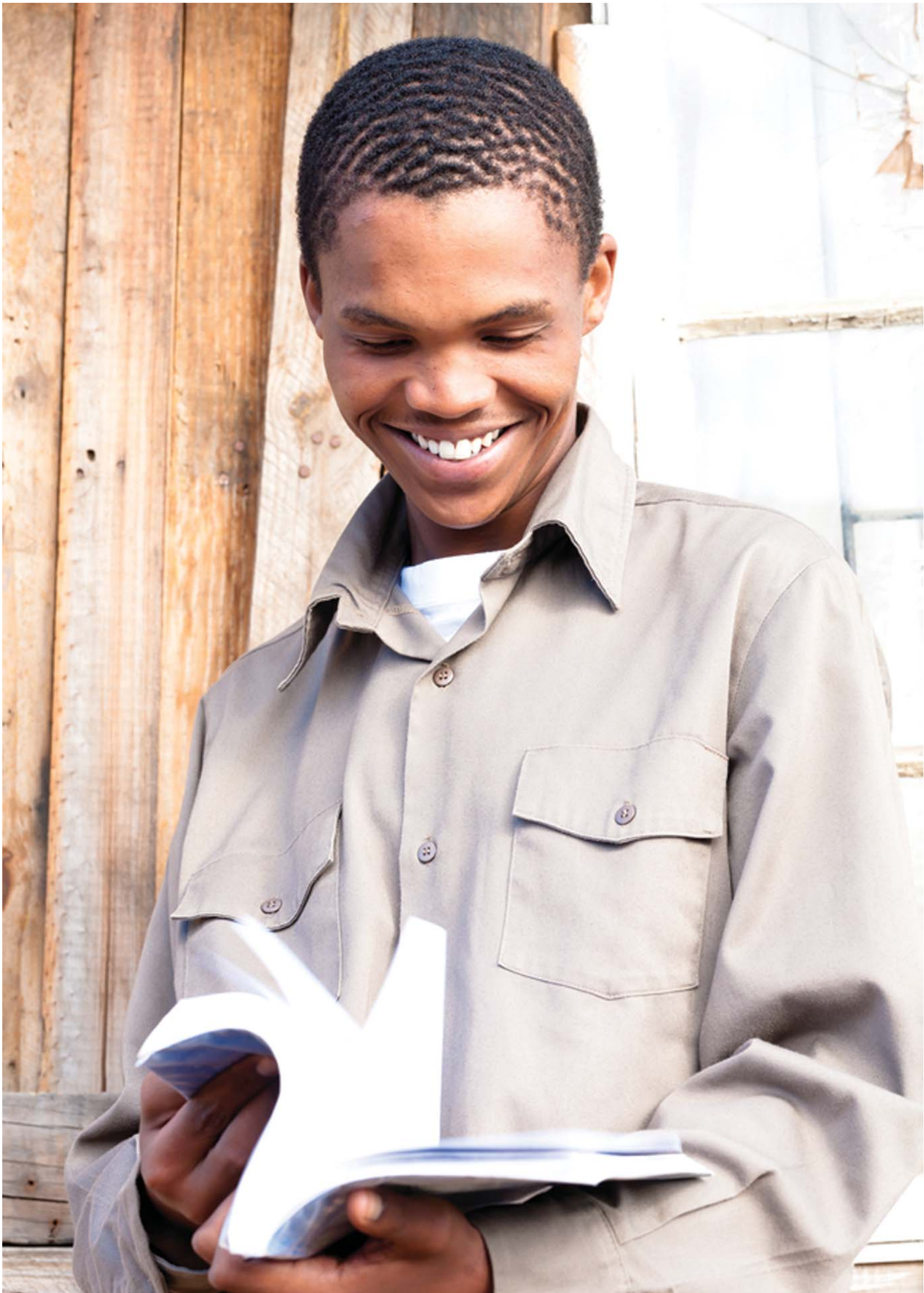




ACHAP

အစုအဝေး
annual
report 2012







Mission:

To support Botswana's national comprehensive HIV/AIDS strategy to prevent new HIV infections and to reduce the morbidity and mortality of HIV/AIDS.

Vision:

To be a model public-private development in the global fight against HIV/AIDS.

Values:

Integrity

Accountability

Transparency

Passion

Respect

Attribute

- ACHAP people are loyal, honest and true to themselves in their daily conduct
- ACHAP people are accountable for decisions taken and deliver on them
- ACHAP people believe in the freedom of information, open communication and responsible disclosure
- ACHAP people are driven by passion to add lasting value to the quality of life of people affected by HIV/AIDS and to prevent new infections.
- ACHAP people respect diversity and manage relationships in an ethically responsible and accountable manner.

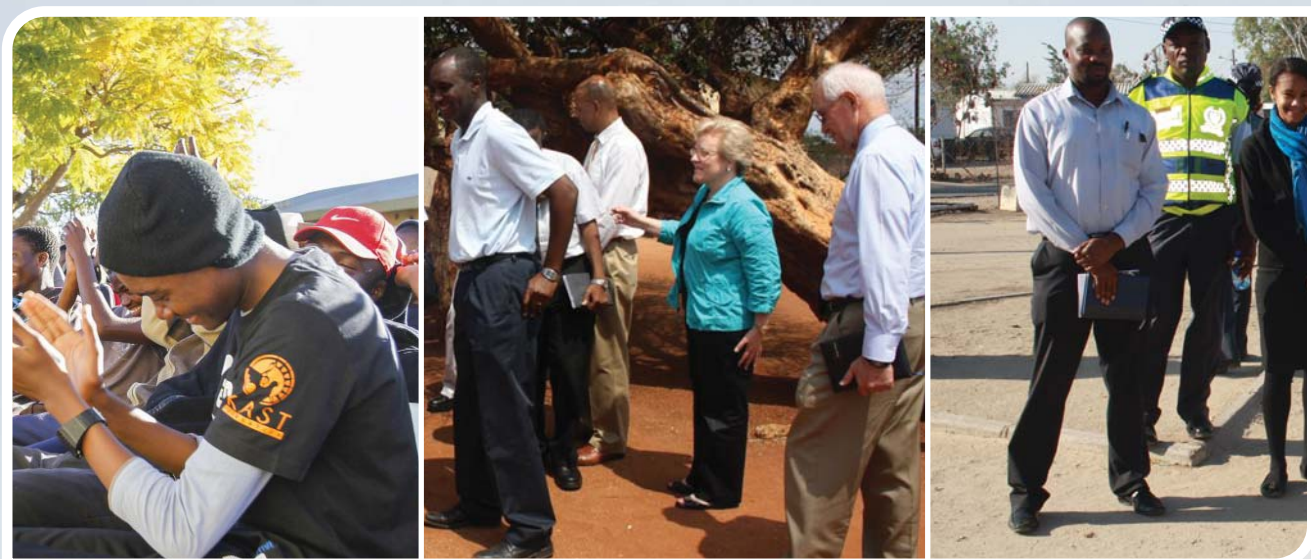




ACRONYMS

ACHAP	African Comprehensive HIV/AIDS Partnerships
ACSM	Advocacy Communication and Social Mobilisation
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
BLA	Botswana Libraries Association
BNLS	Botswana National Library Services
BORNUS	Botswana Retired Nurses Association
BSLA	Building Strong Libraries Association
BTC	Botswana Telecommunications Corporation
CDC	Centre for Disease Control
CD4	Cluster of Differentiation 4
CTP	Cotrimoxazole Preventive Therapy
DHAPC	Department of HIV/AIDS Prevention and Care
DHIS	District Health Information Systems
DLIS	Department of Library and Information Studies
GBC	Global Business Council
HAART	Highly Active Antiretroviral Therapy
HRDC	Health Research and Development Committee
HIV	Human Immunodeficiency Virus
ICASA	International Conference on AIDS and Sexually Transmitted Infections in Africa
IT	Information Technology
ICT	Information Communications and Technology
ICDL	International Computers Driving Licence
KAP	Knowledge Attitudes and Practice
LAN	Local Area Network
LIMSA	Library and Information Management Students Association
MOVE	Models for Optimizing the Volume and Efficiency of Male Circumcision Services
M&E	Monitoring and Evaluation
MERD	Monitoring Evaluation Research and Documentation
MSD	Merck Sharp and Dome
MOH	Ministry of Health
NACA	National AIDS Coordinating Agency
PSI	Population Services International
RMU	Records Management Unit
TWG	Technical Working Group
UNAIDS	United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
VCT	Voluntary Counselling and Testing
VRRS	Village Reading Rooms
WHO	World Health Organisation
XPRES	Xpert Package Rollout Evaluation Study





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CHAIRPERSONS FOREWORD



Joy Phumaphi - Chairperson

Dear colleagues and friends, I have the pleasure of presenting to you the 2012 Annual Report. With two years to the completion of ACHAP's Phase II (2009 - 2014) programme of implementation; 2012 has been a watershed year for Organisation in many ways.

During the year under review I had the privilege of hosting an ACHAP Funders representatives visit in February 2012. The funders visit presented an opportunity to showcase the progress and some of the challenges experienced in the implementation of ACHAP's initiatives in support of the national HIV/AIDS response particularly in the area of Safe Male Circumcision (SMC). The Funder representatives were given the opportunity to experience firsthand the level of effort in the mobilisation of eligible men for SMC; while at the same time they were provided with an appreciation of the difficulties in mobilising

sufficient SMC clients through demand creation activities. A round table with partners in SMC during the Funders visit pointed to the fact that demand creation remains a key challenge in our National SMC programme. I earnestly believe that as partners in the SMC national programme we have not fully explored the potential benefits of going into a comprehensive SMC campaign mode to reap the results required to achieve the public health benefits of SMC.

While the Funders visits presented an opportunity to recognise first hand progress made, challenges experienced and how these were overcome, discussions were held on the future of the Organisation. The discussions allowed the funders to give guidance to the organisation on issues of sustainability and strategic direction post 2014. Input received was utilised in developing an initial framework for ACHAP's future strategy.

Together with my colleagues, we provided stewardship toward the development of an ACHAP strategy for the organisation moving beyond 2014; a year that will mark the end of the organisations' Phase II programme of implementation.

As we began to develop the future strategy for the Organisation we also began to move into a transition mode, largely brought about by key decisions regarding our current work and the need to reposition ourselves for the future. I am pleased to note that, while difficult as this has been, the organisation has managed to do so with minimum disruption, to the implementation of programs, that sometimes comes with strategy development and repositioning.



CHAIRPERSONS FOREWORD *continued*



Still in 2012, we bade farewell to the ACHAP Managing Director Dr Themba Moeti who had been at the helm of the organisation for the past six years. On behalf of my colleagues I would like to thank the outgoing Managing Director for his steadfast stewardship and on the same note welcome the Chief Executive Officer Dr Jerome Mafeni who begins his assignment with ACHAP in January 2013. We believe that with his credentials and past experience in Health and Development related initiatives he will take ACHAP to the next level of its existence for the greater good of Botswana and the Region.

As ACHAP, we remain committed to implementing the remainder of the programmes for the ACHAP Phase II programme. We also remain committed to supporting the National HIV/AIDS response beyond this Phase as reflected in the strategic processes and repositioning initiatives we have begun to engage with.

