

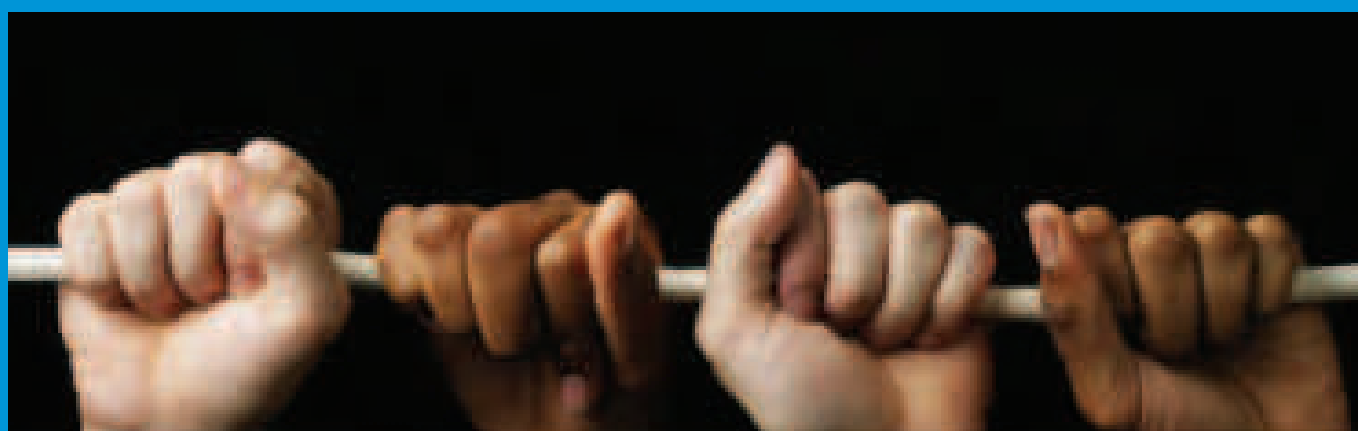


**THE BOTSWANA NETWORK ON
ETHICS, LAW AND HIV/AIDS**
2015 ANNUAL REPORT



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OUR VISION, OUR MISSION & OUR STRATEGY



OUR VISION

Making human rights a reality in the response to HIV and AIDS epidemic in Botswana.

OUR MISSION

To promote a just and inclusive environment to prevent HIV infection and provide a greater quality of life for people affected by HIV and AIDS.

OUR STRATEGY:

Aim 1 – SCALING UP COMMUNITY RESPONSE

To scale-up a coordinated community response on health and human rights to maximise impact in the national HIV programming.

Aim 2 – PROMOTE ACCOUNTABILITY

To increase accountability for health and human rights among all stakeholders in the national HIV response

CORE VALUES

BONELA's work will be guided by a set of core values. These values are:

1. Botho
2. Integrity, accountability and transparency
3. Passion

EXECUTIVE SUMMARY



The Botswana Network on Ethics, Law and HIV/AIDS (BONELA)'s human rights work continues to be guided by existing national laws, international instruments, declarations, protocols and treaties for human rights and health and is aligned to the aspirations of Botswana's Vision 2016 and the National Strategic Framework II of achieving zero new HIV infections by the year 2016.

In order to ensure an improved response to HIV, strong linkages continued to be made with the health sector for improved HIV prevention, treatment and care in 2015. Access to appropriate barrier methods for HIV prevention; work to counter stigma and discrimination; interventions focused on gender violence and sexual abuse, sexual and reproductive health rights and tuberculosis are all examples of linkages to HIV that were made in 2015 as these could exacerbate morbidity if not integrated into the response.

In addition; the organisation continued to address organisational systems for efficiency and effectiveness as it delivers on its mandate, a component that facilitates good governance structures through the board as well as prudent programming and financial systems. 2015 was a very productive year for BONELA as there are many amazing results for the year through its 17 Projects supported by various donors as depicted by the table below.



