To be a leading innovator for promoting a healthy Africa.

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

Respect
Accountability
Passion
Transparency
Universal Integrity
Results with Impact
Effectiveness and Efficiency.
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TO BE A LEADING INNOVATOR FOR PROMOTING A HEALTHY AFRICA.
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2015 - THE YEAR IN REVIEW

Twenty fifteen has been a remarkable year for ACHAP. The hard work of our staff and ceaseless support from our stakeholders has begun to show fruit, through the successful initiation of our first grant from the US Government’s Centers for Disease Control and Prevention (CDC); confirmation of our role as Botswana’s first Private Sector Principle Recipient for Global Fund, and awarding of our first multi-country project through a 10-country study of Human Rights and Gender Barriers to TB and Occupational Health Services in the mines. In the midst of a difficult funding environment, ACHAP has met the challenge of transitioning to an independent institution. ACHAP has remained an important contributor to the public health goals of Botswana, while simultaneously expanding its impact regionally.

The challenges will continue both in the areas of resource mobilization and more importantly, in the area of public health treatment, prevention and research. However, our commitment to using innovation, deep understanding of public health and country needs and history of high quality project implementation will continue to support us in proving to our stakeholders that ACHAP is still worthy of their investments and partnership.

We look forward to developing ACHAP’s broadened and more diversified future, and continuing to support Botswana and countries throughout the region to reach their public health goals.
“ACHAP has remained an important contributor to the achievement of the public health goals of Botswana, while simultaneously expanding its impact regionally.”

Looking Ahead

Having always operated exclusively inside of Botswana, the plan is to diversify further and continue to have influence on public health locally and within the region. We intensely set out to expand further and received our first regional signed agreement towards the end of 2015. We began a 10-country study on TB in the Mines, which has so far been a great success. The study has enabled us to showcase our skill capacity to other countries, and will hopefully garner more partnerships for us with more countries. The infrastructure we have put together for that project will gradually help us to penetrate the continent, partner with more countries and build a legacy across the region, and subsequently the continent. The community-based testing project that we had previously been running with the help of the Ministry of Health and a few other organizations, gave substantial results. We were able to compile and compare the results and draw conclusions about the best methods of doing community-based care for TB. The greatest conclusion from this project was for organizations to ensure they work very closely with health facilities to make sure that the projects are done in the context of what the Ministry of Health has in place already, and that there is understanding and acceptance by the healthcare workers because they are usually the major source of support of those activities.

Partner with ACHAP

We've thus far begun to create and develop partnerships with countries beyond our borders. With the initial purpose of maintaining a knowledge and technical sharing capacity, we believe these will only go on to fortify our cause in obtaining funding in an increasingly competitive environment and to achieving our short to long-term objectives. We look forward to developing ACHAP’s broadened and more diversified future as a newly independent organization and realizing increased success in all our future projects.
2015 marked our first year in post-transition, where we went from being a funded organization to essentially being independent. What was significant for this year was our success in mobilizing considerable new resources to ensure and guarantee that the organization remains afloat. We no longer had assured sources of income, but we were fortunate that during the year we were able to win a sizeable new bid from the US government (Centers for Disease Control and Prevention – CDC) and additional assurances of the funding that was to later come from the Global Fund. We were also successful in securing numerous local consultancies, which allowed us to remain economically stable and functional, even after the significant staff reduction we incurred before then.

2015 Focus and Projects

Our main projects for 2015 largely comprised the Voluntary Medical Male Circumcision (VMMC) project, and of course finalizing reports with the old model of the organization, to clear the books for the previous funders and in so doing, fully transition to the model we are operating under currently. Another point of focus was on acquiring consultancies that enabled us to broaden our base beyond the core of what we are globally recognized for. We began the process of diversifying our portfolio to showcase our capabilities beyond the HIV/AIDS projects, which included consultations for the Vision Council, HRDC and the EU on the Human Rights Capacity Building, to mention just a few. Through this, we wish to broaden the spectrum of our capabilities outside of our core characteristics to demonstrate to potential stakeholders and clients that we are not just an HIV/AIDS organization, but that we indeed have other competencies.
Our Horizon

2015 was the first time we made efforts to physically rollout our new business strategy that was developed in late 2014. It was developed with the aim of stating clearly the margins of our transition from being a project and our aspirations as a new business, part of which comprised our intent to grow and expand both beyond the borders of Botswana and beyond the confines of HIV/AIDS projects. The targets we set, though not incredibly ambitious, were however quite significant and exciting. In efforts to expand throughout Africa, beginning first in the southern region, we signed our first memorandum of understanding (MOU) with the Kingdom of Swaziland and although it is more of technical assistance and just a signed agreement at the moment, we are looking to put life into it in the following year. This MOU, however, can be activated at anytime should the need arise.

We reached out to countries that are similar to Botswana in size and system; we also based our selection on the value we would be able to provide to them, and then build up from there onwards. These partnerships are also built on the intention of just sharing with them our knowledge and technical capacity. The collaborations we are trying build with these countries can strengthen our stature when responding to funding solicitations with different funders, to develop various projects that require incomparable financing. But of course even that comes with challenges, the most pressing being the actual distance between countries. Physical communication is necessary in the early development of every relationship; efforts to reach out in more meaningful ways have to be done, but funding travels to solidify agreements between either government is a challenge. But because this is a long-term vision, there’s room to improve and hope for continued success.

Looking Ahead for ACHAP

Based on the success we have seen on the various projects we have carried out despite resource limitations and stringent budgets, we have proven our abilities and built a distinct reputation with regards to securing potential donors. Hopefully, this will continue to put us as a business forward and earn us more opportunities and partnerships both locally and internationally. Part of the restructuring we carried out in readiness to become self-funding/self-sustaining was to redesign the organization to get essentially, three income streams. The first being the grant-funded stream which will be a major source of income; the second being the consultancies; and the third being our ACHAP Training and Capacity Building Centre which is yet to fully take-off. To implement these, we have to build partnerships both here at home and beyond with various organizations and institutions because of existing human capital and accreditation challenges we are currently facing.

Our vision for the future of this organization has never been more expansive, and with the hard work put into diversifying our mandate, it portends to be a fruitful one.

