

## **2011 BONELA ANNUAL REPORT – January-December**

### **Abbreviations**

|                 |   |
|-----------------|---|
| MARPs           | Most at Risk Populations                    |
| BRELA           | Botswana Review of Ethics Law and HIV/AIDS  |
| ARASA           | AIDS Rights Alliance of Southern Africa     |
| ART             | Anti retro viral Treatment                  |
| NSFs            | National Strategic Framework                |
| NOPs            | National Operational Plan                   |
| ELHR            | Ethics Law and Human Rights Sector          |
| MSM             | Men having Sex with Men                     |
| IDU             | Injecting Drug Users                        |
| TWG             | Technical Work Group                        |
| DMSAC           | District Multi-Sectoral AIDS committee      |
| IEC             | Information Education Communication         |
| ICESCR          | International Convention on Economic Social |
| Cultural Rights |   |

### **1. INTRODUCTION**

Botswana's responses to the HIV and AIDS epidemic can be seen in many respects as a model to be emulated by other nations; the health care system provides free anti-retroviral drugs to Botswana and the country has surpassed the prevention of mother-to-child treatment targets. The country has also benefitted from interventions by multiple and cross-sectional implementers.

This notwithstanding, stigma and discrimination against people living with HIV continue to have detrimental effects on mitigating of the impacts of HIV and are the greatest barriers to testing and treatment access. If societal attitudes and perceptions are changed, more and more people would freely take up available life-saving services and live positively with the virus.

Furthermore, Botswana has made little progress in entrenching the rights of people living with HIV and AIDS and the most-at-risk populations (MARPs) key populations such as sex workers and men who have sex with men (MSM). The lack of protective legislation has led to frequent violation of rights. This includes people being denied employment opportunities because of their HIV positive status, and refugees and immigrants being denied antiretroviral drugs on the basis of their nationality.

The Botswana Network on Ethics, Law and HIV/AIDS (BONELA) had since 2002 identified a niche of working with key populations and making human rights a reality in the response to HIV and AIDS in Botswana.

## **2. BACKGROUND**

The year 2011 was characterised by planning and review of implementation and efficiency and effectiveness systems and tools. A change management process was instituted to ensure that staff would cope with the wave of changes. The organisation had introduced a results based approach to planning and implementation, where the individual projects were aligned to the vision of realisation of human rights in the Botswana response to HIV and AIDS.

A resource mobilisation component was introduced to mitigate the financial risks that were threatening sustainability of the organisation. In addition, outputs for organisational effectiveness had to be articulated and the function of the finance Manager expanded to include management of efficiency and effectiveness issues. The programme manager would manage the programme and M&E processes.

In order to enable tracking of results, performance measurement and monitoring and evaluation (M&E) systems were introduced.

As the year progressed, the organisation reflected on its mandate and resolved to clarify its network structure in order to achieve coverage and community based response. Therefore the constitution and strategy were re-visited and processes to refine these to ensure that they would facilitate the envisaged network structure begun.

Therefore first three months of 2011 were characterised by planning. Implementation gained momentum in the second quarter. The third and fourth quarters saw the conceptualization and operationalization of the network. 2011 was a vibrant year, with reflection on what was working and what was not. Lessons learnt were used to make adjustments and changes accordingly

## **3. ACTUAL IMPLEMENTATION**

A joint programmatic and financial planning processes saw the strategy revised and a costed strategic implementation plan developed. Strategic objectives that emerged from the strategy had identified three result areas as Awareness Raising, Human Rights Monitoring and Partnerships and Networks. Having clarified the programme, an organisational structure was revised in order to ensure that people would be aligned to the new strategy. Performance management and measurement tools were also developed to ensure that progress would be tracked and people's performance monitored and assessed. BONELA staff were trained in monitoring and evaluation (M&E), where a programme logical framework developed together with reporting tools to facilitate results based reporting. Performance management trainings were facilitated as a change management strategy every quarter, to create commitment of people to change and align day to day activities to results, budgets and stakeholder expectations.