The ACHAP Board of Directors is very grateful for the effective collaboration from the Government of Botswana at different levels, particularly through the Madikwe Forum, which remains a unique and innovative model of effective partnership and collaboration with the Government of Botswana.

On behalf of the Board of Directors, I would like to thank ACHAP staff and all ACHAP partners for their dedication and hard work during 2012. I would like to applaud the staff for their commitment to the organisation; the resilience they have displayed as they dealt with the many competing priorities and challenges that began to play out in 2012, and even managing to deliver better SMC performance than the preceding year.

Once again I would like to thank the outgoing Managing Director Dr Themba Moeti for his past contributions to the ACHAP programme. I wish our incoming Chief Executive Officer Dr Jerome Mafeni all the best. I, together with my colleagues, will accord him all the necessary support and guidance. His leadership will channel the organisation's transition from its current programme of implementation to its next phase.

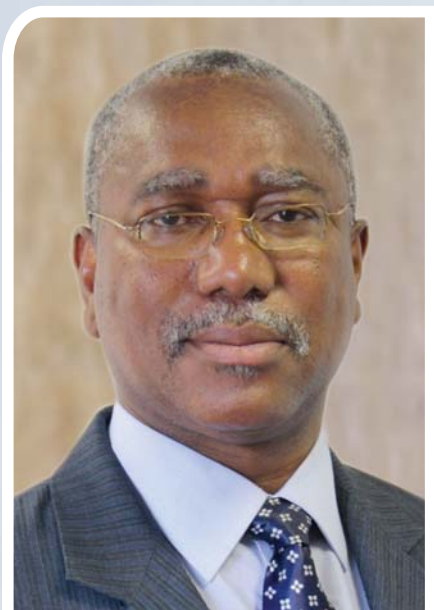
We remain grateful for the work and relationships that we have established with other Development Partners whose efforts remain important and central to the National HIV/AIDS response.

We look forward to another year of hard work in collaboration with all ACHAP partners to support Botswana's efforts to fight HIV/AIDS.

Ke a leboga/ Thank you.

Joy Phumaphi
Chairperson, Board of Directors

CHIEF EXECUTIVE OFFICER'S REMARKS



Dr Jerome Mafeni-CEO

As I begin my assignment with ACHAP, not only do I recognise the important challenge that lies ahead of the organisation, in its dual role of completing the current phase of program implementation while transitioning the organisation to its next phase of existence, but I also recognise that HIV/AIDS remains the greatest health challenge that Botswana has faced over the past two and a half decades, and will continue to face for several years to come. That said, I have quickly recognized that what sets Botswana apart is how it has managed, through partnerships, to efficiently and effectively deal with the epidemic; and in so doing providing a window of hope that other African countries can deal with the challenge in a similar fashion.

I am inspired by how ACHAP has managed to contribute to changing the course of the global HIV/AIDS pandemic. The ACHAP partnership has had a major impact on the HIV/AIDS epidemic in Botswana; evidenced by a total of 193,769 patients currently receiving HAART, which amounts to 96.5% of the 200,864 adults and children in need of ART at the end of July 2012.

The 2011 Botswana Second Generation HIV/AIDS Antenatal Sentinel Surveillance records hopeful signs that the HIV incidence may be declining as witnessed by a significant decline in the HIV prevalence among youth aged 15 to 19 years. However, despite these achievements, the prevalence rate among pregnant women aged between 35 to 49 remains high (2011 Sentinel survey). Much more effort will be required to achieve the National Vision of an HIV/AIDS free generation by 2016.

Our national Safe Male Circumcision Programme is among the initiatives that will contribute to the national vision. Modelling studies conducted with the support of ACHAP have demonstrated that SMC has the potential to avert up to 60,000 new infections if SMC is scaled up to 80% by 2016. While challenges have been experienced in realising the targets we set ourselves, innovations in demand creation have contributed to substantially improved SMC performance in 2012.

As an organisation we remain steadfast to commitments we have made to the SMC programme, strengthening capacity and creating the demand required to realise our target. The 2012 Annual Report presents key insights on achievements realised and some of the challenges experienced in this important area of work. It also highlights what we have achieved in other areas of work that are either in support or complimentary to the SMC programme.

It is evident that the ACHAP team worked hard and tirelessly during the course of 2012 to meet the targets and objectives it had set for itself during the year under review. I am proud to join



CHIEF EXECUTIVE OFFICERS REMARKS *continued*



a team of dedicated and committed staff as we face new opportunities and new challenges. ACHAP has come a long way and we have had successes, setbacks and key lessons from which we can draw as we take the organisation forward.

It is clear that in the coming years Botswana will have to determine how best to sustain the gains it has achieved in its national HIV/AIDS response. Key to this will be sustaining the Masa Anti-Retroviral Treatment Programme, which continues to be a flagship programme for the country. ACHAP will continue to be an active stakeholder in addressing any emerging issues along with other partners.

Our crucial role in 2013 lies in transitioning the organisation beyond its current phase II programme of implementation, while delivering against our current commitments. Of utmost importance will be to ensure that we remain relevant, and continue to be an important partner in Botswana's national HIV/AIDS response.

On behalf of the staff of ACHAP, I would like to express my appreciation to the Board of Directors of ACHAP and the Government of Botswana and other partners for all their support, and once again express our commitment to ensure the most effective use of the significant resources availed to us in supporting Botswana's fight against HIV/AIDS and TB.

Thank you.

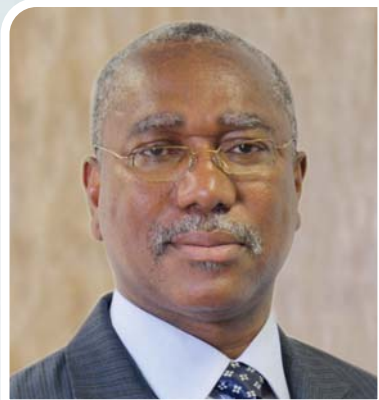
Dr Jerome Mafeni
Chief Executive officer



BOARD OF DIRECTORS



Joy Phumaphi - Chairperson



Dr Jerome Mafeni- CEO



Prof. Ric Marlink



Haddis Tadesse



Dr Mark Feinberg



Brenda Colatrella



Dr Luke Nkinsi



Dr Mbulawa Mugabe

PREVENTION

Safe Male Circumcision

Introduction

The year 2012 presented opportunities for utilising lessons learned from previous years to strengthen programme planning and implementation. These lessons included innovative demand creation approaches such as targeted performance based demand creation and appreciating the need to take SMC services to the community through targeted outreach initiatives. These approaches helped improve performance significantly in 2012 as compared to the other previous year. (See figure 1 & 2 below showing month by month achievements from 2009 to 2012). The number of SMCs done showed great improvement from 12 861 circumcisions in 2011 to 25 505 circumcisions in 2012. While other factors facilitated this achievement, a greater part of the improvement came from a critical review of our strategies and the willingness to try new approaches based on lessons from the field as provided by our field teams and experiences shared from regional and international forums.

Figure 1: ACHAP's annual SMC performance from 2009 to 2012

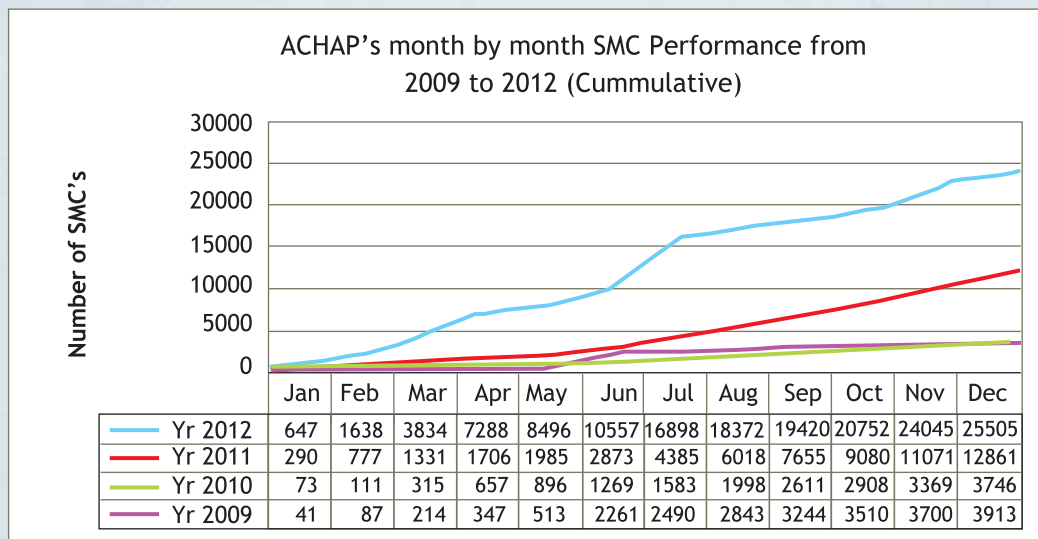
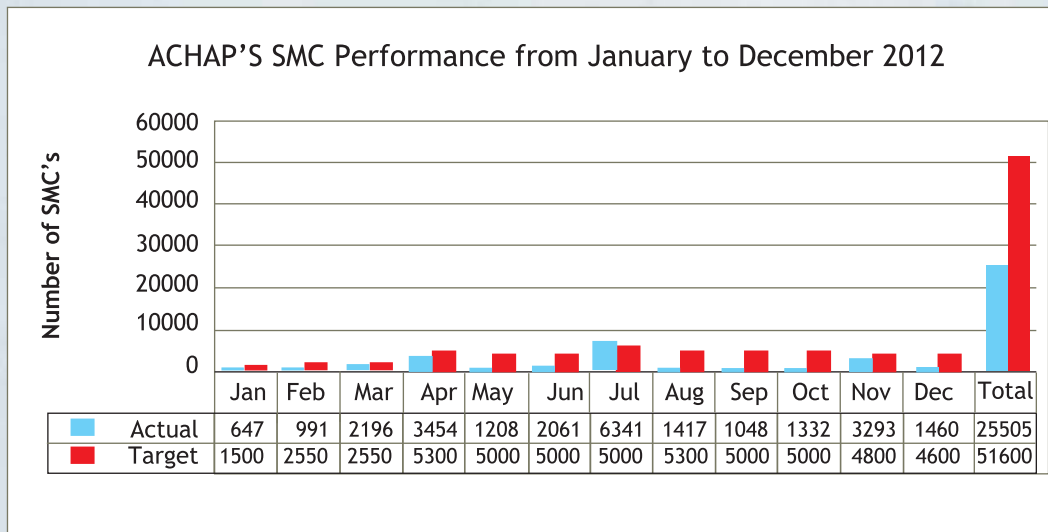


Figure 2: Year 2012 month by month SMC performance



As a key partner in the national SMC efforts, ACHAP's direct achievements in 2012 made significant contributions to the national programme; both from a programme planning perspective and to the results that were ultimately recorded. In 2012 all SMC partners together achieved 37,565 circumcisions; about 38% of the national target of 100,000. Teams supported by ACHAP achieved 25,505 circumcisions; which accounted for 49% of ACHAP's target of 51,600 SMCs. Thus, the ACHAP supported teams contributed 68% of the National achievement of 37,565 SMCs. This achievement not only motivated the ACHAP team, it also provided an opportunity for the team to share with other partners some of the innovative approaches that led to this result. These approaches were shared with partners including CDC, PSI, Jhpiego, I-TECH and indeed the Ministry of Health.

