



Contents

- 02.** Chairperson's Foreword
- 03.** Chief Executive Officer's Remarks
- 04.** Board of Directors
- 05.** Management Team
- 06.** About Us
- 06.** Our Programs
- 11.** The Year in Numbers
- 12.** Our Growing Footprint
- 13.** Our People
- 14.** Our Partners
- 15.** Our Financials



ACHAP's growth into the brave new world was guided by the commitment to implement our ambitious strategy to grow our footprint in Africa and expand our population health service offerings.

We have learnt, through years of experience that real change in the health arena is dependent on creating and nurturing strong partnerships and collaborations. We have hence moved swiftly to initiate and nurture Public Private Partnerships across the region. This swift movement has been rewarded with the signing of Memoranda of Understanding with the Kingdom of Swaziland and the Kingdom of Lesotho. These agreements are an addition to existing agreements with the government of Botswana. It is expected that these partnerships will provide sustainable health interventions across the region through our Public Private Community Partnerships model.

Our challenges for the coming year are two-fold; firstly, to sustain areas of good performance and secondly to work hard to meet the targets set by our several partners that include Centers for Disease Control and Prevention (CDC), Wits Health Consortium and the Global Fund.

The Board is committed to support the management in expanding the services and in increasing ACHAP's footprint throughout the region. We are also committed to keep the management motivated so as to maintain high levels of performance

I look forward to 2017 with great confidence and wish to thank all our stakeholders for the support they have accorded us over the past decade and a half. I wish to encourage our Board of Directors, our employees, current and future clients and all other partners for their continued commitment and support in the years ahead.

Mrs. Joy Phumaphi
ACHAP Board of Directors Chairperson

Chairperson's Foreword

On behalf of the ACHAP Board of Directors, it gives me great pleasure to present the 2016 Annual Report.

The year 2016 has seen a number of significant changes at ACHAP. What has not changed however, is our ability to adapt to an ever changing and challenging competitive environment. We have responded in a manner that reflects our ability and experience. 2016 was a breakthrough year for us as we made major strides by further expanding our operations beyond Botswana and growing our footprint in southern Africa.

ACHAP's growth into the brave new world was guided by the commitment to implement our ambitious strategy to grow our footprint in Africa and expand our population health service offerings. Our bravado was rewarded by the governments and organizations that saw the potential and competence our organization presented in delivering results with impact to their citizens.



CEO's Remarks

This year was a defining year for our organization. The year saw us advance our vision of becoming a significant player in the health sector on the African continent with a particular focus in SADC region. This vision and expansion became a reality through the strategic guidance of our Board which continues to look forward with optimism to numerous opportunities that await us on the road ahead.

Through a robust plan to implement our strategy, we were rewarded by becoming the first Private Sector Principal Recipient of the Global Fund in Botswana. Hard work earned us another grant, with the Wits Health Consortium, over and above some consultancies delivered during the year. The year was challenging due to the demanding targets set by our funders as well as the need to continue delivering high quality services to our clients which remains our number one priority. Thus, these stretched our available financial and human resources maximally even as we simultaneously focused on growing the business of the organization using the new business model.

This past year saw us investing heavily on improving the quality of our service delivery as well as expanding our programmatic and geographic footprint. We invested heavily on workforce identification and recruitment as well

Through a robust plan to implement our strategy, we were rewarded by becoming the first Private Sector Principal Recipient of the Global Fund in Botswana.

as use of consultants in order to meet the demand of implementing in 10 southern African countries for the TB in the Mining Sector in Southern Africa project (TIMS).

We also successfully recruited for the Global Fund TB/HIV integrated project in Botswana where we are the designated private sector principal recipient. On this project we engaged four local civil society organizations to serve as sub recipients.

Strengthening and developing a strong and sound organizational culture was another area of focus for the year, even as we continued to refine and implement our strategic plans. We have also identified key organizational initiatives and are re-engineering key processes. In recognition of the value we accord to our people, a significant Human Resource review had to be undertaken to ensure that we can attract the right people as well as to retain them through performance appraisal and development initiatives.

I wish to thank our staff that have stepped up to the challenge by making a significant contribution towards improving the standards of services we provide to our clients at the various health facilities. We continue to build organizational capacity and capability and are now a more capable organization than ever before.

Using our strong foundations, with the competent, experienced staff and the systems in place we are ready to take on the daunting task of reaching out to the entire African continent. Our implementation of sustainable health interventions across the region will surely leave a lasting legacy in communities where we work to enable a healthy Africa.

I wish to thank our stakeholders, partners, clients and staff for the continued support and trusting the Board of Directors to continue to provide strategic guidance to ACHAP as we grow and evolve to meet new and emerging health challenges on our beloved continent.

Dr. Jerome Mafeni
ACHAP Chief Executive Officer



The Board is committed to support the management in expanding the services and in increasing ACHAP's footprint throughout the region.

