



Botswana Network on Ethics, Law and HIV/AIDS

Annual Report 2008



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List of Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ARASA	AIDS Rights Alliance of Southern Africa
ART	Antiretroviral Therapy
ARV	Antiretroviral Drugs
BOCONGO	Botswana Council of Non-governmental Organisations
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
BONEPWA+	Botswana Network of People Living with HIV/AIDS
BRELA	Botswana Review on Ethics, Law and HIV/AIDS
CEDAW	Convention on the Elimination of all forms of Discrimination against Women
DMSAC	District Multi-sectoral AIDS Committee
HIV	Human Immune Virus
ICASA	International Conference on AIDS and other Sexually Transmitted Infections in Africa
LeGaBiBo	Lesbians, Gays and Bisexuals of Botswana
MDR TB	Multi-drug Resistant Tuberculosis
NAC ELHR	National AIDS Council Sector on Ethics, Law and Human Rights
PLWHA	People Living with HIV and AIDS
PME&R	Planning, Monitoring, Evaluation and Reporting
PSI	Population Services International
PRISM	Prevention and Research Initiative for Sexual Minorities
TB	Tuberculosis
UN	United Nations
WHO	World Health Organisation
XDR TB	Extreme Drug Resistant Tuberculosis



Objectives of BONELA

BONELA interventions are aligned to ten objectives that guide the organisation's strategic focus. These are:

Objective 1:

To Expand Community Involvement in the promotion of a Human Rights Approach to Responding to the HIV and AIDS Pandemic

Objective 2:

To Build the Critical Mass of People Defending the Human Rights of Those Affected by HIV and AIDS

Objective 3:

To Forge New and Strengthen Existing Partnerships Against the Discrimination and/or Stigmatisation of People Affected by HIV and AIDS

Objective 4:

To Strengthen the Integration of Human Rights into Development of policy and Programmes in the National Response to HIV and AIDS

Objective 5:

To Improve BONELA's Strategic Focus

Objective 6:

To Develop Innovative Communication Practices

Objective 7:

To Build Employee Strategic and Operational Competencies

Objective 8:

To Cultivate Programme Management Capacity

Objective 9:

To Build an Accountability Culture

Objective 10:

To Build a Broad and Sustainable Financial Resource Base



Vision Statement

- Making human rights a reality in the response to the HIV and AIDS pandemic in Botswana

Mission Statement

- BONELA promotes a just and inclusive environment for people affected by HIV and AIDS through education, legal assistance, research and advocacy

Values

- **Botho**

We believe that our existence is inextricably interlinked with that of the community and that our work should reflect the human values of our community.

- **Social Justice and Community Empowerment**

We believe in the inherent worth of each person, our mutual interdependency, and the need to create a world in which each person has the opportunity to live their full life.

- **Networking Partnership**

BONELA is a 'Network' organisation providing a formal structure for different individuals and groups to cooperate in advancing the cause of human rights for people affected by HIV and AIDS. We are partners with our clients and stakeholders for mutual benefit.

Note from the Director

Over the past year, and indeed the past nine years, BONELA has stood for challenging the setting of priorities in the national response to the HIV epidemic; changing unjust or inadequate laws; changing peoples' mindsets about those of us who are living with HIV; creating greater coherence and partnership amongst civil society organizations; building a critical mass of community activists who are conscious about their rights and willing to claim them and making a real change in the morbidity and mortality of people who are living with HIV.

In 2008, BONELA consolidated its use of emerging opportunities and as a result has grown into a leading, credible civil society organization with exceptional integrity. This was entrenched in November 2008 when BONELA scooped the AIDS Rights Alliance Southern Africa (ARASA) Human Rights and HIV/AIDS Award. This award is presented on an annual basis to an ARASA partner for excellence in their work on HIV and human rights in their country. As an organization, we have also changed the way we work, the way we appreciate the world around us and the way we analyse our environment in order to effectively respond.

The work we do and the approaches we use as an organization have often been regarded as defiant to the existing order and colleagues in government, civil society and development partners sometimes describe this perceived defiance as culturally insensitive, many times remarking 'this is against our culture, or the way we do things in Botswana'. As if culture had ever been static when in reality it is always in flux and changing, adjusting to new realities and opening unknown avenues for participation.

BONELA has always spoken up on behalf of those who are voiceless, faceless and often perceived as 'negligent minorities', or simply 'non-existent'. I have been truly blessed with a team in BONELA who shares a vision and an amazing passion for justice and inclusiveness, understanding that only when our response to HIV (or any other social problem) is based on our common humanity and includes even the most marginalized in society will we have a realistic chance of reducing new HIV infections and



morbidity and mortality of those already infected. Moving forward into 2009, I am convinced that this exceptional team will continue to fight injustice, providing a sometimes uncomfortable dissenting voice while at the same time creating meaningful partnerships with government, development partners and, most importantly, with civil society organizations and community members. In the words of the accomplished Archbishop Desmond Tutu: ***“If you are neutral in situations of injustice, you have chosen the side of the oppressor. If an elephant has its foot on the tail of a mouse and you say that you are neutral, the mouse will not appreciate your neutrality”.***

Christine Stegling



Organisational Developments

BONELA Board Members



Chairperson – Duma Boko
(Human Rights Lawyer)



Vice Chair – Zolani Kraai
(BONEPWA)



Treasurer – Pedro Motau
(University of Botswana)



Secretary – Johannah Tlhomelang
(Princess Marina Hospital)



Vice-secretary – Kenole Leinatsela
(Molapowabojang Support Group)

Additional members



Dr. Godisang Mookodi
(University of Botswana)



Gloria Jacques
(University of Botswana)

BONELA Staff, Interns and Volunteers

The following staff, interns and volunteers joined BONELA in 2007:
Staff



Linny Keorapetse became the Assistant Legal Officer in 2008. Before assuming this position Linny was the Legal Aid Intern. Keorapetse is close to completing a Bachelor of Law degree with the University of Botswana.



Doris Kumbawa joined BONELA as the Media and Advocacy Officer in August 2008. She has a Bachelor of Arts Degree, a Diploma in Journalism and Communication and a Diploma in Public Relations. She is responsible for media advocacy through the production of press releases and IEC materials as well as ensuring visibility of the organization. Doris has worked in the field of communications for non-governmental organizations in Zimbabwe for more than 5 years. She has also been a consultant for various institutions in the area of communications and resource mobilization.



Lenah Baitirile joins BONELA as the Gender Officer for a new project on the Domestic Violence Act that BONELA has embarked on with the financial support of the Canadian AIDS Legal Network. Lenah holds a degree in Social Work and has experience gained in government and in the NGO sector where she has worked as a counselor. Before joining BONELA, Lenah worked as a counselor at Emang Basadi.



Ogopoleng Robson, the Finance Officer has a Higher National Diploma in Accountancy and Business Studies. Prior to joining BONELA, she was a Finance Officer at Kgothatso AIDS Care and Prevention.

Volunteers

Kabo Mathumo who was previously the Assistant Legal officer re-joined BONELA in 2008 as the Legal intern. This decision was made to enable her to pursue a degree in Law with the University of Botswana. Kabo holds diplomas in human rights and law.

In 2008, BONELA had two media interns. **Jenny Olesitse** had a brief stint with the organization before being replaced by **Kesegofetse (Kessy) Mpho**. Before joining BONELA, Kessy was a volunteer for the Parliament of Botswana in the Public Relations department. She holds a Bachelor's Degree in Media Studies.

Gabadithong Vranken joined BONELA as a Training and Advocacy intern in June 2008 until 2008. During her internship she assisted in training, advocacy, logistics in the stigma and sex work projects. She held a degree in Social Science.

The treatment literacy project roped in **Arnold Sokwa** as an intern in February 2008. Sokwa had worked with BONELA since 2006 as a district focal person for the Treatment Literacy project based in Selibe Pikwe. Prior to joining BONELA, Sokwa worked as a community mobiliser with Humana-People-to-People before joining the Coping Center for People Living with HIV/AIDS (COCEPWA). He has also served as the Village Multi-Sectoral AIDS Committee Chairperson in Serowe from 2002-2004.

Carolyn Doyle was seconded to BONELA from the World University Service of Canada (WUSC) and worked as a resource mobilization volunteer for BONELA. A sociologist by training, Doyle coordinated resource mobilization for BONELA.



Strategic Thrust for 2008

In 2008, the **Botswana Network on Ethics Law and HIV/AIDS (BONELA)** carried its mandate in line with goal number 5 of the National Strategic Framework on HIV/AIDS; that is, promoting a strengthened ethical and legal environment. BONELA's work was guided by local, regional and international instruments that call for the recognition of human rights, including those of marginalized and vulnerable communities in the provision of a holistic and responsive HIV and AIDS programme. The full realization of human rights for all is an essential element in the response to HIV and AIDS, in prevention, care, support and treatment. It reduces vulnerability to HIV/AIDS and prevents stigma and discrimination against people living with HIV/AIDS, or at risk of it.

Such legal frameworks as the Charter of Fundamental Social Rights in the Southern Africa Development Community (SADC), the African Charter on Human and Peoples' Rights, the Philadelphia Declaration and the United Nations Declaration on Human Rights, clearly outline fundamental inherent human rights relevant to the fight against HIV and AIDS such as the right to health; the right to equality and non-discrimination; the right to privacy; the right to liberty and security of the person; the right to information; the right of participation; the right to work and the right to education form a frame for BONELA interventions. These include a legal programme that encompasses a legal assistance programme for unassailable human rights cases and an Employment Law Campaign; the Prevention and Research Initiative for Sexual Minorities (PRISM); the Sex Work project; Sexual Reproductive Health Rights project and the Treatment Literacy programme.

The analysis of Botswana's response to the HIV and AIDS pandemic through a human rights lens has magnified gender discrepancies and the intricate relationship gender has with both HIV prevalence and incidence rates. Like most countries in the region and internationally, Botswana HIV statistics lean heavily on women and girls, in terms of prevalence and incidence due to several factors that include but are not limited to violence

against women; unequal opportunities contributing to poverty and consequently susceptibility to risky behaviour and power imbalances that result in the reduced ability of women to negotiate safer sex practices and exercise sexual reproductive health rights. Although Botswana is signatory to various regional and international instruments such as the Convention on the Elimination of all forms of Discrimination against Women (CEDAW) that set the stage for responsive national laws, these are still to be domesticated. Further, Botswana has not signed the SADC Gender Protocol which may point to lack of political will in this regard. CEDAW in particular affirms the reproductive rights of women and provides the basis for the realisation of equality between women and men through ensuring women's equal access to, and equal opportunities in, political and public life; including the right to vote and to stand for election, education, health and employment so that women enjoy all fundamental rights and freedoms.

The work currently undertaken by BONELA in an attempt to address the issue of universal access by sexual minorities, women living with HIV and AIDS and refugees are a reflection of BONELA's alignment to standards set out in international human rights instruments such as the Declaration of Commitment to HIV and AIDS of 2001 which recognizes that "without human rights, many of even the best improvements in programs and policies will fail. Stigma, silence, discrimination and denial, as well as lack of confidentiality, undermine HIV prevention, care and treatment, and increase the impact of the epidemic on individuals, families, communities and nations". ¹

BONELA is also increasingly responding to the needs of refugees in Botswana as a marginalised group without access to antiretroviral treatment (ART). According to the United Nations (UN), by the end of 2003, refugee populations remained on average in their host country for 17 years.² This questions Botswana's current position

¹ http://data.unaids.org/pub/BriefingNote/2007/policy_brief_refugees.pdf; 31 January 2007

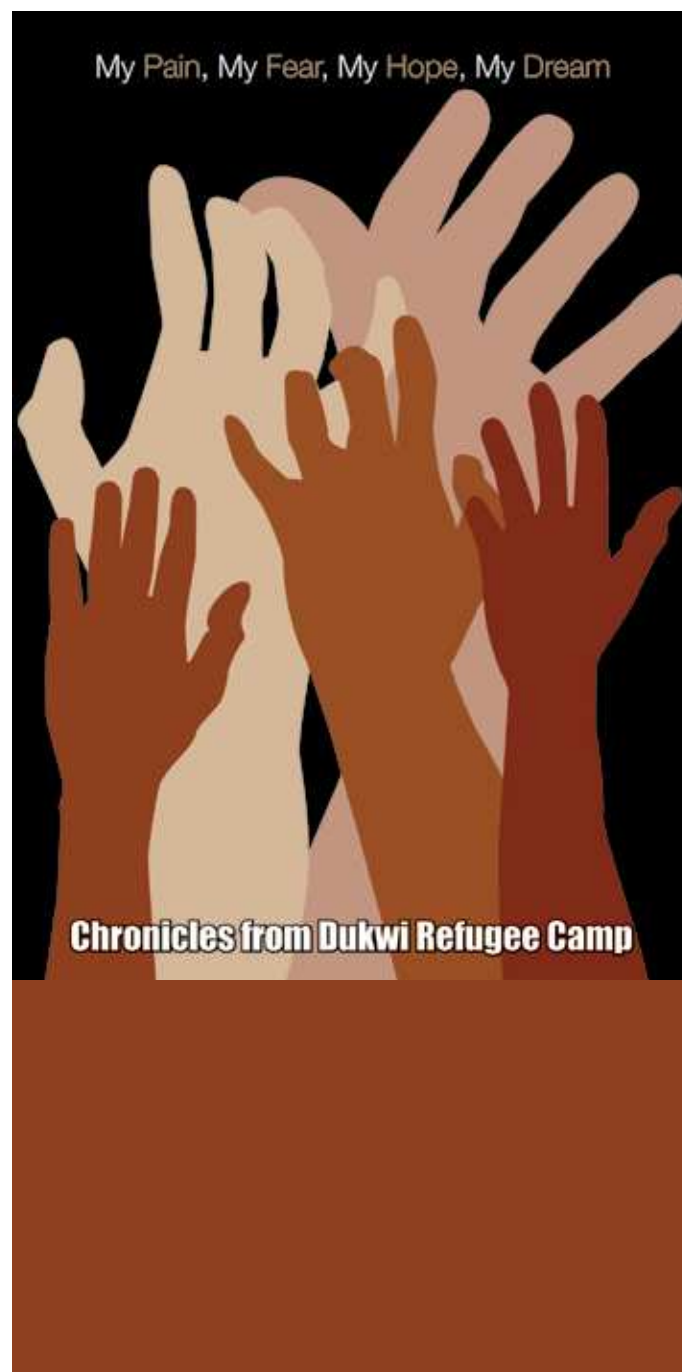
² Ibid.



on the provision of ART to refugees, who are regarded as residing temporarily in the country and are therefore denied access to ART. It is the only country in southern Africa which does not provide ART even though the UN Refugee Agencies' Antiretroviral Medication Policy for Refugees states that although ART is not a cure for HIV, it greatly prolongs the life of people living with HIV/AIDS.

The 1951 Convention relating to the Status of Refugees stipulates in article 23 that *"Contracting States shall accord to refugees lawfully staying in their territory the same treatment with respect to public relief and assistance as is accorded to their nationals"* and this provision would encompass *"public relief and assistance"* related to health needs and services. Protection offered under international human rights law and in particular, article 12 of the International Covenant on Economic, Social and Cultural Rights further calls for *"the right of everyone to the enjoyment of the highest attainable standard of physical and mental health"*. The Botswana Government is clearly in violation of these internationally accepted standards.

The preceding human rights instruments set the scene for BONELA interventions which seek to integrate human rights into Botswana's national response to HIV and AIDS. This is in light of the absence of requisite legislation such as an HIV and AIDS employment law; the existence of punitive laws that enforce discriminatory practices against sexual minorities; unrelenting policies that exclude foreigners from accessing treatment and a limiting framework that is not responsive to emerging issues such as gender, prevention in prison settings and the reproductive health rights for women living with HIV and AIDS.







