



Custom analysis extract of:

UNGASS - National Composite Policy Index (NCPI) 2007

East and Southern Africa

Botswana

COUNTRY:

Botswana

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Date of submission:

1/31/2008

:	Organisation	Ministry of Trade and Industry
:	Name/Position	Dimakatso Toitso
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Health
:	Name/Position	Khumo Seipone
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Environment, Wild Life and Tourism
:	Name/Position	Onneile Motsie
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V

:	Organisation	Minstry of Education
:	Name/Position	Judith Nawa
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Youth, Sports and Culture
:	Name/Position	Kefilwe Molefii
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Botswana Defence Force
:	Name/Position	Major Molate
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Minstry of Local Government
:	Name/Position	Kemelo Mophuting
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Agriculture
:	Name/Position	Setso-O-Setso
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Minstry of Lands and Housing
:	Name/Position	L. Moremi
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Minerals, Energy and Water Resources
:	Name/Position	Tinny Radifalana
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Labour and Home Affairs
:	Name/Position	Kushata Mosienyane
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Directorate of Public Service Management
:	Name/Position	Mmaoneka Makati
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V

:	Organisation	Ministry of Communication Science and Technology
:	Name/Position	Thuto Tomeletso
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Botswana Police Service
:	Name/Position	Bojelo Ratsatsi
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Ministry of Finance and Development Planning
:	Name/Position	Nthoyapelo Motshwane
:	<p>Respondents to Part A</p> [indicate which parts each respondent was queried on]	A.I / A.II / A.III / A.IV / A.V
:	Organisation	Botswana Network of AIDS Service Organizations (BONASO)
:	Name/Position	David Motsatsing, Executive Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Botswana Network of AIDS Service Organizations (BONASO)
:	Name/Position	Tebogo Monametsi, Information Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Botswana Network of People Living with AIDS (BONEPWA)
:	Name/Position	Rosemary Mogkosi, Programme Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Botswana Network on Ethics, Law and HIV/AIDS (BONELA)
:	Name/Position	Oratile Moseki, Training and Advocacy Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	National AIDS Council (NAC) Sector on Ethics, Law and Human Rights
:	Name/Position	Diana Meswele, NAC Sector Coordinator
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV

:	Organisation	Botswana Business Coalition against AIDS (BBCA)
:	Name/Position	Frank Phatshwane, Programmes Officer
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
:	Organisation	Botswana Christian AIDS Intervention Programme (BOCAIP)
:	Name/Position	Irene Kwape, Executive Director
:	<p>Respondents to Part B</p> [indicate which parts each respondent was queried on]	B.I / B.II / B.III / B.IV
Position:		Monitoring & Evaluation Advisor
Position:	Full time/Part time	Full time
Position:	Since when?	2003
Position:		Principal Research Officer
Position:	Full time/Part time	Full time
Position:	Since when?	2003
Position:		Research Officer
Position:	Full time/Part time	Full time
Position:	Since when?	2002
Position:		Assistant Research Officers
Position:	Full time/Part time	Full time
Position:	Since when?	2007
Position:		Data Entry Clerk
Position:	Full time/Part time	Full time
Position:	Since when?	2002

1. Has the country developed a national multisectoral strategy/action framework to combat AIDS?

Yes

IF YES, period covered:

2003-2009

IF NO or N/A, briefly explain

N/A

1.1 How long has the country had a multisectoral strategy/action framework?

5

1.2 Which sectors are included in the multisectoral strategy/action framework with a specific HIV budget for their activities?

Health:	Strategy/Action framework	Yes
Health:	Earmarked budget	Yes
Education:	Strategy/Action framework	Yes
Education:	Earmarked budget	Yes
Labour:	Strategy/Action framework	Yes
Labour:	Earmarked budget	Yes
Transportation:	Strategy/Action framework	Yes
Transportation:	Earmarked budget	Yes
Military/Police:	Strategy/Action framework	Yes
Military/Police:	Earmarked budget	Yes
Women:	Strategy/Action framework	Yes
Women:	Earmarked budget	Yes
Young people:	Strategy/Action framework	Yes
Young people:	Earmarked budget	Yes

IF NO earmarked budget, how is the money allocated?

