Evidence Based Planning Process

Goal and Outcomes
NASTAD Botswana’s goal via this project was to build the capacity of the Ministry of Local Government & Rural Development’s (MLG&RD), Department of Primary Health Care Services to institutionalize the use of an evidence-based planning (EBP) approach for the development of annual data-driven comprehensive district HIV plans that would ensure the greatest impact to areas of need. NASTAD Botswana proposed to achieve this by providing TA to (1) develop standardized national guidelines, tools, and implementation strategies for the preparation of annual comprehensive plans and (b) build the capacity of national and district level government institutions for EBP through in-depth training, and on-site TA and mentorship of District AIDS Coordinators (DACs) and District Multi-Sectoral AIDS Committees (DMSACs). Success was to be measured by the development and implementation of high quality annual evidence-based comprehensive district HIV plans.

Strategy and Approach Used
NASTAD Global Program draws on peer experience and lessons learned in the U.S. related to support planning for and implementation of HIV programs internationally. Using this model with a focus on surveillance, NASTAD, for example, assisted Haiti to design, implement and use a national CBS system. NASTAD’s leadership and capacity-building model that uses experienced and actively engaged U.S. public health professionals proved valuable to build a locally supported and sustainable system.

To prepare for these workshops, NASTAD leveraged on-the-ground development experience and tools from Haiti, coupled with a group of five staff and eight state epidemiologist technical assistance providers, and content input from CDC/ESIB, WHO, and UCSF, to design the content. Training sessions for nine surveillance “building blocks” were developed, as well as seven applied activities that were required, and for which mentoring was provided. The combination approach allowed for each country team (three-to-five trainees) to apply the skills and knowledge gained, test and adapt materials, and develop a three-month, one-year, and three-year work plan to support CBS in their country.

NASTAD developed a core of two master trainers and five co-trainers, and provided three trainers for each of the five workshops. NASTAD also arranged for all logistics and materials for the more than 200 participants.

Results
- A national Evidence-based Planning framework was defined, adopted, and institutionalized nationally in 2007.
- NASTAD’s EBP training and one-on-one mentoring initiatives resulted in 1,347 MLG&RD staff, DACs, DMSAC members and Peace Corps Volunteers in all health districts (30) being equipped to implement EBP.
- 10 national level master trainers from within the MLG&RD were engaged and mentored in order to provide overall support to national and district level planning process, supervise and mentor DACs and DMSAC members.
NASTAD provided ongoing, onsite TA to all 30 district DMSACs and DACs on the use of EBP methods for the development of annual district comprehensive HIV plans.

**Summary of Outcomes and Impact**

The TA that NASTAD Botswana provided significantly improved the capacity of all districts to perform community profiling and analysis of epidemiologic information in order to have evidence from which district plans could be developed. Techniques for assessing community needs, prioritizing gaps in services, and identifying, implementing, and monitoring evidence-based activities were enhanced and strengthened. Due to NASTAD’s support, in 2014, 93% of districts in Botswana submitted quality evidence-based annual plans in compliance with the guidelines, and in order to receive funding from the MLG and National AIDS Coordinating Agency (NACA) for program implementation. This was up from 2012/13, 90% in previous years (see Figure).

Over the project period, NASTAD Botswana worked closely with MLG&RD and NACA to build a fully functional evidence-based planning system through regular and ongoing coaching and mentoring, and helping with the provision of technical support to committees and staff at the district level. Full transition of the activity to MLG&RD (completed in 2013) required additional time for planning and support, however proved that with sufficient time and bi-lateral commitment, outside partners can successfully build sustained capacity of government institutions to continue independent implementation of programs. EBP continues on an annual basis in Botswana, under the leadership of the MLG, and based on the project’s success, the MLG is now providing technical support and training to other government ministries such that they, too, can use data to drive action.

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