Excellence in Human Rights and HIV/AIDS Integration

In 2008, BONELA's work in advancing a human rights-based response to HIV/AIDS and TB as well as demanding accountability from its government earned it a credible reputation in Botswana and the Southern Africa region. Recognising BONELA's efforts and success, the AIDS Rights Alliance Southern Africa (ARASA) awarded BONELA with the **Human Rights and HIV/AIDS Award** in November 2008 in Johannesburg, South Africa. This award is presented on an annual basis to an ARASA partner for excellence in their work on HIV and human rights in their country. Criteria used to select the recipient includes impact in successfully promoting a human rights based response to HIV /AIDS and TB; innovation in creatively applying new approaches to their work; empowerment of marginalised and vulnerable groups to take action against HIV/ AIDS and TB; addressing issues of gender equality in their work; the inclusion of people living with HIV and AIDS (PLWHA) and key populations such as lesbians, gays, transgender and inter-sex people (LBGTI); sustainability of work over time that could also be adapted to different settings and scaled up; and strategic partnerships with other organisations to increase impact in the region. BONELA received the 2008 award in recognition for its work on treatment literacy and advocacy and for defending the rights of PLWHA and those living with TB in Botswana, even though the right to health is not protected by the constitution.

Since its establishment in 2001, BONELA has worked on policy issues relating to human rights and HIV/AIDS at advocacy level as well as acting as an advisor to government in the formulation of the HIV/AIDS policy. BONELA has also played a Secretariat role to the National AIDS Council Sector on Ethics, Law and Human Rights (NAC ELHR) since 2002. This Sector focuses on coordinating the mainstreaming of an ethical and human rights approach to the national response to HIV/AIDS through alignment to policy and legislation. In February 2008, the NAC ELHR Sector Secretariat was moved out of BONELA with the idea to rotate it among civil society organizations. However, perceiving the need for continuous policy analysis and advocacy towards reforming national policies that relate to HIV and AIDS, BONELA employed a Policy Advisor

in May 2008 to specifically focus on policy **advocacy** and to create continued dialogue at the National AIDS Council and **among policy makers on pertinent human rights and policy issues**.

In view of the ever increasing challenges facing people living with HIV and AIDS, ranging from managing issues of basic nutrition, antiretroviral (ARV) treatment and its side effects, unfair dismissals from employment, negotiating sexual reproductive health rights for women, dealing with stigma and discrimination and the many other issues that BONELA has encountered as it carries out its multi-faceted interventions, it became apparent that a protective and nurturing environment needs to be deliberately cultivated to protect and promote the human rights of people living with HIV and AIDS.

The BONELA Policy programme seeks to translate national, regional and international human rights instruments relating to HIV and AIDS into more simple and user friendly language; provide expert advice to all BONELA programs and staff on policy issues related to HIV and AIDS; lead civil society public education campaigns around pertinent HIV/AIDS and human rights policy issues; encourage or facilitate policy dialogue among different stakeholders on the national response to HIV and AIDS leading up to reforms of policies and laws and lead policy advocacy organizations locally, regionally and internationally on issues relating to HIV/ AIDS and human rights. All this is done using a participatory methodology that is context-specific and that seeks to build partnerships.

BONELA policy advocacy is informed by the Legislative Review (2005)¹ which highlights policy gaps relating to HIV/ AIDS and human rights, feedback received from communities through training and research conducted by other BONELA programs as well as our legal aid cases. BONELA programs, such as the PRISM, the sex work project, the prisons research project carried out in 2007 and community dialogues conducted between 2006

3 Legislative Review

and 2007 produced planning evidence necessary for the Policy Programme.

The key rights issues that emerged from the multiple lens outlined above include legal protections [lack of] of the right to health; access to the highest attainable standard of health (treatment and care) for prisoners; criminalization of homosexuality and sex work contributing to stigma, discrimination and poor utilization of health services by these vulnerable groups; lack of targeted prevention and other targeted services for sexual minorities and treatment sustainability tied to the non protection of the right to health. The key question is what other basis, outside constitutional protection of the right to health, would exist to hold government accountable for the sustained health of people living with HIV and AIDS?

The policy program tried to address the formulation of targeted prevention programs for sexual minorities, policy formulation and review to protect the rights of people living with HIV and AIDS from stigma and discrimination, as well as facilitating stakeholder dialogue on ARV treatment sustainability. Currently existing laws and policies are disjointed or totally silent or adverse towards addressing these key human rights concerns. Women are highly affected by stigma and blamed for pregnancy when they are HIV positive and are blamed for spreading the virus. However, with the limited protection of the Domestic Violence Act for married women from their spouses, married women are more at risk of failing to negotiate their sexual reproductive rights.

In 2008 BONELA stepped up its **treatment literacy programme** which has contributed immensely to making a rights based approach to the national response a reality. The programme has utilized various platforms such as the technical working group on Prevention with Positives to advocate for inclusion of treatment literacy into the national strategies. Botswana is one of the first countries to provide free antiretroviral treatment to its citizens. It has one of the highest proportions of HIV positive people on ARV treatment in Africa, hence the need for a treatment literacy program in the country. Reports from the ministry of health indicate that adherence rates may be lower than 50% in some parts of

Botswana, for instance in the Kalahari area. The rate of acquired resistance depends upon adherence, viral replication rate, and the specific mutations that arise. Under perfect adherence, only 5- 10% of patients are likely to develop drug resistance in the first year. Treatment literacy therefore, aims to mitigate such gaps by engaging community educators who on a regular basis monitor adherence to treatment for people living with HIV/AIDS in their communities. Some of these community educators are people living with HIV/AIDS and are on treatment thus providing mentorship to their peers in their respective communities.

BONELA has been concerned by the TB situation in Botswana. There seems to be very little education about TB in the general community, despite the fact that such a high percentage of the adult population is HIV positive and that a great majority of TB cases occur within people who are HIV infected. Furthermore, regionally cases of Multi-drug Resistant (MDR) and Extreme-drug Resistant (XDR) TB have become quite common and Botswana is not exempt from such cases. Despite the serious nature of TB, the government of Botswana does not appear to have made necessary adjustments to their policies, service delivery or intensified public





Advocating for the Right to Health and Dignity

BONELA's advocacy on behalf of a Zimbabwean national, Mthandazo Sibanda gained international recognition and acclamation. Sibanda, was a resident in Botswana at the time he was served with a deportation order on the basis that he posed a health threat to the inhabitants of Botswana since he was believed to be suffering from MDR TB and also that he declined to continue with TB treatment. The fact of the matter is Sibanda did not per se refuse treatment but wanted government to explain to him why he was given conflicting results on his HIV and TB status. Furthermore, Sibanda wanted to know why his treatment regimen was incomplete as established by one of the many doctors that dealt with him. Sibanda was also not strictly given home based treatment as the health care workers who were supposed to administer it would in some instances not come to give it to him. The above circumstances triggered his deportation order. The government then decided to deport Sibanda unlawfully in that BONELA had filed a notice to appeal the deportation and thus Sibanda was entitled by law to stay in Botswana until the end of the appeal. BONELA also managed to thwart government efforts and they then decided to detain him in a sick bay at Prisons Clinic which had no facilities for TB prevention and monitoring. BONELA went to court and government made a quick turn around and said that they would give him treatment. Unfortunately Sibanda preferred to go back home as he was having socio-economic challenges in Botswana stemming from the fact that he was the breadwinner but unemployed and liable for two years solitary treatment. He then instructed BONELA to withdraw the deportation appeal which was still awaiting hearing and allow him to go back home. BONELA, however, ensured that under difficult circumstances in Zimbabwe, he received treatment through international agencies working on health care provision.

As governments around the world respond to the AIDS pandemic, sexual and reproductive health rights and the needs of women living with HIV have barely received any recognition despite increasing trends of stigma and discrimination towards HIV-positive people by service providers that consequently impede the fulfillment of their sexual and reproductive health needs. Health care providers increasingly, mostly within the public health sector, impose great pressure on women living with HIV to use condoms in order to prevent pregnancies, and increasingly impose aggressive threats on women who fall pregnant when HIV positive and at the same

time fail to provide information, support and services regarding safer sex practices, and fail to provide essential reproductive health supplies, including condoms and contraceptives.

The **BONELA sexual and reproductive health and rights project** seeks to address the challenges faced by women living with HIV who wish to exercise their sexual and reproductive rights and engage meaningfully with health care providers in order to receive maximum and quality support and services to meet their needs. Women living with HIV in Botswana have been subjected to immense pressure by health care providers who insist that women living with HIV should not fall pregnant. In a report prepared on the situational analysis of the Prevention of Mother to Child Transmission of HIV (PMTCT) and Pediatric HIV/AIDS Care, Treatment and Support, March 2007, health care workers who were interviewed indicated that they tell women that the chance of transmitting HIV to their infants is very high even with ARV therapy and PMTCT in order to discourage childbearing among these women. This clearly indicates the reluctance of health care workers to recognize the reproductive health and rights of women living with HIV. There is currently a lack of a policy framework addressing reproductive needs of women living with HIV within the national framework on sexual and reproductive health and there is government's implicit control over HIV positive women's reproductive decisions through giving them drugs that affect their fertility. Previous national ARV guidelines failed to recognize the need to include sexual and reproductive health related needs of women living with HIV in the treatment guidelines. Although the recent Botswana National ARV Treatment Guidelines (2008) acknowledges that there are people living with HIV who may wish to fall pregnant when on ARV treatment, the guidelines do not articulate which specific measures should be in place to ensure that reproductive needs of women living with HIV are met. The Botswana culture places great value in childbearing, at both community and individual levels, and many women living with HIV feel the need to live up to these cultural and personal expectations. There is thus need to improve HIV care to adequately address these expectations and there is evidence of low risk of HIV transmission from a woman receiving optimal HIV care to her infant. With the realization that there is ARV treatment that reduces the risk of transmitting HIV to the infant from the mother, many women living with HIV have found it fitting to exercise their reproductive rights and

hence the need to intensify public education on safe pregnancies for people living with HIV.



BONELA's advocacy with regard to second line treatment and reproductive health issues of women living with HIV has contributed to some improvement in the **National HIV/AIDS Treatment Guidelines (2008)**. For example, with regard to second line treatment, the previous treatment guidelines had a second line regimen which was below international standards and not recommended by the World Health Organization (WHO). This regimen included the drugs d4T and ddI, which both cause lactic acidosis and peripheral neuropathy which are both fatal side effects. In the new treatment guidelines, d4T and ddI are not recommended as second line treatment. This was achieved through engagement with the Ministry of Health and other stakeholders on the subject. A story of one of the treatment literacy focal people was published highlighting his experiences with the use of ddI and d4T which almost claimed his life. The new guidelines also, though not comprehensive, include a section on reproductive choice in the context of HIV.⁴ Although the new guidelines do not give optimal alternatives to women living with HIV regarding pregnancy and family planning, it is an indication that the government now acknowledges the plight of women living with HIV to exercise their reproductive rights whether they wish to fall pregnant or not.

Recognising the importance of making submission to national high level meetings, BONELA made a conscious attempt to lobby policy makers and politicians at different levels. Following countless discussions with government officials especially at the **National AIDS Council** regarding the issue of sexual and reproductive health

rights of women living with HIV, BONELA was given the opportunity to share with the Council the findings of consultative meetings held with women living with HIV across the country regarding their concerns related to their sexual and reproductive health needs at the September meeting of the National AIDS Council. Having provided the meeting with adequate and Botswana context specific information resulted in the Council seemingly supporting BONELA's stance on the issue and refraining from negative language about choices by PLWHA in family planning. A **booklet on pregnancy and HIV published by i-Base** was also shared with the Council. A Botswana version of the booklet will be shared with Council members including the Ministry of Health. BONELA is in the process of making the i-base publication relevant to the Botswana context and to translate it into Setswana.

4 "HIV-infected couples, both discordant and concordant with regards to their HIV infection(s), may wish to have children. Such couples should be counseled about adoption. However, for a couple wishing to have their own biological child, they should be advised to confine unprotected intercourse only to the woman's fertile period and, if at all possible, while the infected partner's viral load is undetectable. It is very important that neither partner has any genital ulcer disease, and that "dry" or "rough" sex not be performed. Both for the viability of the pregnancy and for her own health, an HIV-infected woman should be counseled to defer pregnancy until her condition has improved on HAART, with ongoing virologic suppression, high CD4 count, and good nutritional status. The potential risks of unprotected intercourse must be carefully explained to both partners, especially the HIV-negative partner. (Such situations are not indication for post-sexual exposure prophylaxis). In all cases, the patient/couple should be encouraged to discuss the matter with their clinician."





Another bit of evidence about the impact of our advocacy around sexual reproductive rights issues is the development of a series of radio and television advertisements by the Ministry of Health, urging couples living with HIV to consult with their health providers when planning a pregnancy in late 2008. Although the advertisements have a component that discourages pregnancy when HIV positive; it goes on to emphasize the need to consult with a health care provider when planning a pregnancy. This is an indication that the ministry is beginning to acknowledge that communication about family planning between HIV positive individuals and health providers will eventually enable safe pregnancies among women living with HIV and reduce the burden of complications during labor and delivery as well as minimizing risks of HIV transmission from mother to child.

In an attempt, to engage with legal practitioners on **human rights and HIV litigation**, the BONELA Legal Aid Department conducted a one day human rights training for lawyers in March whereat eminent law practitioners from neighboring countries shared best litigation practices in their jurisdictions in the area of human rights with local lawyers. This workshop brought together 25 local legal practitioners who learned a better approach to litigation in human rights issues and were also able to share with each other barriers or challenges usually encountered when dealing with Human Rights issues. It became apparent at this workshop that there is need for another workshop of the same kind which will bring together judges and lawyers as some discussions were centered around interpretation and application of the international instruments on human rights, a topic relevant to both lawyers and judges.

During the year, BONELA continued with its advocacy around an **HIV Employment Law** which was started with a march and public campaign in 2006 and continued with the handing-over of a petition with 13 000 signatures to the Minister of Labour and Home Affairs in 2007. In 2008, BONELA continued to join forces with other partner organizations to work in a coalition

whose mandate is to continue lobbying the government to enact protective employment legislation for persons affected and infected by HIV and AIDS in the work place, which move remains the only hope to eradicate human rights violations that are still very rife in the workplace due to the absence of a law addressing such undesirable tendencies. The effects of the absence of protective laws are evidenced by the high frequency of cases of discrimination within the work place on the basis of people's known or perceived HIV status that continue to flood our office. The coalition met four times and was able to present its concerns to the newly appointed Minister of Labour and hopes to continue with these meetings aimed at charting the way forward.

The **BONELA Sex Work Project**, which was initiated in 2007, continued to build sex worker and health care practitioner competencies in HIV and human rights knowledge and skills in 2008. Rather than attempt to build capacity in many various areas, one location, Chobe district, was selected. The decision to focus on one location came from the experienced challenge of sustaining projects in many places with limited resources which had occurred in the previous year. The main reasons for selecting Chobe where the high prevalence rate of HIV which was reported to be over 40%, the large sex work industry fuelled by the trucking business and tourism industry and the initial interest by the District AIDS Office to support a project of this kind in their district. BONELA conducted two pre-site visits to build consensus for the project in which they met with the District AIDS office and a group of women who lived and practiced sex work in Kazungula, a small village on the border between Botswana, Namibia, Zambia and Zimbabwe to begin building consensus for a sex work project in their district. These were followed by 3 training workshops on HIV, stigma and treatment literacy with the sex workers and one workshop on stigma, human rights and HIV with health care workers. The year ended with an evaluation trip conducted in November 2008. The main objective of the project was to build knowledge and skills on human rights in the context of HIV for sex workers as well as service providers, with the aim



that such knowledge will enable both groups to respond to sex work challenges from a rights based perspective. In summary, the three sets of trainings with the sex workers unearthed stigma, discrimination and other human rights abuses perpetrated against them at the hands of various community sectors such as health care workers; sensitized them to human rights and the law and built their HIV-related treatment literacy.

