In FY 2004 the Emergency Plan provided largely indirect support through referral from USG-support voluntary HIV counseling and testing facilities, guidelines development, training, and laboratory support.

There are approximately 110,000 HIV infected individuals in Botswana whose immune status makes them eligible for immediate initiation of antiretroviral therapy. Since the launch of the Botswana ART Program in 2001, the Government has provided free antiretroviral drugs to eligible patients at the expense of other national development priorities. By December 2004, 30,600 patients were enrolled in the ARV program managed by public health facilities. The target for December 2005 is 50,000 enrollees at an estimated cost of Pula 313 million (\$68 million). If this target is achieved, 45% of eligible individuals will be enrolled in ART.

The Government has already spent well over Pula 154 million (\$34 million) on the 30,600 patients. An additional Pula 121 million (\$ 26 million) will be needed to treat the 19,400 new enrollees and keep the older patients on continuous medication. The \$6.5 million requested from the Emergency Fund will assist the Government to treat 6,000 patients, at a cost per client of \$1,083. These 6,000 individuals represent 31% of the Government's target of reaching an additional 19,400 patients in 2005. The Government will allocate funds to treat the remaining 13,400 patients. This proposal will enable the U.S. Mission to substantially contribute to the Botswana government's aggressive goal of reaching the 110,000 PLWHA who need ART.

Women seek testing and treatment more readily than men. This proposal is likely, therefore, to have a greater impact on women.

Proposed activity: In 2005, the Masa program aims to increase enrollment to 50,000 patients. Funds are requested for procurement of ARVs for 12,000 patients, of whom 90% are adults identified as HIV infected with a CD4 count <200 and 10% are HIV-infected infants. The budget indicates the required drugs according to the current program experience.

Procurement will be done by the Ministry of Health's Central Medical Stores through the Public Procurement and Asset Disposal Board (tender board) under the Ministry of Finance and Development Planning. This will ensure sustainability of this support through an efficient and transparent procurement system. The funding will be provided through a cooperative agreement between HHS/CDC and the government of Botswana with the Ministry of Finance and Development Planning. Funds have already been approved in the FY 2005 COP to strengthen and support the security and supply chain management of Central Medical Stores. Funding has also been approved to support the Botswana Drug Regulatory Unit to improve quality assurance capability. The government of Botswana will ensure cost-effectiveness in the procurement of ARV drugs, laboratory reagents and test kits. The USG will also work with the government of Botswana to explore the feasibility of approval and use of U.S. FDA-approved generic drugs in the Botswana ARV program.

This will contribute substantially and directly to the Botswana national goal of treating 50,000 persons in 2005 and to the Emergency Plan Botswana goal of supporting treatment of 40,500 persons in FY2005. This direct support will be an important complement to the largely indirect support already approved in the FY2005 COP. This concentration of funding on ARV treatment is also important to bring Botswana closer to the recommendations of the Office of the Global AIDS Coordinator on funding percentages by Emergency Plan goal. This is also part of broader, comprehensive strategic plans for prevention, treatment, and care according to the Botswana National Strategic Framework and National Operational Plan, the Emergency Plan Five-Year Strategy, and specifically for children, the results of a National Consultative Meeting on HIV Prevention, Access to Treatment, Care and Support for Children Living with HIV/AIDS, 25-26 November 2005.

By providing this funding to the Botswana national program and not creating parallel or competing structures, sustainability and coordination will be maximized.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1039.05

Mechanism: N/A

Prime Partner: Ministry of Health, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: HIV/AIDS Treatment/ARV
Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 858.05

Planned Funds: \$2,714,409

Activity System ID: 858

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

Input: The USG will provide funds.

