EFFORTS TOWARDS HIV/AIDS PREVENTION – The Case of Botswana

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“LEARNING AND EMPOWERMENT: KEY ISSUES IN STRATEGIES FOR HIV/AIDS PREVENTION”
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List of acronyms

ACHAP    African Comprehensive HIV/AIDS Programme
ART       Anti Retroviral Treatment
AYA      African Youth Alliance
BONELA   Botswana Network on Ethics, Law, and HIV/AIDS
BONEPWA  Botswana Network of People Living With AIDS
BOTUSA   Botswana/United States of America Partnership
BCI      Behaviour Change Interventions
BNYC     Botswana National Youth Council
BONASO   Botswana Network of AIDS Service Organisations
BOCAIP   Botswana Christian AIDS Intervention Programme
COCEPWA  Coping Centre for People Living With AIDS
CBO      Community Based Organisations
CDC      Centre for Disease Control
CHBC     Community Home Based Care
DMSAC    District Multi-Sectoral AIDS Committee
IEC      Information, Education, and Communications
JICA     Japan International Cooperation Agency
FBOs     Faith Based Organisations
NAC      National AIDS Council
NACA     National AIDS Coordinating Agency
OVC      Orphans and Vulnerable Children
PACT     Peer Approach Counseling for Teens
PLWA     People Living With AIDS
PMTCT    Prevention of Mother To Child Transmission
STIs     Sexually Transmitted Infections
TB       Tuberculosis
VCT      Voluntary Counseling Testing
YWCA     Young Women Christian Association
WHO      World Health Organisation
UNIFEM   United National Fund for Women
SAfAIDS  Southern African AIDS Dissemination Services
SADC     Southern African Development Community
INTRODUCTION

**Current situation**

HIV and AIDS has been described as the greatest developmental challenge in Botswana today. Its impact is being felt in all sectors of the society. The epidemic has the greatest impact among the youth and the most economically productive age group of society. As the pandemic reaches new dimensions, it is reversing the economic gains since independence. Already there is a decline in life expectancy and the epidemic is overwhelming the health and social services delivery systems. It is contributing to the deepening poverty situation.

Botswana’s ratings in terms of HIV/AIDS prevalence is extremely high and the threat of the country losing a large percentage of its citizens than what it is already experiencing in a living reality. With a relatively small population of 1.7 million, it is estimated that about 258, 000 Batswana are now living with HIV and AIDS. Though this may appear as small figures, in absolute terms, they present a worrying picture as they are calculated against a relatively small national figure 1.7 million, invariably reflecting an estimated prevalence of HIV at 38.5%. This mainly affects the 15 – 49 years bracket, which is both the sexually and economically active group. The Annual sentinel sero-surveillance data from antenatal clinics in Botswana demonstrate an adult prevalence of 30 percent since 1995. The 2002 HIV sentinel survey, conducted in all health districts involving 6, 407 consecutive first-time antenatal clinic attendees show that HIV prevalence rates among women 15-19 years dropped from 24.7 percent in 2001 to 21.0 percent in 2002. For women 15 – 49 years the rate fell from 36.2 in 2001 to 35.4 in 2002.

Since 1985, when the first case of HIV was diagnosed, the epidemic has progressed rapidly, affecting all levels in society. The epidemic continues to worsen contrary to previous projections that 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. It has also been observed that in all Districts, like Selebe-Phikwe and Francistown, the prevalence rate among pregnant women attending antenatal clinics is more than 20 %, with some exceeding 50 %.

This situation has necessitated the government of Botswana to declare HIV/AIDS a national emergency, strengthened leadership structures, introduce new interventions and continues to advocate for an expanded multi-sectoral National Response to the epidemic. The epidemic is now considered as both a socioeconomic and health problem - a national crisis! Any response to its mitigation must therefore be holistic, comprehensive, and innovative. It must also be participatory and multisectoral. This approach calls for a concerted efforts by all stakeholders including Non-Government Organisations (NGOs) and Community Based Organisations (CBOs). The Government of Botswana has further developed a National Strategic Framework for HIV/AIDS.
In order to adequately attain the output of the National Response to HIV/AIDS, Botswana National Strategic Framework for HIV/AIDS (2003 – 2009) identified the Prevention of HIV Infection as one of the country’s primary goals. Without prevention, Botswana has a grim future where trends in infection, death, and decline in socio-economic development continue. The strategy further outlines three main objectives towards reaching this goal:
1. To increase the number of people within the sexually active population who adopt key HIV prevention behaviours in Botswana by 2009
2. To decrease HIV transmission from HIV+ mothers to their newborns by 2009
3. To decrease the transmission of HIV through blood transfusion in the country