Board of Directors

Ms. Joy Phumaphi
Chairperson



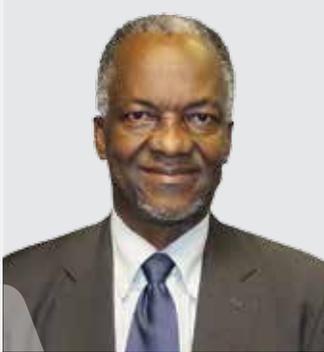
Dr. Jerome Mafeni
Chief Executive Officer



Dr. Edward Maganu
Chairman (ACHAP Botswana)



Prof. Alinah Segobye
Board Member



Dr. Rangarirai Taruvinga
Board Member



Dr. Jeffrey Sturchio
Board Member



Prof. Ric Marlink
Board Member



Mr. Thapelo Tsheole
Board Member



Mr. Mothusi Phometsi
Board Member



Mr. Uyapo Ndadi
Board Member



Dr. Jerome Mafeni
Chief Executive Officer

Strengthening and developing a strong and sound organizational culture was another focus for the year, even as we continued to refine and implement our strategic plans.

Management Team



Dr. Frank Mwangemi
Executive Officer Programs



Mr. Lesego Busang
Director Research, Monitoring & Evaluation



Ms. Virginia Monamoleli
Human Resource & Administration Manager



Ms. Thato Pelaelo
Finance Manager



Ms. Rachael Jackson
Business Liaison Manager



Mr. Blessed Monyatsi
Head of New Projects



Mr. Ivor Williams
Consultancy Unit Manager



Ms. Oarabile Makgabana-Dintwa
Project Manager CDC VMMC



Mr. Kabo Monare
Acting Marketing Advocacy & Communications Manager



Ms. Elizabeth Moshi
Training Manager



Dr. Boga Fidzani
TIMS Project Lead



Ms. Sarah Maleho
Compliance Manager

About Us

ACHAP has provided technical assistance and health-focused capacity building for over 16 years. We are a public-private community development partnership established in 2000. Using a comprehensive approach, we successfully supported HIV and TB prevention, care and treatment for more than 16 years with remarkable results. Our main strengths include flexibility and innovation in program design and implementation, evidence based programming and commitment to culturally relevant approaches.

While ACHAP's initial mandate was focused on HIV prevention, care and treatment, the organization has expanded its' activities across the public/population health space providing technical support, training, capacity building and grant management services through grants, consultancies and training activities in the African Region. Headquartered in Gaborone, Botswana ACHAP is a hybrid organization with a local NGO ACHAP Botswana registered as a limited liability company in accordance with Botswana's legal statutes as well as being a US 501(c) 3 registered organization in the State of Delaware.



Our Programs

The various programmes under the Global Fund, the Centers for Disease Control and Prevention and the Regional Global Fund grant managed by the Wits Health Consortium were delivered through the engagement of communities for both design and implementation. The involvement of the beneficiaries is important for continuous improvement. Below are stories that emerged through our interactions with beneficiaries of our services.

3.1 VOLUNTARY MEDICAL MALE CIRCUMCISION PROGRAM

We received funding from PEPFAR/CDC to provide VMMC services in greater Gaborone and Mahalapye from June 2015 to September 2020. The target for Financial Year 15/16 was 14,600 men.

Innovative ways of mobilizing men

In order for us to meet that annual target, we employed several demand creation initiatives. These initiatives involved engaging females to play a leading role in the processes so as to motivate women to persuade their male partners to take up the services.

Female artist advocating for Voluntary Medical Male Circumcision

Women play a critical role in decision making for male circumcision. In recognition of this we have enlisted the support of women as part of VMMC implementation to advocate for the project as another strategy for improving uptake. Slizer, a Kwasa kwaito star states that "it is very important as a woman to support uptake of male circumcision". Slizer emphasized that she supports circumcision fully.

As a kwaito kwasa star she has ample opportunities while on the road to engage many other artists to encourage men in Botswana to seek Voluntary Medical Male Circumcision (VMMC). Women play a vital role, from encouragement, to post-circumcision support and adherence to sexual abstinence during healing, practicing of safe sex. Slizer emphasized that women are direct beneficiaries of VMMC as circumcised men protect their female partners from exposure to Human Papilloma Virus (HPV) which causes cervical cancer.

According to Slizer, while going around in the VMMC road show encouraging males to get circumcised, one



Slizer and her dancers performing during the VMMC Roadshow

Women play a vital role, from encouragement, to post-circumcision support and adherence to sexual abstinence during healing, to practice of safe sex.

of the things she found out from women, was many prefer having sex with circumcised men, citing the partial protection against HIV and other sexually transmitted infections (STIs). But these benefits will not be completely realised if men and women do not practice safe sex, abstinence, being faithful to one partner, and consistent condom use even after circumcission. She encouraged women to always accompany their partners when they go for VMMC counselling before the procedure so that they can know what is required during the healing period.