Activities/ Outputs: The MOH will use \$1,164,409 in funds from the USG to supplement the procurement of drugs and related supplies so as to increase the availability of these drugs and increase the number of people accessing ARVs. The MOH will use funds from the Emergency Plan to engage a contractor to procure and install security systems at CMS and facilities in the districts. This will ensure that these drugs are kept safe and that only the intended people benefit. On training activities, the MOH will use the USG funds to train CMS staff on supply chain management and quality assurance. This will cover 20 CMS staff who are involved in procurement, distribution and quality assurance of ARVs to cover 100% of the country. The MOH will further use the USG funds to engage a contractor to expedite the identification of experienced and capable suppliers for the Central Medical Store. The identified suppliers will be recognized by GOB for the efficient procurement of ARV drugs and their timely delivery by respecting the principle of the "5Rs" (right quality, right price, right quantity, right time and right place)

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.10: Activities by Funding Mechanism

Mechanism ID: 1039.05

Mechanism: N/A

Prime Partner: Ministry of Health, Botswana

USG Agency: Department of Health &
Human Services

Funding Source: GHAI

Program Area: HIV/AIDS Treatment/ARV
Drugs

Budget Code: HTXD

Program Area Code: 10

Activity ID: 862.05

Planned Funds: \$150,000

Activity System ID: 862

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HTXS - ARV Services

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

Total Planned Funding for Program Area: \$0

Amount of Funding Planned for Pediatric AIDS	\$0
Estimated PEPFAR contribution in dollars	\$0
Estimated local PPP contribution in dollars	\$0
Estimated PEPFAR dollars spent on food	\$0
Estimation of other dollars leveraged in FY 2008 for food	\$0

Program Area Context:

Program Area Downstream Targets:

- 11.1 Number of service outlets providing antiretroviral therapy
- 11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period
- 11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period
- 11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period
- 11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1300.05	Mechanism: Management GHAI
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 2645.05	Planned Funds: \$30,000
Activity System ID: 2645	
Activity Narrative: This funding will supplement existing management and staffing activities as described in Management Base activity table in this program area.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1337.05	Mechanism: N/A
Prime Partner: Ministry of Local Government, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 1605.05	Planned Funds: \$368,000
Activity System ID: 1605	
Activity Narrative: Result: strengthened institutional capacity to deliver ARV services	
Input: The USG will provide financial support to the MLG who will be responsible for identifying partner(s) to conduct necessary procurement and/or renovation of existing space in order to securely dispense ARVs.	
Activities/ Outputs: The recipient will ensure strengthening of ARV drug security in 13 identified local clinics with the highest HIV prevalence rates. The recipient will also procure the following to ensure security and safety of the drugs:	
-Renovation/or expansion of the existing building, where necessary;	
-Creation or expansion of dispensing window;	
-Shelving space, and storage space for bulk items;	
-Purchasing lockable secure cabinets; installing burglar bar and ceiling wire mesh; and,	
-Reinforcing security doors, installing motion sensors as well as contracting security companies to provide response services.	
Outcome: These activities will ensure secure dispensing of ARV therapy at the clinic level.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechanism

Mechanism ID: 1350.05	Mechanism: UTAP
Prime Partner: Baylor University	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 1608.05	Planned Funds: \$350,000
Activity System ID: 1608	

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1352.05

Mechanism: N/A

Prime Partner: Associated Funds
Administrators

USG Agency: Department of Health &
Human Services

Funding Source: Deferred (GHAI)

Program Area: HIV/AIDS Treatment/ARV
Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 1613.05