With direct support to nine static SMC sites across four Operational Areas of Gaborone, Molepolole, Francistown and Palapye covering eight districts, ACHAP has established functional working relationships with the DHMTs. This has provided a good platform for planning and implementation of SMC activities. ACHAP operational area teams provide day to day technical and logistical support to SMC teams in the supported DHMTs.

Demand Creation

A key area of programme support during 2012 was demand creation for safe male circumcision. The development of the National Long-term SMC communication strategy was informed by the results of the evaluation of the Short-term SMC communication and demand creation strategy. This was supported by ACHAP. As indicated, this is an area where ACHAP applied lessons from the field to come up with new innovative approaches to demand creation. A rapid gap analysis was carried out in April 2012 to assess the knowledge and skills levels of the community mobilisers on SMC and explore barriers they experience in motivating clients to go for SMC services. The findings of the assessment helped guide decisions on recruitment, training, deployment and remuneration of community mobilisers. A performance based remuneration strategy for community mobilisers was adopted to ensure optimal return on investment.

ACHAP technical staff from headquarters and Operational Areas worked closely with DHMT staff to build capacity in developing annual SMC plans and budgets. This also ensured that DHMT plans were aligned to the ACHAP Plan for 2012.

As part of the demand creation strategy, the following approaches were applied:

Catchment area mapping:

Operational Area teams worked with DHMTs to define catchment areas with high populations of eligible men to improve the cost effectiveness of mobilisation and service provision. Catchment area mapping also enabled the Operational Area teams, working with DHMTs and community leaders, to identify and train mobilisers within the areas. The mapping approach also enabled the teams to identify local champions and advocates within the catchment areas.

Deployment of independent mobilisers

In order to intensify interpersonal communications at community and household level through door-to-door visits, group interaction and other opportunities, about 273 independent mobilizers were identified, trained and engaged to support specific catchment areas across the ACHAP operational area. The strategy of having independent mobilisers helped identify

committed and respected individuals in different communities. These were supported by team leaders from community-based organisations that were subcontracted to support demand creation efforts. During 2012, 15 CBOs were subcontracted and contributed about 10 557 clients to the number of circumcisions performed by ACHAP supported SMC teams.

- **Mini Community Campaigns:**

As indicated above, mapping of catchment areas helped to define areas with potential clients for SMC but also facilitate interactions with the leadership of those areas. Working together with the leadership of specific areas, ACHAP planned and implemented mini campaigns that lasted about a week each. During the year, fourteen mini campaigns were held in Sese (Jwaneng), Moshupa, Lerala, Sephare, Maunatlala, Lerolwane, Diane, Sojwe, Botlhapatlou, Manyana, Ntlhantlhe and Oliphant Drift, Rakops and Boteti. The focus of the mini campaigns was out of school youth and older men in those areas. Multiple demand creation approaches were employed including house-to-house mobilisation, drama, jam sessions, use of public address systems, advocacy by community leaders and health workers.

- **Holiday camps:**

An innovative approach that was used during the year was the school holiday camps. The three-day camps targeted school going boys during holidays and provided an opportunity to share information on sexual and reproductive health with a focus on HIV prevention and safe male circumcision. Working together with KAST Foundation, a camp was held in Gamodubu that attracted over 160 young men. This was a residential camp that provided both SMC information and services on site. As a result, 159 young men were circumcised during the three-day camp. Another camp was held at Pachila Lodge in Francistown and attracted 54 young men. Sixteen (16) were circumcised during the camp.



Young men at the Gamodubu camp



Dr Themba Moeti, Dr Frank Mwangemi and Mr Conrad Ntsuape at the Gamodubu Camp

- **Safe Male Circumcision SMS Platform**

A pilot SMS platform for SMC was initiated and piloted in Francistown and Palapye Operational Areas. The aim of this platform was to support demand creation by sending messages to targeted populations as well as post circumcision follow up for clients to ensure they are following wound care procedures. While the pilot project did not provide convincing results, this is an area that will need to be explored further.

- **Production of IEC support materials**

ACHAP worked with the Ministry of Health and PSI to produce IEC materials to support community mobilisation efforts for the programme. These included promotional materials like water bottles (7500), T-shirts (1000), posters (8000), 500 shopper bags and 500 caps for mobilisers and clients during school campaigns. Reading materials for different target audiences were also produced and distributed through the operational area offices and DHMTs. These included 70,000 brochures and flyers. ACHAP also supported the translation of the materials in Setswana to allow easy access by the wider community.

- **Advocacy Meetings**

In order to increase support for the programme and specifically SMC campaigns, advocacy meetings were held at both national and district levels. At community level, school management teams and PTAs, parents, chiefs (Kgosi), Councillors and religious leaders in defined catchment areas were sensitized on the benefits of the programme and discussions held to ensure collective understanding of SMC. At national level, presentations were made to the House of Chiefs on SMC soliciting their support. From these meetings, there was commitment by the different teams on promotion of SMC.

ACHAP partnership with traditional leadership has been bearing fruit. For example, the Kgosi in South East District (Kgosi Mosadi Seboko) invited ACHAP to support the traditional circumcision events (Bogwera) through provision of SMC teams and kits. The Bogwera that took place in August 2012 resulted in 141 men being circumcised.



Gamodubu Camp

Supplies and Equipment

During this reporting period very limited challenges were experienced in terms of supplies, equipment and space for service provision teams. These challenges were addressed timely through procurement of the required items and mobilizing some of the major equipment from nearby health facilities through the support of DHMTs. During the year under review, ACHAP procured four Porta cabins and eight procedure beds to provide SMC space in Kanye, Palapye, Francistown and Thamaga. This was at a cost of BWP 897,641.33. Ten additional Diathermy machines were procured to supplement the 20 already in use, to increase the speed at which procedures were being performed. ACHAP also procured 17 500 disposable SMC kits to supplement stocks procured by CDC.

Capacity Building/Human Resource

Existing SMC teams in all ACHAP supported sites were augmented with additional Doctors and Nurses during school holiday campaigns; to meet the increased demand for services. Support was provided through BOCAIP for counselling and testing specifically during campaign periods.

As part of capacity building for the SMC programme, ACHAP supported a half day workshop with representatives from the National SMC partners - the MOH SMC team, CDC, PSI, Jhpiego and I-TECH. The session was facilitated by Dr. Luke Nkinsi, an ACHAP Board member; and he shared experiences from other countries with successful SMC programmes. As part of the session, the team reviewed the current SMC national campaign plan, emphasising the need to have all aspects of the campaign clearly defined to ensure a systematic approach to demand creation, service delivery, supplies and equipment, space and monitoring and evaluation .

Other issues discussed included SMC campaign coordination at national and district level to ensure there is multi-sector involvement for both demand creation, service delivery and other logistics. Based on this meeting the SMC campaign plan was further reviewed taking into consideration inputs and guidance from the meeting. The technical assistance from Dr Nkinsi was appreciated by all who attended.

ACHAP in an effort to further support the national SMC program brought a team from the Centre for HIV/AIDS Prevention Studies (CHAPS), based in South Africa, to review the ongoing SMC programme and provide constructive recommendations to inform the development of the 2012 Operational Plan. The final report and recommendations were shared with the Ministry of Health, and Partners. Some of the recommendations will be used by ACHAP in planning for 2012.

SMC devices/PREPEX acceptability Study.

ACHAP has worked very closely with the Ministry of Health to develop a study protocol to conduct operational research on acceptability and safety of the Prepex SMC devices. The pre-operational research activities were nearly complete at year end; and training for the study team will be conducted in February 2012. This research will be jointly funded by ACHAP and CDC/PEPFAR; with contribution from the Government of Botswana.

Key successes

The SMC programme recorded significant improvements during the year and key to this improvement was the:

- Adoption and implementation of a performance based remuneration model for mobilisers
- Mapping of catchment areas to define target populations
- Taking SMC services beyond static sites
- Timely procurement and distribution of SMC supplies and equipment
- Mobilizing key stakeholders and community leaders through consultative meetings
- Media sensitization on SMC
- Joint weekly progress review meetings by Demand Creation Teams and Service Delivery Teams at SMC sites
- Rapid Assessments of the community mobilization effort by volunteers/mobilisers
- Developing an information check list for mobilisers
- Supporting MOH in engaging CHAPS to review the ongoing national SMC Services in order to inform the development of the Operational Plan for 2013

Key Challenges

The year under review did not go without challenges. Some of the key SMC challenges experienced include:

- The very low number of circumcisions outside campaign periods despite the active community mobilization efforts.
- Inadequate IEC Materials
- Lack of capacities among CBOs
- Growing deficits between targets and the number of circumcisions done

TREATMENT SUPPORT

The programmatic aspects of treatment transition work were concluded at the end of March 2012, with the transition of most programme support functions (training & direct human resource support) to the Ministry of Health. The Merck Medicine donation programme will, however, continue until 2014 in reducing quantities.

In 2012, ACHAP continued working with MOH to:

- Review and adjust the ARV Drugs forecast, to guide the requirements for 2013 and 2014
- Ensure smooth transition of the ARV Treatment programme to accommodate the progressive scale down of the Merck ARV Drugs donation by the end of December 2014.
- Support to ensure adequate buffering and stable supply of donated medicines.
- Development and completion of the Treatment Optimization proposal
- Continuing monitoring of the treatment programme enrolment

By September 2012 a total of 198,553 patients , were receiving ARV treatment (15,194 of whom were on the private sector ARV programme). The National ARV Programme is supported by Merck donated ARV Drugs through ACHAP. In 2012 Merck donated ARV medicines with an estimated cost of about US\$ 25,053,211.

TB/HIV INTEGRATION

Introduction

TB remains a public health concern in Botswana, and the most common opportunistic infection among people living with HIV/AIDS. Botswana has among the highest TB/HIV co-infection rates globally, estimated at 64% in 2012. The estimated incidence in 2011 was 455 per 100,000, down from an estimated 503 per 100,000 population in 2010. The estimated case detection rate in 2012 was 71% and 7.5% of TB cases notified were children aged 0-14 years.