The second objective of the project was to begin **to build a sustained response to sex work issues in Chobe**. BONELA attempted to begin this process by partnering with the District AIDS Office on the project. There were no guarantees that the district would agree to collaborate with BONELA on the project, however there were clear indications of interest from the first pre-site visit that such would be the case, and indeed it was so: the District AIDS Office not only involved itself in the trainings, it also paid for part of the expenses for the trainings as well. We have been told that in 2009, they will further provide support by hiring sex workers as peer educators in HIV prevention, and will continue to fund activities with them. Some lessons learnt are that there is need for community permission and respect. Respecting a community's space is crucial to community development work. It is important to introduce yourself when entering a community especially for the first time, as BONELA was. This show of respect encourages rapport with community leaders and members and builds their support for the organization and its work.



In February 2008, the Botswana Treatment Literacy Coalition, led by BONELA, met to finalise the Treatment Literacy workplan for 2008, which consisted of a series of trainings, policy meetings and plans for the development of a treatment manual and other TB/HIV publications. During the meeting focal persons, attached to partner organizations in the districts of Maun, Kasane, Boteti, Sehitwa and Tlokweng/Gaborone, were identified and their terms of reference, workplans and reporting formats drafted. During the planning meeting it was realised that in addition to the training that ARASA has been able to provide on the clinical and scientific aspects of HIV/AIDS and TB, the trainers also required specific training on community organising and mobilisation. To support this end, four treatment literacy trainers traveled to Cape Town for two weeks in June 2008 for a workshop on understanding scientific information. This opportunity was also used to arrange for the treatment literacy trainers to meet with the Treatment Action Campaign- Khayelitsha branch leaders to discuss organizing and mobilization issues and to attend several demonstrations while in Cape Town.



Using Media as an Advocacy Tool

The **BONELA Media programme** plays a cross-cutting role in augmenting the overall BONELA advocacy strategy. As a human rights organization, BONELA plays a crucial role as a watchdog for human rights abuses. The media programme has a part in amplifying such cases and the voices of the minorities who often feel intimidated to speak for themselves. Through case studies, others can also feel encouraged to take a stand and defend their rights. Further, vulnerable groups usually do not have access to relevant and adequate information, hence the crucial role the programme plays through dissemination of information to these groups which in turn encourages claiming of rights at all levels via both print and electronic media. To achieve this, the media programme facilitates production and dissemination of information, education and communication (IEC) materials, ensures visibility of BONELA through publicity of events as well as media liaison and managing media relations for the organization.

In line with meeting BONELA's fourth objective, the media programme was active in responding to issues raised in both print and electronic media through press statements. The media programme was also proactive in policy advocacy through **agenda setting, by sending press statements to media houses** to alert them of human rights issues. Through regular media monitoring, a reactive approach was also adopted to respond to statements especially from government that are irresponsible in light of human rights, condemn human rights abuses and shed light on human rights issues the media picks up and publishes.

A total of 20 press releases were issued to the media from January to December 2008, which generated wide-ranging coverage in both print and electronic media locally and internationally through the BONELA website and other websites that were carrying press releases. These were published in most newspapers and aired on local radio and television stations. However, BTV remained a challenge perhaps because it is state controlled, hence limiting coverage especially of issues that reveal weaknesses in government implementation of programmes and flagrant disregard of human rights. This is despite the fact that a reporter will have attended an event where there is open discussion of the issues such as court cases where the government is sued.

The legal aid department had a total of **22 radio talk shows** aired on Radio Botswana 2 (RB2) on the Rush Hour Experience show hosted by DJ Sly. These radio shows were conducted as a way of expanding community involvement in the promotion of a human rights approach to responding to the HIV and AIDS pandemic and building the critical mass of informed people to defend the human rights of those affected by HIV and AIDS. These radio shows allowed listeners to call in and discuss issues of concern raised by the legal awareness programme for discussion or to ask questions about issues they needed clarification on. Topics for discussion included; defamation and the right to privacy, will writing, willful transmission of HIV, the National HIV and AIDS policy as well as best practices in other jurisdictions.

The **BONELA cervical cancer radio jingle** was translated in to Setswana to ensure that it reached a wider listenership. Although this information has not been documented, BONELA received a great number of people who called in to enquire about where they can get Pap smears as well as enquiring about signs and symptoms of cervical cancer. Radio has proven to be an effective mode of public education especially for urgent issues regarding health and wellness.

In 2008, a **TB/HIV media campaign** was launched and supported with materials including a treatment literacy banner entitled: 'Treatment Literacy: Mobilising Communities around Issues of Health', a TB banner, 250 Stop-TB campaign T-shirts and 250 Treatment Literacy T-shirts. The T-shirts were distributed during the 2nd Botswana HIV Clinicians Conference, BONELA Annual General Meeting, TB stakeholders meeting, Mthandazo Sibanda's court case, Lethlakane, Dukwi Refugee Camp, PLWHA Week, World AIDS Day 2008 and at the Forum Syd AGM

The media programme also facilitated the reproduction and distribution of various leaflets aimed at providing the public and other civil society organizations information to enrich their knowledge of specific human rights issues. Among these, are leaflets that were already in existence such as the BONELA leaflet; bilingual HIV and Law leaflets (English and Setswana); Prisoner's

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government has come up with laws that cater for women. She said after realising that men were oppressing women in marriages, the government implemented the Abolition of marital power Act in 2004. Mphahlele said it is advisable to marry out of community of property. She observed that one of the setbacks in Botswana is lack of robust NGOs.

BONELA Wins Top Award



BONELA Acting Director Gyselo Ntsho

The Botswana Network On Law And HIV/AIDS (BONELA) has won one of the top awards in Southern Africa called the ARASA HIV/AIDS and Human Rights for 2008. The award is presented annually to an ASA partner of excellence in their work in promoting HIV/AIDS.

The Director of AIDS Rights Alliance For Southern Africa Mphahlele Claydon said BONELA, one of the founding ARASA partners, has done groundbreaking work in treatment literacy and advocacy as well as in the rights of people living HIV and TB.

According to Claydon, BONELA has become the leading name in Botswana in terms of demanding accountability from government.

In addition to impact litigation, BONELA has made impressive progress in its treatment literacy training work and has recently started working with vulnerable groups in a refuge camp. BONELA's work in advancing a human rights based response to HIV and TB has been outstanding in a country where there is no official recognition of the right to health.

Therefore, Claydon said, the organization's integrity makes it the real recipient of the ARASA HIV/AIDS and Human Rights.

In the case of Mphahlele-Sibanda, BONELA made international headlines for challenging government's decision to deport a Zimbabwean MDR-TB patient. Government had also refused to give Sibanda access to TB treatment. As a result of BONELA's intervention access to treatment was provided. BONELA also won a major case in the Botswana Industrial Court involving the dismissal of an employee living with HIV after he disclosed his status.

For her part, Literacy and Advocacy coordinator, Ms. Chady Kefane said BONELA's international recognition should be an assurance to Botswana that the organization has their interests at heart.

Government, Marina Lies Exposed?

KHONDA DETERRETE

The Botswana Network On Ethics, Law and HIV/AIDS (BONELA) has exposed a web of lies in the case of an employee of the Ministry of Works and Transport who had said the firm for water treatment, security. It involved a case between Marina Hospital (PHH) doctors and the Permanent Secretary in the Ministry of Works and Transport. During the Press on Monday, Mr. Gyselo Ntsho, BONELA's legal officer, said Mr. Mphahlele's employment was allegedly ended on medical grounds on the 27th of June this year by way of letter dated April 14 written by the Permanent Secretary, Mr. Kago Mphahlele.

Ntsho, who was employed as a doctor, was said to have been found with a "medical illness" that had caused him to be on the 27th of March 2008 at Marina Hospital. BONELA said eventually when the client asked the doctor about his case, one, Dr. Vines Mphahlele, told him that he did not know her and further said that they were unable to sign documents that they had no knowledge of the employee in Marina Hospital doctor. Dr. George Mphahlele, confirmed that he had taken part in the medical Board examinations, but that Ntsho was examined sometime in August or September 2007, not March 2008 as the medical Board claimed.

The third doctor, who according to the medical report was the chairperson of the Board that had examined Ntsho, Dr. George Mphahlele, "sitting and shaking" said that at the time the client was examined, he was on leave for about six weeks and he believed the Board report as the chairperson he was referring to the news in the field. "The question is whose news, when you sign a letter, you are basically

making you have examined a person. Those who are killed the government's defense. The revolution is killing and kidnapping," said Ntsho.

In the fight of the doctor, said BONELA, government considered debt and tried to persuade the organization to cover up the news by writing the case in confidence and not disclosing the medical settlement to the public.

BONELA said this refusal to agree to covering the matter under the guise of confidentiality and not disclosing the medical settlement to the public, the doctor subsequently went to court. The court found that the government's supervisor, Mr. Vines Mphahlele and Mr. Mphahlele, had written complimentary affidavits about Ntsho, describing her as hardworking, diligent and loyal to her job.

When the issue of the secret testimony arose, Luthuli High court Justice, Judge Luthuli, expressed concern and shock at the manner in which the PHH medical Board doctors, who are revered, had acted.

The judge said he could not make an order of non-disclosure to non-parties as court documents are by their nature public documents, and made the settlement as order of the court without any confidentiality claim.

BONELA said they had refused to settle on a confidentiality basis because in publishing these affidavits the authorities will, from now onwards, know that their actions are under scrutiny.

"As watchdogs we cannot condone medical malpractice or conflict. If we do, we would be using a therapist to our people, our nation," BONELA said. In some of the affidavits, Mr. Ntsho obtained all that she had asked for - back pay, compensation and the costs of litigation. "We can only hope that more women will be taken against all the doctors involved. We also hope that this case is the exception, rather than the norm, that we do not see this, especially in the light of what Dr. Mphahlele is said to have said," said BONELA.

Ntsho was represented by Mr. Vines Ntsho from BONELA and Botswana (Attorney General and Permanent Secretary) were represented by Mr. Ntsho Ntsho.

Ntsho said The Gazette is a true testament to the fact that a true justice is pending before the Luthuli High court.



BONELA's Acting Director Gyselo Ntsho with the victim Dr. Ntsho

Many people find it difficult to

TALK ABOUT SEX

Some of us find it embarrassing, others don't like using words and find the sexual vocabulary as embarrassing particularly when it refers to our bodies.

Often we start to feel about body and sex, not among women and men because we are usually told that they are not as high as of controlling HIV/AIDS and STIs. Sometimes it leads to inappropriate actions even that because of discomfort with the health care workers who are meant to help.

STIs ARE A REALITY

For both women and men with women (HIV) and men who have sex with men (MSM).

There are various practices aimed at preventing the exchange of body fluids with a partner. Sexual (including heterosexual) can prevent a high concentration of the virus which is not a high concentration of the virus, often STIs can be passed through open sores from the genital area and through.

Not everyone enjoys sexual activity, but it is not sex that is the issue. It is the intensity of the activity. By making sex less safe, one can have more sexual and pleasure in the process, but it is not the pleasure that is the issue.



Barriers that we can use for sex are:

- Condom (this can be used for oral sex)
- Douching (this can be used for oral sex)
- Water (this can be used for oral sex)
- Lubrication (this can be used for oral sex)
- Water (this can be used for oral sex)

For more information contact

Dr. Gyselo Ntsho (021) 234 2343 or Email: gntsho@bonela.org
Bonela website: bonela.org or bonela.org.za





Rights leaflet; Sexual Diversity leaflet; Homophobia leaflet; Play It Safe leaflet; Right to Consent leaflet; Children's Rights leaflet and Bomme Isago leaflet. The programme also produced 3 issues of the **BONELA Guardian**. The newsletters explored groundbreaking events such as the case of Kgakgamatso Sekgabetlela, a woman who was given a wrong HIV diagnosis and sued the Government of Botswana for P500 000.00 and BONELA winning a top human rights award.

The **2007 Annual Report** was produced in November in time for distribution at the 2008 Annual General Meeting in November. The delay in production of this undeniably important document is partly linked to the fact that there was a change of staff in the Media Department but also the organisation's challenge to create space and time to reflect on activities and document the many important and mostly successful events that BONELA runs in the year. 2 500 copies of the **BONELA Strategic Plan for 2007 – 2012** were also printed in November with funding from Forum Syd and HIVOS. Copies were also distributed at the AGM to various stakeholders, including the media.

BONELA also co-produced a leaflet for PRISM. The leaflet gives an overview of the programme, the vulnerable groups it targets as well as the focal areas of the project. A **banner** was produced for LeGaBiBo entitled “**equality for all**” as tool to aid awareness raising in various campaigns and events for LeGaBiBo and other stakeholders that directly impact the MSM/WSW community and support LeGaBiBo's cause. In the same realm, the media programme, edited the **PRISM Needs Assessment Report**, which summarises the results of a needs assessment on access to primary health care service provision for LGBT. The report will be used as an advocacy tool. This report is also available in electronic format on the BONELA website.

The **Botswana Review on Ethics, Law and HIV/AIDS (BRELA)** is a bi-annual BONELA publication that seeks to encourage research and scholarship around issues of ethics, law and HIV/AIDS and is published with financial support from HIVOS and Forum Syd. In 2008, the June issue was published. Whilst the editorial committee reviewed articles received for publication in the

December issue, there was need for more articles. The publication will thus be printed in early 2009.

BONELA participated in a **newspaper supplement** by the *Monitor*, a local paper, which was published on the 15th of December 2008 under the theme *Leadership: My Key to Behaviour Change in Stopping HIV and AIDS*. BONELA placed two (2) adverts for **TB**, and the **HIV Employment Law** as well as two (2) advertorials on the **Domestic Violence Act** and **PRISM**. It was an opportunity for the organisation to discuss the issue of the role and expectations of leadership in the fight against HIV, and to advertise BONELA and the services it offers. As an example of the role of leadership in influencing behaviour change, a **special feature** was compiled by the Media Officer which chronicled the Kgosi (Chief) of Werda's personal history of testing and treatment and his battle to mobilize his community to be tested for HIV.

Most of the materials above were distributed at the following events; the Schapera Conference held at the University of Botswana in October; the Takatokwane 2008 Wellness Day Exhibition in October; World AIDS Day Exhibition at the University of Botswana in November; BONELA 2008 AGM in November; Treatment Literacy Training at Dukwi Refugee Camp in November; the 2008 World AIDS Day Commemoration in Selebi Pikwe on the 1st of December and the 2008 Forum Syd AGM in Palapye held in December. The **HIV Positive anti-stigma t-shirts** worn by the Media and Advocacy Officer and the Gender Officer together with the BONELA banner generated international press coverage during the march past the President of Botswana at the World AIDS day commemorations resulting in coverage internationally through Al Jazeera television station, available on Digital Satellite Television. Materials were also forwarded to the Office of the President through the Programme Coordinator for Governance.

The media department facilitated the production of a **video of the BONELA AGM** which captured all the speeches. The video is an important documentation tool. Not only will it be used for institutional memory but will be an interesting and interactive way of reporting to donors and the international community at large on BONELA activities for 2008.

The BONELA **website** has continued to be an informative link with the outside world. All current activities are posted onto the website. This includes the latest copy of the newsletter and press statements that are issued are sent to the press gallery. A number of these press releases were picked up by other international news agencies, leading to greater coverage. This was the case in the Mthandazo Sibanda case, a Zimbabwean residing in Botswana who was deported for MDR TB. Agencies that ultimately helped in access medication in Zimbabwe, had read his story as disseminated by various agencies through the internet.

