PARTNERSHIPS FOR A HEALTHY AFRICA

ANNUAL REPORT

Partnerships for a healthy Africa

2017

ACHAP

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ACHAP

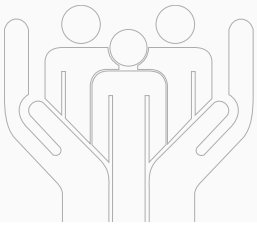
Contents

"We are in a unique position to serve as an African response unit to Africa's public health issues with world-class expertise. ACHAP has rapidly evolved to be an African success story that was born in Africa and led by Africans to address Africa's health challenges."

ACHAP Philosophy

ACRONYMS

ACHAP	African Comprehensive HIV/AIDS Partnerships
ACSM	Advocacy Communication and Social Mobilisation
AE	Adverse Events
AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
BOCAIP	Botswana Christian AIDS Intervention Programme
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
CTBC	Community Tuberculosis Care
CCM	Country Coordinating Mechanism
CCTV	Closed-Circuit Television
CDC	Centers for Disease Control and Prevention
CD4	Cluster of Differentiation 4
COP	Country Operational Plan
CSO	Civil Society Organization
DHMT	District Health Management Teams
DHIS 2	District Health Information Systems 2
EIMC	Early Infant Male Circumcision
FSW	Female Sex Worker
HRDC	Human Resource Development Council
HIV	Human Immunodeficiency Virus
HTC	HIV Testing and Counselling
HTS	HIV Testing Services
IT	Information Technology
ICT	Information Communications and Technology
KAP	Knowledge Attitudes and Practices
M&E	Monitoring and Evaluation
MERD	Monitoring Evaluation Research and Documentation
MOHW	Ministry of Health and Wellness
NACA	National AIDS Coordinating Agency
NTP	National TB Programme
PEPFAR	President's Emergency Plan For AIDS Relief
PSI	Population Services International
PTB	Pulmonary Tuberculosis
RMNCH	Reproductive, Maternal and Newborn Child Health
TWG	Technical Working Group
UNAIDS	United Nations Programme on HIV/AIDS
VCT	Voluntary Counselling and Testing
VMMC	Voluntary Medical Male Circumcision
WHO	World Health Organisation



OUR GOVERNANCE

CHAIRPERSON'S *FOREWORD*

"I was raised to believe that a community, not individuals, builds a nation."

MRS. JOY PHUMAPHI
ACHAP BOARD CHAIRPERSON

I was raised to believe that a community, not individuals, builds a nation. Through the extensive community work that ACHAP has undertaken over the past 17 years, implementing evidence based programming, staying committed to culturally relevant approaches to address the health challenges faced in our region, and undeniably, our continent, we have made some impact. Credit for this impact goes to the Dikgosi who lead the communities in which we operate, the people who make up the nations we serve and the ACHAP Management team who saw the need to work within the communities through community structures. Indeed, Kgetsi ya tsie, e kgonwa ke go tshwaraganelwa (collectively, through partnerships, we can achieve more). With that said, on behalf of the ACHAP Board of Directors, it is with great pride and confidence, that I present to you, the 2017 Annual Report.

Throughout the years, we have tasked ourselves with investing in our communities with knowledge, information sharing, and strengthening systems that develop the people who make up those communities, in an effort to ensure sustainability of our programs, so that the good work continues past the existence of organizations like ACHAP. There have, naturally, been challenges associated with this work, including, but not limited to, funding. The ACHAP Business Development Department and the teams that make up our organization, along with our partners have worked industriously

to attract funding from among others the Centers for Disease Control and Prevention (CDC), Wits Health Consortium, the Global Fund and other stakeholders. It is through the contributions of these allies that we are able to fulfil the mandate before us; to provide comprehensive, innovative and catalytic solutions through Public Private Community Partnerships (PPCP).

Naturally, as the year rolls over, we look back at what we have accomplished, and what stood in our way. What is crucial is that we take key lessons from the past interventions, to ensure success in the future endeavors. I must reiterate the importance of community involvement in strengthening the systems that create our programs, as this is how we tackle the real issues, as opposed to assuming what the problems are, and developing "cures" that are misinformed. The people who go to and knock on each door in the communities we work with are the central pieces to uncovering issues happening behind closed doors – the issues that cause a patient to default on taking their ARV's; those concerns that prompt a person to forgo renewing their medication.

I trust that, as we look forward into the next year, we bear in mind these challenges, while innovating on new ways to address them.

In an effort to be forward thinking, ACHAP has entered into some strategic agreements with key stakeholders. Through the signing of a Memorandum of Understanding (MOU) with the Ministry of Youth Empowerment, Sport and Culture Development (MYSC) and the relaunch of the Wise-Up Campaign, the youth of Botswana's population (and a significant part of Sub-Saharan African population) will be reached in a targeted, relevant and creative way that meets their digital communication demands. We will remain authentic enough to meet their more private, off-social media needs.

Furthermore, through ACHAP TB in the Mining Sector (TIMS) regional response as a sub-recipient to the Wits Health Consortium, ACHAP engaged Southern African Government Ministries, Civil Society Organizations (CSOs), Mining Associations and Chambers of Mines from these countries: Botswana, Namibia, Malawi, Mozambique, Lesotho, Tanzania, Swaziland, South Africa, Zambia and Zimbabwe. This demonstrated our commitment to opening up the health conversations across the African continent, starting with the SADC region.

It is the pledge of the ACHAP Board of Directors that we will continue supporting management in expanding our services and seeking ways in which we can reach all our target audiences in a manner that is sustainable and effective, while utilizing the valuable funds in the most efficient ways.

I wish to thank all the leaders of the communities in which we operate, the community members themselves, all our stakeholders, staff and development partners and allies for their support and continued commitment to building healthy African nations. I also take this opportunity to wish, on behalf of the Board of Directors, our outgoing CEO, Dr. Jerome Mafeni all the best in his next undertakings. In the five years he has been at the helm of ACHAP, he has truly led by example as inspired by the Tanzanian proverb, "Do not forget what it is to be a sailor because of being a captain yourself".

I encourage the Board and the steadfast and collectively minded in continuing to build healthy communities in the years to come.

"Indeed, Kgetsi ya tsie, e kgonwa ke go tshwaraganelwa..."

OUR GOVERNANCE

CEO'S *REMARKS*

"Our guiding values of respect, accountability, passion and integrity have led us to where we are now..."

DR. JEROME MAFENI
ACHAP CHIEF EXECUTIVE OFFICER

There is an African proverb that says, "When the cock crows, it signals a new day", and for me, the cock crowed the day I joined ACHAP as the new CEO in 2013. Having never been to Botswana, and taking up a task to lead ACHAP through a transitionary period, from being a donor funded institution to a continental body mandated with tackling health issues, my role required a level of cooperation from all stakeholders, particularly from the management team and the Board of Directors.

In order to transition the new ACHAP that is to run more like a business than a project, it was required of me to understand the task through extensive engagement with all stakeholders. Addressing the major funding challenge, with little government interest and lack of corporate capacity to support our efforts in establishing one of Africa's most successful public health programs, became a collective effort that rang true of the saying, "cross the river in a crowd and the crocodile won't eat you".

ACHAP has contributed significantly to the Botswana health sector through assistance with infrastructure development, training of health care workers, provision of equipment and drugs, and systems strengthening. It is through the collaborative efforts of the Business Development Department, which successfully mobilized funding for projects beyond HIV/AIDS treatment and health, along with the strategic guidance of our Board that allowed ACHAP to broaden up and venture into other markets

outside Botswana, while still supporting the local health sector. With key learnings taken from our local success stories, as of the beginning of 2017 our focus has been on rolling out similar programs and projects to the rest of the region.

As this year ends my journey with ACHAP, I believe we have only scratched the proverbial surface, and have much more work to do in order to accomplish our ambitious vision to be the leading innovator for promoting a healthy Africa.

As a collective, we have made significant steps forward in attaining our goal. Through being the recipient of grants from the Centers for Disease Control (CDC), the Global Fund to fight HIV/AIDS and TB, as well as the Wits Health Consortium, we have managed to not only create demand for our campaigns, but to exceed our set targets for the year.

2017 saw the CDC Voluntary Medical Male Circumcision Project (VMMC) enter into its third year. Although we faced challenges in garnering buy-in from the communities, through our #ProudlyCircumsised demand creation campaign, speaking to men through the success stories and testimonies of other men, co-creation became a reality, resulting in the four project hubs (Mahalapye, Tlokweng, Molepolole and Nkoyaphiri) surpassing the targeted reach by 6%.

Not to be left behind, the Northern and Southern (Kweneng and Hukuntsi) project hubs under the Global Fund VMMC Project also reported mention-worthy success rates. In the North, the number of circumcisions performed exceeded the target, reaching 137% success, and Kweneng hub came to 97% of target number of VMMC's.

Having invested heavily on workforce identification and recruitment in the previous year, along with working with key experts and partners to meet the demand of implementing in 10 southern African countries for the TB in the Mining Sector in Southern Africa project (TIMS), we made positive head way in the efficient and effective use of the grant. Through our partnership with East African National Networks of AIDS Service Organizations (EANNASO), we delivered one module of the grant, being Community Systems Strengthening (CSS). The module was implemented in the 10 SADC member states – Botswana, Lesotho, Malawi, Mozambique, Namibia, Tanzania, South Africa, Swaziland, Zambia and Zimbabwe.

