# Foreword

REPUBLIC OF BOTSWANA

THE STATE PRESIDENT GABORONE

The National Strategic Framework for HIV/AIDS 2003-2009 constitutes our common determination to turn the tide of the HIV/AIDS epidemic that has cast a shadow over the future of our country. Outlining an aggressive and determined response, this Framework brings all stakeholders from every level into the fight.

Having declared HIV/AIDS a national emergency, this National Strategic Framework is my Government's pronouncement on how we will continue to address this emergency. While outlining our priority objectives and strategies, the focus of this Framework is on action. It is only through consistent and concerted action that we will achieve our aims. That is why roles and responsibilities are clearly set out and Minimum Implementation Packages are provided to ensure that all levels of society have the necessary direction.

The message is and has been clear, implementation of the multi-sectoral National Response to HIV/AIDS requires dedicated and tireless leadership and management. The task of management is to create the environment necessary for effective implementation: ensuring that the requisite inputs are allocated and utilised, maintaining focus on objectives and the vision of success, developing multiple capacities at all levels, sustaining commitment and measuring progress. Government is committed to effective management at all levels.

The National AIDS Council and the National AIDS Co-ordinating Agency are committed to working with all levels of society across the country in combating the HIV/AIDS epidemic. We look forward to the sustained support and action of Development Partners, Civil Society, the Private Sector, and above all the people of Botswana. Unity, commitment and determination are our strengths for victory!

Festus G. Mogae
PRESIDENT OF THE REPUBLIC OF BOTSWANA
AND CHAIRMAN OF THE NATIONAL AIDS COUNCIL

# Acknowledgements

The National HIV/AIDS Strategic Framework 2003-2009 would not have been possible without the tireless support of His Excellency, Festus Gontebanye Mogae, President of the Republic of Botswana and Chair of the National AIDS Council. His commitment and leadership are an inspiration to us all. Also, the backing and assistance of the Honourable Minister of Health, Mrs. Joy Phumaphi, was an important element in moving this document towards its successful conclusion.

Undertaking the development of the National HIV/AIDS Strategic Framework was a large-scale, collaborative effort on so many levels and the National AIDS Co-ordinating Agency would like to acknowledge all those who participated. Perhaps most importantly we are grateful for the active participation of the district and Ministry levels. The contributions of the DMSACs, District AIDS Co-ordinators and Advisors, as well as the many people living and working in communities throughout the country, to the shaping of this document has been invaluable. Similarly, the HIV/AIDS Co-ordinators and Focal Points at Ministerial level played a significant role throughout the process.

I would also like to thank the Ministry of Local Government and its AIDS Co-ordinating Unit for their involvement and development of the district level engagement. We are also grateful to the AIDS/STD Unit, their contributions and lessons from experience were most helpful. We greatly appreciate the contributions and support of our Civil Society networks like BONELA, BONASO, BONEPWA and BOCAIP, as well as members of the Private Sector, the Parastatals, and the Media.

Let me also express my gratitude to all our Development Partners for their support. Our sincere thanks and appreciation go to the African Comprehensive HIV/AIDS Partnerships (ACHAP) for supporting the process with financial and technical assistance, especially in the form of the consulting team from JSA Consultants Ltd, Ghana. We also greatly appreciate the assistance of the UN Family, especially UNDP for their partnership and participation, and UNAIDS who provided support for the initiation of the process, as well as UNICEf, WHO, UNFPA, and UNHCR for their co-operation. We would also like to acknowledge the involvement of CDC/Botusa, SIDA, the United States Embassy, and the European Commission.

Finally, no acknowledgement would be complete without expressing my deepest gratitude to all those at the National AIDS Co-ordinating Agency who worked so tirelessly in helping make this Framework a reality.

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# List of Acronyms

| | |
|---|---|
| ABC | Abstain, Be Faithful, Condomise |
| ACHAP | African Comprehensive HIV/AIDS Partnerships |
| ACU | AIDS Co-ordinating Unit |
| AG | Attorney General |
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Anti-Retroviral Therapy |
| ASU | AIDS/STD Unit |
| BBCA | Botswana Business Coalition against AIDS |
| BCC | Botswana Christian Council |
| BCIC | Behaviour Change Information Communication |
| BDF | Botswana Defence Force |
| BHRIMS | Botswana HIV/AIDS Response Information Management System |
| BOCAIP | Botswana Christian AIDS Intervention Programme |
| BONASO | Botswana Network of AIDS Service Organisations |
| BONELA | Botswana Network on Ethics, Law and HIV/AIDS |
| BONEPWA | Botswana Network of People Living with AIDS |
| BOTUSA | Botswana – U.S.A. Partnership |
| BPS | Botswana Police Service |
| CBO | Community Based Organisation |
| CHBC | Community Home Based Care |
| CSO | Central Statistics Office |
| CSW | Commercial Sex Worker |
| DAC | District AIDS Co-ordinator |
| DC | District Commissioner |
| DDC | District Development Committee |
| DDP | District Development Plan |
| DMSAC | District Multi-sectoral AIDS Committee |
| DPSM | Directorate of Public Service Management |
| FBO | Faith Based Organisations |
| GDP | Gross Domestic Product |
| GIPA | Greater Involvement of People Living with AIDS |
| HAART | Highly Active Anti-Retroviral Therpay |
| HBC | Home Based Care |
| HIV | Human Immuno-deficiency Virus |
| HOD | Head of Department |
| IEC | Information, Education and Communication |
| IPT | Isoniazid Prevention Therapy |
| KABP | Knowledge, Attitudes, Behaviour and Practices |
| KITSO | Knowledge, Innovation and Training Shall Overcome |
| KRA | Key Results Area |
| MAC | Ministry AIDS Co-ordinator |
| M&E | Monitoring and Evaluation |
| MFDP | Ministry of Finance and Development Planning |

| | |
|---|---|
| MIP | Minimum Internal Package |
| MLHA | Ministry of Labour and Home Affairs |
| MLG | Ministry of Local Government |
| MOE | Ministry of Education |
| MOH | Ministry of Health |
| MTF | Ministerial Task Force on HIV/AIDS |
| MTP | Medium Term Plan |
| NA | Not Available |
| NAC | National AIDS Council |
| NACA | National AIDS Co-ordinating Agency |
| NDP | National Development Plan |
| NGO | Non-governmental Organisation |
| NSF | National Strategic Framework |
| NSP | National Strategic Plan |
| OI | Opportunistic Infections |
| OVC | Orphan and Vulnerable Children |
| PLWHA | People Living With HIV/AIDS |
| PMS | Performance Management System |
| PMTCT | Prevention of Mother to Child Transmission |
| PSC | Parliamentary Select Committee (on HIV/AIDS) |
| PSD | Programme Support Document |
| PSP | Permanent Secretary to the President |
| PSTF | Permanent Secretaries Task Force on HIV/AIDS |
| SADC | Southern African Development Community |
| SPP | Strategic Planning Process |
| STD | Sexually Transmitted Disease |
| STI | Sexually Transmitted Infection |
| TB | Tuberculosis |
| TOR | Terms of Reference |
| UNDP | United Nations Development Programme |
| UNGASS | United Nations General Assembly Special Session (on HIV/AIDS) |
| VCT | Voluntary Counselling and Testing |
| VDC | Village Development Committee |
| VMSAC | Village Multi-Sectoral AIDS Committee |

# Executive Summary

Botswana's National HIV/AIDS Strategic Framework 2003-2009 represents a departure from the past and into new ways of thinking and acting in the fight against HIV and AIDS. It takes the experience of building multi-sectoral responses to HIV/AIDS, both here in Botswana and internationally, and moulds them into an aggressive, forward-looking framework with the central aim of ensuring and driving implementation. This departure, this new thinking, is absolutely critical for Botswana, as it presents a crucial and definitive opportunity to radically address the epidemic and avert what is already becoming a national catastrophe. Botswana can be seen as a leader in efforts to combat the epidemic and there is no other option but success. It must be remembered by all that what is done here will serve as the foundation of a renewed and aggressive response to the epidemic in the sub-region, the continent, and beyond.

## Development of the National Strategic Framework

While underscoring the emergency nature of the epidemic and developing the means through which to rapidly respond, the National HIV/AIDS Strategic Framework 2003-2009 is also purposely aligned with NDP9 to emphasise the longer-term development aspects of the National Response. This alignment strengthens the process of mainstreaming HIV/AIDS into national development planning, as advocated for in many international fora, and serves to ensure that HIV/AIDS is adequately captured within the national planning and budgeting cycle and is given the necessary political endorsement.

Developed through an analytical and highly consultative process involving communities, districts, Ministries, the Private Sector, Civil Society Organisations and development partners, the framework made use of new technologies and interventions as well as revised assumptions now available in the fight against HIV/AIDS. The overall formulation of the National HIV/AIDS Strategic Framework 2003-2009 was influenced and guided from many quarters. Development of objectives and measurable indicators, for example, was a highly consultative national process, seeking informed opinions from many experts as well as answering the international agreements to which Botswana is a signatory. These include the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), the Millennium Development Goals , the Abuja Declaration, the World Summit on Sustainable Development, amongst others. In addition to the multi-level consultations where information and issues for implementation were gathered, Thematic Groups were constituted around six critical themes (poverty, men, women, PLWHA, alcohol, and youth and children) to ensure that crosscutting issues were identified and addressed throughout the plan.

## Review of the Second Medium-term Plan for HIV/AIDS (MTPII)

To contribute to the development of the new National Strategic Framework for HIV/AIDS 2003-2009, a review of MTPII was conducted. This exercise significantly informed the next Strategic Framework by highlighting strengths to build upon, as well as identifying areas of weakness or gaps needing to be addressed. The greatest strength of MTPII was its establishment of multi-sectoral institutional and organisational structures. However, implementation responsibilities were unclear and objectives, indicators, and funding requirements were not explicit.

As a result of the review of MTPII, the new National Strategic Framework 2003-2009 exhibits some key innovations born out of the identified gaps:

- A strategic management focus to ensure implementation
- Key stakeholders and their medium-term HIV/AIDS responsibilities are identified within the Focus on Strategic Management to ensure implementation
- Mainstreaming of the HIV/AIDS Framework with the National Development Plan 9 and the District and Urban Development Plans
- Provision of indicative resource requirements
- National indicators across objectives are included to ensure measurability of achievement and impact in all intervention areas.

## Purpose of the National Strategic Framework

The purpose of the NSF is *firstly*, to articulate, disseminate, and educate the public at large on agreed national priorities and strategies within the scope of Vision 2016. *Secondly,* it is to provide clear guidance for Ministries, districts, NGOs, and the Private Sector to enable them to work in a collaborative manner in achieving the intended goal of the National Response to HIV/AIDS: ***to eliminate the incidence of HIV and reduce the impact of AIDS in Botswana.***

A central pillar of the Strategic Framework emphasises the management of the National Response and, under management, recognises that planning and implementation are part of the same process. Thus, the Framework contains sections dedicated to guiding and strengthening the management and co-ordination of the National Response, specifically outlining the roles and responsibilities of the National AIDS Co-ordinating Agency, as well as management structures in the sector, the Ministry and at decentralised levels. Management roles generally fall under three broad categories: management of inputs to the response; management of the strategic element, including planning for HIV/AIDS, capacity building, and resource mobilisation; and management of the normative element, or the hard wiring of the response, including financial management, monitoring, documentation and information management, and the policy environment.

In the operationalisation section, the Framework provides specific guidance and instruction to the various levels and strata of Botswana society. The NSF 2003-2009 clarifies the implementation roles and responsibilities of districts, Ministries, and sectors in terms of planning and implementation. The outline of potential areas of intervention for all institutions was provided by the institutions themselves and represents what is presently envisaged. A further innovation that will assist implementation is the introduction of basic minimum packages for each level. Recognising that implementation capacity will vary widely; the minimum package of activities provides a directed set of activities that address the most immediate needs of the National Response, as outlined in this document. If, initially, many institutions at the different levels of the response were only able to implement the activities contained within the minimum package, it would still mark a substantial move forward in terms of a concerted, co-ordinated, and directed multi-sectoral effort.

Action at all levels, from implementation of targeted activities in specific intervention areas to the effectiveness and development of management for HIV/AIDS, will be monitored and measured by the Botswana HIV/AIDS Information Management System (BHRIMS). The structure and focus of BHRIMS links the measurement of internationally recognised indicators, through to the priority measures of the national and decentralised levels. BHRIMS will guide implementation of the National Response.

In addition, the Framework provides indicative costs per objective to demonstrate the financial resources required to operationalise the National Response. Key stakeholders were consulted for the provision of programmatic inputs required for an overview of resource needs. Three main sources of funds are being utilised for the implementation of programmes in the country: Government, Development Partners, and the Private Sector. Projections show that considerable additional funds will have to be mobilised especially in the area of prevention. Government will therefore have to commit and mobilise additional resources for HIV/AIDS.

## Goals, Objectives, and Strategies

### Goals

The five key goals for the period of the Framework were born out of the situation and response analyses contained in the National HIV/AIDS Assessment, as well as the review of the Second Medium Term Plan for HIV/AIDS. It is important to note that ***prevention*** is the ***first priority*** of Botswana's National Response.

1. **Prevention of HIV infection**
2. **Provision of Care and Support**
3. **Strengthened Management of the National Response to HIV and AIDS**
4. **Psycho-social and Economic Impact Mitigation**
5. **Provision of a Strengthened Legal and Ethical Environment**

## Objectives

The selection of national objectives was a highly consultative process involving experts in many fields who collaborated closely with the BHRIMS division of NACA. The result of this process has been the formulation of agreed national objectives, supported by a number of outcome indicators to enable the satisfactory measurement of success.

1. **Increase the number of persons within the sexually active population (especially 15-24yrs) who adopt HIV prevention behaviours in Botswana by 2009.**
2. **Decrease HIV transmission from HIV+ mothers to their newborns by 2009.**
3. **Decrease the HIV prevalence in transfused blood in the country.**
4. **Increase the level of productivity[1] of People Living with HIV/AIDS, especially those on Anti-Retroviral Therapy.**
5. **Decrease the incidence of TB among HIV positive patients in the country.**
6. **Broaden the skills of health workers (doctors and nurses) to provide accurate diagnosis and treatment of opportunistic infections.**
7. **Ensure the implementation of the NSF Minimum HIV/AIDS Response Packages by all sectors, Ministries, districts, and parastatals.**
8. **Ensure the full implementation of all planned HIV/AIDS activities at all levels.**
9. **Minimise the impact of the epidemic on those infected and/or affected, public services, and the economy.**
10. **Create a supportive, ethical, legal, and human rights-based environment conforming to international standards for the implementation of the National Response.**

## Priority Strategies

The NSF articulates thirty ***priority*** strategies aimed at achieving the National Objectives. These strategies respond to the present situation in Botswana in terms of its socio-cultural, management, and service provision realities, among others and emphasise the crucial areas needing sustained focus in order to move the National Response forward to achieve the stated goal in the medium-term. The priority strategies encompass a number of key themes such as limited human resources and capacities; developing strategic partnerships to expand prevention and care programmes; strengthening financial and information management systems; addressing socio-cultural issues and behaviour change; addressing the impact of HIV and AIDS at the macro and micro levels; and tackling stigma and discrimination through the creation of an enabling environment by developing and adopting protective legislation.

[1] *"Productivity in this National Strategic Plan framework for HIV/AIDS is measured by the level of sustaned income, number of hours a week at work, reductionin number of sick days.*

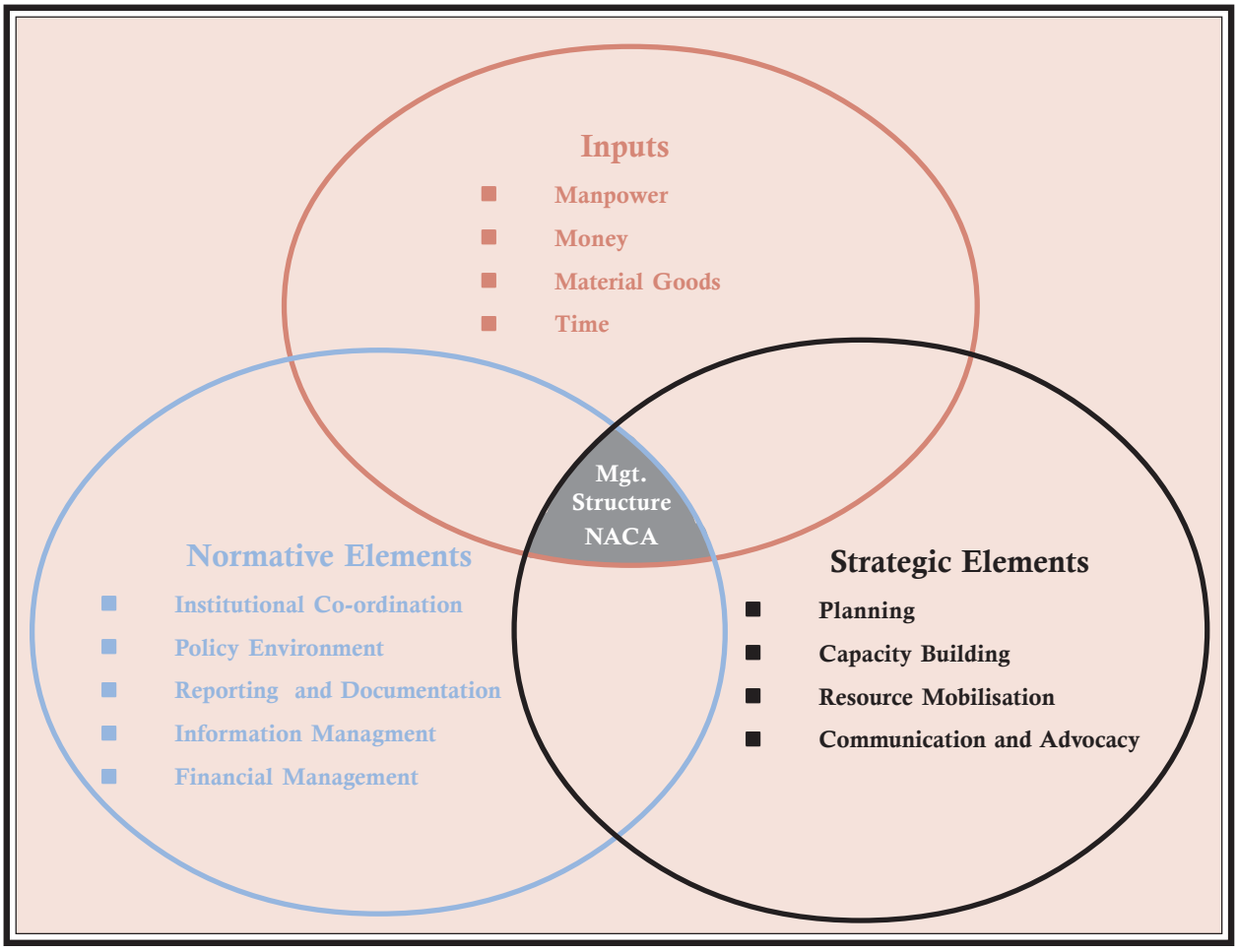
# 1. Introduction

The Government of Botswana has declared HIV/AIDS a national emergency and is committed to an aggressive, comprehensive, and expanded multi-sectoral and multi-level response to fight the epidemic and to curb its impact on society. Not only has it become the most important public health challenge facing the country but it also poses the most serious challenge to future socio-economic development. The complexity of the HIV/AIDS epidemic in Botswana requires a National Response that provides leadership and ensures the active involvement of local, national, and international stakeholders, and clear definitions of roles and responsibilities.

## 1.1 A Strategic Management Approach to HIV/AIDS Implementation

Botswana is at a critical crossroads. To halt and eventually reverse the destructive tide of the epidemic requires a more dynamic, determined and radical response. To do anything less may well spell disaster. What is needed now is a strategic framework for HIV/AIDS which includes a more strategic approach to managing all the elements of the National Response. Such a management approach affords more flexibility to accommodate the rapidly changing environment and any unforeseen circumstances.

Figure 1 below provides a graphical representation of a strategic management system for HIV/AIDS. It illustrates a National Response that brings together the strategic elements, that is, those that add value through their flexibility and responsiveness to the rapidly changing environment, and normative elements that are more the hardwiring of the response and provide a supporting structure or skeleton. These combine with the necessary inputs to produce an effective and adaptive National Response.



*Management exists to support implementation* and its functioning creates the environment necessary for achievement of the National Strategic Framework objectives. The system of Strategic Management for HIV/AIDS is applied through a set of management tasks that represent their own sub-systems with either a strategic or a normative focus. These include:

- **Strategic Framework development and HIV/AIDS Action Planning.**

The National Strategic Framework for HIV/AIDS provides the overall direction for the National Response by outlining the goals and objectives through which action is to be guided. Development of annual HIV/AIDS Action Plans at the Ministry and District levels is the process through which the operationalisation of the National Strategic Framework takes shape. As capacities at these levels are built, individual relevant priorities and strategies are expressed, which support implementation and provide the basis for measurement of progress and achievements.

- **Institutional Co-ordination and Creation of Conducive Policy Environment**

Within the National Response there are many implementing agents: Government sectors, NGOs, religious bodies, private companies, etc. Each of these agents will have different mandates, may require different inputs for effective operation, and will have different reporting and accountability channels. In order to manage this environment, existing institutions must be strengthened or new ones established to enhance co-ordination and ensure that:

1. **Implementation is appropriately guided by the objectives and strategies contained within the HIV/AIDS Action Plan**
2. **Duplication is minimised and that the proper implementing agent is responsible and held accountable for activities within their particular mandate**
3. **Resources are appropriately used and that waste is minimised**
4. **Information derived through monitoring and other sources is adequately disseminated to develop the overall level of capacities and skills available for the response.**

To support implementation of the response to HIV/AIDS at critical stages, additional policies must be established as appropriate to provide a normative backbone to strategic action. Opportunities must be pursued for advocacy, policy dialogue, reviews, etc., for the creation of a responsive policy, legal, and ethical environment.

- **Human Capacity Development for Sustained Implementation**

Human capacity building for sustaining implementation of the response to HIV/AIDS is an important element of the Strategic Management system. Whether part of the annual HIV/AIDS Action Plan or an overall national effort, a programme of human resource capacity building will be developed and managed through continuous assessment of priority capacity needs for the areas of implementation, management, and co-ordination.

- **Financial Management**

To contribute to the overall Strategic Management of the response, financial management will include not only the sources but the flow, tracking, and reporting of financial resources.

- **Communication and Information Management**

Ultimately, management is about the effective use of information and Strategic Management for HIV/AIDS and is largely concerned with information from two different perspectives. Firstly, information which is derived through the monitoring and documentation of implementation; and secondly, information that can be used to form part of a broad communications strategy focusing on advocacy and accountability to the public.

## 1.2 A National Strategic Planning Framework for HIV/AIDS

The adoption of a Strategic Framework for HIV/AIDS provides the national vision, goals, objectives, and broad strategies to guide the National Response. Plans developed and implemented under the framework are expected to demonstrate greater creativity and responsiveness, ensure flexibility, and promote

more realistic and focused targeting of interventions. A Framework is also an evolving document that will change to accommodate the fluidity and dynamics of the HIV/AIDS environment. HIV/AIDS will be mainstreamed into the broader Ministry strategic plans under the Performance Management System, which will facilitate the development of their individual annual HIV/AIDS action plans. Similarly, at the district level, annual multi-sectoral HIV/AIDS action plans will be developed to add value to the District medium-term Development Plans and assist with the targeted implementation of a locally generated response.

This National Strategic Framework for HIV/AIDS addresses the dual nature of the epidemic in Botswana. Firstly, it stresses the emergency nature of the epidemic and provides the means for rapid reponses. The focus of this Framework and its call to action are derived from the understanding that a radical approach is necessary if Botswana is to reverse the present course of the epidemic and rescue its people from an impending national disaster. This Framework assists with the often difficult yet strategic choices that must be made in terms of priorities, catalytic actions, and lead actors in implementation.

Secondly, the National HIV/AIDS Strategic Framework recognises that battling this epidemic is a long-term investment of time, effort, and resources. It emphasises a National Response that devotes continuous attention to long-term recovery.

## 1.3 The Process of Developing the National Strategic Framework

Under the National AIDS Council, the National AIDS Co-ordinating Agency (NACA) has facilitated an intensive, highly consultative process to develop a new National Strategic Framework for HIV/AIDS. Referred to as the Strategic Planning Process (SPP), it has brought together all major partners and stakeholders to look collectively at the future of the National Response in Botswana.

In districts across the country, DMSACs and key local level implementers, including civil society organisations, associations of People Living with HIV/AIDS (PLWHA), and the public and Private Sectors were given the opportunity to voice what they considered were the important issues relating to a response to HIV and AIDS. Similarly, at the national level, Ministries, umbrella groups for NGOs, FBOs and PLWHA, Development Partners and the Private Sector were consulted throughout the SPP.

To these discussions and inputs, investigations around six crosscutting themes were added: youth & children, women, men, PLWHA, alcohol, and poverty. Inputs from these consultations enriched the development of the new National HIV/AIDS Strategic Framework by exploring the implications emerging from these themes that run through all sectors of society.

At all levels, consultations contributed to the production of a National HIV/AIDS Assessment, incorporating analyses of Botswana's current HIV/AIDS situation and the methods and extent of the response. These analyses assisted in identifying the priority target groups in the country. The Assessment also contained a review of the Medium Term Plan II for HIV/AIDS, analysing its strengths and weaknesses over the period of its implementation, as well as gaps identified in the response to be addressed within the new National HIV/AIDS Strategic Framework.

A Core and a Reference Group were established to facilitate and guide the process. The Core Group ensured that key issues were addressed at various phases of the process, including advocacy and consensus building around SPP outputs, and the establishment of Public/Private Sector partnerships and linkages at the decentralised level. The Reference Group maintained strategic oversight and advised NACA, the Core Group, and SPP consultants on the larger issues of integrating with other national processes taking place concurrently, as well as maintaining the vision and pace of the SPP.

The Framework was aligned with NDP9 to emphasise the development aspect of the National Response. This alignment further serves to ensure that HIV/AIDS is adequately captured within the national planning and budgeting cycle, becomes fully mainstreamed into development planning, and is given the necessary political endorsement. In addition, the NSF was developed in conjunction with the revised National HIV/AIDS Policy. These two processes have become mutually reinforcing and this relationship is to be maintained throughout the life of the NSF with the Policy providing the necessary institutional support for every step of the National Response implementation.

## 1.4 Structure of the National Strategic Framework 2003-2009

This National HIV/AIDS Planning Framework is intended to be user-friendly in providing the necessary practical guidance to policy makers and government officials, implementing agencies and organisations, Development Partners, and local leaders for developing and implementing nationally oriented, yet individually relevant, HIV/AIDS plans.

The Framework is conceptually divided into two main sections. The first section provides the framework for planning, beginning with this introduction, and moving on to a brief presentation of the HIV/AIDS situation in Botswana, key elements of the National Response, including a review of the MTPII and the gaps that have been collectively identified through consultation and review. The third chapter outlines the National HIV/AIDS Strategic Framework, from the overarching national vision and output of the National Response, to its guiding principles, goals and objectives.

The second section addresses the operational aspects of the National Response. It begins with an introduction in chapter four, which outlines key aspects important in moving the National Response from planning to implementation. Chapter five develops the roles and responsibilities of national co-ordination for HIV/AIDS. Chapters six and seven lay out roles and responsibilities at the district and Ministry levels, and provide a basic indication of possible actions articulated by each district. Chapter eight presents the contribution to the National Response by civil society, the Private Sector, and the media. Chapters nine and 10 put forward the roles and responsibilities of parastatals and Development Partners. The final two chapters address the Botswana HIV/AIDS Response Information Management System (BHRIMS) and Resource Requirements.

# 2. Summary of National HIV/AIDS Assessment

## 2.1 Introduction

This chapter of the National Strategic Framework provides an overview of the information derived from the National HIV/AIDS Assessment, which was made up largely of analyses of the present HIV/AIDS situation in Botswana and what had been or is being done to address the epidemic, including a review of the Second Medium Term Plan for HIV/AIDS, 1997-2002. The National Assessment provides the basis for the direction of the National Response: factors driving the spread of the epidemic in Botswana; identification of the priority groups; and the gaps in the response to date that need to be addressed in order to have an effective, multi-sectoral National Response.

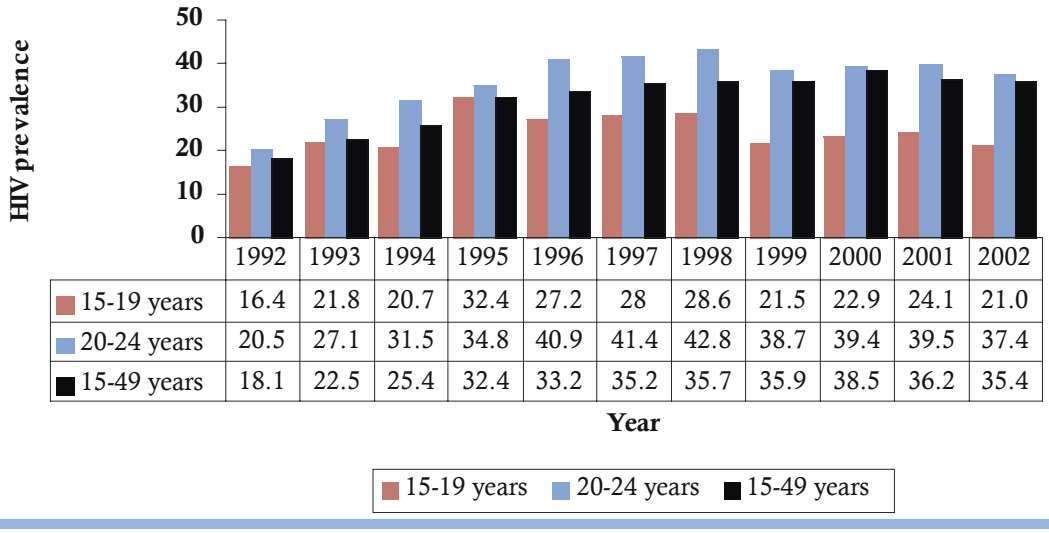
## 2.2 Summary of the Situation

The HIV/AIDS epidemic continues to worsen contrary to previous projections that HIV prevalence rates would plateau at around 25%. HIV prevalence for pregnant women aged 15-49 years in Botswana did, however, decrease marginally from 36.2% in 2001 to 35.4% in 2002[2]. In all districts the prevalence rate among pregnant women attending antenatal clinics is more than 20%, with some exceeding 50%. Botswana has a relatively young population structure with about 60% of the approximately 1.65 million people aged less than 45 years old. It is estimated that about 258,000 Batswana are now living with HIV and AIDS and high morbidity and mortality rates due to HIV/AIDS have seen Botswana slip down the UNDP Human Development Index rankings from 71 in 1996, to 122 in 1999/2000. As a result of this situation the government declared HIV/AIDS a national emergency, strengthened leadership structures, introduced new interventions and continues to advocate for an expanded multi-sectoral National Response to the epidemic. It is further committed to building an educated and informed nation as pledged in the Vision 2016 document. To this end, education and health care remain priority areas for the nation.

## 2.3 Impact of HIV and AIDS on Botswana

**Impact on the Economy:** Botswana's workforce largely falls within the sexually active population. With a national HIV prevalence of around 35%, the number and quality of people available to work will decline over the next 5-10 years. Thus, the return on Government's efforts to promote foreign direct investment, diversify the economy, and create employment for Batswana may be negatively affected if no action is taken. Aside

**Trend in HIV prevalence among pregnant women, Botswana 1992-2002**




| | 1992 | 1993 | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 15-19 years | 16.4 | 21.8 | 20.7 | 32.4 | 27.2 | 28 | 28.6 | 21.5 | 22.9 | 24.1 | 21.0 |
| 20-24 years | 20.5 | 27.1 | 31.5 | 34.8 | 40.9 | 41.4 | 42.8 | 38.7 | 39.4 | 39.5 | 37.4 |
| 15-49 years | 18.1 | 22.5 | 25.4 | 32.4 | 33.2 | 35.2 | 35.7 | 35.9 | 38.5 | 36.2 | 35.4 |

[2] *Government of Botswana, Botswana 2002 Second Generation HIV/AIDS surveillance - a Technical Report, NACA 2002*

from this decline in the productive workforce, the epidemic will increase poverty and human suffering and weaken the government's capacity to deliver essential services and sustain human development.

**Demographic Impact:** The structure of the population and its growth rate continue to be altered as a result of the HIV and AIDS epidemic. Mortality across all age groups is on the rise in Botswana and life expectancy has declined. It is estimated that by 2010 life expectancy could drop to as low as 29 years[3]. If nothing is done to halt the deepening of the epidemic, one-third of Botswana's adult population could die over the next 8-12 years and the structure of the population will shift to increasing numbers of very young and very old.

**Impact on Health:** The nation's health system is being stretched to the limit and an increasingly large proportion of the sector's resources are now being devoted to the care of AIDS patients. Current interventions are geared towards ensuring that the HIV/AIDS epidemic will not exacerbate the massive burden of caring for and treating HIV and AIDS, consume health resources and facilities, and seriously limit the ability of the health care system to execute its mandate and deliver even basic care services to the society at large.

**Impact on Education:** High levels of morbidity and mortality among teachers threaten to reduce the number of classroom hours being taught, the quality of teaching, and the learning environment, as well as the delivery capabilities of the system. With the growing number of children either infected or affected by the epidemic, school enrolments are expected to decline due to dropouts, increased illness, or children having to care for family members or earn additional family income. Those who remain in the classroom, seeing friends and teachers affected by the epidemic, are traumatised and suffer a decreased ability to learn.

**Impact on Households:** The immediate impact of HIV/AIDS on households in Botswana includes increased health expenditures and loss of income. It is estimated this will eventually push at least 5% more households below the poverty line.