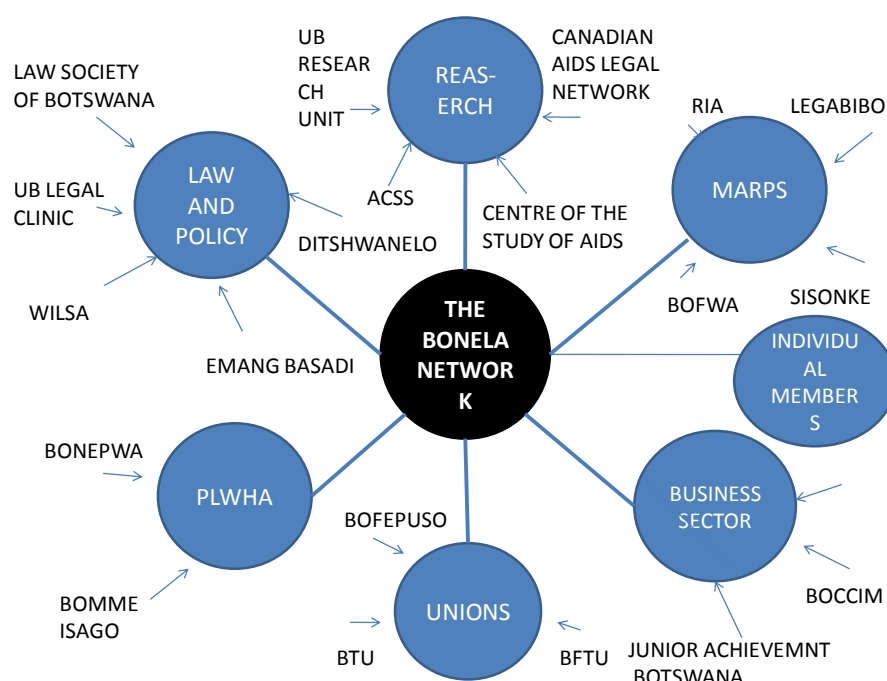
### ***3.1 Formalisation of the BONELA Network***

As a result of interaction with partners, during implementation, the need to position the organization as a network, consistent to its vision and mission, arose. The organization reflected on various feedback from partners that; BONELA was not operating as a

network in the true definition of a network and thus competing with its potential network members both on mandate and resources. In addition the lack of clarity on its network structure and operation disadvantaged BONELA on areas of resource mobilization for appropriate network implementation. The management and board engaged and introspected on these issues and reached a decision that the network structure needed to be conceptualized and shared with the members for approval with immediate effect.

The following is an illustration of the network structure showing thematic areas instrumental for the achievement of results:

*Figure 1*



As a result of the approval of the proposed network structure, at a special AGM called for that specific purpose, the board swiftly revised the BONELA constitution to ensure that implementation through a network structure would be entrenched in the constitution. The board also ensured, through the constitutional review, that there would be clarity about the role of the network in governance and that other programmatic and support systems priorities would be refined, including clarity about the specific involvement of people living with HIV/AIDS.

Inevitably, this change or adjustment took time and associated processes; particularly the monitoring and evaluation planning development processes had to be set aside to allow the systems to stabilize. In addition, the network structure premised all programme interventions and therefore most implementation had to be restructured so as to allow the network building processes to materialize. However, this did not mean that there was stoppage in implementation. The organization ensured that other

planned advocacy activities which were not entirely dependent on the network structure would not be interrupted. By the end of 2011, BONELA network structure was in place and ready to be operationalized. The strategy, therefore, will be implemented through organisations within the BONELA network. The BONELA Secretariat will lead, manage and monitor implementation by identified network members and report on results internally and externally.

### ***3.2 Organisational Development***

Parallel to the institutionalization of the strategy and the constitutional review, policies were developed or refined to guide programme, finance and human resources management. The Advocacy Policy, Mentoring and Nesting Policy, Asset Disposal Policy, Procurement Policy and Workplace Policy, were developed to ensure that there would be effective institutional support for the BONELA strategy and programme.

### ***2.3 Board development***

BONELA board and management team underwent a team building and governance training exercise, where a board charter was developed as a tool for commitment to effectively lead the organisation's vision and mission. As a result the board has committed to leadership of the organization and strategy. They have developed policies such as the Procurement Policy, the Workplace Policy and Asset Disposal Policy.

The board has held a special annual general meeting (AGM) to seek approval of the members to review the constitution to ensure the proposed network model would be entrenched in the constitution. The review would also ensure that other programmatic and institutional support systems would be refined as well as ensuring that the organization would involve people living with HIV/AIDS (PLWHIV) in all its structures and operations. The constitution has been revised and submitted to the Registrar of Societies.

### ***3.4 Management and staff development***

Management and staff were continually trained and appraised on changes, through quarterly team building and performance improvement trainings. This helped to bring about clarity regarding an organization as a changing system and the need to reflect on one's values and behaviour in ensuring effectiveness in the change process. The trainings helped in obtaining people's commitment to change and alignment of day to day activities with the strategy, budgets, results and stakeholder expectations. Even as adjustments were being made, they were continuously being disseminated to staff through performance management system (PMS) trainings. These processes were facilitated to enable staff to visualise their roles as individuals and teams in the achievement of the organisational results. BONELA management team was also trained on performance based reward systems and their institutionalization. As a result, a performance management and measurement tool is in place to manage people's delivery on results. A monitoring and evaluation (M&E) training was undertaken and a programme logical framework developed together with reporting tools to facilitate reporting that would be specific to results.

