



ADVANCING PARTNERS  
& COMMUNITIES

# FINAL REPORT

## Botswana

JULY 2019



**USAID**  
FROM THE AMERICAN PEOPLE



## ADVANCING PARTNERS & COMMUNITIES

Advancing Partners & Communities (APC) is a cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-I2-00047, beginning October 1, 2012. APC is implemented by JSI Research & Training Institute, Inc., in collaboration with FHI 360. The project focuses on advancing and supporting community programs that seek to improve the overall health of communities and achieve other health-related impacts, especially in relationship to family planning. APC provides global leadership for community-based programming, executes and manages small- and medium-sized sub-awards, supports procurement reform by preparing awards for execution by USAID, and builds technical capacity of organizations to implement effective programs.

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## ACRONYMS

|         |   |
|---------|---|
| AGYW    | Adolescent girls and young women                |
| ART     | Anti-Retroviral Therapy                         |
| BOCAIP  | Botswana Christian AIDS Intervention Programme  |
| BONEPWA | Botswana Network of People Living with HIV/AIDS |
| BORNUS  | Botswana Retired Nurses Society                 |
| CHW     | Community Health Worker                         |
| DOTS    | Directly Observed Treatment Short course        |
| GBV     | Gender-based Violence                           |
| HTS     | HIV Testing Services                            |
| PEPFAR  | U.S. President's Emergency Plan for AIDS Relief |
| PLHIV   | People Living with HIV                          |
| PrEP    | Pre-exposure Prophylaxis                        |
| TB      | Tuberculosis                                    |



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APC implementation districts included Southern, Kweneng East, Kgatleng, Gaborone, Francistown, South East, and Ghanzi.