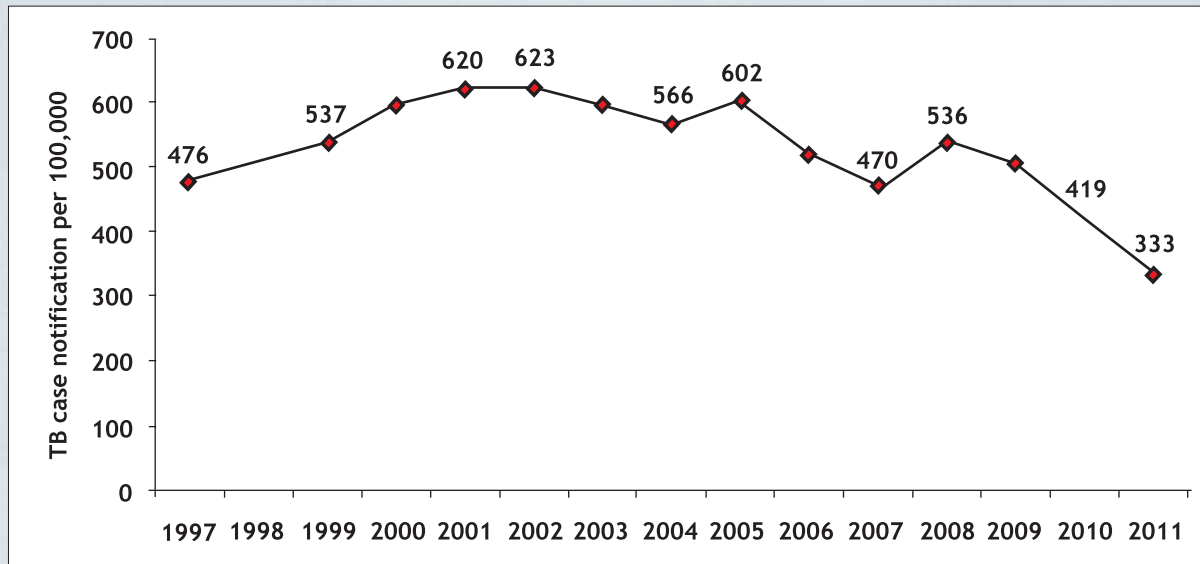
ACHAP's experience and comparative advantage in HIV/AIDS programming is being leveraged to strengthen TB/HIV collaboration and integrated service provision with the aim of contributing towards the reduction of TB and HIV morbidity and mortality in the population.

Metric	National Achievement (2011)				National Goal 2014
	2009	2010	2011	2012 (Jan - June)	
TB Case Notification rate	536	419	333	N/A	Per 100 000 population
Treatment success rate*	79%	81.4%	N/A	N/A	85%
% of TB patients tested for HIV in clients attending public sector facilities*	74%	80%	78.9%	82.3%	90%
% of eligible HIV positive TB patients started on HAART*	37%	45%	43.5%	51.3%	85%
% of smear positive TB cases cured	57%	50%	N/A	N/A	90%
% of TB-HIV co-infected patients started on Cotrimoxazole Preventive Therapy*	No stats	79%	81.8%	87.9%	90%
% of TB patients enrolled under community TB Care*	9%	29%	45%	61.3%	70%
Treatment failure	3%	2.1%	N/A	N/A	<0%
% of TB patients who died while on treatment*	8%	5.3%	N/A	N/A	<8%
TB patients not Evaluated	24.4%	8%	N/A	N/A	<2%
Defaulter rate	4%	3.2	N/A	N/A	<2%

Key indicators for tracking TB-HIV programme performance

The term 'TB Case Notification' should be defined so it isn't misinterpreted as a system failure in reporting. We should also relate the declining number of cases to the timing of the various interventions that ACHAP supported in 2010, 2011 and 2012.

Figure 3: Trends in National TB Case Notification



Coordination mechanism for TB/HIV collaboration

At national level, ACHAP supported the review of the Terms of References (TORs) and re-activation of the National TB/HIV Advisory Committee chaired by the Permanent Secretary of the Ministry of Health. This Committee has representation from other government departments, academic institutions, key partners and civil society involved in the national TB/HIV response.

Efforts were also initiated to establish functional district TB/HIV coordinating committees in all the ACHAP supported districts; with the mandate of coordinating TB/HIV services at the district level.

Scaling up of TB/HIV collaborative and integrated services

The fourteen (14) ACHAP supported districts have been provided with the necessary resources to help scale up TB/HIV collaborative and integrated activities. These districts were strategically selected in order to make an impact in the control of TB and HIV in Botswana. ACHAP has been focusing on advocacy to government to improve programme management, improving infection control in congregate settings; and building capacity of health care workers through technical support and mentoring.

Training of Health Care Workers on TB/HIV collaboration and integrated services

Training of health care workers on TB/HIV Case Management was conducted in all fourteen districts. These were aimed at capacitating health care workers on TB/HIV case management and enhancing implementation of TB/HIV collaborative and integrated activities; especially on TB case finding, implementation of TB infection control in all the health facilities and early initiation on ARV for co-infected patients. In this reporting period 334 Health Care Workers were trained; including Doctors, Nurses, Pharmacists and Laboratory Technicians.

HIV testing among TB patients

Botswana adopted a national opt-out HIV testing and counselling strategy that offers routine, non-compulsory HIV testing (RHCT) to all patients presenting for medical care. Together with voluntary counselling and testing centres (VCT) this strategy has resulted in almost 89% testing rate in 2012. HIV testing among TB patients dropped by 1% to 78.9% in 2011 compared to 80% reported in 2010. The average HIV testing rate in ACHAP supported districts stands at 89% for January - September 2012.

Community TB Care

Community TB Care (CTBC) has been identified as a critical approach for achieving the STOP TB strategy goals. The strategy is aimed at promoting individual, family, and community involvement and participation in order to achieve good TB treatment success rates. Currently, Botswana has achieved 45% enrolment into CTBC against a revised target of 75%.



Community TB Care Remmogo Campaign Launch

ACHAP, through its sub-grantee BORNUS, launched the "Remmogo" CTBC initiative in 2012 in collaboration with the MOH. The critical challenge this project addressed was the high mobility of TB patients in search of employment and accommodation, leading to treatment interruption and consequently poor outcomes.

During the two year period (2011 and 2012), Remmogo Community TB project enrolled 740 (37%) TB patients into community TB care out of the target of 2000, out of which:

- 740 (100%) were tested for HIV, with TB-HIV co-infection rate of 444 (60%).
- 402 (91%) were enrolled on Cotrimoxazole Preventive Therapy (CPT)
- 280 (63%) TB-HIV co-infected patients were initiated on Anti-Retroviral Therapy (ART)
- 438 (59%) completed TB treatment with success rate of 279/344 (81%).
- 21 (2.8%) TB patients were referred to the nearest health facilities by the end of the project to continue their treatment to completion.
- Only 1 (0.1%) patient was lost to follow up and 1 (0.1%) was referred to MDR clinic.
- 6 (0.8%) of TB patients died while on treatment.

TB infection control

TB infection control in health care and congregate settings is a key component of every successful TB control program. This is a critical issue for Botswana where the growing burden of MDR-TB and the emergence of XDR-TB have emphasized the importance of effective infection control in health care settings. One of the weaknesses in many health facilities in Botswana has been the absence of a functional plan and programme for TB infection control.

To upscale TB infection control in Botswana, a pilot was conducted in five districts i.e. Gaborone, Mahalapye, Palapye, Serowe and Francistown; where 50 HCW including district team leaders were trained on TB infection control package in February 2012. Training was conducted in partnership between CDC, MOH and ACHAP; with two (2) international consultants from CDC facilitating the training. An evaluation of the five pilot sites implementing the TB-Infection control package was conducted in September 2012; to inform scaling up TB infection control in Botswana, and to assist districts to develop and implement facility based TB infection control plans. Currently TB infection control is being up-scaled to other districts based on the positive outcome of the pilot.

Mentoring and supportive supervision

Almost all the health facilities in supported districts have been provided with TB/HIV mentorship and supportive supervision. This has included the use of standardised guidelines using objective measures to foster improvements in the procedures, personal interactions, and fostering of collaborative TB/HIV activities and integrated patient management. The goal of strengthening supportive supervision is to promote efficient and effective implementation of TB/HIV services, making them more accessible to patients at primary and secondary facility level, which combined with strengthened TB case finding and Infection control practices should progressively contribute to improved TB control and reduction in the burden of disease.

Challenges

The Key challenges in the TB/HIV Integration programme include:

- Implementation of CTBC remains sub-optimal, below the national target of enrolling 75% of TB patients under CTBC. Equally, ART uptake among co-infected patients is unacceptably low in the period under review. Sustainability of CTBC efforts without continued external funding is uncertain.
- Despite the availability of guidelines on TB Infection Control, actual practice remains inadequate, especially at ARV clinics. Most ARV clinics were not designed for TB infection control; but action has been taken to strengthen TB infection control by improving ventilation, installing extractor fans and implementing suitable TB infection control practices.

KNOWLEDGE GENERATION, MANAGEMENT AND DISSEMINATION

ACHAP internal M & E

The organization's M&E database continued to generate routine performance reports showing the actual programme achievements against the intended targets, at each given time for the key reporting indicators. The analytical reports that were produced and served as major input into other organizational reports that were presented to the organization's Board of Directors as well as the funders. More importantly the reports informed the development of ACHAP's strategies and proposals.

As a way of trying to improve and maintain high quality of data generation quarterly field visits were conducted to operational areas to provide M&E technical support to the field personnel responsible for data collection and reporting. These visits served the purposes of data quality checks and verification. In addition they provided the opportunity for mentoring of the field teams on data collection and reporting including completion of registers and monthly summary reports, among other things

M&E support to implementing partners

ACHAP support was given to Community based Organizations (CBO's) that were subcontracted to create demand for SMC services in 2012. The support provided included review of submitted proposals, development of indicators, target setting, and performance reporting among others. The support continued during the implementation of the Demand Creation performance based contracts. Similar support was also provided to BORNUS and BOCAIP to implement the ACHAP supported community TB care initiative.

BOCAIP was supported to develop their data base using DHIS 2 and in conducting their annual progress performance review workshop. BORNUS was supported in testing the functionality of their reporting modules for their databases as well as in developing their quarterly reports.

Research

During the year 2012, ACHAP working together with various local and international partners undertook a number of research activities to generate information needed to assist in programme development and implementation, including informing strategic decision making processes. ACHAP directed or participated in several studies; including evaluation of the SMC short-term communication strategy, assessment of the Cost and Impact of Treatment Guideline Changes and Prevention Efforts in Botswana, the TB/HIV KAP study, the Models of Care study and the XPRES.

Evaluation of the SMC short term communication strategy evaluation

ACHAP in collaboration with MOH and PSI Botswana conducted an evaluation of the SMC short-term communication strategy. The purpose of this study was to determine the extent to which the short-term communication strategy had achieved its objectives, in order to generate lessons to inform the development and implementation of the long-term communication strategy. The study also gathered perceptions around the willingness and unwillingness to circumcise among men aged between 15 - 49. Fieldwork for this study was done in 2011. In 2012 the main activities on this study included data analysis, report writing and results sharing.

A poster from this study was presented at the 2012 International AIDS Society Conference at Washington D.C in July 2012. A presentation based on the study was also made at the ACHAP Symposium at the Conference.

The Cost and Impact of Treatment Guideline Changes and Prevention Efforts in Botswana

The study was initiated in 2011 by MoH, ACHAP and Futures Institute; to conduct a modelling study to assess the cost implications of implementing the revised WHO ARV guidelines. In 2012 a final report was produced and the study was finalized.

The objective of this study was as follows:

1. To determine the potential impacts and resource implications of various ART treatment guideline changes
2. To determine the potential impact and resource requirements of various combination prevention scenarios
3. To produce a focused budgetary-needs assessment based upon the above scenarios.

TB/HIV KAP study.

ACHAP in collaboration with MoH conducted a TB/HIV KAP study to inform the development of an Advocacy Communication and Social Mobilization (ACSM) strategy for TB/HIV service integration. The study sought to establish the existing TB treatment seeking behaviours in Botswana, to guide development of an ACSM plan that will be implemented to promote positive TB/HIV prevention and treatment practices in Botswana. The final write up of the study report was completed in the first quarter of 2012.