BONELA staff were also trained as trainers of trainers by the United Nations High Commissioner for Refugees (UNHCR) on sexual and gender-based violence at the Dukwi Refugee Camp. The training mainly focused on the importance of challenging masculinities and current structure of power that makes women susceptible to violence and HIV infection as a result of socialization.

Furthermore, BONELA became part of the sexual and reproductive health and rights (SRH&R) training facilitated by SAT. The training was aimed at imparting technical skills to partner organisations/grantees in running SRH&R interventions in communities in order to link HIV to reproductive health as well as facilitate the infusion of SRH&R by grantees in their programming as SAT seeks to redefine its relationships with same going forward.

### ***3.5 Organisational Effectiveness***

The revised strategy and policies are guiding planning, implementation and monitoring processes. A financial audit for 2010 was completed and submitted to stakeholders. A sustainability strategy has been developed and some of the activities undertaken included acquisition of a piece of land in Gaborone Block 10.

Monitoring and review meetings have been instituted to facilitate knowledge exchange and to track progress of agreements and implementation as well as to make necessary adjustments. Programmatic and finance and operations meetings were held monthly to review programme performance and monitor progress against workplans and strategic framework. A programme logical framework was developed as well as tools for results based planning and reporting. In order to strengthening BONELA M&E structure and processes, BONELA staff were trained on the monitoring and evaluation; developing a results framework, results matrices and development of data collection tools. The organisation is now developing M&E plans for 2012. The strategic goals have been translated to outputs and indicators. These will guide implementation, analysis and reporting.

Quarterly organisational reviews are conducted by the Director to monitor implementation progress against the strategy and take necessary decisions for required change. The organization is now refining the M&E plans while also developing data collection tools and the performance management and measurement system.

## **4. PROGRAMME ACHIEVEMENTS**

BONELA's contribution to the realization of human rights was documented through a consultant who was contracted to undertake this impact assessment. The engagement of a consultant was necessitated by the need to ensure that it was not biased, but objective and reflective. Although the report took longer than anticipated, the final draft report was submitted and the findings thereof are still being internalized within the organization and will be shared with stakeholders henceforth.

according to the report; BONELA was acknowledged to immensely contributed to the human rights environment in Botswana, particularly to the reduction of stigma and discrimination in the national response to HIV and AIDS (Diouf, 2011). This was

evidenced, in part, by the successful advocacy that led to the review of the Employment Act and the development of a Marps strategy by the Ministry of Health.

#### **4.1 Advocacy**

**The HIV employment law Campaign** – In 2011 BONELA continued to lobby for the enactment of HIV/AIDS employment law. A coalition was formed, whose main task was to review the draft Bill. A draft HIV employment Bill was prepared to be presented, as a private member Bill by the MP for Gaborone Central, Mr. D. Saleshando. The campaign is ongoing.

**ICESCR Campaign** - BONELA, in collaboration with the BONELA initiated a campaign for Botswana to sign and ratify the ICESCR to secure and protect socio-economic rights, CSOs that include BONELA, Reteng, Ditshwanelo, Childline and Misa formed a coalition to lead and mobilise resources for the campaign. The campaign is ongoing.

**The National HIV Policy** BONELA lobbied parliament to reject a regressive 2008 HIV Policy which was presented to Cabinet for adoption. The 10 reasons raised were that the policy had been overtaken by events and did not acknowledge evidence and efforts made since; HIV had evolved in the last 10 years and the policy was silent on issues of most at risk and marginalized populations, who have been prioritized worldwide as groups on which interventions must focus. BONELA was successful in its advocacy. Parliament did not adopt the policy but directed that it be revised to ensure that pertinent issues would be integrated in the policy.

**Inclusion of sexual minorities and sex workers in HIV interventions** - As a result of BONELA's advocacy for inclusion of key populations in national HIV policies and interventions, the Ministry of Health in collaboration with other stakeholders is in the process of undertaking a MARPs study, with emphasis on sexual minorities and sex workers, to establish evidence for programming and implementation of a MARPs strategy that is in place.

These advocacy efforts have resulted in high-profile invitations to make presentations on Human Rights and HIV/AIDS to Botswana Parliamentary Constitutional Review Committee, which comprise 10 members of parliament.

**Access to ARV for prisoners** - BONELA, has since late 2010, taken up a case for foreign prisoners who are HIV positive and need to be enrolled on ART, but are not on ART as government of Botswana Policy denies these prisoners access to ART. The following activities have been undertaken thus far regarding the issue. In partnership with South African Litigation Centre (SALC), BONELA is litigating strategically on these issues and is lobbying local support through the media and dialogue with MOH.