Furthermore, we identified 20 Civil Society Organizations (CSOs) two per country, to implement the project and this approach served a crucial function of planting a seed of the ACHAP brand within the region.

With my departure on the fore, I look back on the past years with a sense of personal accomplishment, and I thank the entire ACHAP team, and the Board of Directors, for having afforded me an opportunity to serve the African continent in a way that is truly bringing about sustainable population health.

Through the hard work we have put into the development of our continent, and the health of its inhabitants, Africa's time is now, and made official by us Africans. I entrust our previous work efforts into the capable hands of the future leadership of ACHAP, under the strategic guidance of the Board. Our guiding values of respect, accountability, passion and integrity have led us to where we are now, in a position to be able to quote Nelson Mandela, that "it always seems impossible, until it is done."

> "It always seems impossible, until it is done."
>
> ***Nelson Mandela***

OUR GOVERNANCE
BOARD *OF DIRECTORS*

OUR GOVERNANCE

BOARD OF *DIRECTORS*

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ACHAP CHAIRPERSON

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ACHAP BOTSWANA CHAIRPERSON

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Dr. Rangarirai Taruvinga
ACHAP BOARD MEMBER

OUR GOVERNANCE

MANAGEMENT *TEAM*

Dr. Jerome Mafeni
ACHAP CHIEF EXECUTIVE OFFICER

Dr. Frank Mwangeni
EXECUTIVE OFFICER PROGRAMS

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DIRECTOR RESEARCH, MONITORING & EVALUATION

Ms. Thato Pelaelo
ASSISTANT DIRECTOR FINANCE

Ms. Rachael Jackson
ASSISTANT DIRECTOR, BUSINESS DEVELOPMENT

Ms. Virginia Monamoledi
HR & ADMINISTRATION MANAGER

Dr. Boga Fidzani
MANAGER RESEARCH, MONITORING & EVALUATION

Mr. Blessed Monyatsi
HEAD OF NEW PROJECTS

Mr. Ivor Williams
CONSULTANCY UNIT MANAGER

Ms. Oarabile Dintwa
PROJECT MANAGER - VMMC

Ms. Elizabeth Moshi
TRAINING MANAGER

Mr. Kabo Monare
ASSISTANT MANAGER MARKETING, ADVOCACY & COMMUNICATIONS

Mr. Panganai Makadzange
MANAGER RESEARCH, MONITORING & EVALUATION

Ms. Sarah Maleho
COMPLIANCE MANAGER

ABOUT *US*

PARTNERSHIPS FOR A HEALTHY AFRICA

ACHAP has provided technical assistance and health-focused capacity building for over 17 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 almost two decades 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 population health space providing technical support, training, capacity building and grant management services through grants, consultancies and training activities in the African Region.

The vision behind the establishment of ACHAP was the creation of a model Public-Private Development Partnership in the global fight against HIV and AIDS, which has since evolved beyond HIV and AIDS a broader health mandate. 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 Vision

- To be the leading innovator for promoting a healthy Africa

Our Mission

- To provide comprehensive, innovative and catalytic solutions through Public Private Community Partnerships (PPCP) to achieve sustainable population health

Our Values

(RAPTURE)

- Respect
- Accountability
- Passion
- Transparency
- Universal Integrity
- Results with Impact
- Efficiency and Effectiveness

OUR *PROGRAMS*

In 2017, we engaged various communities for both designing and implementation of programs under the Global Fund, Centers for Disease Control (CDC) and the Wits Health Consortium (WHC) all in support of governments, ministries and communities in the SADC region. The Global Fund programs implemented amongst others are the Community Systems Strengthening TB and HIV Prevention, Care and Support while the CDC/PEPFAR program is on HIV Prevention through Voluntary Medical Male Circumcision (VMMC).

Planning and implementation of these programs heavily involved communities who are stakeholders and beneficiaries. The involvement of the beneficiaries is important for continuous improvement. The stories below are told from these beneficiaries' perspective following numerous interactions.

VOLUNTARY MEDICAL MALE CIRCUMCISION (VMMC) PROGRAM

The provision of VMMC is one of our main activities, having built a core strength in this area over 8 years from 2009 to date. Botswana has one of the lowest VMMC prevalence on the African continent. While this has remained largely so over the years, with our contribution, there has been significant improvements in the number of men receiving VMMC. ACHAP offers this service directly in 10 districts six (6) of which are provided for under the Global Fund and four (4) under the CDC/PEPFAR grant. The program employs a variety of strategies to attract men to VMMC. These strategies include the #ProudlyCircumcised demand creation campaign.

To date the highest number of VMMC has been among young populations (between 10-19years) followed by the 20-24-year-old age group. The older men are reluctant to undergo VMMC for a variety of reasons. There is a need to focus more efforts and attention to older people especially because they are the most sexually active and therefore prone to HIV infection more than the younger population. However, despite the low number of the more sexual active men (20 and above), there are some positive stories to share from the field.

CIRCUMCISE TO FULFILL YOUR DREAMS

Kealeboga Bushman, 22, a student of Logistics & Supply Chain Management at University of Botswana, lives in the outskirt of the capital city, Gaborone in a village called Lesirane. During his leisure time, Kealeboga enjoys listening to music, partying and playing football.

Kealeboga enjoys the company of his uncircumcised friends who never discuss circumcision because they do not realize its relevance in their lives.

"My friends and I were reluctant to circumcise because of the misconceptions surrounding male circumcision we heard from people. I first heard messages on circumcision when I was doing form 1 through Safe Male Circumcision (SMC) demand creation personnel who came to our school, but I never took heed to the messages as I felt it did not concern me. The message grew louder when I was at senior school as Vee (a popular local musician and former SMC ambassador) addressed our school but I was still unconvinced. The misconceptions catalyzed fear and I kept wondering what if the procedure is not done well or something

OUR *PROGRAMS* cont'd

goes wrong? You have to understand that this procedure is done on the most sensitive and precious part of my body, this is my life, my family, should anything go wrong, heish!" He expressed shaking his head.

"Despite all circumcision benefits shared, the message never hit home because I was not sexually active hence I saw no need to do the procedure. Yes, hygiene wise I understood but other benefits did not add much value to me. My mother also tried her best to reach out to me and encourage me to get circumcised but I remained unmoved due to the lingering misconceptions I heard." He continued.

"Deep in thought one of the days, wondering what future awaits me after acquiring my degree this May, my dream to enroll as an Officer Cadet in the army remained alive. This has always been my wish; the dream was nearing realization because I was about to complete my studies. This dream became a catalyst that led me to circumcise. I had heard that they highly encourage and recommend men to be circumcised in the army. I bit the bullet and made my way to the hospital to get circumcised," said Kealeboga.

"Waking up that fateful morning I did not inform anyone at home that I was going to get circumcised. I just left without saying a word. My first stop was Lesirane clinic since I was not aware of any sites where circumcision is offered. When I told them of my desire, they referred me to Nkoyaphiri clinic where the procedure was performed. Though the sight of the equipment used, such as scissors and needles gave me a fright, I went ahead with it.Due to the anesthetic injection administered before the doctor began the procedure, I did not feel any pain until the procedure was completed. I must admit, though, that the first 3 days after circumcising it was a bit painful but painkillers were there to help suppress the pain and from there the pain was bearable as I followed the wound care advice appropriately".

Regarding the healing of the cut, Kealeboga went on to say, "during the healing process, I was just curious to see how the whole thing will look like and all I can say is that I'm happy and satisfied with the service I got. I am on my last week of the six weeks recommended for complete healing and indeed proudly circumcised. My advice to my peers is that they should consider circumcising because it is nothing to fear. Yes, the first three days may be a bit painful but after that all will be fine, trust me six weeks is nothing. The myths and misconceptions are not facts because the procedure is just fine".

> *"I am indeed proudly circumcised and I am on my last week of the six weeks recommended for complete healing."*
>
> ***Kealeboga Bushman***

GLOBAL FUND PROGRAMS

Prevention Program for the Adolescents and Youth

This program has a strong focus on adolescents and youth related issues informed by the need to reinvigorate prevention efforts for the young demographic in order to gain traction in the fight against HIV. The project funded by the Global Fund has three main categories being behavioural change/Comprehensive Sexual Reproductive Health (CSRH), HIV Testing Services (HTS) and VMMC.

According the third Botswana National Strategic Framework for HIV & AIDS, adolescents and young people are projected to constitute about 28% (638,660) of the total Botswana population (2,302,878) by 2018. 10-19 year olds are 19% (428,317) of the total population while 20-24 year olds constitute about 9% (210,343) of the total population. In 2008, only

43% of young people aged 15-24 years had comprehensive knowledge of HIV and almost half of adolescents could not correctly identify the most common misconceptions about HIV and AIDS transmission in Botswana. Botswana AIDS Impact Survey IV (2013) has also demonstrated that comprehensive knowledge as measured through key questions in the survey is still low.

