Memorandum

To: Dr. Tom Kenyon
Director, CDC

From: Ms. Lydia Seeletso
IEC Coordinator, CDC

Date: February 20, 2002

RE: Comments on the HIV/AIDS draft curriculum for Botswana Defence force.

As requested, I have had an opportunity to review the above draft curriculum and below are my comments:

1. The target group for this material should be spelled out, because there are different levels of cadres at the BDF eg new recruits, peer educators,or troop commanders.

2. Was this material developed based on the HIV/AIDS programmes that the army already has in place?.

3. The material is too basic it might be suitable for new recruits.

4. MODULE1
Where it says dispel myths there might be a need to add misconceptions

5. MODULE 2
After needle sharing,make an addition of all skin piercing instruments should not be shared..

6. MODULE 3
Under the heading :Discuss cultural and religious challenges related to HIV prevention
Add;
Let the participants in groups identify activities and behaviour that put them at risk of HIV infection. Then categorise them as personal risk or organizational risk.
eg engaging in unprotected sex- individual risk
No HIV/AIDS programmes in the workplace-organisational
Then in a plenary discuss how to deal with those that are easy to tackle.

7. PEER LEADERSHIP MANUAL
The manual is very good and could be used for different groups and levels in the army.

James Ingraham

From: Thorley, Margaret [mmt3@cdc.gov]
Sent: Thursday, April 04, 2002 6:17 PM
To: 'jamesrlc@verizon.net'
Cc: Shaffer, Nathan
Subject: Prevention of Mother to Child Transmission of HIV (PMTCT)

UNAIDS MTCT VCT, 11-01.pdf

Hi James - Good to talk with you. It sounds like your program is moving along nicely. If I understand correctly, your HIV prevention efforts are targeting the military in Botswana. As we discussed, many of these men have families or primary partners. I am not familiar with how the military operates in Botswana, but in many areas, members of the military and their families live in communities with other members of the military. Health care for the military is often separate from health care for the general population.

In Botswana the Ministry of Health has made a commitment and is in the process of scaling up a national program to provide PMTCT services through all MOH hospitals and clinics. I do not know if health care services for the military are not provided through the MOH facilities, or if, by extension, PMTCT services are being provided to families of military members. If PMTCT services are not provided to the families of military members, then this may be a gap that could be addressed.

I know that you have spoken with Tom Kenyon, Chief of Party for our CDC GAP office (called BOTUSA) in Botswana. Either he or Monica Smith, also with BOTUSA, may be able to provide you with more information regarding PMTCT activities in country. If you have any contacts at the Ministry of Health, I would also follow-up with them to learn more about the situation in Botswana.

Regarding PMTCT in general, here is a link to GAP's homepage, where you can find information regarding our PMTCT Technical Strategy. At the end of the PMTCT section, there are references that may also be helpful. I'm also attaching a recent report from UNAIDS regarding voluntary counseling and testing in high prevalence settings.

Please let me know if I can be of further assistance. Thanks, Meg

www.cdc.gov/nchstp/od/gap/strategies

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