Fig 1: List of 2015 BONELA Projects and Donors

| Project Name | Focus Area | Donor |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| Children's Rights 1 | Child Protection and child governance | Save the Children International |
| Children's Rights 2 | Research: Assessment of the Implementation of Children's Act | UNICEF |
| Moving from Rhetoric to Action (MoRA) | HIV Prevention, Treatment and Care services for MSM and sex workers | Management Science Health-MSH |
| Bridging the Gaps | Bridging the gaps between service demand and service provision for the LGBTI community | COC Netherlands |
| HandsOff! | Addressing violence among sex workers | AidsFonds |
| DiDiRi | Capacity building for service providers for key populations | HIVOS |
| EIDHR-Civic Education | Human rights education for marginalised populations in rural communities | EU |
| Systems Strengthening- Organisational Development | Strengthening BONELA Systems for efficiency and effectiveness | OSISA |
| Sexual and Reproductive Health Rights | Addressing stigma in accessing SRH services for marginalised populations (PLWHIV, SW, young people) | UNFPA |
| FELM | Addressing stigma and discrimination to scale up uptake of health and social care services by PLWHIV, Sex workers, Young people, People with disability and the LGBTI Community. | FELM |
| DRL | Promoting access to justice for the LGBTI Community | US Embassy |
| IP | Addressing access to essential medicines in Botswana through Intellectual Property Rights barriers | ITPC and ARASA |
| KP Financing | Advocacy for financing KP programming | ITPC and ARASA |
| Linkages | Linking MSM and sex workers through the HIV cascade-access to HIV Prevention, Treatment, Care and Support services | FHI 360 |
| African Regional Project- ARP | Scaling up access to health services among sex workers and men who have sex with men communities | International AIDS Alliance |
| KP Connect | Improving technical capacity of BONELA as a linking organisation to promote KP access to HIV, health and rights services | International AIDS Alliance |
| Policy Dialogue | Policy debate on human and LGBTI rights in Botswana | British Commission |



Through this report; BONELA show cases these 2015 results and in summary; some of the notable results are:

- An increased number of people who received and asked for services. BONELA covered more parts of the country with services and we have been able to strengthen our advocacy and lobbying efforts to influence policy reform with our landmark cases on access to ARV's by foreign inmates, adoption of a child without the father's consent as well as the LEGABIBO registration case. These strategic litigation cases have significantly contributed to BONELA's vision and mission of ensuring that human rights are a focal point in responding to HIV and AIDS epidemic.
- BONELA contributed significantly to key population organisations through capacity and systems strengthening, including housing and mentoring some of the organisations as well as sub granting. This has enabled other organisations to advocate for human rights and address human rights violations in Botswana at various levels.
- BONELA continued to make meaningful contributions to human rights and policy discussions in Botswana, thus influencing government to enact human rights friendly policies and laws. This has been achieved through active engagement and lobbying of key principal government structures as with the case with the inclusion and financing of HIV interventions targeting Key Populations (that is, Men who have sex with Men (MSM) and Sex Workers) in the Global Fund country project.
- BONELA has created awareness about human rights issues in Botswana through public education on human rights. This has created increased demand for health and legal services through establishing a critical mass of human rights defenders and activists working through our partners at district level.
- BONELA continued to influence public sector planning, budgeting and implementation through participation in high level committees. The organisation maintained its membership in the National AIDS Council – the highest decision making body on HIV/AIDS in the country. BONELA also sits on the Joint Oversight Committee for UN and Government of Botswana Partnership as well as Country Coordinating Mechanism (CCM) for Global Fund