**Orphans:** Currently there are an estimated 78,000 orphans in Botswana and projections indicate that by 2010 more than 20% of all children will be orphaned. The capacity of the extended family to absorb these orphans will be stretched to the limit and may even collapse when the present generation of grandparents die[4].

## 2.4 Overview of Some Key Determinants of the HIV/AIDS Epidemic in Botswana

Determinants are factors that tend to drive the spread of the HIV/AIDS epidemic in Botswana. Several interdependent determinants have been identified and can be grouped under four broad headings:

- Stigma and denial;
- Socio-cultural determinants;
- Socio-economic determinants;
- Demographic mobility.

**Stigma and Denial:** According to the 2002 Sentinel Surveillance Report, it is estimated that over 35% of all adults aged between 15-49 in Botswana are HIV+ and yet most of them do not know they are positive. Stigma and denial create an environment maintaining the potential for increased infection as well as limiting the ability of people to live positively and responsibly with HIV and AIDS. It is encouraging that the demand for voluntary counselling and testing is increasing, giving hope that the epidemic is coming out into the open. Everything must be done to encourage Batswana to speak openly about HIV.

**Socio-cultural Determinants:** Important factors under this heading include the socially reinforced subordination of women, which underlies many aspects of their vulnerability, especially their relatively weak position in being able to make decisions about sex and their lack of economic empowerment. The social acceptance of sexual networking[5] by men is also fundamental and further underscores the subordination of women in Botswana. Initiatives are ongoing to strengthen the legal and ethical environment to support empowerment of women and youth. The access to and abuse of alcohol, particularly among the youth, has been shown to increase the incidence of casual, unprotected sex, thus having a significant influence on the spread of HIV/AIDS in the country.

[3] *Botswana Human Development Report, UNDP 2001.*
[4] *Government of Botswana, Botswana 2001 HIV Sero-prevalence Sentinel Survey - A Technical Report, NACA 2001*

**Socio-economic Determinants:** Key socio-economic factors are largely represented by a cycle of real or perceived needs and exploitation. On the one hand, people with high levels of disposable income are at risk due to their ability to exploit situations of relative inequality or exert unfair advantage in the pursuit of sex. On the one hand, rising poverty levels indicate that many people are unable to meet their daily needs, often forcing them to adopt high-risk survival strategies. Recent estimates put the proportion of households in Botswana below the poverty line at 22%. In the urban areas it is at 11.7%, while the rural areas it is 27.1%.

**Demographic Mobility:** In the last 20 years, rapid economic growth has been coupled with an equally rapid movement of people from rural to urban areas. While the level of urbanisation in Botswana continues to climb, most of those living in towns still have strong rural roots to which they frequently return. The traditional system of livelihood depends on cattle and agriculture, which promotes the movement of rural people. Also, consistent movement of family members between cattle post, fields and the town, often leave children of school-going age unattended for extended periods of time so that they can continue with their education. Such an environment lacks the appropriate structure and supervision for young children, possibly increasing their risk. Botswana is also a transport hub for Zimbabwe, South Africa, Namibia, and Zambia all of which share the high prevalence rates that characterise the pandemic in Southern Africa.

## 2.5 Priority Groups and a Prioritised Response

The identification of groups of individuals that deserve priority attention in the National Strategic Framework for HIV/AIDS, is derived from the analysis of the situation and the determinants in Botswana as contained in the National HIV/AIDS Assessment. The notion of who makes up a priority group in the context of Botswana's epidemic, however, must go beyond a simplistic understanding of risk and vulnerability when assessing the degree to which a group of people is predisposed to contracting HIV. Consideration must be given to how the epidemic creates or increases aspects of vulnerability among individuals and groups, as well as the potential impact to be derived by according a particular group priority attention. Thus, the priority groups in the country for the National Strategic Framework 2003-2009 are:

1. **Youth and Children:** the first priority group needing the most protection and guidance if the nation is to achieve the vision of no new infections by 2016. Youth and children are the key to turning around the epidemic in Botswana.
2. **Women:** while comprised of a number of sub-groups, women in general represent a cohort with multiple vulnerabilities influenced by various factors outside their control.
3. **Orphans:** while also incorporated within the youth group, orphans represent a group with specific vulnerabilities which, if not addressed in a targeted way, may threaten this group's largely negative status. In addition, orphans, perhaps more than any other group of children, are more vulnerable to exploitation and abuse and may experience unequal access to basic social services such as health, welfare, and education.
4. **Poor:** as with most other groups, the poor can be segmented into multiple classifications. Yet, as with orphans and women, this group is characterised by multiple vulnerabilities that are influenced or controlled by others.
5. **Mobile populations:** mobility increases an individual's vulnerability to infection and, as Botswana has many and varied mobile populations each compelled to move for different reasons, this group represents a significant vehicle for the continuing spread of the epidemic.
6. **People Living with HIV/AIDS:** the extent of Botswana's epidemic and the number of people already infected requires that serious attention be paid to the vulnerabilities of PLWHA. They need support through a strengthened legal and ethical environment.

While the National Strategic Framework acknowledges the importance of addressing the needs of each of these groups within the context of the National Response to HIV and AIDS, it is clear that a phased approach based on relative priority be adopted. As part of the implementation of the National Strategic Framework, each of these groups will undergo a detailed segmentation allowing for better prioritisation and precisely targeted interventions. This, in turn, will enable a prioritisation of

[5] *Sex networking is a term used to denote the cultivation of multiple sexual relationships in a variety of environments*

implementers based on their comparative advantage addressing each segmented group within a particular phase of the response.

## 2.6 Overview of Current Responses

**Political Response.** The political response is led by the exemplary leadership and commitment of His Excellency, Festus Gontebanye Mogae, President of the Republic of Botswana. This political leadership is further strengthened and formalised through the representation of political leaders on the National AIDS Council (NAC), which is Chaired by His Excellency the President. The Honourable Minister of Health is also the Vice-Chairperson of the National AIDS Council. The NAC is the highest national level co-ordinating body mandated to advise government on HIV/AIDS matters in the country, concerned with oversight and guiding the expanded national response to HIV/AIDS. The Assistant Minister of Local Government is a member of the NAC and provides linkages between the central government and the district authorities. The Chairperson of the Parliamentary Select Committee on HIV/AIDS represents the Parliamentarians across all political parties, including membership from opposition parties. The Committee also links central level political leadership to district and community level political leaders such as the Councillors. In addition, the Chairperson of the House of Chiefs, who is an active member of the National AIDS Council, provides traditional leadership and linkages. At the local level, kgotla meetings addressed by Chiefs and Headmen are often used as fora for advocacy around HIV/AIDS issues.

**Public Sector Response.** In the area of HIV/AIDS policy, it is known that at least nine Ministries or departments have either developed policies or are in the process of doing so. Generally, existing policies need revision to incorporate new understanding and interventions for the HIV epidemic. A number of Ministries and departments have gone further to develop strategic frameworks and medium term plans.

The establishment and strengthening of HIV/AIDS co-ordination and management structures appears to be the key achievement across Ministries and departments. In line with instructions issued through the Directorate of Public Service Management (DPSM), most Ministries have appointed HIV/AIDS co-ordinators at the D2 level. In most cases, however, these are still evolving and need adequate numbers of staff with the appropriate mix of skills and clear and specific terms of reference.

The process of mainstreaming HIV/AIDS at the Ministry level started in 1999 and is ongoing. Most Ministries and sectors have only recently been introduced to the process as part of NDP9. Continuing work with the Ministries will result in annual HIV/AIDS action plans addressing each Ministry's internal domain, or workplace environment, and external domain or service provision area. These plans will form part of each Ministry's annual Strategic Plan in line with the Performance Management System.

Though nearly all Ministries appear to have started a workplace programme, they vary considerably in terms of the range and type of services available. Behaviour Change Communication (BCC), peer education, and condom distribution are some of the most common activities. Only one ministry has instituted a Care and Support programme to provide medical, social, and economic support for those infected or affected. Important gaps have been identified in the public sector response:

- Co-operation and co-ordination across Ministries and institutions are inadequate and not strategic to form linkages with existing services and resources, for example, counsellors, HIV testing, ART, etc.
- Existing responses are often rather generalised with activities not targeting vulnerable groups or high-risk situations.
- Number of sector impact and staff KAP studies is limited and information available is often not used to inform HIV/AIDS programming.
- Mechanisms for monitoring HIV and its impact on various sectors are largely lacking.
- Information sharing among the sectors and NACA is limited.

**District Responses.** All districts have established District Multi-Sectoral AIDS Committees (DMSAC), which are commonly recognised, locally and nationally, as the co-ordinating body for HIV/AIDS at the district level. Sub-DMSACs have also been set up in most of the sub-districts, while the establishment of Village Multi-Sectoral AIDS Committees (VMSACs) is ongoing but has been slower.

Large-scale, National programmes, such as Prevention of Mother-to-Child Transmission (PMTCT), Community Home Based Care (CHBC) and the Orphan and Vulnerable Children (OVC) programme are being implemented in the districts with varying degrees of coverage and uptake. The Anti-retroviral Therapy (ART) Programme is presently being piloted in four districts with another four planned during 2003. Voluntary Counselling and Testing (VCT) is also being implemented in many districts across the country. Tebelopele VCT centres, sponsored by the BOTUSA Project, operate 16 centres in districts across the country, while other organisations offer services in various locations.

The district level is where the National Strategic Framework for HIV/AIDS is translated through the diversity of each local situation into operational programmes and activities. Unfortunately, this diversity has made it difficult to compare existing responses across districts in any standardised way, as each addresses its individual needs and situations, and includes a variety of different actors. Obviously, this same diversity makes it imperative for each district to develop its individual annual HIV/AIDS action plan. Thus, while comparisons of the effectiveness or "best practices" of district responses are difficult, some common themes and gaps have emerged:

- District responses tend to be fragmented producing duplication and overlap and generally lacking the cohesiveness and direction that strong co-ordination might provide.
- The DMSACs role in the district level response to HIV/AIDS is often not clearly articulated to all stakeholders. Issues of composition, authority, accountability, and function require consensus and clarification.
- The integration and co-ordination of district-led initiatives meeting district-specific needs, and vertical programmes developed and managed from the national level, is lacking.
- The coverage of CHCB and OVC programmes is limited and needs to be expanded by addressing both supply and demand side issues.

## 2.7 Review of the Second Medium Term Plan for HIV/AIDS

### 2.7.1 Introduction

A review of MTPII informed the development of the next National Strategic Framework for HIV/AIDS by highlighting the strengths from which to continue building and consolidating the National Response, as well as identifying areas of weakness or gaps that need to be addressed. In short, it provided an opportunity to learn from the past in order to more confidently direct future efforts.

The review presented a number of challenges. Firstly, MTPII allows for limited comparative analysis. As a multi-sectoral strategic document, it marks an important departure from the previous health-oriented response and as such offers few points of comparison between MTPI and MTPII. Secondly, MTPII sets no objectives or indicators making it difficult to highlight achievements in any of the Critical Areas of Concern outlined in the document. In fact, accessing and utilising existing HIV/AIDS monitoring information was itself a challenge as it was largely derived from individual monitoring schemes developed to meet the needs of the programme and funding agency and was very often not linked to MTPII. Finally, implementation of MTPII was delayed such that current activities are essentially two to three years old, making assessments of impact premature. Though this considerable activity addressing HIV/AIDS has been initiated within the limited period of implementation of MTPII, it generally is not clearly linked to the comprehensive list of possible activities outlined under each of the Critical Areas of Concern in the matrix at the end of the document.

### 2.7.2 Significance of MTPII

The end of the First Medium Term Plan for HIV/AIDS (MTPI) marked a shift in paradigm from HIV/AIDS as a health issue to HIV/AIDS as a development issue needing a multi-sectoral response. Thus, the development of a new plan for HIV/AIDS would require a different approach. With the assistance of the United Nations system as part of the UNDP Project Support Document, Botswana embarked upon a new planning process addressing the need for wider participation and consultation.

This process aimed to promote the involvement of public and Private Sector entities in the National Response, which had hitherto been rather limited. Another important priority was to engage communities in the response. What finally emerged from this process of participation, consensus building, and consultation was to become the centrepiece of MTPII: the development of institutional and organisational structures through which the National Response was to be implemented.

Two overarching goals were defined for the National Response over the period of MTPII. The first was to reduce HIV transmission, while the second was to mitigate the impact of the epidemic. Under each of these, Critical Areas of Concern were articulated, which informed the development of a comprehensive range of strategies and interventions to be implemented by a "coalition of sectors, NGOs and CBOs at both national and district levels."[6]

### 2.7.3 Analysis of MTPII: Conceptual Utility and Operational Constraints

In light of the challenges presented in terms of reviewing MTPII, an alternative frame of analysis is put forward: assessing the document conceptually and operationally.

**Conceptual Utility.** As a document developed to guide Botswana's National Response to HIV/AIDS, MTPII was a good conceptual framework. Participants during the MTPII Review Workshop held in Gaborone on 17 May 2002, agreed that it was forward-looking and able to conceptualise the evolving needs and direction of National Response. The document demonstrated an understanding of Botswana's generalised epidemic and emphasised the need to move beyond simple analyses of spread based on core transmitters. Second, MTPII advocated for a clarification of the apparent confusion surrounding the practical roles and responsibilities of National AIDS Policies and National Strategic Plans as well as the difficulties in discerning the relationship between the two national documents.

The greatest conceptual strength of MTPII was its exploration of the institutional and organisational structures necessary to manage a multi-sectoral National Response in Botswana. Here, MTPII made its most significant and lasting contribution. Emphasising the collective responsibility of Government, parastatals, the Private Sector, NGOs, CBOs, and others in implementing the National Response at all levels, MTPII put forward structures through which that implementation could be realised. With only a few exceptions and changes, the institutional structures outlined in MTPII have largely been established and are functioning.

**Operational Constraints.** The MTPII was, operationally, not a plan but a framework, devoted primarily to developing multi-sectoral institutional structures. Thus, while the management and co-ordination of the response advanced, implementation experienced little movement. Perhaps most importantly, MTPII contained no explicit implementation responsibilities to ensure that stakeholders understood what to do. This may account for the initial delay in implementation. While it did furnish abundant possibilities in terms of interventions and levels of response, implementing agencies often struggled to find the most appropriate areas in which to act.

Both objectives and indicators are absent from the document, as is a national monitoring system for measuring the achievements and impact of the National Response.

There has been much activity over the last few years. The greatest proportion of the activities undertaken can probably find a place in the matrix of interventions outlined in MTPII, but knowledge of MTPII, much less practical implementation of the activities it contains, is very limited.

## 2.8 Key Gaps Identified in the National HIV/AIDS Assessment

The National HIV/AIDS Assessment noted modest progress on several fronts, but identified many important gaps and constraints. This analysis is not a comprehensive listing; rather it is an attempt to identify strategic gaps which, when addressed, offer opportunities for maximum leverage in Botswana's response to HIV/AIDS.

[6] *AIDS/STD Unit, Botswana HIV and AIDS Second Medium Term Plan 1997-2002, Ministry of Health, 1997.*

1. Institutional capacity and structures did not allow for an emergency response.
2. Lack of information for realistic human resource planning all sectors relative to the impact of HIV/AIDS.
3. Inadequate legal and administrative backing of stakeholders at all levels to deliver their mandates.
4. The comprehensive national communications strategy needs further segmentation to clearly target specific groups.
5. Slow scale-up of the Anti-Retroviral Treatment programme beyond the current planned sites due largely to inadequate human capacity and infrastructural obstacles.
6. Support groups for PLWHA need to be expanded to increase coverage and further assisting the breakdown of stigma and denial around HIV/AIDS.
7. The legal, ethical and human rights environment requires strengthening to enable and support an effective national response.
8. Gender inequalities are a major factor in increasing women's vulnerability to HIV/AIDS. Strategies to empower women need to be strengthened and require serious and immediate attention in terms of cultural, social and economic aspects of their lives.

# 3. HIV/AIDS Strategic Planning Framework

## 3.1 Introduction

The development of this National HIV/AIDS Strategic Framework represents a fundamental shift in the development and execution of the National Response in Botswana. This shift is derived from the fact that time is running out and that what is needed to avert a national catastrophe is concerted, deliberate, and well-targeted action. The National HIV/AIDS Strategic Framework 2003-2009 begins to deal with the HIV/AIDS epidemic as the national disaster and emergency that it truly is and outlines a direction for action that may appear to be radically ambitious. It must be understood that such a path is the only way forward.

What follows is the framework within which strategic planning for HIV/AIDS at all levels is to be undertaken. It presents the overriding principles, vision, objectives, and priority strategies that are to serve as reference points for the development and implementation of the annualised HIV/AIDS action plans over the next six years.

## 3.2 Guiding Principles

**The National HIV/AIDS Strategic Framework is informed by the five key principles articulated in Botswana's Vision 2016: Democracy, Development, Self Reliance, Unity and "Botho", which emphasises humaneness. From this foundation the following principles emerge to guide and shape both planning and action for HIV/AIDS.**

1. **Joint national leadership involving partnerships between Communities, Private Sector, Civil Society, Development Partners, and Government**
2. **A multi-sectoral approach to planning, implementation, monitoring, and evaluation involving all stakeholders**
3. **Creation of an enabling environment for an expanded and scaled-up response**
4. **Active involvement of communities and people living with HIV and AIDS**
5. **Alignment of international partners to the national strategic priorities**
6. **Facilitation and development of human capacities to manage the National Response**
7. **Flexibility, equity, and cost-effectiveness at all levels**

### National Vision:

**No new infections of HIV in the country by 2009**

### Output of the National Response to HIV/AIDS:

**To eliminate the incidence of HIV and reduce the impact of AIDS in Botswana**

## 3.3 Goals of the National Strategic Framework

The goals have been arrived at through consultations at all levels and through the National HIV/AIDS Assessment for Botswana, which analysed the present scope of the response. The Assessment identified key gaps in terms of either the absence of programmes or services in critical areas, or the need for intensification and scaling up. To address the increasingly complex nature of the epidemic, the response has had to evolve, adopt new technologies, expand coverage, and approach critical issues from fresh perspectives.

| | |
|---|---|
| Goal 1 | Prevention of HIV Infection |
| Goal 2 | Provision of Treatment, Care and Support |
| Goal 3 | Strengthened Management of the National Response to HIV and AIDS |
| Goal 4 | Psycho-social and Economic Impact Mitigation |
| Goal 5 | Provision of a Strengthened Legal and Ethical Environment |

## 3.4 National Goals and Objectives

To attain the output of the National Response to HIV/AIDS, the following five goals and supporting objectives must be achieved within the period of the NSF. They have been developed with the information available presently and, while the targets remain estimations, they will be refined through operationalisation of the Framework to ensure effective monitoring and evaluation of the implementation progress of the National Response as well as reflecting the achievement of the UNGASS indicators.

### GOAL 1: Prevention of HIV Infection

| Impact Indicators<br>Source: UNAIDS Report 2001 | Baseline Year: 2001/2002 | Target Year: 2006 | 2009 |
|---|---|---|---|
| 1.1 Percentage increase of HIV prevention knowledge of people aged 15-49 | 34% | 80% | 80% |
| 1.2 Percent of adoption of HIV prevention behaviours of people aged 15-49 in Botswana by 2009 | NA* | 50% | 80% |
| 1.3 Percent reduction in infants born to HIV infected mothers who are infected at 18 months | 21-40% | 50% | 100% |
| 1.4 Percent decrease of the HIV prevalence in pre-transfused blood and blood products | 9% | 100% | 100% |
| 1.5 Percent decrease in the HIV incidence among the sexually active population | 6% | 50% | 80% |
| 1.6 Percent decrease in the STI prevalence among the sexually active population (syphillis) | 2.4% | 50% | 100% |

**Objective 1.1:** Increase the number of persons within the sexually active population (especially 15-24 yrs) who adopt key HIV prevention behaviours in Botswana by 2009.

| Outcome Indicators | Baseline 2001 | Targets 2006 | 2009 |
|---|---|---|---|
| Percent increase in the number of people who utilise VCT services | 8.9% | 70% | 95% |
| Percent increase in the rate of condom use with non-regular partners in the last 12 months among ages 15-24 years | 82% | 100% | 100% |
| Percent increase in the number of persons aged 18 years who have not had sexual intercourse | M=64%<br>F=60% | 80%<br>for all | 95%<br>for all |
| Percent decrease in number of people aged 15-24 who report more than one sexual partner in the previous 12 months | 10.6% | 50% | 50% |
| Percent decrease in the number of people aged 15-24 reporting unprotected sex in last month after consuming alcohol | 5% | 50% | 70% |
| Percent increase of young people aged 15-24 who both correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission | 36.3% | 70% | 100% |
| Percent increase of female sex workers who use condoms during high risk sex[7] | NA* | 60% | 80% |
| Percent increase of mobile population who use condoms during high risk sex | NA* | 60% | 80% |
| Percent increase of patients with STI at health care facilities who are treated using appropriate syndromic management of STI | NA* | 80% | 100% |

[7] *"High risk sex" refers to casual, unprotected sex with an individual, often a stranger, and outside the context of a reciprocal relationship*

* *In this case means Not Available.*

**OBJECTIVE 1.2:** Decrease HIV transmission from HIV+ mothers to their newborns by 2009

| Outcome Indicators | Baseline 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| Percent HIV+ pregnant women receiving a complete course of ARV prophylaxis to reduce the risk of MTCT | 34.3% | 70% | 100% |
| Percent reduction of infants born to HIV+ mothers who are infected at 18 months | 40% | 20% | 10% |

**OBJECTIVE 1.3:** Decrease the transmission of HIV through blood transfusion in the country

| Outcome Indicators | Baseline 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| HIV prevalence in donated blood prior to transfusion | 9% | 1% | 0.5% |
| Percent of HIV negative blood that is still negative with PCR for transfusion | NA | 100% | 100% |
| Total litres of blood transfused in the last 12 months | 10,200 units | 40,000 units | 40,000 units |

## Priority Strategies to Achieve Objectives:

1. Increase access to and utilisation of Voluntary Counselling and Testing (VCT) services.
2. Develop and implement segmented, actionable, behaviour change interventions identifying *which* unsafe sex practices put *who* at risk, to be taken up by the relevant ministry, sector, and at district level.
3. Facilitate the participation of women and their families in the Prevention of Mother to Child Transmission (PMTCT) programme.
4. Increase male/female condom use by increasing supply, improving access, and sustaining education for both sexes.
5. To support communities in identifying and taking action on issues contributing to alcohol abuse and unsafe sex.
6. Develop culturally appropriate Behavioural Change Interventions (BCI) at national and district levels to address vulnerable groups, particularly in terms of sex, gender relations, and alcohol abuse.
7. Strengthen mechanisms for providing safe blood and blood products in the country.
8. Develop and sustain a national Behavioural Change Intervention (BCI) media campaign targeted at identified priority, vulnerable, or high-risk segments.
9. Develop and implement Behavioural Change Interventions (BCI) aimed at reducing levels of stigmatisation and discrimination.
10. Develop and implement internal workplace programmes for the Public and Private Sector.

## GOAL 2: Provision of Treatment, Care and Support

| Impact Indicators | Baseline Year: | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| 2.1 Percent of PLWA on HAART returning to productive life | NA | 100% | 100% |
| 2.2 Percent reduction in the national HIV bed occupancy rates | 50-70% | 25-50% | 10-30% |
| 2.3 Percent reduction in the National crude mortality rate | 12.42/1000 | 12 | 10 |
| 2.4 Percent reduction in the AIDS proportional mortality ratio | 19.6%[8] | 50% | 50% |

**Objective 2.1:** Increase the level of productivity[9] of People Living with HIV/AIDS, especially those on Anti-Retroviral Therapy

| Outcome Indicators | Baseline 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| Number of people with advanced HIV infection eligible for therapy and receiving HAART in last 12 months | 8000 | 45,000 | 85,000 |
| Percent of households receiving home-based care and support for PLWA | 57% | 100% | 100% |

**Objective 2.2:** Decrease the incidence of TB among HIV+ individuals in the country

| Outcome Indicators | Baseline 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| Percent HIV+ people receiving Isoniazid Prevention Therapy (IPT) that are TB negative in the last 12 months | NA | 80% | 100% |
| Percent HIV+ people receiving treatment for TB | NA | 80% | 100% |

**Objective 2.3:** Increase the number of skilled health workers (doctors and nurses) providing accurate diagnosis and treatment of opportunistic infections

| Outcome Indicators | Baseline 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| Number of Health personnel trained in the proper diagnosis and treatment of opportunistic infections | 590 | 1180 | 2360 |

## Priority Strategies to Achieve Objectives:

1. Scale up provision of treatment services for HIV/AIDS including Anti Retroviral Treatment (ART) and Isoniazid Prevention Therapy (IPT), in all districts in Botswana.
2. Expand the available support services for People Living With HIV/AIDS (PLWHAs) across the country.
3. Develop a human resource management strategy to facilitate recruitment of health care workers (doctors, nurses, social workers) to relevant institutions for ART, PMTCT, IPT and OI service provision.
4. Develop programme to increase the quality of treatment and care provided by Traditional Health Practitioners.

## GOAL 3: Strengthened Management of the National Response to HIV/AIDS

| Impact Indicators | Baseline Year: 2002 | Target | |
|---|---|---|---|
| | | 2006 | 2009 |
| 3.1 Percent increase in the number of Sectors, Ministries, Districts, and Parastatals implementing the NSF Minimum HIV/AIDS Response Packages | NA* | 100% | 100% |
| 3.2 Percent increase in the number of Sectors, Ministries, Districts, and Parastatals implementing annual planned HIV/AIDS activities at all levels | NA* | 100% | 100% |

[8] *"Productivity in this National Strategic Framework For HIV/AIDS is measured by the level of sustained income, number of hours a week at work, reduction in number of sick days.*

* *This is a new goal that did not exist in the previous plans, therefore baseline data is not available.*

**Objective 3.1:** Ensure the implementation of the NSF Minimum HIV/AIDS Response Packages by all sectors, Ministries, districts and parastatals

| Outcome Indicators | Baseline 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| Percent of sectors with 100% absorptive capacity of funds received | NA | 100% | 100% |
| Percent of human resources required to implement the Minimum package provided in all sectors | NA | 100% | 100% |
| Percent of Sectors, Ministries, Districts, and Parastatals having accessibility to the consolidated funds for HIV/AIDS activities | NA | 100% | 100% |

**Objective 3.2:** Ensure the full implementation of all planned HIV/AIDS activities at all levels

| Outcome Indicators | Baseline 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| Percent of total national funds spent on HIV/AIDS in the country | 25% | 30% | 30% |
| Percent of Sectors, Ministries, Districts, Parastatals, and large development projects that have mainstreamed on HIV/AIDS | NA | 100% | 100% |

## Priority Strategies to Achieve Objectives:

1. Acquire and develop the necessary human resources and capacities to implement the priority strategies of the National Response.
2. Establish clear administrative backing for HIV/AIDS coordinating and management bodies at all levels, that is, mandate, operational scope, core responsibilities, authority, etc.
3. Mainstream HIV/AIDS and gender into each sector's annual strategic plans and Key Results Areas in line with the Performance Management System.
4. Develop and implement annual HIV/AIDS action plans at all levels.
5. Strengthen the financial management systems at all levels to ensure proper allocation, mobilisation, disbursement, efficient utilisation, accountability, and tracking of funds for HIV/AIDS.
6. Through the mechanism of the Botswana HIV/AIDS Response Information Management System (BHRIMS) collect and analyse yearly information on HIV incidence to assist with measuring the effectiveness of the National Response.
7. Clarify and complete sector and district HIV/AIDS institutional arrangements, their roles, responsibilities, and relationships to ensure effective implementation.
8. Develop strategic partnerships and capacities between sectors to ensure co-operation and collaboration in the planning and implementation of HIV/AIDS interventions.

## GOAL 4: Psycho-social and Economic Impact Mitigation

| Impact Indicators | Baseline Year: 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| 4.1 Percent of households with registered orphans receiving care and support for orphans | 57% | 100% | 100% |
| 4.2 Percent absenteeism and sickness in Government Ministries, parastatals, and the Private Sector | NA | 10% | 5% |
| 4.3 Percent reduction of the impact on the economy due to HIV/AIDS | NA | 50% | 50% |

**Objective 4.1:** Minimise the impact of the epidemic on those infected and/or affected, public services, and the economy

| Outcome Indicators | Baseline 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| Percent of households receiving quality counselling services through the Family Care Model | NA | 100% | 100% |
| Decrease in ratio of current school attendance among orphans to that among non-orphans, aged 6-12 years | 2:7 | 1:2 | 1:1 |
| Percent of registered orphans attending school in the last 12 months | NA | 100% | 100% |
| Percent of known PLWHA population employed in formal or non-formal sector | NA | 30% | 70% |

## Priority Strategies to Achieve the Objective:

1. Expand Family Care Services addressing the basic needs of orphans and affected families by increasing partnerships between government and non-government service providers.
2. Develop and implement internal workplace programmes in all public and Private Sector institutions, including human resource management components (recruitment, retraining and re-engagement) and monitoring and reporting mechanisms for measuring absenteeism, sickness and death from HIV/AIDS.
3. Support research to identify specific sub-populations living in poverty (including PLWHA, single, female-headed households, orphans, elderly and others) and which specific life circumstances contribute to their vulnerability to HIV/AIDS.
4. Integrate poverty and HIV/AIDS issues into the annual HIV/AIDS action plans of key stakeholders to support implementation of the National Poverty Alleviation Strategy.

## GOAL 5: Provide a Strengthened Legal and Ethical Environment

| Impact Indicators | Baseline Year: 2002 | Targets | |
|---|---|---|---|
| | | 2006 | 2009 |
| 5.1 Composite policy index on number of policies on ethical, legal, and human rights issues relating to HIV/AIDS in circulation to support implementation of the National Strategic Framework | 1.0 | 1.0 | 1.0 |
| 5.3 National Composite index | 1.00 | 1.0 | 1.0 |

**Objective 5.1:** Create a supportive, ethical, legal, and human rights-based environment conforming to international standards for the implementation of the National Response

## Strategic Plan 1.0

| | |
|---|---|
| **1.** Has your country developed multisectoral strategies to combat HIV/AIDS? (Multisectoral strategies should include, but not be limited to, the health, education, Labour, and agriculture sectors.) | Yes |
| **Comments** | |
| National Strategic Framework (2003-2009), Botswana National Policy on HIV/AIDS (1998) | |
| **2.** Has your country integrated HIV/AIDS into its general development plans (such as its National Development Plans, United Nations Development Assistance Framework, Poverty Reduction Strategy Papers and Common Country Assessments)? | Yes |
| **Comments** | |
| National Development Plan 9 2002 | |
| **3.** Does your country have a functional national multisectoral HIV/AIDS management/ coordination body?(Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.) | Yes |
| **Comments** | |
| National HIV/AIDS Coordinating Agency (NACA) | |
| **4.** Does your country have a functional national HIV/AIDS body that promotes interaction among government, the private sector and civil society?(Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months.) | Yes |
| **Comments** | |
| National HIV/AIDS Coordinating Agency (NACA) | |
| **5.** Does your country have a functional HIV/AIDS body that assists in the coordination of civil society organizations? (Such a body must have terms of reference or equivalent, defined membership, action plans and staffing support, and should have met at least once in the last 12 months. | Yes |
| **Comments** | |
| NACA, BONASO, BOCCIM | |
| **6.** Has your country evaluated the impact of HIV/AIDS on its socio-economic status for planning purposes. | Yes |
| **Comments** | |
| Government of Botswana in collaboration with UNDP conducted the Social-Economic Impact of HIV/AIDS in Botswana (UNDP) 2000 | |
| **7.** Does your country have a strategy that addresses HIV/AIDS issues among its national uniformed services, including armed forces and civil defence forces | Yes |
| **Comments** | |
| Men sector response made up of Botswana Defence Force, Botswana Police Service, Immigration and Prisons. All have policies and strategies | |

## Prevention 1.0

| | |
|---|---|
| **1.** Does your country have a general policy or strategy to promote information, education and communication (IEC)on HIV/AIDS? | Yes |
| **Comments** | |
| National IEC Strategy for HIV/AIDS Prevention and Control in Botswana | |
| **2.** Does your country have a policy or strategy promoting reproductive and sexual health education for young people? | Yes |
| **Comments** | |
| National Sexual and Reproductive Health Programme Framework | |
| **3.** Does your country have a policy or strategy that promotes IEC and other health interventions for groups with high or increasing rates of HIV infection? (Such groups include, but are not limited to, IDUs, MSM, sex workers, youth, mobile populations and prison inmates.) | Yes |
| **Comments** | |
| National IEC Strategy (section on target groups) | |
| **4.** Does your country have a policy or strategy that promotes IEC and other health interventions for cross-border migrants? | Yes |
| **Comments** | |
| National IEC Strategy (section on truck drivers, migrant workers) | |
| **5.** Does your country have a policy or strategy to expand access, including among vulnerable groups, to essential preventative commodities? (These commodities include, but are not limited to condoms, sterile needles and HIV tests. | Yes |
| **Comments** | |
| National Strategic Plan | |
| **6.** Does your country have a policy or strategy to reduce mother-to-child HIV transmission? | Yes |
| **Comments** | |
| National Strategic Framework (2003-2009) | |

## Human Rights 1.0

| | |
|---|---|
| **1.** Does your country have laws and regulations that protect against discrimination people living with HIV/AIDS (such as general non-discrimination provisions and those that focus on schooling, housing, employment, etc.)? | Yes |
| **Comments** | |
| Botswana Constitution, Public Service Act, HIV/AIDS Code of Conduct for Public Servants, National Health Policy | |
| **2.** Does your country have laws and regulations that protect against discrimination groups of people identified as being especially vulnerable to HIV/AIDS (i.e., groups such as IDUs, MSM, sex workers, youth, mobile populations, and prison inmates)?<br>If yes please list groups: Youth and women | Yes |
| **Comments** | |
| Botswana Constitution, Public Service Act, HIV/AIDS Code of Conduct for Public Servants, National Health Policy | |

## Care and Support 1.0

| | |
|---|---|
| **1.** Does your country have a policy or strategy to promote comprehensive HIV/AIDS care and support, with emphasis on vulnerable groups?(Comprehensive care includes, but is not limited to, VCT, psychosocial care, access to medicines, and home and community-based care.)<br>If yes, please list. Groups: Youth, Orphan and Vulnerable Children, Women<br>Commodities: HAART, Isoniazid Prevention Therapy, Food basket | Yes |
| **Comments** | |
| Public Service Act, HIV/AIDS Code of Conduct for Public servants, national Health Policy, Cabinet Directives on PMTCT, ARV and CHBC, MTP II, National HIV/AIDS Policy | |
| **2.** Does your country have a policy or strategy to ensure or improve access to HIV/AIDS-related medicines, with emphasis on vulnerable groups? (HIV/AIDS-related medicines include antiretroviral and drugs for the prevention and treatment of opportunistic infections and palliative care.<br>If yes, please list. Groups: Youth, Orphan and Vulnerable Children, Women<br>Commodities: HAART, Isoniazid Prevention Therapy, Food basket | Yes |
| **Comments** | |
| Public Service Act, HIV/AIDS Code of Conduct for Public servants, national Health Policy, Cabinet Directives on PMTCT, ARV and CHBC, MTP II, National HIV/AIDS Policy | |
| **3.** Does your country have a policy or strategy to address the additional needs of orphans and other venerable children. | Yes |
| **Comments** | |
| Short Term Plan of Action on Care of Orphans in Botswana 1999 | |

## Priority Strategies to Achieve the Objective:

1. Ensure HIV/AIDS programmes and policies are in line with an ethical, legal, and human rights approach to responding to the epidemic.
2. Strengthen the capacity of sectors to incorporate ethical, legal, and human rights oriented responses to the epidemic through review and development of appropriate policies, laws, and regulations.
3. Support legal reform and enforcement of laws addressing the issues of rape, sexual violence and child molestation in Botswana and educate vulnerable groups on relevant behavioural change.
4. Identify and address ethical, legal, and human rights gaps in sectoral HIV/AIDS responses.
5. Support legal reform and the enforcement of existing laws addressing issues of alcohol distribution and consumption.