N/A

1.3 Does the multisectoral strategy/action framework address the following target populations, settings and cross-cutting issues?

a. Women and girls:	Yes
b. Young women/young men:	Yes
c. Specific vulnerable sub-populations[3]:	Yes
d. Orphans and other vulnerable children:	Yes
e. Workplace:	Yes
f. Schools:	Yes
g. Prisons:	Yes
h. HIV, AIDS and poverty:	Yes
i. Human rights protection:	Yes
j. Involvement of people living with HIV:	Yes
k. Addressing stigma and discrimination:	Yes
l. Gender empowerment and/or gender equality:	Yes

1.4 Were target populations identified through a process of a needs assessment or needs analysis?

Yes

IF YES, when was this needs assessment /analysis conducted? Year:

2001

IF NO, how were target populations identified?

N/A

1.5 What are the target populations in the country?

Sexually active population, Children, displaced population, prisoners, sex workers, pregnant women, Orphans and Vulnerable Children, PLWA and mobile populations

1.6 Does the multisectoral strategy/action framework include an operational plan?

Yes

1.7 Does the multisectoral strategy/action framework or operational plan include:

- | | |
|--|-----|
| a. Formal programme goals? : | Yes |
| b. Clear targets and/or milestones? : | Yes |
| c. Detailed budget of costs per programmatic area? : | Yes |
| d. Indications of funding sources?: | Yes |
| e. Monitoring and Evaluation framework? : | Yes |

1.8 Has the country ensured “full involvement and participation” of civil society[4] in the development of the multisectoral strategy/action framework?

Active involvement

IF active involvement, briefly explain how this was done:

Consultations with all stakeholders

IF NO or MODERATE involvement, briefly explain:

N/A

1.9 Has the multisectoral strategy/action framework been endorsed by most external Development Partners (bi-laterals; multi-laterals)?

Yes

1.10 Have external Development Partners (bi-laterals; multi-laterals) aligned and harmonized their HIV and AIDS programmes to the national multisectoral strategy/action framework?

Yes, all partners

IF SOME or NO, briefly explain

N/A

2. Has the country integrated HIV and AIDS into its general development plans such as:
a) National Development Plans,
b) Common Country Assessments/United Nations Development Assistance Framework,
c) Poverty Reduction Strategy Papers,
d) Sector Wide Approach?

Yes

2.1 IF YES, in which development plans is policy support for HIV and AIDS integrated?

a) National Development Plans:

b) Common Country Assessments/United Nations Development Assistance Framework:

c) Poverty Reduction Strategy Papers:

d) Sector Wide Approach:

2.2 IF YES, which policy areas below are included in these development plans?

HIV Prevention:	Development Plans	a) / b) / c) / d)
Treatment for opportunistic infections:	Development Plans	a) / b) / c) / d)
Antiretroviral therapy:	Development Plans	a) / b) / c) / d)
Care and support (including social security or other schemes):	Development Plans	a) / b) / c) / d)
AIDS impact alleviation:	Development Plans	a) / b) / c) / d)
Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:	Development Plans	a) / b) / c) / d)
Reduction of income inequalities as they relate to HIV prevention/ treatment, care and /or support:	Development Plans	a) / b) / c) / d)
Reduction of stigma and discrimination:	Development Plans	a) / b) / c) / d)
Women's economic empowerment (e.g. access to credit, access to land, training):	Development Plans	a) / b) / c) / d)

3. Has the country evaluated the impact of HIV and AIDS on its socio-economic development for planning purposes?

Yes

3.1 IF YES, to what extent has it informed resource allocation decisions?

4

4. Does the country have a strategy/action framework for addressing HIV and AIDS issues among its national uniformed services such as military, police, peacekeepers, prison staff, etc?

Yes

4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of one or more uniformed services?