#### **Advocacy Challenges**

- Limited resource has interrupted BONELA advocacy agenda

## 4.2 Human Rights Monitoring

In its 2011 – 2016 strategic document, BONELA prioritised human rights monitoring through research, media monitoring, legal aid and monitoring human rights violations through partners.

### Research

*In 2011 BONELA conducted research to assess and document BONELA contribution to the realization of human rights in Botswana.* In 2011, BONELA collected data from partners and network members to evaluate the impact, effectiveness and reach of BONELA mandate and work. The results of the assessment revealed that BONELA has in the past and will in future make human rights a reality in the response to HIV/AIDS in Botswana. Partners attested that BONELA has made a contribution to policy and legal reform, built capacities of various stakeholders, BONELA has built strategic relationships with key donors; strong governance structure; strengthened the network; and adopted viable methods of ensuring sustainability.

### Monitoring of provision of services for TB

In 2011 BONELA commenced a TB research initiative in partnership with ARASA to investigate issues relating to access to TB services by all community members in 2 districts, in the bid to create evidence for advocacy

### Media Monitoring

BONELA continued to monitor and document human rights violations as reported in the media through newspapers with particular focus on key populations such as LGBTI, sex workers. Monitor and track trends of the number and types of incidences of human rights and HIV violations in the media on a daily basis. By the end of 2011 BONELA had recorded 82 media articles from various local newspapers covering human rights issues at the heart of BONELA advocacy. The trend analysis revealed lots of coverage of human rights issues particularly sex work, HIV treatment, provision of condoms in prisons, gender, gays and lesbians. Media monitoring was used to inform campaigns, identify and set human rights research agenda, inform advocacy on issues relating to access to PMTCT for foreign mothers, lobbying for parliamentarians to fulfill their mandate of changing laws, granted BONELA an opportunity to educate the general public on HIV testing, law, decriminalization of sex work and homosexuality issues through press statements.

### *Evidence from Legal Aid Services*

In 2011 BONELA continued to fulfil its mandate of provision of free legal aid services to facilitate access to justice and redress in cases of HIV discrimination or other legal matters related to HIV for vulnerable and marginalized populations of society. Such services include providing legal information and referrals, providing legal advice, mediation and representation as well as engaging third parties in resolving these legal disputes. A total of 419 cases were received during the reporting period in 2011. These were related to stigma and discrimination by medical professionals in health facilities; shortage of ARV drugs under the PPP programme.

An analysis of legal aid cases for trends was done to reflect the type of cases BONELA receives and to analyse and determine the cases' alignment to the strategy and types of cases suitable for strategic litigation. It was evident that cases reported range from medical malpractice, labour dispute, defamation, wilful Transmission, matrimonial, privacy, access to ARV treatment for nationals and non-nationals (prisoners and children). and although many of these cases are defamation, they also show that stigma and discrimination is still a major issue in the national response that require multi-sectoral interventions. Cases related to access to treatment, wilful transmission and wrongful diagnosis have been identified as critical for strategic litigation and concepts will be developed henceforth to realise this in 2012.

One HIV wilful transmission case has been finalized and the client was awarded P500 000 as damages and free ARV therapy plus medical expenses for life. 2 cases are currently before the High Court and 3 are being screened and yet to be filed.

The ARV for Prisoners case, where five foreign prisoners are challenging their denial of access to ART had been selected for use in strategic litigation. The Prison Department had denied BONELA access to interview other inmates. A demand letter had been issued to the Commissioner of Prisons.

Pro-bono services - In order to manage the large number of cases that it receives, BONELA has formalized partnerships with 10 private law firms to undertake pro bono work on some of the cases. In that regard some cases have been rolled out to three law firms for their attendance on pro-bono basis, and there are currently 6 cases being handled by 6 pro-bono partners.

Self-acting - As an initiative started last year, in 2011 BONELA continued to empower communities and build capacities of individuals by introducing a self-actors intervention where clients were trained to represent themselves in court. A total of 20 individuals were trained and successfully represented themselves before court. 10 of these cases were for violation of the right to privacy; and one was a labour dispute case the other a claim of medical expenses for injury suffered whilst at work. Two clients have filed their summons before Magistrates courts in their jurisdictions. One female client was preconized to represent herself before the industrial court in Gaborone.