# 4. Ensuring Implementation

## 4.1 Introduction

The development of the National HIV/AIDS Strategic Framework 2003-2009 represents a fundamental shift in the development and execution of the National Response in Botswana. This shift is derived from the fact that time is running out and that what is needed to avert a national catastrophe is concerted, sustained, and immediate action. Thus, the Framework begins to deal with the HIV/AIDS epidemic as the national disaster and emergency that it truly is.

The consultative nature of the process undertaken to develop the National HIV/AIDS Strategic Framework 2003-2009 has been instrumental in gaining multiple and varied points of view, guidance, and direction in terms of national priorities. It has also revealed the common understanding that urgent action is needed to address the impact of the epidemic. Yet, there is a sense of not knowing exactly what to do in some cases, or how to get started even if what to do is known. This section of the National Strategic Framework clarifies the operational and programmatic issues to address the needs of implementers at all levels and develop the urgent action necessary to mobilise the National Response to HIV/AIDS.

## 4.2 The Importance of Catalytic Interventions

Focusing on catalytic interventions emerges from the need to move from planning to implementation in a concerted and prioritised way. Interventions that are catalytic, or those with the most power to move the National Response forward, must be established and sustained early. They must receive priority attention in terms of political, financial, and other support. Within the context of strategic management, therefore, co-ordinating bodies will be responsible for channelling the necessary inputs, maintaining strategic focus and responsiveness, and supporting these actions with the normative institutional practices and backstopping to sustain implementation over the long-term.

The National Strategic Framework for HIV/AIDS 2003-2009 identifies three catalytic actions that form the foundation of the National Response:

### 1. Voluntary Counselling and Testing.

Perhaps the most important priority of the National Strategic Framework is Voluntary Counselling and Testing (VCT). It is absolutely essential that people know their HIV status. So much of the National Response overall is dependent on the public being tested. Once tested, individuals can access the appropriate services depending upon their status. If positive, there is a package of interventions that one can have access to including ART, counselling on the many aspects of positive living, support for themselves and their families, and medical treatment for opportunistic infections or TB. If negative, there are numerous interventions aimed at keeping the individual negative. Important among these are behavioural change interventions, condom promotion, and counselling. Knowledge of one's status makes the adoption of safer sexual practices and remaining HIV negative more likely. This moves the nation closer toward its vision of no new infections in 2016.

There are numerous spin-off benefits to the catalytic intervention of VCT. First, it can act to bring down stigma and discrimination. As more people know their HIV status and that knowledge becomes more commonplace and acceptable, stigmatisation due to one's HIV status becomes less and less an issue. In countries such as Uganda, Cuba, and others, where HIV status is openly discussed, and stigma surrounding the disease has been dramatically reduced, if not completely eliminated. This breaking of the walls of stigma will have beneficial effects for other programmes as well. With less apprehension caused by the threat of stigmatisation, more women will seek antenatal care where they can have access to the Prevention of Mother-to-Child Transmission (PMTCT) Programme. The greater the uptake of the programme, the more likely it is that children will be born free from HIV infection and, again, the National Response moves closer to its goal. Additionally, dialogue around the rights and responsibilities of PLWHA will become freer and aid in the provision of support and assistance to PLWHA and their families, especially orphans who often do not claim the benefits they are entitled to because of the stigma attached to them. Finally, among other positive spin-offs, having a population that knows

their status better informs HIV/AIDS programming and co-ordination as well as making interventions much more successful in terms of reaching target audiences with the services they need.

### 2. Community Mobilisation and Empowerment.

The National Response to HIV/AIDS does not become truly national until the public takes ownership of it. This includes individuals and families in communities across the country. Thus, community mobilisation and empowerment is a critical catalytic action. At every opportunity, all elements of the response, local and national, must be taken to the communities. Understanding must be made to grow, initiative must be cultivated, and action supported. As more and more communities become aware of the response and begin articulating and implementing their own activities, they will begin holding those responsible for managing the response to HIV/AIDS directly accountable at every level.

This type of local level demand creation is a difficult and often contentious process, but by demanding services and support, communities become more intimately involved in the development, direction and implementation of the response. The National Response begins to be driven from below rather than from above. Through the process of mobilisation and empowerment, communities will begin to perceive action against HIV/AIDS and their inclusion in the response as their right and their responsibility. The more these feelings are promoted, the more successful the National Response.

### 3. Behavioural Change Information and Communication.

The fundamental focus of the National Response is on prevention. Without prevention, Botswana has a grim future where trends in infection, death, and decline in socio-economic development continue. Prevention is about changing societal behaviours in terms of sex, and also those contributory behaviours such as stigmatisation, gender inequality, and other social relations that underpin our actions. Thus, Behavioural Change Information and Communication (BCIC) is a catalytic action as it supports nearly all other interventions.

So much of what the National Response sets out to achieve is, in some way or other, dependent upon some degree of behavioural change and is thus supported by BCIC interventions. Success in changing behaviours creates positive benefits for all other interventions. In reality, then, BCIC is the mortar that holds the bricks of the National Response together.

## 4.3 Programme Development Considerations for Operationalising the NSF

### 4.3.1 Segmentation.

While priority groups based upon their vulnerabilities are critical in terms of prioritising interventions within the National Response, implementation experience and understanding over the years have strongly indicated the need for more specific targeting to assist with programme development. The response must move away from generalities and into addressing the specific needs of specific populations. Even as a preliminary example, interventions targeting women must explore this general cohort further and take into account such indicators as the situation evidenced in Botswana's 2001 Sentinel Survey, which showed that employed women had a higher prevalence rate than unemployed women, indicating relative affluence amongst women as a determinant. Similarly, the various motivations behind the internal movement of Batswana, regardless of age group or gender, present a further rationale for more specific targeting. Thus, each priority group should be further segmented to determine specific, definable target groups that can be then further prioritised. Interventions can then be designed for each of these emerging target groups and implemented by the relevant actors based on their relative comparative advantage.

Segmentation is commonly practiced in the Private Sector as a means to target the marketing of products. Over the years such practices have shown impressive results in, among other things, creating demand for products, stimulating consumption patterns, and developing fads and accepted notions of status. The segmentation of target groups within Botswana's National Response to HIV/AIDS will be conducted along similar lines. This will enhance the acceptance and delivery of HIV/AIDS behavioural change information and communication (BCIC) and may also promise an increase in Private Sector involvement in both the development and delivery of BCIC.

### 4.3.2 Targeting of Priority Groups Through Behaviour Analysis

The primary mode of transmission in Botswana, as in most of sub-Saharan Africa, is heterosexual intercourse defining four primary patterns of sexual behaviour:

- Sex for reproduction
- Sex for recreation
- Sex as a form of commodity
- Rape

Each of the behaviours, when analysed across age, produce particular targeting data. For example, those engaging in sex for the purposes of reproduction will not be included in, nor affected by, interventions aimed at safer sex through the use of condoms. Rather, interventions for this cohort should include the expansion of VCT services in order to provide such individuals with information necessary to inform their choice about having children, as well as the availability of PMTCT services. Those engaging in sex for recreation or as a form of commodity need to be targeted with interventions promoting safer sexual behaviour, specifically 100% condom use during any casual sexual encounter. Finally, for rape survivors, Post-Exposure Prophylaxis (PEP) as well as reform of the legal environment for cases of rape are, perhaps, the limited avenues of intervention left available.

### 4.3.3 Key Thematic Issues

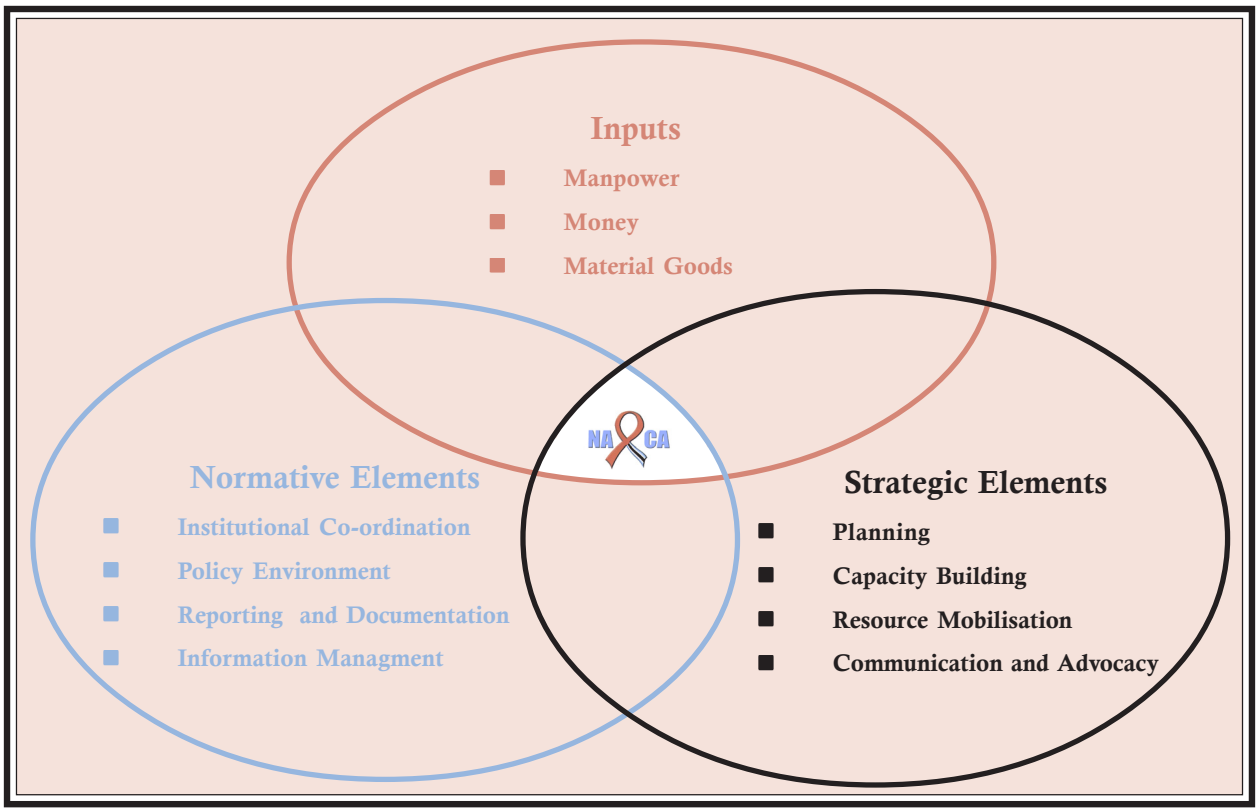
The process of developing the National HIV/AIDS Strategic Framework 2003-2009 included investigations into key thematic issues including youth and children, women, men, poverty, alcohol, and PLWHA. These themes cut across the various sectors. They provide yet another means through which implementers can address the various needs of the priority groups and refine their approaches for greater impact for the period of the National Strategic Framework 2003-2009.

- **Adolescents and Youth**
  - Youth empowerment including participation in design of youth programmes
  - HIV testing
  - Alternative recreational activities
  - Alcohol
  - Youth-friendly services
  - Co-ordination of youth programmes nationally
  - Sex education in school and home
- **Gender**
  - Inclusion in the design and delivery of HIV/AIDS interventions targeting women
  - Income generation and economic empowerment
  - Inheritance rights and legal status of women
  - Power inequalities in gender relations
  - Women's education
  - Education and promotion of gender equality and sensitivity
- **Orphans**
  - Provision of psychosocial support services
  - Rapid expansion of services through CBOs and FBOs
  - Orphan rights
- **PLWHAs**
  - Inclusion in the design and delivery of HIV/AIDS interventions targeting PLWHA
  - Human and legal rights
  - Enabling environment facilitating disclosure
  - Stigma and discrimination
- **Mobile populations (Commercial Sex Workers (CSWs), Truck drivers)**
  - HIV testing
  - Access to 'mobile-friendly' STI clinics for CSW and truck drivers
  - Recreational activities at truck stops
  - Internal HIV programmes for trucking companies
  - Alternative income generation for CSW
  - Women's empowerment through education for CSW
  - Male and female condom availability
  - Safe sex negotiation skills for CSW
- **Miners**
  - Internal HIV programmes for mining companies
  - Increased availability of condoms
  - Focus on inter-relations with CSWs
- **The Poor**
  - Disaggregation of data on poverty
  - Employment creation
  - Income generation
  - Education
  - Linkages with other vulnerable groups and key issues, e.g. gender
- **Traditional Healers**
  - Training as IEC agents
  - Training in HIV/AIDS counselling
  - Integration into Home Based Care programme
  - Development of referral systems

# 5. Roles and Responsibilities of National Co-ordination

## 5.1 Introduction

The National Response to HIV/AIDS is managed to ensure implementation. Management creates the necessary environment for effective implementation to take place. This chapter outlines the responsibilities of the National AIDS Co-ordinating Agency in managing the operationalisation of the National Response. The roles of NACA emerge from the system of strategic management where the inter-related domains of strategic and normative elements of the National Response are managed in conjunction with the various inputs necessary for operationalisation. Each of the domains of the system suggests a wide array of specific responsibilities, many of which will evolve over time. An indication of some of the most critical responsibilities is outlined below.




## 5.2 Strategic Management of the National Response: the Role of NACA

### 5.2.1 Inputs

The National Strategic Framework enables NACA to map the resources currently available for implementation of the National Response and where these resources are deployed. Botswana's efforts to fight HIV/AIDS have been viewed favourably internationally and numerous human, financial, technical, and material resources are on offer to assist the National Response. NACA must strategically array these various inputs to facilitate implementation in the most effective way possible. This is often made more complex due to the many possible challenges, such as complicated or lengthy application and disbursement procedures, inflexibility in terms of input use, policies constraining the sourcing or use of inputs, various and time-consuming accountability procedures, etc. NACA's mandate in the domain of inputs must be to make available a host of necessary inputs, facilitate access and deployment, and ensure accountability in use.

### 5.2.2 Strategic Elements

**Planning.** NACA has the responsibility to facilitate planning for HIV/AIDS at all levels. This includes obtaining the necessary technical assistance for formulation and facilitation of the

National HIV/AIDS Strategic Plan development process. From this process the goals, intervention areas, objectives, and strategies that will guide the national response will emerge. It is important that such technical assistance be seen in terms of its advantages for continuity and consistency over the period of development and moving from planning to implementation.

The process of mainstreaming HIV/AIDS into Ministries requires facilitation. NACA has the responsibility to ensure that all Ministries mainstream HIV/AIDS into their core business. Technical assistance and facilitation will be offered through NACA to introduce HIV/AIDS into Ministries' Annual Strategic Plans in line with the Performance Management System, and to facilitate the development of annual HIV/AIDS Action Plans. Action Plans will be aligned with Government's annual planning and budgeting cycle. This is critical if activities are to be made routine and funded from government budgetary allocations. The detailed costs that emerge from these Ministry HIV/AIDS Action Plans will become part of the Ministry budget for the year and contribute to the overall costing adjustments of the National Strategic Framework.

The district level is the critical point where both co-ordination and collaboration by all sectors must be highly effective and it is NACA's responsibility to ensure that the decentralised focus of the National Response is maintained. The integration of HIV/AIDS into District Development Plans, under the Ministry of Local Government, has been a major step forward. However, other sectoral departments, NGOs, and the Private Sector must be brought on board through a multi-sectoral annual HIV/AIDS Action Planning process. This Action Planning will ensure that all HIV/AIDS planned activities are known and harmonised by the District Multi-sectoral AIDS Committees (DMSACs) and the District Development Committees (DDCs).

The MLG is also the institutional home of DMSACs and NACA must work in collaboration with MLG to ensure that annual multi-sectoral Action Planning is undertaken and facilitate the provision of technical assistance for the planning and management of local responses. Through this collaboration, a public-private mix of resource persons and facilitators will be developed to support action and implementation at both district and community levels.

**Capacity Building.** NACA is responsible for establishing and developing a programme of consistent capacity building for managing and implementing the National Response. Individual programmes can be developed for each level of the response and utilise local, regional, and international expertise and facilitation. Capacity building is a strategic element and NACA must ensure that the curriculum for programmes at each level meet the prioritised needs of the response as they evolve over time.

**Resource Mobilisation.** By maintaining HIV/AIDS on the national agenda, NACA advocates for specific inputs for the National Response from both Government and international or Development Partner sources. Resources, in all their various forms, are mobilised for specific needs as they change over time. NACA must be able to anticipate the need for resources, where they might be obtained and to secure them as quickly as possible. Cultivating multiple channels for various resources is an important responsibility of NACA that ensures the long-term implementation and sustainability of the National Response.

### 5.2.2 Normative Elements

**Institutional Co-ordination.** NACA is responsible for harmonising the planning and implementation of all Ministries, sectors, districts, civil society organisations, and the Private Sector to ensure appropriate alignment with the vision and goals of the National Response. NACA will harmonise and co-ordinate this role through interaction with multiple coalitions, networks, and forums made up of various implementing partners. Continuous communication with the co-ordination forums will be a mechanism through which implementation of the National Response can be collectively overseen, organised, and concerted to achieve maximum effect.

**Policy Environment.** One of NACA's key roles is to manage and co-ordinate the policy environment of the country as it relates to HIV/AIDS. Thus, it must survey the policy landscape, identify gaps or areas that need strengthening, and advocate for review and revision of policies when required. NACA's responsibilities also include co-ordination of the development and implementation of the National HIV/AIDS Policy as the backbone of the National Response. Similarly, NACA has a responsibility to provide technical assistance and inputs into the

development of Ministry or sector-level policies.

**Information Management.** NACA has the overall responsibility for collecting and analysing the National Response to HIV/AIDS monitoring data. Ministry and district level information on implementation progress must be readily available through the BHRIMS and NACA must feed back the analysed information to the districts and Ministries to assist them in fine-tuning their responses. NACA also has the responsibility to ensure that information is made available to all interested parties including providing access to the necessary operational information such as sources of funding and technical expertise, information on best practices, and data on supplies and procedures for implementation.

An important role for NACA is to provide information regarding the National Response to the public. Presenting regular updates on implementation, challenges, constraints, and successes builds public ownership of the response and promotes the accountability of those in management positions within the National Response. Information provided through regular updates could be in a variety of formats to ensure proper dissemination and availability.

**Financial Management.** NACA has a role in the financial management of the National response that includes four elements of allocation, disbursement and tracking. In terms of allocation, NACA must ensure that all allocations reflect the priorities agreed in the National Strategic Framework. Experience suggests that it is not always lack of funding that constrains implementation, but rather uncertainty and delayed flows of funds. As the institution with warrant authority for HIV/AIDS funds, NACA is responsible for adopting mechanisms that ensure the efficient and timely transfer and disbursements of resources to implementing partners and agencies throughout the country this includes NGOs and communities.

The tracking of funds or economic governance of HIV and AIDS resources is assuming important dimensions as global sources of funding multiply. NACA, with its partners, must ensure accountable systems are in place through which funds may be channelled and tracked.

## 5.3 NACA Strategic Medium-term Actions

1. Co-ordinate implementation of the National HIV/AIDS Strategic Plan 2003-2009 through provision of support to district initiatives in collaboration with relevant partners.
2. Assist civil society and the Private Sector in the development and implementation of strategic and operational plans.
3. Align national, sectoral, and district level strategic operational planning with the national monitoring and evaluation efforts of the Botswana HIV/AIDS Response Information Management System (BHRIMS).
4. Develop an organisational structure within NACA that reflects the reality of its responsibilities and core business, e.g. district and sector support units.
5. Ensure clarity of institutional arrangements across all organisations involved in the response to the epidemic.
6. Ensure efficient and effective funding modalities to promote rapid allocation and disbursement of funds for HIV/AIDS initiatives across all districts, sectors, civil society organisations, and other stakeholders.
7. Plan and implement a resource mobilisation exercise to attract additional funds for the response to the HIV/AIDS epidemic.
8. Assist with strengthening institutional arrangements at the district level, e.g. DMSACs as part of the DDCs.

# 6. Operationalisation of the District Response

## 6.1 Introduction

This chapter underscores the importance of the districts and the critical role they play in the National Response to HIV and AIDS. The epidemic in Botswana is driven by a complex combination of factors and determinants creating many different, local, specific, epidemics in one. In order to mobilise district-level actors, from central Government departments, local authorities, NGOs, and other civil society organisations, to the Private Sector, this chapter outlines the necessary elements of a concerted and strategic local-level response. While it must be recognised that the response at the district level has made some progress in terms of establishing co-ordination mechanisms, managing funds, and supporting activities, at present, these remain somewhat fragmented and lacking sound co-ordination. This chapter provides the local actors with a useful guide to planning, managing, and implementing a district response to HIV/AIDS. As the primary implementation level, the districts have one of the most important roles and responsibilities – one that will need the active and considered support of national level agencies and development partners.

## 6.2 District Co-ordination for HIV/AIDS

The DMSAC, with its multi-sectoral representation, manages and co-ordinates the district-level response to HIV/AIDS that has been designed to meet its own unique needs. It also maintains the elevated profile of HIV/AIDS at the district level ensuring that related issues receive the attention they warrant. The DMSAC requires strengthened political, legal, and administrative backing in order to better fulfil its functions. A clear mandate with regard to the DMSAC's position in the districts hierarchy, as well as its relations with other bodies, will have to be clarified as operationalisation of the National Strategic Framework proceeds. Specifically, the DMSAC role with regard to the District Development Committee, where the district's response to HIV/AIDS needs to be discussed as a development issue, must be a priority for operational clarity.

The DMSAC's core functions include managing inputs, facilitating the development of a multi-sectoral annual HIV/AIDS Action Plan, supporting local level capacity building for implementation, mobilising resources, co-ordinating strategic implementation partnerships across sectors, and monitoring and documenting the district response. The DMSAC must avoid undertaking both management and implementation functions. The development of a systematic and continuous programme to build their capacity is a key component of efficient district-level responses to HIV/AIDS. The content of this programme will be derived from the strategic management model but will also flow from the DMSAC Terms of Reference.[10] A code of practice is to be developed for the DMSACs that will provide the necessary regulation of their functioning.

In addition to these, the DMSAC also functions as the voice of the district level response to HIV/AIDS. In partnership with other districts, it uses this authority to advocate for the greater primacy of district-led responses and for meeting the diverse needs and contexts that the districts represent. In addition, having oversight of the district's response, the DMSAC acts as the communication channel through which that information must be shared and disseminated.

The Ministry of Local Government, through the AIDS Co-ordinating Unit, has established the post of District AIDS Co-ordinator, who acts as secretariat to the DMSAC. These individuals play a key role in the development, facilitation, and monitoring of the district response and must work in close co-operation with all relevant stakeholders to ensure the effective contribution of the district to the overall National Response.

## 6.3 District Multi-sectoral HIV/AIDS Action Planning

One of the most important responsibilities of the DMSAC, as managers of the district level response, is to ensure joint planning and implementation of the District HIV/AIDS Action Plans. Action Plan development at the local level should be viewed as part of the

*[9]Terms of Reference for the DMSACs were developed in the MTPII as a brief listing of functions. This must be reviewed and updated as a critical priority for NACA, the Ministry of Local Government, and other key partners to maintain the critical focus on decentralised implementation of the National Response*

National Strategic Framework and is a means of translating national goals and strategies to meet local realities and conditions. District level planning is critical for the National Response in that it reflects the diverse realities of Botswana's epidemic and hence provides one of the most effective methods of targeting interventions. Based on a district level HIV/AIDS profile, containing a brief situation and response analysis, the resulting Action Plan addresses district-specific needs that top-down, vertical plans often miss.

The district level represents the point of convergence between the more horizontal, multi-sectoral HIV/AIDS Action Plans and the Ministries' plans targeting the external domain. The interaction between the two must be carefully considered. The development of multi-sectoral interventions and programmes means the skills and expertise of all district-level implementing agents, including those in the public sector, are set out according to comparative advantage. However, for public sector institutions, the first loyalties belong to the mother Ministry. Thus, plans developed for the Ministry's external domain, and to be executed by district level officers, risk overriding district plans in which the same officer may play an important part. Mechanisms will be established to maintain an appropriate balance between outputs of the two planning methodologies and outline respective roles and responsibilities.

Based on a district specific HIV/AIDS mission and aligned with government's annual planning and budgeting cycle, these Action Plans will incorporate all HIV/AIDS activities and programmes in the district providing the DMSAC with an overview of the district's response and hence the ability to co-ordinate that response. Both the process of developing these plans, as well as their implementation, will galvanise local stakeholders into a concerted district response to HIV/AIDS.

As part of their HIV/AIDS Action Plan, each district must incorporate the following Minimum Package designed to ensure the implementation of certain key elements within the National Response to HIV/AIDS. All districts will be responsible for developing and implementing appropriate activities based on the key areas outlined in the Minimum Package. Even if only this were done, it would be an excellent start to building the local response.

**Minimum District Package**

1. Undertake an intensive promotion campaign and establish VCT services in the district or link the population with VCT services
2. Mobilise an appropriate number of communities and assist with the development and support of community led initiatives
3. Ensure district level strategic partnership building to expand the coverage and quality of relevant national programmes (e.g. HBC/OVC, PMTCT, ART/TB)
4. Develop a locally relevant Behaviour Change Information Communication campaign to support relevant national programmes including VCT
5. Submit monitoring reports on internal and external activities based on district and national BHRIMS
6. Ensure that national level Ministry internal responses are implemented at the district level
7. Ensure the effective functioning of the DMSACs through capacity building and adequate representation
8. Undertake an annual review, updating and validation of the District HIV/AIDS Profile, as a pre-requisite to the costed development of the next annual HIV/AIDS Action Plan

## 6.4 Community Engagement

Engaging communities to respond to HIV/AIDS is an important, catalytic part of the National Response. In a very real sense, how the community responds, as families and individuals, is how the National Response is implemented and achieves its objectives. This means one of the key responsibilities of the DMSAC is to mobilise more and more communities. By increasing their level of participation and ownership of the district response, ownership of the National Response is gained. To enlist the support and active participation of communities in implementation, they will be involved in the development and validation of the district HIV/AIDS Action Plan. Additionally, communities will be actively encouraged to outline specific

HIV/AIDS related activities they are willing to undertake and what resources they are able to provide. These activities can be further supported through the DMSAC. Through the process of community mobilisation the following goals can be achieved:

- Increased community awareness - in a detailed and realistic way - of individual and collective vulnerability to HIV/AIDS.
- Galvanised communities armed with practical knowledge regarding actions to take and how to access outside assistance and co-operation when needed.
- Implemented responses addressing HIV/AIDS within a community's capabilities and resources.
- Shared responsibility for decision-making on action, evaluating, and results.

Community mobilisation can be most effectively undertaken and facilitated through a partnership of internal and external agents. Internal agents can be opinion leaders, traditional authorities, church members, etc., from within the community that can rally the community. External agents are those outside the community and can be found amongst local administration staff, extension officers, NGO staff, etc. This partnership of internal and external agents will work together to assist communities to understand their situation in relation to HIV/AIDS and developing and undertaking small-scale actions that begin to address this situation.

The process of community mobilisation, while dealing with the more qualitative elements of awareness, empowerment, self-actualisation and capacity building, will be given structure around which to make the outcome of the process more routine. This structure is to be closely tied to a local level proposal cycle to ensure funding availability for community-led action, either through a district budget line or a community initiative, submission of proposals for small grants, or to various development partners in a more amalgamated form. Community proposals can be accepted either quarterly, bi-annually or annually for review depending on the capacity of the districts to handle them.

The initial cycle will begin with those communities selected as a representative sample for inclusion in the validation process of the local level HIV/AIDS profile. These communities will have already been included in the development of the resulting HIV/AIDS Action Plan by providing valuable inputs and putting the community voice into the profile. Returning to these communities provides an opportunity to present the resulting Action Plan, reflecting their inputs, and the strategic direction for the local level in terms of how to address HIV/AIDS. Subsequent cycles will become more regular based on the proposal submission cycle. In the intervening period before the next submission deadline, a further set of communities is to be contacted and presented with the Action Plan and its rationale. Guided by the objectives and strategies in the Action Plan, these communities will formulate proposals for simple HIV/AIDS activities for submission during the next round of local level reviews.

Monitoring of community initiatives will be undertaken concurrently with a broader community assessment aimed at revealing people's beliefs, practices, and behaviours relating to HIV/AIDS. Both undertakings will have to be done in accordance with accepted local level procedures and using accepted reporting formats.

## 6.5 District Missions and Actions

This section outlines the HIV/AIDS Missions Statements developed by the districts as well as proposed activities under each intervention area of the National Strategic Framework. They have been derived through a series of consultations throughout the strategic planning process and culminated in the development of a district profile that included brief HIV/AIDS situation and response analyses that sought to address their individual and specific needs. As district gain more experience and capacity to respond to the epidemic these activities will probably change becoming more refined, targeted, and realistic given the evolving situation in each of the districts. What is outlined here, however, is an important step forward for each district as it develops the foundation for action and promotes thinking about the future. This is the voice of the districts, demonstrating their concerns, establishing their resolve, and highlighting their desire for action.

### Bobirwa District

#### HIV/AIDS Mission

*"We, the Bobirwa DMSAC are committed to excel in the delivery of appropriate, quality and sustainable HIV/AIDS services to our communities through capacity building, preservation of life and improvement*

*of quality of life in line with the objectives of National Strategic Plan for HIV/AIDS 2003-2009"*

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Improve IEC materials through usage of local and less technical language
- Improve uptake of the PMTCT programme and link to ART programme
- Ensure effective distribution of IEC materials to all stakeholders.

#### Goal 2: Provision of Treatment, Care, and Support

- Facilitate the provision of adequate training of personnel in HIV/AIDS care service
- Advocate for the introduction of ART programme in the district
- Strengthen referral mechanisms between traditional healers, faith-based healers, and the health system in order to improve utilisation of treatment and care services
- Support Care, Treatment, and Support group development.

#### Goal 3: Management of the National Response to HIV and AIDS

- Build capacity of the DMSAC members in understanding their roles
- Strengthen co-ordination of HIV/AIDS activities within the district.
- Ensure appropriate monitoring and evaluation of HIV/AIDS activities in the district
- Improve district-wide consultation by ensuring proper representation in DMSAC of spiritual leaders, politicians, VDCs, Dikgosi, CBOs and NGOs
- Strengthen link between traditional healers, faith based organisations and DMSAC
- Advocate for streamlining access to HIV/AIDS funds
- Make the DMSAC visible in the district to boost the morale for both implementers and beneficiaries.

#### Goal 4: Psycho-social and Economic Impact Mitigation

- Strengthen existing income generating activities in the district, e.g. poultry farming
- Refine the practical alignment of HBC to the orphan care programme
- Advocate for provision of insurance for CHBC members and families
- Advocate for increased funding for the expansion of income-generating activities.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Advocate for the establishment of an act/code of practice for traditional and spiritual healers, which ensures that they are registered as practitioners
- Advocate for the establishment of a code of practice governing DMSAC members.

## Boteti Sub-District

### HIV/AIDS Mission

*"We, the Boteti Sub District, wish to embark on effective measures to prevent and control HIV/AIDS transmission and to mitigate its effects by intensifying HIV/AIDS education programmes, minimising the physical, psychological and socio-economic impact through sustained IEC, counselling interventions, and active community participation."*

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Enhance HIV/AIDS information, education and communication through:
  - Convening regular kgotla meetings
  - Increasing the number and frequency of school visits
  - Increasing the number and frequency of sensitisation meetings for construction companies
  - Increasing poster displays, especially those in local languages
  - Expanding the distribution of health education materials
  - Disseminating ABC messages through the appropriate channels
- Increase the distribution and promotion of both male and female condoms
- Enhance capacity of the existing service providers such as Tebelopele to reach out to other communities with their services

- Intensify the promotion of Voluntary Counselling and Testing.