The Priority strategies towards achieving the above objectives are:

a. Increase access to and utilization of Voluntary Counseling and Testing services.
b. 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 different level.
c. Facilitate the participation of women and their families in the Prevention of Mother to Child Transmission (PMTCT) programme.
d. Increase male/female condom use by increasing supply, improving access, and sustaining education for both sexes.
e. To support communities in identifying and taking action on issues contributing to alcohol and unsafe sex.
f. Develop culturally appropriate Behavioural Change Interventions at national and district levels to address vulnerable groups, particularly in terms of sex, gender relations, and alcohol abuse.
g. Strengthen mechanisms for providing safe blood and blood products in the country.
h. Develop and sustain a national Behavioural Change Intervention (BCI) media campaign targeted at identified priority, vulnerable, or high risk segments.
i. Develop and implement Behavioural Change Interventions aimed at reducing levels of stigmatisation and discrimination.
j. Develop and implement internal workplace programmes for the Public and Private Sector.

**Major developments related to addressing the HIV/AIDS crisis**

**Government response**

There is a demonstrated unparalleled political and economic commitment by the country’s leadership spearheaded by the head of state. The National AIDS Council (NAC) was established four years ago so as to provide leadership and
policy direction in mobilizing the multi-sectoral approach that was adopted as a cornerstone for the HIV/AIDS response.

NAC is the highest national level policy making body. The National AIDS Coordinating Agency (NACA) has also been established to serve as the secretariat to the NAC. NACA is mandated to coordinate HIV/AIDS activities at the national level. NAC also enjoys membership from the Parliamentary Select Committee on HIV/AIDS which ensures the representation of parliamentarians across all political parties. This committee also links central level political leadership to district and community level political leaders such as Councilors.

The government of Botswana has engaged in a strong advocacy approach led by the state President to mobilize the resources both locally and internationally. HIV/AIDS has been declared a national crisis. This resulted in a tremendous support especially locally where the private sector, the civil society in partnership with government strengthened established prevention, care, and support, impact mitigation, stigma and discrimination elimination programmes.

Government Ministries/departments have developed their individual HIV/AIDS policies informing their workplace HIV/AIDS programmes. Some have gone further to develop strategic frameworks and medium term plans. AIDS coordination and management structures have also been established across government ministries and departments.

All the Districts have established District Multi-Sectoral AIDS Committees (DMSAC) which have the responsibility of coordinating HIV/AIDS activities at the district level. Sub-DMSACs have also been initiated in some of the sub-Districts. Village Multi-Sectoral AIDS Committees are also being established at village level although the process is still slow. HIV/AIDS prevention and Care and Support programmes such as Prevention of Mother-to-Child Transmission (PMTCT) Community Home Based Care (CHBC), Voluntary Counseling and Testing Centres (VCT), Anti-retroviral Therapy (ART) and the Orphan and Vulnerable Children (OVC) are being implemented in many districts across the country.

Civil Society Response

NGOs and CBOs have since been actively engaged in various ways to mitigate the spread of HIV/AIDS, the care of those affected and infected, and in supporting orphans.

More and more Non Government Organisations (NGOs), Community Based Organisations (CBOs), and Faith Based Organisations (FBOs) are assuming more responsibilities in service delivery, care, prevention programmes in partnership with communities, households, and government. NGOs and CBOs are now
considered strategic partners not only at the national level but also at the district and community level. At the National level, the civil society participate through their umbrella organizations like BONASO, in a co-ordinating forum with NACA and other stakeholders. At the district levels selected NGOs and CBOs also participate in District Multisectoral AIDS Committees (DMSAC). That involvement is a clear indication of the strategic role they play in service provision and bridging the gap between various delivery systems. Their interventions compliment those of government. In some of the Local authorities, civil societies have assumed more roles in dealing with communities on behalf of DMSACs.

However, this demand for new and innovative interventions requires a strengthened institutional capacity especially for NGOs, CBOs, and in particular for community groups. The NGO/CBO sector has greater potential in addressing the challenges of HIV and AIDS that is not being realized today.