Rural Botswana offered VMMC services

Driving along muddy and wet roads for long distances is just part of the Francistown VMMC team's daily routine. The team is comprised of Ofentse Seosenyeng, an Assistant Programme officer who mobilises for Voluntary Medical Male Circumcision (VMMC), along with Nametsagang Moendambele, a female driver and Iponeng Tiro-Kebonye a HIV Testing and VMMC Counsellor. The trio is determined to take the services to the nation even to the hard to reach areas.

In a recent visit to one of their out-reach sites, the team travelled with Communications Officer, Lorraine Modise to

Kutamogore, a small village located in the Central District. Entering the village, one is greeted by scattered mud built huts, untarred wet roads following the recent downpours.

ACHAP has trained community volunteers, mobilisers, health care providers and health officers like Seosenyeng, Moendambele and Tiro-Kebonye to provide HIV testing, counselling services to the entire nation including hard-to-reach vulnerable communities such as those of Kutamogore, a small village with a small clinic. "Before I was trained, I never saw the importance of informing people about Voluntary Medical Male Circumcision and the importance for one to know their HIV status. I'm grateful to ACHAP for teaching me how to carry out HIV testing and counselling services in communities," noted Tiro-Kebonye. The team has provided services to a lot of men and are motivated to do more. They test clients and provide VMMC. HIV positive clients are allowed to take up the service if they so wish and are healthy enough.

Seosenyeng is happy with his hard work, loves his job and is inspired to do more for his community.

Our Programs

Moendambele has developed a passion for mobilising men to take up services through transporting clients and officers to various places. She talks to all men about the benefits of VMMC. “I have driven to different communities and I now know everything about VMMC, from its benefits to its challenges”, said Moendambele. “I enjoy seeing young men being transformed from being against the programme to becoming mobilisers for VMMC. This proves that men are starting to comprehend VMMC and its benefits” she said.

The team proved that their determination was not just a dream but a reality. As they got into the village of Kutamogore, they saw five young men standing along the roadside chatting, the car stopped right next to them and asked them if they knew anything about circumcision. “Yes we know,” one of the young men responded. The team got out of the car and asked the young men if they have been safely circumcised and they all responded in the negative! “We will circumcise when we find time” one of the them replied. Seosenyeng saw this as an opportunity to offer the young men a lift to the clinic so that they can go for counselling and circumcise right away. The young men were convinced, and they bravely went to the clinic with the team and got circumcised.

They were all satisfied with the service rendered and explained that the pain they felt was bearable and that they will encourage their peers to circumcise. They all had smiles on their faces and laughed about how they thought the pain was severe. Tiro-Kebonye then handed them Safe Male Circumcision branded T-shirts as new champions so that they go forth and to motivate others to circumcise.

As a result of providing VMMC services, the team has built relationships with the traditional leaders in the area such as Dikgosi (Chiefs). Some Dikgosi who were said to be anti-circumcision are now working to provide additional health information and resources to their communities regarding the programme. They help encourage men in their communities to circumcise.

“It has not been easy at all, but I am happy to reach as many people as I can to provide services closer to communities who could not receive them because of the distance,” said Seosenyeng. “It is also important to know that many other communities are now calling us to provide services at their villages. Some calling us to render the service are those conservative communities who were

previously against the programme.” Seosenyeng posited.

Traditional leader advocates for Voluntary Medical Male Circumcision

Years ago, the traditional leader Kgosi Tsholo Segwaba of Kaudwane village heard about the new programme to be launched to encourage men in Botswana to circumcise. He and his dikgosana (headmen) were disturbed when they heard about the Safe Male Circumcision programme. They did not believe in male circumcision and were against the practice. “Personally I did not want anything to do with male circumcision and I also had my own fears and perceptions about the procedure. I felt that ACHAP or the government wanted to just impose something that is unethical to our people and I had no wishes or interest in doing it”.

As a result of providing VMMC services, the team has built relationships with the traditional leaders in the area such as Dikgosi (Chiefs). Some Dikgosi who were said to be anti-circumcision are now working to provide additional health information and resources for their communities regarding the programme.

In a series of sensitisation meetings with ACHAP and hearing about VMMC on radio and newspapers, he learnt that it significantly reduces the risk of HIV infection in men and has other health benefits. He also learnt that the national VMMC programme was adopted in Botswana because the country had one of the highest HIV prevalence in the world but the lowest level of male circumcision hence its adoption. He learnt about the benefits that the service is voluntary and is performed in a sterile environment by trained health care providers. Segwaba then began considering the procedure.