### Goal 2: Provision of Treatment, Care, and Support

- Create more community awareness of their responsibilities in the care of those affected and infected
- Facilitate the training and placement of more HIV/AIDS counsellors in the district
- Establish more user-friendly centres for continuous HIV/AIDS counselling
- Establish forums or meetings where relatives, nurses and parents come to share ideas and relieve the burden of care
- Production and dissemination of information on HIV/AIDS treatment centres at strategic places such as bars, shops, public transport
- Formation of support groups to assist both infected and affected to deal with stigma.

### Goal 3: Management of the National Response to HIV and AIDS

- Capacity development and training for DMSAC members in areas of proposal writing, financial management, joint planning and programming, team building and consensus building
- Promotion of information sharing and reporting among all stakeholders, particularly Government sectors, NGOs, and communities
- Continuous orientation of VACs to enhance the decentralisation of HIV/AIDS programmes by all Ministries
- Promotion of joint HIV/AIDS planning among all stakeholders.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Facilitate the training of additional HBC workers, volunteers, and care providers
- Intensify involvement and full participation of men in the HBC programme
- Expansion of HIV/AIDS counselling centres to the rural areas
- Establish a fully-fledged day care centre to cater for the educational, psychological, physical, and spiritual needs of the orphans and the under-privileged
- Strengthen Information, Education and Communication interventions that deal with stigma, attitudes, and cultural issues both at workplace, in schools and in the community at large.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Create an environment in the district conducive to a human rights-based approach to protect PLWHA from stigmatisation.

## Chobe District

### HIV/AIDS Mission

*"We in the Chobe district pledge to have a community informed on HIV/AIDS, committed to lowering the HIV infection by 40%, and to reducing the impact of AIDS in the district in collaboration with other key stakeholders, as well as making maximum utilisation of available resources."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Intensify promotion of male and female condom use in the district
- Provide condom dispensers at all border posts where they can be easily accessible to national and international travellers
- Facilitate HIV/AIDS training, education, and counselling within the hospitality industry
- Increase HIV/AIDS education and information dissemination especially on programmes such as PMTCT
- Facilitate the establishment of workplace HIV/AIDS programmes in both public and Private Sectors
- Establishment of mobile resource centres that can disseminate information throughout the district on awareness, prevention, treatment, and support
- Train personnel to operate HIV/AIDS training and education programmes and to supply condoms at the Kazungula ferry.

### Goal 2: Provision of Treatment, Care and Support

- Revive PAKALEMSA support group by increasing human resource capacity through funds allocated in the district development plan (DDP 6)
- Clarify referral channels that can guide support, care, and treatment programmes effectively

- Employ more counsellors, especially youth counsellors
- Facilitate education and training programmes for care providers
- Provide comprehensive information on treatment programmes such as ART to improve utilisation
- Educate the community on where to access and utilise counselling services.

### Goal 3: Management of the National Response to HIV and AIDS

- Empower the DAC and DMSAC to advocate for HIV/AIDS to be core business for everyone.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Educate communities to register orphans and expand orphan care and support
- Institute foster parenting programmes
- Initiate and sustain income-generating programmes for PLWHAs.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Promote effective law enforcement on controlling alcohol and substance abuse
- Advocate for regulations to reduce the alcohol percentages in locally-brewed liquor
- Disseminate information and education on human rights
- Network with the Police Service to strengthen the operating environment to deal effectively with sexual crimes and to sensitively protect the survivors of sexual crimes.

## Francistown Town Council

### HIV/AIDS Mission

*"By 2009 Francistown wishes to lower the HIV incidence rate by at least 2% every year by:*

- *Working together with strong commitment, team spirit, and reaching out to all age groups with participatory HIV/AIDS planning and implementation approaches,*
- *Embarking on sustained and supportive behaviour change interventions while ensuring a well co-ordinated care/support programme and,*
- *Mobilising all communities, sectors, parastatals, NGOs, CBOs, FBOs and households for action."*

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Aggressively promote Voluntary Counselling and Testing
- Intensify and expand prevention behavioural change interventions
- Refocus HIV/AIDS education to stress the true meaning of ABC e.g. placing value on virginity, loyalty, and proper use of condoms
- Encourage fidelity and marriage within the high risk groups like the uniformed forces
- Strengthen and scale-up current IE&C programmes especially those targeted at drivers and promote communication between partners in matters of sex
- Provide more youth friendly services and more avenues for recreation
- Improve information dissemination and feedback to communities on the PMTCT programme
- Improve workplace programmes by strengthening implementation and regular monitoring
- Provide appropriate prevention information on HIV/AIDS through the supply of more booklets and video materials
- Strengthen rural development policies to minimise the rural-urban migration through provision of amenities and employment opportunities.

#### Goal 2: Provision of Treatment, Care, and Support

- Facilitate the training of more health staff in HIV/AIDS counselling
- Facilitate the training and support of additional care givers
- Encourage families to become foster parents
- Facilitate the training of local staff to provide additional support forthe ART programme
- Ensure proper referral system and linkages with other counselling and support organisations to facilitate transition from post-test counselling to ongoing supportive counselling
- Promote effective linkages between all care/support providers.

### Goal 3: Management of the National Response to HIV and AIDS

- Capacity development and strengthening of DMSAC through training on issues such as team building, multi-sectoral plan preparation, reporting, etc.
- Undertake district-wide programme planning and implementation with the DMSAC and the AIDS Co-ordinator
- Timely dissemination of the multi-sectoral HIV/AIDS plan to all stakeholders
- Ensure that heads of ministry departments or their immediate assistants attend DMSAC meetings and provide feedback and report from DMSAC meetings to their sector members
- Develop and circulate a standard reporting format to all HIV/AIDS implementers including sectors and NGOs
- Ensure quarterly reporting by all implementers to the AIDS co-ordinator and also at DMSAC meetings
- Create and disseminate DMSAC handbook detailing DMSAC practices, procedures, roles and responsibilities to all stakeholders
- Institute regular joint monitoring of all HIV/AIDS programmes in the district.

### Goal 4: Psycho-social and Economic Impact Mitigation

- FBOs to provide spiritual support and counselling to those infected and affected by HIV/AIDS
- Provision of psycho-social support including responding to orphan abuse
- Collaborate with MLG to enhance support to the orphan care programme
- Supplement financial aid to care givers and increase frequency of home visits by health personnel and volunteers
- Provide avenues for engaging the infected and affected in income generating activities, e.g. gardening and crafts
- Promote social activities that involve the infected and affected such as sports and fishing
- Assist VDC's to encourage people to cut down on funeral expenses especially in the provision of food and drinks
- Strengthen poverty reduction programmes in the district to benefit more affected households
- Promote education on insurance and encourage people to take out appropriate policies
- Advocate for the provision of spiritual counselling at the workplace.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Advocate for a review of the policy on CD4 count in relation to qualification for the ART programme
- Advocate for fair packages for infected employees who retire due to AIDS
- Intensify education on the rights of employees with HIV/AIDS
- Advocate for tighter regulation on alcohol and the reduction of liquor licences issued per annum
- Advocate for legislative reform for safeguarding the property rights of orphans.

## City of Gaborone

### HIV/AIDS Mission

*"Our aim is to reduce HIV infection by 75% by ensuring behavioural change and providing care, treatment, and support for PLWHAs by mobilising total participation of Gaborone district community, and to effectively coordinate all HIV/AIDS programmes by the year 2009."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Promotion of VCT especially before entering relationships and marriage
- Increase the uptake of the PMTCT programme in the district
- Vigorous promotion of male and female condoms use in the district
- Increase age of first sex by promoting abstinence and virginity through primary schools and churches
- Promotion of sexual consciousness and reproductive health at the family level

- Develop and disseminate prevention related behavioural change communication (BCC) aimed at the vulnerable groups, especially the youth, using the media and churches
- Ensure establishment of workplace programmes in all the formal and informal institutions.

### Goal 2: Provision of Treatment, Care, and Support

- Expand HBC facilities and hospice services
- Increase the number of trained counsellors, home based care givers, and volunteers
- Promote proper nutrition and diet among PLWHAs
- Expand orphanage programmes to take of the basic needs of all orphans
- Encourage wider participation in Care, Support and Treatment programmes such as IPT, ART and HBC
- Development of motivational programmes for infected people and encourage them to give voluntary testimonies during outreach programmes
- Design and implement BCI aimed at reducing stigmatisation of PLWHAs and promotion of positive living
- Strengthen referral system and ensure it is known to all practitioners.

### Goal 3: Management of the National Response to HIV and AIDS

- Establish and strengthen proper institutional structures (AIDS committees) in all departments
- DMSAC to ensure effective facilitation, co-ordination, monitoring and evaluation of all the institutions, e.g. NGOs, CBOS, FBOs, undertaking HIV/AIDS activities in the district
- Capacity building for DMSAC on, among other things, roles and responsibilities, co-ordination, facilitation, monitoring, evaluation, project management, and proposal development
- Strengthen the membership of DMSAC by maintaining constant members who are senior officers and inclusion of a senior officer from the central medical stores and Attorney Generals Chambers
- Develop district information system to enhance communication.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Establish appropriate support institutions to assist the affected and the infected
- Empower PLWHAs with livelihood skills like knitting and sewing
- Put in place contingency strategies for retaining critical skills in the local economy.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Network with BONELA and Ditshwanelo to link workers with legal services to address discrimination due to HIV status
- HIV policy documents should be made available and enforced in the workplace
- Advocate for an ethical environment in the district that will protect the rights of PLWHA.

## Ghanzi District

### HIV/AIDS Mission

*"The Ghanzi district aims to provide high quality prevention, care, treatment, and support services in a non-discriminatory manner through an effectively managed, decentralised, multi-sectoral approach that addresses all the ethnic diversities in the district by 2009."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Strengthen culturally relevant prevention programmes focusing on priority vulnerable groups
- Facilitate the design of educational programmes targeting ethnic minority groups in the district
- Facilitate the creation of more recreational and "youth friendly" services that would allow youths to have easy access to information and prevention methods
- Encourage the establishment of AIDS at work place programmes for both private and public sector organisations
- Advocate for construction companies working on infrastructure development in the district to submit HIV/AIDS impact assessment plans during the tendering process
- Facilitate wider participation of women and their families in the PMTCT programme

- Strengthen prevention programmes focusing on abstinence such as the "True Love Waits" programme.

### Goal 2: Provision of Treatment, Care, and Support

- Encourage the mobilisation and formation of support groups for PLWHAs.

### Goal 3: Management of the National Response to HIV and AIDS

- Facilitate the development of baseline data to ensure proper planning, implementation and monitoring of programmes
- Promote networking with all stakeholders including NGO's, FBO's, CBO's, and the Private Sector
- Facilitate the establishment and strengthening of VMSACs to support implementation
- Advocate for the streamlining of the process for accessing funds for programme implementation
- Strengthen the decentralisation of the response through expanding outreach services.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Facilitate the development of skills for the youth and the ethnic minority groups through programmes like the Kuru Development Trust in the areas of business and marketing
- Facilitate the creation of partnerships to provide additional resources for orphan care programmes in conjunction with NGOs and CBOs in the district.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Strengthen enforcement of the Trade and Liquor Act in the district.

## Kgalagadi District

### HIV/AIDS Mission

*"The Kgalagadi South DMSAC aims to inform and educate the community about HIV/AIDS and to empower the vulnerable groups both socially and economically through well designed intervention programmes by the year 2009, in partnership with all relevant stakeholders, to reduce the impact of the epidemic"*

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Strengthen prevention programmes such as VCT and PMTCT in the Kgalagadi catchment area
- Liase with the Department of Culture and Youth and other relevant stakeholders to develop a comprehensive Youth strategy for the district
- Facilitate wider participation of women and their families in the PMTCT programme
- Strengthen the overall outreach programmes of the district towards the achievement of positive behaviour change
- Support sectors to develop comprehensive workplace programmes
- Advocate and liase with the relevant state bodies for establishment of resource centres, recreational centres etc.
- Promote BCC for strengthened and committed relationships.

#### Goal 2: Provision of Treatment, Care, and Support

- Facilitate the establishment of support groups for PLWHAs
- Develop programmes on "Caring for Carers" to train care givers in universal preventive measures.

#### Goal 3: Management of the National Response to HIV and AIDS

- Facilitate the establishment of Village Multi-sectoral AIDS Committees
- Expand the DMSAC composition to include key stakeholders such as PLWHAs, FBO's, NGO's, CBO's, and the Private Sector
- Develop and strengthen partnerships with all relevant stakeholders to utilise their comparative advantage
- Facilitate the development of a database on HIV/AIDS in conjunction with Botswana HIV/AIDS Response Information Management System (BHRIMS)
- Advocate for the timely roll-out of vertical programmes to the district
- Advocate for the timely release of funds from NACA and other funding agencies
- Facilitate the building of capacity for various groups in the district for example, DMSACs, PLWHAs, youth etc.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Advocate for the establishment of Orphan Day Care centres
- Facilitate the development of appropriate income generating activities for the youth, PLWHA etc.
- Empower the vulnerable groups like youth with skills to run their projects.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Advocate for better enforcement of the law on alcohol sales
- Advocate for the delivering of stiffer sentences for rapists and child abusers.

## Kgatleng District

### HIV/AIDS Mission

*"We in Kgatleng district pledge to reduce infection rate by 70% through behavioural change interventions and provide quality care and support to those already infected and affected by 2009."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Encourage wider participation in Voluntary Counselling Testing (VCT) programme
- Expand the PMTCT programme and encourage wider participation of women and their families, especially men
- Establish HIV/AIDS resource centres in the communities to increase access to HIV/AIDS information and materials
- Strengthened promotion and distribution of male and female condoms in the district
- Develop and implement behavioural change interventions for prevention including educational talks on risk reduction methods
- Mobilise churches and schools to promote abstinence, avoidance of premarital sex among the youth, and faithfulness among married couples.

### Goal 2: Provision of Treatment, Care, and Support

- Support the development of institutional day care centres and support groups
- Increase access of PLWHA to treatment, care, and support through expansion of existing programmes
- Advocate for the introduction of ART programme into the district
- Orient community and family members on their role in the care and referral of infected persons
- Increase the number of volunteers for HBC and motivate them to offer continuous high quality services
- Facilitate the training of traditional healers to equip them with requisite HIV/AIDS knowledge and skills
- Design and implement a capacity building programme in counselling skills for teachers and Home Based Care givers
- Encourage wider participation in Care, Support and Treatment programmes such as IPT, ART, and HBC.

### Goal 3: Management of the National Response to HIV and AIDS

- Strengthen the capacity of DMSAC and its sub-committees to function effectively, including training in areas of proposal writing, coordination and collaboration, financial management, multi-sectoral planning, monitoring, and evaluation
- Strengthen the membership of DMSAC by ensuring that representatives have enough authority in their organisation to take decisions and by including the Private Sector and parastatal representatives on DMSAC
- Promote multi-sectoral planning, collaboration, and networking among all the sectors, Private Sector, and civil society organisations
- Establish DMSAC secretariat, under the DAC, with a team of personnel solely responsible for facilitating the implementation of DMSAC's mandate
- Empower the VACs and VMSACs through training to enhance the decentralisation of HIV/AIDS programmes by all sectors.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Develop and implement income generating programmes for PLWHAs with the support of NGOs, faith based organisations, and the Private Sector
- Provide support for all the orphans by expanding the orphan care programme and encouraging the formation of support groups.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Lobby for an appropriate response to the issue of wilful transmission of HIV
- Advocate for protection of property rights for orphans
- Promote strengthened enforcement of laws against rape
- Promote enforcement of regulations regarding age and closing time restrictions on bars and alcohol distribution outlets.

## Kweneng District

### HIV/AIDS Mission

*"We commit ourselves to reducing the spread of HIV infection by 70%, and providing quality treatment, car,e and support to the infected and affected through aggressive approaches, human resource mobilisation, and capacity building in collaboration with all the stakeholders."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Promote and scale up the Voluntary Counselling Testing services
- Encourage wider participation in the PMTCT programme especially among men, women, and their families
- Build local capacity in IEC material development by making use of staff at Molepolole Training College to produce and disseminate locally relevant materials aimed at prevention and behavioural change
- Raise the age of first sex by promoting abstinence and virginity in primary schools
- Encourage family life (sexuality) education by parents
- Promote female and male condom use in the communities, bars, and clubs
- Mobilise students to disseminate HIV/AIDS related information in all communities during vacation
- Increase the number of volunteers, peer educators, and counsellors in the district and equip them with the requisite skills
- Ensure formulation and implementation of workplace programmes in all the sectors and private companies
- Orient traditional healers on HIV/AIDS prevention, e.g. sterilisation of their instruments
- Encourage the involvement of men in HIV/AIDS prevention activities in the district.

### Goal 2: Provision of Treatment, Care, and Support

- Expand and strengthen the existing Care, Support, and Treatment programmes such as IPT, ART, HBC, and encourage wider participation
- Extend counselling services in the district to non-health sectors
- Improve referral systems among VCT, ART, HBC and the orphan care programme
- Design and implement Behaviour Change Interventions aimed at reducing stigma
- Design and implement buddy programmes to serve as reminder to patients to observe schedule of medication and care regularly
- Provide safety clothing for HIV caregivers and promote universal safety precautions.

### Goal 3: Management of the National Response to HIV and AIDS

- Build the capacity of DMSAC to plan, manage, and co-ordinate the district multi-sectoral plan
- Train DMSAC members, NGOs, CBOs in proposal development, monitoring, and evaluation
- Expand the membership of DMSAC to include the business community
- Establish and staff DMSAC secretariat and provide logistic support, including a vehicle to facilitate movement
- Mobilise and empower communities to plan, initiate, implement, monitor and evaluate HIV/AIDS activities
- Develop monitoring, evaluation, and co-ordinating tools for the DMSAC
- Research into the magnitude of street children in the main villages of the district
- Encourage networking and linkages among HIV/AIDS service providers through exchange meetings, reports, newsletters, visits, and training.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Expand orphan care programmes to cover all orphans including promotion of adoption and fostering
- Design and implement income generation activities for PLWHAs and their families.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Lobby for appropriate action to address wilful transmission of HIV
- Promote a human rights based environment to ensure the rights of PLWHA
- Promote enforcement of regulations regarding age and closing time restrictions on bars and alcohol distribution outlets
- Promote strengthened enforcement of laws against rape.

## Lobatse Town Council

### HIV/AIDS Mission

*"We are committed to radical reduction of HIV infection, provision of total care, support, and treatment services through active involvement of all stakeholders, and dissemination of HIV/AIDS information to all the people in the district."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Increase access to, and utilisation of, Voluntary Counselling and Testing (VCT) services throughout the district
- Expand the PMTCT programme and encourage wider participation of women and their families, especially men, in the programme
- Promote proper use and disposal of male and female condoms
- Design and implement behaviour change interventions (BCI) targeted at sexually active population with emphasis on abstinence and faithfulness in sexual relationships
- Advocate for strategies to address the issue of inter-generational sex and child defilement
- Increase the age of first sexual intercourse especially among school children
- Ensure total community mobilisation for HIV/AIDS prevention activities
- Design and implement locally suitable IEC strategies and materials using local languages.

### Goal 2: Provision of Treatment, Care, and Support

- Expand existing ART, IPT, HBC programmes and encourage wider participation
- Ensure that all departments and private companies implement internal workplace programmes
- Encourage wider participation in Care, Support and Treatment programmes such as IPT, ART and HBC
- Design and implement BCI aimed at reducing stigmatisation of PLWHAs and promotion of positive living concept among them.

### Goal 3: Management of the National Response to HIV and AIDS

- Strengthen capacity of DMSAC and its sub-committees to function effectively, including training in areas of proposal writing, co-ordination, and collaboration, financial management, multi-sectoral planning, monitoring and evaluation
- Involve the political leaders (authorities) and churches in HIV/AIDS programme planning and implementation
- Ensure effective co-ordination, monitoring, and evaluation all HIV/AIDS activities in the district.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Put in place contingency strategies for retaining critical skills in the local economy
- Address the basic needs of orphans with the support of NGOs and Private Sector
- Design and implement income generating programmes for PLWHA, orphans, and the vulnerable to aid in poverty reduction.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Enforce implementation National AIDS Policy and Code of Conduct on HIV/AIDS
- Promote strengthened enforcement of laws on rape.

## Mahalapye Sub-District

### HIV/AIDS Mission

*"In line with Vision 2016, we, the Mahalapye DMSAC, are committed to address issues of HIV/AIDS through comprehensive and multi-sectoral approach in providing preventive, curative, care and support services, and effectively monitor and evaluate the situation of HIV/AIDS and impact in Mahalapye sub-district."*

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Design and implement effective HIV/AIDS Behavioural Change Communication strategies using local languages
- Aggressively promote the use of female and male condoms in the district
- Provide recreational facilities for youth
- Organise prevention workshops and outreach activities for the community
- Empower the youth through promotion of life skills education especially the message of abstinence
- Expand the distribution of HIV/AIDS IEC materials in the villages
- Increase participation of women and their families in the PMTCT programme
- Educate traditional and religious leaders on HIV/AIDS prevention.

#### Goal 2: Provision of Treatment, Care, and Support

- Reduce stigma and discrimination against both the PLWHAs and care givers
- Expand the commitment and outreach of the NGO community in support of care and support activities
- Educate the public on dietary supplements and other programmes used to support the PLWHA
- Inculcate the spirit of food production/sharing to ensure PLWHA eat a balanced diet.

#### Goal 3: Management of the National Response to HIV and AIDS

- DMSAC chairperson to ensure commitment of all DMSAC members
- Involvement of religious leaders in HIV/AIDS planning and activity implementation
- Mobilise financial and human resources to ensure proper implementation and monitoring of programmes.

#### Goal 4: Psycho-social and Economic Impact Mitigation

- Expand and encourage participation in the Community Home Based Care programme
- Review the support services being offered to orphans and the destitute and minimise time between identification and registration of orphans.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Encourage the public to report incest cases to the police
- Strengthen the enforcement of the laws on defilement.

## Northeast District

### HIV/AIDS Mission

*"The Northeast district shall reduce the incidence of HIV infection to 25% of current levels by 2009 and ensure a good quality of life for infected persons by:*

1. *Involving all stakeholders including vulnerable groups such as the youth, women and orphans in planning, implementation, and evaluation of HIV/AIDS strategies, programmes and activities*
2. *Mobilising resources from national, district, community, family, and individual levels*
3. *Capacity building through regular and relevant training and research*
4. *Provision of health, preventive, curative, and rehabilitative services*
5. *Creating a non-discriminatory and participatory environment through regular information sharing and expanded care and support programmes".*

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Promote early diagnosis and treatment of STIs
- Form HIV/AIDS task force to assess knowledge on HIV/AIDS and develop specific preventative programmes
- Promote youth empowerment through formation of district youth committees

- Encourage the training of more peer educators especially for youth and establish resource centres for the youth
- Mobilise and sustain HIV/AIDS education for in and out of school youth
- Facilitate the training of additional HIV/AIDS counsellors for the district
- Expand the distribution of IEC materials throughout the district
- Promote and demonstrate the use of male and female condoms in all communities
- Involve men in counselling sessions for PMTCT
- Promote the revival of all inactive HIV/AIDS programmes in the workplace
- Facilitate the training of traditional healers on HIV/AIDS prevention practices.

### Goal 2: Provision of Treatment, Care, and Support

- Form support groups for PLWHA at village level to encourage them to acknowledge their status and contribute to the reduction of stigma
- Intensify education to the affected and infected on Health & Wellness
- Encourage NGOs to set up and operate at village level to, among others, facilitate discussions on issues of stigmatisation.

### Goal 3: Management of the National Response to HIV and AIDS

- Strengthen networks among CBOs, FBOs, NGOs, and DMSACs through regular meetings and information exchange with all actors
- Strengthen information sharing through the establishment of a district HIV/AIDS journal
- Promote the building of capacity for sectoral management of HIV/AIDS including reporting, team building, and planning
- Ensure that all funds disbursed for HIV/AIDS programme implementation are accounted for in a timely manner
- Advocate for training of community members on proposal writing to increase their ability to access funds
- Ensure timely monitoring of all HIV/AIDS programmes in the district.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Strengthen the provision of home-based care in the district
- Strengthen orphan care programmes by increasing resources and human resources
- Promote the opening of day care centres for orphans
- Facilitate the provision of opportunities for community members to undertake income generating activities to alleviate the social economic impact of HIV/AIDS.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Promote the protection of the rights of PLWHA against stigma
- Advocate for policy to ensure spouses work in the same locality to avoid separation
- Advocate for tighter regulation on alcohol and reduction of liquor stores opening hours.

## Northwest District

### HIV/AIDS Mission

*"We the Northwest District aim to create a conducive service centre with the goal to provide quality services in an integrated approach through workshops and seminars, and enhance economic opportunities by strengthening the linkages between the communities and available Government policies, donor funds within the DDP6 period, targeting at least 80% of the most vulnerable in the district."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Establish a voluntary counselling and testing centre in the district
- Increase condom distribution outlets and promote their usage
- Establish an information, education, and communication centre for the district and develop district-specific materials
- Undertake outreach of behavioural change programmes in the catchment areas.

### Goal 2: Provision of Treatment, Care, and Support

- Establish a coping centre in the district for those infected and affected by HIV and AIDS.

### Goal 3: Management of the National Response to HIV and AIDS

- Build the capacity of implementing agents and communities to undertake HIV/AIDS activities
- Ensure the participation of communities in HIV/AIDS initiatives
- Establish village level management structures.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Improve reporting and prosecution of rape cases
- Advocate for tighter regulation on alcohol
- Disseminate information on relevant policies and legislation.

## Okavango District

### HIV/AIDS Mission

*"DMSAC Okavango advocates for intensified HIV/AIDS mass education to promote behavioural change among the community through district-specific BCI strategies. We aim to render maximum support and care to those already infected by the end of 2009, and encourage participation by community, sectors, and NGOs."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Vigorously promote the establishment of a Voluntary Counselling and Testing Centre in the district
- Facilitate wider participation of women and their families in the PMTCT programme.
- Facilitate the establishment of condom distribution outlets in all villages and settlements
- Strengthen community participation in HIV prevention activities
- Increase awareness of HIV/AIDS through workshops, rallies, and usage of educational materials in local language
- Enhance the understanding level of HIV/AIDS by the communities
- Encourage the establishment of IEC centre in the sub district
- Assist with the development of district specific IEC materials
- Promote the provision of recreational and rehabilitation facilities.

### Goal 2: Provision of Treatment, Care, and Support

- Promote the establishment of additional care and support facilities in the district
- Facilitate an increase in the number of counsellors, volunteers, peer groups and community leaders and equip them with the requisite skills
- Promote the establishment of an HIV/AIDS coping centre in the district
- Strengthen the provision of funding and infrastructural support for association of PLWHAs
- Design and implement Behavioural Change Interventions (BCI) aimed at reducing stigma and discrimination against both the PLHWA and care givers.

### Goal 3: Management of the National Response to HIV and AIDS

- Promote development of HIV/AIDS programmes among communities
- Undertake the formation and strengthening of Village AIDS Committees
- Build the capacity of CBOs in the main catchment area to more effectively deliver on HIV/AIDS programmes.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Advocate for strategies to allow children to rightfully inherit the property and other effects of their parents in the event of death
- Strengthen human resource planning to minimise the effects of staff absenteeism and death on the delivery of health service in the district.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Promote strengthened enforcement of legislation on child defilement, incest, and rape.

## Selibi-Phikwe District

### HIV/AIDS Mission

*"We, the Phikwe DMSAC, are committed to striving to work with, and through, our different sectors to reach the entire population of our community by continuous planning, coordination, support, monitoring, and evaluation of the implementation of activities and programmes that will bring about change in attitude and behaviour, thus transforming our community into a well informed, empowered, and responsible place to cultivate HIV/AIDS attitude changes."*

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Assist with the development of prevention information dissemination tools to promote the education and empowerment of communities in HIV/AIDS related issues
- Intensify the distribution of condoms and education on their proper use
- Encourage the uptake of the PMTCT programme and align it to ART programme for mothers.

#### Goal 2: Provision of Treatment, Care, and Support

- Promote the introduction of the ART programme in the district
- Strengthen links between traditional healers, FBOs, NGOs and DMSAC in order to increase utilisation of care, treatment, and support services
- Encourage the practical expansion and alignment of the Home-Based Care programme with the orphan care programme.

#### Goal 3: Management of the National Response to HIV and AIDS

- Ensure proper representation of all groups on the DMSAC
- Promote the capacity building of the DMSAC members in understanding their roles and responsibilities
- Co-ordinate the planning and implementation of HIV/AIDS programmes and activities within the district
- Ensure the proper monitoring and evaluation of HIV/AIDS activities within the district
- Ensure networking amongst all stakeholders through effective communication and interaction
- Mobilise resources to carry out HIV/AIDS activities in the district
- Develop appropriate human resource management strategies for the district
- Organise HIV/AIDS information feedback meetings for all stakeholders.

#### Goal 4: Psycho-social and Economic Impact Mitigation

- Proper management of standardised food basket distribution to ensure food reaches the target group
- Design and implement income generating projects for medically discharged employees, unemployed, orphans, and PLWHAs.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Educate people on the existing laws and policies on defilement, marriage, inheritance, rape, sexual harassment, and PLWHA.

## Serowe/Palapye District

### HIV/AIDS Mission

*"We, the Serowe/Palapye DMSAC, commit ourselves to leading the District in assisting the community to move towards behavioural change through effective programmes which enhance total participation and coordination of all district HIV/AIDS programmes."*

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Promote the establishment of mobile Counselling and Testing and increase the utilisation of services
- Empower individuals, families, and communities to communicate openly about HIV/AIDS related matters
- Provide youth recreational facilities and youth friendly services
- Reactivate PACT groups for in and out of school youth (HIV/AIDS counselling and guidance)
- Resuscitate and strengthen HIV/AIDS workplace programmes

- Intensify prevention-related outreach to the out of school youth.

### Goal 2: Provision of Treatment, Care, and Support

- Increase the number of trained social workers and Home-Based Care workers
- Encourage the formation of support groups in the district
- Mobilise communities to de-stigmatise HIV/AIDS
- Encourage a conducive caring atmosphere for one another (matlo go sha mabapi)
- Develop educational materials and which emphasise positive living with HIV/AIDS.

### Goal 3: Management of the National Response to HIV and AIDS

- Clearly define roles of Heads of Departments in the DMSAC and emphasise consistency in the participation of DMSAC members
- Co-opt sub-DMSAC committees in the district in order to reduce workload
- Initiate and sustain capacity building for DMSAC to strengthen management and co-ordination capabilities.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Increase orphan care throughout the district to cover all orphans
- Expand the food basket programme for PLWHAs and orphans.

## Southeast District

### HIV/AIDS Mission

*"We, the Southeast District, are committed to reducing the incidence of HIV/AIDS in our communities through broad and aggressive mass education, provision of quality care, treatment, and support services, in partnership with our stakeholders, using improved methods and human resources by the year 2009."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Accelerate scaling up the VCT programme
- Expand prevention activities through intensification of community mobilisation and mass education
- Promote the use of male and female condoms throughout the district
- Develop and implement culturally appropriate Behavioural Change Interventions (BCI) to address vulnerable groups, particularly in terms of sex and alcohol and substance abuse
- Actively involve the media in promotion of Behavioural Change Interventions (BCI)
- Make available services to stop alcohol and substance abuse in the district
- Ensure greater involvement in HIV/AIDS programmes especially those aiming at behavioural change
- Facilitate wider participation of pregnant women and their families in the PMTCT programme.

### Goal 2: Provision of Treatment, Care, and Support

- Make available treatment services including Anti-Retroviral Treatment (ART) for PLWHA in Southeast district
- Provide effective counselling services by applying uniform minimum standards across the district
- Expand Home Based Care services by establishing more hospices, counselling centres, clinics, and building partnerships between government and non-government service providers
- Bamalete Lutheran Hospital CBLH and District Health Team should formulate standard format to be used for recording HIV/AIDS related illnesses for outpatients at BLH.
- Educate the community about the rights of PLWHAs
- Design and implement Behavioural Change Interventions (BCI) aimed at reducing stigma and discrimination against both the PLHWA and care givers
- Increase uptake and outreach of IPT programme
- Facilitate the use of protective clothing and proper disposal of clinical waste.

### Goal 3: Management of the National Response to HIV and AIDS

- Strengthen the DMSAC membership capacity (include Private Sector and NGOs) and skills to plan, coordinate, and facilitate implementation of the district multi-sectoral plans
- Facilitate the training of the VMSACs, VACs, NGOS and CBOs and FBOs in the district in project proposal development
- Acquire the relevant and trained human resources i.e. counsellors, peer educators, project officers to implement the priority strategies of the district
- DMSAC membership to include a representative from the Local Chamber of Commerce.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Enhance funding and infrastructural support provided for associations of PLWHAs
- Advocate for strategies to allow children of parents living with AIDS to rightfully inherit the property and other effects of their parents in the event of death
- Provide the basic needs of the orphans by scaling up the Orphan Care programme in the district
- Ensure contingency planning to minimise the effects of staff absenteeism and death on the delivery of health service in the district.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Advocate for stricter enforcement of laws on child defilement and rape.