All materials produced by BONELA in the course of the year such as the Annual Report, Newsletters, Strategic Plan Reports and IEC materials were also uploaded onto the site for easy access to the national, regional and international community. In support to the LeGaBiBo organization, the media programme uploaded a Shadow Report on violations against the Lesbian, Gay, Bisexual, Transgender (LGBT) community on the BONELA website. In this

sense, the website is a vehicle for highlighting critical human rights issues and violations and mobilizing national, regional and international support and ultimately life-saving action as in the case of Sibanda highlighted above.

A lot of lessons were learnt by the media programme. It was realized that inviting the media to court hearings ensures that reporting is accurate, and keeps the interest of the journalists even after the case. Due to the pressure BONELA has mounted through press releases on various issues, the media perceives BONELA as a credible source for comments on other relevant news items. This practice was thus continued throughout the year. Furthermore, timeous posting of the press releases on the BONELA website reaped tremendous benefits as international media houses could pick up issues easily which helped Mthandazo Sibanda to ultimately get help in Zimbabwe from the International Organisation for Migration, the Centre for Disease Control and the Ministry of Health and Child Welfare in Zimbabwe.





Promoting Access to Information on HIV/AIDS and Human Rights

The BONELA resource centre holding is estimated at about 3000+ information resources. This is mostly made up of pamphlets, brochures and books. The primary focus of the collection remains to support human rights and HIV and AIDS research.

In October 2008, HIVOS agreed to fund the acquisition of commercial library software, the L4U Library Management System. The L4U acquisition took over two weeks to sort out; at a cost of €3539.00, but transition from CD-ISIS to L4U was not smooth. The two main reasons for choosing L4U over other library systems offering more immediate support was functionality, being user friendly and cost effective. By the end of the year, the system was up and running and 130 items were already on it. The 1089 items on the previous CD-ISIS system have not yet been imported into the L4U.

There have been additions to the stock over the year through donations largely brought in by programme officers attending conferences and seminars. Officers who attended the Worlds AIDS Forum in Mexico City brought in a wealth of material. The Treatment Literacy material has been enriched through this.

In collaboration with the Media and Advocacy section the Resource Centre helped to set up a BONELA stall at three events in which BONELA participated. These were the 2008 Clinicians Conference, the Wellness Day in Takatokwane and at the University of Botswana Clubs' HIV/AIDS Day.

In its future plans the Resource Centre endeavours to do the following:

- Acquire suitable and secure furniture for non-book materials (DVDs, CDs, Cassettes);
- Develop a newspaper clippings file database for HIV / AIDS

and BONELA in conjunction with the media programme;

- Develop library staff profiles;
- Draw up a list of potential exchange partners, draw up agreements and make contacts across the country and beyond and ensure maximum awareness of the BONELA publications;
- Agree with the Library Committee on a set of rules and regulations for use of the Centre including a decision on who can be users of the centre beyond the BONELA staff;
- Complete processing of current stock including classification, spine labeling, shelf labeling and actual shelving;
- Ensure security of material;
- Develop an acquisitions list and circulate to other institutions to keep them abreast with new additions to the stock;
- Discuss the possibility of the Resource Centre obtaining a dedicated computer to serve as an Online Public Access Catalogue a networked access to the library catalogue will also help provide access of staff and other users to material;
- Acquiring newspapers, magazines for the Resource Centre





Networking and Partnership

BONELA makes use of many opportunities for **advocating for a human rights based approach at many national fora, meetings and committees**. Some of those opportunities are described below. BONELA participated in the Technical Working Group on Prevention with Positives by contributing to the development of a draft strategic working document around positive prevention, in which treatment literacy was adopted as an effective tool for positive prevention initiatives. BONELA also participated in the Government of Botswana Joint Planning Committee meeting to address the draft concept on enhancing meaningful child participation by providing input into a draft concept. In the 3rd quarter, BONELA attended a two-day workshop to develop a National TB Programme Strategic Plan for 2008 – 2012. From 28 September to 1 August 2008, BONELA attended the Prevention with Positives Technical Working Group workshop for the development of guidelines for HIV testing and counseling for adolescents. The BONELA Treatment Literacy and Advocacy Programme recommended that feasibility studies be conducted before programme implementation. The strategy has not yet been implemented as the process of consultation is still in progress. BONELA participated in a debate organized by the UN and the National AIDS Council Agency (NACA) in December 2008 on prevention of new infections. BONELA's legal officer argued that while Botswana still has repressive laws and policies, the response to HIV and AIDS will fail. For instance, he submitted that we need to decriminalize sex work, homosexuality and also criminalize marital rape.

The Government of Botswana is working on a legal aid project for indigent citizens and the Legal Officer of BONELA is a member of the Task Force, chaired by the Attorney General. He has attended a couple of meetings on our behalf. It is hoped that by April 2009, the project will be piloted in some areas in Botswana. This is a welcome development and commands our commendation as we have to deal with indigent clients on daily basis and we fully understand the value that legal aid can add to their lives.

Recognising the importance of building sustainable partnerships when engaging in human rights advocacy, especially with regard to the meaningful inclusion of marginalised communities in the

national response to HIV, the PRISM programme held District Multi- Sectoral AIDS Committee meetings (DMSAC) in Kasane, Maun, Gaborone and Francistown. 1 meeting was held with the Kasane DMSAC. This was an advocacy, network and partnership strategy meeting and was solicited by other activities undertaken by BONELA in Kasane through the Training & Advocacy and Treatment Literacy departments. The discussion centered around PRISM, the importance of including MSM/WSW in HIV prevention as a way of mitigating HIV infection and be able to meet the zero new infections of HIV by the year 2016 goal as it is enshrined in Vision 2016. BONELA also held meetings with Population Services International (PSI), Tebelopele and the Botswana Council of Non-governmental Organizations (BOCONGO). The meetings were aimed at cultivating future collaborations in regard to how these organizations can contribute to the programme as well as strategies that can be initiated by the organizations in targeting the MSM/WSW community. The meeting with the management also ensured that partnerships are strengthened. PSI committed to conduct some fact finding/ research on how best lubrication can be incorporated into their condom strategies (social marketing etc), as well as researching on dental dams, although they felt that it might prove that this could be difficult since they will also need willing people/retailers to sell dental dams. PSI is also to take on board the issue of language regarding their products and their social marketing strategies so that it is neutral on sexual orientation. Tebelopele will also take into cognizance language issue, encourage couple counseling of same sex relationships and offer those services. BOCONGO will afford BONELA time to address their Sector Coordinators.

Throughout the year, site visits were conducted to monitor the implementation of activities in the districts. The **site visits** included a visit to Kasane, where a meeting was held with the DMSAC and Technical Advisory Committee who were briefed about BONELA's activities. During a site visit to Letlhakane from 11 to 13 June 2008, the District AIDS Co-ordinator delegated a Peace Corps volunteer to work with the treatment literacy focal person around issues of treatment literacy.

BONELA made a **presentation** at the **Botswana Partnership Forum on the BONELA PRISM programme**. This is a forum for government ministerial authorities, development partners, stakeholders and executive officers to dialogue on policy level issues regarding HIV national, in comparison to NAC. The aim of the presentation was to sensitize partners on issues of MSM/WSW, how to reach out to sexual minorities and support initiatives and be allies to organizations trying to address the same issues.

Another presentation by BONELA was made at a **Public Health Technical Meeting**. This is an advisory committee on HIV for public health for the ministries of health and local government. The main objective of the presentation to the committee was for committee members to appreciate the findings of a study that BONELA had undertaken on HIV in the MSM community. At the time, data analysis of the study was not finalized, hence, BONELA was requested to brief members on PRISM for appreciation of sexual minorities' issues in relation to HIV. This was a significant opportunity for BONELA to address the health sector arm that influence policies and interventions to ensure understanding of sexual minority issues especially that exclusion, stigma and discrimination increase their susceptibility to HIV infection.


BONELA was identified alongside other organizations to form an advisory committee to the nation that will focus on prevention of all modes of HIV transmission, that is, the socio-behavioral and biomedical. The broad objectives of the **National HIV Prevention Technical Advisory Committee** are to advice and support NACA with the national- level strategic planning for prevention, coordination of prevention efforts of various partners as well as advocacy for policies and strategies related to HIV prevention within national and international fora.

BONELA staff members together with the chairperson of BONELA attended the **2008 World AIDS Conference** in Mexico held under the theme *"Universal Action Now"*. The conference provided an opportunity for participants to engage with scientists, the community, government and leadership from around the world to advance the collective response to HIV/AIDS. The BONELA

team attended several sessions that were of interest such as the Schorer (the main donor partner in the PRISM project) PRISM poster presentations encompassing needs assessment findings and future plans from all partner organizations in the regions that Schorer has partnerships and the human rights networking zone stall themed *"human rights and HIV/AIDS; now more than ever"*, where we had our materials and attended few sessions (scaling-up HIV interventions in prisons, HIV and AIDS related stigma in the health care setting, a case study of Nigeria) and also signed the daily petition on an urgent action on HIV and human rights.

During the 3rd quarter, several staff members of BONELA and members of the Treatment Literacy Coalition attended the **2nd Botswana HIV Clinicians Conference** and set up a stall to offer delegates exposure to BONELA's work. BONELA organised a **symposium titled: "Treatment Literacy: a Tool for Community Response to TB/HIV/AIDS"** and engaged delegates on TB-related issues. The conference gave BONELA a platform to engage with policymakers and other stakeholders on the control of communicable diseases across borders; the lack of access to treatment for foreigners in Botswana and the TB crisis situation in Botswana. Prior to the conference, the treatment literacy programme conducted, a two-day refresher training for 16 BONELA staff and district focal people in preparation for the Conference. Through the symposium and a panel presentation made by the BONELA Director, human rights and policy issues were prominently discussed at the conference. Clinicians acknowledged that through the literacy work undertaken by BONELA, community members and activists are enabled to discuss clinical and scientific issues that are otherwise often left to the medical community.

Ensuring that the voices and experiences of community activists from Botswana are heard in international meetings, BONELA strategically makes use of **international fora by advocating for human rights from the perspective and lived experiences from the global south**. For example, in October 2008, the Treatment Literacy Coordinator attended the **International Union Conference on Tuberculosis and Lung Disease held in Paris, France** under the theme, "Global threats to lung health: the importance of health



system responses". Discussions acknowledged the need to build strong partnerships and meaningful community involvement in TB/HIV prevention, care and support. BONELA presented on the community perspective of the 3Is - Intensified case finding, Isoniazid Preventative Therapy and Infection Control. BONELA also presented commentaries based on presentations by WHO and government officials from India, Tanzania, Uganda and Malawi. BONELA was commended for being one of the few organizations working on human rights, ethical and legal issues related to TB.

In December 2008, BONELA was represented by several staff members at the **International Conference on AIDS and STIs in Africa (ICASA)** held in Dakar, Senegal under the theme 'Africa faces the facts'. The Treatment Literacy Coordinator was supported by the European Commission. The ICASA recognized the fact that marginalized groups such as sex workers and lesbians, gays and bisexuals are not included in design and implementation of prevention strategies and interventions. BONELA presented a paper at a symposium organized by the WHO and UNAIDS, giving a community perspective on implementation of the 3Is. Other organizations were encouraged to emulate the example of BONELA, that is, to focus on TB advocacy as opposed to service provision. BONELA also participated in the Global Fund to Fight TB, HIV/AIDS and Malaria Partners' Forum held in Dakar, Senegal under the theme – 'Listening to the Voices'. The forum discussed challenges in accessing Global Fund resources at country level. The Treatment Literacy Coordinator also attended a meeting between community activists and the Global Fund Countries Coordinator to discuss and recommend solutions in addressing limited submissions of TB related proposals. Activists recommended that the application form should be modified to encourage countries to submit proposals addressing TB. The recommendations will be submitted to the next Global Fund board meeting.

The BONELA PRISM Coordinator attended the first **Gender Identity Strategic Workshop for East and Southern Africa** held in Cape Town in December. This was a forum where representatives of transgender people from across East and Southern Africa met to candidly deliberate upon and practically address various key

identity and rights issues specific to transgender people, which has become a matter of urgency within the LGBTI movement. Education was raised as an important area to tackle the following areas; skills, violence, health, and unemployment. Participants also tasked themselves with ensuring that there are routine need assessments and information dissemination in their respective countries as well as building alliances with human rights organizations and LGBTI movements at international level and women's movements, gender-based violence movements, and other Economic/Justice organizations at national level.

BONELA staff attended the **PLWHA Week** in December in Selebi Pikwe organized by BONEPWA+. This was a gathering of PLWHA in Botswana for capacity building and to discuss issues that affect them in accessing treatment and services. BONELA had to sessions on Human Rights, however, because of poor organization of the event, BONELA only managed to hold one session on treatment literacy.

The PLWHA week was followed by **World AIDS Day** at which BONELA exhibited at a stall, distributed materials and marched during a float in front of the President of Botswana, His Excellency Seretse Khama Ian Khama on the 1st of December, resulting in international media coverage through Al Jazeera News Channel.

As a means of raising awareness and educating the community on issues of HIV and AIDS and human rights, the **Legal Aid** programme organized and conducted five legal sensitization workshops in Francistown, Mochudi, Letlhakane, Palapye and Maun. All workshops were conducted under the theme "Raising Awareness on the Law and HIV and AIDS." These workshops were well attended, each with at least 28 to 30 participants representing stakeholders of diverse backgrounds, amongst them, support group members, lay and professional counsellors, prison officials, teachers, government officials, health care workers and members of the private sector. Each of the three days of the workshops were divided into sessions with each session drawing a bead on assisting participants to appreciate the link between HIV and AIDS, the law and human rights. Moreover, participants were equipped

with substantial knowledge on the following areas of the law, the history and structure of the Botswana legal system, employment law, succession law and will writing.



In addition to workshops initiated by the Legal Aid Department, there were an overwhelming number of invitations extended to the Department to resource external workshops organized by other governmental and non-governmental organizations. Organizations and institutions that invited the Legal Aid programme to take part in their workshops as guest facilitators during this period ranged from various secondary school management teams and staff in and around Gaborone, Men Sector committees and Ditshwanelo, which organized a workshop for domestic workers dealing with realization and protection of their rights both individually and collectively. BONELA also honoured invitations from Tebelopele HIV Testing Centre in Botswana to attend a workshop for its lay counselors to equip them on ethical and legal issues, and from Prisons Department, to educate prison staff on human rights and the law pertaining to HIV and AIDS. Some requests were specific to areas such as HIV and AIDS work place policy formulation, inheritance law and will writing. One such request came from the Ombudsman office whereat we taught about 43 staff members, the majority of whom were lawyers, on will writing and the law of inheritance. A total of 450 people were trained in these stakeholder initiated workshops and 150 were trained through those organized by the legal aid department.

Various training workshops were conducted by the BONELA **sex work project**. An indication of the outcomes of these trainings is that at an evaluation trip at the end of the year, the sex workers were asked about the impact that the trainings has had on their lives and many said the biggest impact had been the building of a support system amongst them. They were better equipped to support one another through tough times and counseled one another in their personal issues. They said they were more sensitive to their own and other people's stigma. One person said: *'People die from the stigma...It's everywhere, the churches, the hospitals. It feels very painful'*. The workshop participants also said that they were better equipped to challenge stigma in their communities. *"We try to tell*

people who stigmatize us, 'how about if it happened to you?'", to try to get them to understand how stigma feels", someone said.

In 2008, 30 women were trained on using the **Positive Women Monitoring Change Tool**- a tool intended for use by HIV positive women and other actors working in the field of HIV and AIDS with a commitment to gender, human rights and the rights of HIV positive women. The tool can be used for advocacy and M&E purposes. The women were trained with the intention to enable them as HIV positive women to monitor the commitment of the Government to respond to the sexual and reproductive health needs of women living with HIV. Following the trainings, data was collected from women living with HIV using the tool in order to establish the extent to which women living with HIV are able to access sexual and reproductive health services within the public health facilities in their communities. From the preliminary data collected, it can be drawn that the women interviewed were reluctant to respond whole heartedly to the questionnaire, some answers are not convincing of the situation of women regarding their sexual and reproductive health rights situation especially questions related to negotiating safe sex and condom use, receiving counseling and proper assistance when planning to fall pregnant and appropriate follow up care relating to maternal and child health.