- BONELA has been a part of the Global Fund writing team since 2014. This has ensured that the Country's Proposal for round 10 prioritised KP interventions. BONELA's involvement in Global Fund processes has also increased other civil society knowledge and awareness of the specific needs of KPs in health and social programs. While this may not translate into tangible social/community level tolerance broadly, KP issues are much better understood among civil society organisations in Botswana and we have seen a significant number of NGOs who are supportive of inclusive HIV programming indicative of the linkages of this public health approach and human rights. BONELA views this as a good opportunity for continued lobbying and advocacy towards decriminalisation of sex work and homosexuality.
- Media advocacy: BONELA continued its dominance and presence in the media space through print and electronic media.
- In 2015; BONELA successfully obtained more than BWP 400, 000.00 as claims on behalf of clients mainly on issues of medical malpractice by out of court settlements.
- BONELA has significantly improved access to for key populations by providing direct services where government is not providing such services. For instance; in 2015, BONELA was the only organisation in Botswana that was providing lubrications for Sex Workers and Men Who Have Sex with other Men (MSM) as part of its Minimum service package for 'safer sex'.
- At regional and the international level, BONELA's membership of the AIDS & Rights Alliance for Southern Africa (ARASA) and the International Aids Alliance has ensured that it has links with like-minded organisations around the world, share best practice and benefit from the technical and financial support to build a stronger organisation.

As an organisation, therefore, we are proud of the fact that even in 2015; BONELA stayed relevant and consistent in the fight for the rights of people in Botswana as demonstrated by BONELA being conferred with the prestigious Media Institute of Southern Africa (MISA) Award in the Free Expression category. This was the first and major domestic award to be given to BONELA and is indeed a true testament of the recognition of the work the organisation is doing in the human rights, social and health arena of the country.

Figure 2: Free Expression Award by MISA



Thematic Presentation of Key Results

As the organizational road map; the BONELA strategic plan 2012 – 2016 has articulated its outcomes and outputs from within which the BONELA projects are designed and implemented. The report, therefore, draws key results as achieved in 2015 for the two main aims of the Strategy.

Aim 1: Strengthen and scale-up of a coordinated community response on health and human rights for maximised civil society impact on national HIV programming

In order to achieve its vision, BONELA sees the expansion of its network and an increased engagement of civil society and community, as a strategy for achieving coverage and coordinated collaborative advocacy. For this reason, BONELA, has appropriately positioned itself as a network and ensured that there are systematic mechanisms of working effectively with and through targeted beneficiaries and partners.

Establishing network sectors and strengthening the network allows for effective identification of issues to be addressed and enhancing support to community groups.

The function of the network is threefold: 1) to achieve national coverage to maximize efforts and impact, 2) to ensure a coordinated response to HIV and human rights issues to increase leverage, and 3) to facilitate learning and sharing of ideas across the network between experts and organisations. BONELA work through the network that in-turn create awareness among their communities and mobilizes them to report human rights issues and access justice through BONELA legal aid services. BONELA then document evidence collected through legal aid and research to advocate for policy and law reform. The following components facilitated the realization of aim one:



1.1 National coverage

In 2015, BONELA increased its presence nationally by covering 5 new districts namely Kasane, Maun, Selebi-Phikwe, Lobatse and Mahalapye bringing the total national district coverage to 18 districts over 29. Furthermore, BONELA continued to serve on the National Technical and Reference Working Groups and other strategic Oversight Committees that include the National AIDS Council, the Joint Oversight Committee on TB/HIV, the Country Coordinating Mechanism (CCM) and the Partnership Forum. These platforms facilitated BONELA to continue lobbying for the relevance of a Rights Based Approach to Health and HIV Programming and the general development agenda of Botswana.

1.2 Capacity building through mainstreaming of human rights

In pursuit of mainstreaming human rights across the different stakeholders and partner organisations, so human rights and health literacy was a priority for 2015. To this end, BONELA conducted capacity building initiatives which targeted 25 civil society organisations and government departments working in the health and HIV/AIDS. In that regard, BONELA built a critical mass of people and organisations who are human rights defenders to be able to assert their rights, take responsibility for their health and monitor rights violations. A total of 12 394 people were reached through trainings, support group meeting and community outreaches. 3 968 sex workers and 2 348 MSM in 3 priority districts (Palapye, Francistown and Gaborone) were reached with the minimum service package for key populations which includes behavioural, bio-medical, structural, care and support interventions fulfilling the national and global obligations of an inclusive health approach and leaving no one behind.