## Southern District

### HIV/AIDS Mission

*"We, the Southern District DMSAC, in collaboration with all stakeholders, commit ourselves to reducing HIV/AIDS infection rates and the impact of HIV/AIDS on the community by 2009 through coordinated interventions."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Increase access to and utilisation of Voluntary Counselling and Testing (VCT) services throughout the district community mobilization, mobile testing centres, and the celebration of "HIV Testing Week" just like there is a "Condom Week"
- Promote the development of local behavioural change initiatives targeting different segments of the sexually active population on issues of alcohol abuse
- Strengthen and expand programmes like "Masedi" from Jwaneng which advocate abstinence, as well the "Ministers Fraternal" programme focusing on behavioural change and counselling to increase the age of first sex, particularly for young girls
- Facilitate formation of workplace programmes
- Increase male/female condom use by strengthening supply channels, improving access, and delivering sustained education for both sexes
- Advocate for the formation of Alcoholics Anonymous groups to assist people to quit drinking
- Advocate for the creation of male support groups like "Men, Sex, and AIDS"
- Strengthen internal workplace programmes for sectors in the district incorporating peer education and counselling
- Advocate for the establishment of "user-friendly" health services for men, and incorporate youth, adolescents, and men's issues into present services
- Create district mobile resource centres to take information, services, and outreach programmes into the peripheries.

### Goal 2: Provision of Treatment, Care, a and Support

- Facilitate support services for People Living With HIV/AIDS (PLWHAs) across the district, like FBOs for emotional and spiritual support, and networking with NGOs such as COCEPWA
- Advocate for the establishment of treatment services for HIV/AIDS including ART in accordance with government plan
- Strengthen HBC committees
- Advocate for lighter duties for the sick

- Facilitate the development and implementation of local Behavioural Change Interventions (BCI) aimed at reducing levels of stigmatisation and discrimination in the district.

### Goal 3: Management of the National Response to HIV and AIDS

- Liase with government and non-governmental institutions to address the basic needs (logistics, psycho-social and cultural) of vulnerable people through IEC and Community mobilisation
- Promote the establishment of effective monitoring and evaluation of programmes in line with BHRIMS
- Advocate for the development and acquisition of the necessary human resources and capabilities to implement the priority strategies of the district response
- Explore the possibilities of expanding DMSAC fund base
- Advocate for the establishment of a fast and effective mechanism, preferably funds, directed to District Commissioners office, for the implementation of HIV/AIDS programmes in the district
- Promote the creation of an HIV/AIDS district information/resource centre for district data management
- Establish and strengthen strategic partnerships with key stakeholders including Traditional leaders (Dikgosi), politicians, NGO's, CBO's, FBO's, parastatals, and the Private Sector
- Establish and strengthen the village structures like VMSACs to assist with HIV/AIDS co-ordination.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Facilitate the development of programmes to economically empower the vulnerable groups in the district in conjunction with NGOs, the Private Sectors, headmen, churches, politicians, and other stakeholders
- Advocate for legal assistance to be provided for PLWHA and orphans to address pertinent issues like property grabbing and will writing
- Facilitate the social empowerment of vulnerable groups through the formation of support groups etc.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Advocate for the rigorous implementation of the Public Service Code of Conduct on HIV/AIDS in the Workplace
- Advocate for a review of legislation on selling of liquor with the view to separate liquor restaurants from food restaurants.

## Tutume Sub-District

### HIV/AIDS Mission

*"The mission of the Tutume Sub district is to reduce the incidence and impact of HIV/AIDS by 2009 through:*

- *The adaptation and expansion of current HIV/AIDS programmes to reach all citizens and enhance community ownership of the HIV/AIDS problem,*
- *Targeting vulnerable groups with behaviour change interventions and promotion of voluntary counselling and testing services,*
- *Recognition of all stakeholders and aggressive sourcing of funding for NGOs, CBOs and village organisations and*
- *Reinforcing successes and probing the unknown through continuous research."*

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Increase the number of Voluntary Counselling and Testing (VCT) centres
- Undertake education programmes to encourage use of PMTCT and VCT services
- Improve access to both male and female condoms in the district
- Promote the use of condoms through expansion of distribution outlets
- Promote education on "Zero Grazing" or abstinence and discussions among couples regarding sex
- Advocate for strategies to reduce alcohol consumption in the district.

### Goal 2: Provision of Treatment, Care, and Support

- Promote the introduction of ART programme for the infected while educating people on healthy lifestyles

- Encourage health personnel who are HIV positive not to work in TB department
- Provide regular training to care givers and provide family support activities
- Promote de-stigmatisation at all levels – work, community, family, church
- Strengthen family and social support systems
- Expand education on reduction of stigma and encourage GIPA
- Encourage the establishment of a coping centre i.e. COCEPWA.

### Goal 3: Management of the National Response to HIV and AIDS

- Strengthen DMSACs planning, coordination and reporting capacity
- Strengthen networking and communication amongst all stakeholders
- Promote joint planning sessions between all stakeholders
- Ensure availability of funding for HIV/AIDS activities.

### Goal 4: Psycho-social and Economic Impact Mitigation

- Involve HIV positive individuals in income generating activities and planning activities
- Increase the number of volunteers in the HBC programme and provide regular training and equipment support
- Promote the expansion of the HBC programme
- Promote community socio-psycho and spiritual support (counselling)
- Support existing church programmes to increase outreach to the infected and affected
- Promote the establishment of a district community-based orphan trust fund
- Advocate for the expansion of the food basket programme.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Advocate for stricter enforcement of laws dealing with rape and defilement.

# 7. Mobilising the Public Sector

## 7.1 Introduction

The public sector has one of the largest and most significant roles in the National Response. In order to mobilise the Ministries and provide government personnel with a clear sense of direction, this chapter outlines the key responsibilities and actions of the Ministry response. What is presented here should be seen as providing both a foundation, which, when undertaken in unison with all other Ministries, begins to galvanise the National Response, and as a guide for the expansion and development of programmes and activities in the public sector.

Line Ministries have embarked upon the process of mainstreaming HIV/AIDS into their mandated core business and providing further support, facilitation, and assistance to move Ministries further along this process is a primary component of the National Response. This chapter contributes to mainstreaming in two important ways. First it provides a basic Minimum Internal Package that will be implemented by all Ministries to effectively look after the needs of the internal or workplace domain. Second, this chapter outlines critical areas of responsibility for each Ministry as well as pointing out important actions that must be undertaken either wholly or jointly by each Ministry.

## 7.2 Public Sector Co-ordination for HIV/AIDS

The primary responsibilities of Ministry co-ordination are to manage the inter-related domains of strategic management for HIV/AIDS. Many of the core functions will be similar to those of the National AIDS Co-ordinating Agency. Among others, these include managing inputs, facilitating the development of a multi-sectoral annual HIV/AIDS Action Plan, supporting capacity building for implementation, co-ordinating strategic implementation partnerships and linkages with relevant programmes and service providers, and monitoring and documenting the Ministry's internal and external response.

Ministry AIDS Co-ordinators (MACs) have been posted to all Ministries to act as co-ordinator and focal point for the Ministry's response. Presently, this position is new and without precedent. While Terms of Reference have been outlined for the MACs to standardise their functions within the Ministry and the National Response, their position both within the Ministry and the national HIV/AIDS co-ordination structures requires clarification.

Each Ministry will be responsible for determining their co-ordination needs. Depending upon the Ministry's size, geographic coverage, mandate, etc., it may be useful to establish an AIDS Co-ordinating Unit, staffed by the AIDS Co-ordinator and personnel responsible for various aspects of the Ministry's response, such as planning, M&E, counselling, etc. This Unit will be responsible for practically moving the Ministry along the process of mainstreaming HIV/AIDS as well as managing the linkage between the vertical sector HIV/AIDS plan and the multi-sectoral, district level HIV/AIDS plans.

AIDS Co-ordinating Units already exist in some Ministries. Within the Ministries of Local Government and Health, for example, AIDS Co-ordinating Units are already set up. The capacities of these Units, whether existing or yet to be established, will be built through a continuous process of training facilitated by NACA and other stakeholders.

## 7.3 Mainstreaming HIV/AIDS: A Primary Ministry Responsibility

The most important focus at the Ministry level is to sustain engagement in the process of mainstreaming HIV/AIDS. Simply put, mainstreaming is a process by which HIV/AIDS becomes part of the normal routine functions and core business of Ministry. As a process, it has no definitive timeframe and Ministries, depending upon their capabilities, mandate, management, organisational arrangements, etc., will move along the process at different rates.

The two areas of focus in mainstreaming HIV/AIDS are the internal domain and the external domain. The internal domain corresponds to the workplace environment and addressing the vulnerabilities of staff and risk situations

associated with the performance of the Ministry's core functions. Focusing on these internal considerations will assist in the formulation of policies, guidelines, and specific activities. These, in turn, will deepen the Ministry's understanding of the multi-dimensional impact of the epidemic. The external domain refers to what an organisation can realistically do for the target or client population it serves. This need not necessarily translate into specific HIV/AIDS programmes or projects. The Ministry's abilities and resources may not enable it to be a primary implementer, but rather a supporter of activities undertaken by institutions with a comparative advantage.

Ministry plans targeting the external domain must be carefully considered in the light of district specific HIV/AIDS Action Plans. The multi-sectoral approach adopted at the district level allows for targeting of interventions and programmes at its specific circumstances and bringing the skills and expertise of the appropriate implementing agents to bear. Often those implementing agents with the necessary programmatic comparative advantage are in the public sector. However, for public sector institutions, the first loyalties belong to the mother Ministry. Thus, plans developed for the Ministry's external domain, and to be executed by district level officers, risk overriding district plans in which the same officer may play an important part. Mechanisms will be established to maintain an appropriate balance between outputs of the two planning methodologies and outline respective roles and responsibilities.

Mainstreaming milestones can be set based on three broad phases of the mainstreaming process:

- **Integration:** an initial phase where HIV/AIDS is, in effect, "added on" to the core business of governments, sectors and the local level. Institutional arrangements are put in place that seek to elevate the profile of HIV/AIDS and promote political commitment and a heightened focus on addressing the epidemic and its impacts. These arrangements act to facilitate the mainstreaming process. Integration makes HIV/AIDS "stick out" in order for it to be addressed in ways that are new to the normal functioning of the Ministry.

- **Institutionalisation:** is a phase where the mechanisms and practices put in place to address the epidemic and its impacts, while still being "added on", become more normal and accepted. Roles and responsibilities of various stakeholders are clarified and regularised. Among other things, annualised planning and budgeting for HIV/AIDS within government, sectors and sub-nationally become routine, HIV/AIDS-specific human resources are recruited and deployed, and HIV/AIDS communication and reporting structures are established and functioning in a routine way.

- **Mainstreaming:** is a more advanced evolution of the Ministry's response and represents a phase where the mechanisms, structures, and practices put in place to put HIV/AIDS on the agenda, begin to become less pronounced and the functions they sought to perform are just another facet of the core business of the Ministry. Divisions and departments within the Ministry have internalised their functions with relation to the Ministry's response to HIV/AIDS and the need for formal AIDS Co-ordinating Units and personnel are less pronounced.

## 7.4 Minimum Internal Package (MIP)

Each Ministry will be responsible for developing an annual HIV/AIDS Action Plan that may address both the internal or workplace domain and the external domain or the Ministry's clientele. The aspects of the Action Plan that address the external domain will differ in focus and intensity across Ministries. The internal aspects of the plan will be built upon the foundation of a Minimum Internal Package (MIP) to be implemented by each Ministry across the board. Additional activities can, of course, be planned and implemented based on each sectors' capabilities and needs, but all Ministries will be responsible for developing and implementing appropriate activities based on the key areas outlined in the Minimum Package.

### Minimum Internal Package (MIP)

1. Undertake intensive promotion campaign and link staff to VCT services by establishing institutional partnerships with VCT service providers
2. Ensure condom availability and accessibility in all central and district offices and intensively promote their use
3. Ensure staff awareness of all relevant HIV/AIDS programmes (e.g. HBC/OVC, PMTCT, ART/TB, etc.) and facilitate linkages with the programmes to increase access
4. Develop and implement targeted Behaviour Change Information Communication with all staff to support relevant national programmes, especially VCT
5. Collect and disseminate routine information on absenteeism, morbidity and mortality using a human resource database system and submit the appropriate reports to Ministry management and NACA
6. Provide access to counselling services for all staff cadres
7. Develop HIV/AIDS strategic documents including organisational profile, annual Action Plan and mainstream HIV/AIDS into the organisation's overall strategic plan
8. Ensure appropriate workplace policies are in place and enforced
9. Establish a sector budget line for HIV/AIDS programmes (both internal and external)

## 7.5 Public Sector Role and Responsibilities

The purpose of this section is to outline proposed Ministry responsibilities and actions to operationalise the National Response to HIV and AIDS. The following representative activities were largely derived through a Ministry HIV/AIDS mainstreaming exercise, undertaken by each Ministry, in order to begin the mainstreaming process and to provide some HIV/AIDS inputs into the development of the NDP9. Though not exhaustive, it lists some key actions that each sector Ministry is to undertake. Many Ministries have either planned, or are implementing ongoing activities. Thus, many of the Ministry actions listed below represent work in progress. To ensure alignment of current responses with the National HIV/AIDS Strategic Framework, each Ministry must revisit their current actions in order to ascertain which of the national priority strategies they address.

Ministries, departments, directorates, units, etc. that are relatively small and have limited scope in terms of a comparative advantage in addressing HIV/AIDS (e.g. the Directorate of Economic Crime and Corruption, the Independent Electoral Commission, Ombudsman, etc.) should focus on the development of the Minimum Internal Package (MIP), possibly in conjunction with other entities with which they have some relationship. As the mandate of these entities evolves and greater capacity is gained, external programmes may become more realistic. At the time, however, as the process of mainstreaming makes clear, it is not necessary for ministries, departments and agencies to undertake all elements of a comprehensive response, but to do what is within their scope, capabilities, and mandate.

Conversely, some Ministries are the lead agency in a larger sector. The Ministries of Health, Education, Works and Transport, etc., are responsible for the activities of a wider sector including many attendant organisations, agencies, companies and others. These Ministries must think in broader terms when developing their response to HIV and AIDS and design ways in which to mobilise auxiliary agents into a concerted response such as advocating for policies to be put in place that require HIV/AIDS programmes as a prerequisite of the tendering processes.

### Ministry of Health

#### Key Ministry Responsibilities

The Ministry is one of the primary implementation partners in the National Response to HIV and AIDS. It is responsible for the implementation of health sector based interventions regarding the prevention of sexual, blood-borne, and vertical transmission of HIV and

STDs. The Ministry is responsible for implementing and managing the ART and PMTCT Programmes. It is also responsible for HIV surveillance and epidemiological research, AIDS case reporting and STI surveillance in collaboration with other stakeholders. Additionally, the Ministry will provide the necessary health-specific technical support to NACA, partner Ministries, and other organisations in the development and implementation of their HIV/AIDS programmes.

## Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- In partnership with VCT providers and NGOs, ensure quality counselling in the expansion of VCT services throughout the country
- Increase access to and utilisation of PMTCT services throughout the country
- Strengthen STI treatment, surveillance, monitoring and reporting
- Strengthen condom procurement, distribution, and promotion through the health system
- With other key partners, for example the Botswana Police Service, develop and implement a programme addressing the linkage between alcohol abuse and HIV infection
- Ensure distribution of health-related IEC materials
- Adopt strategies to increase and maintain the safe blood supply of the country
- In collaboration with other relevant stakeholders, initiate programmes for vaccine trials in the country
- Establish programme for research into and promotion of microbicides in the country.

### Goal 2: Provision of Treatment, Care, and Support

- In collaboration with relevant partners, adopt strategies to increase access to and utilisation of ART services in the country
- Expand the coverage and uptake of IPT services
- In collaboration with partners ensure a robust monitoring system for the ART programme
- Ensure Post-exposure Prophylaxis is made available to health professionals and staff
- Work with MLG and MOE to initiate and develop counselling services for children.

### Goal 3: Management of the National Response to HIV and AIDS

- As an emergency measure, accelerate recruiting mechanisms to respond to increased demand for all levels of staff as a consequence of HIV/AIDS
- Build capacity and communication mechanisms within the health system to promote and strengthen the linkages between programmes and partners, e.g. ART and PMTCT
- Conduct annual national HIV/AIDS sentinel surveillance
- Resolve human and logistical issues to ensure adequate personnel, technical equipment and space for the ART programme
- Harmonise current training programmes, e.g. KITSO and on-site training
- Strengthen TB programme monitoring system especially regarding resistance
- Establish and strengthen operational linkages between vertical programmes such as VCT, ART, PMTCT, CHBC, nutrition etc.
- Harmonise CHBC programme implementation with MLG
- Strengthen the nutrition programme to more effectively complement other HIV/AIDS programmes, e.g. ART, HBC, PMTCT, etc.
- Develop and strengthen linkages between Traditional Healers and health facilities and establish a referral system

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Develop legislation on HIV/AIDS research in the country including clinical vaccine trials on human subjects
- Translate health policies on HIV/AIDS into legislation, especially in the areas of age of consent, post-exposure prophylaxis for rape survivors, and testing on clinical grounds

- Promote national policy dialogue and related follow-up for the cause of death on death certificates to include "AIDS-related illness".

## Ministry of Local Government

### Key Ministry Responsibilities

The Ministry of Local Government, along with the Ministry of Health, are the key Ministries for implementing the National HIV/AIDS Strategic Framework. Specifically, this Ministry is responsible for providing care and support services to families affected by HIV/AIDS, ensuring the basic needs of orphans and vulnerable children through the Community Home Based Care (CHBC) and Orphans and Vulnerable Children (OVC) programmes[11], and mainstreaming HIV/AIDS into District Development Plans. The Ministry, through its extensive networks available in the Home Based Care and Orphans and Vulnerable Children programmes, is an important vehicle for prevention and support activities at the district and community levels. The Ministry also has a significant responsibility in the mobilisation of communities to develop and implement responses to HIV and AIDS.

As a consequence of its mandate, the Ministry is largely responsible for sustaining the management and co-ordination of district level responses to the HIV/AIDS epidemic. This responsibility is exercised through the integration of HIV/AIDS into the district development planning process and its role in district level performance management and the oversight of accountability for HIV/AIDS implementation.

The proposed medium term strategic actions for the Botswana Police Service in the Ministry of State President will also apply to the Botswana Local Plice Service in the Ministry of Local Government.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Mainstream HIV prevention activities into all Local Government activities

#### Goal 2: Provision of Treatment, Care, and Support

- Strengthen collaboration with the Ministry of Health in the implementation of the Community Home Based Care programme

#### Goal 3: Management of the National Response to HIV and AIDS

- Integrate the District Multi-sectoral AIDS response into District Development Planning and Implementation
- Facilitate the effective functioning of DMSACs in the co-ordination of district level responses to HIV/AIDS
- Co-ordinate district-level HIV/AIDS data gathering and management
- Continue the process of integrating HIV/AIDS into district development plans
- Work in partnership with NACA in assisting districts to develop annual HIV/AIDS operational plans and integrate them into annual district strategic planning.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Revise the criteria for eligibility for destitute support to enable families caring for people with AIDS and orphaned children to gain access to such support in line with the National Destitute Policy
- Align policies such as those for orphan and destitute care and provision of food baskets to legislation and request for legislative changes where necessary.

## Ministry of Labour and Home Affairs

### Key Ministry Responsibilities

The Ministry of Labour and Home Affairs is made up of many diverse departments, such as Prisons, Immigration, Youth and Sports, Labour and Social Security, Women's Affairs, etc., each with its individual mandate and comparative advantage vis-à-vis HIV/AIDS. Thus, the Ministry has numerous responsibilities and is one of the key

[10] *The CHBC and OVC programmes are being combined under the Ministry of Local Government into the Family Care Service*

implementing partners within the National Response.

For example, the Ministry has the responsibility to provide prevention, care and support within the prison community as part of the response to HIV/AIDS through the Department of Prisons and Rehabilitation. The Ministry is also the key partner in terms of developing and implementing programmes directed at the youth and women in the country. It is increasingly clear that the promotion of gender equality and advancement of women, from education to employment for example, has a direct effect of curbing the spread of the epidemic. Therefore, through the Women's Affairs Department, MLHA is responsible for mainstreaming gender into all HIV/AIDS programmes. Issues of discriminatory practices relative to the movement of foreigners into Botswana, as well as the development of strategies addressing the growing number of refugees in the country, are key responsibilities for the Ministry through the Department of Immigration.

Through its department of Labour and Social Security, the Ministry has important linkages with the Private Sector and together with the Occupational Health Unit of the Ministry of Health, it shares responsibility for supporting the development of workplace HIV/AIDS programmes and policies including labour benefits. Additionally, through the Department, MLHA and its partners should develop legislation regarding the rights of HIV-infected individuals to employment, social welfare, and compensation where relevant.

A further key responsibility is in assessing and addressing the needs of out-of-school youth and providing, among others, sport and recreational opportunities to minimise engagement in high risk activities like alcohol abuse and unsafe sex.

## Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Mainstream HIV/AIDS into gender strategies, programmes, and activities
- In conjunction with other relevant partners, e.g. Ministry of Trade and Industry, facilitate the establishment of workplace HIV/AIDS programmes in the Private Sector
- Strengthen prevention programmes targeting Commercial Sex Workers in collaboration with development partners, NGOs, etc.
- Assist relevant partners, e.g. MOE, MOH, etc., with developing and implementing strategies to increase the age of sexual debut to minimise teenage pregnancy, etc.
- Mainstream HIV/AIDS into girl/boy child programmes
- Utilise "Ambassadors of Positive Living" programme to educate both in and out of school youth
- Use sports role models to enhance HIV/AIDS IEC activities
- In collaboration with relevant agencies such as University of Botswana, conduct research into the economy of sexual relations in Botswana with particular reference to the supply and demand of commercial/transactional sex work
- Strengthen IEC programmes: posters at border posts and inland offices, inclusion of HIV/AIDS messages on visa forms, etc.
- Counsel women, especially the expectant and nursing mothers in the prisons and facilitate access to programmes such as PMTCT, etc.
- In association with the relevant partners, initiate a national dialogue to address how culture both positively and negatively influences the spread of HIV and AIDS, and develop appropriate and sensitive strategies to address both these influences
- In conjunction with Local Government, include HIV/AIDS in marriage counselling, and encourage VCT among prospective couples.

### Goal 3: Management of the National Response to HIV and AIDS

- Accelerate the registration process for NGOs/CBOs working in the field of HIV/AIDS
- Rationalise HIV/AIDS activities with and amongst the youth

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- With partners such as the NAC sector on Ethics, Law and Human Rights, develop appropriate policies and legislation to protect the employment rights of PLWHA
- Mainstream HIV/AIDS into the National Industrial Relations Code of Practise
- Advocate for a national forum to discuss

decongestion, condoms in prison, and access to VCT by the prison community as national priorities

- Identify key policy and legislative issues within the Ministry's mandate and areas of comparative advantage.

## Ministry of Education

### Key Ministry Responsibilities

The Ministry of Education will ensure that HIV/AIDS is mainstreamed in all aspects of the education system from the teaching of students, to the training of teachers and the setting of educational policy. The work already initiated, including the Special Education Division and the Guidance and Counselling Division of the Department of Curriculum Development and Evaluation, should be maintained and strengthened. The educational system, both formal and non-formal, should be a key agent for societal behavioural change and carrying that change to the wider community.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Integrate HIV/AIDS into teacher training and curriculum development
- Review and revise current pedagogical methods to promote behavioural change
- Address the relationship between alcohol and HIV infection in the Life Skills education programme in schools in conjunction with other stakeholders
- Intensify efforts to increase the age of first intercourse among girls and boys in collaboration with relevant stakeholders
- Involve parents, through Parent Teacher Associations and other appropriate mechanisms in translating HIV/AIDS messages from the school to the home.

#### Goal 2: Provision of Treatment, Care and Support

- Ensure that services related to HIV and STD control and care are accessible to students in need.

#### Goal 3: Management of the National Response to HIV and AIDS

- Involve both teachers and students, especially at the tertiary level, in HIV/AIDS research.

#### Goal 4: Psycho-social and Economic Impact Mitigation

- In collaboration with Ministry of Local Government S&CD, develop interventions and fee subsidies/exemptions to enable orphans attend school
- Provide psycho-social counselling and support in schools in conjunction with other stakeholders.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Facilitating development of policy concerning access to condoms for youth
- In collaboration with the NAC sector on Ethics, Law and Human Rights and relevant organisations, expand education around human rights issues, especially as they relate to PLWHA, in both formal and non-formal settings.

## Ministry of the State President

### Office of the President

### Key Responsibilities

The Office of the President (OP) is the Headquarters of the Ministry of the State President and hence the seat of the Government. The National AIDS Coordinating Agency (NACA) is a Department in the Ministry of the State President. Thus the OP should support and facilitate the activities of NACA and, through NACA, the overall National Response to the HIV/AIDS epidemic. It should also provide leadership not only by the President, but also by the Minister and the Assistant Minister in the Ministry of the State President.

### Proposed Medium-term Strategic Actions

#### Goal 3: Management of the National Response to HIV and AIDS

- The Permanent Secretary to the President (PSP) should continue to chair the Permanent Secretaries Task Force on HIV/AIDS (PSTF) to which NACA is the secretariat. The Permanent Secretary (Development) in the Office of the President (PS/Dev/OP) should continue to be a member of this Task Force

- The PSP and PS/Dev/OP should also continue to be members of the Ministerial Task Force on HIV/AIDS to which NACA is the secretariat
- The PS/Dev/OP should continue to provide input as a member of the Application Review Committee (ARC), which is responsible for evaluation of proposals and projects for funding
- Continue and strengthen its support to NACA and create an enabling environment for NACA to discharge its mandate effectively.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Advocate, guide, and support the formulation of policies and promote practices as well as legislation which would lead to an enabling environment for a comprehensive and truly multi-sectoral response where all stake holders and individuals can contribute according to their comparative advantage.

## Directorate of Public Service Management

### Key Directorate Responsibilities

The Directorate of Public Service Management (DPSM) should ensure that every sector has the HIV/AIDS co-ordinating structures in place in order to facilitate the mainstreaming process. This process involves integrating HIV/AIDS into each sector's strategic plan as a Key Result Area, and that internal and external HIV/AIDS programmes are planned, implemented, and managed in alignment with the National HIV/AIDS Strategic Plan. Within the Performance Management System, DPSM will ensure the accountability of relevant public servants in achieving planned HIV/AIDS objectives. Additionally, DPSM is responsible for the collation and processing of public sector Infinium Data relevant to HIV/AIDS and reporting this information quarterly to NACA. Further, in co-operation with MFDP, DPSM shares responsibility for using this information for making Human Resource planning projections across government and ensuring that targets are met.

DPSM, with support from NACA and its partners, will assist all sectors in the adoption of the public sector "Code of Conduct". Furthermore, this "Code of Conduct" must be periodically reviewed to ensure relevance and practical application throughout the public sector.

### Proposed Medium-term Strategic Actions

#### Goal 3: Management of the National Response to HIV and AIDS

- Mainstream HIV/AIDS into General Orders, job descriptions, employee appraisals etc., as well as into the Performance Management System
- Collate and process public sector human resource data relevant to HIV/AIDS into a report submitted quarterly to NACA
- In co-operation with MFDP, DPSM use human resource information to make Human Resource planning projections across government and ensure that targets are met
- Collaborate with NACA on monitoring the implementation of the Workplace Code of Conduct across sectors.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Work with Ministry of Health to complete and disseminate the Public Service Counselling Policy
- Educate the Civil Service on the Code of Conduct for HIV/AIDS
- Review policy on separation of spouses.

## Attorney General's Chambers

### Key Chambers Responsibilities

The Attorney General Chambers has a critical and essential role to play in the National response to HIV/AIDS as it will support the process of necessary law reforms relevant to HIV/AIDS. It should provide advice on human rights issues and also advice on legislation and policies relating to HIV/AIDS.

### Proposed Medium-term Strategic Actions

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Integrate HIV/AIDS issues in the drafting of relevant laws, agreements, and conventions

- Provide legal advice to sector ministries in their review and development of relevant legislation, e.g. Employment Law and Public Health Act, to ensure that they address HIV/AIDS related legal issues
- Assist with the development of appropriate new legislation regarding alcohol use, production, and sales
- Provide support to public education campaigns regarding HIV/AIDS-related legal issues, e.g. discrimination, property rights, inheritance, human rights, etc.
- Mainstream legal aspects of HIV/AIDS in the quarterly legal education programmes with the Ministries.

## Botswana Police Services

### Key Service Responsibilities

The HIV/AIDS epidemic has the potential to adversely affect the Botswana Police Services' ability to maintain national law and order and protect the rights of individual citizens. Thus, the key sector responsibility for the BPS is to sustain the manpower necessary to fulfil this mandate.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Integrate HIV/AIDS behaviour change interventions into the training programme for police officers
- As part of BPS's community policing initiatives, conduct seminars to address HIV/AIDS-related issues such as rape and other forms of sexual abuse, human rights, domestic violence, and the relation between alcohol and HIV infection
- Equip police personnel with protective supplies.

#### Goal 2: Provision of Treatment, Care and Support

- Establish support groups to visit the Police and their families and offer material and moral support
- Consider modalities for and establish an orphan fund.

#### Goal 3: Management of the National Response to HIV and AIDS

- Strengthening institutional arrangements by clarifying the terms of reference for the HIV/AIDS Committees at each level.
- Establish a monitoring system to monitor the epidemic amongst the Police.
- Provision of a strengthened legal and ethical environment.
- Enforce legislative policies and law reforms related to HIV/AIDS.

## Botswana Defence Force

### Key Defence Force Responsibilities

HIV/AIDS poses a significant threat to national security in terms of loss of human resources and the ability to mobilise for the protection of national interests. Consequently, the BDF has a primary responsibility to keep the military community of Botswana free from HIV infection and to support those living with HIV and AIDS.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Develop an external HIV/AIDS programme working with other key stakeholders to implement prevention activities among the civilian population with whom the BDF interacts (e.g. sponsoring sporting activities, concerts, liaising with other military establishments).

#### Goal 2: Provision of Treatment, Care and Support

- Establish support groups for PLWHAs in the military.
- Strengthen collaboration with MOH and other stakeholders to increase access and promote utilisation of ART services in the military.

#### Goal 3: Management of the National Response to HIV and AIDS

- Establish a monitoring system to monitor the epidemic amongst soldiers.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Review BDF's HIV/AIDS policy in line with the National AIDS Policy.

## Ministry of Finance and Development Planning

### Key Ministry Responsibilities

One of MFDP's primary responsibilities is integrating HIV/AIDS into the National and District Development Planning process and, with NACA and the Ministry of Local Government, make certain that adequate resources are made available to the various ministries for HIV/AIDS prevention and care through mobilisation, allocation and disbursement. In so doing, it is essential that the MFDP ensures the creation of an HIV/AIDS-specific budget lines across all sectors/Ministries as a requirement for budgetary approval. In addition, the Ministry, in collaboration with recipient line Ministries and NACA, will co-ordinate development partner financial contributions to HIV/AIDS prevention, care, treatment, and support.

The Ministry must also use routine or research-generated epidemiological and other data provided by NACA and its partners to make projections of the economic and human resource development impact of the epidemic, and incorporate this into manpower and economic planning.

### Proposed Medium-term Strategic Actions

#### Goal 3: Management of the National Response to HIV and AIDS

- Develop and jointly monitor, with NACA, all Ministry budgets for HIV/AIDS.
- Mainstream HIV/AIDS into the Poverty Reduction Strategy and, with NACA, facilitate the implementation of appropriate strategies
- In collaboration with NACA, strengthen international collaboration with regional bodies such as SADC in the development of protocols and programmes for HIV/AIDS
- Strengthen the Central Statistics Office (CSO) to play its role in national information gathering and analysis of HIV/AIDS relevant information used for management decision making in the National HIV/AIDS Response, for example, undertake an analysis of poverty and the links with HIV/AIDS including a socio-economic disaggregation of the poor, and linking this with HIV prevalence
- In collaboration with partner Ministries, e.g. Trade and Industry, advocate for the removal of import duties from all HIV/AIDS related commodities (condoms, test kits, etc.).

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Undertake a review of regulations enabling Ministries to fund community-based HIV/AIDS initiatives through Civil Society
- Work through BONELA and other organisations in the NAC sector on Ethics, Law and Human Rights as well as the insurance industry to address the issue of restrictions on HIV/AIDS infected persons applying for life assurance
- Review and revise current levels of taxation on alcohol.

## Ministry of Minerals, Energy & Water Resources

### Key Ministry Responsibilities

The Ministry of Minerals, Energy & Water Resources has oversight for key components of the national economy. It has a fundamental responsibility for maintaining staff and skill levels in the face of the devastating effects of the HIV/AIDS epidemic. Each department in the Ministry shares some common features such as a highly mobile, mostly male workforce, which often remains in remote locations for up to a year at a time. In addition, each of the departments relies upon contracted labour for the execution of its mandate. Thus, the Ministry has the responsibility to develop tendering processes that encourage companies to include HIV/AIDS as part of their project proposal.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Provide critical prevention interventions, especially BCC, for the mobile labourers in work camps throughout the country.

#### Goal 3: Management of the National Response to HIV and AIDS

- Mainstream HIV activities into pre-licensing conditions for contractors and prospecting companies and require the inclusion of HIV workplace programmes in tenders as precondition for approval.

## Ministry of Works and Transport

### Key Ministry Responsibilities

The Ministry has a major role to play in working with partners, e.g. USAID "Corridors of Hope" project, to introduce HIV/AIDS interventions for mobile population along Botswana's major transportation corridors. Another fundamental responsibility includes encouraging companies to initiate HIV/AIDS activities as part of the tendering processes for any project proposal. In addition, the Ministry must ensure that its own staff members working in remote areas are provided with on-going HIV/AIDS prevention and education.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Encourage Private Sector and transport associations to include HIV/AIDS programmes/activities within their social safety net programmes.

## Ministry of Trade and Industry

### Key Ministry Responsibilities

The primary responsibility of the Ministry is to facilitate sustainable growth and the diversification of the economy. As the Ministry responsible for imports and trade, improved access to HIV/AIDS essential items, e.g. condoms, testing kits, etc. should be afforded preferential import conditions. As with all government sectors, it is critical for the Ministry of Trade and Industry to maintain its human resource levels if it is to deliver on its mandate of facilitating the diversification of the national economy.