In the first half of 2008, **two basic and one advanced treatment literacy awareness raising workshops** were held in Francistown and Molepolole, attended by PLWHA lay counselors and support group co-ordinators as well as programme coordinators for the Botswana Youth Council Sports Development Programme. The trainings in Francistown illustrated that effective coordination and organisation of support groups enhances community mobilisation and integration of treatment literacy into existing structures. In April 2008, the treatment literacy programme conducted **training on TB** for seven treatment literacy focal persons, presenting an opportunity to review how knowledge acquired in previous workshops has been put into practice. This was a prelude to the **National Botswana TB Advocacy meeting** held on 8 April 2008, with 23 participants from the Ministry of Health, Botswana National TB Programme (BNTP), district TB coordinators and community



activists, to discuss problems with the national TB programme in Botswana. During the TB stakeholder's meeting held in April 2008, treatment literacy focal people were able to engage with policy makers about pertinent TB issues and it became obvious that the preparation of focal persons for high level meetings is vital as this enables them to effectively engage in HIV/TB policy discussions. Thereafter, a **national TB/HIV advocacy document** outlining the major TB/HIV-related recommendations for the Botswana government was produced and will be used for TB/HIV advocacy work in 2009. A press statement about the TB situation in Botswana was released in follow-up to the meeting. Challenges highlighted in the press release included a lack of improved interventions to mitigate the impact of TB/HIV and a failure by the government to recognize the TB situation as a crisis which needs to be acted upon with a sense of urgency.

In the last quarter of 2008, the Treatment Literacy Programme held a 4-day treatment literacy workshop in Letlhakane, attended by 21 participants from the Boteti sub-district. The meeting targeted PLWHA and caregivers from 6 support groups in Kushata, Mmatshumo, Sunshine, Mukubilo and Kumaga. In the same quarter, the programme held a 4-day **Treatment Literacy, Preparedness and Advocacy training for refugees at the Dukwi Refugee Camp** in Tutume Sub-district. At the outset of the training, the participant's level of understanding about HIV/AIDS was very low. BONELA learned that there is a 95% mortality rate of HIV-related deaths in the refugee camp and prevention of mother-to-child-transmission (PMTCT) services are not accessible to HIV positive mothers. In addition, BONELA Media Officer recorded individual stories of participants' experiences of living in the camps without access to ARV treatment. The stories have been compiled and will be published and used as an **advocacy tool to push for access to treatment for refugees in the next year**. As an outcome of this training, the refugees participated in efforts to solicit HIV/AIDS treatment provision by the Government of Botswana and UNHCR. In addition, refugees from this camp petitioned the government of Botswana and UNHCR about denial of access to HIV treatment for refugees during the World AIDS Day commemorations held at the camp on 5 December.

The PRISM programme initiated the process of **developing a training manual on STI/HIV, sexual minorities and human rights and/or the law**. The purpose of the manual is to augment the existing HIV and human rights manual of the organization but targeted towards service providers such as health care providers (including social workers), teachers, police and prison officers, parents as well as the MSM/WSW/LGBTI community. In the course of 2008, a tender for a consultant to develop the manual was advertised and work on the manual will begin in early 2009. The PRISM department in collaboration with the Media department held a half-day **training workshop with journalists on the rights of sexual minorities**. The workshop was attended by 6 journalists from BOPA News Agency; Echo Newspaper; Gazette Newspaper; Kutlwano Magazine and Radio Botswana 1 and 2. The media were sensitized on sexual minorities generally and how the same issues relate to STI/HIV and human rights. The training also focused on the need to report on sexual minorities in a balanced way using a human rights lens. A similar **training, targeting programme officers in non-governmental organizations** and was also conducted. It aimed at information dissemination on issues of sexual minorities, sexual transmitted infections including HIV and human rights as well as forge partnerships with the same organizations for PRISM's future collaborations in implementation. The Training and Advocacy department also assisted with facilitation of the stigma topic. Participants came from BONEPWA, BOFWA and Tebelopele. The training also covered issues of but not limited to ideas and expertise on how sexual minorities can be reached/accessed as they are hidden populations, devising of modern advocacy strategies to address sexual minorities as the community is not legally recognized as well as understanding how one deals with same sex couples especially in HIV counseling and testing. Another **PRISM training for police officers and prison wardens** was held in 2008 and was a success with 12 government employees in attendance (7 Police Officers and 5 Prison Officers) who were actively engaged in issues of sexual minorities, HIV, human rights and/or the law for 3 days.





Expanding Community Involvement Schools

This year BONELA embarked on a project aimed at making human rights and HIV education accessible to the mostly ignored setting which is the school. The project sought to raise awareness among primary school students between the ages 10-13 as well as primary school teachers on stigma, children's rights and HIV/AIDS. A series of workshops were held with students and teachers in two different primary schools- Tshwaragano Primary School in Gaborone and Ranaka Primary School in Ranaka training a total of 137 participants. The workshops gave the participants an opportunity to reflect on their experiences of HIV related stigma and their interactions with HIV and human rights. An understanding of human and children's rights among participants was limited, as they had not been exposed to these concepts. However, students seemed to grasp concepts of human rights and expressed an interest in learning more about human rights. The students further suggested that they be assisted in forming a human rights club. Students and teachers form a very critical group in the response to HIV however, there appears to be no efforts targeted towards this group. The schools in which the workshops were conducted expressed the lack of resources to assist them in educating children on issues of HIV and stigma especially that the children are from communities where HIV is very apparent and stigma persists in those communities. This was a pilot project and plans are underway to expand this project to more schools in Gaborone and areas around Gaborone in 2009. The workshops used a participatory learner centered approach to allow participants to draw on their experiences and acquired knowledge on stigma, HIV and children's and human rights. The workshops with teachers and students were conducted mainly in English and Setswana was used mainly as a point of emphasis in circumstances where participants expressed that they did not understand. The use of both languages gave an equal participation opportunity to participants. Several IEC materials were developed for this project, such as Children's rights stickers, pens and t-shirts.

An additional training workshop on stigma, human rights and HIV was conducted for the Ngwapa Primary School AIDS committee in

Ngwapa at their invitation. The workshop was attended by around 60 students, teachers and community members. As this is a newly established committee and the first HIV/AIDS community initiative, the group had very little knowledge about HIV, stigma and human rights. It was suggested to the committee that they plan another workshop which will incorporate components of treatment literacy into the training. There are communities that have not been reached with HIV/AIDS education in Botswana. Ngwapa is one of those areas that have not been reached, even though there is ARV treatment in the area, the community members are not receiving information related to HIV. The community still needs education on all the areas of HIV including stigma and discrimination, human rights education, treatment literacy and HIV prevention.

An **HIV prevalence probe study targeting MSM**, with a sample size of 120 men in both Francistown and Gaborone was conducted to give insight into the HIV challenges including HIV infection, treatment, care and support among men who have sex with men in Botswana. The study was part of a regional probe, involving other countries such as Malawi, Namibia and South Africa in partnership with SHARP, and its sister foundation OSISA and the Johns Hopkins Center for Health and Human Rights. It will be the basis of the MSM advocacy work when published, acknowledging that making human rights arguments is often times made easier when presented with public health data.





Provision of Legal Aid

As part of its core mandate, the legal awareness programme largely offered free legal services to all deserving clients from January to December. It engaged in litigation, mediation and offered free legal advice. The Department has come to be known for handling ground breaking cases with an admirable success rate. The cases range from stigma and discrimination, unfair dismissal, wrong HIV diagnosis, denial of access to treatment and deportation in a specific case.


Other ongoing high profile cases which the Department dealt with include two wrongful diagnosis cases, one of which involved Kgagamatso Sekgabetlela, who sued the Government of Botswana for P500 000.00 for a wrong HIV positive diagnosis when she is in fact HIV negative. The HIV positive diagnosis exposed the client to stigma and discrimination from health care workers and her community; estrangement from her husband and the near break-up of her marriage; subjection to IPT and PMTCT to which she reacted badly and great emotional stress. This case saw the Botswana Government admit in court that our client was wrongly diagnosed as HIV positive and that such false diagnosis was as a result of negligence on its part and further that the Plaintiff had suffered damages as a result thereof. The case which was heard before Justice Dr. Key Dingake on the 28th of August 2008 at Lobatse High Court has been adjourned until the 30th March 2009 whereupon the expert witness will lead evidence on the harm suffered and assist with assessment of damages. This is a novel case in Botswana and that the Legal Aid Department is rigorously preparing for the continuation of the trial. Another case of this nature involved a nine year old boy who had also been wrongfully diagnosed as HIV positive, the case was settled out of court since government admitted negligence and was willing to compensate the client to avoid the long and expensive route of litigation. It was also in the best interest of the boy to settle out of court as court rooms are usually tense and unfriendly. The boy was awarded P7 500.00 as damages.

Another case involved a client who was employed as a cleaner by a medical clinic. Over the course of her employment our client was unwillingly coerced into submitting to a blood test, carried out by

the employers themselves, which revealed she was HIV positive. Thereafter, she alleges that she suffered increasingly discriminatory and differential treatment at the hands of her former-employers. For instance, she was re-deployed to perform menial household chores at the employer's residence such as picking up dog droppings and pulling weeds from around the property. She was not permitted to use the taps nor the ablution facilities in the medical clinic, forcing her to use facilities in the nearby mall and to bring drinking water from home. Due to her employer's refusal to allow her entry into the surgery during the rainy season, she was forced to seek refuge at adjacent shops, causing her to develop mild complications to her health and forcing her to take sick leave for two days. It was upon her return from this last event that she was subjected to a crude disciplinary hearing wherein she was summarily dismissed, despite providing a medical note indicating her whereabouts and the necessity of her absence. It was after this occurrence that the client approached BONELA for assistance. The matter was heard before the Industrial Court and was postponed in April 2008 to August 2008 owing to the absence of the employer. In the interim, the legal representatives offered to settle the case out of court by offering the client nearly 13 months salary as compensation as opposed to the 10 months compensation that BONELA had requested the court for hence after consultations she elected to settle. The case attracted significant coverage from the local press, enabling the Legal Aid Programme to further publicize its services, sensitize the public to human rights issues surrounding HIV/AIDS and employment issues, and further advocate for protective legislation for persons affected by the pandemic. BONELA held a press briefing to talk about the case and the Botswana television (BTV) interviewed the client on one of the popular programs and the Legal Officer featured on two television programs to discuss the case and the need of the protective laws. A large number of similar cases have been reported to the legal aid clinic because of the publicity generated by the said two cases in point. This is evidence that strategic litigation does create a huge impact out there as people notice and come out of the closet.

In November BONELA brought a case before the High Court, representing a prisoner who was denied the opportunity to access





testing facilities for CD4 count tests and was also denied the chance to see an ear specialist to deal with his ear infection. Our client is suing for constitutional damages of P500 000.00. The case was adjourned to March 2009. We have also registered two cases which are of a similar nature in that our clients were denied access to life saving drugs by prison official and the police while in custody.

Other cases dealt with during 2008 were labour related cases in which the legal aid clinic represented its clients at the Industrial Court. Most cases involved clients who had suffered injustice at the hands of their employers after they either voluntarily disclosed or were pressurized into disclosing their HIV positive status. The injustices varied from dismissals and subjecting employees so affected to intolerable working circumstances so that they eventually quit their jobs. A classic case in point is that of Benson Modukanele. In this case, the Industrial Court ordered Hitecon, the employer, to compensate our client for unfair dismissal for the sum of P10 800 (being 6 months salary) plus unpaid overtime pay to the sum of P13 625.85. This to BONELA was a massive victory and it made headline news on the television, in newspapers and on all radio stations. The brief facts of the case are that our client, who was employed as a truck driver in a construction company was dismissed after telling his employer that he is HIV positive and will be on sick leave for five days as he will have to enroll on ART treatment. He was thereafter asked to leave the company. Hitecon has now decided to appeal the order with the Court of Appeal.

The legal aid clinic also won a big labour case against government in terms of which the client was to be reinstated with back pay for the entire period that she was fired. The basis of her dismissal was that she was fired on the strength of a medical examination that took place in March 2008. Our client's contention was that she was never examined at that point in time but was examined sometime in August 2007 and that at that time she was unwell but had since remarkably recovered. It emerged that the doctors who purported to have examined her in March 2008 never had contact with her and just signed a medical report without consulting

the client. BONELA took the matter to the High Court and the Government of Botswana was embarrassed by chilling discoveries of unethical conduct and professional misconduct of the doctors. The Government of Botswana unsuccessfully tried to persuade BONELA to settle the case under confidential circumstances. This case also generated much public interest and coverage. It was called all sorts of names by the media, such as "Government cover up case exposed" and "Government lies exposed".

In 2008, the BONELA Treatment Literacy Department made concerted efforts to **decentralize treatment literacy activities**, based on the concern that efforts to establish activities at district level without physical presence would be futile to the success of the national Treatment Literacy Programme. To this end, BONELA has engaged **district treatment literacy focal persons** who are to monitor government service delivery at district level and increase **community social mobilisation** activities for treatment access at grassroots level. In addition, the treatment literacy focal persons also create an opportunity to link the BONELA secretariat and the constituencies served by the treatment literacy and advocacy efforts. Major achievements of the focal persons in 2008 include securing funding from various sources including the Southern African Treatment Access Movement (SATAMO) and the DMSACs to expand activities and raise awareness about TB/HIV treatment literacy issues. In addition, some focal persons were able to establish treatment literacy steering committees in their districts and use their skills to spread the message of treatment literacy while implementing advocacy activities on treatment issues. The focal persons also trained lay counselors and support group coordinators and designated them as treatment literacy focal persons in clinics. The focal persons presented the challenges of treatment access at the district level to national decision-making fora such as the 2nd Botswana International HIV Conference. In addition, one of the BONELA focal persons, Senkamile Molapisi was elected as **incumbent PLWHA community representative on the Board of the Global Fund to fight AIDS, TB and Malaria** for 2008/2009, providing BONELA with a platform to advance the community treatment literacy agenda at high level international meetings.

Development of a Planning, Monitoring, Evaluation and Reporting System

From the 7th to the 11th of July most programme staff from the Forum Syd Partnership attended an M&E training organized by the OD Technical Team and the Forum Syd office. This training was facilitated by a consultant M&E specialist and trained participants in M&E skills, enabling them to develop an organizational M&E plan. Many staff from BONELA attended the training and subsequent to it, an M&E Committee formed by staff began to develop a draft M&E plan for the organization. This activity was extremely difficult without the full involvement of all staff, as the indicators developed were specific to each and every departmental activity, which could only be sufficiently developed with the input of the officers in charge of each department and project. Many of the staff also realized the sheer importance of having an M&E plan to guide their projects. It became apparent how difficult it is to implement a strategic plan without an M&E Plan. BONELA staff also began to appreciate the cross-cutting nature that M&E has- it is an activity which is the duty of all staff- programme and administrative- within an organization. Further, the staff learnt that M&E is as much a practical learning process as it is a theoretical class room learning process and takes practice to perfect.