### *Evidence from Research*

Observation of health Facilities during April 2011 public sector strike - Health facility observations were conducted following reports of the public sector strike of potential health hazards in health settings. 11 health facilities were visited in Gaborone to observe and document factors that may compromise access to health services during the strike. The observation exercise focused on health care worker ratio to patients, service demand, service delivery and the length of time it took for patients to get service. The results of this brief observation revealed high presence of security guards, police officers and the military in the facilities, an unusual phenomena for hospital facilities which may deter patients from seeking health services. In facilities where health care workers were available, they were not necessarily servicing clients; most clinics were generally deserted; and reported incidences of drug stock outs in Marina. Following this, a press statement was released requesting government to dialogue with civil servants in order to avoid potential health disaster. A report on the findings of health facility monitoring was compiled and shared with the Permanent Secretary of the ministry of health.

### *Evidence from the Media*

BONELA has also conducted research on human rights violations in Botswana to inform advocacy for legal and policy reform. There are mixed messages among the public regarding vulnerable and marginalized populations of our society, and in particular, there are negative reports against the LGBTI, MSM and sex worker communities. These reports perpetuate stigma and discrimination towards the aforementioned and in turn, exacerbate vulnerability to HIV. The media monitoring findings, therefore, as previously used to inform the drafting of the ICESCR campaign agenda, will be utilized once more in 2012 to brief policy makers and challenge the status quo on same.

## **4.3 Awareness Raising**

In 2011; BONELA continued to raise awareness on general human rights and health, as well as on MARPs sensitive issues and issues drawn from evidence collected through research and monitoring.

. BONELA conducted workshops, community forums/dialogues, disseminated IEC materials, produced training manuals and trainers' guides and used different forms of the media to raise awareness. The content covered stigma and discrimination, STI/HIV/TB treatment, human rights and the law. More than 6000 people were reached with information education and communication of human rights and HIV and AIDS..

In order to reach the general public, partners and donors, BONELA uses the resource centre, website, twitter and facebook. As part of documenting BONELA contribution to the realization of human rights, BONELA's initial step was to review IEC materials. These were also disseminated to partners and the public through various campaigns.

BONELA's quarterly newsletter, stigma and discrimination against sexual minorities training manual were developed and uploaded to the website.

#### *Staff Capacity Building: Human rights knowledge*

In order to ensure accurate and consistent communication and capacity building of members of staff, BONELA staff were trained on human rights and law, this was in preparation for the ICESCR campaign. The training focused on the need for advocacy to include second generation rights in the Botswana Constitution as well as the importance of collaborating with other research partners to strengthen evidence based advocacy efforts

#### *Community dialogue*

Other awareness raising activities during this period included community dialogue meant to empower people to hold their political representatives accountable for access to quality and affordable health services through development of enabling policies and laws. BONELA held a total of 4 community dialogues this year. These were held at Mahalapye, Moshupa and in Gaborone as part of commemorating the human rights day and 600 people were reached.

On the 2011 World AIDS Day held in Moshupa sub-district and commemorated under the theme: "Getting to Zero New Infections: Zero Discrimination and Zero AIDS related Deaths". A consultative meeting was held with Moshupa Sub-district Council Leadership to solicit their buy-in and support for the community dialogue event as a pre-cursor to the World AIDS day commemorations on issues of Human Rights, HIV/AIDS and MARPS and its success facilitated a holistic community event.

BONELA took part at this event to continue to raise awareness on issues of stigma and discrimination for people living with HIV, highlighting how stigma fueled HIV epidemic in Botswana. The platform also facilitated a dialogue between BONELA and her partners, stakeholders and communities. A stall was mounted in partnership with LeGaBiBo to disseminate information and in an unprecedented act, BONELA distributed leaflets on "10 reasons why the theme could not be achieved by the year 2016" to invited delegates.

BONELA joined the world in commemorating the International Human Rights day under the theme: "Human Rights Defenders Who Act to End Discrimination", which although held in Gaborone, mobilized communities from all over the country, as it was broadcast through the various media. The campaign highlighted the primary responsibility of individuals, governments and other entities in upholding the human rights of all humanity. The event was also intended to inspire a new generation of defenders to speak up and take action to end discrimination in all its forms in their own communities or institutions. The day also challenged participants to be advocates of justice and hold perpetrators including governments to account in protecting victims of human rights violations. Proceedings started with a march to draw people's attention to the day. IEC materials were distributed.

#### *Lobby Meetings*

The National AIDS Council (NAC): The highest policy making body on issues of HIV and AIDS was engaged to recommend to parliament on improving the HIV policy. Issues under discussion were; the provision of ARVs to foreign inmates; provision of PMTCT services to foreign expectant mothers (sired by Batswana men); provision of condoms in prisons; decriminalization of sex work and homosexuality; HIV testing of expatriates and the disciplined forces. It was agreed that there was need for parliamentarians to ensure that the policy would facilitate the decriminalization of sex work; provision of condoms to prisoners; ARVs for foreign inmates as well as to do away with HIV testing for expatriates.