Other Development partners

International partners like, the UN system, ACHAP, the United States Government have also played a massive role to the success of these efforts with their financial and technical support. To date there are a number of successful programmes running, coupled with researches in areas like Anti-Retroviral Therapy, clinical management including STI's, PMTCT, VCT, Community Home Based Care, IEC, etc.
Organo-gram showing the Botswana’s national response to the HIV/AIDS pandemic
BRIEF BONASO BACKGROUND

BONASO was formally registered as a network and a co-coordinating agency in 1997. Its role is to facilitate sharing of resources and a smooth flow of information among civil society organizations dealing with HIV/AIDS and related work. More specifically, BONASO is mandated to:

- Coordinate the civil society response to HIV/AIDS in order to enhance their role and impact
- Facilitate an enabling environment for HIV/AIDS Non Governmental Organisations
- Mobilise resources for its members
- Strengthen the capacity of NGOs and CBOs
- Serve as a mouth piece for all its members
- Facilitate sharing of information, experiences and best practices

As a membership organization, BONASO has over the years experienced escalating member enrollment (38 members in 2001, 55 in 2002, and 65 members in 2003) as well as growth in terms of service demand.

The status of this organization has automatically assigned it a key role in the civil society response towards fighting the HIV/AIDS scourge. It is evident that the NGO/CBO sector has a great potential in addressing the challenges of HIV and AIDS. Given the magnitude and impact of the epidemic, BONASO sees the need to unleash this potential. However, organisations’ contribution and participation is often limited by human, institutional, and technological capacity. The lack of capacity has serious implications in the utilization of civil society organization in addressing the challenges of HIV/AIDS and prevention work. The current situation has also contributed to the fact that the process of learning from past experiences has not benefited NGOs and CBOs to a larger extent in developing new and innovative programmes, as such lessons or best practices are rarely documented and shared. BONASO projects and programmes are hence formulated on the basis of this. Organisational programming assumes four thematic areas being:

- **Information Dissemination and Information and Networking**
  BONASO facilitates information sharing and dissemination between BONASO and its members and amongst all the partners of BONASO, at national and international levels. BONASO communicate important news to its membership on a regular basis. This is done through the production of a quarterly newsletter, annual reports, and program reports.

- **Advocacy and policy dialogue around a broad spectrum of issues on HIV/AIDS**
  BONASO represents its members in government and/or multi-sectoral committees and task forces. As a national network it is recognized by National AIDS Coordinating Agency (NACA) as the mouth piece for all AIDS service
organizations in the country. As such BONASO serves as a link between government and civil society and a strategic partner for development partners.

**Capacity Building**

The capacity building programme of BONASO is aimed towards strengthening its membership to enable them to deliver sound and effective programmes on HIV/AIDS to their target groups. Capacity gaps and needs are identified for the membership and program activities including training, research initiatives, and information exchange are undertaken.

**Resource Mobilisation**

Resource mobilization for members and the larger population in the civil society is one of the key strategic planning activities for BONASO, and as reflected below, this forms a vibrant program function of the network to assist the work of the civil society institutions.

Over the years BONASO members and other beneficiaries of BONASO programmes have designed and implemented innovative HIV/AIDS projects and programmes in their individual capacities. Some of these projects have had a significant impact towards contributing in the fight against the pandemic.

BONASO has initiated and implemented several projects and programmes towards supporting HIV/AIDS prevention work. Some of the initiatives by BONASO are briefly discussed below;

**A. The Small Grants Programme To Communities**

The small Grants to community HIV/AIDS initiatives is a fund instituted to support innovative ideas initiated and implemented by communities in their response to HIV/AIDS epidemic. This programme is funded by the African Comprehensive HIV/AIDS Partnership (ACHAP). ACHAP is a joint effort between the Bill and Melinda Gates Foundation and Merck Company and the Government of Botswana.

The Small Grants Programme supports projects dedicated primarily but not exclusive to;

1. The prevention of infection of HIV/AIDS and STI’s
2. Enhancement of HIV/AIDS care and support to patients.
3. Mitigation of the socio-economic impact of the pandemic to the community.
5. Baseline Study/Situational analysis and applied research initiatives

The role of BONASO is to facilitate this programme through;

- Social marketing the programme to communities.
- Receiving and reviewing proposals, communicating the funds to the approved projects, and serve as the secretariat to the Proposal Review Committee
- Offer technical assistance to the CBO and NGOs in developing project ideas
- Monitor projects and report to ACHAP, NACA, and other stakeholders regularly
The small Grants Programme is a country-wide programme. As such BONASO has to date received an overwhelming response from CBOs and NGOs throughout the country. To date 115 groups have benefited from this programme.