Our vision for the future of this organization has never been more expansive, and with the hard work put into diversifying our mandate, it portends to be a fruitful one.
MRS. JOY PHUMAPHI
Chairperson
ACHAP

DR. EDWARD MAGANU
(Chairman ACHAP Botswana)
ACHAP

DR. JEROME MAFENI
Chief Executive Officer
ACHAP

DR. JEFFREY STURCHIO
Board Member
ACHAP

PROF. RIC MARLINK
Board Member
ACHAP

PROF. ALINAH SEGOBYE
Board Member
ACHAP
"Wisdom equals knowledge plus courage. You have to not only know what to do and when to do it, but you have to also be brave enough to follow through" - Jarod Dent Jr.
RACHEL JACKSON  
Business Liaison Manager  
ACHAP

BLESSED MONYATSI  
Head of New Projects  
ACHAP

IVOR WILLIAMS  
Consultancy Unit Manager  
ACHAP

OARABLE MAKGABANA - DINTWA  
Project Manager - VMMC  
ACHAP

KABO MONARE  
Acting Marketing, Advocacy & Communications Manager  
ACHAP

ELIZABETH MOSHI  
Training Manager  
ACHAP
PEPFAR, working with WHO, strives to achieve 80 percent adult male circumcision coverage by prioritizing the 14 high transmission countries, which include Botswana, to maximally and efficiently reduce HIV incidence and contribute to PEPFAR’s overarching strategies for epidemic control. In 2015, ACHAP received a 5-year grant by CDC/PEPFAR to support the Government of Botswana in the national expansion of adolescent/adult VMMC. The grant has a Direct Service Delivery (DSD) component for adolescent & adult VMMC and a Technical Assistance (TA) component for EIMC Early Infant Male Circumcision to run from July 2015 - June 2021. The grant is to be implemented through various approaches including outreach, static and mobile services with ACHAP being expected during this time to conduct over 60,000 VMMC procedures among HIV-negative males or males of unknown HIV status of between 15-29 years of age in 3 geographical areas of Botswana.

**Achievements**

Between July and December 2015, a total of 2748 against the anticipated 7518 (37%) VMMC procedures were conducted. Initially the implementation was in 3 hubs namely Gaborone, Kweneng East and Mahalapye but this was reviewed in October to only cover Greater Gaborone (including Kgatleng & South East) and Kweneng East health districts.

Braai session at Oodi village
Through the use of trained community based volunteer mobilizers, various strategies were employed at various levels – (national, community, and interpersonal level) to recruit potential clients for circumcision. Mobilization activities employed included door to door, use of public address system, snowballing braai, street-level activations using crowd pullers, and use of community influential personnel. A total of 94 mobilizers were trained by end of December 2015 within the 3 hubs.

Engagement with community leadership to promote SMC among the communities. Below are pictures from a breakfast meeting held with the Kweneng East leadership to promote SMC among eligible males.
SCHOOL CAMPAIGN

Teams successfully conducted school campaigns in the months of September and November, as evidenced by the significant rise in the graph performance below.

HIV COUNSELLING AND TESTING (HCT)

While HIV testing before circumcision is not mandatory, the project has consistently offered the service to all willing males. At the beginning of August 2015, the whole country suffered stock shortage of HIV testing kits until the end of December 2015. This resulted in only 50% of circumcised men being tested for HIV with only 47% of these being negative, 3% HIV positive and 50% with unknown HIV status (meaning they have not tested). The shortage was created by the absence of some consumable supplies in the newly approved HIV testing kits occasioned by the transitioning to a new HIV testing system by the national HTC programme. All the clients who tested HIV positive were successfully linked to HIV clinical care and support.

PREPEx DEVICES

ACHAP took over the oversight role for the Active AE surveillance of the PrePex study from the previous implementers. The study is being implemented in the following 5 sites; Bontleng Clinic, Nkoyaphiri Clinic, Thamaga Hospital, Motswedi Clinic and Scottish Livingstone Hospital. Of the 5 implementing sites, two (Nkoyaphiri Clinic and Scottish Livingstone Hospital) had already been providing direct service delivery and therefore the clients had an option of using either a device (PrePex) or doing conventional surgery. During the said period, 13% of the circumcisions were done through a PrePex device as part of the active surveillance study. We had also been mandated to lead the transition from active surveillance to passive surveillance which included the development of Standard Operating Procedures (SOPs), training plan, analysis of active surveillance data and drafting of the report as well as revision of the SMC registers to include PrePex.

In preparation for the PrePex rollout, ACHAP sent 2 officers to Rwanda PrePex Training Center who were certified as Master Trainers. Preparations for the roll out of the passive phase of the PrePex AE surveillance planned to start on the 1st April 2016 are underway.
Adverse Events Rates
Between July and December 2015, 14 AEs were reported overall (10 moderate and 4 severe) thus translating to an AE rate of 0.51% (14/2748). This was made possible by a successfully implemented robust 24 hour AE reporting, response and management mechanism using hotlines at the static sites, including during outreach engagement.

Technical Assistance: Early Infant Male Circumcision
We are mandated to provide strategic technical support and capacity building for Early Infant Medical Male Circumcision and also ensure scale up throughout the country. An ACHAP employed Technical Advisor seconded to the Ministry of Health-SMC Unit, provides support in training and capacity building, mentorship and support supervision, AE reporting and management, information management and programme coordination. During the period under report, the national uptake has increased from 21% (497 EIMCs were performed against the 2285 eligible babies born) in quarter one to 28%. A cumulative total of 957 circumcisions were performed between July and December 2015 against 3904 eligible babies (25%).

External Quality Control
We successfully completed the External Quality Assurance (EQA) training, which was conducted by CDC-Atlanta. Mechanisms for Quality Assurance, quality standards and quality of care within the project were evaluated and found to be successfully implemented. ACHAP showcased the clinical complications (AEs) management system that have been put in place. The assessment was conducted in both static and outreach facilities.

Information Management
Our M&E team has established a comprehensive project M&E plan with indicators for reporting, data collection tools, data quality assurance and data validation, data management and analysis. All teams effectively and timely reported on their activities throughout. Our project leadership conducted 6 mentorship support and supervision visits to support the VMMC teams with technical matters; AE reviews, ensuring adherence to VMMC Standard Operating Procedures, demand creation, stakeholder relations, project monitoring and reporting issues, among others.