The XPERT package rollout evaluation study (XPRES)

ACHAP took part in the XPRES study to evaluate performance, impact, and operational challenges of using Gene Xpert for TB Case Finding among HIV-infected Persons in Botswana. The study started in 2011 and is expected to be completed in 2013. The study is being implemented by CDC in collaboration with MoH and ACHAP. The research protocol has been approved by the Botswana Health Research and Development Committee (HRDC) and the CDC ethical approval board; and patient enrolment for the study started in July 2011. In 2012 ACHAP procured four Gene Xpert Machines for the study. In 2012 ACHAP procured four (4) Gene Xpert Machines for the ACHAP four (4) supported sites.

Prepex evaluation study

The Botswana Government recognized that the scarcity of trained health care workers, and the difficulty in attracting men to come for SMC it was imperative to adopt more efficient and acceptable SMC approaches, including use of the PrePEX™ device. PrePEX is a nonsurgical SMC device that can be used by mid-level providers to perform SMC in a non-sterile setting. The simple device will address some critical challenges to scaling up SMC delivery; such as fear of pain, time constraints, and over reliance on medical doctors. The PrePEX device has the potential to make it feasible for Botswana to achieve recommended national targets with minimal burden on the healthcare system.

MoH in collaboration with ACHAP and CDC initiated efforts to conduct a pilot study to evaluate the acceptability and safety of PrePex™ in Botswana as part of a comprehensive HIV prevention program. It is anticipated that the results of this study will assist the Ministry of Health with policy decisions and possible recommendations on the use of the device in adult male circumcision in Botswana.

The protocol for the study was developed by a team of MoH, CDC and ACHAP professionals and it is currently awaiting ethical approval from the Botswana Health Research Development Committee (HRDC), John Hopkins and CDC ethical review boards in USA. The study will be co-funded by both ACHAP and CDC. ACHAP has already procured PrePEX devices and supplies for the study, and will fund training for the study team in February 2012.

Botswana AIDS Impact Survey (BAIS IV)

The National AIDS Coordinating Agency (NACA) is preparing to conduct the fourth Botswana AIDS Impact Survey (BAIS IV) beginning January 2013, following a postponement from September 2012. ACHAP is a member of both the Reference and technical working groups for this study. In addition the National AIDS Coordinating Agency (NACA) has requested ACHAP to support the incidence testing component of this study by procuring the incidence test kits for the survey.

BAIS is a sexual behavioural survey conducted under the auspices of Statistics Botswana's Programme of Household Surveys. This is designed to provide information on topics explicitly related to HIV/AIDS. One of the key objectives for BAIS is to provide current national HIV prevalence and incidence estimates among the population aged 6 weeks and above. This BIAS objective is of particular interest to ACHAP because it enables assessment of the outcomes or early impacts of ACHAP supported programs, and informs decisions on future areas of support. The survey also provides critical information for modelling work which informs the design and implementation of programs. This information is critical in view of the fact that ACHAP's Mission is "To support Botswana's national comprehensive HIV/AIDS strategy to prevent new HIV infections and to reduce the morbidity and mortality of HIV/AIDS".

Documentation

Two manuscripts based on work completed in 2012 were published in peer reviewed journals. One of the manuscripts is entitled "The Madikwe Forum: a comprehensive partnership for supporting governance of Botswana's HIV and AIDS response"; and was published in the African Journal on AIDS Research (AJAR) volume 11 (1) 2012. The paper is available at the following link: <http://www.ajol.info/index.php/ajar/issue/view/8923>. The other published manuscript is entitled "Sexual and Reproductive Health needs of HIV positive women in Botswana - a study of Health care Workers views". The manuscript is based on the Bomme Study, which sought to generate a better understanding about how HIV-positive women make decisions about their reproductive lives, as well as the complex web of structural and psychosocial factors that shape their attitudes towards reproduction, motherhood and their interactions with the health system. It is published in the "AIDS CARE" journal and is available at the following link: <http://www.tandfonline.com/doi/abs/10.1080/09540121.2012.672814> .

ACHAP also produced and presented three abstracts at the International AIDS Society Conference, which took place in Washington DC, in July 2012. The titles of the abstracts are as follows;

- Reasons for not getting circumcised and willingness to get circumcised
- High misconceptions on TB transmission facts among communities in Botswana, a potential threat to the success of TB prevention efforts.
- Nine year outcomes from the Botswana National HIV/AIDS Treatment Program: 2002-2010
During the year under review, ACHAP compiled and printed the ACHAP abstract booklet. The booklet includes all the abstracts on HIV/AIDS response programmes that received either financial or technical support from ACHAP since ACHAP formation up to the end of 2012. The reference document summarizes key lessons that have been generated from ACHAP supported projects and programmes, for the benefit of informing the planning and implementation of HIV/AIDS programmes in other countries. The abstract booklet also provides local stakeholders with a summary of lessons that were presented at conferences outside Botswana.

Furthermore, ACHAP also designed and printed a booklet entitled “A PUBLIC-PRIVATE PARTNERSHIP ARV TREATMENT MODEL; The case of ACHAP’s support to Botswana’s National ARV Treatment programme”, that was developed during 2011. The paper details the achievements and lessons learnt from the support that ACHAP provided to the Botswana ARV Treatment programme, for the period between 2001 and 2010.

In 2012 two papers were produced, based on findings from the TB KAP study that was conducted with the Ministry of Health in 2011, with financial and technical support from ACHAP. The titles of the papers are:

- Positive community regard for TB patients among communities in Botswana: an opportunity for improving the National TB Programme outcomes
- Knowledge of TB among communities in Botswana

Plans are currently underway to submit the above papers for publication in the regional newsletter on HIV/AIDS issues, the SAfAIDS News, during the first quarter of 2012.

A manuscript entitled “Communities’ Response to a Short Term Communication Strategy for Male Circumcision for HIV Prevention in Seven Health Districts of Botswana” was developed. This paper is in draft form and currently awaiting input and feedback from MOH and PSI. The paper is based on the findings from the Analysis of the Evaluation of the SMC Short Term Communication Strategy.

Technical support, in the form of development of indicators as well as the reporting tools for the project, was also provided to a SMS demand creation pilot project to evaluate the use of SMS technology to follow up and remind clients to go for their SMC appointments.

The ACHAP bibliography was expanded by 15 new articles, increasing the cumulative number of ACHAP articles to 256 at the end of December 2012. The ACHAP bibliography is a compilation of captions of articles produced on and from ACHAP supported programmes. It is available on the ACHAP website www.achap.org.

Towards the end of 2012, work was initiated to document the different contractual methods that ACHAP has tried and tested with both organizations and individuals to raise demand for the SMC services across its four operational areas. By the end of the current reporting period, the paper was still in draft form, pending finalization during the first quarter of the year 2013

M & E support to ministry of health

During the first quarter of 2012, ACHAP provided both financial and technical assistance to the national SMC program to conduct a workshop for the district SMC focal personnel and M&E officers, to familiarize them on the revised SMC M&E tools. Support was also provided to the Ministry of Health to finalize the development and printing of the SMC National M&E plan. ACHAP supported MOH to conduct SMC data audits. ACHAP supported the national SMC programme by providing computers for an electronic registry system.

ACHAP also continued to serve in the following monitoring and evaluation related Technical Working Groups (TWG) for the Ministry of Health:

- TWG for harmonizing the M&E systems for different MOH programs under the Department of Planning and M&E
- TWG for developing the M&E blue print for the newly formed M&E Division within the Ministry
- TWG for SMC data quality audits. The objective of this TWG was to check and verify the quality of SMC data generated from facilities, with the ultimate goal of improving the quality of data for improved planning and implementation of the programme.
- TWG for standardizing key indicators as well as finalizing the TB ACSM strategy for the national TB programme.
- TWG for developing the 2012 -2017 strategic plan for the national TB programme

Support was given to the Ministry of Health during the year 2012 for design and printing of the following products:

- The Models of Care Report
- The Cost and Impact of ART Guideline changes and HIV prevention efforts in Botswana: Implications for financial sustainability
- Abstract entitled “Initial smear examination as a predictor of treatment outcome in Botswana.

An analysis of routine TB surveillance data”, presented at the 43rd Union World Conference on Lung Health in Kuala Lumpur, Malaysia, which took place from the 13th to the 17th of November 2012.

The above documents can be found on the ACHAP website www.achap.org

COMMUNICATIONS AND ADVOCACY

Stakeholder engagement and ACHAP visibility

ACHAP Parliamentary briefing

When the National SMC programme was introduced in 2009 one of the key objectives of the Short Term Communications Strategy was to facilitate buy - in at Political level. One of the vehicles used to achieve this was a collaborative effort in empowering the then Parliamentary Select Committee on HIV/AIDS, now the Parliamentary HIV/AIDS and Health Portfolio Committee, on SMC. The Parliamentary Select Committee was supported in undertaking a national road show in 2009 to sensitize communities about the upcoming SMC National Programme.

In recognizing the important and continued advocacy role that Members of Parliament could play in support of SMC National Programme, ACHAP in collaboration with CDC facilitated a Members of Parliamentary Briefing to two MP Portfolio Committees namely the HIV/AIDS Committee and the Local Governance & Social Welfare Committee.

The event, which was held on 23 February 2012, was aimed at sensitizing the Members of Parliament on the status of the National SMC Programme; highlighting Botswana's performance against that of the other 15 African countries participating in Safe Male Circumcision. The Public Health benefit of the national SMC programme was reiterated and an update provided on the challenges of the current national performance in SMC. The MPs encouraged the use of traditional and community structures in their demand creation initiatives.



Parliamentary Briefing

The event also provided an opportunity to brief the Members of Parliament on the Development Partners support to the TB/HIV AIDS National Programme and initiatives. The MPs commended efforts made to date and requested that they be empowered with information regarding the TB/HIV AIDS initiatives so that they can support increased uptake of the services provided among their communities.

Botswana Satellite Symposium - 2012 XIX Biennial International AIDS Conference.

The XIX Biennial International AIDS Conference was held from 22 - 27 July in Washington DC under the theme “Turning the Tide together”. During this conference, ACHAP facilitated the Botswana Satellite Symposium. The Symposium was held on the 23 July 2012 with the title “Partners in Innovation - Informing Botswana's HIV / AIDS Response”

The Satellite Symposium provided an opportunity to display how the different types of partnerships, including the Public Private Development Partnership (PPP) framework, which the African Comprehensive HIV/AIDS Partnerships (ACHAP) works within, have collectively enabled important contributions and progress to be made in Botswana's HIV/AIDS efforts. ACHAP's facilitation of the symposium and attendance at the conference provided an opportunity for the organisation to acknowledge the significant contribution that the Gates and Merck Foundations have made to Botswana through ACHAP.