“It was only when I realised a lot of men in the country were getting circumcised that I had a change of heart about the procedure. I heard of the positive stories and realised that we had to tell our people about it,” Said Segwaba. As the chief of Kaudwane, he decided to use his influence to mobilise the men in his community to take up the service. While the advocacy efforts had started, the main advocate himself had not circumcised! He realised some men did not take him seriously when he spoke about male circumcision because of his own uncircumcised status. They wondered why he was telling them to get circumcised when he was not circumcised.

Our Programs

He realised that if he was to stay uncircumcised, he would not achieve his mission of getting men in his village circumcised.

“It took me a while to agree to get circumcised because the information I had was that male circumcision had a negative effect on one’s sexual life. There were stories that after getting circumcised, the penile area loses sensitivity making the intercourse less enjoyable. I also thought that VMMC targeted a certain age group, and I was outside the targeted age group,” he said. “But when I realised that even men my age could benefit, I decided to lead by example.”

Segwaba got circumcised at Kaudwane clinic, in June 2016 and describes his experience as “breath taking” starting with the counselling, to the actual procedure and he is happy he got circumcised. He said it took a lot of courage to finally get circumcised but he knows he made the right choice and was satisfied with the service provided.

He noted that he adhered fully to what he was told at the clinic, on how to take care of the wound adding that he had a speedy recovery. Talking about his sexual life after the procedure, he put a smile on his face and bluntly said; “nothing has changed and I must say all is well.” The youthful chief goes on to emphasise the benefits of circumcision and he observed that after he got circumcised there was some change in his home village as people were now spreading the word that; “Kgosi ya rona e dirile loaro la borre” loosely translated “our chief has circumcised”. He made it his priority to let everyone know of his experience and chose not to keep it a secret. Nowadays, Segwaba is a leading advocate of VMMC in his community.

He attributes his success in mobilising men to being circumcised. “I challenge all younger men and some of my age mates who are still holding back. I believe everything takes time and I hope to succeed in changing their minds”. He argues that VMMC should be viewed as a health intervention and not tradition or an old cultural practice. “Culture is dynamic, and people have to adopt new solutions to life’s challenges,” he said. “VMMC is a biological intervention with benefits proven by research and it is only wise to embrace it”, concluded Kgosi of Kaudwane Village.

Mr Batumi Judge, Kweneng West District Programme Officer says that they are scaling up efforts to reach young

and older men. He challenges young men to emulate the example of Kgosi Segwaba. Judge recognises the chief’s efforts of encouraging men to circumcise and says the Kgosi also gave consent for his son to circumcise. “Kgosi recently called a general meeting to inform his community on VMMC school campaign where he urged parents to give consent for their children to circumcise and that no young man should be ashamed of circumcision but rather embrace it.” He also ensures that those circumcised come for reviews until the wounds have completely healed” added.

3.1.1 GLOBAL FUND PROGRAMS

TB Care and Prevention Services.

The TB care and prevention module is implemented in 16 Global Fund project districts through the use of Community Health Workers (Volunteers) to improve access to community based integrated TB/HIV services in the project districts and fifty-four (54) facilities. In this project the aim is to increase TB case detection, improve access to community TB care services, that includes quality Directly Observed Therapy (DOT), TB screening and investigation, community sensitization and mobilization. Activities are designed to “find the missing TB cases” in the community and contribute towards the “World free of TB” by 2035.

Patient recovering well from MDR-TB

Mr Olebile Marobela lives in a single-roomed house, in a compound that has multiple single rooms at Monarch, Francistown. He does not have a permanent job but rides his bicycle every morning to look for temporary employment.

When he fell ill he thought his symptoms were just a ‘common illness’, although they were typical of Tuberculosis (TB); weight loss, loss of appetite, fatigue and night sweats. He knew a little about TB but didn’t think he could be at risk. Marobela believed his cough was just a normal cough. He soon became too ill to work, was constantly hungry because he had no money to provide for himself. Fortunately, a volunteer from ACHAP knocked on his door. “While doing usual home visits I found Marobela feeling dizzy and shaking due to hunger and he looked very weak” said Kudzani Muzila, a Community TB volunteer. Muzila recognised Marobela’s symptoms and encouraged him to go for Voluntary Counselling and Testing for TB and HIV, where he was diagnosed with Multi-Drug Resistant (MDR) TB-HIV co-infection.

Our Programs

ACHAP is implementing a Community System Strengthening (CSS) program in the target districts under the Global Fund project. The program approach promotes the development of informed, capable, coordinated communities and community-based groups and structures.



Marobela at his home in Monarch

Muzila took the matter into her hands, registered him, then issued food and medication to Marobela every month, however with the passage of time the situation did not change. Muzila would go to Marobela's house to ensure Directly Observed Treatment (DOT) is performed, where she would find her patient gone to shebeens to drink alcohol. "I would go up to two days without seeing him and this became worrisome to me as it meant that he was not taking his medication according to his schedule" reported Muzila.