Procurement
Between July and December, additional VMMC kits, equipment and other supplies required to perform VMMC were successfully procured with the support of CDC Botswana, thereby ensuring adequate and consistent availability of necessary supplies, except for HIV test kits, and Emla cream which were a challenge for the whole country.
Challenges

1. Shortage of test kits
   At the beginning of August 2015, the whole country suffered a stock shortage of HIV testing kits and this lasted until the end of December 2015. This resulted in only 50% of circumcised men being tested for HIV/AIDS.

2. Operational space
   Most efforts were focused in delivering the 35,000 SMCs target of the Accelerated SMC campaign, and this brought some unexpected dynamics in areas that were allocated for ACHAP operations. Miscommunication and pressure to deliver numbers led to constriction of operating space by DHMTs. The limited operational space for our teams had a negative impact on performance. Consultations were initiated among all stakeholders i.e. MOH, CDC and ACHAP to resolve this challenge. Our team had committed to spend 20% of their time providing services in static sites and 80% supporting planned outreach, mobile and campaign services but this was not fully achieved due to restricted areas of operation demarcated by the Ministry of Health.

3. Transport
   Transport was a major challenge in the first four months of project implementation. The three vehicles from the funder only arrived after the November-December 2015 campaign had ended.

4. Early Infant Male Circumcision
   • Low or weak demand creation especially among fathers/males, as they are the decision makers on whether or not the boy child will be circumcised.
   • Current shortage of staff in maternity wards, workload challenges on the few staff who are trained and shifts schedules which leave facilities without EIMC service providers most of the time.
   • The program has an AE classification guide that is yet to be finalized and disseminated to implementers, therefore leaving health workers with no reference point for their classification.
   • Some facilities offering EIMC do not have basic requirements such as circumcision baby restrainers; there has been shortage of device 1.3 size as well as Emla cream.

Global Fund HIV and TB Project

The year 2015 marked an important milestone for us as we were appointed private sector Principal Recipient of the Global Fund for the implementation of the Botswana HIV/TB grants for the period 2016 - 2018, for a total of **US $16,798,970.00**. This followed a competitive process where we came out best among other applicants who applied for the grant and were assessed for their capacities in Finance, Governance, Procurement and M&E.

The main goal of the Global Fund Project in Botswana is to prevent new HIV infections and reduce morbidity, mortality, psychosocial and economic impact associated with Tuberculosis by 2018. The project targets among others; adolescents and youths, female sex workers and their clients, Men having Sex with Men (MSM) and Transgenders, TB contacts to bacteriologic confirmed TB cases, people with presumptive TB, the general public through education and awareness activities and other under-served people, “who fall through the cracks”.

“THE MAIN GOAL OF THE GLOBAL FUND PROJECT IN BOTSWANA IS TO PREVENT NEW HIV INFECTIONS AND REDUCE MORBIDITY, MORTALITY, PSYCHOSOCIAL AND ECONOMIC IMPACT ASSOCIATED WITH TUBERCULOSIS BY 2018”
Through this grant, the organization will implement and coordinate the delivery of all project activities, including monitoring grant performance. Key interventions for this grant will be implemented under these broad modules that include:

1. Prevention for youth and adolescents
2. Prevention for Men having Sex with Men (MSMs) and Transgenders
3. Prevention for female sex workers and their clients
4. Removing legal barriers to access
5. TB/HIV/RMNCH
6. HIV treatment, care and support
7. PTB care and prevention
8. Community Systems Strengthening

These key interventions will be implemented with the support of four (4) Sub-Recipients (SR). BOCAIP will implement CTBC, HTC, behavior change, and Pre-ART at community level. Tbeloepole VCT will implement HTC, behavior change and prevention for FSWs and their clients at community level. BONELA will implement the removal of legal barriers and the prevention for MSMs and Transgenders modules. Kagisano Society Women Shelter will implement the community systems strengthening in 10 districts while ACHAP will also implement various aspects of these modules.

ACHAP Global Fund SR Selection

Due process was followed in identification and selection of Sub-Recipients, as the Global Fund recommends a transparent open method. A total number of 92 CSOs responded to the call for proposal; following proposal compliance reviews six (6) SRs met the criteria to be assessed as potential SRs. The Global Fund SR Self-assessment tool was sent to the selected SRs for self-evaluation and submitted. As part of the Global Fund Sub-Recipient (SR) selection process, a four (4) member verification team was sent to visit the six (6) potential SRs from Wednesday 2nd until Friday 4th September 2015. Organizations were selected for verification based on scores from internal and external evaluators. The goal was to identify 4 organizations with sufficient capacity to implement the 6 Global Fund modules. The entire process was guided by the terms of reference for the selection.

Risk Management

A risk management committee has been established to foresee and monitor organizational financial, human resource, administrative, operational and programmatic risks related to any project implementation including Global Fund. The risk assessment tool that we use when we engage implementing partners has been developed and is operational.

Global Fund Grant-making

Following the acceptance of the concept note in September/October 2015 by the Global Fund Technical review panel, the grant-making preparations were initiated. The aim was to translate the concept note into grants and have the Global Fund Board approve the budget before signing. The TWG comprised of NACA, MOH, ACHAP, WHO, CSOs, spearheaded the grant making processes with the Global Fund Country Team providing technical assistance under the leadership of the Botswana Country Coordinating Mechanism (CCM). The following documents were submitted to conclude the grant-making processes; Grant Management work plan; Implementer Mapping; Capacity Assessment Tool (with the attached National M&E Plan); Procurement and Supply Chain Management (PSM) plan and budget; performance targets and detailed budget with associated list of products and Procurement Supply Management (PSM) costs; Audit arrangements; PR master data and bank account details and Grant Agreement. The current Global Fund funding mechanism (New Funding Model) is designed to assist countries in achieving maximum impact with active involvement on the part of the Global Fund and technical partners to ensure that countries design and implement the most robust and effective response to HIV, TB and Malaria.