**B. Japan International Cooperation Agency (JICA) Project**

Starting 2003, the Japan International Cooperation Agency has entered into a funding partnership with BONASO to assist NGOs and CBOs working in HIV/AIDS with information, education, and Communication (IEC) equipment. In the previous year, equipment worth of 67,000 US Dollars were disbursed to the beneficiaries.

**C. United Nations Fund for Women (UNIFEM)**

Although Botswana is still rated among the countries with the highest HIV/AIDS prevalence rates in the world, the national multisectoral and expanded response is beginning to show some signs of success. Nonetheless gender concerns have not been adequately addressed in the existing multisectoral responses to HIV/AIDS. Research findings have shown that HIV/AIDS is not only a health issue, but also a complex gender and human rights issue. An understanding of the gender issues and dimensions of HIV/AIDS must be central to the analysis of causes and contributory factors as well as to the planning and execution of responses, whether these are aimed at preventing the transmission or mitigating the impact of the disease. It is from this premise that BONASO is sourcing funds from the United Nations Fund for Women (UNIFEM) to address issues of gender, human rights, and HIV/AIDS.

This project is aimed at making women’s as well as men’s concerns and experiences an integral dimension in the design, implementation, monitoring, and evaluation of HIV/AIDS policies and programmes so that women and men benefit equally and that inequality promoting gender imbalance is not perpetuated.

**EMPOWERMENT APPLIED IN PREVENTION WORK**

Empowerment can be defined as a multi-dimensional social process that helps people gain control over their lives. It is a process that fosters power (that is, the capacity to implement) in people, for use in their own lives, their communities, and in their society, by acting on issues that they define as important. Empowerment is multi-dimensional in that it occurs within sociological, psychological, economic, and other dimensions. It also occurs at various levels such as, individual, group, and community. The concept of empowerment is based on the fact that those who do the work know the most about it and they believe that this requires a strengthened institutional capacity for NGOs and CBOs. CBO/NGOs often lack the capacity – financial, human resource, information, capital, etc to enable them to make meaningful contribution. It is therefore necessary to address capacity needs especially in strategic areas such as service delivery, programming, as well as monitoring. BONASO believes that capacity building, resource mobilization, and cultivating a conducive policy environment are crucial for empowerment of CBOs and
NGOs. People need to be informed, need resources to enable them implement projects, need an enabling environment to be able to exercise their potentials and as a result design innovative interventions towards the prevention of HIV/AIDS.

The National Response to the fight against HIV/AIDS identified priority groups to whom attention should be focused. The notion of who makes the priority group goes beyond a simplistic understanding of risk and vulnerability when assessing the degree to which a group of people is predisposed to contracting HIV. Consideration should therefore be given to how the epidemic creates or increases aspects of vulnerability among individuals and groups. Thus, the priority groups in the country for the National Strategic Framework for 2003 – 2009 are;

**Youth and Children**
Youth and children is the group needing the most protection and guidance if the nation is to achieve the vision of no new infections by 2016. This group is the key to the turning around the epidemic in Botswana.

**Women**
Generally women are prone to multiple vulnerabilities influenced by various factors outside their control. Women are being disempowered by some cultural practices. Men are the heads of the family and thus are expected to play a decisive role in determining how, where, when, and with whom sexual relations are to be handled. Some of these practices serve to influence the infection rates of HIV, with young girls being particularly vulnerable to wealthier and more powerful male counterparts.

**Orphans**
Orphans are also exposed to specific vulnerabilities, which need to be carefully and adequately addressed. Orphans, more than any other children are more vulnerable to exploitation and abuse and may experience unequal access to basic social services such as health, welfare, and education. The Government of Botswana has initiated support programmes for orphaned children in the form of food baskets and other domestic needs. Reports have shown that some family members (care takers) have taken advantage of this by using these programmes to benefit themselves instead of the intended beneficiaries. This adversely aggravate the plight of the orphans and makes them more vulnerable.