Planned Funds: \$98,000

Activity System ID: 1613

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1353.05	Mechanism: Track 1- ARV
Prime Partner: Harvard University School of Public Health	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 1615.05	Planned Funds: \$2,786,962
Activity System ID: 1615	
Activity Narrative: Results: strengthened monitoring and evaluation of the national ARV program; strengthened human resource capacity to deliver ARV clinical care services; strengthened linkages to prevention and care services including "prevention for positives" and PMTCT.	
Inputs: The USG will provide financial support to Harvard University including funds to support a Monitoring and Evaluation (M&E) officer and a Data Management officer within the national ARV program (MASA). There will be no additional funds provided outside of Track 1 funds.	
Activities/Outputs: The M&E officer will develop and implement MASA ARV Therapy Program performance monitoring and evaluation strategies, and provide management, analytic vision and technical leadership for M&E. The data manager will be responsible for the collection and storage of data required to help monitor the National ARV Therapy Program and will develop the national ARV program monitoring database. Together with the Data Manager they will constitute the M&E team.	
Funds will also support one position for a clinical coordinator master trainer to assist the Government of Botswana to more rapidly scale up sites initiating ARV therapy and escalate building capacity for the Botswana MASA ARV Therapy Program. The clinical coordinator will develop a master trainer corps within the health care system and coordinate, supervise and evaluate the nationwide training effort of a team of master trainer health workers including expanding the role of nurses. Training will be conducted according to the national KITSO training curriculum.	
Outcomes: These activities will strengthen monitoring and evaluation of the National ARV Therapy Program. They will also increase the number of clinicians knowledgeable in ARV care and treatment and therefore accelerate the Government's roll out of the ARV program.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 1301.05	Mechanism: Management Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: Department of Health & Human Services
Funding Source: GAP	Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS	Program Area Code: 11
Activity ID: 1619.05	Planned Funds: \$148,035
Activity System ID: 1619	

Activity Narrative: ART Treatment Technical Assistance Costs

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HLAB - Laboratory Infrastructure

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests

12.2 Number of individuals trained in the provision of laboratory-related activities

12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 1361.05

Mechanism: N/A

Prime Partner: Association of Public Health Laboratories

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 1620.05

Planned Funds: \$190,000

Activity System ID: 1620

Activity Narrative: Result: trained relevant staff for equipment maintenance and proper operation

Input: The USG will provide financial assistance through a cooperative agreement.

Activities/Outputs: The beneficiary will:

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1300.05

Mechanism: Management GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Area Code: 12

Activity ID: 1622.05

Planned Funds: \$265,000

Activity System ID: 1622

Activity Narrative: Laboratory Services Technical Assistance Costs

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

A portion of funds will be used to support the work of a temporary USG lab section chief with frequent travel to Francistown to supervise and troubleshoot the Jubilee HIV Laboratory.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 1039.05	Mechanism: N/A
Prime Partner: Ministry of Health, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 863.05	Planned Funds: \$802,510
Activity System ID: 863	
Activity Narrative: Results: improved laboratory space capacity at identified sites; national laboratory quality assurance system operationalized	
Input: The USG will provide financial assistance through a cooperative agreement with the MOH Technical Support Services Department to improve laboratory capacity to support the National ARV program.	
Activities/ Outputs: The beneficiary will be responsible for: <ul style="list-style-type: none">-developing and implementing, with Botswana laboratory experts, laboratory users, and external laboratory partners, a three year plan to upgrade laboratory services;-assuring coordination and provision of laboratory services to support Emergency Plan activities-developing and implementing policy for laboratory testing and quality assurance-assuring that a service technician (or service) is available to maintain laboratory equipment-providing continuous education and training in basic quality assurance and quality control practices-providing external quality assurance (via proficiency testing, on-site auditing and retesting of a portion of samples tested by HIV rapid tests);-providing refrigerators and freezers where needed-providing supplies and reagents to support expanded testing needs for ARV-remodeling laboratory space where needed-purchasing temporary structures (porta-cabins) to meet crisis needs for additional laboratory space-assuring that the MOH is adequately staffed to meet expanded quality assurance needs-updating the curriculum and student load at HIS to increase the stream of new technologists and-sponsoring annual scientific meetings and workshops to further professionalize laboratory medicine and service.	
Outcomes: The activities will ensure laboratories have increased space capacities, improved quality assurance, well maintained laboratory equipment, a continuous supply of reagents and improved standard of practice of trained staff.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 3.3.12: Activities by Funding Mechanism

Mechanism ID: 2386.05	Mechanism: REF
Prime Partner: Ministry of Health, Botswana	USG Agency: Department of Health & Human Services
Funding Source: Rapid Expansion (GHAI account)	Program Area: Laboratory Infrastructure
Budget Code: HLAB	Program Area Code: 12
Activity ID: 2596.05	Planned Funds: \$1,500,000
Activity System ID: 2596	