Grant Signing:

The Global Fund Board approved the Botswana grant late in 2015 and the notification was made to the Country Coordinating Mechanism (CCM). The signing of the grants with the Principal Recipients is to be finalized in early 2016.
ACHAP Training Centre

The process of establishing the ACHAP Training and Capacity Building Center has been one filled with many new lessons. A lot of effort has gone into network building and curriculum development. Below are some of the achievements accomplished during the year 2015:

• The Training Needs assessment was successfully conducted to identify training gaps in the country among targeted stakeholders and the findings were used to design customized training packages for the market. Seven course outlines were designed, workshopped and lined up for full curriculum development. These were: Public Relations and Customer Service, Drug Resistance TB (MDR-TB) Case Management, Mainstreaming Gender for Health Impact, Introduction to M&E for non M&E professionals, Monitoring & Evaluation for Health Programs, Statistical Data Analysis Course and Peer Education.

• A ATC handy brochure was developed for marketing the proposed courses. The brochure was developed to provide information on the ATC vision and provide guidance to the clients on the summarized course outline. It provides information on the flexibility of the courses, prices and entry requirements.

• The registration and accreditation process with BQA is a long process requiring a lot of documentation. During this reporting period, collection of vital organizational documents required for accreditation to BQA registration was done.

• ACHAP successfully entered into a working relationship with Boitekanelo College as part of network building and a Memorandum of Understanding (MoU) was developed to formalize the relationship clearly identifying the areas of collaboration, roles and responsibilities of each partner in making the MoU functional. A series of partnership meetings with Boitekanelo College were conducted, committees were formed to operationalize the MoU, these included a technical advisory committee made of the technocrats and an executive committee made up of the principals.
Monitoring and Evaluation Systems

Following the award of the VMMC CDC-funded project, our M&E team established a comprehensive project M&E plan with indicators for reporting, data collection tools, data quality assurance and data validation, data management and analysis. All teams produced timely reports on their activities throughout the year. A database using DHIS2 to capture and store programmatic data generated through the implementation of the VMMC activities was developed. The Department also successfully met the reporting requirements for the VMMC project by preparing and submitting on time the VMMC performance quarterly report to CDC and through the DATIM system.

Various softwares required for data collection management and analysis were procured. Two softwares were procured, namely SPSS and Arc GIS. In addition, we procured 10 tablets which are handy for collecting electronic data such as data for the active surveillance for PrePex.

Studies, Evaluations and Publications

During the year, we managed to conduct and/or finalize a number of evaluations including the ACHAP Economic and Social Impact Assessment, a Comprehensive Literature Review of PMTCT Programs and Research in Southern Africa: The Case of Botswana and Zambia and the third being evaluation of Safe Male Circumcision Demand Creation Approaches. In addition, we finalised the Vision 2016 project evaluation and conducted the development of the Botswana Human Resources for Health Situational Analysis and assessment to inform the development of the 5-year Botswana Human Resources for Health Development plan.

Proposal Writing

The Department played a pivotal role in developing proposals as identified by the new business department. The main activity was the development of the M&E component of the Global Fund Proposal that was ultimately approved, paving the way for the signing of the ACHAP and Global Fund 3 year contract. In addition, some of the success stories of this effort include the study on TB in the Mines proposal, European Union M&E Capacity Building for Human Rights CSOs, Botswana National M&E Curriculum for HIV/AIDS review and revision fund (commissioned by the National AIDS Coordinating Agency(NACA) and funded by the Japanese International Cooperation Agency (JICA).
The Marketing, Advocacy & Communications department had a goal to effectively position the ACHAP brand (in Africa and globally) leveraging on past successes and experience. This objective was to augment other resource-mobilizing efforts following the organizational transformation. For the year 2015, we focused on two key areas; firstly, to market the organization by leveraging on consolidated lessons learned of the ACHAP story to date, with key emphasis on best practices; secondly, to position ACHAP as an African led implementer of various health interventions.

These were achieved through managing the reputation and perceptions of the Organization, and innovatively marketing the various services and products offered by ACHAP. A number of activities were conducted to achieve the strategic objectives.

**Stakeholder Forums**

Following the successful completion of ACHAP Phase II, a Phase II Dissemination Workshop was held at Cresta Lodge, Gaborone on the 14th April 2015 to share the comprehensive contribution the Organization has made to Botswana’s HIV/AIDS and TB response. When briefing the participants, our CEO, Dr. Jerome Mafeni said that “the organization is now set to venture into new markets not only in Botswana, but also in the SADC Region, though Botswana will remain the base. The Organization also intends to expand its service base portfolio by diversifying from predominantly providing HIV services in one market with two donors, to operating in multiple health areas, targeting several markets supported by multiple donors”. Mafeni posited that, though a Not for Profit organization, it will operate more like a business than in the past, where it solely depended on two donors.

The new ACHAP intends to tackle various health issues prevalent in Africa, starting with Southern Africa, such as; Malaria, high maternal & infant mortality, seasonal and emerging epidemics, non-communicable diseases, severe shortage of health workers, crumbling public health infrastructure and poor health systems.

We will target Lesotho, Swaziland and Zambia in 2015 – 2016 and then the secondary focus (2017 onwards) will be Malawi, Zimbabwe, South Africa, Mozambique and the rest of sub-Saharan Africa. Mafeni informed the workshop that focused resource mobilization is ongoing with the Government of Botswana, Southern African governments and bi-lateral/multi donors. He said ACHAP will grow primarily through a franchise model by partnering with existing organizations to deliver services.

Having achieved progressive results in Safe Male Circumcision (SMC), MASA programme, KITSO Programme, SMC Short-term Communication strategy, Treatment Optimization Pilot, Botswana National TB Program, TB/HIV KAP study and CTBC approaches, Mafeni was optimistic that the next Phase will also be achievable and successful. ACHAP will utilize its proven model to deliver high impact health outcomes in Botswana to get into new markets and partner with governments, the private sector and civil society organizations, as it has proved fruitful. The new ACHAP also changed its mission to; “to provide comprehensive, innovative and catalytic solutions through Public Private Community Partnerships (PPCP) to achieve sustainable population health”, and the vision is; “to be the leading innovator for promoting a healthy Africa”. This change in mission and vision reflects the new business model adopted.