Behavioural change communication:	Yes
Condom provision :	Yes
HIV testing and counselling(*):	Yes
STI services :	Yes
Treatment:	Yes
Care and support :	Yes

**(*If HIV testing and counselling has been implemented for uniformed services beyond the pilot stage, what is the approach taken?
**

Is it voluntary or mandatory (e.g. at enrolment)? Briefly explain:

HIV testing is voluntary with an opt-out option

5. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?

Yes

5.1 Has the National Strategic Plan/operational plan and national AIDS budget been revised accordingly?

Yes

5.2 Have the estimates of the size of the main target population sub-groups been updated?

Yes

5.3 Are there reliable estimates and projected future needs of the number of adults and children requiring antiretroviral therapy?

Estimates and projected needs

5.4 Is HIV and AIDS programme coverage being monitored?

Yes

(a) IF YES, is coverage monitored by sex (male, female)?

Yes

(b) IF YES, is coverage monitored by population sub-groups?

Yes

IF YES, which population sub-groups?

Orphans, Children, Man and Women, Orphans and Vulnerable Children, Pregnant women

(c) IF YES, is coverage monitored by geographical area?

Yes

IF YES, at which levels (provincial, district, other)?

National, District, Community.

5.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?

Yes

Overall, how would you rate strategy planning efforts in the HIV and AIDS programmes in 2007 and in 2005?

2007:	8
2005:	6

Comments on progress made in strategy planning efforts since 2005:

There is a significant reduction of new HIV infections among young people. PMTCT is hope for survival of babies born to infected mothers. Strategic planning efforts are expanded to districts and community levels for 2007 as compared to 2005 where it was limited to national level. More human resource capacitation in key areas such as M&E, Research and budget allocation.

1. Do high officials speak publicly and favourably about AIDS efforts in major domestic fora at least twice a year?

President/Head of government :	Yes
Other high officials :	Yes
Other officials in regions and/or districts :	Yes

2. Does the country have an officially recognized national multisectoral AIDS management/coordination body? (National AIDS Council or equivalent)?

Yes

IF NO, briefly explain:

N/A

2.1 IF YES, when was it created? Year:

2002

2.2 IF YES, who is the Chair?

Name:	President Festus Mogae
Title/Function:	Chair

2.3 IF YES, does it:

have terms of reference? :	Yes
have active Government leadership and participation? :	Yes
have a defined membership?:	Yes
include civil society representatives? (*):	Yes
include people living with HIV?:	Yes
include the private sector?:	Yes
have an action plan?:	Yes
have a functional Secretariat? :	Yes
meet at least quarterly?:	Yes
review actions on policy decisions regularly?:	Yes
actively promote policy decisions?:	Yes
provide opportunity for civil society to influence decision-making?:	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:	Yes

(* If it does include civil society representatives, what percentage?

24%

3. Does the country have a national AIDS body or other mechanism that promotes interaction between government, people living with HIV, civil society and the private sector for implementing HIV and AIDS strategies/ programmes?

Yes

3.1 IF YES, does it include?

Terms of reference :	Yes
Defined membership :	Yes
Action plan :	Yes
Functional Secretariat :	Yes
Regular meetings (*):	Yes

(*If it does include regular meetings, what is the frequency of the meetings:

Quarterly

IF YES, What are the main achievements?

Policy Reviews
Endorsing of Male circumcision as part of prevention package

4. What percentage of the national HIV and AIDS budget was spent on activities implemented by civil society in the past year?

No Data available

6. Has the country reviewed national policies and legislation to determine which, if any, are inconsistent with the National AIDS Control policies?

Yes

6.1 IF YES, were policies and legislation amended to be consistent with the National AIDS Control policies?

Yes

6.2 IF YES, which policies and legislation were amended and when?

:	Policy/Law	National Policy on HIV and AIDS
:	Year	2007

Overall, how would you rate the political support for the HIV and AIDS programmes in 2007 and in 2005?

2007: 7

2005: 5

1. Does the country have a policy or strategy that promotes information, education and communication (IEC) on HIV to the general population?