Muzila later referred him to social workers to be assisted as a home based care client where he was given full care. Marobela has been taking treatment for TB through DOT and is enrolled on anti-retroviral therapy. Marobela felt he was able to talk about his condition, he is now feeling much better and he is mostly appreciative of the arrangements made to take him to his family where he will get family support and care. He encourages people especially men to take care of themselves, "TB and HIV are real and need serious care", he said.

Community System Strengthening Embraced

ACHAP is implementing a Community System Strengthening (CSS) program in the target districts under the Global Fund project. The program approach promotes the development of informed, capable, coordinated communities and community-based groups and structures. It is interactive and empowers communities to engage with pertinent health issues affecting them with the view to develop initiatives to solve them. Several communities are being impacted by these interventions.

In Maun, Tatlhego Raphenya a youthful and vibrant headman from Disaneng ward says he is grateful and delighted with the service that ACHAP has brought to his village especially his ward because they have been struggling to get some health services. The youthful headman said, "When ACHAP Community Facilitators approached us about the Community Systems Strengthening program and requested for our support and participation we were more than willing and happy because we had been longing for services to be brought closer to our community."

Raphenya who represents the many people impacted by this intervention observes that "I embrace this program and service that ACHAP is providing in my community. I appreciate it because it has provided a platform to identify, discuss and explore the main causes and underlying issues behind our health challenges as a community," he noted ecstatically. He further revealed that his community is also grateful as the program has given them an opportunity to identify all the health problems affecting them through house to house visits by the facilitators. "The program also enables us to establish linkages with the relevant service providers/personnel to close the gaps identified within our community structures especially when facilitators make relevant referrals in cases that need immediate attention during household visits."



ACHAP team in Monarch visiting Marobela



Kgosho Raphenya and members of the VDC in a discussion with ACHAP Facilitators

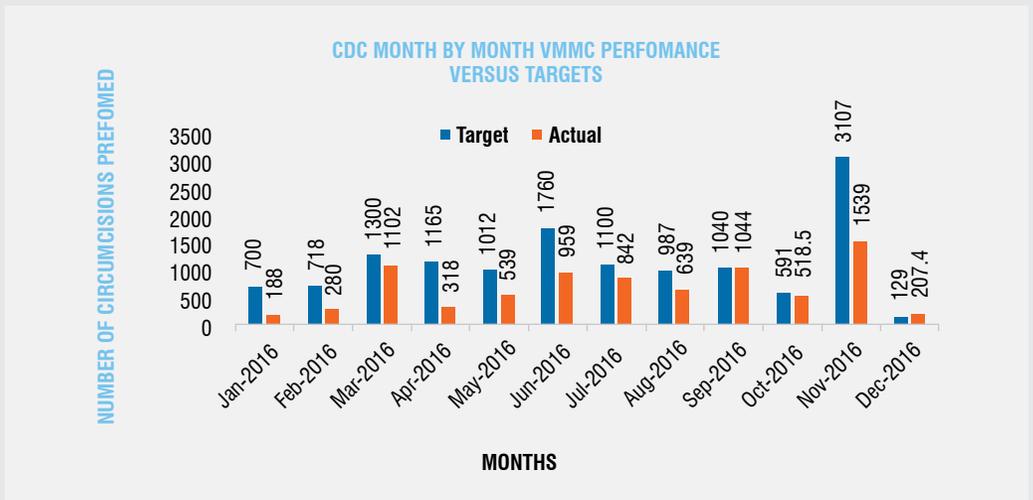
Raphenya attributes the good health status for his community to the efforts by ACHAP. “Ever since the inception of the CSS program and group discussions in Disaneng there has been a lot of changes in my community. We have been empowered to collectively bring about positive health outcomes and a sense of collectiveness has been revived amongst the community. We are now united and geared towards eliminating diseases by building a healthy community for ourselves and our children.”

It is these stories that have come to represent the work being carried by ACHAP under the CSS module. We are engaging communities across implementation districts to develop dashboards against which they will be able to measure and see their performance against targets they set for themselves. These will go a long way in instilling community ownership of their own destiny in health related matters.

The Year in Numbers

Through a 5 year CDC funded VMMC project we were mandated to support the Government of Botswana in the national expansion of adolescent/adult Voluntary Medical Male Circumcision through service provision at static and outreach sites with teams based in Kweneng East- SLH, Gaborone (Nkoyaphiri, Bontleng and Block 8 clinics), Tlokweng (Mafithakgosi), and Mahalapye district.