**Poor**
Poor people often find themselves in a state of helplessness due to inability to meet their own basic needs, such as food, shelter, and clothing. This has often put them in a vulnerable situations which would easily lead them to indulge in unsafe sex practices. This predisposes them to contracting HIV/AIDS and related diseases.
Highly mobile populations

Mobility increases an individual’s vulnerability to infection and, as Botswana has many and mobile populations each compelled to move for different reasons, this group is characterized by multiple vulnerabilities that are influenced or controlled by others. The Human Development Report (2000) indicated that due to the country’s good communication system, good road network, people have had good purchasing power. This has hence contributed to high mobility and posed an opportunity for commercial sex. This is to say, men with money are in a position to pay for sex and women counterparts have little, if anything, to say in so far as safe sex is concerned.

People Living with HIV/AIDS

People living with HIV/AIDS have suffered a lot discrimination, be it in their families or in the work places. There are a lot of cases where people living with HIV/AIDS have either been dismissed or resigned from their jobs due to discrimination and stigmatization. Stigmatisation is still a serious issues which is now being given a lot of attention. People Living with HIV/AIDS also often lack economic and political empowerment.

HIV/AIDS PREVENTION STRATEGIES

Development partners such as ACHAP, and other stakeholders are actively supporting the goals of Botswana Government in decreasing HIV incidence and significantly increasing the rate of diagnosis and treatment of the disease by rapidly advancing prevention programmes, health care access, patient management, and the treatment of HIV/AIDS.

There are a number of prevention programmes currently implemented in Botswana. Some will be briefly discussed below;

Behaviour Change Interventions

Behavioural change has been identified as one of the prevention measures in the fight against HIV/AIDS. Changing societal behaviours in terms of sex, and those contributory behaviours such as stigmatization, gender inequality, and other social relations that underpin our actions are key prevention of HIV/AIDS. In realizing this, Behavioural Change Information and Communication interventions (BCIC) have been embarked on.

Various stakeholders have contributed towards Behavioural change interventions. NACA as a coordinating Agency provides financial and technical support to behavioural change interventions. NACA has got experts working in the area of Behavioural Change. The organisation conducted a national survey, Botswana AIDS Impact Survey 2001 (BIAS 2001) with the aim of collecting information on the indicators of knowledge, attitudes, and sexual behaviour associated with the HIV/AIDS pandemic. The survey revealed that 96.7 % of men and 98.4 % of women had heard of AIDS. The survey also showed that women were more likely than men to be aware that AIDS can be avoided. Further it was found out that awareness that AIDS can be avoided was lower in rural areas. In urban
areas, 92% of men and 94% of women knew that AIDS can be avoided. In rural areas, knowledge of AIDS avoidance for men was 84% and 85% for women.

NACA and other corporate bodies have supported country-wide road shows with the aim of spreading prevention messages specifically on condom use, unsafe sex practices, and stigma related to HIV/AIDS. The media as well as other advertising measures like bus stop adverts and bill boards have been used to spread the message.

Peer education has also been used as a tool in Behavioural change interventions. Basing on several researches, sector based interventions/projects have been initiated. For instance, several HIV/AIDS interventions by youth have been carried out by organizations such as African Youth Alliance (AYA). The Botswana National Youth Council (BNYC) in collaboration with Panos Southern Africa and Southern African AIDS Dissemination Services (SAfAIDS) carried out a gender specific AIDS prevention project, Men, Sex, and AIDS and produced a booklet. This project acknowledges men’s enormous potential to making a difference in curbing the spread of HIV/AIDS. The booklet points out that men’s behaviour, often influenced by harmful cultural beliefs about masculinity makes them the prime casualties of the epidemic. Male behaviour also contributes to HIV infections in women who often have less power to determine where, when, and how sex takes place.

Networks, CBOs, and support groups on HIV/AIDS related interventions have been formed and are operational. These include, Botswana Network of People Living With AIDS (BONEPWA), Coping Centre for People Living with AIDS (COCEPWA), and Botswana Network on Ethics, Law, and HIV/AIDS (BONELA). These bodies play a very important role in addressing the needs of their clients as well as ensuring that information regarding HIV/AIDS prevention, Care, and Support is available to the target populations.