Yes

1.1 IF YES, what key messages are explicitly promoted?

Be sexually abstinent:

Delay sexual debut:

Be faithful:

Reduce the number of sexual partners:

Use condoms consistently:

Engage in safe(r) sex:

Abstain from injecting drugs:

Fight against violence against women:

Greater involvement of men in reproductive health programmes:

1.2 In the last year, did the country implement an activity or programme to promote accurate reporting on HIV by the media?

Yes

2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?

Yes

2.1 Is HIV education part of the curriculum in

primary schools? :	Yes
secondary schools? :	Yes
teacher training? :	Yes

2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?

Yes

2.3 Does the country have an HIV education strategy for out-of-school young people?

Yes

3. Does the country have a policy or strategy to promote information, education and communication (IEC) and other preventive health interventions for vulnerable sub-populations?

Yes

3.1 IF YES, which sub-populations and what elements of HIV prevention do the policy/strategy address?

Targeted information on risk reduction and HIV education:	Sex workers
Targeted information on risk reduction and HIV education:	Prison inmates
Targeted information on risk reduction and HIV education:	Other sub-populations (*)
Condom promotion:	Sex workers
HIV testing & counselling:	Prison inmates
HIV testing & counselling:	Other sub-populations (*)
Reproductive health, including STI prevention & treatment:	Prison inmates
Vulnerability reduction (e.g. income generation):	Sex workers

(*If Other sub-populations, indicate which sub-populations

Orphans and Vulnerable children

Overall, how would you rate policy efforts in support of HIV prevention in 2007 and in 2005?

2007:	8
2005:	7

Comments on progress made in policy efforts in support of HIV prevention since 2005:

N/A

1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).

Yes

1.1 IF YES, does it give sufficient attention to barriers for women, children and most-at-risk populations?

Yes

2. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

IF NO, how are HIV and AIDS treatment, care and support services being scaled-up?

N/A

IF YES, to what extent have the following HIV and AIDS treatment, care and support services been implemented in the identified districts* in need?

Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	all districts* in need
Paediatric AIDS treatment:	The service is available in	all districts* in need
Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	all districts* in need
Home-based care:	The service is available in	all districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	all districts* in need
Antiretroviral therapy:	The service is available in	all districts* in need
Nutritional care:	The service is available in	all districts* in need
Paediatric AIDS treatment:	The service is available in	some districts* in need

Sexually transmitted infection management:	The service is available in	all districts* in need
Psychosocial support for people living with HIV and their families:	The service is available in	some districts* in need
Home-based care:	The service is available in	all districts* in need
Palliative care and treatment of common HIV-related infections:	The service is available in	all districts* in need
HIV testing and counselling for TB patients:	The service is available in	all districts* in need
TB screening for HIV-infected people:	The service is available in	all districts* in need
TB preventive therapy for HIV-infected people:	The service is available in	all districts* in need
TB infection control in HIV treatment and care facilities:	The service is available in	all districts* in need
Cotrimoxazole prophylaxis in HIV-infected people:	The service is available in	all districts* in need
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape):	The service is available in	all districts* in need
HIV treatment services in the workplace or treatment referral systems through the workplace:	The service is available in	some districts* in need
HIV care and support in the workplace (including alternative working arrangements):	The service is available in	some districts* in need

3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?

Yes

4. Does the country have access to regional procurement and supply management mechanisms for critical commodities, such as antiretroviral drugs, condoms, and substitution drugs?

Yes

4.1 IF YES, for which commodities?:

Antiretroviral drugs, condoms, substitutional drugs for treatment of opportunist infections

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	8
2005:	7

Comments on progress made since 2005:

Due to Intensified prevention efforts males are now more willing to test than they were before

5. Does the country have a policy or strategy to address the additional HIV- or AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

5.1 IF YES, is there an operational definition for OVC in the country?

Yes

5.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

5.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

100%

Overall, how would you rate the efforts to meet the needs of orphans and other vulnerable children?

2007: 8

2005: 6

1. Does the country have one national Monitoring and Evaluation (M&E) plan?

Yes

IF YES, Years covered:

2003-2009

1.1. IF YES, was the M&E plan endorsed by key partners in M&E?

Yes

1.2. IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?

Yes

1.3. IF YES, have key partners aligned and harmonized their M&E requirements (including indicators) with the national M&E plan?