As presented on fig 1 below, during 2016, ACHAP managed to circumcise a total of 8,175 out of a target of 13,609 (60%). This means that within a period of 12 months ACHAP managed to provide the direct public health benefits of VMMC to a total of eight thousands one hundred and seventy five (8,175) men in Botswana by reducing their chances of contracting HIV by 60%



The Year in Numbers

Our Research Projects

In 2016, we conducted a study on Human Rights and Gender Barriers to Access of TB, TB/HIV and Occupational Health diseases and Compensation services in the mining sector, which grew our visibility in the SADC region. The study funded by the World Bank and DFID covered 10 countries in the Southern Africa Region. It was successfully completed in 9 of the 10 countries, while the 10th country was only partially done due to delays in ethical approval. The objectives of the study were to determine:

- Human rights and gender barriers to accessing to TB, TB/HIV and occupational health services, including those that are common across the 10 countries in the SADC region and those that are specific to each of the 10 countries of interest.
- Key civil society actors undertaking initiatives to address human rights and gender barriers to accessing TB/HIV and occupational health services in the mining sector in 10 countries.
- Human rights and gender barriers to accessing compensation services in the mining sector in countries in Southern Africa.
- Health inequities in relation to the 3 diseases (TB, HIV and AIDS, and Silicosis) among study participants.
- Human rights and gender issues that contribute to the spread of TB/HIV within communities around the mines.

The findings from the survey were aimed at providing recommendations to inform the design, development and implementation of relevant and appropriate TB in the mines interventions. We were given an opportunity to participate in formulating some of these interventions by being selected as the sub-recipient of the Global Fund to lead the TB in the Mining Sector in Southern Africa (TIMS), Community Systems Strengthening component in the same ten (10) countries.

Evaluations

We also conducted an evaluation of the counsellor support supervision initiative, commissioned by the Botswana Ministry of Health and Wellness. A process of conducting a study on mapping and size estimation study of key populations namely female sex workers, Men who have sex with Men (MSM), Transgender (TG), and people who inject drugs (PWID) was initiated with funding from the Global Fund.

Our Growing Footprint

In 2016, we realised a significant growth towards the strategic goal of expanding the organizational footprint throughout the region. We began the year with implementation of a 10-country study of Human Rights and Gender Barriers for accessing Tuberculosis services in the mines in Southern Africa funded by the World Bank through Aquity Innovations.

Shortly before the end of 2016, we finalized a contract to support Community Systems Strengthening in 10 countries as part of the Regional Global Fund TB in the Mining sector in Southern Africa Grant. This project, funded through Wits Health Consortium, includes extensive support of Civil Society Organizations throughout the region and will serve as the flagship of our regional expansion activities in 2017.

We also formalized our relationship with the Government of the Kingdom of Lesotho. In October, we signed an Memorandum of Understanding with the country that defines mechanisms for technical assistance and support of public health HIV/AIDS and development activities.



Our People

The Human Resources and Administration department's goal is to deliver an Employee Value Proposition, through the implementation of the developed systems and processes in order to promote a culture of high performance and accountability to deliver value for ACHAP. This includes continuous improvement of administration duties to secure and safeguard our goods and services.

Creating Value

During the year under review, we reviewed our Strategic Business Plan. Our Human Resources Department then re-introduced the Performance Management System that is aligned to the strategic goals of the organization using the Balanced Scorecard Model. We developed tools in the form of Performance Contracts aimed at consistently gauging the performance of our employees. A Talent Management Strategy was developed in an endeavour to nurture talent, optimising talent attraction and retention towards high performance and engagement. Furthermore, a career structure and a remuneration structure using the Hay System of job classification were developed as part of the succession plan. The Board of Directors approved these tools which are all aimed at creating value for our employees.

We also developed a policy on management of underperformance to guide on performance issues. As a result, employees are challenged to deliver results for the business while living the organisation's core values. As part of the Performance Management Framework, we aim to reward performance following annual appraisal of employees at the end of the year. Rewarding employees is intended to motivate them to go an extra mile for the organization. The performance management will also create an opportunity to develop talent through identifying short and long term training and development needs. The short-term needs were geared towards empowering employees to effectively deliver on their plan for the financial year, while the long-term plan looked beyond this period.

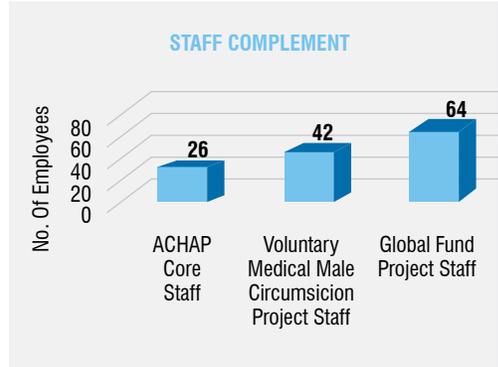
Employee Welfare

We made staff welfare improvements by forging a very low-interest employee loan scheme with one of the local banks. A cost of living adjustment was awarded to Projects employees in response to the escalating cost of living.

Staff Complement

By December 2016, we had a staff complement of 132, which was comprised of;

- 26 ACHAP core staff
- 42 Voluntary Medical Male Circumcision Project staff
- 64 Global Fund project staff.