The Media and Advocacy Officer and the Policy Advisor attended a Planning, Monitoring, Evaluation and Reporting (PME&R) Training in South Africa in October organized by Forum Syd. The training was hosted by the Community Development Resource Association to provide participants with greater knowledge and confidence to develop and implement PME&R processes appropriate to their own practices. These were contrasted with emerging, more developmental notions. The course explored current and conventional PME&R methodologies in order to unearth the underlying assumptions relating to notions of development. The processes also enabled participants to consider the key implications they might need to appreciate in attempting to shift their practices in their own organizations or work contexts. However, participants felt that the training was not very practical, but theoretical. There was need to still further build the capacity of participants to monitor and evaluate and the tools they can use which would all influence reporting. For BONELA, the officers attending felt that the training did not meet the specific needs of BONELA to capacitate it to develop an M&E Plan and M&E tools and that there is still need for another capacity building workshop on M&E which will result in development of an M&E plan and M&E tools.





Challenges, Recommendations and Way Forward

Despite the successes the organization achieved in 2008, some challenges were experienced. Lack of political will as well as denial of realities on the ground in some circumstances on the part of the Government of Botswana, were stumbling blocks for BONELA to contend with.

This resulted, for instance, in BONELA being removed from the IPT review panel. BONELA had been invited to provide a community perspective in the National Isoniazid Preventative Therapy (IPT) Review Panel and facilitate community outreach and partnership building for strategic lobbying. In April 2008, BONELA held an advocacy meeting on the TB situation in Botswana which was attended by participants from the Ministry of Health, Botswana National TB Programme (BNTP), district TB coordinators and community activists, to discuss problems with the national TB programme in Botswana. After the meeting, a national TB/HIV advocacy document outlining the major TB/HIV-related recommendations for the Botswana government was produced to be used for TB/HIV advocacy work in 2009. A press statement about the TB situation in Botswana was released in follow-up to the meeting. Challenges highlighted in the press release included a lack of improved interventions to mitigate the impact of TB/HIV and a failure by the government to recognize the TB situation as a crisis which needs to be acted upon with a sense of urgency. A few weeks following the meeting and press release, BONELA was abruptly dismissed from the review panel without explanation. The panel consisted of health care workers, national, regional and international development partners, clinicians and community activists engaged in TB responses at all levels. The role of BONELA was to present the community perspective, representing the infected and affected communities as well as providing technical expertise in the area of ethics and human rights. BONELA made direct follow-ups with the relevant department and eventually with the Minister of Health to understand why we had been dismissed from the panel. A meeting was held between BONELA and the Assistant Minister of Health and his Permanent Secretary but no adequate explanation was given for BONELA's dismissal. In fact, the ministry had dismissed BONELA and instead invited another human rights organization to take its place on the panel. This

NGO had admittedly no expertise in HIV or TB treatment literacy work but nevertheless accepted the invitation. BONELA made attempts to engage with this NGO on the fact that civil society should engage with each other in such circumstances rather than allowing government to play different civil society groups against each other. It needs to be noted that as of the end of 2008 no report was published on the IPT Evaluation, nor had the other human rights organization engaged with BONELA on the issues of the evaluation. However, BONELA did alert international partners working on TB issues to this unfortunate turn of events, especially since many of them had commented favourably on the initial inclusion of BONELA in the panel.

Whilst the HIV Employment Law campaign was successful in garnering public buy in, a law is still not in place, and at the end of the year, the Government of Botswana was still in the process of deliberating on an HIV policy. The Penal Code and its enunciations that have been used to criminalize sex work and homosexuality also remains a hurdle BONELA is struggling to overcome. It is also used to justify the non-provision of requisite prevention and mitigation services for sexual minorities in different settings. In the course of the year for instance, no shift in stance was made to recognize the inclusion of sexual minorities (sex workers; LGBT and prisoners) in HIV/AIDS prevention and mitigation programmes. Furthermore, the government of Botswana remained adamant in its stance against signing and ratification of the SADC Gender Protocol. Although a Domestic Violence Act was enacted in August 2008, it did not recognize issues such as marital rape, which sets women up for denial of PEP, and social and emotional redress when it occurs. Access to information in the absence of an Access to Information Act, remains a huge challenge. Procuring documents from government is often a tedious and often fruitless exercise as public documents are closely guarded. For BONELA and the rest of civil society, interventions are thus not guided by baseline information. This also makes it difficult to identify benchmarks and measure impact. These challenges in terms of the country legal and policy context in turn posed challenges for BONELA in terms of capacity to handle the human rights abuses and/or violations BONELA had to deal with due to the absence or inadequacy of

protective legislation.


In 2002, BONELA assisted with the establishment of a human rights, ethics and law sector at the National AIDS Council. This sector was the only sector of the council that was housed by a non-state actor and through BONELA's efforts received substantial funding from international donors. The sector managed to engage different stakeholders that are not necessarily involved in HIV work, such as the Attorney General's Chambers and the trade unions, to address HIV from a legal, ethical and human rights perspective. The sector made important contributions to the council, such as a legislative review of all laws and policies that have a bearing on HIV. This legislative review analysed the legislative and policy framework from a human rights perspective and challenged government to make crucial changes to the law in accordance with international human rights standards. The sector, engaged regularly with policy makers such as permanent secretaries and parliamentarians. However, over the years it became apparent that government like to showcase the sector to the international community but at the same time there was a growing concern that the sector was too closely linked to BONELA. In our analysis this was mainly the case due to the principles that the sector has to follow in order to advise on a human rights based approach to HIV. Ultimately, after much behind close doors advocacy to move the sector, a decision was made at a strategic think tank meeting to move the sector. It was agreed that the sector should rotate but remain within the civil society sector but that for an interim period it should be housed by the National AIDS Coordinating Agency. It needs to be noted that this decision was made in early 2008 and to date there has been no movement in terms of establishing the sector at NACA. BONELA has secured donor commitment to fund a sector coordinator at NACA and has assisted with a job description etc for such a person. This is yet another example of how good and sustained work to promote a human rights based approach to HIV is increasingly frustrated by government attitudes.

All of the examples above are indicative of the challenges BONELA faces in engaging in open dialogue where the government is concerned. Whilst a lot of resources have gone into policy

advocacy, not much progress has been government continued to move at a sluggish pace and often piecemeal.

During 2008, BONELA increasingly got aware of the fact that in order to build a critical mass of people defending human rights, our programme activities need to be closely coordinated. For this to be achieved, BONELA needs to increase its capacity to think strategically when programme activities are planned and implemented. For example, instead of targeting different communities at different times with our many trainings, it is more effective to expose one community to all the different trainings to build their capacity. Good examples for that strategy have been plans for the refugee community in the Dukwi camp who received some treatment literacy training and who will be exposed to HIV and human rights, legal literacy and PRISM training in 2009. In addition, the sex work project is going to address sex worker needs in Dukwi camp and the surrounding villages.

Due to the extensive public education that BONELA has been doing in terms of 'Know your Rights' and the incessant coverage of BONELA in the media, especially with regards to the strategic litigation that BONELA is engaged in, the legal aid programme has been inundated with cases, and the more the more publicity each case received, the more clients who approached BONELA for assistance. This has put tremendous pressure on the resident lawyer, who although supported by an assistant and intern, clearly cannot manage between handling cases and training communities and service providers. There is need for strategic thinking around this issue to determine whether to rope in the Training and Advocacy Officer to do Legal awareness and sensitization training; to employ a training officer who engages exclusively on legal awareness training or; to employ another lawyer or another legal assistant. These are strategic issues that BONELA and its partners will have to address during 2009. Furthermore, distance has proven to be a challenge to those who want to benefit from BONELA's legal aid services but cannot because of long geographic distance between them and our office. Extending our services to people in such far away places has also been a challenge to the legal aid department which desires to assist clients all over the country without distance



being a barrier as is currently the situation.

With regard to all BONELA advocacy, and specifically with regard to the media programme, a critical gap exists in monitoring to aid evaluation of impact, especially the limited capacity to monitor electronic media such as the website, radio and television coverage. There is therefore need for BONELA to invest in electronic media monitoring which will assist in determining impact BONELA has in raising awareness, and to determine which media houses cover BONELA the most. A range of interventions can be determined by this information.

By the end of 2008, BONELA had still not developed an implementation plan which clearly highlights the M&E plan. However, to overcome this hurdle, dates were blocked for M&E training at the beginning of the year for BONELA all staff in monitoring and evaluation to kick-start the process which will be beneficial not only for retention of donors, but for identification of best practices and knowledge management. This puts emphasis on the need to recruit a Programmes Manager to oversee not only this component, but general management and organisational development issues. The recruitment of an ideal candidate for this position has been a challenge in itself and the process will continue in the coming year. In addition, whilst there was relatively low staff turnover, there was still need for a human resource manual and to formulate a staff retention scheme.

Generally, BONELA has experienced challenges due to organizational growth. While the programmatic areas have grown in terms of coverage and content, this growth has not been matched by development of the management and administrative capacity of the organization. While efforts have been made to bring a Programmes Manager on board, BONELA will have to make concerted efforts in 2009 to address gaps in financial management skills at both programme and finance department level, gaps in the development of policies and procedures and generally in terms of developing adequate systems to cater for the changing needs of a growing organization. BONELA will have to make sustained proposals to current and new donors to support

this area in order to ensure trust in our systems and ability to perform as an organization. An example of the lack of capacity in this area is the delayed 2007 audit which was not completed for the 2008 Annual General Meeting. A first step to build financial management capacity will be the planned finance training at the beginning of 2009.

There remain critical unfunded or inadequately funded areas. For example, the strategic litigation programme is not well supported, lacking funds for expert witnesses' support, such as psychological assessments of clients in order to support their cases in court. Such expertise regularly has to be resourced from South Africa at a great cost to BONELA with little or no donor support for such expenses. In 2009, BONELA will have to strategically fund raise for such expenses while at the same time continuing to engage in cost sharing arrangements with clients. Management and personnel costs also remain underfunded. It is important that BONELA engages with funders about this issue since advocacy work, such as the work that BONELA engages in, is often not expensive from a programme point of view but needs well qualified and skilled personnel to be undertaken. Many donors are willing to fund programme costs, ignoring the fact that in advocacy skilled human resources are the most crucial input to successful advocacy programmes.

Finally, BONELA has been undertaking a skillful balancing act in terms of combining small grants and operational funding in order to fund all its programme areas. While this approach has been successful, it has enormously increased requirements for reporting, both narrative and financial. More advocacy needs to be undertaken to move towards the creation of a joint funding agreement in which donors pledge their support towards BONELA rather than running many different agreements with different reporting formats and schedules. BONELA staff spend a good part of their time reporting on funds and requesting new funds from different grant sources which ultimately has an impact on the organisation's ability to perform and implement projects on the ground.



Annex 1: Synopsis of BONELA Activities in 2008

BONELA Activities in 2008			
No.	Activity	Figures	Donor
1	Advocacy among policy makers on pertinent human rights issues	2 Treatment Literacy Policy Meetings	BOTUSA Forum Syd ARASA HIVOS OSI OSISA Stephen Lewis Foundation Finnish Embassy Schorer
	Treatment Literacy Advocacy	1 Treatment Literacy Stand-alone Banner	
		1 Stop TB Marching Banner	
		250 Stop TB T-shirts	
		250 Treatment Literacy T-shirts	
		1 Stop TB TV Advert	
	National Botswana TB Advocacy Meeting	23 participants	ARASA
	Sexual Reproductive Health Rights Advocacy	Community Dialogues Public Forums 1 Fact-finding mission 1 radio jingle on cervical cancer	HIVOS OSI OSISA Stephen Lewis Forum Syd
		Production of 1000 Copies of Pregnancy and HIV Leaflet	Stephen Lewis OSI
2	BONELA Sex Work Project	1 training workshop for peer educators 1 human rights and HIV training for sex workers	Forum Syd
3	Airing of radio talk shows	22 shows	Finnish Embassy Forum Syd
4	Reproduction and Distribution of Leaflets		
	Organisational BONELA Leaflet	2000 copies	Forum Syd
	Bilingual HIV and Law Leaflet	2000 copies	Forum Syd
	Prisoners' Rights Leaflet	2000 copies	OSISA
	Sexual Diversity Leaflet	2000 copies	OSISA
	Homophobia Leaflet	2000 copies	OSISA
	Play it Safe Leaflet	2000 copies	OSISA
	Right to Consent Leaflet	2000 copies	OSISA
	Children's Rights Leaflet	2000 copies	BOTUSA
	Bomme Isago Leaflet	1400 copies	OSI
5	Production of BONELA Guardian Newsletter	3 issues 3900 copies	HIVOS

6	Production of 2007 Annual Report	1500 copies	HIVOS Forum Syd
7	Production of PRISM Leaflet	100 copies	Schorer
8	Production of LeGaBiBo Banner	1	Forum Syd
9	Production of PRISM Needs Assessment Report	290 copies	Schorer Forum Syd
10	Production of 2 nd Issue of Botswana Review on Ethics, Law and HIV/AIDS	500 copies	HIVOS Forum Syd European Commission
11	Production of Mmegi Supplement 'Leadership: My Key to Stopping HIV/AIDS'	2 adverts TB and Employment Law Campaign 2 advertorials on Domestic Violence Act and PRISM	ARASA Forum Syd Canadian AIDS Legal Network Schorer
12	Production of BONELA AGM Video	1	Forum Syd
13	Up-dating and maintaining BONELA website	12 months	All Donors
14	Site Visits to Kasane and Letlhakane (Sex Work project, Treatment Literacy and PRISM)	3 pre-site visits to Kasane	Forum Syd ARASA Schorer
15	Participation at 2008 World AIDS Conference in Mexico	BONELA Chairperson And 3 Staff	HIVOS Schorer
16	Participation at 2 nd Botswana HIV Clinicians Conference BONELA Symposium 'Treatment Literacy A Tool for Community Responses to TB/HIV/AIDS'	9 staff members 3 Members of Treatment Literacy Coalition	ARASA Schorer
17	Legal Literacy Trainings	5 workshops 150 people trained	HIVOS Finnish Embassy Forum Syd
18	Legal Literacy Trainings at non BONELA Workshops	450 people trained	HIVOS Finnish Embassy Forum Syd
19	Training of HIV positive women on the Positive Women Monitoring Change Tool	30 women trained	HIVOS Stephen Lewis OSI
20	Treatment Literacy Awareness Raising Workshops	3 basic workshops 73 trained 1 advanced workshop 25 trained	ARASA
21	TB Literacy Workshop for BONELA staff and Treatment Literacy Focal Persons	89 staff trained 7 Treatment Literacy Focal Persons	ARASA
22	Treatment Literacy Preparedness and Advocacy Training for Refugees at Dukwi Refugee Camp	16 refugees trained	ARASA Forum Syd
23	PRISM Training Workshop with Journalists on the Rights of Sexual Minorities	6 journalists trained	Schorer
24	PRISM Training on the Rights of Sexual Minorities for NGO Programme Officers	8 trained	Schorer
25	PRISM Training on the Rights of Sexual Minorities for Police Officers and Prison Wardens	12 Officers trained	Schorer

26	Stigma Training in 3 Schools with teachers, students and parents	197 participants trained	BOTUSA HIVOS Forum Syd
27	HIV Prevalence Probe Study Targeting MSM	117 MSM participated	OSISA
28	PRISM Training for BONELA Staff	20 Staff	Schorer
29	Provision of Legal Aid	93 applications received 53 applications accepted 18 cases filed at court 40 cases at various stages of mediation 23 cases settled	Finnish Embassy Forum Syd HIVOS
30	Engagement of District Treatment Literacy Focal Persons	4 Focal Persons	ARASA
31	Attending Planning, Monitoring Evaluation and Reporting Training	2 staff	Forum Syd
32	Support to Human Resources	Training and Advocacy Officer	Forum Syd
		Media and Advocacy Officer	Forum Syd
		Legal Officer (30%)	Forum Syd Finnish Embassy/ US Embassy (70%)
		Legal Assistant	Forum Syd/US Embassy
		Finance Officer	Forum Syd
		Driver	Forum Syd
		PRISM Coordinator	Schorer
		PRISM Assistant Officer	Schorer
		Policy Advisor	BOTUSA
		Advocacy Officer	BOTUSA HIVOS OSI
		Research Officer	OSISA
		Office Assistant	Forum Syd OSI HIVOS ARASA
		Finance Manager	Schorer HIVOS Finnish Embassy ARASA OSI MSM Canadian Legal AIDS Network Forum Syd
		Director	HIVOS OSI Schorer OSI MSM
		Administrator	Forum Syd OSI General Fund Schorer
33	Institutional Support from January to December		All Donors



BONELA FINANCIAL SUMMARY 2008

In 2008 BONELA managed to secure new funding as listed below, in addition to the already existing funding from donors such as Finnish Embassy, Forum Syd, Hivos, Botswana, OSISA and ARASA.