Yes, all partners

2. Does the Monitoring and Evaluation plan include?

a data collection and analysis strategy : Yes

behavioural surveillance : Yes

HIV surveillance : Yes

a well-defined standardized set of indicators : Yes

guidelines on tools for data collection : Yes

a strategy for assessing quality and accuracy of data : Yes

a data dissemination and use strategy : Yes

3. Is there a budget for the M&E plan?

Yes

3.1 IF YES, has funding been secured?

Yes

4. Is there a functional M&E Unit or Department?

Yes

IF NO, what are the main obstacles to establishing a functional M&E Unit/Department?

N/A

4.1 IF YES, is the M&E Unit/Department based

in the NAC (or equivalent)? :

Yes

**4.2 IF YES, how many and what type of permanent and temporary professional staff are working in the M&E Unit/Department?

**

Number of permanent staff:

7

Number of temporary staff:

2

4.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit/Department for review and consideration in the country's national reports?

Yes

IF YES, does this mechanism work? What are the major challenges?

Timely reporting: reports are paper based therefore it takes a long time to process them. The other challenge is data management and quality

4.4 IF YES, to what degree do UN, bi-laterals, and other institutions share their M&E results?

4

5. Is there an M&E Committee or Working Group that meets regularly to coordinate M&E activities?

Yes, meets regularly

IF YES, Date last meeting:

January 17th 2008

5.1 Does it include representation from civil society, including people living with HIV?

Yes

IF YES, describe the role of civil society representatives and people living with HIV in the working group

1) To operationalize the terms of reference for the working group. 2) Report progress on programmes

6. Does the M&E Unit/Department manage a central national database?

Yes

6.1 IF YES, what type is it?

Excel Based data base

6.2 IF YES, does it include information about the content, target populations and geographical coverage of programmatic activities, as well as their implementing organizations?

Yes

6.3 Is there a functional Health Information System (HIS)?

National level : Yes

Sub-national level (*): Yes

6.4 Does the country publish at least once a year an M&E report on HIV, including HIV surveillance data?

Yes

7. To what extent are M&E data used in planning and implementation?

4

What are examples of data use?

1) PMTCT Uptake. 2) Orphans and vulnerable children. 3) Rapid testers. 4) First time testers. 5) Proportion of people on ARV's

What are the main challenges to data use?

Data Quality

8. In the last year, was training in M&E conducted

At national level? : Yes

At national level? : IF YES, Number of individuals trained: 56

At sub-national level? : Yes

At sub-national level? : IF YES, Number of individuals trained: 125

Including civil society? : Yes

Including civil society? : IF YES, Number of individuals trained: 55

Overall, how would you rate the M&E efforts of the AIDS programme in 2007 and in 2005?

2007: 7

2005: 5

Comments on progress made in M&E since 2005:

1) There is a national M&E Curriculum. 2) Many people have been trained using this curriculum. 3) M&E Officers have been hired for the districts. 4) All districts have infrastructure in place. 5) Computer training and management have been carried out

1. Does the country have laws and regulations that protect people living with HIV against discrimination? (such as general non-discrimination provisions or provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)

Yes

1.1 IF YES, specify:

The country has general non-discriminatory provision in the constitution but there is no mention of HIV status, health or disability

2. Does the country have non-discrimination laws or regulations which specify protections for vulnerable sub-populations?

Yes

2.1 IF YES, for which sub-populations?

Women:	Yes
Young people :	Yes
IDU:	No
MSM:	No
Sex Workers :	No
Prison inmates :	No
Migrants/mobile populations :	No

IF YES, Briefly explain what mechanisms are in place to ensure these laws are implemented:

The Constitution protects against discrimination on the basis of gender.

Although Botswana enacted the Marital Power Act in December 2004, there is still no law that protects women against domestic violence. A draft bill on Domestic Violence has been presented to Parliament but it does not include a provision on marital rape, nor does it create any positive obligations on the State to implement safe house support, training for police, etc.