The Symposium was co chaired by the ACHAP Chairperson Joy Phumaphi and the NACA National Coordinator Mr Richard Matlhare. The Managing Director Dr Themba Moeti gave a presentation on Partners in Innovation; Informing the Botswana's HIV/AIDS Response : Successes and Lessons Learned by the ACHAP Public Private Development Partnership (PPP). Dr Mansour Farahani; Harvard AIDS Institute Research Director gave a presentation on Nine Year Outcomes from the Botswana National HIV/AIDS Treatment Program: 2002-2010: Evidence of success and challenges for programme expansion. Mr Peter Stegman; Senior Economist Futures Institute and Managing Director of the Future's Institute Southern Africa office based in Gaborone, Botswana gave a presentation on modelling the scale up of access to effective treatment and prevention interventions in Botswana: Potential impacts on programme sustainability. Mr Conrad Ntsuape; Ministry of Health Safe Male Circumcision (SMC) National Coordinator and Mr Lesego Busang; ACHAP Research, Monitoring and Evaluation Specialist, jointly gave a presentation on the public views and perceptions on Safe Male Circumcision (SMC): communication challenges and opportunities to inform programme scale up; Evaluation of the Botswana SMC interim communication strategy.

Insights were gathered on how the many challenges that still face the HIV/AIDS response are being considered with respect to scaling up prevention interventions; SMC demand creation and use of devices; treatment and treatment optimisation; sustainability including cost effectiveness and how this is a defining moment for our response with regards to the choices that need to be made going forward particularly for Botswana in order to achieve the country's 2016 Vision of an AIDS free generation.



ACHAP Supported Satellite Symposium

House of chiefs briefing

In recognizing the important role and mandate of the House of Chiefs at both central and local level in supporting National HIV/AIDS initiatives, ACHAP participated in a House of Chiefs Briefing on the 24 October 2012. The purpose of the briefing was to sensitise Members of the House of Chiefs' on ACHAP's Partnership with the Government of Botswana in support of the national response to HIV/AIDS, with an emphasis on SMC and to solicit their support in SMC Demand Creation initiatives.

The presentation was facilitated by Dr Moeti. His presentation to the House of Chiefs covered the following Areas:

- Background on SMC
- The participating Sub Saharan Countries in SMC
- The National SMC milestones to date
- Implications for Botswana and potential milestones
- Achievements to date
- The role of Traditional Leadership in SMC demand creation

The presentation was followed by very engaging dialogue through comments and questions, which in summary demonstrated the House of Chiefs interest and willingness to support SMC.



House of Chiefs Briefing

Private sector thought leadership circuit on innovative Financing for HIV/AIDS

ACHAP in collaboration with Barclays Bank Botswana hosted a Thought Leadership Circuit on Innovative Financing for HIV/AIDS on Wednesday 24th October 2012. The circuit included participation from the Government, Private Sector, Development Partners and Civil Society. The purpose of the Circuit was to discuss and identify possible opportunities for innovative financing mechanisms to complement traditional aid and to bridge the financing gaps in support of sustaining the national HIV / AIDS prevention and treatment services and programmes. The Thought Leadership Circuit was facilitated by Dr Keith Jefferis, a renowned economist from E-Consult. Dr Jefferis has over the years been involved in several streams of work in the area of Financing for HIV/AIDS in Botswana.

Dr Themba Moeti indicated that this initiative is the outcome of the Thought Leadership Forum Launched in October 2011 through a partnership between ACHAP, Global Health Business Council (GBC) and Barclays Bank Botswana which had a broader theme that looked at promoting effective HIV Prevention and Treatment Programmes and services with a particular emphasis on addressing the structural drivers of the epidemic; and at increasing Health and HIV financing through more harmonized funding practices. He indicated that the circuit was intended to ensure more localised and appropriate levels of input specifically looking at financing of HIV/AIDS programmes without discounting the importance of the broader Health Financing agenda.

Some of the insights shared at the event included broad approaches to securing additional financial resources for HIV/AIDS financing such as increased allocation from general government funds; raising revenues from dedicated sources such as levies and taxes; Increased contribution from private sector (firms, individuals) with key consideration of providing the private sector with incentives to participate innovative financing for Health programmes.

The Barclays Bank Interim Managing Director Mr Aupa Monaytsi indicated that at Barclays they embrace the responsibility of leadership which brings with it the need to be a 'force for good' hence they are committed to continuing this journey that was launched last year October. He said "We view ourselves as active partners in the development of Botswana and wish to contribute to the attainment of our National Development Goals, Vision 2016 as well as the Millennium Development Goals which we subscribe to as a nation". He encouraged participants to join hands as partners in developing effective and efficient Health Programmes that work for Botswana so that we ensure a sustainable source of financing to meet the needs of our most vulnerable and affected population.

Participants at the thought leadership circuit



Dr Jefferis of E-Consult



PS-Health Dr Malefho



Health Hub Coordinator - Mr Tlogelang (l)

NACA private sector initiative

ACHAP has participated in the development of the NACA private sector initiative on three levels. Firstly, the organisation participated in the development and finalisation of the NACA Resource Mobilisation strategy. The strategy was developed in recognition of the fact that while the private Sector has been part of the national response from the very first national strategic framework of HIV and AIDS; the national response has evolved over time due to a change from emergency mode to a much more sustainable approach requiring the need to elevate the private sector participation from an operational and programmatic level of workplace programmes, to that of a strategic partner in the planning, mobilisation of resources, development and oversight of the national response. Secondly, ACHAP sponsored the NACA luncheon at the National BOCCIM convention that was held in September 2012 in Francistown, where NACA launched their Resource Mobilisation Strategy. The BOCCIM Convention was officiated by his Excellency the President of Botswana Lt General Seretse Khama Ian Khama while the NACA luncheon was officiated by the Assistant Minister in the Office of the President Dr Gloria Somolekae. Lastly ACHAP through the Managing Director Dr Themba Moeti anchored a Private Sector CEO breakfast meeting on 22 November whose theme was “Strengthening Private Sector Engagement in HIV/AIDS” The NACA CEO breakfast meeting was officially opened by the Assistant Minister in the Office of the President Dr Gloria Somolekae and closed by the BOCCIM CEO Designate Ms Zoe Isaacs.



Organising Committee for NACA Private Sector initiative

Support to SMC

Operational Areas health pitso's

ACHAP, in collaboration with BHP, supported the implementation of the Health Pitso's that were held in the Molepolole Operational area in the Kgatleng District at sub ward levels. The purpose of the Pitso's was to get the support of the traditional leadership at all levels to actively encourage their tribesmen to take up SMC even outside the cultural Bogwera season for male initiation schools which marks the passage from boyhood to manhood and is inclusive of the circumcision. The Health ward Pitso's began with an initial SMC sensitisation Pitso for Dikgosi of Kgatleng on the 24th April, 2012. Of the 12 planned ward Health Pitso's during the months of June and July 2012, ACHAP participated in the Mabodisa ward Pitso on the 07 June 2012, where the Managing Director Dr Moeti

gave a presentation on SMC and ACHAP's support in this regard. Dr Malone of BHP, Mochudi, gave a presentation on the importance of regularly testing for HIV and knowing ones status in the prevention of new HIV infections.

SMC Mobilisers Gap Analysis

With the Demand Creation mobilisers having been placed on performance based contracts; a mobilisers Gap analysis was performed that would among other things identify the strengths that the mobilisers could leverage to improve their performance and identify areas of weakness in which they could be provided supported. Threats and Opportunities were also identified which assisted in formulating the way forward.

Although the emphasis of the gap analysis was primarily to establish the knowledge and skills gaps of the mobilisers, post initial orientation training; other challenges were cited by the mobilisers as barriers to demand creation. The groups of mobilisers interviewed on their demand creation efforts were in the following areas: - Kgatleng, Thamaga and Gaborone.

A synopsis of the key Strengths, Weaknesses, Opportunities and Threats (SWOT) identified in the gap analysis across the demand creation mobilisers will be used to inform how ACHAP can strengthen and support the demand creation mobilisers in their work.

Some of the recommendations that came of the SMC Mobilisers Gap analysis include:

- Development of an information Checklist for Mobilisers to use in engaging clients.
- The checklist will provide all key messages that a Mobilisers should have communicated to the client during the IPC interaction, this in line with their training curriculum.
- The checklist will help the Mobiliser to differentiate the depth of information to share with the client based on status of client knowledge on SMC and when to refer the client for expert knowledge depending on the level of detail required.
- The checklist may also be used to by the Mobiliser to assess themselves post encounter with client
- The need for mechanism to reinforce messages on benefits of SMC - suggestion is the SMS platform
- The need for key message - 'cheat sheets' for Mobilisers to reference further information on SMC - commonly asked questions and responses
- The need to orientate mobilisers on differentiating between the different types of audiences (early adopters vs. laggards vs. late adopters) and build their confidence in articulating SMC information (Mobilisers noted it as building negotiation skills)

Roll out of the SMC SMS pilot project

Demand creation is a critical component of the SMC implementation model. Currently demand creation is driven by community mobilisers through intensified client outreach activities such as one-on-one and door-to-door Inter-Personal Communication (IPC) channels and using community consultative platforms. However in reaching set targets, mobilisers often encounter challenges, more especially in client follow-up; both in regards to uptake of services and follow-up post SMC operation.

In an effort to support the demand creation and client follow-up needs, a pilot of an SMS platform has been launched.

The scope of the model was:

One-dimensional SMS platform: mobile operator will send blast bulk smses to clients daily, providing the latest information on SMC as information tid-bits.

Two-dimensional SMS platform: mobile operator will send blast bulk smses to clients daily. However in this case there will be an allowance for a two-way interaction with a social worker on hand to respond to the questions and queries received and provide individualized responses or counselling sessions, if applicable.

The platform was operated by ACHAP, in supporting the daily activities of the Mobilisers in driving demand creation through reinforced text messaging and information sharing with clients who have consented/requested supplemental information on SMC.

The Pilot project, which was a month long, was carried out during November 2012. A report of the pilot has been finalised and will be shared with the MoH and Development partners interested in this intervention to determine how it can best assist Mobilisers in their Demand Creation efforts moving forward.

Facilitation of governance structure initiatives

Following a decision by the Funders in 2011 to undertake a joint visit to ACHAP with the primary purpose of getting an onsite overview of the overall implementation of the National SMC programme the ACHAP Board Chairperson hosted a Funders visit from 05 - 09 February 2012. In addition to the National SMC Programme the funders visit was also intended to discuss in detail the overall ACHAP Phase II programme moving forward.

Funders visit



The Funders visit carried in early February 2012, provided the Funder Representatives, Dr David Allen and Ms Lesley Hardy the opportunity to see firsthand OA demand creation initiatives and outreach campaigns. This involved travel to Sekgoma Memorial Hospital in Serowe which is a static SMC site supported by the Palapye Operational Area; and travel to Sefhare village, one of the areas where the Palapye Operational Area facilitates outreach campaigns. They were also afforded the opportunity to visit one of the initiatives that ACHAP was involved with through BORNUS namely the TB/HIV Community Care Nkoyaphiri Clinic in Gaborone.

A courtesy call to the Minister of Health and the Minister of Public and Presidential Affairs in the Office of the President were also facilitated. The visit culminated in a roundtable discussion with Development Partners around the areas of SMC implementation, key challenges and how to best overcome these.



GRANTS MANAGEMENT

The Grants Management Department continues to work closely with internal departments, donors and sub-awardees to support ACHAP's programmatic activities. Grants Management responsibilities include:

- Assessing sub awardees' capacity
- Developing sub award contract documents
- Monitoring performance and payment release for sub awards
- Supporting purchasing and forecasting for drug donation management
- Supporting business development activities through development of internal annual and project budgets and participating in proposal development
- Coordinating the development of reports to funders
- Advising programme staff on difficult contractual and programmatic issues

The goal of the department is to build staff and partner capacity to manage projects in a manner that promotes improved performance and mitigates financial and reputational risks.