Activity Narrative: HIV Testing Commodities

HIV testing is important in the fight against the global HIV/AIDS epidemic. It is the key to the diagnosis, prevention, treatment and care of persons infected by the HIV virus. The current practice in Botswana is to encourage as much voluntary testing as possible. HIV testing has been integrated as a routine test in the public health care system in Botswana since January 2004. Testing has been expanded to all clinics and hospitals. Enzyme Immunoassays (EIAs) are the most widely used diagnostic tests in Botswana because of their suitability for analyzing a large number of specimens, particularly in blood screening centers. With the introduction of a routine HIV testing policy in Botswana, use of rapid screening tests (Determine, Uni-Gold, and OraQuick) has dramatically increased, mainly in VCT centers and PMTCT clinics.

About 50,000 HIV screening tests are expected to be performed in public health facilities in 2005 as a result of the introduction of routine testing, excluding tests done through the PMTCT program. In addition, some 60,000 or more people are expected to be tested in 2005 through the Tselopele VCT program, which is funded by the Emergency Plan. In total, 7,000 HIV positive people who require immediate treatment with ARVs are expected to be identified through both testing mechanisms. Emergency Plan funds from the USG will be used to cover the cost of testing the 50,000 new clients in 2005. The cost of screening these samples using standard rapid test mechanisms in Botswana is estimated at \$233,000. The Government of Botswana will cover the cost of parallel testing the 50,000 samples using ELISA.

CD4 Cell Count and Viral Load Monitoring Equipment

Currently there are only three laboratories with capacity to do CD4 cell counts and viral load measurements in Botswana. The requested Emergency Plan funds will provide capacity for 14 additional laboratories to do CD4 cell counts and viral load measurements, which will assist in running viral load counts for 19,400 new patients who are expected to be put on ARV during 2005. Four Facs Calibur CD4 cell count machines at a cost of \$700,000 will be provided to key district hospital laboratories. Seven smaller and easy to transport CD4 count machines (e.g. Facs Count) will also be purchased for use in more rural hospitals at a cost of \$245,000 (\$35,000 each). Three more viral load measurement machines (two Amplicors and one Ampliprep) will be purchased to provide sufficient patient monitoring service for the 19,400 PLWHA at a total cost of \$322,000. The Government of Botswana will absorb the cost of reagents for CD4 cell counts and viral load monitoring during 2005.

In 2005, the Masa program aims to increase enrollment to 50,000 patients. The requested funds will support the required HIV diagnostic testing, both adult and pediatric, and CD4 laboratory screening. While 25-30% of Botswana know their HIV-infection status, the great majority have not tested. Substantial increases in testing will be necessary to strengthen prevention and care activities, and to refer additional persons for ARV treatment. Rapid testing has been promoted by HHS/CDC because it is preferable in most settings where there are relatively few patients per day and to ensure same-day delivery of test results. With the requested funds 440,000 rapid test kits will be procured for dual parallel testing during 220,000 patient visits. This is a substantial increase from the estimated 120,000 tested in 2004, but should be feasible with the highly innovative and successful routine testing policy and very active social marketing of HIV testing that is taking place. Of these, an estimated 88,000 infected persons will be identified (estimated using 2004 national routine testing prevalence data).

Funds are also requested for CD4 screening of those identified as HIV positive. It is assumed that 90% of them (80,000) will be successfully referred for CD4 testing. Of those projected 80,000 PLWHAs, it is estimated that 40,000 will have a CD4 count <200 or an AIDS-defining illness, thus qualifying for treatment according to national guidelines.

Funds are also requested for infant diagnosis using PCR. Serodiagnosis is not reliable for children age <18 months, but it is important to diagnose HIV infection early in exposed infants in order to be able to initiate antiretroviral therapy in a timely manner and monitor PMTCT program efficacy. A total of 40,000 children are born in Botswana annually. An estimated 15,000 are born to HIV-infected women. Some 2,000 of them may be HIV infected, depending upon the efficacy of the PMTCT program.