Peer Education Program

True to our mandate, we continue to promote healthy partnerships in working with community youth groups to impart skills and support their efforts to influence positive behaviours through a peer to peer approach. The peer education program that uses the "Foot in the Door" curriculum aims at introducing the young participants to self-driven lifelong self-improvement; prompting them to craft personal philosophies to guide their lives and choices. It also helps them carry out an audit of their strengths to inform career choices, and to pursue dreams that will make them Game Changers.

A Game Changer is a young person who uses her/his conduct and academic excellence to expand possibilities through personal leadership, turning these possibilities into valuable solutions through entrepreneurship and extending them to their peers and communities. Through her/his conduct, actions, interpersonal relations and deliberate acts of citizenship, the young person actively engages in progressive activities and pursuits - in and out of school - vital for assembling employable skills and in the process helping many other people around her/him. Learning, playing and recreation thus become purpose driven and the future is no longer left to dice spinning, but is carefully premeditated. Through "A Foot in the Door," academic excellence defines success, being "smart" becomes all about heart, and citizenship goes beyond being a native of a particular country. It encompasses a person's ability and voluntary willingness to engage constructively with society and to participate in the processes that sustain it.

Parent Child Communication Training

Despite the high transmission rate of HIV, high unplanned pregnancy rates and the growing trends in social ills among youth in Botswana, parents are reluctant to discuss pertinent sexuality issues with their children. ACHAP has resolved to get involved and organize parent-child communication training targeting parents as the primary audience. Workshops have already been held in various villages including Letlhakeng and Ditshegwane villages in the Kweneng West District.

The aim is to explore obstacles to parent-child communication on issues of sexuality education and to examine ways that can facilitate


Hukuntsi Residents attending a CCS Kgotla meeting


Out of School Youth Group- Selebi-Phikwe


In-School Youth

OUR *PROGRAMS* cont'd

such communication. Parents shared their own experiences, methods that have worked out well for them and where they think they need to improve. To explore this issue further, interviews were conducted in the ACHAP office to understand how parents address these topics in their homes and establish if there is a correlation between the approaches of parents in rural and those in urban areas.

During the workshop, parents highlighted that they would like to discuss matters of early sexual debut, alcohol abuse, teenage pregnancy and sexual intercourse. However, controversy and taboo of culture, the home environment and economic background were among the issues raised as having an impact on the communication.

Communication Training

Focus Group discussion - PCC in Ditshegwane

Community Systems Strengthening

Community Systems Strengthening (CSS) is an approach that encourages and supports the development of informed, capable and coordinated communities, and community -based structures to get involved and contribute as equal partners alongside other actors to the long-term sustainability of health and other interventions at the community level. The main goal of CSS is to achieve improved health outcomes by strengthening the role of key affected populations and communities and of community structures in the design, delivery, monitoring and evaluation of services related to prevention, treatment, care and support of people affected by HIV, tuberculosis, malaria and other major health challenges.

The CSS supported by Global Fund is implemented in the 10 districts namely; Hukuntsi, Letlhakeng, Serowe, Palapye, Selebi-Phikwe, Francistown, Tutume, Letlhakane, Gumare and Maun. This initiative focuses on strengthening the community structures and community members to identify their health concerns and come up with solutions to address them. In all the above districts, people have been guided on how to identify their community problems and come up with initiatives of resolving them and, to monitor them through community dashboards.

ACHAP has supported the above districts, which have been encouraged to work collaboratively with various service providers through the Community Systems Strengthening (CSS) approach in order to operationalize the principle of empowerment and enable communities to take control of their own health and wellbeing.

There are many good stories coming from the work the community members are involved in and it is pleasing to note that they have taken the task into their own hands. They independently plan, implement and monitor their community initiatives collectively. The following are some of the stories told from the field in the CSS initiative.

It takes a village to fight against alcohol abuse

A team from ACHAP travelled to Hukuntsi to join local Community Facilitators, to implement Community Systems Strengthening program. Hukuntsi, meaning "many corners", is named for its status as

one of the four major villages (the others being Lokgwabe, Lehututu and Tshane) in this north-western part of the Kgalagadi Desert. It is located 114 kilometers away from the village of Kang, off the Trans Kalahari Highway which makes it 515 kilometers away from Gaborone via A2 road.

Residents of Hukuntsi are striving to overcome the problems of drug and alcohol abuse in their community. By telling their stories of substance abuse and how they are currently among the leaders in alcohol abuse, they are determined to one day be a drug and alcohol-free community. The community is keen to motivate their own individuals to lead meaningful, successful lives rooted in traditional culture and wisdom.

Alcohol has been identified as a leading cause to most issues such as teenage pregnancy, TB and the spread of HIV. Some of the unpleasant living conditions are by and large directly related to the use and abuse of alcohol resulting in, among others, bad behaviours. Alcohol abuse has been identified as the single most important debilitating force among Hukuntsi residents. In addition, teenage pregnancy in Hukuntsi is the second largest problem in the community and this is blamed on alcohol abuse. Alcohol and drug abuse has and will continue to ruin the lives of many more unless people can be encouraged and inspired to choose positive alternatives to their current destructive lifestyles.

As the most serious problems Hukuntsi faces are uniquely their own, the solutions had to come from their own community. Following consultations, the community recommended that substance abuse be solved by the efforts of those people who have been and continue to be directly affected every day.

The solution must come from within the Hukuntsi community and must involve an element of personal empowerment to motivate present and potential future abusers to make healthy choices. CSS has been introduced with this precise intent and has the potential to be a powerful and positive sobriety tool for communities, young and old, rural and non-rural people throughout the country.

Kgosi Merapelo Tshweneagae of Hukuntsi village has witnessed the destructive nature of profound substance abuse by his people. "Hukuntsi faces a high rate of unemployment and lacks many of the resources and opportunities needed to keep residents busy doing healthy activities," said Kgosi Tshweneagae. "Alcohol consumption has become one of the primary village activities and has had a devastating impact on our community," he said. He made an observation saying that "our youth appear to be at greatest risk to the deceptive lure of alcohol and community leaders are wary of the implications this will have on the future of our people, culture and homeland."

Kgosi Tshweneagae hopes that the CSS activities will encourage present and potential future substance abusers to gain an understanding and appreciation of their worthiness of self-respect, and innate ability to choose healthy alternatives. The community through

> *"Hukuntsi faces a high rate of unemployment and lacks many of the resources and opportunities needed to keep residents busy doing healthy activities."*
>
> ***Kgosi Tshweneagae***

OUR *PROGRAMS* cont'd

the CSS process has built up a dream of an "alcohol and drug abuse free community."

Their future is going to be molded together through a number of community initiatives they have planned to undertake. It is humbling to note that the community has the potential to identify their core health issues and also provide the solutions they can implement by themselves without waiting for outside resources to do it for them. They only need to be empowered and recognized that they have everything within their reach to bring about desired change in their communities.

ARV defaulters a cause of concern

A member of the Village Development Committee (VDC) at Gumare-South Ms. Ikanyeng Baroma has expressed a concern about people who stop taking their Antiretroviral (ARV's) medication once they feel better. She said this during a group discussion conducted by ACHAP Community Facilitators at Gumare Kgotla. Baroma said that most people who default usually are ones who have not come to terms with accepting their status. "I found two bottles of Atripla tablets thrown away in the bush," Baroma narrated. She further stated that the most important thing an individual can do is accept their status and lead a healthy lifestyle by taking the medication as prescribed. She said that self-acceptance of status will help avoid issues such as defaulting.

The VDC member suggested that people should be educated more about the virus. "There should be more education about the virus as it is evident that more people lack information," Baroma suggested. She appreciated the work done by ACHAP facilitators especially during door-to-door visits as they uncover issues happening behind closed doors. "Through the door to door visits, issues that are kept hidden are brought forward and referrals are made especially on cases like Tuberculosis (TB), we therefore appreciate your efforts in our community," she said. Baroma concluded by stating that the Ya Tsie project that was also implemented in the village helped a lot as they can now see that indeed "ntwa e bolotse" (the war has begun) against the HIV scourge. Ya Tsie is derived from a Setswana proverb meaning, "teamwork bears more fruit than an individual effort."

The name is used for the Botswana Combination Prevention Project that is a study dedicated towards the fight against AIDS. The study is a collaboration between the Ministry of Health and Wellness (MoHW), the Centers for Disease Control and Prevention, and the Harvard School of Health through the Botswana-Harvard Partnership (BHP). The main aim of this study is to drastically reduce new HIV infections and ultimately win the war on the AIDS pandemic in Botswana. Reference to this study is provided as a good example of learning from studies such as these.

TB Care and Prevention services

One of the Global Fund supported modules is the TB Care and Prevention module that is being implemented in 16 Global Fund project districts through the engagement of Community Health Workers (volunteers) to improve access to community based integrated TB/HIV services in the project districts facilities. The project's mandate 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.

Emotional support a key to TB & HIV recovery

Sitting at the corner of her aunt's house, Angel, a 17-year-old teenager can barely walk, her knees are folded and she cannot stretch her legs. She has to crawl to help herself. A journey she says is tremendously trying.

