Strategy 2016-2020

Including the Excluded:

Protecting, promoting and fulfilling Heath Rights in Botswana

BONELA

The Botswana Network on Ethics, Law and HIV/AIDS

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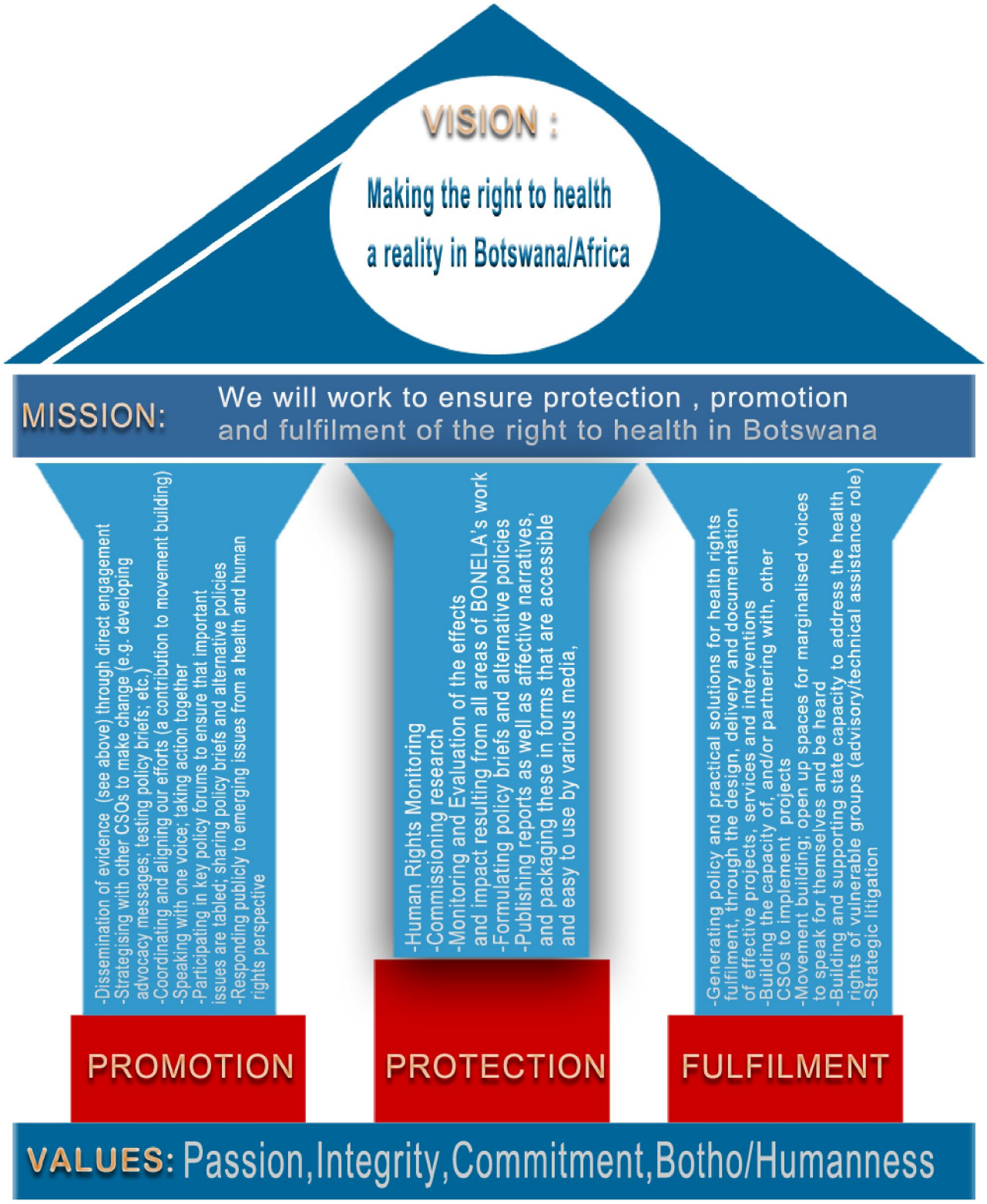


Figure 1. The BONELA house captures many of the core elements of BONELA and its work.

Formation and Identity

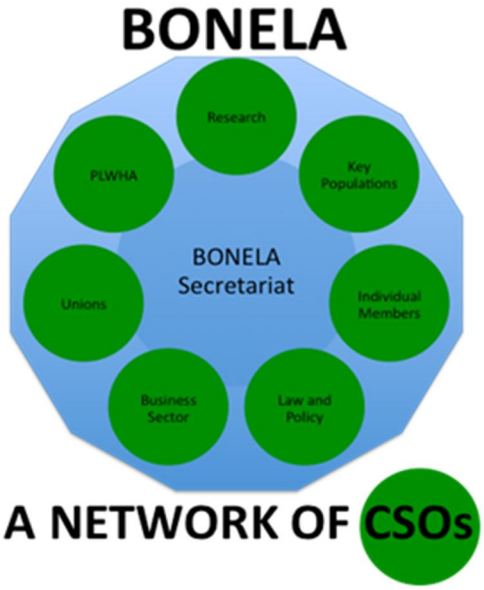
The Botswana Network on Ethics Law and HIV/AIDS (BONELA) was established and registered as a national network in 2002. Our purpose: to promote a human rights approach to HIV/AIDS and TB in Botswana through awareness raising, capacity building and advocacy.

Since inception, part of BONELA's unique contribution has been a focus on the human rights of vulnerable, marginalized and what are now (within HIV discourse) called Key populations.