The workshop was attended by key stakeholders amongst them, members of the diplomatic corps, senior government officials, local NGOs and heads of international organizations, corporate sector and the media.
Tanzanian Parliamentary Committee Visit

Our pioneering PPP model—with an outstanding track record since starting operations in Botswana—has attracted many visiting scholars and national leaders. In the second quarter of 2015, we hosted a delegation of Tanzanian Members of Parliament. The Tanzanian Parliamentary Committee on HIV visited ACHAP, amongst other institutions in Botswana accompanied by technical staff from the National AIDS Council on a study tour from the 3rd to 6th May 2015. The committee plays a critical role in supporting the National HIV/AIDS initiatives in Tanzania.

The delegation wished to learn about Botswana’s success in the fight against HIV/AIDS, and how it has dealt with key populations, narcotics and drug abuse, PMTCT, private sector contribution to the HIV/AIDS response and sustaining the response through ARVs. The visiting delegation learned about the partnership between ACHAP and the Government of Botswana that has established one of Africa’s most recognized and successful public sector HIV/AIDS treatment programs. The study tour provided us an opportunity to share our success story and the Executive Officer Programmes, Dr. Frank Mwangemi gave an overview on ACHAP’s successes and challenges. He gave a background of Botswana that was severely affected by HIV/AIDS. He further informed the delegation that due to collaborative efforts of stakeholders, the tide has changed for the better as Botswana is now ranked one of the most successful countries in the fight against HIV/AIDS in the world. “People are no longer dying because of HIV/AIDS but are rather enjoying life due to the introduction of Antiretroviral Therapy (ART) Programme, Prevention from Mother to Child Transmission (PMTCT), Masa, condom distribution by ACHAP and the Government of Botswana among other programmes,” said Dr. Mwangemi. The meeting generated engaging discussions between the guests and ACHAP management. The visiting delegation was impressed by the organization’s success and future plans.
Conferences and Exhibitions

ACHAP participated at the 2015 Global Health Conference, hosted by Boitekanelo College on the 11th of June 2015 at the Gaborone International Conference Center. The conference, with the theme, “Embracing Public Health Interventions Towards Building Healthier Communities” attracted both international, public and private institutions, including NGOs. Public Health practitioners from across the globe such as USA, Singapore and the Caribbean Islands also graced the event with the aim of contributing towards improving healthier communities, through sharing valuable insights, expertise and experiences in global health issues.

The conference embraced the concept of collaboration amongst partners and encouraged participants to respond to the call of action to global health. We were among the many conference delegates and exhibitors that had assembled exhibition stalls. Our CEO, Dr. Jerome Mafeni was also one of the panelists who presented at the conference.

When welcoming the delegates, Dr. Tiro Mampane, Managing Director for Boitekanelo College said, “We thank all policymakers, health practitioners, regulators and the community at large who have come here to contribute towards meeting the nation’s health needs. We highly appreciate your time to share valuable insights and expertise and we hope this will be a valuable experience for our people,” Mampane said. He further explained that global health research should generate knowledge that leads to action, to improve the health of communities.

For his part, Mafeni presented on health in all policies. His presentation underscored that health is not just the absence of a disease, but it encompasses everything in terms of the physical, mental and social wellbeing. Mafeni posited that there is a need for a collaborative approach that integrates and articulates health considerations into policymaking across sectors at all levels, to improve the health of communities. He further explained that health cannot only be provided by the Ministry of Health or Health professionals solely but rather every individual has a responsibility towards the population’s health.
VMMC Demand Creation Campaigns

Molepolole Mall Activation

In efforts to scale-up uptake of the Voluntary Medical Male Circumcision focusing on males between the ages of 15 to 29 years of age, we have embarked on numerous demand creation activities. One such event was held at Molepolole’s Mafenyatlala Mall on Saturday 7th November 2015, in the form of the live music performance, featuring many of Botswana’s celebrated artists, namely; Mafithakgosi, Bouncy, Amantle, Chrome, Young Black, EPIC, Captain Dira and many more.

VMMC, which is commonly known in Botswana as Safe Male Circumcision (SMC) is a surgical procedure that involves the complete removal of the foreskin by a trained medical professional. The procedure has been proven to be effective in the prevention of HIV transmission. This was the big message that every artist delivered to the masses at the Mafenyatlala Mall event. The event is among many activities the Organization has embarked on to reach the target of 60,000 circumcisions among HIV-negative males aged 15-29 by 2018. “HIV infections are happening every day among uncircumcised men and this can easily be prevented by Safe Male Circumcision,” said the ACHAP Marketing, Advocacy & Communications Manager, Mr Joshua Ntsuke, who also addressed the crowd of the event. He further explained that “Scale-up of male circumcision is critical to reduction of the future burden of HIV, particularly in high prevalence countries, such as Botswana.”

Media Tour

On the 25th of November 2015, we conducted a media tour of the Gaborone Health District. The tour started with the CEO addressing a kgotla meeting at Metsimotlhabe. The address at the kgotla was meant to share with traditional leaders and the community the successes and challenges of the SMC programme and encourage them to lead in the advocacy for SMC. Traditional leaders command a lot of respect within their communities so their call can easily be acceded to, hence this approach.

After the kgotla meeting, the team that consisted of the ACHAP leadership, Nkoyaphiri Clinic team, the DHMT, District leadership and the National SMC Coordinator went to Mogoditshane Junior Secondary School, where an SMC team was addressing boys. The address was part of efforts to mobilize eligible males to take up the VMMC service. The day ended with media interaction at The Big Five lodge to recap the day’s proceedings and address any lingering issues. Media representatives from Botswana Television, Radio Botswana, Gabz FM, Daily News, Mmegi, Botswana Guardian, The Midweek Sun were present to interact with the teams from the various stakeholders in the implementation of VMMC. The media is a key partner in the SMC uptake so this was a valuable opportunity for some myths and misconceptions about the programme to be dispelled.
Information Technology

Our Information Technology (IT) Unit provided excellent end-user and network/systems support that assisted our staff in fulfilling their many responsibilities. IT plays a critical role of technical support for ACHAP’s programmatic objectives. The main objectives of the unit for the year was to maintain efficient IT operations, expand use of strategic systems, and build organizational capacity in use of IT. In 2015, this support included:

• Advice and training of staff members on purchasing and maintaining IT equipment and software products
• Improving access to information and supporting external communication activities
• Technically supporting all ACHAP departments
• Review and advice on vendor selection in technical projects
• Support in managing IT-related consultancies for systems development and maintenance

Major Activities

• The new Annex building office was successfully networked and linked to Head Office. CCTV and access control systems were also installed in the new office as security measures.