Figure 3: Capacity building initiatives in pictures



An Officer facilitating a training



LILO training for BONELA team



Community dialogue

1.3 Working through the network

26 Network members have been actively involved in the delivery of services at community level. 3 of the Network members were providing services for People Living with HIV (PLWHIV), People Living with Disability and Key Populations in addressing stigma and discrimination, access to health and social service supported by the Finnish Evangelical Lutheran Mission, while 11 supported service delivery for sex workers and MSM supported through grants from the International AIDS Alliance, AidsFonds, Management Science for Health (MSH) and FHI 360.



2 organisations anchored our Child Rights flagship projects which are driving ethos of child protection, child development, survival and child participation under Save the Children International (SCI) and UNICEF support. A Botswana Child Rights Coalition with 18 members who are child service organisation was established to monitor implementation of policies and legislation in relation to children.

In order to promote access to justice, health and social services, 12 organisations facilitated for BONELA to reach the Lesbian, Gay, Bisexual, Trans-diverse and Intersex communities as well the general public through civic education on human rights, legal literacy as well as documentation of rights violations with support from the European Union (EU), United States Embassy and COC Netherlands. A total of 7547 people were reached through the network this year alone.



Men and Boys for Gender Equality



Vision Support Group

Aim 2: Increase accountability for health and human rights among all stakeholders in the national HIV response

BONELA aims to increase health and human rights literacy among community members, network members and policy makers to promote accountability for policies and service delivery. The organisation also documents human rights violations through research, legal services and strategic litigation and use this as a basis for evidence-based advocacy for policy and law reform on issues of human rights, health and HIV.

1.4 Increased human rights and health literacy among community and policy makers

The BONELA Programme through its various Projects as previously listed; reached 500 000 people through print and electronic media where the organisation appeared 20 times in 3 local private and 2 public radio stations, 9 times on national TV, featured 56 times in local and international newspapers. This data on the number of people reached was collated based on each newspaper sales and distribution records from newspapers and the radio stations statistics on the number of listeners tuned in to a programme in which BONELA was a discussant. However, this number is cumulative as it reflects individuals with repeated counting and not singular counts as it is not possible to do that disaggregation



with newspaper readership, radio and television audiences. Seven (7) press statements on various human rights and policy issues were also developed and shared with government and the public alike to stir human rights dialogue while a total of 19,941 people were reached through community dialogues, training and outreach activities. These interventions reflect the reach of BONELA in addressing minority rights (those vulnerable and marginalised) within the context of human rights, HIV /AIDS and broad health and social issues including the negative impacts of stigma and discrimination.



3.3 Strategic litigation conducted on human rights violations using legal aid cases for policy reform

Throughout 2015, 170 cases were registered in the BONELA Legal department data base, where legal services are provided for free. These ranged from unlawful disclosure of health status, willful transmission of HIV, unlawful arrest and detention (SW and MSM), Gender Based Violence (violence/ assault, sexual abuse of minors and rape), child custody and adoption, inheritance, maintenance and child neglect. The increase in the number of cases reported to BONELA is demonstrative of the effectiveness and impact of our Human rights and Legal awareness and education initiatives.

In addition; with support from the Southern African Litigation Centre (SALC), BONELA successfully sustained the judgment at the Court of Appeal previously made by the Botswana High Court in 2014 to provide foreign inmates access to life saving antiretroviral drugs (ARVs). This case, has contributed significantly to highlighting the urgent need to address structural barriers particularly for vulnerable and marginalized populations towards ending AIDS by 2030.