Youth programmes

Urban Youth Project
There are several projects both by government and by young people themselves aimed at addressing youth issues related to HIV/AIDS and other problems. Young people are the most hard hit group in terms of the HIV/AIDS scourge. Recently the government of Botswana, the UN Foundation, and UNAIDS initiated an Urban Youth Project. The project aims at improving sexual and reproductive health (SRH) for youth is urban areas. Urban Youth may be classified under the high risk group, and these would include street children, orphans, young commercial sex workers, and unemployed youth. Project activities for the project are categorised into; a) education, communication and skills building, b) youth friendly health services, c) advocacy, d) addressing gender inequality, and e) income generation.
African Youth Alliance
African Youth Alliance (AYA) was established in 2000 with the goal of contributing to the improved sexual and reproductive health of young people in Botswana. Specifically, the project seeks to contribute to improved adolescent knowledge, attitudes, values, and behaviour on matters related to sexual and reproductive health issues and to increase the use of sexual and reproductive health information and services. This project is implemented in several parts (urban and rural) of the country including Francistown, Kgatleng, Gantsi, Ngamiland, Serowe/Palaye, Selibe Phikwe, and Kgalagadi South.

Others
Several other youth programmes would include drama group and youth run NGOs. These include among others Ghetto Artists, Youth Health Organisation (YOHO), Young Women Christian Association/Peer Approach Counseling for Teens (YWCA/PACT), etc.

Stigma and Discrimination Campaigns
Stigma and discrimination remained a national theme for the previous two years. Stigma and discrimination have been identified as the major obstacles to effective HIV/AIDS prevention and care. These may prevent people from seeking treatment for AIDS. The World Health Organisation (WHO) and the Centre for Disease Control project executed a project about combating stigma. The implementing organization among others were, BONEPWA, COCEPWA, and AIDS/STD Unit. The main objective was to combat stigma around HIV/AIDS by establishing People Living With AIDS (PLWA) friendly hospitals and clinics and empowering the HIV+ individuals and their immediate family circles to cope with HIV/AIDS.

Voluntary Counseling and Testing
The Government of Botswana in collaboration with that of the United States of America, through the BOTUSA project have set up sixteen Voluntary Counseling and Testing centres throughout the country. It is absolutely essential that people know their HIV status. Once tested, individuals can access the appropriate services depending upon their status. It is well accepted that now that one’s knowledge of HIV status facilitates adoption of positive behaviour change for prevention of further infection. If positive, individuals have access to a package of interventions including Anti-Retroviral Therapy (ART), provided free by the government in public and private medical facilities, counseling on aspects of positive living, support for PWLAs and their families, and medical treatment for opportunistic infections including Tuberculosis (TB). For those who test negative, VCT can facilitate behaviour change, consistent use of condoms, and adoption of other positive sexual behaviours that would minimize the risk of HIV and other Sexually Transmitted Infections.

Other benefits associated with VCT are that it can act to reduce stigma and discrimination. The more the people know their status then knowledge is likely to become acceptable, stigmatization due to one’s HIV status becomes less and less an...
issue. This will also lead more people to benefit more with other programmes. For instance, with less apprehension caused by the threat of stigmatization, more women will seek antenatal care where they can have access to the PMTCT programme. This in turn will ensure that more children will more likely be born free from HIV infection.

Prevention interventions need to be relevant for each group and behaviour portrayed. This would in turn translate into appropriate intervention measures. Prevention efforts would therefore range from the expansion of VCT services in order to provide people with information necessary to inform their choices about having children, availability of PMTCT services, and promotion of safer sex behaviour, specifically 100% condom use during any casual sexual encounter, and Post-Exposure Prophylaxis (PEP) and reform of the legal environment for rape cases.

Prevention of Mother-to-Child HIV Transmission (PMTCT)

The overall HIV prevalence among pregnant women in Botswana was 35.4% in 2002 as compared to 36.2 in 2001 and 38.5 % in 2000.

In 1999, the government of Botswana initiated a National PMTCT Program with the aim of improving child survival and development through reduction of HIV-related morbidity and mortality.

Based on an estimated 40% HIV transmission rate from mother to child and close to 40,000 deliveries per year, 5,700 babies are expected to be infected annually in Botswana in the absence of any intervention. To address this, the government of Botswana has put up a PMTCT program in place. PMTCT services which include, counseling, HIV testing, short course AZT prophylaxis and free infant formula have been integrated into antenatal care at all health facilities throughout the country since November 2001.

There has been a disappointingly low enrolment of women in the PMTCT programme. This has been blamed on the shortage of staff and insufficient infrastructure.