Structure and governance

We draw our network membership from individuals and organisations who share our overall values and vision. The BONELA membership which constitutes 35 organisations is organized into a number of sectors, including: Key Populations, Researchers, Business, Unions, etc. Our Board is elected from the membership at an Annual General Meeting (AGM) and plays a key role in framing and informing our strategic focus. We also engage and consult with our members more widely – specifically at the AGM, but also in an ongoing way as issues arise. Members resource BONELA's work (knowledge, skills, relationships) and ground us in a constituency which gives legitimacy to our work.

Diagram 2- Representation of the BONELA Network



Beyond this formal network, we also use networking as a key *means* of working with others towards a common goals – i.e. we build operational networks of civil society organizations (CSOs) working on key issues and with key sectors of relevance to our strategy and goals.

All of this is supported by a small team of staff with competencies in a wide range of areas. These include policy formulation, programme design and implementation, litigation, advocacy, and monitoring and evaluation – as well as considerable sector specific knowledge and experience around HIV, human rights, and Key Populations (KPs) in particular.

Past achievements

Over the past 13 years a great deal has been achieved. Some particularly important and memorable contributions at **national level** include:

- Advocating for rights based approach to Sexual Reproductive Health for women living with HIV – and specifically in relation to cervical cancer (2007-2010). Currently the turnaround time for cervical cancer results has reduced from 6 months to 6 weeks. In addition government has also introduced the "See and Treat" programme – an innovative, cost effective and more accessible cervical cancer screening system for women in hard to reach rural or clandestine communities.
- Hosting and supporting the development of Botswana's first LGBTI, Trans organizations (LEGABIBO & Rainbow identity) and the first Sex Worker organization (Sisonke) – all three organizations are now operating independently and effectively.
- In 2009, Influencing the National Strategic Framework on HIV/AIDS II (2010- 2016) to incorporate strategies and interventions focused on key populations
- Reversing the implementation of the National Most at Risk Populations Strategy (MARPS) because of the punitive aspects (arbitrary arrest, detention and deportation of foreign gay men, lesbians and sex workers) it built in to the HIV response. We continue to lobby through the National AIDS Council and the National AIDS Coordinating Agency for a revised framework that respects and upholds the rights of these Key Populations.
- With LEGABIBO, fighting and winning a long battle for the right to freedom of association for LGBTI people in Botswana (registration case) – appeal concluded in 2016.
- Since 2010 BONELA has fought for the rights of refugees (and more recently, foreign prisoners) to access anti-retroviral treatment for HIV. In 2015 BONELA won a case at the level of the Court of Appeal in which Government of Botswana was ordered to provide free ARVs to foreign prisoners within the framework of the Botswana Prisons Act and Health Policy.

At **regional** and **global** levels, BONELA is a Linking Organisation of the International HIV/AIDS Alliance. As such, we participate in regional initiatives as well as contributing to and learning from a global network of organisations aimed at supporting an accountable, sustainable and rights-focused community response to HIV/AIDS.

2. Rationale for the New Strategy

Change in an organisation's context needs to be met with some coherent response. This strategy aims to respond in particular to the present economic and civil society terrain in Botswana, as well as that of the global HIV/AIDS sector. Below we address each of these areas briefly.

Context

(i) Social, Economic and Political

Botswana is lauded as an African success story: economic growth and prosperity, good governance, political stability and sensible macro-economic policy. These factors – and a significant endowment of natural resources – have enabled the country to transition from 'Least Developed Country' status at independence (1966) to 'Upper Middle Income' status 30 years later.

In spite of this, significant pockets of poverty and exclusion remain, especially in rural areas. Botswana's income inequality in one of the highest in the world with a Gini Coefficient of 54.2. The HIV/AIDS pandemic has exacerbated this situation: Botswana has the second highest HIV adult prevalence rate in the world and a life expectancy of just 64.4 years. (UNDP, 2014)

The economy is characterized by resource-intensive/extractive production, in particular, diamond mining. The unemployment rate is 17.8%.

Inequality and social exclusion are structural *and* cultural in nature. It is not enough to ameliorate the suffering of people on the fringes of society – whether they are there because of gender identity, sexual orientation, employment or economic status or some other factor. Addressing the presence of a significant group of excluded, marginalised and vulnerable people requires change in attitudes, policies and practices – it goes beyond just meeting their immediate needs in the short term (a welfarist approach).

These kinds of changes – which are attitudinal, discursive, behavioural and cultural in nature – do not happen overnight, and the work required to catalyse them is difficult to resource within the country. Privileged people and institutions have a stake in maintaining the status quo. Further, the potential for corporate financing is limited by the fact that big business is vulnerable to the removal of the mining and other rights granted them by government.

On top of this, the country's Upper Middle Income status has brought with it the withdrawal of many donors – and serious challenges in accessing core finance and funding for advocacy work in particular. Advocacy is a people-intensive activity – it is relational, so there are often no immediate products or easily measurable outcomes in the very short-term – and much project funding *is* very short term.

These realities call on us to find new partnerships and innovative ways of enabling the changes required for marginalised and vulnerable groups to realise their health (and human) rights in Botswana.

(ii) The HIV Sector: trends and changes

The past decade has seen the successful roll-out of anti-retroviral therapy at the State's expense. While some challenges remain – access to certain commodities (e.g. condoms and lubricants); occasional shortages of drugs; ongoing stigma and discrimination in some quarters – the treatment situation *has* improved dramatically since the dark days of the 1990s and early 2000s.

With this shift at global level, as well as in Botswana, has come a strong emphasis on almost purely biomedical interventions. This is a consequence of the dominant thinking about how best to achieve UNAIDS' 90-90-90 goals[1] amongst many influential players. This in turn has resulted in a much reduced pool of finance for other kinds of HIV work – e.g. community level responses to HIV and interventions emphasising human rights and marginal voices. Part of BONELA's role in the coming period must be to continue to advocate for a combination approach to addressing HIV – biomedical, rights-based and community level interventions **as** all contribute to addressing the epidemic.