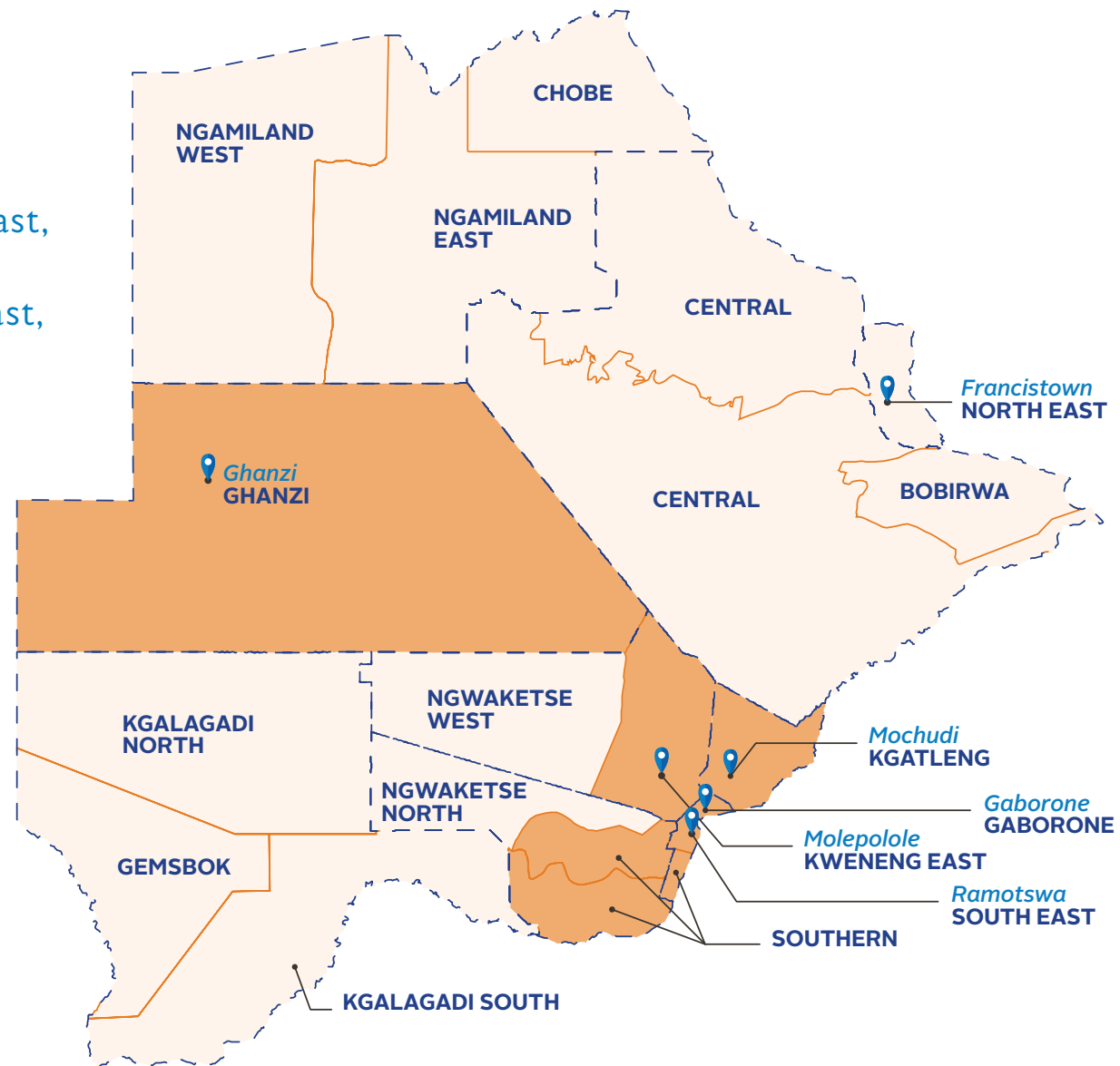
#### LEGEND

 APC Cities and Villages

 APC Districts

 District Boundary

 Province Boundary



## BACKGROUND

Botswana has a population of 2.2 million and the highest gross national income in sub-Saharan Africa. It has a growing middle class and a rapidly expanding education system. The country is burdened with a prolonged and severe HIV epidemic resulting in the third highest HIV adult prevalence in the world, with an estimated 378,184 people living with HIV (PLHIV) and 13,797 new infections in 2018.

Over the last two decades, the country has made significant progress toward reaching epidemic control in the fight against HIV and AIDS. Policy shifts that have had a tremendous impact include Treat All and scale-up of effective strategies, such as safe male circumcision and programs for key populations. However, challenges remain as almost one-fifth of the population lives below the poverty line.

Important policy shifts like HIV self-testing, tuberculosis preventive therapy, active partner notification, differentiated service delivery models, and treatment of non-citizens that have not been fully implemented have slowed progress toward epidemic control. Tuberculosis (TB) remains the leading cause of death in PLHIV and is responsible for 13 percent of adult deaths and 40 percent of deaths among PLHIV.

## PROJECT OVERVIEW

From October 2015 to April 2019, the USAID mission in Botswana funded the Advancing Partners & Communities (APC) project. The aim of the project was to ensure that communities measurably contribute to achieving the UNAIDS 90-90-90 targets.

### OBJECTIVES

- Promoting increased utilization of integrated community-based services in support of the first 90 and prevention objectives.
- Promoting improved linkages to care, adherence to anti-retroviral therapy (ART), and TB drugs; and retention in care through community-based efforts in support of the second and third 90.
- Promoting changes in gender norms and reducing the impact of gender-based violence (GBV).