• VMMC project officers were allocated with dongles to enable them to access the Internet and ACHAP email remotely. IT equipment such as laptops, printers and projectors were procured for the VMMC team. DHIS2 system was also deployed for VMMC data management. One of the IT officers was trained on DHIS2 to maintain and provide end user support to the system.

• There was continuous renewal and procurement of software products that are used by the Organization. These include Microsoft, Symantec Backup Exec, Delta ERP, McAfee & Webroot Antivirus software, Symantec Mail Security for Microsoft Exchange Antispam, STATA and SPSS statistics software. Some computers which met minimum requirements were upgraded to Windows 10. We also upgraded our switchboard software (Man 3000) from the previous version.

• We renewed and entered into new contracts (Service Level Agreements) with various suppliers. We also revised and updated the inventory of our IT equipment. Very old and obsolete equipment was sold at an auction to staff members and the general public.

• We changed our Internet Service Provider (ISP) for a faster but more cost-effective internet connection. The internet speed has now improved to satisfactory levels.

In 2016, our major goal is to support improved personnel performance by building technical capacity among staff and facilitate the implementation of cloud-based computing services, which will enhance communication and access to information on ACHAP projects and activities.
Resource mobilization and diversification continued as major areas of focus for ACHAP in 2015. With continued support from the programmes, monitoring & evaluation, human resources, finance and communications units, the Business Development Division pursued funding and partnership opportunities in Botswana and throughout the region.

The Business Development Division includes three functions; The Grants Management Unit responsible for ensuring funder Sub-award management; the Consulting Unit responsible for developing and managing consulting systems and projects; and Business Development responsible for identifying and developing partnerships and funding opportunities. The year included work on several grants and consultancies and included progress in geographic expansion.

Grants Management

In 2015, we began preparation for implementation of the Principal Recipient role for the Global Fund HIV and TB Grant in Botswana. As principal recipients, we are responsible for selecting and managing sub-recipients, which are organizations that will implement certain aspects of the Global Fund grant. A major activity in 2015 was selecting Sub-Recipients. ACHAP used a competitive proposal process to determine the organizations most qualified to implement specific components of the Global Fund grant. A proposal review process using internal and external reviewers was followed by a capacity assessment and verification visit to select the following organizations:

<table>
<thead>
<tr>
<th>SUB-RECIPIENT</th>
<th>MODULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEBELOPELE</td>
<td>Prevention Programs for Sex Workers and their Clients</td>
</tr>
<tr>
<td></td>
<td>Prevention Programs for Adolescents and Youth</td>
</tr>
<tr>
<td>BOCAIP</td>
<td>Prevention Programs for Adolescents and Youth</td>
</tr>
<tr>
<td></td>
<td>Community TB Care and Prevention</td>
</tr>
<tr>
<td>BONELA</td>
<td>Prevention Programs for Men who have Sex with Men &amp; Transgender</td>
</tr>
<tr>
<td></td>
<td>Removing Legal Barriers</td>
</tr>
<tr>
<td>KAGISANO WOMEN’S SHELTER</td>
<td>Community Systems Strengthening</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SUB-RECIPIENT</th>
<th>MODULE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3-YEAR BUDGET</td>
</tr>
<tr>
<td>TEBELOPELE</td>
<td>$1,226,642.00</td>
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<tr>
<td></td>
<td>$678,872.60</td>
</tr>
<tr>
<td>BOCAIP</td>
<td>$1,656,540.60</td>
</tr>
<tr>
<td></td>
<td>$752,800.00</td>
</tr>
<tr>
<td>BONELA</td>
<td>$913,454.80</td>
</tr>
<tr>
<td></td>
<td>$1,012,925.98</td>
</tr>
<tr>
<td>KAGISANO WOMEN’S SHELTER</td>
<td>$1,047,749.99</td>
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</table>

Consultancy Unit

This year saw the Consultancy Unit enter its second year of operation. The Unit was founded upon ACHAP’s new business development model that aims to be less dependent on external donor funding.

The Consultancy Unit contributes to the new ACHAP business model through direct information-sharing with existing partners like government and development partners, identifying development-consulting opportunities and through implementation of the consultancies that are secured.

The Unit has shared information with partners on its formation through our existing publications such as quarterly and annual reports, our website and media coverage. The unit actively identifies consultancy opportunities through the Business Development Department under which it falls. Once identified, the Unit either develops Expression of Interests (EOI) or full proposals against which it can deliver consultancy services. These activities also serve as information sharing, or marketing tools that inform potential clients of this new and additional services offered by ACHAP. To support implementation of these projects, the Consultancy Unit assembles highly qualified technical teams using experts both from within the Organization and from external sources.

...
Consulting Projects
The Unit worked towards winding up two long projects that began in 2014. These were the Vision 2016 Country Performance Assessment and the HRDC (Human Resource Development Council) sector plan.

Vision 2016 Performance Report
We won our first consultancy in late 2014 to undertake a performance review of the Country’s Second Performance Report (BPR) 2015. The study was part of a two-part assessment that collected development data first from (pre-vision) 1966 to 1996 and a second phase from 1996 to 2014. ACHAP told the Botswana development story through the Performance Report as well as a Synthesis Report.

Health Sector Human Resource Development Plan
We are finalizing this consultancy for HRDC. The objective of the consultancy is to strengthen the Health Sector Human Resource Development Planning System by developing a Human Resource Development Plan for the health sector in Botswana. This will lay the foundation for a new, improved and macro-level understanding of Botswana's strategic and long-term human resource development needs and demands of the health sector. It will inform the supply of health care workers from the education and skills development ministry that responds more effectively to these demands of the health sector. The plan includes a monitoring and evaluation plan and a financial costing for what it would cost the economy to put the plan into place. This is part of the bigger skills development mandate of the HRDC that now runs over several sectors.