However, in the light of the above – and the real progress that has been made with regard to HIV in Botswana – we recognise that the general population epidemic is no longer where we should place our main emphasis. Applying a human rights lens, it is clear that HIV should no longer be the prime

[1] 90% test; 90% treated; 90% viral suppression. Interestingly the latter 90% has yet to be achieved anywhere. Perhaps because adherence to treatment is not a biomedical issue but a human and social one; and achieving 90% testing is also a social process.

organising issue for BONELA's work. There are a wide range of Health Rights issues – some connected to HIV, some not – that BONELA is well placed to address.

We are therefore repositioning the organisation as a **Health and Human Rights Network** – rather than primarily focusing on HIV and Human Rights as in the past. Within this remit, a focus on Key Populations remains important, as does exerting influence to counter the trend towards simplistic, purely biomedical HIV interventions.

(iii) Civil Society

Most Botswana civil society organisations (CSOs) have not adopted a strongly rights-based orientation. Much good work is taking place at the level of service delivery and care, but there is relatively little focus on systemic/policy/cultural change. This is a factor to consider when engaging with CSOs in general. The relatively 'thin' funding environment also brings with it the challenges of competition and fears of alienating state and government representatives. It will be important to navigate these waters consciously and with care, while attempting to build coalitions, effective partnerships and more rights-based capacity in-country.

On the positive side, BONELA's position as a rights and advocacy-focused organisation differentiates us from the majority of local and national CSOs: it is an important aspect of our brand and value proposition.

Positioning BONELA within context

The process of consultation, discussion and thinking that has gone into generating the strategy document you are reading now, has sought to take into account these realities and to draw on BONELA's core strengths to chart a course for the coming five years.

Some critical conclusions inform our new Strategy (2016-2020):

- HIV/AIDS remains a key and cross-cutting issue, but it is no longer THE focal issue. In light of this, BONELA is positioning itself as a **Health and Human Rights organisation**. Our overall vision focuses on contributing to universal access to health rights: **"Making health and human rights a reality in Botswana."**

- It follows that the **long term outcomes** we aim to achieve are:
    - Vulnerable and marginalized people (including Key Populations') know their health rights and assert them (with support where necessary).
    - CSOs, coalitions and emerging movements of vulnerable and marginalised people cooperate to support the protection, promotion and fulfilment of marginalized and vulnerable people's health rights.
    - The state and other duty bearers in the field of health adopt policies and practices that enable marginalized and vulnerable people to fulfil their rights.

  These outcomes will not be *fully* achieved in a five-year period. However we aim to make significant progress towards them. See pages 16 – 20 for some of the milestones we aim to reach within the period.

- Our **core target groups** for the period are therefore:
    - organized civil society,
    - the state and government,
    - ordinary citizens (public)
    - Vulnerable/marginalized people.

- The content of our work is informed by the realities facing **7 Core Strategic Populations**. We have identified these groups based on a range of factors, including:
    - What groups are often excluded or denied their rights to health in Botswana?
    - Where can our competencies and skills be applied most effectively?
    - Where is the greatest need for justice and a rights-based response?
    - Where have we (and others) achieved success that we can build on?
    - What work is already financed and can be developed to deepen impact?

- The **Core Strategic Populations** we have selected are:
    - Lesbian, Gay, Bisexual, Transgendered and Intersex (LGBTI) people
    - Sex Workers (SW)
    - People Living with HIV (PLHIV)
    - Children
    - Prisoners
    - Mine workers
    - People with Disabilities (PWD)

- We argue that by focusing on **health rights as a strategic point of leverage** and by **including the excluded** (i.e. addressing the rights of marginalized and vulnerable sub-populations), we will contribute significantly to a **shift in culture, practice and policy around health rights** in Botswana, with positive spin-offs for building a **stronger human rights culture** in general.

See Section 4 for more information about the core strategic populations and our thinking and positioning in relation to each.

Audience and purpose

There is a lot of complexity in BONELA's work and in the Human Rights and Health fields in general. In this document we aim to map out only the *essential* issues – the WHAT and HOW of our work – as the basis for giving direction to more detailed programme and project planning and the development of related systems (e.g. monitoring and evaluation).

This document is *not* an operational plan. Our Strategy 2016-2020 sets out our approach and the goals we have chosen to hold ourselves to account for achieving.[2] It maps the strategic terrain and our broad response to it: as such, it should inform *all* detailed project planning and decisions about resource mobilisation, allocation and BONELA's ongoing organisation development.

We hope this document will speak clearly to staff, members, partners, other stakeholders *and* a general readership about what the BONELA brand means and stands for in this 5-year planning period (2016-2020).

[2] For more detailed information about specific projects and operational plans, please contact the Programme Manager, Felistus Motimedi: felistusm@bonela.org. See also Appendix 1 for a Workplan for Year 1 of this strategy (2016). .

3. Theories of Change: How we catalyse change; BONELA's core process

This section is based on our experience of working with and towards change over more than 10 years. While we have some specialised skills and experience in strategic litigation and advocacy, we recognise that contributing to social change requires a multipronged, multi-layered approach.

Below, we map out how BONELA can most effectively contribute to positive social change (development) in the Botswana health environment in the coming five years. We also address the implications of this approach for our practice and programming.

How does change in human systems happen?