BONELA continues to be invited to address parliamentary committee to educate the law makers on human rights and HIV issues, homosexuality and the law, sex work and the law and what parliamentarians can do to address HIV related challenges. These platforms created an opportunity for BONELA to lobby, solicit support, create discourse and create partnership with parliamentarians.

#### *A human rights and HIV information hub*

In order to reach the general public, partners and donors, BONELA continued to maintain a resource centre, website and face book. Through the resource centre; BONELA facilitate utility of materials by external users, and databases are still being merged (L4U & CDISIS) and once done there were around 3465 entries. There were a total of 31 items on loan in 2011, although borrowing is largely by staff members (internal). Most users interests range from rape issues; Domestic Violence in Botswana Prisons; Botswana legislative environment related to HIV to Legal status of Intersex people and those who undergo sex changes.

The BONELA Website was revamped and went 'live'. New additions included uploading of new information on the site internally, page generating improved insights (Reach and Interactions and integrated on the website) of the BONELA facebook, creation and integration of the BONELA tweeter account on the website as well as posting of the Director's blog (on Mmegi newspaper) on the site.

The BONELA facebook page continues to attract very positive insights, a demonstration of user identification with the cause of Human Rights. Most of this increases are noted when new content or discussion is posted on the page and it has also been linked to pages of several other organisations, especially international organisations such as UNAIDS, ARASA, I-Base and so forth to increase user access to resourceful organizations. All media articles generated internally are posted on the page for improved circulation. The same strategy has been used with the tweeter account, it is linked or follows popular international health journals, thus, attracting followers of these journals and as such the number of followers on the tweeter account is constantly increasing and in turn building an information hub for BONELA.

IEC materials were disseminated to support advocacy and awareness raising. Various BONELA IEC materials were distributed at 3 community dialogues, World AIDS Day commemoration in Moshupa and Gaborone as well as stakeholders events during this period.

### *Raise awareness using the media*

Media coverage of the human rights and HIV was covered throughout the print and electronic media as a result of the numerous press releases, interviews or talk shows issued by BONELA.

14 press releases were issued in the reporting period:-

- decrying the refusal of the police to issue a sexual assault report to a sex worker, a pre-requisite for accessing post exposure prophylaxis (PEP).
- response written to the column 'The Linguist' in The Telegraph who had accused BONELA of encouraging homosexuality and sex work.
- response to decisions made by the National AIDS Council to decriminalize sex work and homosexuality as an intervention to enhance access to prevention and treatment for most at risk populations (MARPS).
- response to alleged disruption of the WAD commemoration by BONELA. These received wide coverage in the media, specifically, in Mmegi, Gazette, Telegraph, Weekend Post; Yarona FM; Duma FM and Gabz FM.
- the accreditation of BONELA as a linking organisation; launching the BONELA/International Aids Alliance partnership.
- nine (9) interviews were held on radio stations, mainly on the 16 days of activism to end violence against women and children; provision of treatment to children from Batswana men and foreign women
- decriminalization of sex work and homosexuality; the WAD Statement and human rights day commemoration.

### *Radio shows*

- 17 radio shows that addressed issues of HIV Employment Law and the ARV provision for foreign inmates, HIV inclusivity radio jingles in 2 radio stations (Duma FM and Gabz FM) and it aired 21 times.

## **4.4 Partnerships and Networks**

In 2011 BONELA set out to build partners and networks to increase its coverage and strengthen its capacity to implement. BONELA had made a decision to work through its identified network to integrate rights based implementation in the various partner interventions. The process to formalising these partnerships and agreements culminated in signing of Memorandum of Understanding (MOUs).

BONELA has now formalized agreements with 34 organisations, including regional networks and local NGO's. The management of strategic partners continues to be carried out under the partnerships and network goal area to ensure efficiency.

Demand for BONELA services had grown in 2011 and many invitations and requests from partners to provide training, education and technical support on legal and human rights issues were received. In 2011 BONELA received 200 requests to attend meetings, raise awareness and provide technical support.

BONELA continues to provide technical expertise on human rights and HIV through various thematic committees through partner meetings.

Parliamentarians/law makers requested the services of BONELA to inform its members about limitations of the current legal frameworks to inform their role as law makers. BONELA used this opportunity to create a forum for continued dialogue on legal reform. For example, BONELA was requested to work with the parliamentary committee on HIV and AIDS to facilitate infusion of human rights issues.