| IMPLEMENTING PARTNER                                      | DISTRICT                                     | SERVICES   |   |
|---|--|--|---|
| Botswana Christian AIDS Intervention Programme (BOCAIP)   | Gaborone                                     | HIV testing services (HTS)<br>Prevention                         | Community HIV/TB care and treatment<br>Gender norms                         |
| HumanaPeople to People (HPP)                              | Goodhope Kweneng East<br>Greater Francistown | HIV testing services (HTS)<br>Prevention                         | Community HIV/TB care and treatment<br>Gender norms                         |
| Baylor  | All APC supported districts                  | Pediatric community HIV care                                     |   |
| Botswana Retired Nurses Society (BORNUS)                  | South East<br>Southern                       | HIV testing services (HTS)<br>Prevention                         | Community HIV/TB care and treatment<br>Gender norms                         |
| Botswana Network of People Living with HIV/AIDS (BONEPWA) | Mahalapye<br>Kgatleng                        | HIV testing services (HTS)<br>Prevention                         | Community HIV/TB care and treatment<br>Gender norms                         |
| Kuru Health   | Ghanzi                                       | HTS  | Community HIV/TB care and treatment   |
| Kagisano Society Women Shelter (KSWS)                     | Gaborone                                     | Post-GBV care  |   |
| Tebelopele  | Gaborone<br>Kweneng East                     | PrEP<br>Integrated HIV Testing Services ART treatment initiation | Sexual and reproductive health services<br>Community HIV care and treatment |



Photo: Staan Rulaganyang, Shed Light Labs (Pty) Ltd

# RESULTS SUMMARY

APC's support contributed to an increase in identification of new PLHIV from HIV testing from a 2.5 percent positivity rate in October 2015 to 6.9 percent in September 2016, as well as a linkage completion rate of 70 percent.

**162,039**



INDIVIDUALS  
tested for HIV

**7,006**



INDIVIDUALS  
identified HIV positive and  
supported to start treatment

**748,868**

MALE

&

**3,679**

FEMALE

condoms distributed



**1,172** individuals supported on community **directly observed therapy short course (DOTs)**

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**194** individuals **identified with TB** through community screening

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**60,769**   
INDIVIDUALS reached with HIV prevention messages, including

 **46,407**  
YOUNG WOMEN

**59,597**  
ADULTS

reached with community HIV care services



**7,911**  
CHILDREN

**19,877** individuals reached with gender norms messages

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 **2,396** provided with post-GBV services

**758**   
community health workers trained

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 **173**  
young women initiated on PrEP

## APC FIRSTS

- First PEPFAR partner to introduce index testing in Botswana. Index testing is an HIV testing strategy that targets sexual partners and social contacts of PLHIV.
- First PEPFAR partner to launch a community wellness clinic that integrates HIV services with other services like non-communicable disease screening and sexual and reproductive health services.
- First partner in Botswana to deliver Pre-exposure prophylaxis (PrEP) to adolescent girls and young women (AGYW).

## PROMOTING INTEGRATED COMMUNITY HEALTH SERVICES

The APC project supported a number of complementary interventions that helped promote HIV prevention behaviors at the individual, household, and community level. The project delivered strategic behavior change services in HIV prevention that targeted AGYW, as well as facilitated discussions on gender norms and GBV. These activities were conducted in line with PEPFAR minimum standards using evidence-based methods and tools including the SASA! methodology. SASA! Introduces ways to change harmful community norms that predispose women and girls to HIV.

### PREVENTION ACTIVITIES:

- providing HIV prevention messages
- condom demonstrations and distributions
- tailored risk assessments
- skills building for AGYW
- social media prevention campaigns
- HIV Testing Services (HTS) and safe spaces for AGYW.









Photo: Kabelo Poloko



## IMPROVING LINKAGES TO CARE, ADHERENCE TO ANTI-RETROVIRAL THERAPY, AND TUBERCULOSIS

The APC project ensured that all positive persons identified were linked to timely care and treatment within an area convenient to their location. Clients received pro-active follow-ups for retention and adherence to treatment. Increased focus was placed on strong linkages between facilities and the community to ensure a quality continuum of care. The project implemented the following community-based interventions aimed at fast-tracking ART:

- active referrals by escort
- psychosocial support and client literacy
- active pre-ART patient tracking for enrollment
- enhanced client flow processes
- implementation of community ART/TB models that decongested health facilities.