Condom distribution project

Condom promotion is thought to be one of the strongest components of HIV/AIDS prevention. Condoms have been distributed free to the public. Efforts to dispense condoms at youth friendly and entertainment centres are also ongoing. The ratio of condom distribution per sexually active person 15 – 59 was 44 condoms per person per year in 2002. This has been an improvement from 1997 where the ratio was 11 condoms per person.

ACHAP, the University of Botswana, and Population Services International (PSI) conducted an intensive condom market research campaign to determine nation-wide attitudes towards sex and condom use. The results suggested a need for increased
marketing of condoms and distribution outlets. In responding to this, ACHAP is planning to initiate a nation-wide installation of 10,500 condom dispensers.

There has been a successful programme on social marketing of condoms in Botswana. This has included both male and female condoms. Key marketing strategies for such has been peer education, with peer education being conducted in a variety of creative settings such as schools, and fairs and festivals, shopping complexes, work places, and bars.

Teacher Capacity Building Project

ACHAP, in collaboration with the UNDP, UNFPA, the Ministry of Education, and Botswana Television have developed and are implementing a Teacher Capacity Building programme. The goal of this project is to contribute to HIV/AIDS prevention and mitigate the impact of HIV/AIDS by strengthening the capacity of the education and communication sectors. A TV programme has been developed and is being broadcasted weekly on the national TV and is consumed by almost all schools where television can be accessed.

Information, Education, and Communication (IEC) Programme/Public education & awareness

HIV/AIDS prevention requires an informed nation. People need to have access to accurate information which can be easily consumed at all levels. The main objectives of the IEC programme are to manage the demand for, and promote adherence to treatment by managing expectations, standardizing messages and coordinating communications activities. Numerous health education and promotional materials, including booklets, posters, calendars, charts, videos, and interactive education tools relaying prevention, care, and support information on HIV/AIDS and related illnesses.

Highly Mobile Populations Sexually Transmitted Infections (STI's)/HIV Prevention Programme

USAID, the African Youth Alliance, BONASO, NACA, ACHAP, the Centre for Disease Control (CDC), and other government ministries are initiating a prevention programme that will be linked to the Corridors of Hope project being in the Southern African Development Community (SADC) countries. The programme will target all highly mobile populations countrywide. Intervention activities will concentrate on the treatment of STIs, condom promotion, and prevention behaviour.

NGOs in their individual interventions have also been actively involved in projects targeting high risk groups such as migrant populations, commercial sex workers, rape victims, and rural communities where information and services are limited. Studies have been carried out and targeted projects implemented.
HIV/AIDS Routine Testing

The Government of Botswana has recommended HIV/AIDS routine testing for patients visiting any health centre. HIV/AIDS routine testing is going to be done with the consent of the patient as part of the clinical interventions.

MAJOR ACHIEVEMENTS AND CHALLENGES

Achievements

- The government also realized the great potential NGOs have in addressing the challenges of HIV/AIDS and hence a call for their greater participation. To date a significant number of NGO are involved in a range of HIV/AIDS activities aimed at providing care, prevention, treatment, and mitigating the socio-economic impact of the pandemic. NGO interventions in Botswana compliment those of government and in some of the local authorities, civil society organizations have assumed more roles in dealing with communities on behalf of District AIDS Multisectoral Committees.

- NGOs and CBOs have been mobilized and challenged to mitigate HIV/AIDS by using holistic, comprehensive, and innovative strategies and programs that are sustainable. This sector is strategically placed within the community as far as response in concerned in that it lives within and amongst community members. BONASO has/is mobilizing resources from different corners, be it financial, equipment, human resources, as well as information for its members as well as other groups and organizations implementing HIV/AIDS and related initiatives.

- The government of Botswana and the Center for Disease Control have established a network of Voluntary Counseling and Testing Centres, a total of 16 stand-alone sites and 6 satellites and mobile services, throughout the country. The centres provide immediate, quality, accessible, and confidential VCT services. To date over 75,000 Batswana had used the VCT centres.

- ACHAP in collaboration with the Botswana Christian AIDS Intervention Programme (BOCAIP) are establishing additional counseling and testing centres. These centres have reached over 70,000 in their community mobilization and outreach activities and the centres have trained over 400 counselors.

- The government of Botswana has introduced HIV routine testing which took effect from the beginning of 2004. The testing will not be compulsory but routine and people who do not want to be tested can opt out.
Almost all Government Ministries and departments have developed workplace programmes and policies. The private sector, including banks, mining companies, and other parastatals also have these in place.