Societies, states and governments, other organisations, families and individuals are all examples of human systems. For conscious change to happen, a basic sequence of steps usually needs to be supported:

1. **Raising awareness:** The system (and people in it) needs to become more deeply aware of the current reality. In other words, people become more informed about the existence and issues facing a part of their community – whether LGBTI people or Sex Workers or Disabled People or another group. They have more information, knowledge and understanding (cognitive level) of the issue or group, which in turn means that it is less unknown, alien and other – and their minds are *opened* for deeper engagement.
2. **Connecting to feeling/affect and empathy:** Information and knowledge is often not enough to provoke change in attitudes, deeply help beliefs and/or behaviour. People have to feel some emotional connection to the information: this is where the will to change comes from. Put another way, they have to *care* enough about the issue and the people involved to bother. This is about *empathy* – opening people's hearts, beginning to *see their own part*/ownership/role in maintaining the current situation, and hopefully access the *will* to change.
   In order to invoke empathy BONELA will therefore empower affected communities to raise awareness about their lived experiences while connecting to feeing/ affect and empathy

   Working effectively at stages 1 and 2 and using multiple channels to do so (e.g. media, direct contact, dialogue, narratives, etc.) produces champions of the issue that you are trying to address – these people become an important focus as one moves into later stages of the work.

3. **Offering solutions or finding them together:** Without some kind of solution or relatively clear and implementable response (i.e. one that is not so personally or economically costly that it is rejected outright), issues are simply swept under the carpet – if there's no solution, awareness and empathy is merely exhausting and meets with resistance. It is important to offer a concrete way forward so that the energy mobilised in step 2 has somewhere to go. (Depending on the situation, one can offer options or a single solution; but best of all is finding a solution together with those involved so that they own it and are committed to it.)

   As a change agent or catalyst we aim to build real relationships with members of the system: contact, connection and developing affinity and trust are important ingredients in catalysing and sustaining change.

4 **Making a choice:** The actual choice is often not in our control. If we stand outside or on the edge of the system (e.g. parliament, a state department, or another organisation) or if the system is very large (e.g. the general population or even that of a district) then a great deal of vigorous work at the previous three stages is often needed before getting to the point of *Choice*. It is not necessary for *every* system member to agree with a choice, but key people (champions) or a critical mass should accept the need for change and *want* to change.

   Where there is significant resistance/stuckness, and a choice is not emerging from this (largely dialogical) process, more challenging interventions may be needed – e.g. a shift from education and awareness raising to campaigning or strategic litigation.

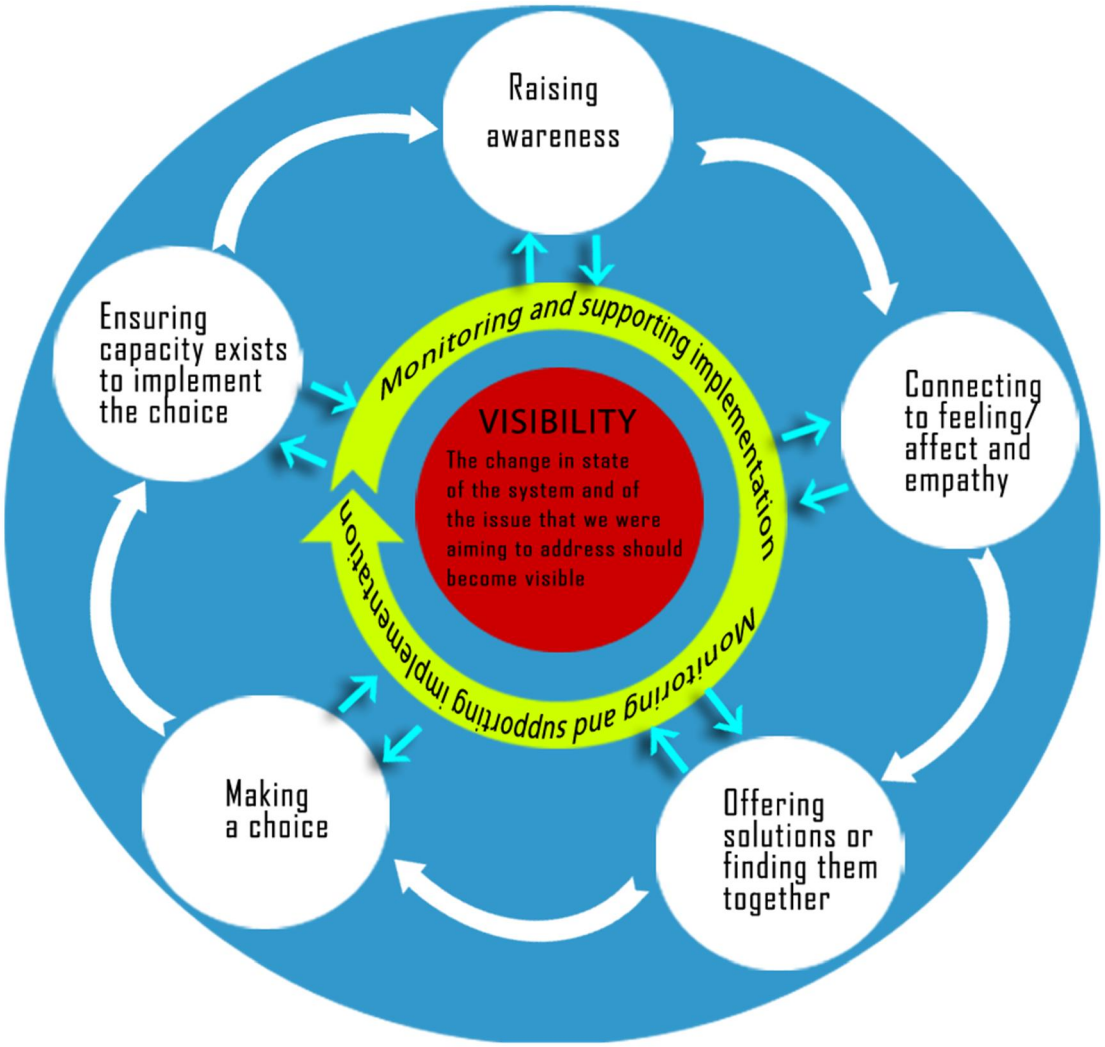
5 **Ensuring capacity exists to implement the choice:** A new policy without any capacity to implement or readiness to monitor progress will probably not lead to any real and lasting change. Offering support (technical assistance, accompaniment, advice, joint implementation, etc.) is an important contributor to success at this stage. This kind of support continues through...