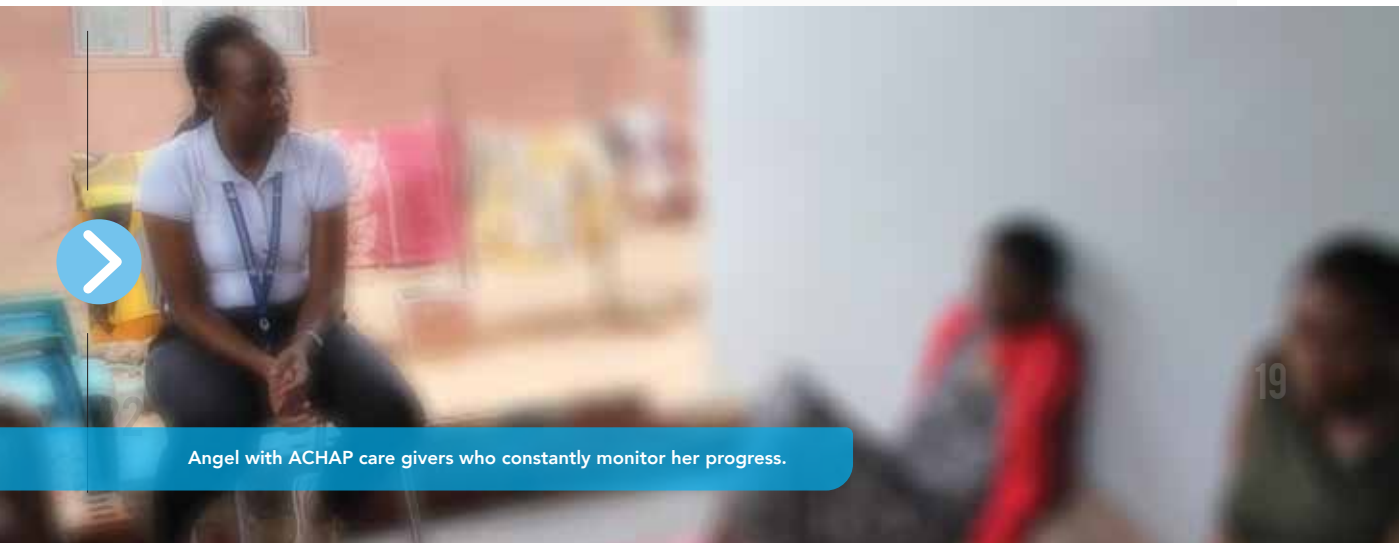
Her first signs of illness started towards the end of the year during her pregnancy. Angel says, "I was healthy-looking, then I started coughing but did not take it seriously, I thought it was due to my pregnancy and did not need to consult the doctor. My cough got worse with chest pains and breathing difficulties but I was still reluctant to go to the doctor". "As the pain got worse," she continued, "I went to the clinic". Angel then tested positive for TB that brought problems she never imagined. She then had to undergo a test for HIV since she was pregnant. She tested positive for HIV as well. "My life came crashing down on me when I heard the devastating news and I was not prepared to deal with the two diseases especially at the same time."

Angel went through intensive counseling and began treatment for TB, a course of antibiotics taken daily for six months. However, this had little impact on her health, as the two positive diagnoses had her dealing with discrimination from friends and family. Compounding her problems, her sisters have abandoned her and do not visit her where she is currently staying with her aunt and cousins.

"Taking medication is not easy but doing it without emotional support is even harder. I long for my sisters' love and I wish I could be staying with them or have them closer," she adds. Angel who is now a school dropout and traumatized by the sudden changes in her life, finds her health quickly deteriorating. The once big-boned and healthy-looking teenager is now frail and visibly small.

Angel's hope is now the support of her aunt and the health care providers. According to one of the ACHAP TB-Care volunteers, Angel is slowly responding to her TB treatment and continues to take Highly Active Antiretroviral Therapy (HAART), but without the right support, this could be a very difficult case. "Most people do not recover quickly even when taking medication and eating healthy because they lack emotional support and often suffer alone with no one to talk to and share problems with, so we are doing our part in that aspect," said the TB-Care volunteer.

Angel is also on her TB medication that is being administered by the ACHAP TB-Care volunteer who visits her regularly. When asked if she needed any other help, her answer was, "Yes I would like a wheelchair as you can see I cannot walk".



Angel with ACHAP care givers who constantly monitor her progress.

OUR *PROGRAMS* cont'd

TB IN MINING SECTOR IN SOUTHERN AFRICA

TB in the Mines in Southern Africa (TIMS) emerged from a recognized need for a regionally coordinated response to the issue of Tuberculosis and related illnesses among mineworkers, ex-mineworkers, how these affect their families and the community. The project goal is to contribute towards the reduction of the TB burden in the mining sector in Southern African countries. ACHAP was selected as the Sub Recipient of the Wits Health Consortium to implement the Community Systems Strengthening Module of the grant in ten countries in Southern Africa being Botswana, Lesotho, Malawi, Mozambique, Namibia, Tanzania, South Africa, Swaziland, Zambia and Zimbabwe. The project was implemented in partnership with 20 Civil Society Organizations (CSOs), two per country. This approach served the crucial function of planting a seed of the ACHAP brand in the region.

A CSS communication toolkit was developed in order to engage the target communities being miners, ex-miners, their families and the mining community, to raise awareness about TB, TB/HIV and mining related illnesses, compensation processes and services, gender and gender inequality, community advocacy and appropriate quality service delivery. The following are stories from Tanzania and Swaziland of the beneficiaries of the TIMS project:

A widow with a goal to improve her community

Maria Ali whose husband died in 2007 was left with five children with no compensation. Her husband died after a long illness at Kibong'oto TB Referral Hospital. Ali is a member of the Widow's Association that was registered 4 years ago. The association was established after seeing many women who are residents of the village being widowed. Most of the widows here lost their husbands who were working in the mines. "We suffered to care for our husbands who got sick due to working conditions. The men got ill from the non-adherence to health and safety standards and contaminated air in the mines. They stayed in bed, sick for a very long time. We took care of our men for a long time without any support from the mining companies. Many of them died young leaving behind even younger wives and children," lamented Ali.

She shared accounts of the hope brought about by the Widow's Association, saying, "We organized ourselves and drafted a constitution to guide membership. We each contributed TZs 10,000 to have a loan scheme so that we can loan each other money as members, to establish income-generating projects. The loans attracted a little interest to sustain the account. After the death of our husbands, many of us were left with children but with nothing to feed them since all these men were working as small-scale miners.

Many of us could only afford taking children to primary school, but failed to provide for them to proceed to secondary education because of shortage of funds for school fees."

Ali went on to say, "Some of our children are very intelligent and could go far given a chance but they are stuck in our homes. My daughter was always excelling in her school from standard one all the way up to form two in secondary education. She could not proceed, because I could not afford to pay for her education. It is very painful to see your daughter at home, one who is more than capable to proceed with education, but stuck at home due to lack of financial support. She is so good that when she speaks English you may think she has finished college education!"

Many women in the group are yet to receive any compensation despite their husbands' deaths, most of them have acquired TB from mines where they worked as small-scale miners.

Ali continued saying that "The training was empowering

Maria Ali from Merelani, Tanzania, a widow to a miner

"Some of our children are very intelligent and could go far given a chance but they are stuck in our homes.

because others whose husbands have just died may enquire about, and try to go for compensation now that we know the rights". "On my part," she said, "I will make sure that I call my group and impart the knowledge I have gained and share the information I have acquired from the training. I will encourage them to seek compensation. At least they should try even if they may fail to get it. I am very happy that this training has exposed us to the rights we did not know. I will make sure that we take action in our group."

She also hoped that they might be trained in a number of other areas especially to be empowered economically. "Life here is very difficult and I worry about these young women. If these young women fail to get something to do to generate income they may start loitering around and involving themselves in health compromising behaviors that may lead to them contracting diseases. Personally, I am involved in many village committees and people accept me. I am happy because today's training has equipped me with more information that I can pass on to the community at large."

A recovering TB patient helping other patients

Sipho Ndzimandze started working at Vaal Reefs Mine in South Africa in August 1981. He was a shaft security guard until April 2004. For 23 years, Ndzimandze worked underground without protective clothing normally given to miners because he was not considered a miner but a security guard, yet he was exposed to the mine dust just like any other miner. In 2004 he left his job and went back home to Swaziland. When he left his job, he never went through tests to ascertain if he contracted diseases while working underground.

Shortly after returning from the mine, Ndzimandze fell sick and was diagnosed with Pulmonary TB. He would later be treated but it would relapse such that he was diagnosed with TB four times until this year (2017) where the Active Case Finding Project conducted by SAfAIDS referred him to Raleigh Fitkin Memorial (RFM) Hospital Occupational Health Service Centre where he was diagnosed with Silicosis. Ndzimandze was trained as a Peer Educator under the TIMS CSS project. His role is to assist the program by disseminating correct information to his peers (ex-miners) as well as the mining communities. Mr. Ndzimandze loves his job, as he goes around the homesteads and community meetings sharing about his life with silicosis. He encourages key populations on how to take care of themselves as well giving information on compensation issues.