Procurement will be done by the Ministry of Health's Central Medical Stores through the Public Procurement and Asset Disposal Board (tender board) under the Ministry of Finance and Development Planning. This will ensure sustainability of this support through an efficient and transparent procurement system. The funding will be provided through a cooperative agreement between HHS/CDC and the government of Botswana with the Ministry of Finance and Development Planning. Funds have already been approved in the FY 2005 COP to strengthen and support the security and supply chain management of Central Medical Stores. Funding has also been approved to support the Botswana Drug Regulatory Unit to improve quality assurance capability. The government of Botswana will ensure cost-effectiveness in the procurement of ARV drugs, laboratory reagents and test kits. The USG will also work with the government of Botswana to explore the feasibility of approval and use of U.S. FDA-approved generic drugs in the Botswana ARV program.

This will contribute substantially and directly to the Botswana national goal of treating 50,000 persons in 2005 and to the Emergency Plan Botswana goal of supporting treatment of 40,500 persons in FY2005. This direct support will be an important complement to the largely indirect support already approved in the FY2005 COP. This concentration of funding on ARV treatment is also important to bring Botswana closer to the recommendations of the Office of the Global AIDS Coordinator on funding percentages by Emergency Plan goal. This is also part of broader, comprehensive strategic plans for prevention, treatment, and care according to the Botswana National Strategic Framework and National Operational Plan, the Emergency Plan Five-Year Strategy, and specifically for children, the results of a National Consultative Meeting on HIV Prevention, Access to Treatment, Care and Support for Children Living with HIV/AIDS, 25-26 November 2005.

By providing this funding to the Botswana national program and not creating parallel or competing structures, sustainability and coordination will be maximized.

Activity Narrative: The included laboratory costs per person for testing are \$9.10 for adults (two rapid tests), and \$32.50 for infant PCR. There are minimal overhead costs in this cooperative agreement between HHS/CDC. Even with this substantial USG support, the great majority of the program costs, including drug costs, will be borne by the government of Botswana.

Note on Targets: There are currently 28 laboratories capable of conducting lymphocytes testing, including the three laboratories that can also do CD4 cell counts and viral load measurements. This funding will increase the number of facilities able to do CD4 cell counts and viral load measurements from 3 to 17. However, due to the nature of the measurement in the next section, we have listed the number of laboratories with the capacity to perform HIV test and CD4 test and/or lymphocytes test as 28.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities

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

Custom Targets:

Table 3.3.13: Activities by Funding Mechanism

Mechanism ID: 1039.05

Mechanism: N/A

Prime Partner: Ministry of Health, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 864.05

Planned Funds: \$310,000

Activity System ID: 864

Activity Narrative: Result: expand the health information network

Expansion of the Integrated Patient Management System (IPMS)

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1039.05

Mechanism: N/A

Prime Partner: Ministry of Health, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 865.05

Planned Funds: \$180,000

Activity System ID: 865

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

Annual Antenatal Care sentinel surveillance

Inputs: The USG will provide funds and technical assistance.

Activities/Outputs: There is a plan to strengthen the resource base of the surveillance unit at AIDS/STD unit in the MOH such that the unit will be able to resume undertaking annual antenatal sentinel surveillance of HIV/STI, which was managed by NACA for the last four years. One epidemiologist will soon join the existing two public health specialists in the unit. There is need to recruit one data manager and two data clerks. The unit must strengthen its logistics capacities by procuring more computers, data storage software, printers, etc. The epidemiologist will plan and conduct sentinel surveillance in pregnant women and males with STIs. S/he will be responsible for all aspects of data management, including analysis and dissemination of the results. District integrated disease surveillance staff, at least two in each district, will be trained on data collection and reporting. The AIDS/STI unit in the MOH will collaborate with all stakeholders particularly HHS/CDC/BOTUSA for technical assistance. A portion of the funds will support additional technical assistance for a 2005 ante-natal surveillance activity and the rollout and implementation of routine HIV testing in STI clinics.