3.4 Evidence on human rights violations in Botswana collected for advocacy

a) Campaigns

Aligning to international recognition of Human Rights, the family as support systems in effective Sexual and Reproductive Choices, Child protection and Development, BONELA spearheaded 5 international commemorations across the country. These were the International Women's Day in March, International Families Day in May, the day of the African Child in June; 16 days of Activism Against Violence on Women and Children and the International Human Rights Day on December 10. Drawing from lessons learnt throughout the year in the different projects, BONELA developed a position paper "Mitigating Human

Rights Barriers to Accessing Health and Social Care services in Botswana” which was delivered to the Permanent Secretary in the Ministry of Health to coincide with the 50th Anniversary of the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic and Socio-Cultural Rights (ICESCR). The position paper calls on the Government of Botswana to expeditiously sign, ratify and domesticate the ICESCR which limits access to health as the right to health is not guaranteed by the Botswana constitution. These campaigns were followed by media appearances both in radio and newspapers, reaching many people.

Figure 4: Campaigns through commemorations in pictures



World AIDS Day in Tonota



The International Families Day



June 16 Commemoration

3.5 Relevant, updated and appropriate information on human rights, health and HIV is accessed by communities

a. Media Engagement

Recognizing the media as a powerful advocacy tool, BONELA continued to utilize the media space in 2015 through print and electronic media by alighting jingles and adverts, conducting interviews and holding press briefings on human rights and health. As indicated at 2.1 above; many people were reached through this platform.

Furthermore; fact sheets on health and STIs for key populations (sex workers and MSM), 7Ts for health care workers as well as sexual and reproductive health rights information were developed and distributed during community outreaches in 'hot spots', support group meetings and community dialogues. A total of 66 316 materials were distributed. Additionally, 40 902 condoms and 9000 lubricants were distributed.



Figure 5: Engaging the Public through radio and Fact Sheets for MSM, sex workers and Health workers



3.6 Strengthened programming delivery that is efficient and effective

In August 2015, the BONELA team conducted a 2 day staff team building and strategic planning meeting in South Africa whereat the flow process of this engagement involved 3 thematic tracks:

Programme Reviews and Planning, focusing on an analysis of the overall BONELA 2015 work plan against set targets and identifying an appropriate remedial roadmap as a development tool to take the organisation forward and how the BONELA program can work with precision and efficacy to achieve better outcomes and to accomplish outstanding project assignments. A consolidated plan of action was developed and shared across program staff resulting in a 98% overall project completion of the BONELA Global plan by December 31, 2015.

In reviewing the BONELA’s Strategic plan: 2012-2016 as well as considering the organisation’s functioning in general, a rapid review of the organisation was conducted in July 2015 to offer a concise summary of the most important realities, challenges, opportunities and questions facing the organisation going forward. The rapid review has made recommendations that have informed the ongoing development of the 2017– 2020 strategy as well as the organizational Change Management Plan for increased program impact, governance, staff development and retention. In addition; BONELA successfully managed to be fully accredited as a Linking Organisation of the International HIV/AIDS Alliance (IHAA).



To resource the BONELA strategy

a. Diversify funding sources for sustainability

Amid dwindling donor support as a result of Botswana's classification as an Upper Middle Income Country (UMIC), BONELA expanded and diversified its funder portfolio in 2015 in order to build a sustainable finance resource base. In this program year, we were able to attract new funding streams from EU, MSH, HIVOS – The Didiri Project, UNICEF, OSF, OSISA CGI, AidsFonds, ITPC, ACHAP- Aquity, ACHAP- Global Fund and Family Health International (FHI). The 2015 program cycle managed to retain some of our traditional funders that include, The Alliance, Save the Children International, COC Netherlands, ARASA, SOAIDS, FELM and UNFPA.

Through this funding pool, we have been able to sub-grant a total of BWP 805,300 against the 627,000 of 2014 to our Network and implementing partners who have continued to monitor rights violations at community level while increasing demand for legal and health services.