After the diagnosis, Ndzimandze was initiated to Silicosis treatment. Since then he is complying with doctor's orders and is completing his treatment regime on the 11th of December, he is due for another doctor's appointment on

OUR *PROGRAMS* cont'd

the same date. Regarding his compensation, he has submitted all the required paperwork to RFM Occupational Health Service Center and officers at the center have told him that it is being processed and that they will provide comprehensive feedback when he returns on Dec 11th 2017. Asked how the treatment is going, he said, "I will only die of natural causes not silicosis - I am well and fit". He said his only challenge is that ever since he came back from the mine he was a sickly person and had no source of income but he is happy now that they are processing his compensation. Ndzimandze hopes the application for compensation will be successful and he will be able to take care of himself and his family, as he is the sole breadwinner.

"I will only die of natural causes not silicosis - I am well and fit".

Sipho Ndzimandze from Swaziland, recovering TB patient

ACHAP trains SADC Civil Society Organizations

We conducted three TB in the Mining Sector in Southern Africa (TIMS) workshops at Johannesburg, South Africa during the week beginning 22nd May 2017. Participants at the workshops were from Civil Society Organizations (CSOs), Government Ministries, Mining Associations and Chambers of Mines from Botswana, Namibia, Malawi, Mozambique, Lesotho, Tanzania, Swaziland, South Africa, Zambia and Zimbabwe. TB in the Mining Sector in Southern Africa (TIMS) is a program that was initiated to create a regionally coordinated response to Tuberculosis and related illnesses affecting mineworkers, ex-mineworkers, their families and communities in Southern Africa.

The first of the series of workshops was a Capacity Building Workshop that was conducted in the first two days. Participants for this workshop were management teams from CSOs that had been identified in the 10 project countries. An Executive Director, Programs Officer and Finance Officer represented each organization. TIMS Country Coordinators also attended the workshop. Content was developed to address capacity gaps identified during the Capacity Assessment process conducted in identifying the organizations. The content covered areas such as Governance, Financial Management, Grant Management, and Monitoring & Evaluation. CSOs were also engaged in practical exercises to develop their work plans and budgets, which will guide their interventions in their respective countries.

The second workshop also ran for two days focused on discussing the draft Community Systems Strengthening (CSS) Strategic Framework, which was developed by the ACHAP Consultancy Unit. The framework is intended to guide CSOs in designing their interventions in implementing the TIMS Community Systems Strengthening module. Partner CSOs, Government Ministries, Mining Associations, Chambers of Mines representatives and TIMS Country Coordinators, attended. Delegates cherished the opportunity to provide input into the framework, which gave it country-specific relevance.

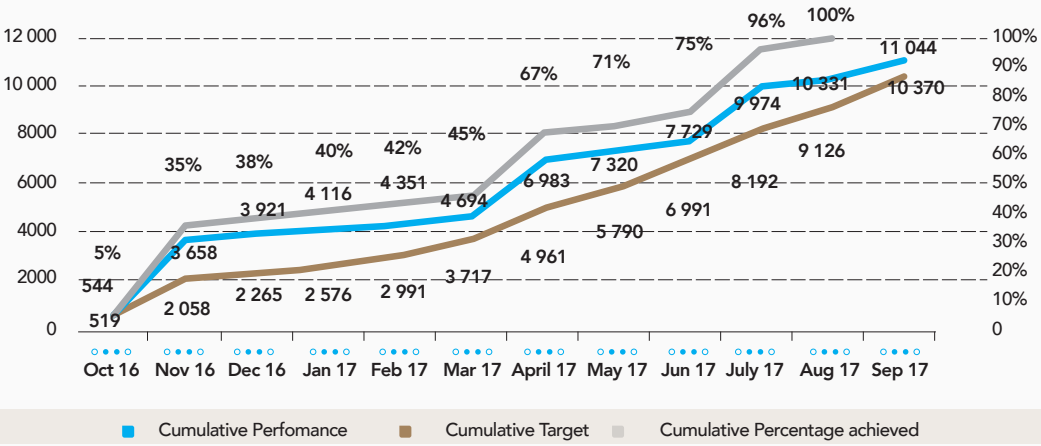
There was an overall appreciation from the participants in the conduct of the workshop and delegates felt empowered to deliver their tasks. Some delegates appreciated the fact that the workshop created a platform for in-country organizations to discuss pertinent issues that need solutions. A very strong foundation was set for implementation of TIMS Community Systems Strengthening.

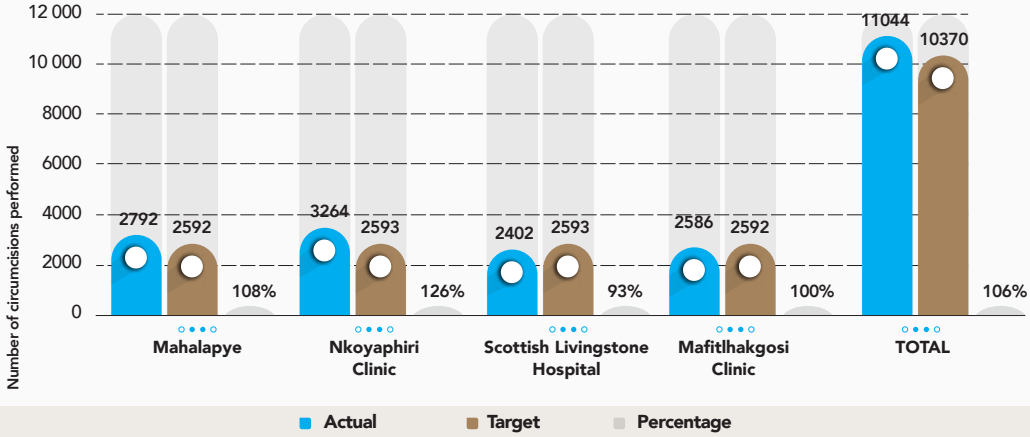
THE YEAR *IN NUMBERS*

Centers for Disease Control (CDC) Voluntary Medical Male Circumcision (VMMC) Performance

The CDC VMMC project is in its third year normally referred to as the COP year (October 2016 – September 2017). The Project is being implemented in 4 hubs namely, Mahalapye, Tlokweng, Molepolole and Nkoyaphiri. The target for the year was 10370 circumcisions. As presented in the graph below, we managed to surpass this annual target by 11044/10370 thus surpassing the set target by 6%.

Annual Cumulative performance against cumulative target for the COP year



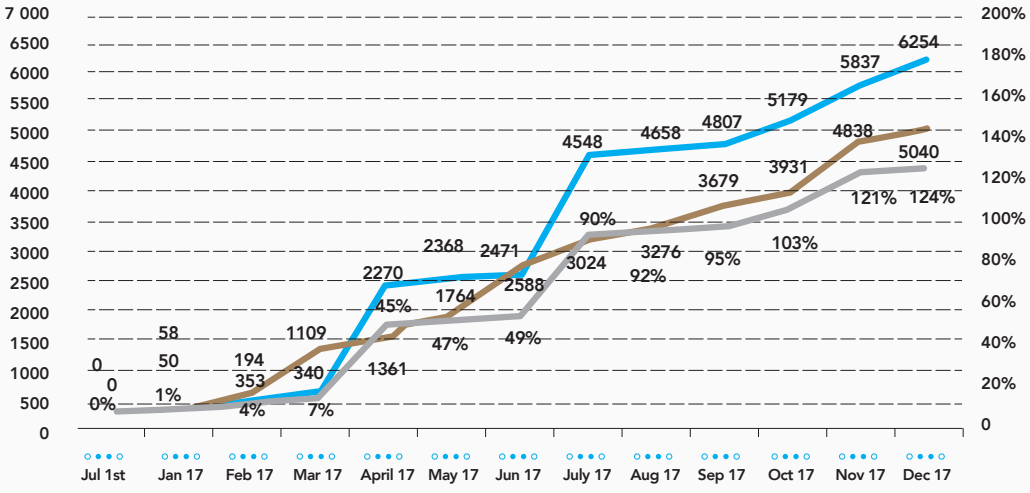


As presented in figure 2, all the hubs except Molepolole – SLH surpassed their annual targets.

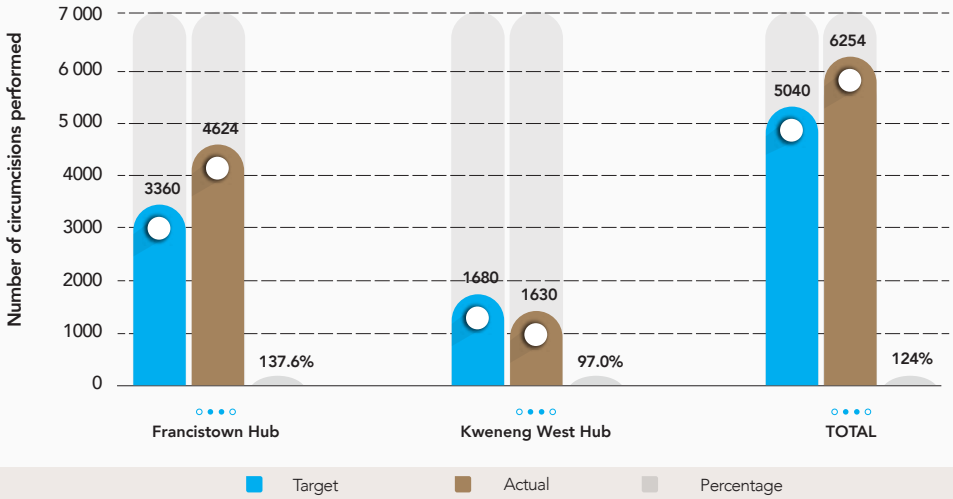
Global Fund VMMC Annual Performance

For the Global Fund VMMC module, we closed the year at 124% of the set target, thus (6254/5040).