### Proposed Medium-term Strategic Actions

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Mainstream HIV/AIDS into the Trade and Liquor Act
- Improve the regulation of domestic/local brewing and granting of liquor licenses to restrict the proliferation of outlets
- Support the development of private company HIV/AIDS policies and programmes
- Require companies to have HIV/AIDS-friendly practices and policies as part of their process of registration
- Integrate HIV/AIDS into relevant policy documents, for example, the Industrial Development Policy (1997) and Small, Medium, and Micro Enterprise Policy (1998).

## Ministry of Agriculture

### Key Ministry Responsibilities

A priority sector responsibility for the Ministry of Agriculture is outreach to rural communities in the facilitation of behavioural change. Additionally, the Ministry will support poverty relief efforts and implementation of food security programmes particularly as they relate to the empowerment of rural women. The Ministry's extension personnel, with other local stakeholders, will support the implementation of strategies to assist affected families, especially those catering for orphans. A further Ministry responsibility is to assist commercial farmers organisations in their development of responses to HIV/AIDS.

### Proposed Medium-term Strategic Actions

#### Goal 3: Management of the National Response to HIV and AIDS

- Support local level responses by strengthening linkages and collaboration with, among others, Ministry of Health (VCT and HBC), Ministry of Local Government (counselling services and HBC/OVC), Ministry of Lands and Housing (land allocation to affected households), and NGOs.

#### Goal 4: Psycho-social and Economic Impact Mitigation

- In collaboration with other organisations, enhance the income earning capacity of their constituents, especially PLWHA, by providing capacity building for, among others, business management
- In association with other stakeholders, facilitate the formation of syndicates and co-operatives to provide support to farmers living with HIV/AIDS and their families to enable them to access funding for income generating projects.

## Ministry of Lands and Housing

### Key Ministry Responsibilities

Key responsibilities for this Ministry are to manage land and promote housing as an instrument of empowerment and poverty alleviation. Such strategies concurrently address underlying determinants of the spread of HIV/AIDS.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- The sector should use outreach activities, such as Habitat Day, to undertake HIV/AIDS prevention activities at the community level.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Include HIV/AIDS in the requirements for Environmental Impact Assessments so that developers indicate the HIV/AIDS impact of their development and come up with mitigating measures
- Encourage housing sub-contractors to develop HIV/AIDS workplace policies and programmes and incorporate an understanding of the projected impact of the epidemic in all planning for housing projects.

## Ministry of Environment, Wildlife and Tourism

### Key Ministry Responsibilities

In the spirit of NDP9, tourism is a potential engine of economic growth and diversification. Consequently, in the context of HIV/AIDS, it is important for the Ministry of Environment, Wildlife and Tourism to maintain its workforce as well as provide the skills necessary to aggressively and positively market Botswana as a preferred tourist destination. The Ministry has a further responsibility to work in collaboration with the Private Sector, particularly in the hospitality industry, to establish linkages with relevant national programmes such as ART, HBC, and OVC.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Facilitate HIV/AIDS interventions among the hospitality industry, e.g. provide access to condoms and other educational HIV/AIDS materials at hotels and resorts.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Assist the hospitality industry with the development of HIV/AIDS policies and programmes
- Include HIV/AIDS in the requirements for Environmental Impact Assessments so that developers indicate the HIV/AIDS impact of their development and come up with mitigating measures.

## Ministry of Foreign Affairs & International Co-operation

### Key Ministry Responsibilities

The Ministry of Foreign Affairs has three primary responsibilities. Firstly, to provide the necessary support, information, and assistance to Batswana living and working abroad; secondly, to provide accurate, sensitive, and relevant information to the international community concerning Botswana's National response to HIV/AIDS; and thirdly, to assist with mobilising additional international resources for the fight against HIV/AIDS in Botswana.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Mainstream HIV/AIDS into training for Botswana diplomats to enable them to communicate effectively about Botswana's HIV/AIDS situation and the National Response.

#### Goal 2: Provision of Care and Support

- Address the HIV/AIDS needs of Batswana abroad in terms of information and assistance for the grieving and bereaved.

#### Goal 3: Management of the National Response to HIV and AIDS

- In conjunction with relevant authorities, develop and implement in all Botswana missions, a strategy to mobilise foreign resources for Botswana's National Response to the HIV/AIDS epidemic.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Facilitate the ratification of the appropriate and relevant international human rights instruments with relation to HIV/AIDS and translate into local legislation.

## Ministry of Communication, Science and Technology

### Key Ministry Responsibilities

The Ministry is responsible for providing the necessary telecommunication, postal and internet facilities to the country.

### Proposed Medium-term Strategic Actions

### Goal 2: Provision of Treatment, Care and Support

- Increase utilisation of available telecommunications infrastructure to link various HIV/AIDS related initiatives across sectors, e.g. the "Ipoletse" HIV/AIDS Toll Free Hotline and the establishment of a Rape Crisis Hotline in collaboration with theBotswana Police Service.

## Department of Information and Broadcasting

### Key Department Responsibilities

The Department of Information and Broadcasting (DIB) should play an active role in behaviour change communication on HIV/AIDS through the development and broadcasting of HIV/AIDS-specific programmes as well as the integration of targeted messages in existing programming, including sports and advertisements. The Department will collaborate with NACA, the Ministry of Health, NGOs and CBOs to strengthen its capacity for effective public media involvement in HIV/AIDS prevention.

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Design and provide airtime for appropriate HIV/AIDS programmes targeting politicians, the youth, commercial sex workers, traditional leaders, drug users etc.
- Mainstream HIV/AIDS issues into existing talk shows, publications, and promotional and outreach programmes, for example, putting flyers on HIV/AIDS and condoms into the "Daily News".

### Goal 3: Management of the National Response to HIV and AIDS

- Publicise in print, radio, and TV bi-annual updates on the progress of the National Response from NACA
- Advocate enhancing the commitment of the sector's top-level management.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Mobilise the relevant stakeholders and advocate for responsible reporting on HIV/AIDS and the epidemic in both state and private media
- Popularise and integrate legal and human rights issues into existing programmes and/or create new programmes that discuss HIV and human rights.

# 8. Contribution of Civil Society, Private Sector and the Media

## 8.1 Civil Society

Civil society dates back to before Botswana's independence in 1966. Over time, civil society has grown with greater involvement from community-based organisations and local and international NGOs. Such expansion led to the emergence of network organisations that have played a role in facilitating and co-ordinating civil society efforts. With their increasingly important and active role in the fight against HIV/AIDS, experience must be harnessed, capacities expanded and systems strengthened. Civil society has enormous potential to assist with the fight against HIV and AIDS and needs to be further enabled to address the growing needs of the National Response. These needs have overtaken the Government's ability to deliver and civil society offers alternative mechanisms to assist the country to increase the scope and coverage of critical HIV/AIDS programmes.

This section outlines some of the roles and responsibilities of civil society in the National Response to HIV/AIDS. As the sector itself is in an active state of evolution and new NGOs, CBOs and other organisations are emerging to fill the human capacity gap for implementation, their overall role will also evolve. What is presented here describes the current situation and what contributions are expected.

### 8.1.1 Co-ordination within Civil Society

In the context of HIV/AIDS, the co-ordination within civil society in Botswana takes place on a number of levels. Civil society firstly co-ordinates itself largely through umbrella organisations whose membership is made up of varied individual organisations. Key among these are:

**Botswana Network of AIDS Service Organisations (BONASO):** itself a member of the larger Botswana Council for Non-Governmental Organisations (BOCONGO), BONASO facilitates and co-ordinates the work of its constituent organisations through information sharing, technical assistance, advocacy, and assisting with accessing resources.

**Botswana Network on Ethics, Law and HIV/AIDS (BONELA):** includes NGOs, members of the legal fraternity, academics and individuals. The organisation addresses the human rights of PLWHAs, lobbies against the use of punitive action as a legal instrument to address the epidemic, and to network with stakeholders in the region to establish and maintain a common response to ethical and legal challenges.

**Botswana Network of People Living with AIDS (BONEPWA):** an association of PLWHAs with the objective to facilitate networking and support for PLWHAs and to share information on HIV/AIDS. It seeks to improve the well being of all PLWHAs and to promote positive living, self-reliance, and reduction of infection through HIV/AIDS education, prevention and care.

**Botswana Christian AIDS Intervention Programme (BOCAIP):** church communities make up this organisation which aims to prevent the spread of HIV/AIDS through community education and outreach programmes, and to mitigate the impact of HIV/AIDS on individuals and communities through counselling and orphan care.

On a second level, and to meet the need for co-ordination under the National Response to HIV/AIDS, civil society, largely under umbrella organisations, is to participate in a co-ordinating forum with NACA and other stakeholders. This forum provides an opportunity for, among other things, gaining an overview of their collective activities, assessing and articulating capacity needs and other inputs, and addressing constraints to implementation. The forum must be established by civil society, for civil society, while NACA and other stakeholders play a supporting role. The umbrella organisations that constitute the pillars of the forum will have the responsibility for establishing its organisational structures and procedures, defining their scope of responsibility and accountability, developing their codes of practice and enlisting its membership. There is also civil society's representation on the National AIDS Council where they form important elements of the Legal and Ethical Sector, the Civil

Society Sector, and the recently formed Faith Based Sector.

At the decentralised level, civil society organisations will be expected to co-ordinate their activities with the DMSAC by assisting with the development of the annual HIV/AIDS Action Plans, taking a leading role in the implementation of district HIV/AIDS programmes and providing quarterly progress reports of their activities to the DMSAC for analysis, collation and onward submission to NACA and other stakeholders.

### 8.1.2 Roles and Responsibilities of Civil Society

**Non-Governmental Organisations:**

- Form a core of implementing expertise at all levels
- Undertake action-oriented HIV/AIDS research
- Perform a "watchdog" role, ensuring appropriate design and implementation of HIV/AIDS programmes
- Work closely with other implementing partners and co-ordinating bodies based on mandate and areas of comparative advantage
- Undertake advocacy and lobbying activities in support of prevention, care, support, and mitigation initiatives
- Assist in the design and implementation of workplace interventions
- Provide counselling, care and support to those infected or affected
- Assist with scaling-up HIV/AIDS interventions and conceptualising new and innovative strategies
- Assist with the evaluation of programmes and policies.

**Community-Based Organisations:**

- Expand implementation and involvement in the response to the community level
- Advocate for more volunteerism among communities and community members
- Assist local communities to mobilise human, financial and material resources to support the fight against HIV/AIDS
- Provide implementation expertise at the community level
- Work closely with DMSACs.

**Faith-Based Organisations:**

- Provide community leadership and guidance
- Mobilise resources for HIV/AIDS interventions
- Undertake advocacy initiatives
- Provide counselling, care and support to orphans and PLWHAs
- Work closely with DMSACs
- Promote abstinence amongst the youth and delaying sexual debut.

## 8.2 Private Sector

Private Sector mobilisation is an integral part of the National Response to HIV/AIDS. The Private Sector will be expected to use the National Strategic Framework as a guide to assist companies with mainstreaming HIV/AIDS into internal workplace programmes for their staff and workers, and in the articulation of areas of support or participation in national HIV/AIDS programmes based on their comparative advantage. As part of these efforts, Private Sector companies will also be encouraged to maintain implementation linkages with other service providers in addressing the HIV/AIDS needs of their workforce.

NACA, in collaboration with relevant partners, will facilitate a process where companies and firms can be assisted to develop well-targeted workplace programmes. NACA will also ensure that the capacity of the Private Sector is built to document and submit timely progress reports on HIV/AIDS activities.

### 8.2.1 Private Sector Co-ordination for HIV/AIDS

Co-ordination for HIV/AIDS in the Private Sector will be through an umbrella body or coalition in which owners, managers, and their various HIV/AIDS structures participate to share an understanding and overview of their collective activities and to clarify what role they can play in the National Response. The Botswana Business Coalition on AIDS (BBCA) and the Botswana Confederation of Commerce, Industry and Manpower (BOCCIM) have signed a memorandum of understanding as to their operations. A Co-ordinator and support staff will be recruited and housed in the BOCCIM premises. The Co-ordinator will report to the Chairperson of the HIV/AIDS Sector of the

BOCCIM, currently represented by the Chairperson of the BBCA. This arrangement will also address constraints to implementation including capacity, resources, technical support, and other inputs, as well as providing a forum for skills sharing and exchange of best practices. An important role of this coalition will be in promoting and facilitating the involvement of smaller companies in the response through an HIV/AIDS partnership. Through the coalition, these businesses can benefit from their collective participation in accessing services, resources, and technical assistance. The business coalition will also be responsible for organising and documenting the participation of these smaller companies. NACA will co-ordinate the activities of the coalition within the wider National Response and act as the conduit for strategic inputs.

### 8.2.2 Mainstreaming HIV/AIDS in the Private Sector

It is important that the Private Sector also engage in the process of mainstreaming HIV/AIDS. As much as possible, this is to take place at all levels and can be facilitated by the business coalition with support from NACA.

As with parastatals, Private Sector companies often have a very broad, rather than specific, constituency, as they serve the general public. This may not lend itself to many companies having a specific HIV/AIDS programme relating to their external domain. Their more effective contribution will be to support the initiatives of others. Perhaps the most important contribution a private company can make to the overall National Response is to undertake workplace programmes that effectively address the needs of the staff and workers. Companies taking responsibility for carrying out HIV/AIDS programmes in the workplace assist with protecting and caring for their employees as part of a holistic response.

The same milestones of the mainstreaming process, integration, institutionalisation, and mainstreaming, apply to the Private Sector as well. They may vary in degree from company to company but will generally remain consistent. Movement along the process of mainstreaming will be a focus for both the business coalition and NACA. Another key feature of the Private Sector response is the implementation of a Minimum Internal Package (MIP). This will serve as a foundation for the response, which should evolve to incorporate other activities as well. Although the individual companies that make up the "Private Sector" encompass a range of various entities, all should be responsible for developing and implementing appropriate activities based on the key areas outlined in the Minimum Package. For smaller companies, MIP activities often become easier and less expansive by tailoring activities to meet specific needs. Larger companies may develop more elaborate activities requiring greater resources and inputs. Whatever the company's size, undertaking activities around the MIP will make a significant contribution to the National Response.

**Minimum Internal Package (MIP)**

1. Undertake intensive promotion campaign and link staff to VCT services by establishing institutional partnerships with VCT service providers
2. Ensure condom availability and accessibility in the workplace and intensively promote their use
3. Ensure staff awareness of all relevant HIV/AIDS programmes (e.g. HBC/OVC, PMTCT, ART/TB, etc.) and facilitate linkages with the programmes to increase access
4. Develop and implement targeted Behaviour Change Information Communication with all staff to support relevant national programmes, especially VCT
5. Collect and disseminate routine information on absenteeism, morbidity and mortality and submit the appropriate reports to company management and NACA
6. Provide access to counselling services for all staff cadres
7. Ensure appropriate workplace policies are in place and enforced
8. Establish a budget line for HIV/AIDS

## 8.3 The Media

While often overlooked or taken for granted, the media's role in the National Response is increasingly critical. Apart from merely acting as passive sources of information for public

consumption, the media can play an active role in the implementation of HIV/AIDS activities. The media makes a significant contribution through the promotion of information sharing, the undertaking of advocacy, communication of accurate facts, development of understanding and changing behaviours, need creation, and the facilitation of the accountability to the public of the National Response. Thus, the media must be brought into the National Response as a partner.

### 8.3.1 Co-ordination of the Media for HIV/AIDS

The media will be co-ordinated along the same lines as the Private Sector. A coalition or committee of media houses must co-ordinate and facilitate the response undertaken by members of the media. Aside from the responsibilities related to the facilitation of the media's response, such as providing access to resources and technical expertise, developing linkages with services providers and channelling information and documentation, the committee has the shared responsibility with NACA of ensuring responsible reporting amongst its members.

### 8.3.2 Roles and Responsibilities of the Media

Being Private Sector entities themselves, media houses will be responsible for the same initiatives as other Private Sector companies. Apart from the implementation of the Minimum Internal Package as outlined above, they will undertake mainstreaming, as part of their response, and through it plan and implement activities addressing the needs and vulnerabilities of their staff. Activities in the external domain will be largely devoted to what they can achieve in the areas outlined below.

- Enhance cross-sectoral communications, management information/publications/ media dissemination in support of NACA's coordinating role at national level
- Publicise NACA advocacy related materials in support of the National HIV/AIDS Policy and the National Strategic Framework 2003-2009.
- In collaboration with NACA and other stakeholders, provide active advocacy support for key strategic HIV/AIDS issues.
- Provide information support to NACA-related important events within the National Response including achievements, specific activities, especially at the district level, for wider dissemination among stakeholders.
- Ensure widest dissemination of technical and policy oriented documents and by increasing access and providing popularised versions for public consumption.
- Undertake field visits with NACA staff and other key stakeholders to develop a common understanding of the issues and to assist with targeted communications and advocacy.
- Contribute to NACA's website to ensure publication of stories and documents to wider international audiences through the Internet and contribute to the development of interactive information packages on HIV/AIDS situation in Botswana.

# 9. Roles and Responsibilites of Parastatals

## 9.1 Introduction

Parastatals are amongst the largest employers in the country and their influence in communities and indeed households cannot be underestimated. Parastatals have the potential to make a considerable impact in terms of the National Response due to the large number of people that make up their internal or workplace domain, including their families. They also have continuous contact with the general public and play an important role in all socio-economic spheres of the country.

Similarly, as Parastatals utilise the practices and ethics derived from the Private Sector, there are often similar drives to innovate, respond, and move quickly. The National Response can benefit from such practices and will look for innovations and new ideas particularly in terms of workplace programmes and workplace involvement. While HIV/AIDS Co-ordinators or Focal Points have been posted, the majority of Parastatals have yet to fully engage in the mainstreaming process. Thus, as part of the strategic management of the National Response, this must assume greater importance.

## 9.2 Parastatals and Co-ordination for HIV/AIDS

While Parastatals have much to offer the National Response, their efforts have largely lacked co-ordination. Their representation on the National AIDS Council has, to date, been inconsistent resulting in a lack of information on the response within the Parastatal sector and, hence, a commensurate lack of possible guidance in terms of direction of response and possible beneficial interventions.

To align the efforts of the sector more closely to the managed National Response is a key responsibility of both the Parastatals and NACA. Parastatals must ensure consistent representation on the National AIDS Council. This can be achieved through the development of a forum either for Parastatals alone or in conjunction with the Private Sector-led coalition against AIDS. Such a forum would serve also to co-ordinate responses within the sector, build strategic partnerships, and verify that they are in accord with the goals and objectives of the National Strategic Framework. It addition, it would build information bridges between the sector and national co-ordination, strengthening the overall management of the National Response.

## 9.3 Mainstreaming HIV/AIDS into Parastatals

It is important that the Parastatal sector, as with Ministries and the Private Sector, engages in the process of mainstreaming HIV/AIDS. With the goal of making HIV/AIDS part of the Parastatals' normal routine functions and core business, the pace of mainstreaming will depend upon their will, capabilities, management, etc.

As with the Ministries and Private Sector, mainstreaming HIV/AIDS into the Parastatals focuses on both the internal and external domains - the internal addressing the workplace environment and the external addressing their client population. Parastatals often have a very broad, rather than specific, constituency, and may not have specific HIV/AIDS programmes or projects relating to their external domain. Rather, they may find that it is more effective to support the other initiatives.

The process of mainstreaming sets milestones based on three broad phases: integration, institutionalisation, and mainstreaming. Each of these phases has indicators so that the national monitoring and evaluation programme can track the mainstreaming progress of each Parastatal over time. These may vary in degree from institution to institution but will generally remain consistent. During the integration phase, Parastatals will have at least established committees to address HIV/AIDS and undertaken Action Plan development that includes a workplace programme and will implement a Minimum Internal Package (MIP). Once in the mainstreaming phase, Parastatals will have less use for established HIV/AIDS units as response activities will be part of regular business procedures.

A Minimum Internal Package (MIP) must be implemented as a key feature of the Parastatal response. This will serve as a foundation for the

response, which should evolve to incorporate other activities as well. All Parastatals will be responsible for developing and implementing appropriate activities based on the key areas outlined in the Minimum Package. Even if only this were done, it would be a significant move forward.

### Minimum Internal Package (MIP)

1. Undertake intensive promotion campaign and link staff to VCT services by establishing institutional partnerships with VCT service providers
2. Ensure condom availability and accessibility in all central and district offices and intensively promote their use
3. Ensure staff awareness of all relevant HIV/AIDS programmes (e.g. HBC/OVC, PMTCT, ART/TB, etc.) and facilitate linkages with the programmes to increase access
4. Develop and implement targeted Behaviour Change Information Communication with all staff to support relevant national programmes, especially VCT
5. Collect and disseminate routine information on absenteeism, morbidity and mortality and submit the appropriate reports to Parastatal management and NACA
6. Provide access to counselling services for all staff cadres
7. Ensure appropriate workplace policies are in place and enforced
8. Establish a sector budget line for HIV/AIDS programmes (both internal and external activities)

## 9.4 Parastatal Roles and Responsibilities

This section outlines proposed HIV/AIDS actions identified for the Parastatal sector as part of the National Response to HIV and AIDS. The following representative activities were submitted by HIV/AIDS Committees and Focal Points from each of the Parastatals listed to provide some HIV/AIDS inputs into the on-going development of the National Strategic Framework. Though largely representative of the "business as usual" response that is evidenced at all levels, these activities underscore both the desire of the Parastatals to initiate a response to HIV/AIDS as well as the need for support, technical assistance, and co-ordination from NACA.

### Air Botswana

#### Key Parastatal Responsibilities

The key responsibilities of Air Botswana are to offer convenient, safe and reliable air transportation, nationally and internationally, for both passengers and cargo. The company's employees work throughout the country in Gaborone, Francistown, Maun, and Kasane, as well as international offices in Johannesburg and Harare.

#### Proposed Medium-term Strategic Actions

**Goal 1: Prevention of HIV Infection**

- Continue HIV/AIDS education programmes including video shows and talks
- Condom distribution and promotion amongst staff
- Appoint and train peer educators
- Promotion of VCT for staff through BCIC initiatives.

**Goal 2: Provision of Treatment, Care, and Support**

- Train counsellors to provide wellness counselling to staff
- Continue to provide medical care and support to staff through BOMAID.

**Goal 5: Provision of a Strengthened Legal and Ethical Environment**

- Develop an HIV/AIDS Policy for the company.

### Botswana Building Society

#### Key Parastatal Responsibilities

With offices in Gaborone, Lobatse, Kasane, Francistown, Serowe, Maun, and Selebi-Phikwe, the key responsibilities of the Botswana Building Society are to manage mortgages and lending for housing, offer short-term loans, mobilise savings and deposits as well as paid-up shares, sub-shares, and fixed deposits.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Continue promoting VCT amongst staff members.

#### Goal 3: Management of the National Response to HIV and AIDS

- Support the activities and functions of the AIDS Committee
- Implement surveillance testing in the workplace.

#### Goal 4: Psycho-social and Economic Impact Mitigation

- Develop and implement strategies to mitigate the impact of HIV/AIDS.

## Botswana Bureau of Standards

### Key Parastatal Responsibilities

The primary responsibility of the Botswana Bureau of Standards is to provide services related to standardisation and quality assurance. These are meant to improve the lives of Batswana through development and implementation of globally accepted standards for the environment, goods and services. This addresses locally produced goods as well as imports to ensure that they conform to quality standards.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Continue participating in World AIDS Day activities
- Develop and implement an HIV/AIDS education programme for staff

#### Goal 2: Provision of Treatment, Care, and Support

- Raise money for orphans and home based care through the sale of second-hand clothes
- Organise and undertake Family Fun Days for the benefit of orphans in the communities
- Raise money for orphans through sponsored walks.

#### Goal 3: Management of the National Response to HIV and AIDS

- In collaboration with other stakeholders, ensure HIV/AIDS related commodities are of acceptable standards.

## Botswana College of Agriculture

### Key Parastatal Responsibilities

The Botswana College of Agriculture is charged with the responsibility for providing education and training in the science and practice of agriculture and related research to promote agricultural development and production in Botswana and the southern African region.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Continue raising awareness through seminars and public lectures
- Participate in the commemoration of World AIDS Day
- Train peer educators and counsellors
- Establish a satellite Tebelopele Voluntary Counselling and Testing Centre.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Adopt and implement the HIV/AIDS Policy.

## Botswana College of Distance and Open Learning

### Key Parastatal Responsibilities

The Botswana College of Distance and Open Learning is responsible for providing education through distance and open learning modes. Operating in five geographical regions (Gaborone, Kang, Maun, Francistown and Palapye), it provides JS, BSCSE and vocational courses and is responsible for ensuring that there is open access to education.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Continue AIDS awareness, education and prevention programmes in the workplace
- Maintain distribution of condoms
- Continue conducting in-house workshops on HIV/AIDS.

### Goal 2: Provision of Treatment, Care and Support

- Community outreach programmes to distribute financial and material assistance (clothes, food, etc.).

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Implement the HIV/AIDS Policy.

## Botswana Power Corporation

### Key Parastatal Responsibilities

The priority responsibility of the Botswana Power Corporation (BPC) is to provide power for domestic, industrial, and commercial use. Through its nationwide offices, BPC has contact with the public at every district office and has the responsibility to provide an efficient and effective public service to the nation.

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Use rural outreach activities, such as theme days, to undertake HIV/AIDS prevention activities at the community level
- Continue HIV/AIDS education and awareness building among staff
- Consistently provide free condoms
- Support the activities of the HIV/AIDS Drama Group.

### Goal 2: Provision of Treatment, Care and Support

- Continue paying between 50% and 100% of BOMAID fees for staff
- Continue paying P75.00 per employee to cover the costs of ART.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Advocate for a requirement that developers must indicate the HIV/AIDS impact of their development and come up with mitigating measures
- Require housing sub-contractors to develop HIV/AIDS workplace policies and programmes and incorporate an understanding of the projected impact of the epidemic in all planning for real estate and other work projects.

## Botswana Railways

### Key Parastatal Responsibilities

The key responsibilities of Botswana Railways are to provide safe and reliable rail transportation for passengers and cargo within the country. With the company's Headquarters in Mahalapye, Botswana Railways employees work along the rail lines from the Ramatlabama to the Ramokgwebana border, as well as the Selebi-Phikwe and Sua branch lines.

### Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Intensify staff HIV/AIDS education programme
- Continue the promotion and distribution of condoms, especially the female condom
- Conduct HIV/AIDS talks in passenger trains and erect billboards at major stations
- Strengthen the peer education and counselling programme
- Commemorate World AIDS Day in communities where the Railway has a compound.

### Goal 3: Management of the National Response to HIV and AIDS

- Undertake a prevalence study within Botswana Railways.

### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Implement the corporate HIV/AIDS Policy.

## Botswana Savings Bank

### Key Parastatal Responsibilities

The key mandate of the Botswana Savings Bank is to promote banking and financial services to people living in Botswana. At its headquarters in Gaborone, the Savings Bank has traditionally focused on encouraging a savings culture in society and is now diversifying its strategic focus for the future.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Continue weekly staff education programmes using peer educators and external facilitators
- Commemorate World AIDS Day
- Explore methods to initiate HIV/AIDS testing (as has been started in other companies and parastatals)
- Involve the Bank in appropriate HIV/AIDS related community outreach programmes.

#### Goal 2: Provision of Treatment, Care, and Support

- Continue placing staff on medical aid schemes that cover anti-retroviral treatment
- Provide access to professional HIV/AIDS related counselling
- Continue including HIV/AIDS related cases in the Bank's occupational disability coverage

## Botswana Technology Centre

### Key Parastatal Responsibilities

As a research and development organisation in science and technology, the key responsibilities of the Botswana Technology Centre are to undertake research in engineering services and technology, advise Government on policy involving science and technology, adapt new technologies to the Botswana context and transfer to industry, and to provide technical information services to industry and the public.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Intensify staff HIV/AIDS education programme through dramas, audio-visual messages, posters, and workshops
- Train peer educators
- Distribute both male and female condoms.

#### Goal 2: Provision of Treatment, Care, and Support

- Develop mechanisms to provide HBC to staff
- Provide spiritual support and counselling to staff.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Implement the HIV/AIDS Policy.

## Institute of Development Management

### Key Parastatal Responsibilities

The primary responsibility of the Institute of Development Management is to assist Botswana and countries in the sub-region to meet their management needs through management development activities including training, consulting, and research. The IDM has it main campus in Gaborone from which its services the country. Regional campuses have been established in Swaziland and Lesotho.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Strengthen IDM clinic preventative services
- Continue with awareness development and peer education programme in IDM
- Maintain distribution of IEC materials to IDM clientele.

#### Goal 2: Provision of Treatment, Care and Support

- Strengthen counselling training services offered to Government and other sectors
- Continue providing pre, post and ongoing counselling for IDM.

#### Goal 3: Management of the National Response to HIV and AIDS

- Maintain and strengthen implementation partnership with Botswana National Productivity Centre in undertaking joint HIV/AIDS activities.

## Motor Vehicle Assurance Fund

### Key Parastatal Responsibilities

The mandate of the MVA Fund is to provide third party compensation for personal injury to people injured in road traffic accidents or to the

dependents of those killed in road traffic accidents. With offices in Gaborone, Francistown, and Maun, the MVA Fund has the key responsibilities to provide compensation, invest excess income, and to participate in road safety and accident prevention.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Continue participating in World AIDS Day activities
- Develop and implement staff sensitisation and education programmes
- Establish a peer education programme.

#### Goal 3: Management of the National Response to HIV and AIDS

- Support the activities and functions of the newly formed AIDS Committee.

## National Development Bank

### Key Parastatal Responsibilities

The National Development Bank's primary responsibility is to provide key financial services and commodities to entrepreneurs and businesses across the country. It plays a role in the expansion and promotion of the economic development of the nation. The bank has offices in Gaborone, Francistown, and Maun.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Participate in AIDS Fairs, exhibitions and World AIDS Day
- AIDS Committee members to lead staff meeting, sharing and prayer meetings three times a week.
- Train Peer Educators to intensify AIDS awareness
- Behavioural Change Information Communication initiatives for staff.

#### Goal 2: Provision of Treatment, Care and Support

- Continue the ART programme in collaboration with BOMAID
- Train HIV/AIDS counsellors.

## Rural Industries Promotions Company

### Key Parastatal Responsibilities

The key responsibilities of the Parastatal are to undertake research and development for industrialisation to improve the quality of life of Batswana, training of artisans and engineering consultancy. With offices in Kanye, Gaborone, Palapye, Goodhope, Maun, and Francistown, the Rural Industries Promotions Company provides knowledge in science and technology as well as products and services for agricultural mechanisation and business development.

### Proposed Medium-term Strategic Actions

#### Goal 1: Prevention of HIV Infection

- Continue with promotion of VCT amongst staff
- Intensify behaviour change interventions aimed at safer sexual practices amongst staff
- Undertake staff education programmes such as workshops, video shows and the distribution of IEC materials
- Continue with the peer education programme
- Continue with condom promotion and distribution.

#### Goal 2: Provision of Treatment, Care, and Support

- Provide material support through the HIV/AIDS Committee in the workplace
- Continue visiting the affected.

#### Goal 3: Management of the National Response to HIV and AIDS

- Collaborate with NGOs, CBOs, Local Authorities and Government departments in the implementation of intervention strategies.

#### Goal 5: Provision of a Strengthened Legal and Ethical Environment

- Implement the HIV/AIDS Policy.

# Water Utilities Corporation

## Key Parastatal Responsibilities

The Water Utilities Corporation has offices in numerous urban locations throughout the country where it is responsible for the provision of quality water service. The Corporation also supplies water in bulk to the Department of Water Affairs, which has the mandate to supply water to peri-urban areas and villages near urban centres.

## Proposed Medium-term Strategic Actions

### Goal 1: Prevention of HIV Infection

- Continue with awareness building and conscientisation of the workforce on HIV/AIDS issues
- Intensify condom distribution and promotion
- Undertake the promotion of VCT amongst staff
- Undertake annual workshops for peer education and support group members
- Support drama groups that have been formed
- Continue monthly prayers and participation in World AIDS Day.

### Goal 2: Provision of Treatment, Care and Support

- Support the formation of support groups for the infected and affected.

# 10. Roles of Development Partners

## 10.1 Introduction

This section describes the role of Botswana's Development Partners and presents a collective look at programming to provide information on how future collaboration can be defined under the National Strategic Framework to assist the country's National Response to HIV and AIDS. While costs for every intervention were difficult to obtain, as programme costs are often problematic to disaggregate and some Development Partners are in the process of defining their HIV/AIDS focal areas for the future, a brief analysis of existing support is provided to give a rough indication of where Development Partner support for HIV/AIDS is currently being directed. Botswana welcomes the contributions made by its partners to the National Response and, recognising that the provision of all resources and expertise in the fight against the HIV/AIDS epidemic must be targeted to meet the priorities of the National Strategic Framework, the analysis also indicates assistance that, while helpful, lay largely outside direct efforts toward the achievement of national goals. Development Partners should use this section of the National Strategic Framework as the basis for further discussions with Government through the National AIDS Co-ordinating Agency in the Ministry of the State President, as the body established to manage the National Response to HIV/AIDS, to determine appropriate roles and the expansion of assistance.

## 10.2 The Role of Development Partners

Development Partners are key collaborators in Botswana's multi-sectoral National Response to the epidemic. Within the context of the strategic management of the National Response, Development Partners are instrumental in providing necessary inputs, in terms of financial resources, additional human resources and material supplies in the fight against the epidemic, as well as technical expertise in both the strategic and normative domains from strategic planning and capacity building, to financial management and policy formulation.

Throughout the period of the National Strategic Framework 2003-2009 this partnership should continue to focus on attaining the objectives and, ultimately, the success of the National Response. Development Partners will work in close collaboration with their Government partners and the National AIDS Co-ordinating Agency to establish what roles they may be in a position to play within the National Response and where they can offer strategic technical and financial support based on their comparative advantage. A key role for Development Partners is to seek out and make available innovations that may assist in the implementation of the National Response and the attainment of national goals.