- a) A new grant from Hivos(Humanist institute for Cooperation with Developing Countries) totaling EUR 375 000 from 2008 to 2010. The grant would be to give partial or full support to all of BONELA's projects.
- b) A new grant from Schorer Foundation totaling EUR 412 500 from 2008 to 2010. The grant would be to work specifically on a prevention and research initiatives for sexual minority project in collaboration with LeGaBiBo.
- c) A new 1 year SRH (Sexual Reproductive Health Rights) grant totaling USD 105500 from 2008 to 2009 co funded by OSI PWH(Open Society Institute Public Health Watch) & SLF(Stephen Lewis Foundation). The grant would be to work specifically on Sexual Reproductive Health Rights of HIV + women project in collaboration with Bomme Isago Association.
- d) A new 1 year MSM (Men who have sex with men) grant totaling USD 36713 from 2008 to 2009 funded by OSISA(Open Society Initiative for Southern Africa). The grant would be to work specifically on research and advocacy around MSM, the research was done in collaboration with John Hopkins University.
- e) A new 1 year grant totaling CND 111 816 from 2008 to 2009 funded by SLF(Stephen Lewis Foundation) through a strategic partnership with the Canadian Aids Legal Network. The grant would be to work specifically on creating awareness around the Domestic Violence Act.


The additional support in 2008, translated into an increase in grant/other income of BWP 1,190,750 and expenditure of BWP 1,598,830 from 2007 to 2008. Specific increase in expenditure as reflected on the detailed income statement were in the areas of audit fees, accommodation & meals, bank charges, per diems & volunteer stipends, insurance, printed materials, repairs & maintenance, travel costs, withholding tax on interest and salaries for programme & admin staff. Increases were generally due to an increase in staff complement & activities.

Total funds & liabilities of the organization increased from BWP 3,666,588 in 2007 to BWP 6,394,108 in 2008. This change was mostly represented by the following;

- i) An increase in accounts payable,
- ii) An increase in the amount of "surplus" or unused funds held at the end of the financial year deferred to be spent in 2009,
- iii) Plus actual deferred income received in advance in 2008 intended for 2009.

This resulted in an increase in cash and cash equivalents held by the organization at the end of 2008.

In general 2008 saw a real growth in BONELA in terms of donor support, projects carried out and programme staff complement. Unfortunately there was not a proportionate growth in the finance and admin staff complement. Furthermore, as BONELA grew, not enough focus was given to internal systems and it out grew the ones that were in place. One of the key consequences of this rapid growth was delays in reporting, especially financial. The organization recognized that this situation could not continue unattended and sought to hire consultants to bring the reporting up to date and introduce a new system that would be both user friendly and timely.



Unfortunately the consultants hired did not meet the organizations expectations and were unable to deliver the new system or to bring reporting up to date, subsequently reporting fell even further behind, hence delays in the 2008 audit. In future BONELA will have to carry out the necessary due diligence on consultants hired. It has been a steep learning curve and the organization has seen the importance of growing the finance and administration departments and we are confident that an increase in the staff complement coupled with the intended new reporting system will significantly improve reporting timelines in the future.

REPORT OF THE INDEPENDENT AUDITORS

To the Members of Botswana Network on Ethics, Law and HIV/AIDS (BONELA)

Report on the Financial Statements

We have audited the accompanying financial statements of Botswana Network on Ethics, Law and HIV/AIDS (BONELA) set out on pages 5 to 17, which comprise the balance sheet as at 31 December 2008, the income statement, statement of changes in funds and cash flow statement for the year then ended, and a summary of significant accounting policies and other explanatory notes.

Executive Committee's Responsibility for the Financial Statements

The Executive Committee members are responsible for the preparation and fair presentation of these financial statements in accordance with International Financial Reporting Standards.

This responsibility includes: designing, implementing and maintaining internal controls relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error; selecting and applying appropriate accounting policies; and making accounting estimates that are reasonable in the circumstances.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with the International Standards on Auditing. These standards require that we comply with ethical requirements, plan and perform the audit to obtain reasonable assurance whether the financial statements are free from material misstatement and whether fair presentation is achieved in the financial statements.

An audit includes an evaluation of the appropriateness of the accounting policies; an examination on a test basis of evidence supporting the amounts and disclosures included in the financial statements; an assessment of the reasonableness of significant estimates and a consideration of the appropriateness of the overall financial statement presentation. We have examined the books, accounts and vouchers of the organisation to the extent we considered necessary, and have obtained all the information and explanations which we required. We have satisfied ourselves of the existence of the securities. We consider that our audit procedures were appropriate in the circumstances to express our opinion presented below.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion:

- the organisation has kept proper books of account with which the financial statements are in agreement; and

-the financial statements give a true and fair view of the state of the organisation's affairs at 31 December 2008, and the results of its operations and cash flow information for the year then ended, in conformity with International Financial Reporting Standards.

Kauya & Partners

Kauya & Partners, Certified Public Accountants(Botswana), Gaborone

Date: 13 February 2010

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)
ANNUAL FINANCIAL STATEMENTS
31 DECEMBER 2008

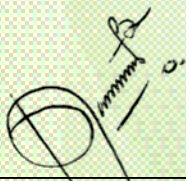
STATEMENT OF RESPONSIBILITY

The Executive Committee members are responsible for the maintenance of adequate accounting records and the preparation and integrity of the financial statements and the related information. The auditors are responsible to report on the fair presentation of the financial statements. The financial statements have been prepared in accordance with International Financial Reporting Standards.

The Executive Committee members are also responsible for the organisation's systems of internal financial control. These are designed to provide reasonable, but not absolute, assurance as to the reliability of the financial statements and to adequately safeguard, verify and maintain accountability of assets, and to prevent and detect misstatement and loss. Nothing has come to the attention of the committee members to indicate that any material breakdown in the functioning of these controls, procedures and systems has occurred during the year under review.

The annual financial statements have been prepared on a going concern basis, since the committee members have every reason to believe that the organisation has adequate resources in place to continue in operation for the foreseeable future.

The annual financial statements set out on pages 5 to 18 were approved by the Executive Committee members on 13 February 2010 and are signed on their behalf by:



Chairperson
Gaborone



Treasurer
Gaborone

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)
INCOME STATEMENT
for the year ended 31 December 2008

	<u>Note</u> <u>Pula</u>	<u>2008</u> <u>Pula</u>	
Revenue		5,868,520	4,980,389
Other operating income		585,647	560,919
Total income		6,454,167	5,541,308
Administrative & programme expenses		(5,198,469)	(3,600,089)
Surplus from operations		1,255,698	1,941,219
Finance income		332,399	54,508
Surplus before taxation		1,588,097	1,995,727
Taxation	1	-	-
Surplus for the year	2	1,588,097	1,995,727

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)
BALANCE SHEET
31 DECEMBER 2008

	Notes	2008 Pula	2007 Pula
ASSETS			
Non- current assets			
Property, plant and equipment	7	338,114	390,046
Current assets			
Accounts receivable	3	330,698	371,814
Cash and cash equivalents	4	5,725,296	2,904,728
Total current assets		6,055,994	3,276,542
Total assets		6,394,108	3,666,588
FUNDS AND LIABILITIES			
Accumulated funds		4,336,799	2,728,903
Capital grants	5	2,782	22,581
Deferred Income		1,383,220	450,482
Project funds		-	51,852
		5,722,801	3,253,818
LIABILITIES			
Accounts payable	6	671,307	412,770
Total funds and liabilities		6,394,108	3,666,588

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)
STATEMENT OF CHANGES IN FUNDS
for the year ended 31 December 2008

Project Funds

	Accumulated Funds	Capital Grants	Deferred Income	UNAIDS	Bomme Isago	Total
Balance at 1 January 2008	2,728,903	22,581	450,482	49,958	1,895	3,253,819
Surplus for the year	1,588,097	-	-	-	-	1,588,097
Transferred/spent during the year	-	-	(450,482)	(49,958)	(1,895)	(502,334)
Received during the year	-	-	1,383,220	-	-	1,383,220
Amortised during the year	19,799	(19,799)	-	-	-	-
Balance as at 31 December 2008	4,336,799	2,782	1,383,220	-	-	5,722,801

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)
CASH FLOW STATEMENT
for the year ended 31 December 2008

	<u>2008</u> Pula	<u>2007</u> Pula
Cash flows from operating activities:		
Surplus from operations	1,255,698	1,941,219
Adjustments for:		
Gain on disposal of plant and equipment	3,936	(22,307)
Prior year adjustment	-	148
Transfer to project funds	-	(204,400)
Depreciation	130,233	119,477
Operating income before working capital changes	1,389,867	1,834,137
Decrease/(increase) in accounts receivable	41,116	(137,145)
Increase in accounts payable	258,537	189,641
Cash generated from operations	1,689,520	1,886,633
Finance income	332,399	54,508
Net cash generated from operations	2,021,919	1,941,141
Cash flows from investing activities:		
Purchase of plant and equipment	(85,587)	(393,830)
Proceeds from disposal of plant and equipment	3,350	67,448
Net cash flows used in investing activities	(82,237)	(326,382)
Cash flows from financing activities:		
Proceeds from project funds	(51,852)	(9,682)
Increase in deferred income	932,739	344,426
Net cash flows generated from financing activities	880,887	334,744
Net increase in cash and cash balances	2,820,569	1,949,503
Net cash and cash balances at beginning of the year	2,904,727	955,224
Cash and cash equivalents at end of the year	5,725,296	2,904,727
Represented by:		
Bank and cash balances	5,725,296	2,904,728

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)

SIGNIFICANT ACCOUNTING POLICIES

31 DECEMBER 2008

REPORTING ENTITY

The Botswana Network on Ethics, Law & HIV/AIDS (BONELA) is a non-profit organisation domiciled in Botswana.

STATEMENT OF COMPLIANCE

The financial statements have been prepared in accordance with International Financial Reporting Standards promulgated by the International Accounting Standard Board.

BASIS OF PREPARATION

The financial statements are presented in Pula, which is also the functional currency.

The financial statements are prepared on the historical cost basis, except for financial instruments which are disclosed at fair value and incorporate the significant accounting policies set out below.

The preparation of financial statements in conformity with International Financial Reporting Standards requires management to make judgements, estimates and assumptions that affect the application of policies and reported amounts of assets and liabilities, income and expenses. The estimates and associated assumptions are based on historical experience and various other factors that are believed to be reasonable under the circumstances. The results of the estimates form the basis of making the judgements about carrying values of assets and liabilities that are not readily apparent from other sources. Actual results may differ from these estimates.

The estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognised in the year in which the estimate is revised if the revision affects only that year; or in the year of the revision and future years if the revision affects both current and future years.

No significant judgements made by management in the application of International Financial Reporting Standards have been noted which may have a significant effect on the financial statements and estimates in the following financial year.

ACCUMULATED FUND

The accumulated fund also comprises of the general fund which carries no restrictions on its use other than restrictions imposed by the Executive Committee. This fund is financed by subscriptions, general donations, promotional sales, interest income, rental income, exchange gain/loss transferred to general fund at end of the year, surplus funds transferred from special projects fund subject to donor approvals and other fund raising activities.

SPECIAL PROJECTS FUNDS

These funds are raised by grants and donations received from various donors. These funds are donor restricted and are applied exclusively to finance specific projects. On completion of these projects, surpluses or deficits arising are transferred to or from the general fund subject to donor approvals.

REVENUE

Revenue comprises grants received from donors for projects, on an accruals basis, based on donor commitments.

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)

SIGNIFICANT ACCOUNTING POLICIES (continued)

31 DECEMBER 2008

Interest income is accrued on a time basis, by reference to the principal outstanding and at the effective rate applicable.

GRANTS

Revenue grants are recognised in the statement on a systematic basis which matches them with the related costs for which they are to compensate.

Grants received relating to the acquisition of fixed assets are deferred and recognised in the income statement on a basis which matches the income with the depreciation charge on the related assets.

Grants received for which the expenditure has not taken place are treated as deferred income.

PROPERTY, PLANT AND EQUIPMENT

The cost of an item of property, plant and equipment is recognised as an asset when:

- It is probable that future economic benefits associated with the item will flow to the company, and
- The cost of the item can be measured reliably.

Costs include costs incurred initially to acquire or construct an item of property, plant and equipment and costs incurred subsequently to add to, replace part of, or service it. If a replacement cost is recognised in the carrying amount of an item of property, plant and equipment, the carrying amount of the replaced part is derecognised.

The initial estimate of the costs of dismantling and removing the item and restoring the site on which it is located is also included in the cost of property, plant and equipment.

Property plant and equipment are stated at cost less accumulated depreciation and any impairment in value.

Depreciation is charged to the income statement on a straight-line basis over the estimated useful lives of items of property, plant and equipment after taking account of estimated residual values. The estimated useful lives are as follows:

ITEM	AVERAGE USEFUL LIFE
Furniture and fittings	5 years
Motor vehicles	4 years
Office equipment	5 years
Computer equipment	5 years

It is BONELA's policy to depreciate property, plant and equipment for a full month in the month of acquisition and not depreciate in the month of disposal.

PROPERTY, PLANT AND EQUIPMENT (CONTINUED)

The residual value and the useful life of each asset are reviewed at each financial period-end. Each part of an item of property, plant and

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

31 DECEMBER 2008

equipment with a cost that is significant in relation to the total cost of the item is depreciated separately.

The depreciation charge for each period is recognised in profit or loss unless it is included in the carrying amount of another asset.

The gain or loss arising from the de-recognition of an item of property, plant and equipment is included in profit or loss when the item is derecognised. The gain or loss arising from the de-recognition of an item of property, plant and equipment is determined as the difference between the net disposal proceeds, if any, and the carrying amount of the item.

IMPAIRMENT OF ASSETS

The organisation assesses at each balance sheet date whether there is any indication that an asset may be impaired. If any such indication exists, the organisation estimates the recoverable amount of the asset.

If there is any indication that an asset may be impaired, the recoverable amount is estimated for the individual asset. If it is not possible to estimate for the recoverable amount of the individual asset, the recoverable amount of the cash-generating unit to which the asset belongs is determined.

The recoverable amount of an asset or cash-generating unit is the higher of its fair value less costs to sell and its value in use.

If the recoverable amount of an asset is less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. That reduction is an impairment loss.

An impairment loss of assets carried at cost less any accumulated depreciation or amortisation is recognised immediately in profit or loss. Any impairment loss of a revalued asset is treated as a revaluation decrease.

RECOGNITION AND DE-RECOGNITION OF ASSETS AND LIABILITIES

The organisation recognises assets when it obtains control of a resource as a result of past events and from future economic benefits as expected to flow to the organisation. The organisation de-recognises a financial asset when it loses control over the contractual rights that comprise the asset and consequently transfers the substantive risks and benefits associated with the asset. A financial liability is de-recognised when it is legally extinguished.

NET FINANCE INCOME

Net finance income comprises any interest payable on borrowings and interest receivable on funds invested. Interest income is recognised in the income statement as it accrues taking into account the effective yield on the assets. The interest expense component of any borrowings is recognised in the income statement using the effective interest rate method.