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

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

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1039.05	Mechanism: N/A
Prime Partner: Ministry of Health, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 866.05	Planned Funds: \$290,000
Activity System ID: 866	
Activity Narrative: Results: obtain baseline information on the quality of HIV/AIDS services in the country	
Health Service Provision Assessment (HSPA) of quality of care in HIV/AIDS services	
Botswana has one of the largest numbers of people living with HIV in the world. Botswana has embarked on an ambitious ARV program which is currently serving about ten percent of PLWHAs in Botswana who are eligible for ARV treatment. Improving the quality of life for PLWHAs through better clinical and palliative care services forms a cornerstone of HIV/AIDS activities in the country as more and more people live longer years with the illness. Botswana has never conducted baseline HSPA to monitor changes in quality of care for HIV/AIDS although the ARV therapy that was rolled out nationally in 2001.	
Inputs: The USG will assist in funding national HSPA in collaboration with the MOH AIDS/STI Unit and capable international consultants experienced in undertaking such surveys.	
Activities/Outputs: Representative samples of public and private (for-profit and non-profit) facilities engaged in HIV/AIDS prevention, treatment and care activities and their personnel will be collected and studied.	
Outcomes: The study will assess the situation of health infrastructure and knowledge and skills of health workers. Proxy-indicators of treatment and care service outcomes will also be assessed.	

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1330.05	Mechanism: N/A
Prime Partner: National AIDS Coordinating Agency, Botswana	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Strategic Information
Budget Code: HVSI	Program Area Code: 13
Activity ID: 1637.05	Planned Funds: \$450,000
Activity System ID: 1637	

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

Developing national HIV/AIDS response information database

Inputs: The USG will provide financial assistance to NACA.

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1300.05

Mechanism: Management GHAI

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: Department of Health &
Human Services

Funding Source: GHAI

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 1639.05

Planned Funds: \$265,000

Activity System ID: 1639

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 1301.05

Mechanism: Management Base

Prime Partner: US Centers for Disease
Control and Prevention

USG Agency: Department of Health &
Human Services

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 1640.05

Planned Funds: \$454,977

Activity System ID: 1640

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Program Area Context:

Program Area Downstream Targets:

- 14.1 Number of local organizations provided with technical assistance for HIV-related policy development
- 14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building
- 14.3 Number of individuals trained in HIV-related policy development
- 14.4 Number of individuals trained in HIV-related institutional capacity building
- 14.5 Number of individuals trained in HIV-related stigma and discrimination reduction
- 14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1367.05

Mechanism: NASTAD

Prime Partner: National Association of State and Territorial AIDS Directors

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 1645.05

Planned Funds: \$150,000

Activity System ID: 1645

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

District Multi-Sectoral AIDS Committees Capacity Strengthening

Inputs: The USG will provide financial and technical assistance.

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

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

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

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

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

A portion of the funds will enable NASTAD to evaluate Total Community Mobilization project for the Government of Botswana as well as provide support and technical assistance for a 2005 antenatal surveillance activity.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1368.05

Mechanism: NASTAD Deferred

Prime Partner: National Association of State and Territorial AIDS Directors

USG Agency: Department of Health & Human Services

Funding Source: Deferred (GHAI)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 1646.05

Planned Funds: \$195,000

Activity System ID: 1646

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

District Multi-Sectoral AIDS Committees Capacity Strengthening

Inputs: The USG will provide financial and technical assistance.

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

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1371.05	Mechanism: TBD Workforce Planning
Prime Partner: Botswana Business Coalition on AIDS	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 1652.05	Planned Funds: \$100,000
Activity System ID: 1652	

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

HIV/AIDS Workplace Program

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1370.05

Mechanism: N/A

Prime Partner: Institute of Development Management, Botswana

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 1654.05

Planned Funds: \$110,000

Activity System ID: 1654

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

The Sustained Management Development Program

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

Inputs: The USG will provide financial assistance.