#### *Accreditation to International HIV/AIDS Alliance*

BONELA was accepted into the International AIDS Alliance family, following a rigorous compliance assessment of the organization by the Alliance in April 2011. The accreditation meant that BONELA is a Linking Organisation for the Alliance in Botswana, and the development provide an invaluable resource for an organization to promote advocacy; good governance, accountability and transparency; human resources; knowledge management; resource mobilization and respect for sexual integrity.

Furthermore, the accreditation meant that both BONELA and Botswana as a country will be profiled internationally and will mutually benefit from the best practices and shared expertise of the Alliance. BONELA will also have a chance to network with other likeminded professionals who all share the aim of creating a world in which people do not die of AIDS. Accreditation to the Alliance is thus a great feat and honour worth celebrating as it reflects that BONELA indeed meets with international fiscal rigor and programming standards. BONELA's application to the Alliance was part of its move towards aligning itself to international efforts in a bid to augment achievement of the organization's mandate, as well as contribute to Botswana's response to HIV/AIDS through enhancing the quality of life of people infected and affected by HIV in Botswana.

#### *The role of Volunteers*

A volunteer policy was developed to inform the management of volunteers to manage their contribution and performance and ensure value exchange. One-on-one review meetings with volunteers has been conducted and the results of the consultation meetings show that volunteers are relatively satisfied with their defined role in BONELA. However, volunteers are constantly looking for more attractive employment opportunities outside BONELA.

Collaboration with the International AIDS Alliance, as one of the 47 Linking organisations has positioned BONELA as an internationally recognised and engaged organization. The partnership with the Alliance has presented the organization with access to technical support and to world class resources and knowledge as well as exposure to operations of over 40 partners organisations in the network.

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#### *Collaborative Advocacy*

The HIV Employment Law Campaign. In an effort to facilitate collaborative advocacy, BONELA held a consultative meeting to share the second draft of the HIV Employment bill that aims to protect the rights of people living with HIV in the work place. The bill will be presented in parliament as a private members' bill in May 2012. The meeting sought to endorse the draft bill. 30 coalition members from civil society, unions, development partners and legislators endorsed the draft bill with amendments.

#### International Covenant on Economic, Social and Cultural rights Campaign

As part of BONELA's objective to involve partners in campaigns and advocacy, BONELA conducted a consultative meeting to develop an action plan to advocate for ratification of the International Covenant on Socio-Economic and Cultural rights (ICSER). Following development of an action plan, a joint proposal was developed and submitted to Minority Rights International for consideration for funding. The proposal, if successful will facilitate implementation of the ICSEER coalition action plan.

#### *Building capacity for network members*

In order to strengthen capacities of networks and partners to mainstream human rights and HIV, BONELA developed mainstreaming guidelines. These guidelines were developed in partnership with the NAC sector on Ethics, law and Human Rights and are aligned to the national HIV and Human rights strategies. Upon piloting the guidelines, It became evident that these partners were not adequately addressing issues of vulnerable and marginalized populations within their jurisdictions. Therefore BONELA lobbied the DMSACs for the inclusion of the aforementioned populations in partner programming. Implementation of the guidelines will be scaled up in 2012.

#### **4.4.1 Mentoring and Nesting**

In order to mainstream rights based approach in programming; BONELA built capacities of 2 strategic network members in 2011, namely; LEGABIBO and Sisonke through nesting and mentoring. During this reporting period, mentored organizations continued to implement their programmes through BONELA's support and guidance.

A Nesting and Mentoring Policy was developed and used to guide processes for capacity building and mentorship of LEGABIBO and Sisonke (Botswana), including the building of capacity for and Bomme Isago Association of Botswana.

*The Lesbian and Gay Association of Botswana (LEGABIBO)*, is an LGBTI movement established to mobilise the LGBTI communities to lead implementation of a project designed to reduce stigma and discrimination that had inhibited them from access HIV prevention services.

In order to establish baseline of the organization's effectiveness, BONELA conducted a capacity assessment, using an assessment tool adapted from SAT. The findings were that there was an organizational strategy, a non-representative board and project plans that were not necessarily answering to defined tragic results. BONELA facilitated recruitment of an advocacy officer and a finance volunteer for LEGABIBO, who has been undertaking various tasks required for implementation and reporting.

BONELA facilitated a special AGM where the first ever elected board for LEGABIBO was inaugurated. Upon assessment of their strategic plan, it was noted that critical elements required to guide development of an M&E framework and effective monitoring were not clearly defined. Therefore BONELA facilitated a board revision of the strategy and a logical framework and an implementation plan were also developed. These instruments are now guiding effective implementation of the LEGABIBO Programme. Further BONELA facilitated a results-based reporting training for the board and Secretariat of LEGABIBO.

LEGABIBO is now implementing independently and reporting to donors, they have conducted several advocacy and community mobilization activities with BONELA's support. BONELA continues to monitor LEGABIBO's activities through monthly review meetings.