6 **Monitoring and supporting implementation…** During which…

7 **The change in state of the system and of the issue that we were aiming to address should become visible** – i.e. it becomes possible to say, *"Change has happened!"*

This is our working theory of how change happens in groups of people, societies and organisations. It is supported by our experience and it accommodates a range of different levels of intervention – from very light and facilitative to more activist efforts or challenges through the courts. While it is represented as linear, in reality, as circumstances change and new issues arise, it is often necessary to go back several steps or return to the beginning of the process. By the same token, sometimes change to one key policy or practice can unlock a ripple of changes: finding these strategic points and the key outcomes that would enable them has been a critical part of the strategic thinking process that produced this document.

Diagram 3- Theory of Change and How BONELA envisions catalysing change



In the coming period, we aim to apply the above understanding more consciously to the design of our work: every activity and point of contact between BONELA and other systems (especially those affecting people's health rights) should aim to further some aspect of this process.

How does *BONELA* contribute to social change?

BONELA works at a number of different levels – directly with citizens, with civil society organisations, with service providers, duty bearers and policy makers (e.g. the courts, state departments, politicians and technical experts, etc.). At each of these levels, different elements of our work become salient at different times. Below we draw the links between the functional areas of BONELA's work and our theory about how social change may be supported.

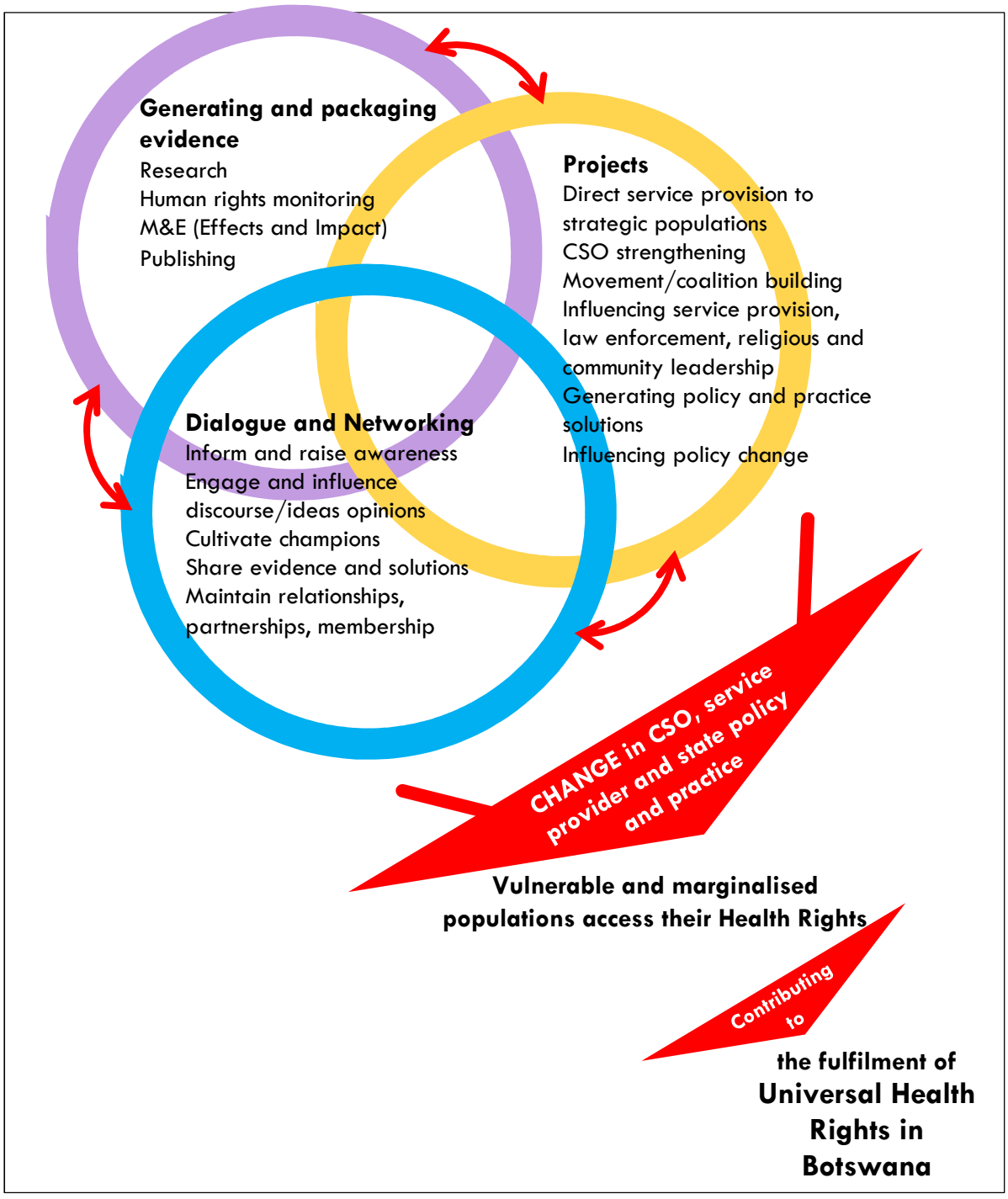
	Area of work	Steps in the change process
1	**Generating and packaging evidence** Activities include: - Human Rights Monitoring - Commissioning research - Monitoring and Evaluation of the effects and impact resulting from all areas of BONELA's work - Formulating policy briefs and alternative policies - Publishing reports as well as affective narratives, and packaging these in forms that are accessible and easy to use by various media, other CSOs, policy makers, and the general public.	This area of work supports: 1. Awareness 2. Affect/emotional connection/empathy 3. Identifying solutions 4. Choice
2	**Networking and dialogue** With members, partner organisations, citizens (community level) and government. Activities include: - Dissemination of evidence (see above) through direct engagement - Strategising with other CSOs to make change (e.g. developing advocacy messages; testing policy briefs; etc.) - Coordinating and aligning our efforts (a contribution to movement building) - Speaking with one voice; taking action together - Participating in key policy forums to ensure that important issues are tabled; sharing policy briefs and alternative policies - Responding publicly to emerging issues from a health and human rights perspective	1. Awareness 2. Affect/emotional Connection/empathy 3. Identifying solutions 4. Choice 6&7. Monitoring implementation & change
3	**Projects** As a not-for-profit organisation, projects are a key way of organising and financing our work. A project has a beginning, middle and end, and is usually supported by one or more donor. Activities include: - Generating policy and practical solutions for health rights fulfilment, through the design, delivery and documentation of effective projects, services and interventions which address the challenges of marginalised and vulnerable groups (and ultimately all citizens) - Building the capacity of, and/or partnering with, other CSOs to implement these projects – by working together, sub-granting, coaching, training and offering technical assistance - Movement building; open up spaces for marginalised voices to speak for themselves and be heard - Building and supporting state capacity to address the	3. Identifying/generating solutions 4. Choice 5. Capacity development for implementation 6&7. Monitoring and supporting implementation & change