Technical Assistance to European Instrument for Democracy and Human Rights Grantees
The Delegation of the European Union (DEU) to Botswana and SADC contracted seven Civil Society Organizations (CSO) to support human rights work in Botswana. We were contracted to provide technical assistance and capacity building for Monitoring and Evaluation capacity gaps for these organizations. We worked with the organizations to assess capacity needs, develop organization-specific action plans and strengthen each CSO’s capacity through individualized coaching and a group workshop. The assignment was implemented between March and July of 2015.

Sub-contract support of the Maatla and Tselakgopo Projects
We supported the evaluation of two USAID-funded projects; Maatla and Tselakgopo OVC and gender programmes under the auspices of Southern Hemisphere. This was a final project evaluation of the five-year programmes across six districts in Botswana.

New markets & Partnerships
In 2015, ACHAP continued efforts to expand activities in Botswana and throughout the region through partnerships and collaborative efforts.

Swaziland
The Government of the Kingdom of Swaziland entered into a Memorandum of Understanding with ACHAP in December 2015. The signing of this document marked an important milestone in our regional expansion activities.

Zambia
We partnered with the Zambia Health Education and Communication Trust (ZHECT) in submitting several proposals during the year. ZHECT is a well- respected organization with wide areas of work, including HIV prevention activities with mobile populations including truckers, Men who have Sex with Men, commercial sex workers and HIV counseling and education in the workplace throughout Zambia.

Botswana
ACHAP had a continued focus on developing partnerships in Botswana. We have developed partnerships with the following organizations in 2015:

- Boitkanelo College
- Botswana Network on Ethics, Law and HIV/AIDS
- Humana People to People
- Psychologist Botswana
- Stepping Stones International
- Tebelojele Voluntary Counseling and Testing
- Tri-African Consulting
The Human Resources and Administration Department (HR & A dept.) as the hub for human capital and property management played a critical role in 2015 in ensuring that we have a high-performing and engaged workforce equipped to deliver results for ACHAP and its stakeholders. Furthermore, we worked to ensure that resources were available to enable smooth running of the organization, amidst the after-effects of the 2014 organizational transformation. At the heart of the HR & A department strategy, was the importance of a more agile workforce structure to meet changing business needs in order to ensure sustainable organizational performance. Such a workforce was supported by an environment that nurtured innovation towards sustained excellence.

By 2015, ACHAP had transitioned from being run as a project to being run as a company limited by guarantee, which resulted in a new business model. Organizational transformation of 2014, which created 134 redundant positions posed challenges of possible job uncertainty, performance decline, low employee morale and high staff turnover for the remaining skeletal staff of 25 employees. The right-sizing necessitated shrinking the organization’s assets to align to the new business model of few core staff. This change brought about the need in 2015 for a change management process, optimizing reaffirmation to the remaining talent and equipping them to ensure smooth adaptation to the new business model to foster sustained excellence. The HR Department, together with the leadership of the organization focused on ensuring that we all pulled together persistently and consistently in pursuit of ACHAP’s new goals. Despite these challenges, ACHAP has stood the test of time with regards to attraction and retention of employees, as well as maintaining a competitive edge in human capital, which resulted in the winning of a Voluntary Medical Male Circumcision project from the US Government, and becoming the Global Fund principal recipient for the private sector.

### Human Resources Section

The new business model was designed such that there is the core management staff aimed at advancing the sustainability of the organization and the projects staff recruited specifically for the project span. The core staff status as at the end of 2015 was as laid out below, having a headcount/strength of 25 employees against a complement of 27 positions. The position of Chief Operations Officer and that of Procurement Specialist were deferred, in an endeavor to operate with skeletal staff towards cost saving. The positions would be filled as and when there is pressing need to do so.

#### STAFFING STATUS 2015

- **CEO’S Office & Management**: 3
- **Business Development**: 2
- **Human Resources & Administration**: 8
- **Finance**: 7
- **MAC**: 3
- **Research Monitoring & Evaluation**: 3
- **Programs Management**: 4

<table>
<thead>
<tr>
<th>Category</th>
<th>Complement</th>
<th>Strength 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO’S Office &amp; Management</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Business Development</td>
<td>2</td>
<td>2</td>
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<tr>
<td>Human Resources &amp; Administration</td>
<td>8</td>
<td>8</td>
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<tr>
<td>Finance</td>
<td>7</td>
<td>7</td>
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<tr>
<td>MAC</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Research Monitoring &amp; Evaluation</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Programs Management</td>
<td>4</td>
<td>4</td>
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</tbody>
</table>
Separations

During 2015, we had a total number of ten Executive members, and by March 2015 we separated with three key positions, mainly for career advancement. These included; Executive Officer Operations, Human Resources and Administration Manager, and the Marketing, Advocacy and Communications Manager. In order to continue with the advancement of the vision of the Organization, the Human Resources department was able to fill two of these vacancies within the shortest period of time.

By the end of August 2014, we had contributed 75% of circumcisions done in Botswana. Based on the demonstrated achievements in implementing Safe Male Circumcision in the Country, we were awarded a 5-year CDC-PEPFAR grant to implement SMC/VMMC service delivery, demand creation, capacity building and to provide technical assistance for the PrePex and EIMC components of the National SMC Program. In 2015, the Human Resources department had a mandate of recruiting thirtyseven (37) positions for this project. These are based at the ACHAP Head Office, Gaborone Hub, Molepolole Hub and the Tlokweng Hub.

The table below illustrates the number of positions for the project:

<table>
<thead>
<tr>
<th>Position</th>
<th>9</th>
<th>8</th>
<th>7</th>
<th>6</th>
<th>5</th>
<th>4</th>
<th>3</th>
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<tbody>
<tr>
<td>VMMC Doctors</td>
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<td>VMMC Nurses</td>
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<td>Programme Officers</td>
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<td>Assistant Programmes Officers</td>
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<td>Lay Counselors</td>
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<tr>
<td>Healthcare Assistant</td>
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<tr>
<td>Drivers</td>
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<tr>
<td>Cleaners</td>
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<tr>
<td>Head Office</td>
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</table>

Recruitment for the project was successfully completed within the required time-frames and those recruited resumed duty from 1st July 2015. This was done through interviewing and re-absorbing some of the previously laid off staff for the Safe Male Circumcision project, which ended in August 2014. The intervention to re-absorb those previously laid off was a morale booster for our employees.