As Development Partners have undertaken their role in the National Response, a number of critical challenges have emerged that will require increasing attention throughout the implementation of the National Strategic Framework:

- Continually forging partnerships to address emerging or unattended priorities
- Ensuring, within the context of their existing agreements, adaptability to respond to emerging priorities
- Being more proactive in sharing informationrelated to their programmatic contributions to the implementation of the National Strategic Framework
- Supporting the modalities of the National Response that Government partners see as core challenges, but are excluded in programme development, for example, operational costs and human resources.

## 10.3 Development Partner Co-ordination

There are various forums in which Development Partners co-ordinate their commitment and efforts in the country, either in a collective manner amongst themselves, or in collaboration with Government. Each of these forums offers an opportunity for Government through NACA to discuss, define, and agree the role of each Development Partner within the National Response to HIV/AIDS. These forums include:

**The Donor Forum:** convened by the Ministry of Finance and Development Planning and

constituted to consider the financial aspects of Government's relations with its Development Partners.

**The Botswana HIV/AIDS Partnership Forum:** co-ordinated by NACA and deals more with the technical elements of implementation of the National Response in collaboration with Development Partners.

**The Expanded Development Partner Forum:** a body made up of the UN agencies and other multi-lateral and bi-lateral Development Partners including diplomatic missions. It represents the Development Partners on more of a political level.

**The UN Theme Group on HIV and AIDS:** made up of the UN agencies to manage and co-ordinate their HIV/AIDS activities in the country.

## 10.4 Current Support of Development Partners

| Goal | Dev't. Partner Commitment | % of Total Commitment |
|---|---|---|
| 1. Prevention of HIV Infection | 48,500,242 | 52.82 |
| 2. Provision of Treatment, Care and Support | 18,615,000 | 20.90 |
| 3. Management of the National Response to HIV and AIDS | 22,158,144 | 23.65 |
| 4. Psycho-social and Economic Impact Mitigation | 3,815,843 | 4.28 |
| 5. Providing a Strengthened Legal and Ethical Environment | 614,176 | 0.69 |

The table presented above, provides a rough estimation of where Development Partner support is currently being focused. The financial figures were provided by Development Partners and represent commitments over the period of the National Strategic Framework. The analysis is sketchy as there is little consistency in the programmes and levels of funding over time. There are also those organisations and agencies, not represented here, which have played and continue to play, a meaningful role in the National Response in various and alternative ways including the U.S. Peace Corps providing HIV/AIDS volunteers at the district level; the City of Toronto and the St. Francis Xavier University providing technical support to civil society and Town Councils; USAID supporting the "Corridors of Hope" project; the Canada Fund supporting AIDS awareness dramas in remote communities.

However, it does suggest that commitments appear to be answering the need for a shift to greater emphasis on prevention in the National Response. This balances the Government's emphasis on care and support in terms of the Home Based Care and Orphan and Vulnerable Children programmes. Continued commitment of this kind over the period of implementation of the NSF will assist in realising such a shift.

In addition, this brief analysis demonstrates the very limited support directed at Goals 4 and 5. To operationalise a comprehensive National Response to HIV/AIDS and to achieve the fourth and fifth Goals of the National Strategic Framework, increased levels of support will be required. Specific support provided by Development Partners is listed below.

## Goal 1: Prevention of HIV Infection

### Objective 1.1:

*Increase the number of persons within the sexually active population (especially 15-24yrs) who adopt HIV prevention behaviours in Botswana by 2009*

### African Comprehensive HIV/AIDS Partnerships (ACHAP):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Support to training and distance education for teachers in primary and secondary schools with the Ministry of Education, BTV, the Brazilian Government and UNDP | 2,400,000 | 1 year |
| Condom Marketing and Distribution | 13,445,000 | 5 years |
| Behaviour Change Communication Strategy development | 529,000 | 1 year |
| Safe Blood Project | 6,000,000 | 5 years |
| Mobile Populations project | 2,300,000 | 3 years |

### Centres for Disease Control & Prevention/BOTUSA:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Establish Tebelopele VCT centres and initiating the "know your status" campaign | 2,126,800 | 2002-2003 |
| Radio drama series on AIDS-related issues developed in collaboration with local partners and PSI | 628,042 | 2002-2003 |
| Co-sponsor of the Total Community Mobilisation educational programme in collaboration with Humana People to People and Government | 700,000 | 2002-2003 |
| Supporting the Youth Health Organization (YOHO), a youth-run NGO, to offer comprehensive youth reproductive health education | 250,000 | 2002-2003 |
| Social marketing of condoms | 200,000 | 2002-2003 |
| Microbicide research: Preparations are underway to conduct a phase III clinical trial of Carraguard™,a seaweed-based vaginal microbicide women could use to prevent transmission of HIV and other STDs | 2,000,000 | 2002-2003 |
| School Education: Developing Botswana-specific HIV/AIDS materials for students at the primary and secondary levels with the Ministry of Education | 135,000 | 2002-2003 |

### Department for International Development (DFID):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| STD Management, Condom Accessibility, Behaviour Change Communication | 11.3 million | 2001-2006 |
| Soul City/PSI | 750,000 | 2003-2008 |
| Small Grant Schemes | 120,000 | Per year/ongoing |

### Swedish International Development Agency (SIDA):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Support to Adolescent Reproductive Health | 441,000 | 2001-2003 |

### United Nations Development Programme (UNDP):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Assistance with the establishment of the National HIV/AIDS Helpline – through the National AIDS Programme PSD | 75,000 | 2002-2003 |
| Support to NACA on the implementation of the IEC pilot project – through the National AIDS Programme PSD | 330,000 | 2002-2003 |

### United Nations Children's Fund (UNICEF):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Media and HIV/AIDS project increasing media coverage of HIV/AIDS focusing on children's participation | 329,000 | 2003-2007 |

### United Nations Population Fund (UNFPA):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Support to programmes enhancing male involvement in Sexual Reproductive Health/HIV/AIDS activities | 378,000 | 2003-2007 |
| Enhancing youth choices and participation in Sexual Reproductive Health and AIDS activities (in collaboration with the Japan Trust Fund and the Bill and Melinda Gates Foundation) | 2,372,700 | 2002-2006 |

## Objective 1.2:

*Decrease HIV transmission from HIV+ mothers to their newborns by 2009*

### Botswana Harvard Partnership:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Genetic Analysis of HIV-1C in Infants in order to understand how HIV is passed from mother-to-infant | 557,000/year | 5 years |
| PMTCT (MASH Study) investigating feeding patterns on health of infants | 1,280,000/year | 5 years |
| Study of Infant Outcomes | 200,000/year | 5 years |

### Centres for Disease Control & Prevention/BOTUSA:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Prevention of Mother to Child Transmission: Assisting with developing educational materials, training counsellors, and provide technical assistance and support. Improve infrastructure nationwide, and helping establish a multidisciplinary PMTCT operational research program in Francistown | 1,000,000 | 2002-2003 |

### United Nations Children's Fund (UNICEF):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| PMTCT Plus Project reducing MTCT through interventions aimed at women, children and families | 1,044,000 | 2003-2007 |

### World Health Organisation (WHO)*:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| HIV/AIDS and STI prevention, control and management | 2,001,000<br>2,051,000 | 2002-2003<br>2004-2005 |
| Mental Health and substance abuse | 2,001,000<br>2,051,000 | 2002-2003<br>2004-2005 |

## Goal 2: Provision of Treatment, Care and Support

### Objective 2.1:

*Increase the level of productivity[12] of People Living with HIV/AIDS*

### African Comprehensive HIV/AIDS Partnerships (ACHAP):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Support to increasing and enhancing the provision of HIV care and clinical expertise across intermediate and advanced levels of health care | 1,740,000 | 3 years |
| Support to ensuring access to HIV/AIDS information for patients and family members | 1,550,000 | 4 years |
| KITSO Training and Education Programme on HIV/AIDS for doctors, nurses, counsellors and pharmacists | 2,601,000 | 2 years |
| Health ART infrastructure development | 2,650,000 | 2 years |
| Scaling up of laboratory capacity | 1,700,000 | 1 year |
| ART implementation project | 5,957,000 | 3 years |

### Botswana Harvard Partnership:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Training of Botswana's health care providers to care for those affected by HIV/AIDS | Phase 1: 900,000/year<br>Phase 2: 300,000/year | 2.5 years<br>5 years |

### Centres for Disease Control & Prevention/BOTUSA:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Training of health workers and HIV laboratory capacity to monitor patients, in collaboration with ACHAP, Harvard AIDS Institute and Health Resources and Services Administration (HRSA), | 100,000 | 2002-2003 |
| Developed, pilot tested, and distributing a workplace peer counselling curriculum and facilitators' manual with local businesses | 50,000 | 2002-2003 |

** Breakdown of budgtets per programme for WHO ar not presently available, these are budgets are for all areas of work, including HIV/AIDS.*

*[11] "Productivity in this National Strategic Framework for HIV/AIDS is measured by level of sustained income, number of hours a week at work, reduction in number of sick days.*

### United Nations Development Programme (UNDP):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Support to PLWHA – through the National AIDS Programme PSD | 130,000 | 2002-2003 |

### Objective 2.2:

*Decrease the incidence of TB among HIV+ patients in the country*

### Centres for Disease Control & Prevention/BOTUSA:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Isoniazid Preventive Therapy for TB (IPT) | 100,000 | 2002-2003 |

### World Health Organisation (WHO):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Tuberculosis | 2,001,000<br>2,051,000 | 2002-2003<br>2004-2005 |

## Goal 3: Management of the National Response to HIV and AIDS

### Objective 3.1:

*Ensure the implementation of the NSF Minimum HIV/AIDS Response Packages by all sectors, Ministries, districts and parastatals*

### African Comprehensive HIV/AIDS Partnerships (ACHAP):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Grants to small community based projects focusing on prevention and care of HIV/AIDS provided on a quarterly basis | 1,355,000 | 5 years |
| Support to the Botswana HIV/AIDS Response Information Management System | 1,184,000 | 5 years |
| NACA/GOB capacity building and technical support | 4,000,000 | 5 years |
| Ministry of Education HIV/AIDS Co-ordinators | 173,594 | 5 years |
| Additional training and support to Government | 2,100,000 | 5 years |

### Centres for Disease Control & Prevention/BOTUSA:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Capacity building initiative to improve HIV surveillance and evaluating programme effectiveness | 850,000 | 2002-2003 |
| TB surveillance: Introduced and supporting the use of Electronic TB Register, a computerized TB surveillance system, in Botswana and six other countries | 200,000 | 2002-2003 |
| TB research: Epidemiology of TB/HIV, as well as studies to improve TB prevention, diagnosis, and treatment | 500,000 | 2002-2003 |
| Sexually Transmitted Disease Treatment: Evaluating treatment algorithms and providing support for an update of treatment guidelines, training, and monitoring and evaluation | 200,000 | 2002-2003 |
| BOTUSA administration costs and core staff salaries | 1,800,000 | 2002-2003 |

### European Commission (EC):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Support to SADC Health Sector Coordinating Unit (HSCU), HSCU capacity building for analysing, planning evaluating best practices | 6.5 million | 2001-2006 |

### Swedish International Development Agency (SIDA):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Mainstreaming HIV/AIDS into Local Government Planning and delivery system | 642,000 | 2002-2004 |

### United Nations Population Fund (UNFPA):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Improving and expanding management and delivery capabilities for Sexual Reproductive Health programmes (in collaboration with the Bill and Melinda Gates Foundation) | 1,873,550 | 2003-2007 |

### United Nations Development Programme (UNDP) [12]:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Mainstreaming HIV/AIDS into Ministries/Departments – through the National AIDS Programme PSD | 230,000 | 2002-2003 |
| Support to District Multi-sectoral AIDS Committees – through the National AIDS Programme PSD | 300,000 | 2002-2003 |
| *Proposed for the new PSD:* | 8,000,000 | 2003-2007 |

- Institutional and Human Capacity building at national and district levels including mainstreaming of HIV/AIDS into sectoral plans.
- Socio-economic research
- Implementation of M&E systems at all levels.
- Innovative and new thinking and approaches be it at treatment, prevention, care and support, IEC and management levels.
- Joint programming with other UN agencies and development partners.

[12] *UNDP is currently revising and reviewing its Programme Support document and anticipates to spend US$8 million in the period 2003-2007*

### United States of America Embassy:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| U.S. Department of Defence – HIV/AIDS Cooperation with the Botswana Defence Force | 250, 000 | ongoing |
| U.S. Department of Defence – Humanitarian Assistance projects related to HIV/AIDS | Variable | N/A |

### World Health Organisation (WHO):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Communicable disease surveillance and Response | 2,001,000<br>2,051,000 | 2002-2003<br>2004-2005 |

## Goal 4: Psycho-social and Economic Impact Mitigation

### Objective 4.1:

*Minimise the impact of the epidemic on those infected and/or affected, public services and the economy*

### African Comprehensive HIV/AIDS Partnerships (ACHAP):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Support to Botswana Christian AIDS Intervention Programme (BOCAIP) | 1,160,000 | 2 years |
| Support to Coping Centres for People Living with AIDS (COCEPWA) | 762,700 | 2 years |
| Various community-based orphan care programmes | 352,609 | 3 years |

### United Nations Children's Fund (UNICEF):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Adolescent Mobilisation and Empowerment Project reducing prevalence among adolescents | 576,000 | 2003-2007 |
| Care of orphans and vulnerable children increasing access of OVC to caregivers and quality services | 794,000 | 2003-2007 |

### United States of America Embassy:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Self-Help and DHRF Small grants – assistance to small projects (some of which may be related to HIV/AIDS activities) | 150,000 | ongoing |

### World University Service of Canada (WUSC):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| BONEPWA received funding to conduct a feasibility study on the identification of pilot micro-enterprise projects for People Living with HIV and AIDS. | 20,533.90 | Mar. 02 -Mar.03 |

## Goal 5: Provision of a Strengthened Legal and Ethical Environment

### Objective 5.1:

*Create a supportive, ethical, legal and human rights-based environment conforming to international standards for the implementation of the National Response*

#### United Nations Children's Fund (UNICEF):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Policy and Legal Analysis Project supporting review, development and monitoring of policies and legislation. | 594,000 | 2003-2007 |

#### United Nations Development Programme (UNDP):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| • Evidence based and targeted projects aimed at reducing stigma and discrimination.<br>• Policy development | 8,000,000 | 2003-2007 |

#### World University Service of Canada (WUSC):

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| WUSC supports two Information Technology Interns assisting in technological capacity building of BONEPWA. | | Sept. 02 -Feb. 03 |
| BONELA received funding to host a series of sensitisation workshops at which issues of human rights and HIV/AIDS were discussed. | 15,401.65 | |
| BONELA received funding to host a series of five roundtable discussions in the area of awareness raising of the rights for People Living with HIV and AIDS in Botswana | 3,270.00 | |
| BONELA received funding to conduct a study and networking tour to the AIDS Law Project in South Africa | 1,504.80 | |
| Development Worker Program: currently working with BONELA as a Training and Advocacy specialist and has also placed a Life skills Education Consultant with Botswana Family Welfare Association (BOFWA) | | Sept. 02 -Sept. 03 |

### Support Outside Stated Objectives

#### Botswana Harvard Partnership for HIV Research and Education:

| Project/Programme Title | Amount USD | Period |
|---|---|---|
| Adult Treatment Trials: Research into the Molecular Characterization of HIV-1C CTL Response and HLA Class 1 Antigens | 1,400,000 per year | 4 years |
| Development of Reference Laboratory dedicated to help stem the epidemic of HIV/AIDS in Botswana and Southern Africa | | |
| HIV Vaccine Initiative. Collaborating with local and international institutions to develop necessary infrastructure and community awareness to conduct a vaccine trail in Botswana | Phase 1: 480,000/year<br>Phase 2: 650,000/year | 5 years<br>2 years |
| Research into the behavioural components associated with HIV/AIDS | 100,000/year | 2000-200? |

# 11. Monitoring and Information Management

## 11.1 BHRIMS and National Monitoring and Evaluation

There has been a rapid advance of HIV and AIDS in the country and the responses of Government and other key stakeholders to contain the epidemic have been intense, although generally lacking co-ordination. Many reports have been and continue to be generated about the Botswana Response to the epidemic and different types of data flows are routinely within the system. The generation of all this information, however, has not been systematic. Furthermore, indicators and data collection methods have not been standardised. The need for the establishment of a Monitoring and Evaluation System to gain better understanding of HIV/AIDS interventions in the country, generate adequate information on the response, and improve the utilisation of generated information for programme planning, policy formulation, and appropriate allocation of available resources is therefore imperative. The Botswana HIV Response Information Management System (BHRIMS) is the vehicle to monitor and evaluate the implementation of the National response through the National Strategic Plan (2003-2009)

Development of the BHRIMS got underway in 2001. The mission of BHRIMS is to systematically collect information on the National Response to "ensure accountability, appropriate policy formulation and review, programme improvement, and social justice through the direction of resources to the most vulnerable groups."[14] The multi-level system proposed by BHRIMS will promote a rationalised approach to information collection, sharing and utilisation in a timely, efficient, realistic and appropriate fashion. The national level indicators developed for BHRIMS, provided below, meet Botswana's obligations under international agreements such as UNGASS, the Millennium Development Goals Declaration, and the Abuja Declaration.

The goal of BHRIMS is to reduce the spread of HIV and mitigate its impact through effective and efficient monitoring and evaluation of the national multi-sectoral HIV/AIDS response. The objectives of BHRIMS are as follows:

- To establish a monitoring and evaluation infrastructure
- To support the storage and analysis of all available HIV/AIDS data at different levels in the country.
- To improve the accessibility of HIV/AIDS information and data
- To increase the utilization of available reports and data for action
- To maintain institutional memory of the HIV/AIDS National Response

## 11.2 National Reporting and Information Sharing

The National monitoring system will be done on quarterly basis for programme implementation at the National and district levels, programme impact monitoring on an annual basis for annual sentinel surveillance, and biennially for the behavioural surveillance system.

An HIV/AIDS information management system will be developed at the National, Sector and district levels in order to improve accessibility, tracking of best practices and utilisation of the generated information for policy formulation and management of the National Response. This will involve streamlining the national data flow and pathway system, minimising duplication of data reporting forms and overburdening of the data producers. All levels will be empowered to utilise information generated for action.

All districts, sectors, programmes, and projects will use the BHRIMS secretariat as the repository of all HIV/AIDS/STI data in the country. All programme data generated must be collated centrally at the district level and transferred on monthly basis for further collation centrally. All sectoral data, including local government data, must be transferred on monthly basis to the BHRIMS secretariat at NACA for further analysis, policy interpretation, and utilisation. A monitoring form and schedule will be developed through consensus and each implementing agency will be required to monitor and document on-going activities and service provision. Monitoring forms will be completed and submitted to NACA on a quarterly basis. Data

[13] *BHRIMS Report of Assessment of Needs and Capabilities for Monitoring and Evaluation in Botswana, NACA 2002*

verification will take place throughout the quarter to assess the quality of the services being provided.

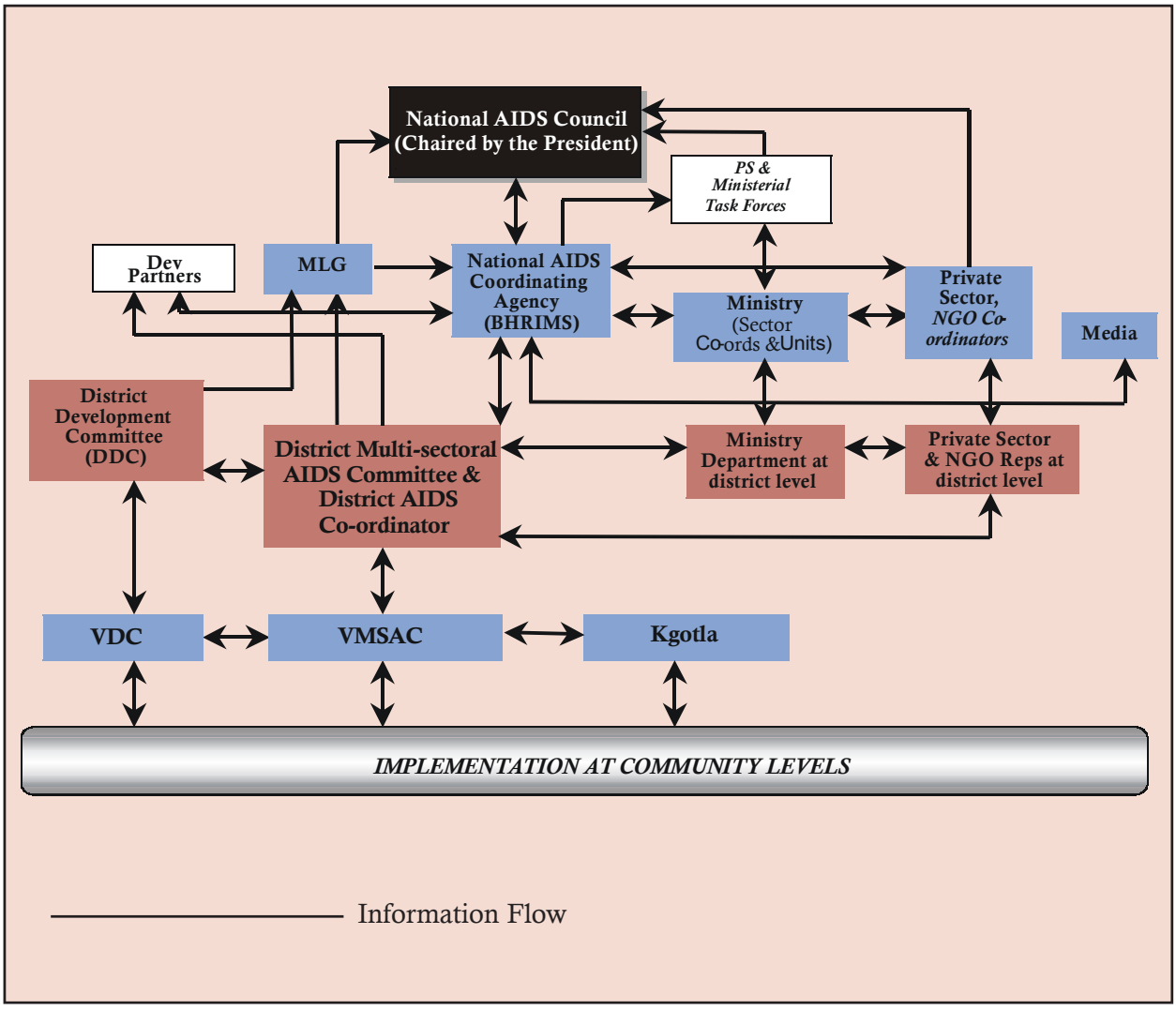
Intermediate structures within the national monitoring and evaluation system, such as the Ministry of Local Government, the Ministry of Health, and umbrella organisations such as BONASO and BBCA, will play a valuable role in the tracking and provision of information on targets achieved, gaps in the response, constraints, and best practices. In addition, linkages will be established with specialised, vertical programmes such as the ART and PMTCT programmes, and the provision of VCT services to validate programme and financial data as well as assess quality of service provision.

The chart below depicts the movement of information from the point of implementation of HIV/AIDS programmes and activities, through to central level collation being processed and analysed then fed back to implementation level.

## 11.3 Capacity Development for Monitoring the National Response

In order to successfully implement BHRIMS, the needed institutional infrastructure will be built at the national and district levels. A training needs assessment will be conducted on monitoring and evaluation, which will lead to the development of training modules, a training of trainers programme, and phased training of field officers locally and internationally over the period of the National Strategic Framework. Training will also incorporate BHRIMS sub-units in major vertical programmes, ministries, and parastatals at the central level. This National Monitoring and Evaluation Training Programme will develop the necessary human resource capabilities to sustain the national monitoring and evaluation system.

Concurrently, institutional capacity development



is taking place. The Botswana HIV/AIDS Information Management System requires substantial inputs in terms of infrastructure at all levels. Completion of this development will enable the system to be operationalised over the period of implementation of the National Strategic Framework.

## 11.4 Evaluation of the National Response

Formative evaluation of the National Response will be done as an annual review of the implementation. Findings will be used to inform management decision making for the following year. At the end of three years (2005) a mid-term evaluation of the National Response will be initiated to assess the effectiveness of the National Strategic Framework. This evaluation, or audit, will compare the data collected over the period against National Strategic Framework in order to review the achievement of goals and objectives as well as the prescribed and implemented interventions. Also to be evaluated will be client satisfaction with the quality of service provision. NACA will be responsible for the provision of the necessary technical assistance to perform the mid-term audit and, in conjunction with other key stakeholders, produce a report to guide implementation in the remaining period of the National Strategic Framework.

The end of period evaluation will compare data collected and review achievement of goals and objectives of the strategic framework, as well as assess the quality of implemented interventions by reviewing customer satisfaction and adherence to standards. It will include a review of the availability of services by identifying consumer needs and service gaps, an assessment of resource allocations through financial reports and budget information, and a review of BHRIMS for effectiveness, completeness and timeliness. The evaluation will be undertaken relative to information derived through annual sentinel surveillance and monitoring of national incidence figures. A final report shall be used to guide the annual priorities and the development of the next strategic framework.

**Public accountability.** The National Response to HIV and AIDS in Botswana must be considered a public good and, like any other public good, those in positions of responsibility must, in some way, be held accountable to the public. Such accountability will be achieved by maintaining an HIV/AIDS dialogue with the public, which will increase overall awareness, mobilise all sections of society, and begin to publicly address those cultural and behavioural issues necessary to change the course of the epidemic. Through both print and electronic media, the public will be informed as to the progress being made in the National Response, the development of Best Practices, changes in the national HIV/AIDS situation, etc. As part of this strategy, figures in positions of responsibility in the context of HIV/AIDS, e.g. the President, Ministers and other leaders should endeavour to make annual addresses to the public on the state of the National Response to HIV/AIDS, to give account of achievements, challenges, and changes that may be necessary.

# 12. Resource Requirements

## 12.1 Introduction

This chapter has been produced to provide a broad costing of the National Strategic Framework and an indication of the funds required for the management of the epidemic over the period of its implementation. Indicative resource envelopes are supplied for each of the objectives[15] and current allocations made by both the Government of Botswana and Development Partners, which combine to give an estimation of the overall cost of the National Response. The overall costs have been presented with and without funds available for the ARV therapy programme.

The information contained in this chapter will provide a broad picture of how financial resources are currently being allocated for each goal and objective of the National Strategic Framework. An understanding of this picture will ensure that decisions regarding the allocation of resources for the National Response are made with greater insight and allow for greater management and co-ordination of efforts toward the achievement of the output of the National Strategic Framework: *the elimination of incidence of HIV and reduction of the impact of AIDS in Botswana*. The information presented here should be seen as a foundation for the process of obtaining more detailed operational costs as the nation accelerates its implementation of the National Response.

This is the first time a comprehensive costing of this magnitude has been undertaken in support of the development of a National Strategic Framework. Obtaining figures for the development of projections for both human and financial resources has been historically difficult and as such does not appear to any significant degree in any previous plan. Although a broad picture of resource requirements has been presented, there remains data that is missing, inaccurate and/or was the best estimates at the time of the exercise. While some programmes have been fully costed, others are still in the proposal development stage. This is particularly true of programmes dealing with prevention and the legal and ethical environment. Key stakeholders from Government, Civil Society and Development Partners have been consulted and information regarding programmatic inputs over the period of the National Strategic Framework has been collated to provide NACA with an overview of both the human and financial resource needs.

## 12.2 Resource Allocation per Goal

The vision for Botswana's National HIV/AIDS Strategic Framework is no new infections in the country by 2009. While seemingly over ambitious, this vision can be achieved if the allocation of resources is redirected towards a greater emphasis on prevention than the current focus on treatment and care.

The chart and the table below show the current percentage of the total costs allocated to the goals of NSF. The percentage of funds allocated has been presented with and without the inclusion of the ARV therapy programme. The rationale for such a methodology is that, being such an expensive programme due to the high costs of human resources, training, infrastructure, and drugs, it has the potential to skew the overall picture of current resource allocations. Nonetheless, the chart and table both show the present overwhelming programmatic emphasis on care and treatment.

[14] *Annex - Costs per Objective shows the full tables with the programmes*

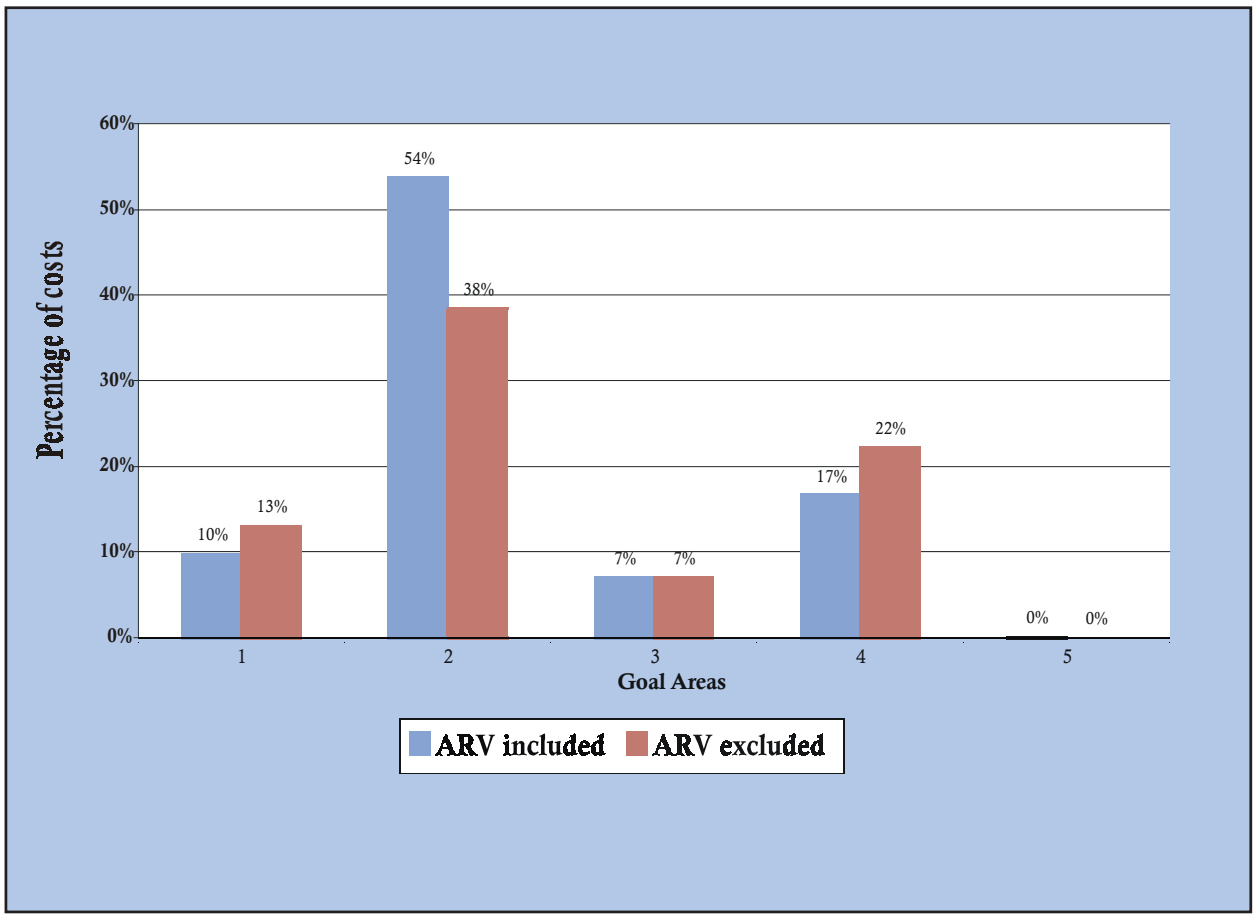



**Table Showing Percentage of Costs Allocated to Goals**

| | ARV Included (%) | ARV Excluded (%) |
|---|---|---|
| **Goal 1:** Prevention of HIV Infection | 10 | 13 |
| **Goal 2:** Provision of Care and Support | 54 | 38 |
| **Goal 3:** Management of the National Response to HIV and AIDS | 7 | 7 |
| **Goal 4:** Psycho-social and Economic Impact Mitigation | 17 | 22 |
| **Goal 5:** Provision of a Strengthened Legal and Ethical Environment | 0 | 0 |

*Due to the use of figures rounded up and down, the total does not add up to 100%*

## 12.3 Total Costs

The estimated total cost of the National Response is 12,615 billion Pula. This estimate is a composite of the total costs of present planned and proposed programmes for which data was available at the time of the exercise. It is important to note there are programmes for which data is still expected, as well as programmes still at the proposal stage. As more data becomes available and gaps in the National Response are filled during the implementation of the NSF, the total costs will change. The table shows the total cost per year, and the overall total with and without ARV drugs in millions of Pula.

| Financial year | 2002/3 | 2003/4 | 2004/5 | 2005/6 | 2006/7 | 2007/8 | Total |
|---|---|---|---|---|---|---|---|
| Total | 910.9 | 1,043.1 | 1,250 | 1,595 | 2,106 | 3,165 | 10,667 |
| ARV drugs | 38.4 | 139.2 | 251 | 374 | 504 | 642 | 1,948 |
| Grand Total | 949.3 | 1,182.3 | 1,501 | 1,969 | 2,610 | 3,806 | 12,615 |

Development Partners have committed approximately 253.6 million[15]. Some Development Partners have yet to finalise budgets or agree amounts for their particular budgeting cycles. In addition, most, if not all the development partners, have not been able to commit beyond the next four years of the NSF time frame.