	Area of work	Steps in the change process
	health rights of vulnerable groups (advisory/technical assistance role) - Advocating for change through all of the means above, and via campaigns and strategic litigation	
4	**Enablers** Continuing cultural change work Aligning organisational capacity and systems to the new strategy: • Capacity: prog's team (networking person + additional capacity in general; research (and M&E) • Build an M&E system aligned to the milestones in this doc Resource mobilisation: Much stronger focus of ED; seek good quality finance (core/institutional; reasonable overheads, etc). Enhancing sustainability: consulting and product development; strengthening res mob – in time adding capacity here too. From Activist/ – strategic advocate, change agent and technical advisor (law, policy and programming for vulnerable and marginalised populations)… A more strategy-oriented stance. (Take this section to page 12 and call it increasing organisational efficiency and effectiveness	
Note: Some aspects of *Generating and Packaging Evidence* and *Networking and Dialogue* are important parts of most *Projects* (e.g. research; coordinating the efforts of several partners; etc.). We nevertheless draw a functional distinction between these three areas because each requires different core skills and somewhat different management approaches. Further, there is a need to invest energy and resources in strengthening Areas 1 and 2 in order to remain effective in Area 3.		

BONELA's core process

The diagram below maps out the essence of BONELA's core process/organisational logic.

Figure 4: How BONELA contributes to the realisation of health rights for vulnerable and marginalised groups (and all in Botswana) – *Our organisational logic/core process*



Areas for development and alignment

It is worth noting at this stage that the third area of work – i.e. Projects – is currently most well-developed in BONELA. This is probably inevitable: sustaining the organisation at a time when core financing is extremely rare requires that we engage in project implementation, as does our mandate to protect, promote and fulfil the rights of vulnerable and marginalised people.

However, it is also clear that being really effective and making sustainable change requires a stronger focus on *Generating and Packaging Evidence* a, *Networking and Dialogue*. These two areas of work directly inform and enable our implementation, service delivery and advocacy work.

A priority for the coming period is to ensure these are better resourced in both human and financial terms. This issue is picked up under point 4 Enablers – How does BONELA contribute to social change

4. Strategy 2016-2020:

Strategic goals, BONELA's intervention, key milestones

The previous section explains *how* we work. This section looks at *what* the work will focus on – i.e. the content, issues and people involved – and on what we aim to achieve in the coming five year period.

As already noted, BONELA aims to contribute to the fulfilment of health rights for all in Botswana. We believe that addressing the rights of vulnerable, marginalised and excluded people is the right place to start: recognising them as important – as fully human – will support a shift towards the kind of culture of service delivery, human rights and *botho* that we seek to build in Botswana.

In light of this, our new strategy is organised around the realities, issues and challenges facing **7 strategic populations**. In the table overleaf we unpack:

- **why** each of these populations is significant,
- **what** overall change we want to contribute towards (**strategic goals**),
- the **focus and nature** of BONELA's work in relation to them, and
- map out the short (1 year), medium (2-3 years) and longer term (5 years) outcomes we will use to measure our effectiveness and steer this strategy towards success.

We recognise the reality of **intersectionality** – of overlap between these strategic populations. We will address this at project level by working consciously with these factors and explore them in our evidence generation, networking and dialogue work.

At this point, it is worth stating some **high level indicators** which will be further refined as measures our overall impact as this strategy is operationalised:

1. Vulnerable and marginalised groups (a) know their health rights and (b) assert them (i) individually and/or (ii) through their organisations/movements.
2. Friendly, high quality health services are (a) accessible to vulnerable and marginalised people and (b) utilised by them. (These include services and commodities that promote and protect physical and mental health, as well as addressing its absence.)
3. Social stigma against vulnerable and marginalised groups is reduced; they are more accepted/valued in the larger community/society.
4. Policies enabling all of the above are (a) in place and (b) being implemented to a high standard of quality.