Internship

ACHAP had the pleasure of engaging graduates on paid internship programme. Each intern was matched to a department within the organization in an area relevant to the student’s area of study. This design provided students with a broad view of the organization and aided them in realistically assessing their future career decisions. Everyone involved in each program strives to ensure that all interns have an engaging and rewarding experience. The engagement of interns has in return injected innovative and fresh ideas as we continued to embrace and nurture their skills and as and when opportunities arose they were absorbed into the system.

Disputes

We have recorded only one grievance during 2015 and the Human Resources department has ensured that dissatisfaction of the employee is handled effectively through a systematic and ordered mechanism. There was a dispute handled at mediation level. Since ACHAP has strong systems and policies in place, we managed to have no cases referred for third party intervention in 2015, despite the restructuring exercise of 2014.
Administration Section

The organization's rightsizing resulted in the need to explore means of cost containment. One of the interventions was to secure affordable office space to accommodate the reduced workforce. This change necessitated renegotiations of new service level agreements with various vendors. Furthermore, the Regional offices were closed down following the end of the SMC project, hence the organization's assets—which were in different regions—were moved into storage, some were later sold through public auction. This included the sale of some vehicles. Some valuable assets, such as the PIMA machines were handed over to the Government of Botswana's Ministry of Health. We further rented out eight of our vehicles to the Ministry of Health towards Safe Male Circumcision campaigns. The moving of assets across the country for storage and change of office encountered challenges of security and loss which dictated the review of our administration procedures and controls to ensure robust systems and process such as assets verification. The disposal of assets was however successful.

Procurement

The procurement for the VMMC project was conducted effectively to enable the smooth running of the project. This included buying of vehicles, the securing of office space for employees and storage space for the property.

Asset Disposal

The re-sizing of the organization necessitated the disposal of some assets which included office furniture and vehicles. The initiative was successfully carried out.

Looking forward

WE CONTINUE TO REFINE OUR SERVICES AND PROGRAMS TO HELP ALL TO SUCCEED AT EVERY STAGE OF OUR EMPLOYMENT, THROUGH SYSTEMS AND PROCESSES WHICH NURTURE HIGH TALENT AND PERFORMANCE. THE DEPARTMENT’S FOCUS IN 2015 WAS ON CONTINUOUS IMPROVEMENT TO INCREASE EFFICIENCY AND ACCOUNTABILITY, WHILE IMPROVING SERVICES TO OUR CLIENTS AND STREAMLINING ADMINISTRATION OF THE RE-DESIGNED BUSINESS MODEL. THE DEPARTMENT ALSO CONTINUES TO PROVIDE LEADERSHIP WITH REGARDS TO NEW PROJECTS AS THE ORGANIZATION EXPANDS TO OBTAIN MULTI-FUNDING STREAMS, AND ITS VISION OF SPREADING ITS WINGS ACROSS THE CONTINENT. AS WE CONTINUE TO INTEGRATE CONTINUOUS IMPROVEMENT INTO BUSINESS PLANNING, THE HUMAN RESOURCES DEPARTMENT WILL PLAY A CRITICAL ROLE IN ENSURING THAT THE MOST VALUABLE ASSET – ITS EMPLOYEES – ARE SUPPORTED IN DRIVING KEY BUSINESS OBJECTIVES.
FINANCIAL COMMITMENTS
AT 31 DECEMBER 2015

FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2015, OUR
ACTIVITIES WERE FUNDED FROM THE FOLLOWING SOURCES
OF FUNDING:

The Merck Company Foundation - No cost extension of
$1 million, which ended 31st May 2015.
PEPFAR through Centres for Disease Control (CDC) - $10 million
Voluntary Medical Male Circumcision; five project
consultancies undertaken during the period under review.
The income was used to support the development and implementation of strategic HIV/AIDS initiatives through the provision of human resources, technical support, and procurement of supplies.

YEAR 2015 INCOME

During the budget year ended 31 December 2015, the total income amounted to $2,284,928. This was from different sources of funding, as depicted by the table below.

<table>
<thead>
<tr>
<th>Source of Funding</th>
<th>Amount ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merck Company Foundation</td>
<td>1,006,412</td>
</tr>
<tr>
<td>VMMC Project</td>
<td>1,050,000</td>
</tr>
<tr>
<td>Consultancies</td>
<td>228,516</td>
</tr>
<tr>
<td></td>
<td>2,284,928</td>
</tr>
</tbody>
</table>

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

Overall expenditure in the year ended 31 December 2015 is significantly lower than expenditure as at 31 December 2014. This is largely due to the fact that ACHAP Phase II program implementation activities, which had huge sources of funding, were completed in year 2014 and ACHAP transitioned from an organization that was assured of funding with two large funders, to one that has now intensified resource mobilization, hence the VMMC award and consultancy income mobilized in 2015 for project implementation.
Merck Company Foundation No Cost Extension Expenditure

At the end of December 2014, Merck awarded ACHAP a no-cost extension in order to support technical and support staff to conclude project technical and financial reports for ACHAP Phase II activities, finalize, publish and disseminate ACHAP - supported research finding, continue business development activities, prepare for receipt and implementation of Global Fund grants for Botswana, prepare for and receipt of anticipated US Government grants, as well as articulation and implementation of technical assistance support activities to the Ministry of Health, NACA and other ministries and agencies of the Government of Botswana.

The total funds awarded amounting to $1,006,412 were utilized by 31st May 2015, as depicted by the table above.

VMMC Project Expenditure

This project implementation commenced as at 1st July 2015, with an annual budget of approximately $2 million a year. A total income of $1,050,000 was applicable to the year ended 31 December 2015. The funds were utilized as follows;
VMMC Project Expenditure (Continued)

The total expenditure for the project activities for the period under review amounted to $964,842. 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. This is also the project start year; most efforts were invested in engaging stakeholders and communities in which the program activities are implemented. The remainder of the expenditure is made up of procurement of equipment costs, program supplies and other direct program costs.

Consultancy

Since we have transitioned and intensified resource mobilization in the period under review. The total revenue recognized from Consultancies amounted to approximately $228,000 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 projects.