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1372.05	Mechanism: TBD- Support to NAC
Prime Partner: Botswana Network on Ethics, Law, and HIV/AIDS	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 1656.05	Planned Funds: \$50,000
Activity System ID: 1656	
Activity Narrative: Result: mechanisms to improve systems and policies that aim to reduce stigma and discrimination put in place	
Support to National AIDS Council Policy Sector	
Many policy and legal gaps related to HIV/AIDS have been identified in Botswana, particularly in the area of ethics and human rights.	
Input: The USG will provide funds.	
Activities/Outputs: An umbrella HIV/AIDS organization will be identified to employ a policy advisor to coordinate the Ethics, Law and Human Rights (ELHR) Sector of the National AIDS Council and implement activities outlined in the sector's strategic plan. These activities include facilitating compliance of programs and policies with ELHR standards, raising awareness, education and advocacy for ELHR and implementing media campaigns on ELHR.	
Outcome: Through this activity, the policy advisor will work to mainstream HIV/AIDS related ethics, laws and human rights in the national agenda.	

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1303.05	Mechanism: PACT
Prime Partner: Pact, Inc.	USG Agency: U.S. Agency for International Development
Funding Source: GHAI	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 1657.05	Planned Funds: \$265,000
Activity System ID: 1657	

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

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

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

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1301.05	Mechanism: Management Base
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: Department of Health & Human Services
Funding Source: GAP	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 1659.05	Planned Funds: \$783,636

Activity System ID: 1659

Activity Narrative: Systems Strengthening Technical Assistance Costs

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1300.05

Prime Partner: US Centers for Disease
Control and Prevention

Funding Source: GHAI

Budget Code: OHPS

Activity ID: 1660.05

Activity System ID: 1660

Activity Narrative: Systems Strengthening Technical Assistance Costs

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Mechanism: Management GHAI

USG Agency: Department of Health &
Human Services

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$341,100

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 1397.05

Prime Partner: United Nations Development
Programme

Funding Source: GHAI

Budget Code: OHPS

Activity ID: 867.05

Activity System ID: 867

Mechanism: N/A

USG Agency: Department of Health &
Human Services

Program Area: Other/Policy Analysis and
System Strengthening

Program Area Code: 14

Planned Funds: \$340,000

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

Health Sector Human Capacity Assessment

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

Input: USG will provide financial support

Activities/Outputs: The assessment will include the following:

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

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

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

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.14: Activities by Funding Mechanism

Mechanism ID: 1397.05	Mechanism: N/A
Prime Partner: United Nations Development Programme	USG Agency: Department of Health & Human Services
Funding Source: GHAI	Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS	Program Area Code: 14
Activity ID: 1686.05	Planned Funds: \$100,000
Activity System ID: 1686	

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

Community Capacity Enhancement Program

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

- Explore community perspectives concerning how to live with and respect PLWHAs and their involvement in community response to the epidemic;
- Strengthen the capacity of individuals and organizations to facilitate local community responses to HIV/AIDS that integrate care with prevention, keeping in mind other priority concerns such as coping strategies, orphans and vulnerable children, health and development, etc.;
- Sustain local action by increasing the capacity to care, change and find hope within individuals, families and the community;
- Strengthen individual and organizational reflection on their approach and ways of working with communities; and,
- Facilitate the transfer of lessons learned and change between individuals, from organization to organization and from community to community.

Local United Nations Volunteers will be placed in villages to drive and facilitate the process using participatory methodologies and a team approach.

In 2005, the coverage will be extended to the entire country. Specific activities will include: hiring five additional local United Nations Volunteers and training 240 facilitators.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: \$0

Estimated PEPFAR contribution in dollars \$0

Estimated local PPP contribution in dollars \$0

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1300.05

Mechanism: Management GHAI

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: Department of Health & Human Services

Funding Source: GHAI

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 1680.05

Planned Funds: \$553,492

Activity System ID: 1680

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

Inputs: The USG provides funding

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

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

HHS/CDC/BOTUSA will also reimburse the Department of State for support services provided to HHS/CDC/BOTUSA as per the requirement under ICASS regulations in the Department Of State. Under ICASS, there is a component of strategic information that will be obtained through ICASS reports that are funded through routine mission operations. ICASS charges are \$819,036.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 1301.05