Botswana has ratified but not domesticated CEDAW

IF YES, Describe any systems of redress put in place to ensure the laws are having their desired effect:

There are no systems in place

3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for vulnerable sub-populations?

Yes

3.1 IF YES, for which sub-populations?

Women :	No
Young people :	Yes
IDU:	Yes
MSM:	Yes
Sex Workers:	Yes
Prison inmates :	Yes
Migrants/mobile populations :	Yes

IF YES, briefly describe the content of these laws, regulations or policies and how they pose barriers:

Young People: The age of consent without a guardian for HIV testing (and all other treatment) is 21years while the age of consent for sex is 16 years.

IDU: Injecting Drug Use is illegal and IDU's are not recognized as a vulnerable sub-population.

MSM and Prison inmates: The Penal Code criminalizes 'Acts against the order of nature' which includes anal sex and hence MSM as a sub-population are not recognized. Also, prevention programmes including access to condoms, are not available in prisons.

Sex Workers: Living off the benefits of prostitution is illegal hence sex workers are not a recognized sub-population.

Migrants: Only citizens of Botswana can access free services (e.g. ARV and PMTCT). Registered refugees are also denied access to free state-provided treatment and are currently being supported in small numbers by resource limited Civil Society groups prominently faith based organizations.

4. Is the promotion and protection of human rights explicitly mentioned in any HIV policy or strategy?

Yes

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV and/or most-at-risk populations?

No

IF YES, briefly describe this mechanism

Note: The sector on ethics, law and human rights of the National AIDS Council is currently in the process of initiating a monitoring tool to assess the extent and nature of discrimination experienced by PLHIVs. But there is no such monitoring tool for other marginalized groups.

6. Has the Government, through political and financial support, involved most-at-risk populations in governmental HIV-policy design and programme implementation?

Yes

IF YES, describe some examples

Youth
Women
PLWAs

7. Does the country have a policy of free services for the following:

HIV prevention services :	Yes
Anti-retroviral treatment :	Yes
HIV-related care and support interventions :	Yes

IF YES, given resource constraints, briefly describe what steps are in place to implement these policies:

Due to resource constraints, these services especially ARV are not freely available (except condoms and VCT) to non-citizens nor refugees. There is also a gap when it comes to targetting services to specific groups, especially most-at-risk populations. Service provision os more generalized.

8. Does the country have a policy to ensure equal access for women and men, to prevention, treatment, care and support? In particular, to ensure access for women outside the context of pregnancy and childbirth?

Yes

9. Does the country have a policy to ensure equal access for most-at-risk populations to prevention, treatment, care and support?

No

9.1 Are there differences in approaches for different most-at-risk populations?

No

10. Does the country have a policy prohibiting HIV screening for general employment purposes (recruitment, assignment/relocation, appointment, promotion, termination)?

Yes

11. Does the country have a policy to ensure that AIDS research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?

Yes

11.1 IF YES, does the ethical review committee include representatives of civil society and people living with HIV?

No

12. Does the country have the following human rights monitoring and enforcement mechanisms?

- Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work: No

- Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment: No

- Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts: No

- Performance indicators or benchmarks for reduction of HIV-related stigma and discrimination: No

13. Have members of the judiciary (including labour courts/employment tribunals) been trained/sensitized to HIV and AIDS and human rights issues that may come up in the context of their work?

Yes

14. Are the following legal support services available in the country?

Legal aid systems for HIV and AIDS casework: Yes

Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV: Yes

Programmes to educate, raise awareness among people living with HIV concerning their rights: Yes

15. Are there programmes designed to change societal attitudes of stigmatization associated with HIV and AIDS to understanding and acceptance?

Yes

IF YES, what types of programmes?

Media : Yes

School education : Yes

Personalities regularly speaking out : Yes

Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV and AIDS in 2007 and in 2005?

2007: 7

2005: 6

Comments on progress made in promoting and protecting human rights in relation to HIV and AIDS since 2005:

The Mid Term Review of the National Strategic Framework has recognized the most-at-risk populations. There have been an increasing number of good policies being put in place but the challenge still remains that they are not legally enforceable.