Annual Cumulative performance against cumulative target

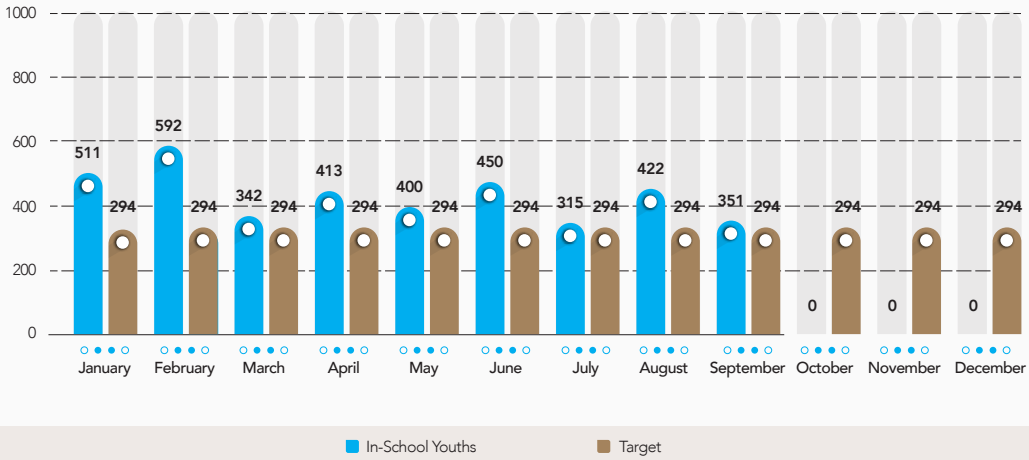


The module being implemented in the Northern hub consist of the following districts: Tutume, Francistown, Palapye and Serowe, and the Southern hub consist of Kweneng West and Hukuntsi. Francistown hub surpassed its annual target whilst Kweneng West hub reached 97%.



THE YEAR *IN NUMBERS* cont'd

Youths reached by month and school attendance vs Target



Other key indicators for the Global Fund Program are as follows:

INDICATOR	YEAR 2017 TARGET	ACTUAL PERFORMANCE	% PERFORMANCE
DOTS-7c: Percentage of notified TB cases, all forms, contributed by non-NTP providers - community referrals	47%	661	50%
YP-1: Number of young people aged 10–24 years reached by life skills–based HIV education in schools	8832	10719	121%
YP-Other: Number of young people aged 10–24 years reachedby life skills–based HIV education out of schools	2208	2522	114%
GP-1: Number of women and men aged 15+ who received an HIV test and know their results	43200	45742	106%
GP-5: Number of male circumcisions performed according to national standards	5040	6094	121%
KP-1c: Percentage of sex workers reached with HIV prevention programs - defined package of services	39%	2712	129%
KP-3c: Percentage of sex workers that have received an HIV testduring the reporting period and know their results	75%	1859	127%
KP-2a: Percentage of MSM reached with HIV prevention programs - individual and/or smaller group level interventions	50%	1650	123%
KP-3a: Percentage of MSM that have received an HIV test during the reporting period and know their results	75%	1198	119%

OUR GROWING *FOOTPRINT*

The year 2017 was a monumental one for us as it kicked off with an award from Wits Health Consortium for the TIMS project. Prior to that in 2016, ACHAP had successfully conducted a study in nine (9) SADC countries on Human Rights and gender barriers to accessing TB, Occupational Lung Diseases and compensation services in the mines. This was a World Bank and Department for International Development (DFID) funded project managed by Aquity Innovations.

With the TIMS project, we were able to achieve one of our key strategic objectives of programmatically entering new markets in the region. These countries were namely Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Tanzania, Zambia and Zimbabwe over and above the Botswana operations. This win, through our Business Development Department, catapulted ACHAP's recognition as one of the dominant forces in the healthcare space, establishing our regional visibility.

Our Business Development team continued the quest for opportunities beyond Botswana's borders. A new partnership was established with the Tanzania Council for Social Development (TACOSODE). Already this partnership has served as a foothold to approaching two additional invited opportunities. The two proposals were submitted to the Tanzania Roads Department (TANROADS) who were looking for consultants to provide sensitization of HIV/AIDS, STI, TB and gender issues in two road projects in Tanzania. We also struck a partnership with Boitekanelo Occupational Health Solutions (BOHS), a local company that specializes in provision of occupational health services to various clientele. This partnership has already garnered two submitted proposals, one to the New Partnership for Africa's Development (NEPAD) and the second to Wits Health Consortium, both in South Africa. The former opportunity is meant to conduct a baseline study on mine health regulation and occupational health services in Zambia, Malawi, Mozambique and Lesotho. ACHAP is one of six shortlisted firms competing with United States and German based corporates, illustrating our capacity to contend with international players.

The second opportunity is the continuation of the TIMS project that is expected to start in the first quarter of 2018. ACHAP, BOHS and Eastern Africa National Networks of AIDS Service Organizations (EANNASO) are collaborating on this proposal and will leverage their respective experiences from TIMS Phase 1 to write a winning proposal. As we enter the new year, we look forward to a positive response that will cement the ACHAP regional footprint.

In addition, the Business Development team led the development of other proposals, concept notes and expressions of interest that are at various stages of evaluation. We look forward to carrying this momentum into 2018 to enable ACHAP to soar higher and provide health solutions to more Africans. We thank our partners, both past and present, who have massively aided our expansion process.

The Consultancy Unit

A Memorandum of Understanding (MOU) between ACHAP and TACU, (The ACHAP Consultancy Unit) was signed during the year, marking the semi-autonomous nature of the unit from the parent institution. The MOU allows the Unit to provide technical assistance and services on a "fee for service basis" to its 'mother body' (ACHAP), other NGOs/CSOs, government, corporations, associations and other entities in the public health and development arena. The Unit maintains a host of specialized technical experts that include ACHAP staff and external consultants while collaborating with institutions of higher learning, private companies and businesses around the world in pursuance of revenue generating health and development work.

OUR GROWING *FOOTPRINT* cont'd

Mapping and Size Estimation

Our Consultancy Unit continued to break new ground in several areas throughout the year. It became the first local entity to undertake a Mapping and Size Estimation of Key Populations in the country. To date the exercise has been done once and acts as a preserve for international organizations. The only similar exercise of this nature previously conducted in the country being the Biological and Behavioral Surveillance Study (2012) led by FHI360 in partnership with World Health Organization (WHO), the US President's Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID). The completed study on the Size Estimation has four key populations in 12 selected districts around the country with financial support from the Global Fund.

This study offers Botswana clarity on the estimated number of Female Sex Workers (FSWs), Men who have Sex with Men (MSM), Transgender Individuals (TGs) and People Who Inject Drugs (PWIDs). We intend for this to be a truly national report and are hence awaiting final sign off from the local Ministry of Health and Wellness that will incorporate final nationally triangulated data in early 2018.

Monitoring, Evaluation and Reporting (MER) Essential Survey Indicators

TACU (The ACHAP Consultancy Unit) entered into a contract with Catholic Relief Services (CRS) to undertake a study on Monitoring, Evaluation and Reporting (MER) Essential Survey Indicators Data Collection for Orphans and Vulnerable Children Programming in Botswana. This being part of the PEPFAR set of outcome indicators for its programs around the world serving Orphans and Vulnerable Children (OVC).

These outcome indicators reflect internationally accepted developmental milestones and collectively measure holistic well-being for OVC's and their families over time. In Botswana, the study covered the seven districts of Mahalapye, Goodhope, Southern, Greater Gaborone, Kweneng East, Kgatleng, and South East. The survey investigated a set of nine standard indicators developed by PEPFAR to assess key child well-being and protection outcomes. The work undertaken by TACU provided baseline measures against which the same indicators are to be measured after a two-year period. Both the baseline and follow-on data will also provide a basis for comparison of Botswana indicators on the global stage.

African Medical and Research Foundation (AMREF)

We were awarded a short-term consultancy to undertake a formative assessment of the Maternal and Child Health (MNCH) and Non-Communicable Diseases (NCD) Project in Botswana. This assessment would culminate in a rapid assessment and final concept note detailing the MNCH and NCD specific needs, opportunities and challenges facing the country. The concept was delivered along with a detailed three-year work plan and interventions supported by the Ministry of Health and Wellness, a comprehensive and planned rollout over three years.

The overall goal of the intervention is to improve the prevention, diagnosis and management of NCDs (diabetes and hypertension) at primary health care level to contribute to the decrease in their associated morbidity and mortality amongst women aged 15-49 years in Botswana. We hope to commence this project in 2018 with a focus on building the capacity of health care workers to address NCD management and advocate for the prioritization of NCDs across the country's health care system.