Major Achievement in 2012 included:

- Migration of SMC contracts to a pay per circumcision system;
 - Launch of a mobile platform for payment of independent mobilizers;
 - Use of sub-award dashboards to assess cost effectiveness of projects and determine payment release;
 - Participation in Drug Forecasting and Private Sector Support technical working groups.
- In 2013 the Grants Management Department will focus on:
- Building capacity for select partner organizations in support of ACHAP goals;
 - Systematically reducing payment release and project initiation delays
 - Continued support in the development of innovative and cost effective payment methods

The Grants Management team has also created an intern position, which will assist in ensuring timely responses to our internal and external partners.

INFORMATION TECHNOLOGY

In addition to providing desktop and network support that assist ACHAP staff in fulfilling their many responsibilities; IT plays a critical role of technical support for ACHAP Programmatic objectives.

In 2012 this support has included:

- Advice and training for sub-award organizations in purchasing and maintaining IT equipment
- Review and advice on vendor selection in technical projects
- Support in managing IT related consultancies for database development and maintenance.

In 2013 IT's major activities will include:

- Providing technical advice and support on programme and organisational activities including the website revamp, independent mobiliser monitoring database and sub award technical assistance
- Supporting improved personnel performance by building technical capacity among staff
- Finalizing the move to SharePoint for document management and internal communication

PEOPLE & GROWTH

Major Training Initiatives

Executive management development program

In November 2011 ACHAP embarked on an Executive Management Development Program. The overall aim of the program was to equip senior management with business management skills, soft skills and coaching.

The program also covered critical operational skills and competencies such as emotional intelligence, communications, project management, and financial management; and has been very successful and highly appreciated by the attendants. Interestingly the attendants' regard for the program was far above expectations, evidenced by good participation despite many competing priorities. Attendees attested to the practicality and value adding nature of the program. Of particular interest is the breakthrough that the facilitators made in building interpersonal relations amongst the management team, the absence of which has been a key constraining factor in organizational effectiveness.

Supervisory development program

Supervisors fulfil an essential role in the way ACHAP performs. Unlike senior managers, who may adopt a more strategic approach, supervisors need to have a detailed, 'hands-on' understanding of the complexities of the work their team is undertaking. They also need to be skilled in leading their teams and motivating them to deliver at the highest levels of effectiveness. Therefore, following the successful implementation of the Executive Management Development Program, the organization implemented the second phase of the Management Development Program for Senior Program Officers, Program Officers and Technical Officers TB/HIV Care in order to provide them with skills that will enable them to lead their teams and motivate them to deliver at the highest levels of effectiveness.

The rationale behind including the Program Officers and Technical Officers TB/HIV Care in the training was to build an ecosystem of skills for sustainability and succession planning.

STAR performer awards

Every year the organization recognises team members that are believed to have made the greatest contributions and gone the extra mile towards the achievement of the organizational goals. These are our STAR Performers.

All teams participate in the exercise by nominating a member of their team to be considered for the STAR Performer Award through a secret ballot. Nominations are based on a set criterion strictly by the team rather than by managers or supervisors. The Human Resources Department validate the nominations using the Performance Management System, the winner must also have been rated at “meets or exceeds expectations” on the two most recent performance appraisals. Our STAR performers for 2012 are:

Ms Elizabeth Moshi	-	Senior Programs Officer, Palapye Operational Area
Mr Boniface Masole	-	Programs Officer, Molepolole Operational Area
Ms Minkie Bokole	-	Programs Officer, Gaborone Operational Area
Mr Bushe Butale	-	Systems and Network Administrator
Ms. Nonofa Pilane	-	Grants Management Officer
Mr Moreetsi Monareng	-	Driver Messenger
Mr Lesego Busang	-	Research , Monitoring & Evaluation Specialist
Ms Shungu Phillips-Malikongwa	-	Director Communications and Advocacy
Ms Mmama Mhlanga-Fichani	-	Human Resources Manager
Ms Francinah Serumola	-	Finance Manager
Mr Benjamin Binagwa	-	Prevention Manager

ACHAP 2011 FINANCIAL REPORT

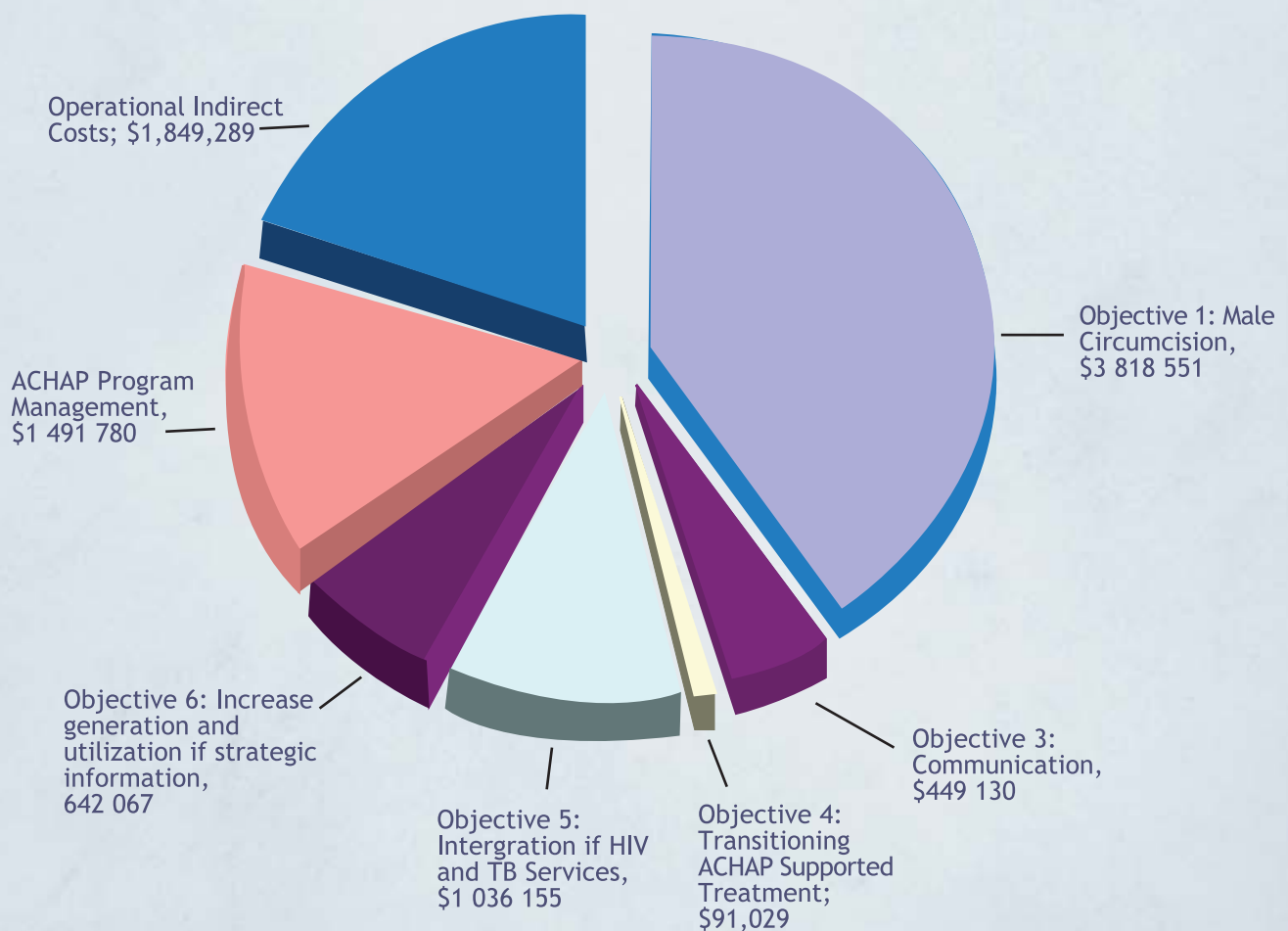
Financial Commitments at 31 December 2012

The Bill and Melinda Gates Foundation grant completed in September 2012, with total funding of US \$15.0 million provided to ACHAP programs in Phase II. The Merck Company Foundation grant of US\$30 million continues until 31st December 2014.

Phase II grant utilization started on the 1st January 2010. ACHAP funds are used to support the development and implementation of strategic HIV/AIDS initiatives through the provision of human resources, technical support, procurement of supplies and financial resources to fund deserving projects in Government and Civil Society. Programs supported by the Organisation are funded in line with the ACHAP's six Strategic Focus Areas at national and operational area levels.

Year 2012 expenditure:

In 2012, ACHAP disbursed a total of US \$9,378,000, allocated to the strategic focus areas and management costs as indicated in the chart below.



The 2012 expenditure of US \$9,378,000 compared to US \$10,859,355 in year 2011. The table below depicts cumulative expenditure as at 31st December 2012:

Details	Revised five year Budget	Year 2010 Actual	Year 2011 Actual	Year 2012 Actual	Program to Date Expense	Available Funds
Total Program Costs	\$ 36,421,217	\$ 4,978,102	\$ 8,480,876	\$ 7,528,711	\$ 20,987,689	\$ 15,433,528
Indirect Cost (net of other funding)	\$ 5,134,199	\$ 2,145,335	\$ 2,275,746	\$ 1,349,335	\$ 3,319,805	\$ 1,814,394
Total Grants/Expenditure	\$ 41,555,416	\$ 7,123,437	\$ 9,569,741	\$7,614,316	\$ 24,307,494	\$ 17,247,922

Total programs costs for year 2012 were \$7,528,711, a reduction of 12% compared the previous year.

Programs expenditure on Safe Male Circumcision supported personnel, procurement of SMC kits, forceps, Information Education Communication (IEC) materials and SMC demand creation activities. SMCs numbers performed for the year were 25,505 compared 12,861, which is an increase of 98%. A number of interventions were made in order to increase awareness and performance-based contracting with mobilizers improved results in community mobilization.

Demand creation activities were mainly taking place at the Operational areas. The independent ACHAP Operational area offices supported district interventions for agreed activities. This approach worked well with oversight from the Head Office Programs team who approved all major transactions. Grants unit ensured support was extended to planned activities and Finance reviewed transactions and provided adequate financial management capacity to the team.

Botswana Retired Nurses Society (BORNUS) was sub-contracted to implement and manage the DOTS strategy whose objectives is to increase enrolment of TB patients, increase treatment rates and ensure increased ART uptake by TB patients and the partnership came to an end during the year under review. Overall, budget utilization for year 2012 was in line with expectation.

Medicine donation

In addition to providing financial support to ACHAP, Merck & Co., Inc. will continue donating HIV medicines Stocrin™, Crixivan™, Atripla and Isentress free of charge to the Government of Botswana to the end of the current phase ending 31st December 2014. Merck medicine donation will be scaled down gradually to the end of December 2014 as Government puts in place a transition plan to assist in scaling up their contribution. The drugs are procured through ACHAP and are stored and distributed by the Government Central Medical Stores. The value of the medicines donation for the year ended 31st December 2012 was approximately US\$ 25,053,211. Cumulative cost of medicines donated in Phase I was approximately US\$66.9 million.