These are not inclusive of the large numbers of community mobilizers, volunteers, and peer educators engaged from time to time to support program implementation

Recruitment

We were awarded a 3-year Global Fund grant to implement TB/HIV integrated programs due to previous implementation history and evidence of systems adequacy that meet Global Fund expectations. From January 2016, the Human Resources department had to recruit for 42 positions. This project was done and achieved within the stipulated timeframe and most of the staff reported for duty effective from 14th March 2016.

In October 2016, we also won the TB in the Mining Sector in Southern Africa (TIMS) project and eight positions were key for the project implementation. The vacancies were advertised through the media. Shortlisting for the roles started immediately after the closing date and the whole recruitment process moved into the following year.

Capacitation

Over and above training specific to projects, our management underwent in-house training on discipline & grievance handling, labour laws as well as training on the Performance Management System.

Administration

Another key factor of a high performing organization is optimising robust procurement systems and processes, an action which has become an integral part of our performance in managing our property, goods and services. In 2016, we introduced a Supplier database to ease procurement of goods in order to manage turn-around-time. Through continuous improvement of the systems and processes, the tendering processes for the main projects, the Global Fund and VMMC were efficiently and effectively conducted.

Our Partners

We value partnerships and continue developing relationships with Funders and Partners. It is through partnerships and collaborations that we are able to leverage on resources and strengths of our partners in a symbiotic relationship.

OUR KEY FUNDERS FOR THE YEAR 2016 INCLUDE:

US Government, CDC, Global Fund Against HIV/TB and Malaria, Wits Health Consortium and Aquity Innovations

We are privileged to work with sub-grantees and sub-recipients to support implementation of our projects. In 2016 these grantees included:

Botswana Christian AIDS Intervention Programme (BOCAIP) is implementing Community Tuberculosis Care

(CTBC), HIV Testing & Care (HTC), Behaviour change and Pre-Anti-Retroviral Therapy (ART) at community level.

The Botswana Network on Ethics, Law and HIV/AIDS (BONELA) is working on removing of legal barriers module and the prevention of Men having Sex with Men (MSMs) and Transgender module.

Kagisano Society Women's Shelter (KSWs) is implementing the community systems strengthening in 10 districts.

Tebelopele Voluntary Counseling and Testing Center (TVCTC) is implementing HIV Testing & Counselling (HTC), behaviour change and prevention for Female Sex Workers (FSW) and their clients at community level.



Dr Mafeni handing over vehicles to the Global Fund Sub Recipients



Our Financials

FINANCIAL COMMITMENTS AT 31 DECEMBER 2016

For the financial year ended 31 December 2016, our activities were funded from the following sources of funding:

- PEPFAR through Centers for Disease Control and Prevention (CDC) - US\$10 million Voluntary Medical Male Circumcision as a five-year project.
- Global Fund to Fight AIDS, Tuberculosis & Malaria- US\$17 million Strengthening HIV Prevention and Reduction of Tuberculosis morbidity and mortality, a three year Project.
- Global Fund Regional TB in the Mines Project managed by the Wits Health Consortium for \$2.31 million for Community Systems Strengthening for 1 year.
- Consultancies undertaken during the period under review.

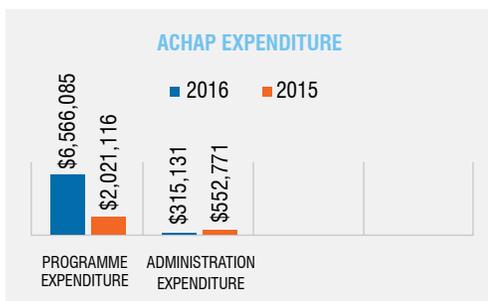
The income was used to support the development and implementation of strategic TB and HIV/AIDS initiatives through the provision of human resources, technical support, and procurement of supplies.

YEAR 2016 INCOME

During the budget year ended 31 December 2016, the total income amounted to **\$7,688,257**. This was from different sources of funding as depicted by the table below.

Source of Funding	Amount US (\$)
Global Fund Project	4,426,317
CDC VMMC Project	2,421,182
TB In the Mines Project	350,901
Consultancies	489,857
Total	7,688,257

The funds were utilized as allocated to the strategic focus areas and management costs.