Sentebale

Towards the end of the year (2017), we were approached through the Department of Psychology from the Royal University of Holloway in London to participate in a cohort evaluation supported by the

Prince Harry Foundation. The study is to evaluate a psychosocial program for adolescents living with HIV in Botswana. Perinatally Acquired HIV (PAH) is now a reality in Botswana with approximately two million young people between 10 and 19 years living with HIV (UNAIDS, 2013). Two psychosocial interventions that have been developed to address a range of needs of this population (and their caregivers) are the residential interventions (camps) and support groups (clubs).

There has been little quantitative evaluation of the effects of attending camps for young people and clubs (for children or caregivers), globally. This study aims to investigate whether a package of psychosocial support (camps and clubs) offered to young people living with HIV and their caregivers in Botswana by Sentebale is associated with improvements in psychological, behavioral and clinical outcomes from first attendance to one-year follow-up. We have agreed to spearhead this assessment as the local principal investigator and will put forward the research application in the coming year (2018).

Way Forward

The Business Development prospects for the organization through grants and consultancies hold several new and exciting prospects. It is apparent that the strategic scope of ACHAP of looking beyond health and looking beyond the borders of Botswana is systematically bearing fruits. One such internal strategic change in the year was the joining of the ACHAP Training Centre and The Consultancy Unit. This amalgamation allows the organization to tap into other private sector training institutions using a consultancy revenue generating approach.

We have begun undertaking broader public health endeavors that include Human Rights, Gender, a larger scope of occupational and lung disease as well as advocacy and community system strengthening activities. Most of these broader technical work areas including that associated with the mining industry are ongoing across the east and southern African region. This has however not dampened the organization's work in country with both the public and the private sector.

The Business Development prospects for the organization through grants and consultancies hold several new and exciting prospects.

OUR *PEOPLE*

Our HR and Administration department consist of dual sections that optimize the critical, different roles as a service provider, an advisor and a strategic business partner. This is achieved through exploring mechanisms towards attraction, management and retention of high talent aimed at maintaining high performance and sustained growth for ACHAP as well as ensuring robust systems and controls.

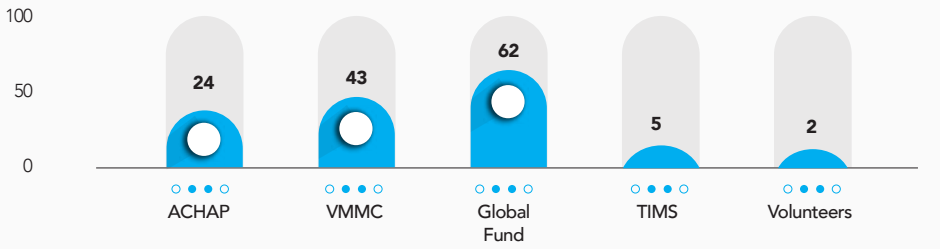
Employee Engagement

Our strategic goals pertaining to employees are to improve staff performance, optimize positive organizational climate and culture and develop staff capacity and competences. As a result, in 2017 we embarked in an employee engagement survey aimed at gauging and improving the morale of employees and nurturing a high-performance culture. On a similar initiative, the year 2017 kick-started implementation of the talent management strategy such as implementation of the developed career structure and reviewed salary structure. In addition, management was trained on performance management.

Staff Complement

To date we have 136 employees as per the table below with a vacancy rate, which stood at 8% as at 31st December 2017 and 7% turnover. In addition to these, there are also, several Community Mobilizers and Peer Educators for different projects at field.

Staff Complement per project



Training and Development

Our drivers have undergone Defensive Driving Training. The initiative was meant to equip relevant staff especially those who drive in challenging terrains.

Asset Management

In contributing to the ACHAP goal of improving organizational efficiency an asset verification process is routinely conducted for ACHAP assets to ensure effective management of systems and controls.

Standard Operating Procedures

The Administration team along with the Finance Department have developed Standard Operating Procedures (SOPs) outlining all processes and procedures to be followed by User Departments in order to improve our internal processes. The SOP's clearly clarify the timelines of processing requests and payments to suppliers.

OUR *PARTNERS*

Collaboration is an essential component in meeting our mission to provide comprehensive, innovative and catalytic solutions through Public Private Community Partnerships (PPCP) to achieve sustainable population health. We continue to be sincerely grateful to our funders and implementing partners for collaborating with us to work toward our mission and vision.

Our Funders For 2017

In 2017, we received large grant funds from:

- CDC/PEPFAR
- The Global Fund Against AIDS, Tuberculosis and Malaria
- Wits Health Consortium

2017 Implementing Partners

The year 2017 saw an astronomical growth in the number of our implementing partners throughout the Southern African Region. We were proud to partner with the following organizations:

BOTSWANA

- BOCAIP
- BONASO
- BONELA
- Kagisano
- Tebelopele

LESOTHO

- LENASO
- Mantsopa Communications

MALAWI

- MANASO
- Paradiso

MOZAMBIQUE

- AMIMO
- UNIDOS

NAMIBIA

- DAPP
- NANASO

SOUTH AFRICA

- Aurum Institute
- NACOSA

SWAZILAND

- SAFAIDS
- SWAMIMA

TANZANIA

- EANNASO
- Mukikute
- TACOSODE

ZAMBIA

- CHEP
- CITAM+

ZIMBABWE

- Bekezela
- Jointed Hands

OUR LOCAL *FRANCHISE*

A key function of our Phase 3 plan was to set up a franchising model in several countries in the region. The 2017 Annual Strategy Development Retreat saw management set the first tangible objective in this regard. The retreat developed an outcome measure under the "Establish Country Presence" objective to set a target of four countries to pursue. The specific countries chosen are Malawi, Lesotho, Tanzania and Zambia. Instead of focusing on MOU's with governments, this process will see us prioritising signing MOU's with strategic organisations formerly registering for operating purposes in these countries. The practice of formalizing relationships in each of these countries through the signing of Memoranda of Understanding will continue in the year ahead as was the practice during 2017.

Naturally, "opening shop" in new countries presents both challenges and opportunities. 2017 however, provided us with worldwide experience; seeing us being catapulted into ten countries at one go. This along with the mock franchisee arrangement between TACU (our Training and Consultancy Unit) ACHAP has a feel for both the practical operational and administrative challenges presented by this activity.

While getting our feet wet in the region, ACHAP Botswana has worked closely with government and partners who have a keen interest in Botswana based activities. The Mapping and Size Estimation Study and the Monitoring and Evaluation Study are key Botswana based activities that took place in the year under the local implementation model. This has set a further presence for ACHAP Botswana to be the first point of preference for all future Government of Botswana contracts. ACHAP Botswana, as opposed to ACHAP Inc. will hence contract directly with all locally funded institutions making it more competitive in the local Botswana market.

ACHAP ANNUAL FINANCIAL *STATEMENTS*

OUR *FINANCIALS*

FINANCIAL COMMITMENTS AS AT 31 DECEMBER 2017

For the financial year ended 31 December 2017, our activities were funded from the following sources of funding:

- PEPFAR through Centers for Disease Control (CDC) - US$10 million Voluntary Medical Male Circumcision 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 (3) year Project
- TB in the Mining Sector in Southern Africa Global Fund Grant- US$2.3 million funded as a sub-recipient by the Wits Development Enterprise Division, A Division of Wits Health Consortium
- Consultancies undertaken during the period under review

OUR *FINANCIALS*

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.

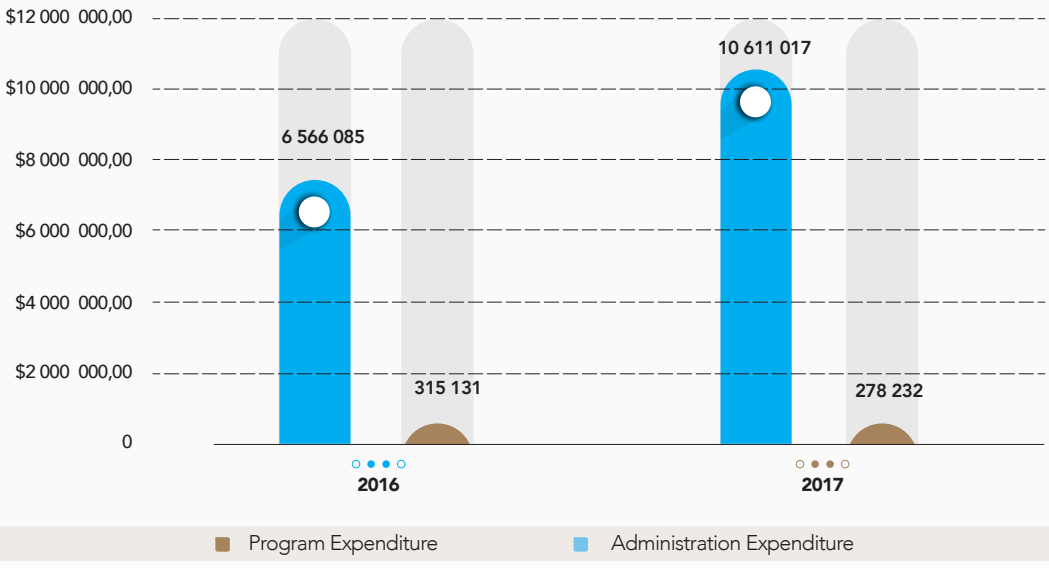
YEAR 2017 INCOME

For the period under review, the total income amounted to **$10 361 269**. The contribution towards this income was from ACHAP funders at levels shown by the table below.