The HIV incidence among pregnant women has declined slightly in the last few years.

A study on the use of contraceptives (condoms) by UNICEF and PSI shows that more Youths are adopting prevention activities (use of condoms) in several activities.

**BONASO’s EFFORTS IN HIV/AIDS PREVENTION - Community Mobilisation and Empowerment**

BONASO is also actively mobilizing and coordinating NGO/CBO initiatives in the fight against HIV/AIDS. The organization has worked towards strengthening the capacity of NGOs, CBOs, and FBOs to effectively carry out HIV/AIDS interventions. Some of these interventions have been directly or indirectly geared towards Prevention of HIV/AIDS.

The response to the HIV/AIDS pandemic need to be initiated and owned by people. There is need for active participation by individuals, families, and communities across the country. Communities’ knowledge about HIV/AIDS needs to be enhanced so that they initiate and design informed efforts towards curbing the HIV/AIDS pandemic. BONASO believes that people are central to their development and as such they are better positioned to understand their problems and develop solutions to such. It is from this premise that programmes implemented by BONASO are people oriented and initiated.

BONASO is implementing programmes which are geared at empowering individuals, groups, and communities all over the country. The Small Grants Programme has provided groups with financial resources. A wide range of projects have benefited from this grant, including those geared towards HIV/AIDS prevention. These projects range from Information, Education, and Communications (IEC), including education and relating HIV/AIDS messages through drama, traditional music, video shows, etc. Some assistance have also been channeled to Faith Based Organisations which are key in issues of abstinence, especially by young people.

Funding has also been provided to Home Based Care Centres (HBCC), Support Groups for People Living With AIDS, and Orphanages. HBCC and Orphanages play a key role in the care of patients suffering from HIV/AIDS and other related illnesses as well as promoting education for care givers and family members of the patients in the areas of care, support, and prevention. These initiatives have also played an important role in promoting HIV/AIDS prevention education (the concept of minimizing new infections) to the general public.
BONASO has also played a key role in resource mobilization for its members. For instance the organization had in the previous year secured IEC equipment in the form of Televisions, Video Cassette Recorders, generators, etc for NGOs in very remote areas, where for the purposes of HIV/AIDS education for communities residing in rural communities.

**Challenges**

- There has been acute shortage of health care workers in Botswana. This has seriously affected the HIV/AIDS prevention interventions in the country. Many skilled professionals have been hired away from the public health systems with offers of better pay and benefits. Some are leaving for other countries. Worse still, 90% of doctors are foreign and can not speak the local language (setswana). Further, even when foreign health care staff are recruited, it takes too long for them to become familiar with the local culture.

In trying to address the problem of shortage of trained staff, NACA is initiating a system of lay counselors to reduce the workload of other health care professionals. It has also been suggested that the government should consider recruiting traditional practitioners as partners in the ATR programme. The KITSO AIDS Training Program has also been put in place to provide training in HIV and AIDS care including cultural aspects.

- There is still need to provide support to NGOs working in the prevention efforts. The funding situation for NGOs is precarious and unpredictable with some who were working closely with communities forced to close down.

**LESSON’S LEARNT**

- There is still a lot of stigma attached to HIV/AIDS and other Sexually Transmitted Infections and people are afraid to get tested for HIV.
- Low enrolment has been observed for the prevention programmes (PMTCT and ART) in place. This has been attributed to poor resources, insufficient human resources, and poor infrastructure, stigma and discrimination. This can also be attributed to cultural pressures such as, expecting mothers to breastfeed hence partners an in-laws disapproving of pregnant mothers participating in the programme.
CONCLUSION AND WAY FORWARD

There are quite notable successes in a number of different HIV/AIDS interventions implemented in Botswana. Several HIV/AIDS education and prevention initiatives and strategies have been established. More importantly, the country holds HIV/AIDS prevention as the cornerstone of the National HIV/AIDS Strategy. The Tebeloepelo Voluntary Counseling and Testing centers have been successful with more than 75,000 people being tested. It is also important to note that there has been a slight decline in the HIV incidence among pregnant women.

The disappointing outcome mentioned on the enrolment in the ART programme has pointed out to what needs to be done. This include the education and training of health care workers and strengthening of the infrastructure.

There is still need for more innovative approaches if Botswana, or any other nation has to effectively implement HIV/AIDS prevention interventions.