Overall, how would you rate the effort to enforce the existing policies, laws and regulations in relation to human rights and HIV and AIDS in 2007 and in 2005?

2007: 6

2005: 5

Comments on progress made in enforcing existing policies, laws and regulations in relation to human rights and HIV and AIDS since 2005:

In the public service, policies are easily enforceable but other sections need policies to be backed by the law.

1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national policy formulation?

3

2. To what extent have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on AIDS or for the current activity plan (e.g. attending planning meetings and reviewing drafts)

4

3. To what extent are the services provided by civil society in areas of HIV prevention, treatment, care and support included

a. in both the National Strategic plans and national reports?: 4

b. in the national budget?: 1

4. Has the country included civil society in a National Review of the National Strategic Plan?

Yes

IF YES, when was the Review conducted? Year:

2007

5. To what extent is the civil society sector representation in HIV-related efforts inclusive of its diversity?

4

List the types of organizations representing civil society in HIV and AIDS efforts:

NGO's, CBO's, FBO's, Youth, Media, PLHIV, Human Rights, Academia, Women, VCT providers, Private Sector

6. To what extent is civil society able to access

a. adequate financial support to implement its HIV activities?:	2
b. adequate technical support to implement its HIV activities?:	2

Overall, how would you rate the efforts to increase civil society participation in 2007 and in 2005?

2007:	7
2005:	7

Comments on progress made in increasing civil society participation since 2005:

There is still room for improvement, especially when it comes to meaningful participation and increased legitimacy of the voice of civil society

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV prevention programmes?

Yes

IF YES, to what extent have the following HIV prevention programmes been implemented in identified districts in need?

Blood safety:	The service is available in	all districts* in need
Universal precautions in health care settings:	The service is available in	all districts* in need
Prevention of mother-to-child transmission of HIV:	The service is available in	all districts* in need
IEC on risk reduction:	The service is available in	all districts* in need
IEC on stigma and discrimination reduction:	The service is available in	some districts* in need
Condom promotion:	The service is available in	most districts* in need
HIV testing & counselling:	The service is available in	all districts* in need
Risk reduction for sex workers:	The service is available in	some districts* in need
Programmes for other vulnerable sub-populations:	The service is available in	some districts* in need
Reproductive health services including STI prevention & treatment:	The service is available in	all districts* in need
School-based AIDS education for young people:	The service is available in	all districts* in need
Programmes for out-of-school young people:	The service is available in	most districts* in need
HIV prevention in the workplace:	The service is available in	most districts* in need

Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2007 and in 2005?

2007:	7
2005:	7

Comments on progress made in the implementation of HIV prevention programmes since 2005:

Although implementation has increased, there are still issues of quality assurance and proper targeting of interventions

1. Has the country identified the districts (or equivalent geographical/decentralized level) in need of HIV and AIDS treatment, care and support services?

Yes

Overall, how would you rate the efforts in the implementation of HIV treatment, care and support services in 2007 and in 2005?

2007:	6
2005:	5

Comments on progress made in the implementation of HIV treatment, care and support services since 2005:

Although implementation has increased, there are still issue of quality assurance, proper targeting of interventions, access and resource sustainability

2. What percentage of the following HIV programmes or services is estimated to be provided by civil society?

Prevention for youth :	25-50%
Prevention for IDU :	<25%
Prevention for MSM :	>75%
Prevention for sex workers :	>75%
Counselling and Testing :	25-50%
Clinical services (OI/ART)* :	<25%
Home-based care :	<25%
Programmes for OVC** :	25-50%

3. Does the country have a policy or strategy to address the additional HIV and AIDS-related needs of orphans and other vulnerable children (OVC)?

Yes

3.1 IF YES, is there an operational definition for OVC in the country?

Yes

3.2 IF YES, does the country have a national action plan specifically for OVC?

Yes

3.3 IF YES, does the country have an estimate of OVC being reached by existing interventions?

Yes

IF YES, what percentage of OVC is being reached?

50