APC partners provided different services throughout the continuum of care, starting when individuals tested positive. APC partners also used a cadre of expert clients, who supported the care program as part of the community health worker (CHW) workforce. The expert clients offered HIV education, treatment literacy, psychosocial support, linking clients to treatment, and client advocacy.

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*This is what one of the clients supported under the APC project had to say “ganne e seka Kenalemang nkabo ke sule” translated “if it wasn’t for Kenalemang (CHW) I would have died by now” This client had defaulted on treatment and was linked back to treatment and supported to adhere by an APC CHW.*

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## PROMOTING CHANGES IN GENDER NORMS

The APC project implemented SASA!, a methodology aimed at preventing violence against women. Sasa is a Swahili word that means now and it was used to signify that the time is now to end gender based violence. Start Awareness Support Action (SASA) is also an acronym of the different phases of the methodology. As part of community-based mobilization activities, CHWs trained as gender activists screened for GBV incidents in and around households in a sensitive, non-intrusive manner. Each GBV survivor identified through the screening was offered an appointment for in-depth discussion and referral for post-GBV care where appropriate.

### THE POST-GBV CARE SERVICES PROVIDED BY THE PROJECT INCLUDED:

- counseling and psychosocial support
- HIV testing Services (HTS)
- legal aid
- shelter services
- provision of PEP
- provision of emergency contraception
- screening for and treatment of sexually transmitted infections.









Photo: Stoaan Rulaganyang, Shed Light Labs (Pty) Ltd

## STRENGTHENING LOCAL ORGANIZATIONAL CAPACITY

APC provided technical assistance to seven local partner organizations to strengthen their organizational capacity: BOCAIP, BORNUS, HPP, Tebelopele, Kuru Health, BONEPWA, and Baylor.

To identify strengths and gaps, APC conducted pre-award assessments for each partner. APC also provided orientations on USAID grants and US government regulations, as well as special award conditions.

For each partner, an action plan was developed that guided the provision of technical assistance. APC conducted regular reviews of the financial and technical/programmatic processes of the partners. These reviews helped identify areas where extra support was needed. In addition, APC developed a number of community reporting tools that fed into the national monitoring and evaluation (M&E) system.

## PROGRAM IMPACT

The project introduced index testing, which is a high yield modality for identifying PLHIV. This modality was scaled up by all other non-APC implementing partners in Botswana, thus identifying more PLHIV and improving the country's performance in fast-tracking HIV targets.

The project used CHWs, who support government facilities, to retain clients on treatment. This improved retention and viral suppression in the country. CHWs tracked clients that missed clinic appointments, or appointments for their laboratory check ups, and linked them back to facilities, which decreased the defaulter rate.

APC's activities strengthened local partner capacity to deliver quality HIV community services. This included transforming two voluntary counselling and testing centers into full-fledged community wellness centers that provide an array of services to the community. These services included ART initiation, screening and treatment of non-communicable diseases, STI screening and treatment, sexual and reproductive health services, pre-and post-exposure prophylaxis for HIV.

The APC project contributed to the national M&E dataset by developing community reporting tools that fed into the national M&E system. These tools included tracking logs for clients not linked to treatment, defaulting clients, clients lost to follow up and clients without a valid viral load measure. This ensured that community activities were documented and reported on at the national level.

## LESSONS LEARNED

- Strong collaboration with government facilities and other partners was critical for the program's success.
- Collaboration with community stakeholders, including traditional and religious leaders, was essential.
- Use of expert clients as peers helped to link newly identified PLHIV to treatment.
- Use of CHWs from the local communities helped support program buy-in and made it easier to reach clients in the communities.





## CONCLUSIONS

The APC project ensured that communities measurably contribute to achieving the UNAIDS 90-90-90 targets in Botswana. This was done by developing the capacity of local organizations to implement quality HIV programs, but also by using community resources like CHWs. In addition, the project forged strong partnerships with community stakeholders, who helped the project achieve its results. The local organizations supported under APC are much stronger and are competing for government grants to implement community projects.



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