Strategic Population	Why	STRATEGIC GOALS	Nature of BONELA's intervention	Short term outcomes	Med-term outcomes	Longer term outcomes
People Living with HIV (PLHIV)	A key population (HIV). There are well-established civil society organisations though the community-level response is under-resourced. There is a need to continue to advocate for a combination approach to HIV, communities, human beings and their health rights – the current dominant discourse (90-90-90) tends to privilege biomedical aspects only;	➢ Funding for the sector is sustained and increased ➢ Principles of Positive Health, Dignity and Prevention integrated into civil society and government policy and practice	Solidarity with and technical support (incl. advocacy/ strategic litigation support where appropriate) to PLHIV organisations and movements. Where possible, joint programming or sub-granting to the sector. Participating in International HIV/AIDS Alliance-level advocacy, targeting state and international donors – pushing for the importance of a combination approach to HIV programming.	Sustained and increased funding for the sector Principles of PHDP popularised among government, civil society , the public and PLWHIV	Advocacy for the integration of PHDP into health policies and practices Coordinated community response	INSERT Milestones towards integration of PHDP into health policies and practices achieved

Strategic Population	Why	STRATEGIC GOALS	Nature of BONELA's intervention	Short term outcomes	Med-term outcomes	Longer term outcomes
Lesbian, Gay, Bisexual, Transgender and intersex people (LGBTI)	A key population (HIV). Same sex relations remain criminalised and stigma and discrimination are still a factor limiting LGBTI people's access to their full human and health rights (although the situation has improved over the past decade). BONELA has been a pioneer in this area in Botswana – in partnership with several LGBTI organisations. There is a fairly strong and developing LGBTI sector and several legal and policy level successes have been achieved (e.g. LEGABIBO's right to register appeal). There remains an ongoing need for awareness raising, service delivery and attitudinal change – especially outside the major population centres – as well as policy change at national level.	➢ The LGBTI sector is strengthened and enabled to: • advocate effectively for their constituency's health and human rights (in partnership with BONELA); • service their constituency effectively (psychosocial, legal, health and other services).	Solidarity with and technical support (incl. advocacy/ strategic litigation support where appropriate) to LGBTI organisations and movements. Where possible, joint programming or regranting to the sector.	INSERT Sustained and increased funding for the sector Increased capacity LGBTI organisations to advocate effectively	INSERT Increased access to services for the LGBTi constituency	INSERT Increased influence towards policy and law reform for LGBTI Milestones towards an enabling environment for LGBTI achieved

Strategic Population	Why	STRATEGIC GOALS	Nature of BONELA's intervention	Short term outcomes	Med-term outcomes	Longer term outcomes
Sex Workers (male and female)	A key population (HIV). Similar to the LGBTI experience, BONELA has supported the development of a Sex Workers' organisation in Botswana (Sisonke). Issues of stigma and access to services remain a challenge, as does criminalisation and all it implies.	➢ The Sex Worker sector is strengthened and enabled to: • advocate effectively for their constituency's health and human rights (in partnership with BONELA); • service their constituency effectively (psychosocial, legal, health and other services).	Solidarity with and technical support (incl. advocacy/ strategic litigation support where appropriate) to SW organisations and movements. Where possible, joint programming or regranting to the sector.	Sustained and increased funding for the sector Increased capacity of Sex Worker led organisations to advocate effectively	Increased access to services for Sex Workers	Increased influence towards policy and law reform for Sex Workers Milestones towards an enabling environment for Sex Workers achieved
Children (0-18)	While there are many organisations working with children's issues in Botswana few (if any) work from a Human Rights perspective. We see many rights violations in this relation to this strategic population.	➢ Children's Act guidelines produced and implemented by police, social workers and courts ➢ Key service providers (in particular, state health and education facilities) fulfil children's human and health rights (child-friendly services) ➢ Societal knowledge and attitudes towards children's rights are improved.	Networking and dialogue with the sector and relevant state departments. Joint advocacy for effective policy implementation in relation to Children's health rights.	Sustained and increased funding for the sector Increased awareness of Children 's rights among children service providers and the public	Advocacy to ensure Increased capacity to implement the children 's Act guidelines by service providers	Improved societal knowledge and attitudes towards children 's rights Increased monitoring of the implementation of the Children ;s Act and guidelines

Strategic Population	Why	STRATEGIC GOALS	Nature of BONELA's intervention	Short term outcomes	Med-term outcomes	Longer term outcomes
Prisoners	A key population (HIV). TB and HIV are both critical factors affecting prisoners, as well as a host of psychosocial and reintegration challenges. BONELA has, through the courts, challenged for foreign prisoners' rights to access antiretroviral medication. We aim to build on this success. In addition, there are emerging organisations in this sector (e.g. BIRRO) which present opportunities for partnership and strengthening the sector.	➢ The Prisons Department, courts, police and the Ministry of Health address key health rights issues facing prisoners, including: • Access to HIV and TB prevention and treatment information and services (including infrastructural changes); • Access to legal aid to address rights violations.	Networking and dialogue with the emerging sector and relevant state departments. Research to establish the reality of HIV transmission, etc. in prisons. Capacity development and technical support (incl. advocacy/strategic litigation support where appropriate) to ex- prisoner organisations and movements. Where possible, joint programming or regranting to the sector.	Sustained and increased funding for the sector Increased access to legal aid	Increased access to legal aid Technical capacity policy and legal reform (Minsitry of Health, Prisons departments , BIRRO)	Increased access to TB/HIV services for prisoners Milestones towards enabling policy and law environment for Prisoners achieved
Miners	The health rights of miners have been long ignored in Botswana. TB is a particularly pernicious issue, often connected to silicosis. Issues around health, safety and compensation abound. This is an emerging area of work for BONELA.	➢ The health rights of miners are defended where they have been violated (going forward and retrospectively). ➢ State policy and mining company practice protect and promote the health of mineworkers.	Engage in research as the basis for developing an advocacy strategy. Networking and dialogue with the unions, employers and relevant state departments.	Sustained and increased funding for the sector Increased access to legal aid	Increased access to legal aid Technical capacity policy and legal reform built	Milestones towards enabling policy and law environment for miners achieved