SESIGO PROJECT

Partnerships

The International Federation of Library Associations (IFLA) sponsored a two-year programme called Building Strong Library Associations (BSLA) beginning November 2010. The Sesigo project had partnered with Botswana Library Association (BLA) to coordinate this programme for a period of two years until October 2012. The final review meetings for this programme were held over three days in the first week of May to inter alia, conduct focused group discussions with stakeholders which would contribute towards documentation of evidence of impact of the BSLA programme, progress briefing to stakeholders, planning for sustainability beyond BSLA and the project closure meetings. The programme has come to an end with the Botswana Library Association expected to sustain and contribute towards the development of the library profession in the country.

Impact assessment

With the project coming to an end in June 2013, impact assessment activities focussed on conducting the final impact assessment study and planning for sustainability of impact assessment by the Botswana National Library Service (BNLS). The following represents the various activities carried out to aid impact assessment of Sesigo project.

- Dissemination of the second annual impact assessment results - The study was conducted between July and December 2011 to determine the impact the project made two years into implementation. The dissemination workshop was held in March 2012 with key stakeholders in the library fraternity participating.
- Conducting the final impact study - Preparations for conducting the final impact study which would comprehensively determine the impact of Sesigo project during four years of implementation was kick-started with the recruitment of the study consultant in August 2012. This was followed by a pre-stakeholder workshop in October 2012 whose main purpose was to help with scoping the final impact assessment study. As was the case with the baseline study conducted in 2009, the final impact study will not only look at public access to technology in public libraries but also in other public access venues such as Kitsong centres, commercial internet cafes and others. The fieldwork for the study started in early November and was expected to last until the second week of December 2012.
- Capacity building for the BNLS - As part of the sustainability efforts, a series of five research, monitoring and evaluation training workshops are being conducted for 10 BNLS staff including four members of the public libraries division, librarians (4), one regional librarian and the BNLS performance improvement coordinator. The first workshop was conducted in October 2012 and the remaining workshops will be held between January and June 2013.

Advocacy and communications

The year 2012 marked the completion of the marketing campaign that commenced at the end of 2011. The 2012 campaign activities included among others, media interviews with various radio stations and the local television station. The project participated in an hour long television programme where a discussion on Botswana's public libraries and their quest to transform Botswana into an information society was held. The programme involved BNLS senior management, project team, librarians from head office and outstations as well as library users who shared their testimonies on how libraries benefit them and not forgetting volunteers and key partners (Botswana Library Association (BLA), Department of Out of School Education and Training (DOSET) who shared how

they were involved in the library as partners and who encouraged others to join. The programme was broadcast at the end of May 2012. The television advert was flighted between the months of June and July on the national television station marking the end of the campaign.

Advocacy efforts at a national level

As the latter part of 2012 involved the transition phase of the project, a review of stakeholders was done in a bid to engage stakeholders necessary to see BNLS through to the sustenance phase, where now the project will be a programme or part of the BNLS service line.

- a) A transition phase workshop was held for the project team where a plan was mutually drawn and agreed upon with the BNLS and the Director taking full ownership over it. Key to the transition plan was the BNLS counterparts taking the lead role in project responsibilities and the BNLS recurrent budget now entailing projects activities including computer maintenance and replacements elements.
- b) A review of the stakeholder or partner list was done in order to engage those that were deemed necessary for the project's sustenance. Four such key stakeholders were engaged and they include; 1) Librarians from a few representative libraries were engaged with the help of Gates Foundation consultants. The exercise was to assist in a strategic retrospective exercise that narrated the positive changes that Sesigo had brought. The team met with various groups including the Library Station Heads, library staff as well as various community members and village development committee members. The exercise resulted in a document that libraries can use to advocate for the support of their libraries with various bodies. 2) The University School of libraries-Department of Library and Information Studies. The standing agreement was reviewed with the School to broaden scope and have it owned by the National library and signed by the BNLS and Permanent Secretary at the Ministry of Youth, Sports and Culture who will ensure its adhered to. Amongst other things that were done, a review of key expectations and/or activities of the agreement was done and that included mutual training and mentoring of library staff, that was successfully carried out by Sesigo team and DLIS. 3) The Department of Technology was also engaged in a bid to resolve the issue or challenge of internet connectivity as well as think ahead of other areas that have libraries but currently not covered by the project. 4) The project patron being the Minister of Youth Sport and Culture was also engaged with the Gates Foundation representatives to discuss any challenges as well as emphasise the need for continued support by the ministry especially financial support to the BNLS.

Advocacy at a local level

We continued to see various village development committees coming through for their libraries and committing their resources for the availability of public access in their communities. Many such continued to offer bigger and better facilities and contributed to the maintenance and expansion of such facilities to enable provision of public access. This was through advocacy efforts of the Reading Room Attendants as well as librarians.

Launches

Two of the newly built branch libraries were officially opened by Botswana National Library Service. The opening also marked the official launch of Sesigo project at the two, Tonota and Ramotswa libraries. The Tonota library was amongst other building projects that were officially opened by His Excellency, the President of the Republic of Botswana.

Advocacy training

The advocacy team embarked on a rigorous advocacy training programme for all library staff including VRR's. This training followed the heads of library station training which was done end of 2011. The all staff training was held from August -September with the last one in November 2012. The training was held in five library regions namely Gaborone, Jwaneng, Maun, Francistown and Palapye for branch and community library staff and in four regions for VRR staff namely Gaborone, Jwaneng, Palapye as well as Maun.

Objectives of the all staff training included the following:

- To introduce the concept of advocacy as well as emphasise its importance and the need to put it into practice by all library staff.
- Ensure support of HoS 'advocacy efforts by colleagues. The Heads of Stations are expected to implement their advocacy work plans and would need support and participation of their colleagues hence the need for training the entire staff.
- Ensure continuity even in the midst of transfers and other work impediments
- Do away with the lack of communication or transfer of knowledge to other staff members by HoS

The training covered introductory topics such as what is advocacy and related concepts, target audience identification processes, partnership development and sustenance, using library perception information, creating and telling library stories as well as effective presentation skills. Participants expressed gratitude over the training and showed a lot of interest. One staff member (gardener) from Kopong produced a story (comic book) that is meant to sell his library immediately after the training.

Advocacy training of trainers course

The seven selected trainers from the BNLS have commenced their training of trainers' course with BAISAGO University College for a full year (August 2012-August 2013) in partial fulfilment of the BOTA accreditation process. They have been registered with BOTA as provisional trainers. They have also started their training practice as they conducted the all staff training with the support of the Lead training team. This far, a total of 88 staff members have been trained on advocacy.

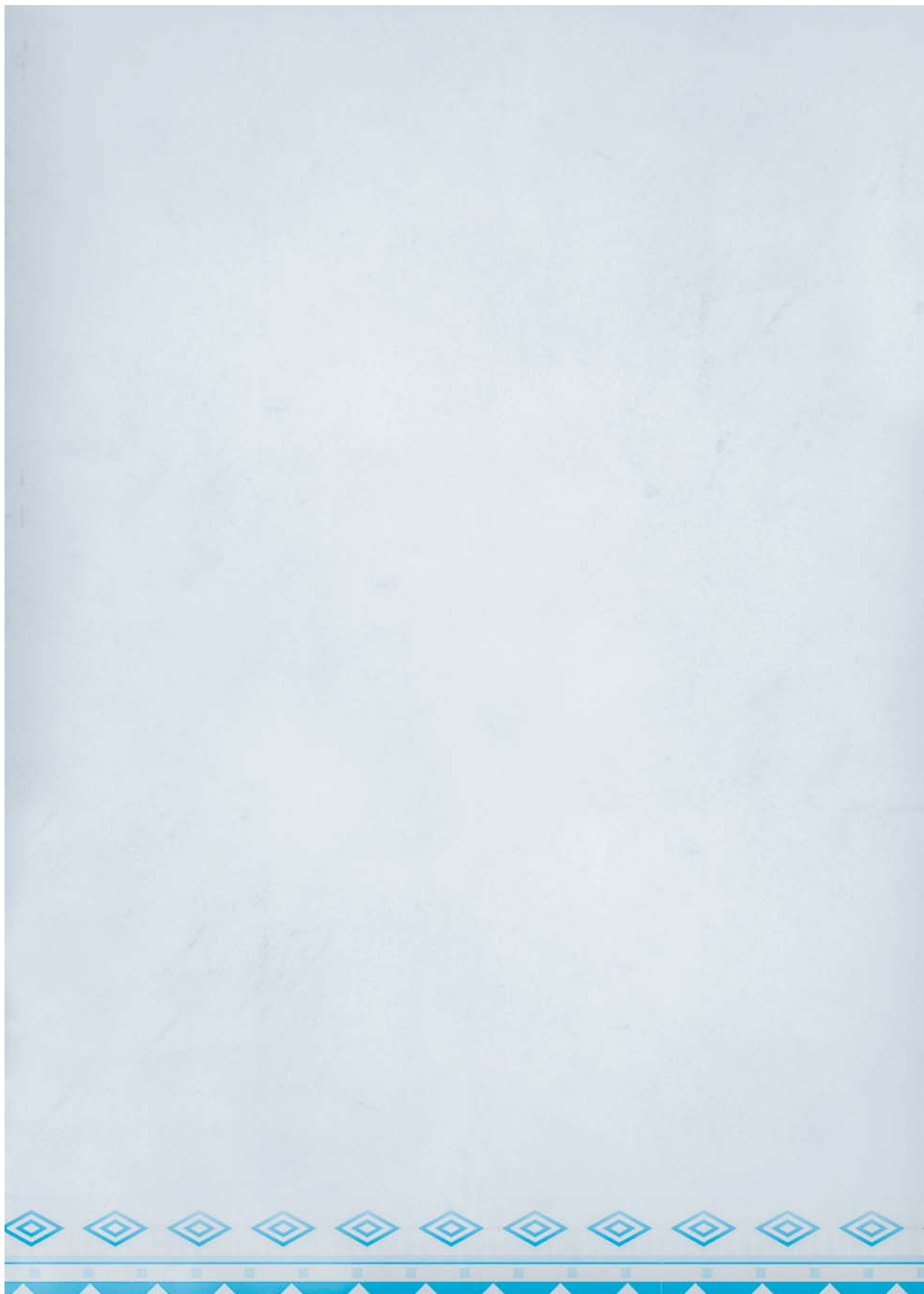
ICT Training

ICT training continues well at the libraries, both for staff and the public, 125 members of staff have been trained on introduction to computers during the year 2012, making the total number of staff trained to be 430 at the end of 2012.

Since the inception of International Computer Driving License(ICDL) training in July 2012, a total of 18 library staff members have passed the course. Among those who passed a good percentage was from the non-professionals, being 3 cleaners, 3 clerks, 3 library attendants, a gatekeeper and the library intern. The professionals who passed are 6 Senior library officers and one public library officer. The main aim of the ICT training was to transfer knowledge as opposed to professional certification.

Sesigo's immediate future

Sesigo project has been extended for a period of nine (9) months, ending March 31st 2014, through a no-cost-extension contract from the Bill & Melinda Gates Foundation. During this period, the focus will be on managing pilot projects at 10 libraries that will be funded by the project to try out some innovative services at public libraries from February to December 2013.





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