Furthermore; a Resource Mobilisation Plan was developed as a blue print for guiding resource mobilisation efforts for the next 3 years (2016 – 2019). In addition, BONELA facilitated the Business Options Assessments to guide operationalisation of the Business Arm and Investment Case to complement donor aid towards building a more sustainable BONELA program. BONELA recognises that in order to sustain its operations over the next 4 years, the organisation must increase its revenue by at least three (3) or three point five (3.5) per cent (%) annually (from current fiscal budget) cumulatively targeting to achieve a 12 – 15% increase by the end of this strategy in 2020. In order to achieve this and in recognition of the marked decline in donor support in Botswana in recent years due to the country's classification as an UMIC, BONELA has prioritised the development of a business arm and fundraising (Social Entrepreneurship) as being key to augmenting the traditional grant seeking efforts to achieve the projected 12% target by 2020. Therefore, BONELA's Unrestricted Funding approach 2016-2020 focuses on re-enforcing the operationalization of the Business Arm of the organisation by setting up a Legal Insurance Businesses as a core business enterprise which will be supported by and other fundraising initiatives.

The Resource mobilisation plan under Unrestricted Funding will thus encompass focus on the following key elements:

- Development and operationalization of a commercial Legal Insurance company
- Organising a donor / investor seminars or conferences to solicit funding sponsorship, loan facility, strategic partnerships or a possible merger with existing insurance companies)
- Hiring of a professional fundraiser on retainer or consultancy to develop a diversified fundraising portfolio to support research and development of alternate on viable fundraising options for example the development Advocacy training and consulting products
- Testing at least 1 option per year through coordinating 1 fundraising event
- Conducting evaluation to guide future fundraising roadmap.
- Strengthening the BONELA Brand Value (Development of a BONELA position paper; Communications Strategy, Identification of a Strategic Brand Ambassador and strengthening internal and external (partners) operational systems (Implementation, M&E, Social marketing, human rights monitoring, research and documentation.



CONCLUSION

The relevance of our work was recognised nationally when BONELA was nominated and won its first in-country Award – The MISA Award in November 2015 in the category of Free Expression. We are exceptionally proud of this accolade.

While we acknowledge these achievements, we are also aware of the fact that there is still much work to be done, and BONELA will continue to promote, protect and fulfil human rights for all, in alignment and in pursuit of our mission of creating an enabling environment for the most vulnerable and undeserved communities in Botswana; the focus from which we approach next year-2016.

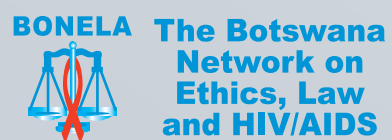


ABBREVIATIONS

| | |
|----------|-----------------------------------------------------------|
| AIDS | Acquired Immune Deficiency Syndrome |
| ART | Antiretroviral Therapy |
| ARV | Antiretroviral |
| BAIS | Botswana AIDS Impact Survey |
| BONELA | Botswana Network on Ethics, Law and HIV/AIDS |
| BNTP | Botswana National TB Project |
| CSO | Civil Society Organization |
| COC | |
| DRL | |
| EU | European Union Delegation to SADC |
| FELM | Finland Evangelists Lutheran Mission |
| GDP | Gross Domestic Product |
| HIV | Human Immunodeficiency Virus |
| IEC | Information, Education & Communication |
| IP | Intellectual Property |
| LeGaBiBo | Lesbians Gays and Bisexuals of Botswana |
| LGBTI | Lesbians, Gays, Bisexuals, Trans-gendered and Inter-sexed |
| KP | Key Population |
| MARP | Most At Risk Populations |
| M&E | Monitoring and Evaluation |
| MSM | Men who have Sex with Men |
| NACA | National AIDS Coordinating Agency |
| NGO | Non-Government Organization |
| NSF | National Strategic Framework |
| OSISA | Open Society Initiative for Southern Africa |
| OVC | Orphans and other Vulnerable Children |
| PEP | Post-Exposure Prophylaxis |
| PLWHIV | People Living with HIV |
| PMTCT | Prevention of Mother to Child Transmission |
| RHT | Routine HIV Testing |
| S&D | Stigma and Discrimination |
| SM | Sexual Minorities |
| SRH | Sexual Reproductive Health |
| SWOT | Strengths, Weaknesses, Opportunities and Threats |
| TB | Tuberculosis |
| UNAIDS | United Nations Joint Programme on HIV and AIDS |
| UNICEF- | |
| UNFPA- | |

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