Mechanism: Management Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: Department of Health & Human Services

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 1681.05

Planned Funds: \$1,644,059

Activity System ID: 1681

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

Inputs: The USG provides funding

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

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

HHS/CDC/BOTUSA will also reimburse the Department of State for support services provided to HHS/CDC/BOTUSA as per the requirement under ICASS regulations in the Department Of State. Under ICASS, there is a component of strategic information that will be obtained through ICASS reports that are funded through routine mission operations. ICASS charges are \$819,036.

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

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechanism

Mechanism ID: 1383.05	Mechanism: GHAI Deferred Management
Prime Partner: US Centers for Disease Control and Prevention	USG Agency: Department of Health & Human Services
Funding Source: Deferred (GHAI)	Program Area: Management and Staffing
Budget Code: HVMS	Program Area Code: 15
Activity ID: 1682.05	Planned Funds: \$23,912
Activity System ID: 1682	
Activity Narrative: HHS/CDC BOTUSA operations costs Include information technology operations, and other management costs	
Inputs: The USG provides funding	
Activities/Outputs: These funds support management and staffing costs including salaries, travel costs, training, rent, printing, supplies and associated operational costs. Information technology needs are also included. Various monitoring and evaluation strategies including budget tracking are carried out. Budget allocations are assessed against priorities in the plan and spending is realigned as needed.	
HHS/CDC/BOTUSA IT operations strengthen national HIV/AIDS treatment, prevention and care programs, and increase uptake in programs, adherence and efficacy. The target in 2004 is that HHS/CDC/BOTUSA technical information technology backstops all the USG national HIV/AIDS treatment, prevention and care operations. Various monitoring activities including assessment of software applications will be carried out.	
HHS/CDC/BOTUSA will also reimburse the Department of State for support services provided to HHS/CDC/BOTUSA as per the requirement under ICASS regulations in the Department Of State. Under ICASS, there is a component of strategic information that will be obtained through ICASS reports that are funded through routine mission operations. ICASS charges are \$819,036.	
Outcomes: HHS/CDC/BOTUSA administrative and information technology operations back up all the USG national and Government of Botswana HIV/AIDS implementation strategies on treatment, prevention and care operations.	
HQ Technical Area:	
New/Continuing Activity: New Activity	
Continuing Activity:	
Related Activity:	

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	No
If yes, Will HIV testing be included?	Yes	No
When will preliminary data be available?		
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	No
If yes, Will HIV testing be included?	Yes	No

When will preliminary data be available?

Is a Health Facility Survey planned for fiscal year 2008?	Yes	No
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When will preliminary data be available?

Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	No
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If yes, approximately how many service delivery sites will it cover?	Yes	No
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When will preliminary data be available?

Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	No
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Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	Yes	X	No
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When will preliminary data be available?

Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	Yes	X	No
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When will preliminary data be available?

Is a Health Facility Survey planned for fiscal year 2008?	Yes	X	No
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When will preliminary data be available?

Is an Anc Surveillance Study planned for fiscal year 2008?	Yes	X	No
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When will preliminary data be available?

Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	Yes	X	No
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Name: Census

Brief Description of the data collection activity:

Census assisted by IPC

Preliminary Data Available:

12:00:00 AM

Name: MICS

Brief Description of the data collection activity:

Multiple Indicator Cluster Survey will be undertaken...

Preliminary Data Available:

12:00:00 AM

Name: PLACE

Brief Description of the data collection activity:

Priorities for Local AIDS Control Efforts....

Preliminary Data Available:

12:00:00 AM

Name: test test

Brief Description of the data collection activity:

test test

Preliminary Data Available:

12:00:00 AM

Name: girl scout cookie drive

Brief Description of the data collection activity:

well that's obvious

Preliminary Data Available:

12:00:00 AM

Supporting Documents

None uploaded.

**Supporting Doc.
Type**