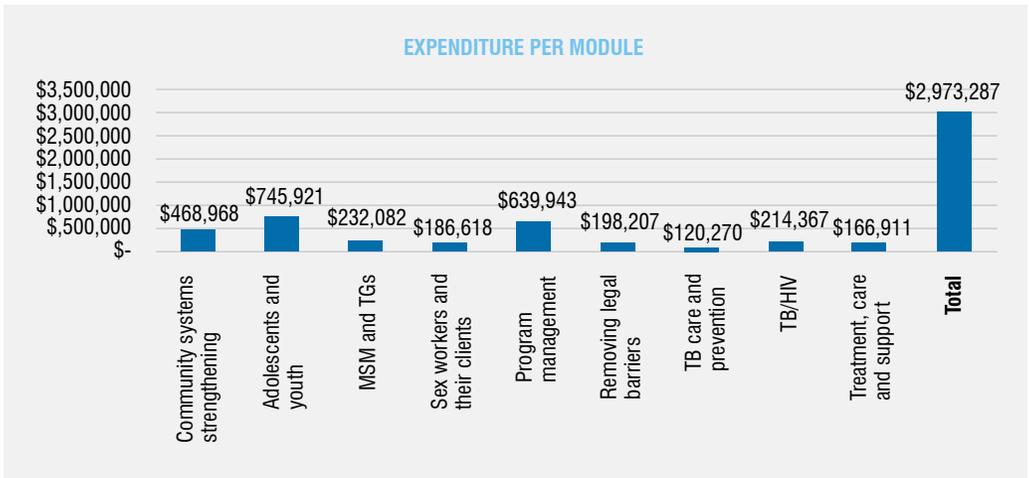
We were nominated as Principal Recipient (PR) of the Global Fund for the implementation of the Botswana HIV/TB grants for the period 2016 to 2018.

Our overall expenditure in year ended 31 December 2016 is significantly higher than expenditure as at 31 December 2015. This is largely due to the fact that in Year 2016 ACHAP started implementation of the Global Fund Project as a Private Sector Principal Recipient. Implementation of the CDC VMMC Program was also intensifying in the year in order to meet set objectives and targets

The Global Fund Project

We were nominated as Principal Recipient (PR) of the Global Fund for the implementation of the Botswana HIV/TB grants for the period 2016 to 2018. As the PR, we implemented and coordinated the delivery of all project activities, made disbursements requests to the Global Fund and disbursed funds to Sub Recipients, monitoring of grant activities and reporting on grant performance progress to the Country Coordinating Mechanism (CCM) and the Global Fund. The organization is also responsible for harmonizing grant activities with other programme activities within the country.

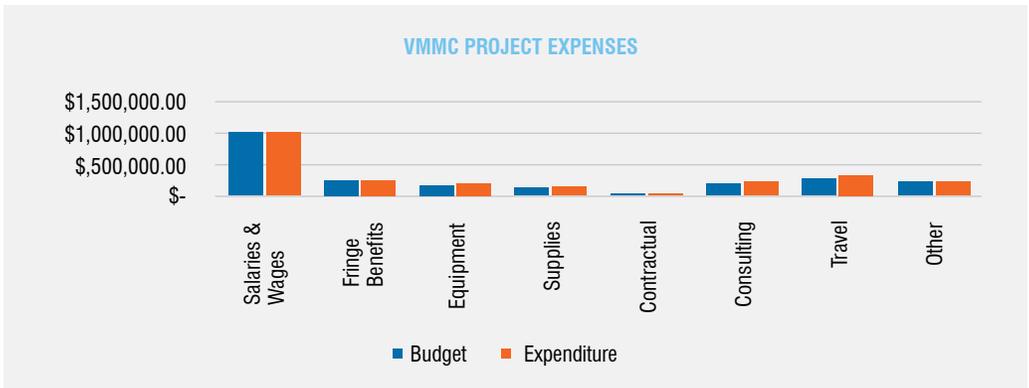
Global Fund resources were used to fund the expenditure relating to human resource, travel, supplies and other costs to implement the modules as depicted by the table below:



A total of **\$2,973,287** was expended in the period under review.

VMCC Project Expenditure

This project implementation for the CDC VMCC Project continued in Year 2016, with an annual budget of approximately \$2 million. A total income of **\$2,421,182** was applicable to the year ended 31 December 2015. The funds were utilized as follows;



The total expenditure for the project activities for the period under review amounted to **\$2,372,875**. The expenditure was within the approved budget for the period.

Salaries and employee benefits made up 57% of the expenditure for the period under review. This is mainly due to the fact that this is a service provision project and naturally most resources will be committed to human resources to deliver the services to the people. Most efforts were invested in engaging stakeholders and communities in which the program activities are implemented. The remainder of the expenditure is made up procurement of equipment costs, program supplies and other direct program costs.

TIMS Project

We were selected by Wits Health Consortium to implement the Community Systems Strengthening (CSS) Module of

the Global Fund TB in the Mining in Sector in Southern Africa (TIMS) project. This is essentially a one-year sub-award amounting to **US\$2,310,000**. Implementation of this grant will commence in year 2017. An initial payment was made at December 2016 in preparation for the project commencement.

Consultancy

Since transitioning we intensified resource mobilization particularly in the period under review. The total revenue recognized from Consultancies amounted to approximately **\$490,000** which was ploughed back into the organization as program income. This was largely used to cover human resource costs and resource mobilization costs which were not covered under the current running grants funded projects.