## 12.4 Summary of Costs per Goal

These tables show the total costs allocated per goal and objective (for the full costing tables, please see the annex on page 99). The costs provided below include programme estimates, proposed budgets and actual programme costs where available. Engaging in a consultative process with Programme Managers, Development Partners, and a wide array of implementing agents, assumptions have had to be made regarding prospective costs, demand for services, and the capacity of current programmes to respond to future needs. What can be known and acted upon, however, is the fact that current resource allocations do not constitute all the necessary programmes for the National Response.

### Goal 1: Prevention of HIV infection

| Objective/Year | 2002/3 | 2003/4 | 2004/5 | 2005/6 | 2006/7 | 2007/8 | Total |
|---|---|---|---|---|---|---|---|
| Objective 1.1: | *Increase the number of persons within the sexually active population (especially 15-24yrs) who adopt HIV prevention behaviours in Botswana by 2009* | | | | | | |
| Total | 106.6 | 181.6 | 205.6 | 174.4 | 144.8 | 148.0 | 961.1 |
| Objective 1.2: | *Decrease HIV transmission from HIV+ mothers to their newborns by 2009* | | | | | | |
| Total | 75.5 | 55.2 | 53.8 | 53.8 | 12.2 | 0.0 | 250.4 |
| Objective 1.3: | *Decrease the HIV prevalence among transfused blood in the country* | | | | | | |
| Total | 3.7 | 4.2 | 5.1 | 6.1 | 7.3 | 8.7 | 35.1 |

### Goal 2: Provision of Care and Support

| Objective/Year | 2002/3 | 2003/4 | 2004/5 | 2005/6 | 2006/7 | 2007/8 | Total |
|---|---|---|---|---|---|---|---|
| Objective 2.1: | *Increase the level of productivity of People Living with HIV/AIDS, especially those on Anti-Retroviral Therapy* | | | | | | |
| Total | 38.6 | 266.0 | 428.5 | 596.1 | 793.4 | 1,005.4 | 3,128.0 |
| Objective 2.2: | *Decrease the incidence of TB among HIV+ patients in the country* | | | | | | |
| Total | 70.2 | 19.7 | 9.0 | 0 | 0 | 0 | 98.9 |
| Objective 2.3: | *Increase the number of skills of health workers (doctors and nurses) providing accurate diagnosis and treatment of opportunistic infections* | | | | | | |
| Total | 300.1 | 355.9 | 343.5 | 521.0 | 784.0 | 1,224.5 | 3,529.0 |

[15] *This excludes the Global Fund money.*

### Goal 3: Management of the National Response to HIV and AIDS

| Objective/Year | 2002/3 | 2003/4 | 2004/5 | 2005/6 | 2006/7 | 2007/8 | Total |
|---|---|---|---|---|---|---|---|
| Objective 3.1: | *Ensure the implementation of the NSF Minimum HIV/AIDS Response Packages by all sectors, Ministries, districts and parastatals* | | | | | | |
| Total | 4.3 | 2.6 | 6.6 | 6.6 | 14.3 | 14.3 | 48.7 |
| Objective 3.2: | *Ensure the full implementation of all planned HIV/AIDS activities at all levels* | | | | | | |
| Total | 204.3 | 114.1 | 119.6 | 73.7 | 45.2 | 80.1 | 637.1 |

### Goal 4: Psycho-social and Economic Impact Migration

| Objective/Year | 2002/3 | 2003/4 | 2004/5 | 2005/6 | 2006/7 | 2007/8 | Total |
|---|---|---|---|---|---|---|---|
| Objective 4.1: | *Minimise the impact of the epidemic on those infected and/or affected, public services, and the economy* | | | | | | |
| Total | 128.9 | 169.4 | 221.8 | 309.1 | 447.4 | 822.9 | 2,099.4 |

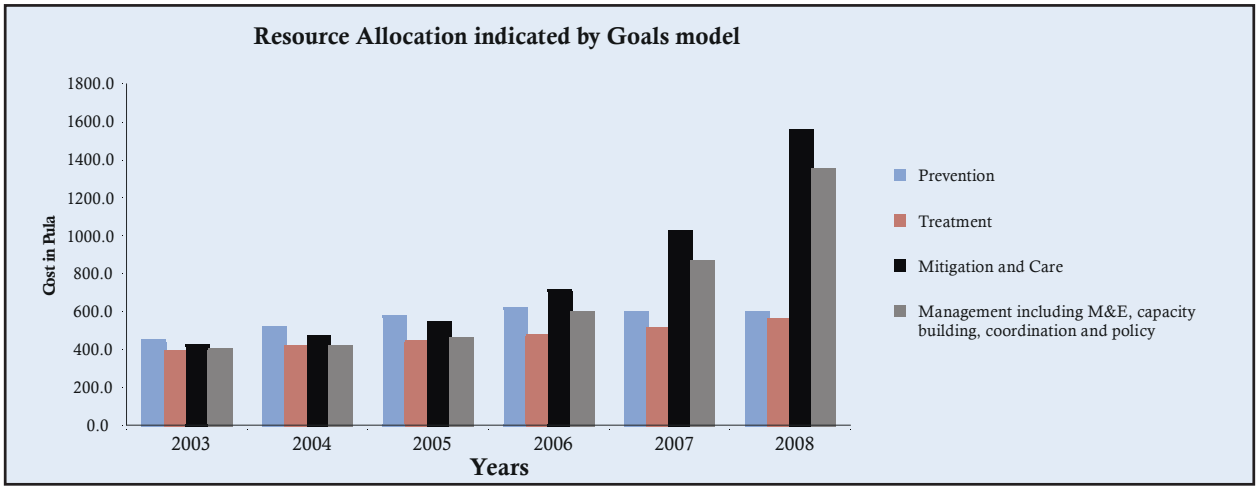
### Goal 5: Provision of a Strengthened Legal and Ethical Environment

| Objective/Year | 2002/3 | 2003/4 | 2004/5 | 2005/6 | 2006/7 | 2007/8 | Total |
|---|---|---|---|---|---|---|---|
| Objective 5.1: | *Create a supportive, ethical, legal and human rights-based environment conforming to international standards for the implementation of the National Response* | | | | | | |
| Total | 0.8 | 1.9 | 1.9 | 1.9 | 1.9 | 0 | 8.5 |

## 12.5 Resources Necessary for the National Response

As the present costs do not reflect the necessary programmes or allocation of resources for the National Response, the *Goals*[16] economic model was employed to provide an estimate of the costs necessary to meet the goal areas of Prevention, Treatment, Support and Mitigation and Management. The model shows the impact of different resource allocations on the goal areas. The chart below models resource allocations for each year in order to achieve the Goals of NSF. Data on costs was obtained from ongoing programmes in Botswana and, where data was not available, unit costs for interventions from other countries were used.

As can be seen in the model, prevention receives the greater allocation of resources as compared with treatment. Management appears to receive a large proportion of the resource allocation, however this includes the need for capacity building in all areas of the National Response. The *Goals* model estimates the total cost necessary to achieve the goals of the NSF over six years from 2003-2009 at 14,928.94 billion Pula.

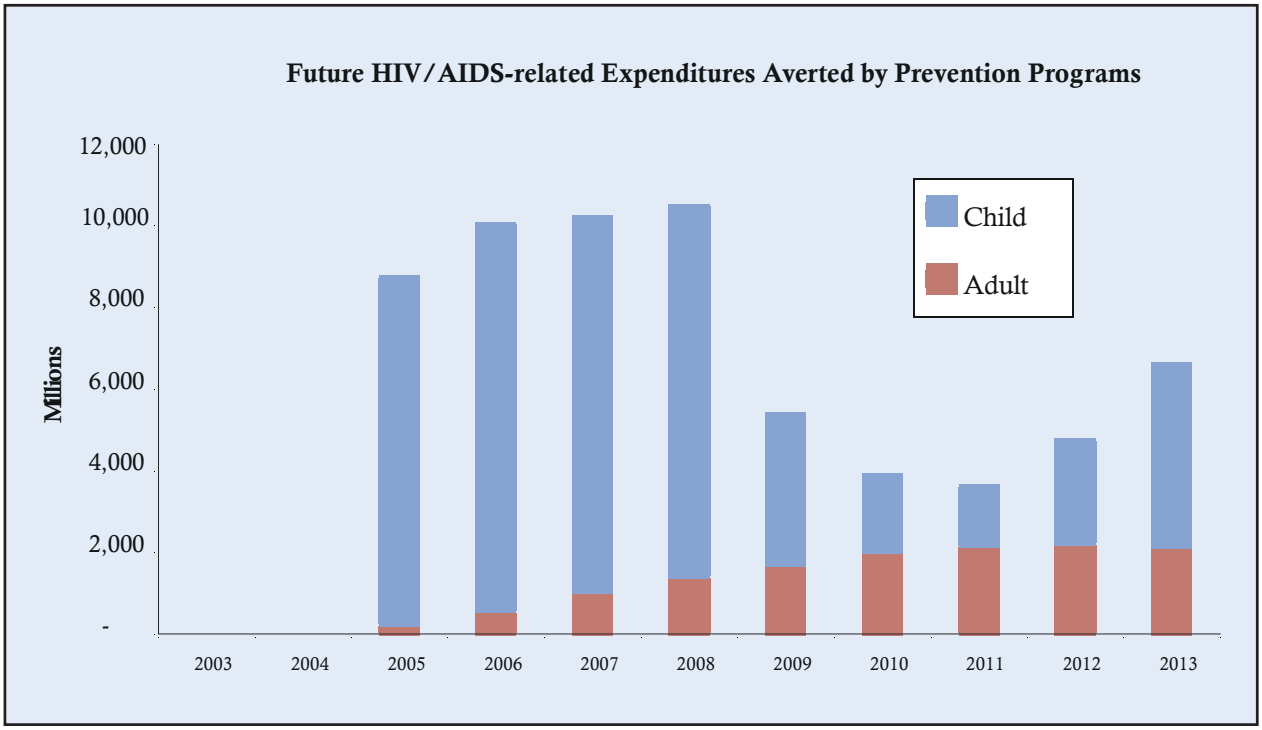



[16]*Goals Model Version 2.0 December 2001. The Futures Group International*

Prevention is the *key* goal if Botswana is to achieve the vision of having an HIV/AIDS-free generation. The model shows this is possible providing more resources are allocated to prevention programmes. As a direct result of increasing allocation in to prevention programmes, the table below shows the future costs of treatment and care saved over the next 10 years because infections have been reduced. The model shows that in the year 2008, at least 10,000million Pula worth of treatment and care will not need to be spent because of the reduction in infections as a direct result of an increase in Prevention programmes. The financial results are seen earlier in children because of the shorter time period between infection and need for treatment and care. In adults, the time period is longer hence the delay in seeing the benefits of expenditure on prevention. If money is put in to prevention, then in time the treatment and care costs will reduce as the impact of reduced infections is seen. However, the prevention costs need to be sustained as the child reaches an age at which they become sexually active and as a result at risk of being infected.

The current system varies depending on what organisation/institution is submitting the proposal for funding. Government Ministries and Departments submit project memoranda to NACA, which are then processed and forwarded to the Ministry of Finance and Development Planning. If the funding is through the Domestic Development Funds (DDF), the requests are appraised by MFDP. Funding approval in this case comes from MFDP. If they are to be funded from the ACHAP funds, they are appraised through the Application Review Committee (ARC) and recommended for approval to the ACHAP board.

For NGOs and communities, the same route applies for funding. However, for purposes of linkage and coordination with existing programmes, these requests for funding are first referred to the relevant sectors for appraisal by the Ministerial Project Application Committees (MINIPAC) before being forwarded to the ARC for ACHAP funding. For local funding, requests go through the relevant sectors, then NACA and finally MFDP. For funds up to 50,000 Pula,




## 12.6 Financial Management

Financial management requires a system that responds efficiently, flexibly, and in a timely fashion. The present situation has limited capacity to ensure effective resource allocation and disbursement of funds to all levels of the National Response.

BONASO manages a small grants fund supported by ACHAP.

In addition, many of the development partners also have their own methods of allocating, disbursing, and reporting financial methods, which differ from one organisation to another. As a result, the current system is inadequate for

the amounts of money that need to be allocated and disbursed throughout the country effectively and efficiently.

Additionally, the necessary tracking and reporting systems for disbursement of funds is not sufficiently developed and will require strengthening, especially as the volume of funds going to sub-district structures increases. As the operationalisation of the National Strategic Framework roles out, these issues will become increasingly acute. For such a financial management system to be implemented, an analysis of needs will be performed, and a systematic capacity building programme to increase skills in financial management at all levels of the National Response will be developed.

NACA plays a key role in the financial management of the National response. It has whole or partial responsibility for allocation, disbursement, and tracking. In terms of allocation, NACA must ensure that allocations reflect the priorities agreed in the National Strategic Framework, especially reflecting the needed shift in emphasis from care and treatment to prevention. Experience suggests that it is not always lack of funding that constrains implementation, but rather uncertainty and delayed flows of funds. As the institution with warrant authority for HIV/AIDS funds, NACA is responsible for adopting mechanisms that ensure the efficient and timely transfer and disbursement of resources to implementing partners and agencies throughout the country. This includes NGOs and communities. Disbursing funds to implementing agents goes hand in hand with a capacity building programme aimed at developing their absorptive capacity.

The tracking of funds or economic governance of HIV and AIDS resources is assuming important dimensions as global sources of funding multiply. NACA, with its partners, must ensure accountable systems are in place through which funds may be channelled and tracked.

## 12.7 Human resources for the National Response

The National Response to HIV and AIDS cannot be effectively implemented with the limited human resources environment. Currently, the available human resources, especially those with relevant experience and skills, are difficult to locate. As a result, expertise in HIV/AIDS is remarkably thin on the ground and financial, human, and technical capacity to implement the NSF is limited.

In addition to the lack of technical capacity, absorptive capacity - the ability to access and utilise funds - is also quite low. In 2002, for example, approximately USD 19 million was committed by a single Development Partner for the year. Actual expenditure, however, totalled only USD 9 million, or less than 50%. Witnessing the present trend, Botswana will be unable to spend the current financial resources available for HIV/AIDS, much less the 2 billion Pula necessary for the NSF to be fully and effectively implemented.

Achieving the vision of the National HIV/AIDS Strategic Framework, therefore, requires a radical approach to increasing the absorptive capacity in all goal areas. A dual strategy must be employed. First, measures are required to enhance and expedite recruitment. Adopting a flexible approach to recruitment policies and human resource management is fundamental to increasing available human resources and overall absorptive capacity. A strategic outlook is necessary for human resource planning in order to obtain the necessary skills for the National Response to HIV/AIDS. Second, a systematic and consistent capacity building programme must be in place to develop the skills and capacities of Batswana to meet the challenges of the epidemic. This too, must be flexible and adaptive as the skill needs will change over time. The specific requirements will become more evident as the National Strategic Framework becomes operational.

A full analysis of the human resource capacity is recommended both for the implementation of NSF and for the development of the country as a whole. The National AIDS Co-ordinating Agency, in collaboration with the Directorate of Public Service Management and key stakeholders from other sectors, will take up this challenge and begin producing a number of more operational documents including, among others, a human resource plan and a comprehensive capacity development programme for the National Response.

# Annex: Detailed Costs Per Goal and Objective

The tables contained in this Annex outline the costs and present allocation of resources of the estimated, proposed, and currently implemented programmes of Botswana's National Response to HIV and AIDS categorised under each of the goals and objectives of this National Strategic Framework for HIV/AIDS 2003-2009.

The tables present the costing data available at the time of publication. The data comprises costs from programme budgets where available, as well as proposed and estimated budgets based on information provided. As the National Strategic Framework moves in to full-scale operation, more detailed data needs to be made available to more accurately determine the necessary financial and human resources for effective implementation of the National Response and the achievement of Botswana's goals.

| Objective 1.1:100%of people within Botswana aged 15-49 adopt HIV prevention behaviours by 2009 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Workplace - GOB, LAs, BDF, Police Agric | 0.0 | 12.5 | 13.5 | 14.6 | 15.7 | 17.0 | 73.2 | Unit cost P115/worker/p.a |
| Workplace- Parastatels | 0.0 | 1.7 | 1.8 | 2.0 | 2.1 | 2.3 | 9.9 | Unit cost P115/worker/p.a |
| Workplace- Private Sector | 0.0 | 7.6 | 8.2 | 8.9 | 9.6 | 10.3 | 44.6 | |
| Workplace - GOB Contribution to Private Sector | 0.0 | 7.6 | 8.2 | 8.9 | 9.6 | 10.3 | 44.6 | |
| Salaries - Peer Eds& Cllrs- GOB, Las, BDF, Priv Ag | 0.0 | 20.1 | 20.1 | 20.1 | 20.1 | 20.1 | 100.5 | See notes on Aids Workplace tbl file |
| Salaries - Peer Eds& Cllrs- Priv & Para Sectors | 0.0 | 28.2 | 28.2 | 28.2 | 28.2 | 28.2 | 141.0 | Priv & Paras added together |
| National BCI/IEC Campaigns | 12.5 | 13.5 | 14.6 | 15.7 | 17.0 | 18.4 | 91.7 | Same as spent on ART IEC |
| Total Community Mobilisation | 9.7 | 10.5 | 11.3 | 12.2 | 13.2 | 14.3 | 71.2 | Assumed growth - 20% comp p.a |
| IEC Res Centres at 6 Dist Hosps | 4.9 | 4.9 | 0.0 | 0.0 | 0.0 | 0.0 | 9.8 | ACHAP |
| Market Research on Condoms | 0.3 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.3 | ACHAP |
| Condom marketing & distribution | 4.9 | 4.9 | 4.9 | 4.9 | 0.0 | 0.0 | 19.6 | ACHAP&BOTUSA |
| VCT centres | 12.8 | | | 0.0 | 0.0 | 0.0 | 12.8 | BOTUSA |
| Establishment of National AIDS Helpline | 0.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.5 | UNDP |
| Radio drama and associated community mobilisatio | 3.8 | 4.1 | 4.4 | 4.7 | 5.1 | 5.5 | 27.6 | Estimated |
| Segmentation for the nation | | 12.0 | 13.0 | 14.0 | 15.1 | 16.3 | 70.4 | Estimated |
| Mentoring programme | 3.0 | 3.2 | 3.5 | 3.8 | 4.1 | 4.4 | 22.0 | Estimated |
| Alcohol proposed budget | 0.0 | 2.4 | 30.0 | 0.0 | 0.0 | 0.0 | 32.4 | Estimated |
| Soul City | 0.0 | 0.9 | 0.9 | 0.9 | 0.9 | 0.9 | 4.5 | DFID contribution to Botswana only |
| SADC HSU | 7.8 | 7.8 | 7.8 | 7.8 | 0.0 | 0.0 | 31.2 | |
| Ngamiland Rural Particpatory Initiative | 4.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 4.5 | DFID - HIV part only |
| STD Maangement, Condom Accessibility, Behaviou | 11.7 | 11.7 | 11.7 | 11.7 | 0.0 | 0.0 | 46.7 | DFID |
| Enhancing youth choices and Participation in SRH/ | 3.6 | 3.6 | 3.6 | 3.6 | 0.0 | 0.0 | 14.2 | UNFPA |
| Addlescent Reproductive Health | 0.9 | 0.9 | 0.9 | 0.0 | 0.0 | 0.0 | 2.6 | SIDA |
| Media and HIV/AIDS project | 0.2 | 0.2 | 0.2 | 0.2 | 0.2 | 0.0 | 0.9 | UNICEF |
| Addlescent empowering and mobilisation | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.0 | 3.5 | UNICEF |
| YOHO | 1.5 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 1.5 | BOTUSA share only |
| Enhancing male involvement in SRH/HIV/AIDS acti | 0.5 | 0.5 | 0.5 | 0.5 | 0.5 | 0.0 | 2.3 | UNFPA |
| MoE school education materials | 0.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.8 | BOTUSA share only |
| Corridors of Hope proposed budget | 4.6 | 4.6 | 4.6 | 0.0 | 0.0 | 0.0 | 13.8 | ACHAP estimated |
| Traditional Healers proposed budget | 2.0 | 2.0 | 2.0 | 0.0 | 0.0 | 0.0 | 6.0 | ACHAP estimated |
| HIV Vaccine Initiative (a) | 2.8 | 2.8 | 2.8 | 2.8 | 2.8 | 0.0 | 14.0 | BHP |
| HIV Vaccine Initiative (b) | 3.9 | 3.9 | 0.0 | 0.0 | 0.0 | 0.0 | 7.8 | BHP |
| Research in to behavioural components | 0.6 | 0.6 | 0.0 | 0.0 | 0.0 | 0.0 | 1.2 | BHP |
| Adult treatment trials | 8.4 | 8.4 | 8.4 | 8.4 | 0.0 | 0.0 | 33.6 | BHP |
| **Total for Objective 1** | **106.6** | **181.6** | **205.6** | **174.4** | **144.8** | **148.0** | **961.1** | |

| Objective 1.2: Decrease the transmission of HIV from HIV+ mothers to newborns from X% to Y% by 2009 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| PMTCT (Genetic analysis) Study | 3.3 | 3.3 | 3.3 | 3.3 | 3.3 | 0.0 | 16.5 | BHP |
| PMTCT (MASH) study | 7.7 | 7.7 | 7.7 | 7.7 | 7.7 | 0.0 | 38.5 | BHP |
| Infant Outcomes | 1.2 | 1.2 | 1.2 | 1.2 | 1.2 | 0.0 | 6.0 | BHP |
| PMTCT | 61.7 | 41.5 | 40.0 | 40.0 | 0.0 | 0.0 | 183.2 | GOB |
| PMTCT Plus | 1.6 | 1.6 | 1.6 | 1.6 | 0.0 | 0.0 | 6.3 | UNICEF |
| **Total for objective 1.2** | **75.5** | **55.2** | **53.8** | **53.8** | **12.2** | **0.0** | **250.4** | |

[17] *Table shows costs in Botswana Pula millions; inflation assumed to be 8%; exchange rate US$1 = BWP6*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Objective 1.3: Decrease the transmission of HIV through blood transfusion in the country** | | | | | | | | |
| Safe Blood Drive | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.0 | 3.6 | ACHAP |
| Lab testing at National Blood Transfusion Service | 3.7 | 4.2 | 5.1 | 6.1 | 7.3 | 8.7 | 35.1 | |
| **Total for Objective 1.3** | **4.4** | **4.9** | **5.8** | **6.8** | **8.0** | **8.7** | **38.7** | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Objective 2.1 :*Increase the productivity of People Living with HIV/AIDS receiving Anti-Retroviral Therapy*** | | | | | | | | |
| ARV Therapy Prog. Minus ARV Drugs | 0.0 | 126.4 | 176.6 | 222.2 | 289.4 | 363.6 | 1178.2 | ACHAP |
| **ARV Drugs** | 38.4 | 139.2 | 251.5 | 373.5 | 504.0 | 641.8 | 1948.4 | ACHAP |
| Advanced HIV/AIDS Care | 0.2 | 0.4 | 0.4 | 0.4 | 0.0 | 0.0 | 1.4 | ACHAP |
| **Total for Objective 2.1** | **38.6** | **266.0** | **428.5** | **596.1** | **793.4** | **1005.4** | **3128.0** | |

| Item/Financial Year | 2002/03 | 2003/04 | 2004/05 | 2005/06 | 2006/07 | 2007/08 | Total | Notes |
|---|---|---|---|---|---|---|---|---|
| **Objective 2.2: Decrease the incidence of TB in HIV+ patients by 50% by 2009** | | | | | | | | |
| **IPT Therapy** | 70.2 | 19.7 | 9.0 | 0.0 | 0.0 | 0.0 | 98.9 | Waiting for data - Global Fund proposal figures |
| **Total for Objective 2.2** | **70.2** | **19.7** | **9.0** | | | | **98.9** | 2002/3 inclu. GOB &donors |

| Item/Financial Year | 2002/03 | 2003/04 | 2004/05 | 2005/06 | 2006/07 | 2007/08 | Total | Notes |
|---|---|---|---|---|---|---|---|---|
| **Objective 2.3: Increase the number of health workers (Doctors, nurses) providing accurate diagnosis and treatment to patients requiring treatment for opportunistic infections by 40% by 2009** | | | | | | | | |
| KITSO | 1.9 | 3.8 | 3.8 | 3.8 | 3.8 | 0.0 | 17.1 | ACHAP |
| Secondment of Clinical Staff | 1.6 | 3.1 | 3.1 | 3.1 | 0.0 | 0.0 | 10.9 | ACHAP |
| MOH Minimum ARV Infrastructure | 1.0 | 1.9 | 1.9 | 1.9 | 0.0 | 0.0 | 6.7 | ACHAP |
| Scaling Up Labs | 2.1 | 3.1 | 3.1 | 3.1 | 0.0 | 0.0 | 11.4 | ACHAP/BOTUSA - waiting for data from BHP |
| Mission Hospitals Contrib. From GOB | 37.0 | 44.5 | 4.3 | 6.4 | 80.0 | 100.0 | 272.2 | 50% of proj. grant attributed to AIDS |
| Dept. of Hospital Services-MOH | 147.0 | 165.0 | 194.5 | 223.5 | 268.5 | 322.0 | 1320.5 | 50% of proj. grant attributed to AIDS |
| Dept. of PHC - MOH | 32.5 | 35.1 | 37.9 | 40.9 | 44.2 | 47.8 | 238.4 | 25% attributed to AIDS ( Pri Hosps) |
| Local Authorities Health Depts Rec Budgets | 22.9 | 26.3 | 30.3 | 57.9 | 66.6 | 76.6 | 280.6 | 20% first 3 years, 33% thereafter |
| CHBC | 9.2 | 21.8 | 5.3 | 112.5 | 239.5 | 580.6 | 1016.2 | GOB only? Ests incl; Doubling up |
| Drugs | 44.5 | 51.0 | 59.0 | 67.5 | 81.0 | 97.5 | 400.5 | 50% of MOH budget attrib to AIDS |
| **Total for Objective 2.3:** | **299.7** | **355.6** | **343.2** | **520.6** | **783.6** | **1224.5** | **3527.2** | |

[18] *Table shows costs in Botswana Pula millions; inflation assumed to be 8%; exchange rate US$1 = BWP6*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Objective 3.1: 100% implementation of Minimum HIV/AIDS Response Packages by all sectors, Ministries, districts and parastatels** | | | | | | | | |
| Establishment of Ministry of Education HIV/AIDS Co-ordinating Unit | 0.4 | 0.7 | 0.0 | 0.0 | 1.1 | 1.1 | 3.3 | ACAP |
| HIV/AIDS Co-ordinating Units for 11 Ministries & DPSM | 0.0 | 0.0 | 6.6 | 6.6 | 13.2 | 13.2 | 39.6 | Based on MOH ACU costs |
| DMSAC Development & Training | 3.9 | 1.9 | 0.0 | 0.0 | 0.0 | 0.0 | 5.8 | SIDA/UNDP |
| **Total for Objective 3.1** | **4.3** | **2.6** | **6.6** | **6.6** | **14.3** | **14.3** | **48.7** | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Objective 3.2: 100% implementation of planned HIV/AIDS acitivities at all levels** | | | | | | | | |
| Teacher Capacity building | 15.1 | 2.0 | 2.0 | 2.0 | 0.0 | 0.0 | 21.1 | ACHAP/UNDP/GOB |
| Training of additional Lab, Parm, FWEs, etc | 5.9 | 5.9 | 5.9 | 5.8 | 0.0 | 0.0 | 23.5 | Averaged over 6 years |
| Training of Peer Eds & Counsellors | | 6.1 | 6.2 | 6.2 | 0.0 | 0.0 | 18.5 | For all economic sectors |
| Impoving/expansion mgmt and delivery for SRH programmes | 2.2 | 2.2 | 2.2 | 2.2 | 2.2 | 0.0 | 11.2 | UNFPA |
| US Dept of Def. HIV/AIDS co-operation with BDF | 1.5 | | 0.0 | 0.0 | 0.0 | 0.0 | 1.5 | US Department of Defence |
| Mainstreaming HIV/AIDS into Local Government Planning and Delivery System | 3.3 | 1.9 | 0.0 | 0.0 | 0.0 | 0.0 | 5.2 | SIDA/UNDP |
| NACA Support | 19.7 | 3.6 | 3.7 | 3.7 | 0.0 | 0.0 | 30.7 | ACHAP/BOTUSA/UNDP |
| Needs Assessment | 1.0 | 1.0 | 0.0 | | 0.0 | 0.0 | 2.0 | ACHAP |
| National Strategic Framework & Plan | 2.6 | | 0.0 | 0.0 | 0.0 | 0.0 | 2.6 | ACHAP |
| NACA Performance Management System Advocacy and Communications Strategy | 48.8 | 48.8 | 48.8 | | | | 146.4 | Budget yet to be approved |
| BHRIMS | 66.0 | 29.0 | 31.3 | 33.8 | 36.5 | 73.1 | 269.8 | BHRIMS budget does not include two major components |
| Monitoring & Evaluation - NACA | 0.7 | 0.8 | 0.8 | 0.9 | 1.0 | 1.1 | 5.3 | |
| Continuous KAPBs (Ref JA figs $130K= Approx P 650K/yr) | 3.0 | 3.2 | 3.5 | 3.8 | 4.1 | 4.4 | 22.0 | |
| Sentinal Surveillance (See Monica for figs) | 1.0 | 1.1 | 1.2 | 1.3 | 1.4 | 1.5 | 7.3 | |
| Support to SADC Health Sector Coordinating Unit | 7.8 | 7.8 | 7.8 | 7.8 | 0.0 | 0.0 | 31.2 | EC |
| Communicable disease surveillance and response | 0.6 | 0.6 | 6.2 | 6.2 | 0.0 | 0.0 | 13.6 | WHO |
| BOTUSA (research and staff costs ) | 25.1 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 25.1 | BOTUSA |
| **Total for Objective 3.2** | **204.3** | **114.1** | **119.6** | **73.7** | **45.2** | **80.1** | **637.1** | |

[19] *Table shows costs in Botswana Pula millions; inflation assumed to be 8%; exchange rate US$1 = BWP6*

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Objective 4.1: Minimize the impact of the epidemic on those infected and/or affected, public services and the economy** | | | | | | | | |
| CHBC | 9.2 | 21.8 | 52.6 | 112.5 | 239.5 | 580.6 | 1016.2 | |
| BOCAIP Support & Interventions | 1.4 | 1.4 | 0.0 | 0.0 | | | 2.8 | ACHAP to 05/06 |
| BONASO Commum. Initiatives | 1.2 | 2.5 | 2.5 | 2.5 | | | 8.7 | ACAHP to 05/06 |
| Coping Centres for PLWAs | 2.3 | 2.3 | 0.0 | 0.0 | | | 4.6 | ACHAP to 05/06 |
| House of Hope | 0.1 | 0.1 | 0.2 | 0.2 | | | 0.6 | ACAHP to 05/06 |
| Support to PLWAs | 0.8 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.8 | UNDP |
| Support to NGOs | 0.3 | 0.5 | 1.0 | 2.0 | 4.0 | 8.0 | 15.8 | DSW/MLG, Est from 03/04 |
| OVC Food basket | 10.0 | 18.8 | 29.3 | 43.6 | 58.4 | 75.8 | 236.0 | |
| OVC incidentals basket | 3.5 | 6.6 | 10.3 | 15.3 | 20.5 | 26.6 | 82.8 | |
| Care of OVC | 0.7 | 1.9 | 3.1 | 1.2 | 1.2 | 0.0 | 8.1 | UNICEF/ACHAP |
| BOMAID 50% Hospitalisation Benefits | 18.0 | 20.0 | 22.0 | 24.0 | 26.0 | 29.0 | 139.0 | No data on Pula Med Aid Fund |
| BOMAID 25% Drugs Benefits | 16.0 | 17.3 | 18.7 | 20.2 | 21.8 | 23.5 | 117.4 | |
| BOPOMAS 50% Hospitalisation Benefits | 21.0 | 22.7 | 24.5 | 26.5 | 28.6 | 30.9 | 154.1 | |
| Bopomas 25% Drugs Benefit | 18.0 | 19.4 | 21.0 | 22.7 | 24.5 | 26.4 | 132.0 | |
| Second. Adherence Support | 6.0 | 12.0 | 12.0 | 12.0 | | | 42.0 | ACHAP |
| Salaries of AIDS Attribute. FWEs & Soc. Work | 21.4 | 21.4 | 21.4 | 21.4 | 21.4 | 21.4 | 128.4 | Training & posting sched unknown |
| DFID small grants scheme | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 4.3 | DFID |
| US small grants scheme | 0.9 | | | | | | 0.9 | US Embassy |
| BONEPWA fesability study on micro-enterprise | 0.1 | | | | | | 0.1 | WUSC |
| Adoescent mobilisation and empowerment | | 0.9 | 0.9 | 0.9 | 0.9 | | 3.4 | UNICEF |
| **Total for objective 4.1** | **131.6** | **170.2** | **220.1** | **305.6** | **447.4** | **822.9** | **2097.9** | |

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Goal 5; To provide a Strengthened Legal and Ethical Environment** | | | | | | | | |
| **Objective 5.1;Create a supportive, ethical, legal and human-rights based environment conforming to international standards for the inplementation of the National Response** | | | | | | | | |
| Support to BONELA | 0.1 | | | | | | 0.1 | World University Service of Canada (WUSC) |
| UNDP projects aimed at stigma and discrimination | | 1.2 | 1.2 | 1.2 | 1.2 | | 4.8 | UNDP |
| UNICEF Policy and Legal Analysis Project | 0.7 | 0.7 | 0.7 | 0.7 | 0.7 | 0.0 | 3.6 | UNICEF |

[20] *Table shows costs in Botswana Pula millions; inflation assumed to be 8%; exchange rate US$1 = BWP6*

[21] *Table shows costs in Botswana Pula millions; inflation assumed to be 8%; exchange rate US$1 = BWP6*