EMPLOYEE BENEFITS

Short-term employee benefits

The cost of short-term employee benefits (those payable within 12 months after the service is rendered, such as paid vacation leave and sick leave, bonuses, and non-monetary benefits such as medical care), are recognised in the period in which the service is rendered and

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

31 DECEMBER 2008

are not discounted.

The expected cost of compensated absences is recognised as an expense as the employees render services that increase their entitlement or, in the case of non-accumulating absences, when the absence occurs. The expected cost of bonus payments is recognised as an expense when there is a legal or constructive obligation to make such payments as a result of past performance.

Retirement Benefits

The organisation does not operate a pension scheme for its employees. Staff is on gratuitable contracts; consequently no accrual is made for severance benefits, in line with the Employment Act of Botswana.

FINANCIAL INSTRUMENTS

Financial assets and financial liabilities are recognised in the balance sheet when the organisation has become a party to the contractual provisions of the instrument.

Financial assets

The organisation's principal financial assets are bank balances, cash, trade and other receivables.

Trade and other receivables

Trade receivables are measured at initial recognition at fair value, and are subsequently measured at amortised cost using the effective interest rate method. Appropriate allowances for estimated irrecoverable amounts are recognised in surplus or deficit when there is objective evidence that the asset is impaired. Significant financial difficulties of the debtor, probability that the debtor will enter bankruptcy or financial reorganisation, and default or delinquency in payment (more than 30 days overdue) are considered indicators that the trade receivable is impaired. The allowance recognised is measured as the difference between the asset's carrying amount and the present value of estimated future cash flows discounted at the effective interest rate computed at initial recognition.

The carrying amount of the asset is reduced through the use of an allowance account, and the amount of the loss is recognised in the income statement within operating expenses. When a trade receivable is uncollectible, it is written off against the allowance account for trade receivables. Subsequent recoveries of amounts previously written off are credited against operating expenses in the income statement.

Trade and other receivables are classified as loans and receivables.

FINANCIAL INSTRUMENTS (CONTINUED)

Cash and cash equivalents

Cash and cash equivalents comprise cash on hand and demand deposits and other short-term highly liquid investments that are readily convertible to a known amount of cash and are subject to an insignificant risk of changes in value. These are initially and subsequently recorded at fair value.

Financial liabilities

Financial liabilities are classified according to the substance of the contractual arrangement entered into. Significant financial liabilities include trade and other payables.

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

31 DECEMBER 2008

Trade and other payables

Trade payables are initially measured at fair value, and are subsequently measured at amortised cost, using the effective interest rate method. Other financial liabilities are measured initially at fair value and subsequently at amortised cost, using the effective interest rate method.

Offsetting

Financial assets and liabilities are offset and the net amount reported in the balance sheet when there is a legally enforceable right to set off the recognised amounts and there is an intention to settle on a net basis, or realise the asset and settle the liability simultaneously.

TRANSLATION OF FOREIGN CURRENCIES

A foreign currency transaction is recorded, on initial recognition in Pula, by applying to the foreign currency amount the spot exchange rate between the functional currency and the foreign currency at the date of the transaction.

At each balance sheet date:

- foreign currency monetary items are translated using the closing rate;
- non-monetary items that are measured in terms of historical cost in a foreign currency are translated using the exchange rate at the date of the transaction; and
- non-monetary items that are measured at fair value in a foreign currency are translated using the exchange rates at the date when the fair value was determined.

Exchange differences arising on the settlement of monetary items or on translating monetary items at rates different from those at which they were translated on initial recognition during the period or in previous financial statements are recognised in surplus or deficit in the period in which they arise.

TRANSLATION OF FOREIGN CURRENCIES(CONTINUED)

When a gain or loss on a non-monetary item is recognised directly in funds, any exchange component of that gain or loss is recognised directly in funds. When a gain or loss on a non-monetary item is recognised in surplus or deficit, any exchange component of that gain or loss is recognised in surplus or deficit.

Cash flows arising from transactions in a foreign currency are recorded in Pula by applying to the foreign currency amount the exchange rate between the Pula and the foreign currency at the date of the cash flow.

PROVISIONS AND CONTINGENCIES

Provisions are recognised when:

- the organisation has a present obligation as a result of a past event;
- it is probable that an outflow of resources embodying economic benefits will be required to settle the obligation; and
- a reliable estimate can be made of the obligation.

The amount of a provision is the present value of the expenditure expected to be required to settle the obligation. Where some or all of the expenditure required settling, a provision is expected to be reimbursed by another party, the reimbursement shall be recognised when, and only when, it is virtually certain that reimbursement will be received if the entity settles the obligation. The reimbursement shall be treated

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA) SIGNIFICANT ACCOUNTING POLICIES (CONTINUED) 31 DECEMBER 2008

as a separate asset.

The amount recognised for the reimbursement shall not exceed the amount of the provision.

Provisions are not recognised for future operating losses.

If an entity has a contract that is onerous, the present obligation under the contract shall be recognised and measured as a provision.

A constructive obligation to restructure arises only when an entity:

- has a detailed formal plan for the restructuring, identifying at least:
 - the business or part of a business concerned;
 - the principal locations affected;
 - the location, function, and approximate number of employees who will be compensated for terminating their services;
 - the expenditure that will be undertaken; and when the plan will be implemented;

and

has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement that plan or announcing its main features to those affected by it.

After their initial recognition contingent liabilities recognised in business combinations that are recognised separately are subsequently measured at the higher of:

- the amount that would be recognised as a provision; and
- the amount initially recognised less cumulative amortisation.

PROVISIONS AND CONTINGENCIES

Contingent assets and contingent liabilities are not recognised. Contingencies are disclosed in notes.

New standards and interpretations not yet adopted

A number of new standards, amendments to standards and interpretations are not yet effective for the year ended 31 December 2008 and have not been applied in preparing these financial statements:

IFRS 8 Operating segments introduces the “management approach” to segment reporting. IFRS 8, which becomes mandatory for the company’s 2009 financial statements, will require the disclosure of segment information based on the internal reports regularly reviewed by the organisation’s Chief Operating Decision Maker in order to assess each segment’s performance and allocate resources to them. The current standard requires that the organisation present segment information in respect of its business and geographical segments. Under the management approach, the organisation will present segment information based on existing strategic business units.

IAS 23 Borrowing Costs (revised) removes the option to expense borrowing costs and requires that an entity capitalise borrowing costs directly attributable to the acquisition, construction or production of a qualifying asset as part of the cost of that asset. The revised IAS 23 will become mandatory for the company’s 2009 financial statements and constitute a change in accounting policy for the organisation. In accordance with transitional provisions the organisation will apply the revised IAS 23 to qualifying assets for which capitalisation of borrowing costs commences on or after the effective date. IAS 23 is not expected to have any impact on the financial statements of the organisation.

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)

SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

31 DECEMBER 2008

IFRIC 11/IFRS 2 Group Treasury Share Transactions. This interpretation addresses disclosures and accounting transactions with regards to the rights and issuing of shares to employees. IFRIC 11, which becomes mandatory for the organisation's 2009 financial statements, is not expected to have any impact on the financial statements of the organisation.

IFRIC 12 Service Concession Arrangements. This interpretation addresses disclosures and accounting transactions with regard to private contractors entering into service concessions with the public sector for the construction and maintenance of public sector infrastructure. IFRIC 12, which becomes mandatory for the organisation's 2009 financial statements, is not expected to have an impact on the financial statements of the company.

New standards and interpretations not yet adopted (continued)

IFRIC 13 Customer Loyalty Programmes. This interpretation addresses the disclosure and accounting transactions with regards to award credits granted under customer loyalty programmes. IFRIC 13, which becomes mandatory for the company's 2009 financial statements, is not expected to have any impact on the financial statements of the organisation.

IFRIC 14/ IAS 19 The Limit on a Defined Benefit Asset, Minimum Funding Requirements and Their Interaction. This interpretation addresses the disclosure and accounting transactions in respect of post employment defined benefits and other long-term defined benefits granted to employees. IFRIC 14, which becomes mandatory for the organisation's 2009 financial statements, is not expected to have any impact on the financial statements of the organisation.

IFCRS3 Business combinations supersedes the previous IFRS3 as issued in 2004. The standard has introduced various terminology and scope changes. IFRS3, which becomes mandatory for the organisation's 2010 financial statements, is not expected to have any impact on the financial statements of the organisation.

IAS 1-Presentation of financial statements (revised). The main change in the revised IAS 1 is a requirement to present all non-owner changes in equity in a single statement of comprehensive income (which includes income statement line items). Under the revised standard, a statement of financial position (preferred term for "balance sheet") also has to be presented at the beginning of the comparative period when the entity restates the comparatives as a result of a change in accounting policy, the correction of an error, or the reclassification of items in the financial statements. The revised IAS 1 will become mandatory for the organisation's 2010 financial statements.

.IAS 32 AND IAS 1-amendment: Puttable Financial Instruments and Obligations. Puttable financial instruments and obligations arising on liquidation require certain financial instruments that would ordinarily meet the definition of a financial liability to be classified as equity. These instruments must meet certain criteria as set out in IAS 32. The revision to the standard, which becomes mandatory for the organisation's 2010 financial statements, is not expected to have any impact on the financial statements of the organisation.

COMPARATIVE INFORMATION.

Comparative information has been restated, where necessary, to maintain comparability.

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)
NOTES TO THE FINANCIAL STATEMENTS
31 DECEMBER 2008

1 TAXATION

With effect from 1 July 2004, the Income Tax Act (Chapter 52:01) was amended to tax income for charitable institutions and non - governmental organisations which is not applied for public purposes. It is the intention of BONELA to use all of its surplus for the year, which mainly represents deferred income, for public purposes according to the constitution and therefore no provision for income tax has been made.

2 SURPLUS FOR THE YEAR

Surplus for the year is stated after taking into account the following:

Audit fees	59,425	17,125
Depreciation	130,233	119,477
Salaries	2,660,667	1,845,337

3 ACCOUNTS RECEIVABLE

Trade receivables	157,497	236,450
Other receivables	108,183	47,990
Staff debtors	7,766	29,102
Prepayments and deposits	57,251	58,272
	330,698	371,814

4 CASH AND CASH EQUIVALENTS

Cash on hand	2,323	2,072
Bank balances	5,722,973	2,902,656
	5,725,296	2,904,728

5 CAPITAL GRANTS

Balance at beginning of the year	22,581	22,088
Grants received during the year	-	5,563
Amortised during the year	(19,799)	(5,070)
Balance at end of the year	2,782	22,581

6 ACCOUNTS PAYABLE

Provision for gratuity	603,563	405,154
Other payables	67,744	7,616
	671,307	412,770

7. PROPERTY, PLANT AND EQUIPMENT

	Motor Vehicle P	Office Furniture P	Office Equipment P	Computer Equipment P	Total P
Cost					
At 1 January 2008	199,714	116,127	109,809	208,248	633,898
Additions	-	8,039	14,349	63,199	85,587
Disposals	-	-	7,490	14,299	21,789
At 31 December 2008	199,714	124,166	116,668	257,148	697,696
Depreciation					
At 1 January 2008	39,943	54,696	52,354	96,859	243,852
Charge for the year	39,943	20,990	22,100	47,200	130,233
Relating to disposals during the year	-	-	4,494	10,009	14,503
At 31 December 2008	79,886	75,686	69,960	134,050	359,582
Net Book Value					
At 31 December 2008	119,828	48,480	46,708	123,098	338,114
At 31 December 2007	159,771	61,431	57,455	111,389	390,046
8. CONTINGENT LIABILITIES					
There were no contingent liabilities as at 31 December 2008					
9. CAPITAL COMMITMENTS					
There were no capital commitments as at 31 December 2008					

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)
DETAILED INCOME STATEMENT
for the year ended 31 DECEMBER 2008

	2008 Pula	2007 Pula
Revenue-donations and grants	5,868,520	4,980,389
Other operating income	918,046	615,427
Total Income	6,786,566	5,595,816
Operating expenses		
Advertising and promotions	141,524	123,365
Audit fees	61,108	17,125
Accommodation & meals	377,315	226,417
Bad debts	3,949	-
Bank charges	38,465	26,271
Board meetings & AGM expenses	26,356	26,166
Cleaning services	1,567	1,318
Consumables	20,112	25,975
Consulting fees	37,809	-
Conference and workshops	48,942	173,828
Courier and postage	16,209	22,099
Daily subsistence allowance, perdiems, stipends-volunteers	266,732	124,936
Depreciation	130,233	119,477
Donations	6,311	6,750
Electricity and water	19,434	10,788
Entertainment	32,224	11,977
Internet	7,865	15,515
Insurance	39,754	22,317
Loss on sale of assets	3,936	-
Printing, stationery & photocopying	19,225	25,047
Printed materials - Workshops, Conferences	273,459	124,090
Professional services	93,474	138,710
Publication, Periodicals, Books, Video	10,974	-
Rent	249,803	206,401
Radio flighting costs	61,923	88,370
Relocation expenses	-	3,886
Repairs & maintenance - general	85,990	36,943
Repairs & maintenance - motor vehicle	25,740	7,384
Salaries - Programmes & administration	2,660,667	1,845,337
Security expenses	2,291	21,578
Subscriptions, registration & licences	61,100	1,948
Telephone & fax	69,248	52,421
Transport - Road	83,393	40,796
Travel - Flights	189,740	40,543
Withholding tax on interest received	31,600	12,312
Total Expenditure	5,198,469	3,600,089
Surplus for the year	1,588,097	1,995,727

BOTSWANA NETWORK ON ETHICS, LAW AND HIV/AIDS (BONELA)
ANNUAL FINANCIAL STATEMENTS
ALLOCATION OF MAIN FUND AND SPECIAL PROJECTS FUND SCHEDULE
for the year ended 31 December 2008

	MAIN FUND								
	Gratuity reserve	Misc, General Donations	HIVOS	OSISA	OSI	ARASA	SCHORER	FINNISH EMBASSY	FORUM SYD
Balance at 1 January 2008	405,154	164,663	428,786	144,569	(68,947)	19,027	299,564	213,554	745,149
Grants/Income received	-	867,225	1,904,500	307,652	225,806	629,333	1,735,708	504,949	940,665
Transfers from projects	497,537	49,958	-	-	-	-	-	-	-
Total Funds	902,691	1,081,846	2,333,286	452,221	156,859	648,361	2,035,271	718,503	1,685,814
Expenditure/Transfer during the year	299,583	301,283	773,020	290,929	312,038	547,470	636,723	544,562	1,354,468
Balance at 31st December 2008	603,108	780,563	1,560,266	161,291	(155,179)	100,890	1,398,549	173,941	331,346

								SPECIAL PROJECTS FUND			
CANADIAN EMBASSY	OSI-MSN	STEPHEN LEWIS	(NACA) BOTUSA - BONELA RIGHTS & STIGMA	(NACA) BOTUSA - BONELA POLICY	OSI PWH SRHR	OSI BOMME ISAGO CAPACITY GRANT	SUBTOTAL	OSISA - BOMME ISAGO prj	UNAIDS - Focal person capacity building prj	SUBTOTAL	GRAND TOTAL
-	-	-	129,985	371,375	-	-	2,852,880	1,895	49,958	51,853	2,904,733
319,152	70,307	200,000	0	180,000	327,869	163,934	8,377,100	-	-	-	8,377,100
-	-	-	-	-	-	1,895	549,390	-	-	-	549,390
319,152	70,307	200,000	129,985	551,375	327,869	165,829	11,779,370	1,895	49,958	51,853	11,831,223
51,194	84,526	95,241	98,765	391,012	139,728	133,530	6,054,074	1,895	49,958	51,853	6,105,927
267,958	(14,219)	104,759	31,220	160,363	188,141	32,299	5,725,296	-	-	-	5,725,296
									Cash and Bank balances		5725296

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