Strategic Population	Why	STRATEGIC GOALS	Nature of BONELA's intervention	Short term outcomes	Med-term outcomes	Longer term outcomes
People With Disabilities (PWD)	As in the case of Children, there are several organisations working in this sector, but there remains a need to balance the focus on care with a focus on rights. There is no coherent government policy pertaining to people with disabilities. Recent developments in the sector include the formation of a secretariat bringing together several organisations focused on the needs of people with disabilities. BONELA aims to collaborate with and support this process as well as getting people with Disabilities health rights on the agenda.	➢ Coherent, rights-based policy on People With Disabilities is in place at national level and being implemented. ➢ A strengthened sector monitors and supports the implementation of this policy.	Networking and dialogue with the emerging sector-level organisation and relevant state departments. Participatory policy development – to contribute to fill the policy gaps. Capacity development and technical support (incl. advocacy/ strategic litigation support where appropriate).	Sustained and increased funding for the sector Increased capacity of PWD organisations to advocate effectively Increased knowledge on PWD issues Increased access to legal AID	Technical capacity for policy and legal reform built Increased access to legal aid	Advocating for policy and law reform Technical capacity for policy and legal reform

5. Timelines for Implementation

Period	Focus	Responsible
Year 1 (2016)	**Finalise Strategy: 2016-2020.**	Strategic Management Team (SMT) and Board
	Adapt overall resource mobilisation strategy and organisational structure/systems (incl. M&E system) to new strategic plan.	SMT
	Augment BONELA's capacity in the fields of: • Health Systems Strengthening • M&E and research (generating and packaging evidence) • Networking and dialogue	SMT
	Mobilise resources for Years 2-5 where needed.	Executive Director (ED) with SMT
	Develop costed work plan for Year 1 of the strategy. (Include as Appendix 1 – if you want to try to do this?)	Prog Manager
	Implement work plan through *Generating and Packaging Evidence*, *Networking and Dialogue*, and *Projects*.	All staff, with partners

	Develop products for income generation:
	• National level: Develop and launch Legal Insurance product
	• Regional level:
	  ○ Develop Advocacy training and consulting products
	  ○ Pilot with Alliance Centre/KP Connect
	What are realistic time lines for these?
		Finance Manager
		Prog Manager

	Quarterly strategy review meetings	Prog Manager
Year 2 (2017)	**Roll-out income generation products to increase financial reserves and discretionary funds.**	Prog Manager
	Ongoing resource mobilisation	ED
	Work planning and implementation	All
Year 3 (2018)	**Mid-term: review progress towards Strategic Goals and milestones/outcomes; review the core process**	SMT and Evaluator
	Ongoing resource mobilisation	ED
	Work planning and implementation	All
Year 4 (2019)	**Ongoing resource mobilisation**	ED
	Work planning and implementation	All
Year 5 (2020)	**Ongoing resource mobilisation**	ED
	Work planning and implementation	All
	Commission Evaluation: • Review current strategy; develop *Strategy 2020-2024*.	Evaluator, SMT, all key partners and stakeholders

Priority areas for project design, planning and resource mobilisation

Managing risks

Risks/Threats	*Mitigation measures*
BONELA has a "Love/ Hate " relationship with Governmnet. In certain instances we are fully included or excluded in government processes . BONELA's generally high profile and regional and international connections make this an unlikely outcome, but nevertheless, one that needs to be consciously managed.	Develop a policy statement around BONELA's government engagement and advocacy work and communicate it clearly (and regularly) to the state and other stakeholders. (See also the clarification note on page 9 of this document.)
Diminishing core finance; and an increasing trend of reduced space to build institutional costs into project proposals. At end-2016 OSISA will no longer provide core funding (changing business model). This leaves a significant gap in BONELAs unrestricted funding. Some unrestricted funding is vital for the implementation of this strategy – it cannot be achieved with a purely project-driven approach because the project format does not allow sufficient time and financial resources for the critical networking, advocacy and evidence generation work .	Implement BONELA's 2015 Resource Mobilisation strategy: • Overheads policy • Proposals pipeline system and donor database • Proactive grant-seeking (project and core costs) • Finalise feasibility studies of income generation activities (consulting & legal insurance) and implement the one most likely to pay dividends in the short to medium term (replacing the OSISA loss is a priority).
Retaining and acquiring the skilled personnel needed for effectiveness and efficiency. This is directly related to the financing situation. **Skilled personnel (continued)**	Seek creative means of retaining and adding capacity (in particular in research, documentation and network/relationship management). Some options could include: • Overseas volunteers • Non-financial benefits (flexible working hours/spaces) • Part-time/contractual positions • Building a resource pool of trusted consultants willing to work with BONELA at reasonable rates (based on shared values and interest) • Draw more consciously on the skill sets of members, Board and partner organisations to augment BONELA's capacity (e.g. the Research sector of the Network).
• **Demand-driven vs. Maintaining a Strategic orientation** • **Principled vs. Tactical choices** There is a danger of being distracted	• More energy at leadership level to be devoted to balancing the organisation's traditionally activist and highly responsive style against a more intentional stance; stick to the strategy unless there is excellent reason to deviate from it.

Risks/Threats	*Mitigation measures*
from this strategy due to survival pressures (finding funds to maintain the organization) and demands from stakeholders for work we are not prioritizing.	• It is critical that BONELA not slip into a survival orientation: our project choices need to be informed by principles and strategy, not merely by the need for income. This does not mean that no 'tactical' work should be done, but that we must watch the balance between principled and tactical/income generating work and maintain a focus on the strategic direction contained in this document.

6. Conclusion

Invitation to engage with us about our work in more depth; please feel free to contact, etc.