*SISONKE Botswana*, is a sex work movement established to mobilise sex workers to lead implementation of a project to reduce stigma and discrimination that had inhibited them from access HIV prevention services.

In 2011 BONELA established baselines of SISONKE's effectiveness through capacity assessment. The findings were that the organization was not registered, there was no strategy, no implementation plan etc. In addition, there was no Secretariat. BONELA facilitated registration of the organization following the development of a constitution. BONELA sought an intern through the national internship programme, to support implementation. BONELA entered into an agreement with the African Sex Worker Alliance (ASWA) to develop sex worker leadership of the programme through recruitment of two qualifying sex workers (one of whom was the existing community liaison volunteer). In order to address other organizational requirements for effectiveness, a team building training was facilitated. As a result some consensus was reached on how to plan for the year's implementation. A consultant was engaged to develop skills of the two Sisonke employees.

As a result, the SISONKE officers are now implementing some activities and producing draft reports to donors. They have also undertaken two advocacy and community mobilization activities with BONELA's support. BONELA continues to monitor SISONKE's activities through monthly review meetings

## **5. RESOURCE MOBILIZATION AND ORGANISATIONAL STABILITY**

Following the strategic review, a resource mobilization unit was established to ensure institutionalization of continuous and efficient resource mobilization processes. Collaborative resource mobilization efforts, such as the lateral Capacity learning exchange to Legal Aid Centre (LAC), a legal aid organisation in Namibia which provides legal assistance to indigent and most at risk populations. A proposal for a joint project will be developed to mobilize resources nationally and regionally.

Intensified resource mobilisation has been ongoing since 2011. Proposals were made to various potential donors and twenty eight (28) proposals have been made and

submitted to various donors since the beginning of 2011, however only nine of those had been successful and attracting small grants.

Preparations for a donor conference begun in 2011, to develop potential local donor base and forming new partnerships. The conference, initially billed for November 2011 was postponed to 2012, owing partly to the fact that Companies with potential to fund had not responded.

By focusing on creating ownership among the beneficiaries, collaborative advocacy that involves the target groups, centering achievement of results on policy framework and legal reform, the organization has ensured sustainability and assured potential for national replication and attraction of other donors. The planned BONELA Network development and strengthening of national, regional and international partnerships is designed to reinforce collaboration and sharing of resources with implementing communities thus creating the necessary critical mass needed to amplify the voice for comprehensive response to HIV and AIDS.

Towards the end of 2011 BONELA had continued to strengthen collaboration with regional partners towards resource mobilisation focusing specifically on MSM and LGBTI populations. For example, the cooperation with HIVOS and 8 countries in the region, ARASA has commenced a programme for LGBTI and MSM advocacy, and OSISA has led to the development of regional joint proposals. BONELA is a key partner in all these collaboration efforts.

Creating a resource mobilisation unit to focus specifically in organisational sustainability. Through this effort BONELA initiated 4 new projects from new and existing donors partnerships. These include Schorer Aids Fonds, ARASA 3i toolkit, ARASA TB research, OSI LCD, Attorneys Chamber (Legal AID), SAT and International HIV/AIDS

The current BONELA donor base and financial support for specific project are presented in the attached annexure 1.

## **6. FINANCING THE STRATEGY**

Various donors had contributed significantly to financing the BONELA strategy in 2011. Contractual agreements with donors also provided technical support to ensure that the organization would adhere to required reporting and systems. (See attached Financial Project Report).

## **7. CHALLENGES**

- Insufficient funding for the strategy. Although the organisational mission suggests otherwise, the organisation is forced to downsize staff for survival.
- Delay in disbursement of fund from donors resulted in some planned activities not being implemented.
- Due to the reconceptualization of its network structure, most policies and implementation modalities are still being reconstructed to fit the model, thus systems such as the strategic goals, the monitoring and evaluation plan, the



performance management and organisational structure are under review to be finalised at the end of April 2011.

- The continued decline in funds has seen management and staff converging on proposal writing and responding to numerous calls proposals in order to mitigate the deteriorating situation.
- The challenges of lack of national will, continued denial of legal status of LEGABIBO and insufficient capacity among the LGBTI community as well as reduced funding could work to reverse some of the gains already made.

## **8. RECOMMENDATIONS**

- BONELA will have to revisit the strategy to ensure that it facilitates a sustainable structure, in the light of the funding crisis.
- The BONELA Network strengthening must be enhanced to be used as leverage for funding and reinforce collaboration and sharing of resources and creating the necessary critical mass for that will amplify the voice for comprehensive response.
- The planned donor conference has to be pursued and commitment from both local and international financiers obtained