SOURCE OF FUNDING	AMOUNT US ($)
Global Fund Project	6 232 585
CDC VMMC Project	1 989 750
TB In the Mines Project	2 001 696
Consultancies	137 238
	10 361 269

The funds were utilized in accordance with applicable rules, regulations and funder requirements as allocated in the approved budgets to the strategic focus areas and management costs.

ACHAP PROGRAM EXPENDITURE VS ADMINISTRATION BY YEAR



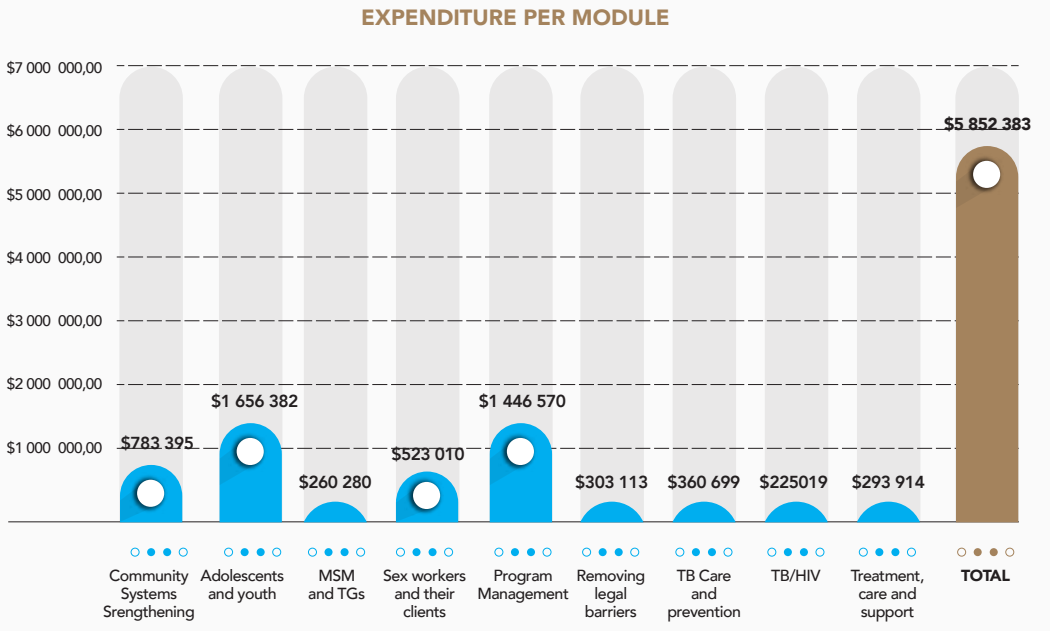
OUR *FINANCIALS* cont'd

Overall expenditure in year ended 31 December 2017 is significantly higher than expenditure as at 31 December 2016. This is largely due to the fact that in year 2017 implementation of the Global Fund Project was accelerated as this was the second year of Grant implementation. We were also awarded a one year TB in the Mining Sector in Southern Africa (TIMS) Grant at the end of 2016 and effective implementation of the grant commenced January 2017. Implementation of all the grants was strengthened in the year in order to meet set objectives and targets. The excess expenditure was funded with income that was deferred from the financial period that ended 31 December 2016.

The Global Fund Financial Expenditure

We are nominated 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 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. We are also responsible for harmonizing grant activities with other program activities within the country.

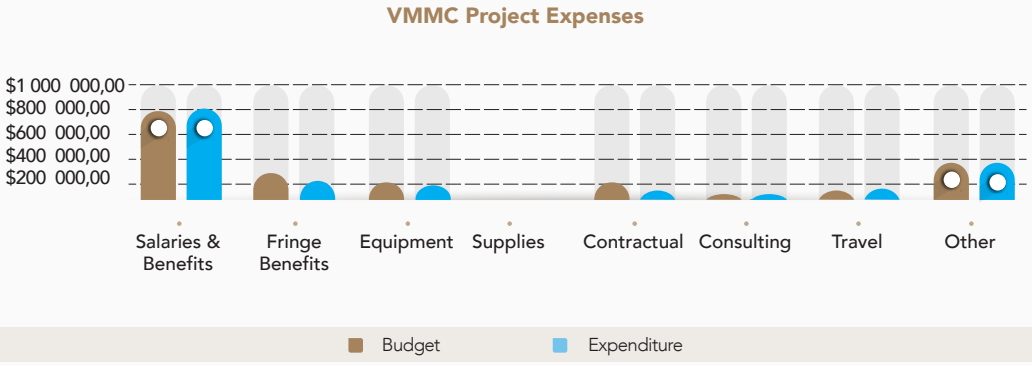
Global Fund resources were used to fund the expenditure relating to human resource, travel, supplies and other costs to implement the modules as depicted by the table below:



A total of **$5 852 383** were expended in the period under review.

VMMC Project Financial Expenditure

Project implementation for the CDC VMMC Project continued in the period under review, with an annual budget of approximately $2 million. A total income of $1 989 750 was applicable to the year ended 31 December 2017. The funds were utilized as follows:



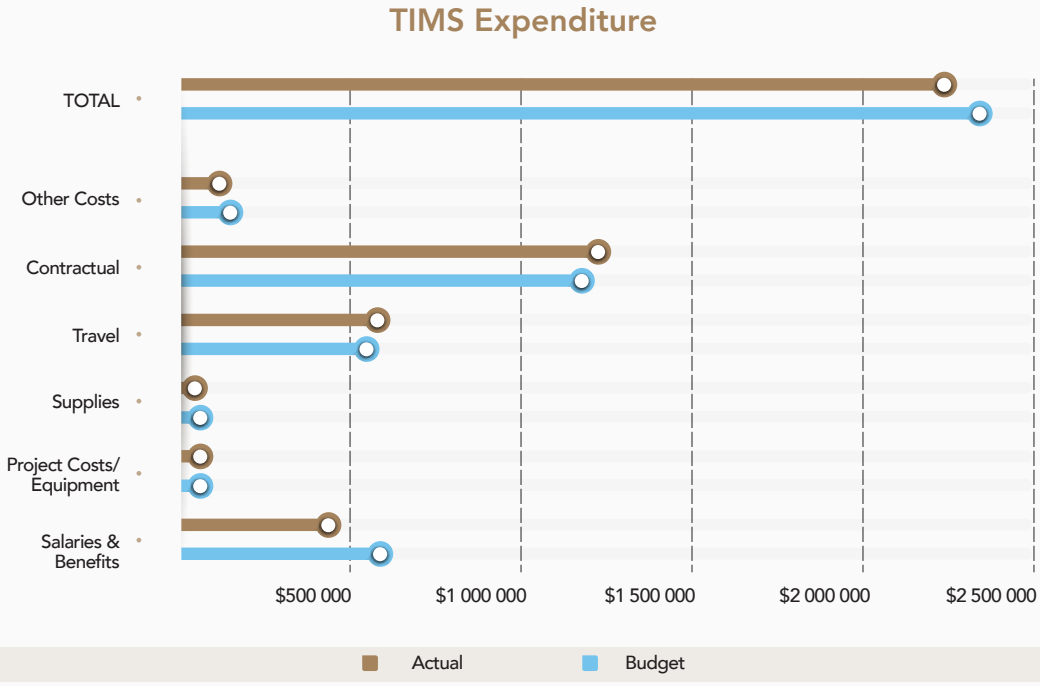
The total expenditure for the project activities for the period under review amounted to $1 533 199. The expenditure was incurred in accordance with the approved budget.

Salaries and employee benefits made up 52% of the expenditure for the period under review. This was mainly because this was a service provision project and naturally, most resources will be committed to human resources to deliver the services to the people. This was also the project start year, most efforts were invested in engaging stakeholders and communities in which the program activities were implemented. The remainder of the expenditure is made up of procurement of equipment costs, program supplies and other direct program costs.

TIMS Project

This was essentially a one-year sub-award amounting to US$2, 310,000. Implementation of this grant commenced in year 2017. Expenditure for the period under review is as per table below:

OUR *FINANCIALS* cont'd



We selected 20 CSOs across the 10 TIMS SADC countries in order to deliver the Community Systems Strengthening module. Expenditure incurred by the CSOs to deliver the activities in their respective countries are under the contractual cost category above, this accounted for 54% of the total expenditure in the period under review.

Consultancy

Resource mobilization of unrestricted income in the period under review continued. The total income recognized from consultancies amounted to approximately $137,000. The resources realized were 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 projects.

"Through the hard work we have put into the development of our continent, and the health of its inhabitants, Africa's time is now, and made official by us Africans."

Dr. Jerome Mafeni
ACHAP Chief Executive Officer

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