

Botswana Report NCPI

NCPI Header

COUNTRY

Name of the National AIDS Committee Officer in charge of NCPI submission and who can be contacted for questions, if any:

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Postal address:

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Telephone:

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Fax:

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Describe the process used for NCPI data gathering and validation:

The process began with a presentation of an Inception Report by the consultant to the Technical Working Group. The presentation mainly focused on the proposed approach to the process, particularly the methods of data collection (document and literature review; key informant interviews, and stakeholder group meetings), as well as on agreeing on a feasible work-plan. The document and literature review was done concurrently with the data collection over a period of three weeks. Thereafter the consultant synthesized the data and wrote the different sections of the report. Focus group discussions were organized with three groups, namely, government officials; civil society organizations; and development partners with a view facilitate the filling in of the NCPI document. The draft generated from the focus group discussions was presented at a national consensus building workshop held on the 22nd March 2012. The workshop—attended by a wide range of representatives from the different partners in the national response (see list in Annex A)—enabled partners to review each section of the report and to provide feedback and any outstanding or additional information. In order to validate the report, government officials formed a group to review the responses that they earlier provided either as individuals or groups of NCPI Part A. Development partners and representatives of civil society organizations were grouped together to review and agree on the responses of the NCPI Part B. Each group nominated a representative who then presented the responses on behalf of each group. After the workshop the consultant incorporated all comments and additional data into a final draft which was submitted to NACA for approval.

Describe the process used for resolving disagreements, if any, with respect to the responses to specific questions:

Overall the responses were unanimous in that they were not major disagreements between various stakeholders and as such the responses presented largely represent the general view of all the stakeholders.

Highlight concerns, if any, related to the final NCPI data submitted (such as data quality, potential misinterpretation of questions and the like):

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NCPI - PART A [to be administered to government officials]

Organization	Names/Positions	A.I	A.II	A.III	A.IV	A.V	A.VI
National AIDS Coordinating Agency	Richard Matlhare	Yes	Yes	No	No	No	No
Ministry of Health	Sheila D. Lesotho	No	No	No	Yes	Yes	No
Ministry of Health	Elizabeth Koko	No	No	No	Yes	Yes	No
Ministry of Foreign Affairs & international Cooperation	Bella E. Mosime	No	No	No	Yes	Yes	No
Ministry of Finance and Development Planning	Dineo Champagne	No	No	No	Yes	Yes	No
Madirelo Training & Testing Center	Permlar Morolong	No	No	No	Yes	Yes	No
Office of the Ombudsman	Koziba Chibona	No	No	No	Yes	Yes	No
Ministry of Health	Taurayi A. Tafuma	No	No	No	Yes	Yes	No
National AIDS Coordinating Agency	Nonofo E. Leteane	No	No	No	Yes	Yes	No
Ministry of Health	Marina Anderson	No	No	No	Yes	Yes	No
Department of Public Service Management	Monametsi C. Moncho	No	No	No	Yes	Yes	No

National AIDS Coordinating Agency	Alla T. Moyo	No	No	No	Yes	Yes	No
Ministry of Local Government	Ella M. Matshidiso	No	No	No	Yes	Yes	No
Madirelo Training & Testing Center	Eric K. Mosothwane	No	No	No	Yes	Yes	No
Ministry of Health	Maureen M. Mpho	No	No	No	Yes	Yes	No
Botswana Police Service	Bojelo Ratsatsi	No	No	No	Yes	Yes	Yes
Botswana Prison Service	Montle Ponatshego	No	No	No	Yes	Yes	No
Ministry of Health	Koona Keapoletswe	No	No	No	Yes	Yes	No
Ministry of Health	Penny S. Makuruetsa	No	No	No	Yes	Yes	No
Ministry of Health	Elsie B. Hulela	No	No	No	Yes	Yes	No
Ministry of Health	Dinah Ramaabye	No	No	No	Yes	Yes	Yes
Ministry Of Sports Youth And Culture	Chedza Motsie	No	No	No	Yes	Yes	No
Ministry of Local Government	Steven Ludick	No	No	No	Yes	Yes	No
Ministry Transport & Communication	Simon T. Seisa	No	No	No	Yes	Yes	No
Department of Public Service Management	Elson Malowa	No	No	No	Yes	Yes	No
Department of Public Service Management	Ntwala P. Mouti	No	No	No	Yes	Yes	No
Ministry of Education & Skills Development	Oletsositse M. Mogwe	No	No	No	Yes	Yes	No
Ministry Transport & Communication	Kgannang W. Sebege	No	No	No	Yes	Yes	No
Ministry of Health	Tim Chadborn	No	No	No	Yes	Yes	Yes
National AIDS Coordinating Agency	Diana Meswele	No	No	Yes	No	No	No
I-TECH	Baraedi W. Sento	No	No	No	No	No	Yes
UNAIDS	Emmanuel K. Baingana	No	No	No	No	No	Yes
BBCA	Frank Phatshwane	No	No	No	No	No	Yes
Makgabaneng	T. Burn	No	No	No	No	No	Yes

NCPI - PART B [to be administered to civil society organizations, bilateral agencies, and UN organizations]

Organization	Names/Positions	B.I	B.II	B.III	B.IV	B.V
Botswana Christian AIDS Intervention Programme	I. Kwape	Yes	Yes	No	Yes	Yes
Botswana Christian AIDS Intervention Programme	T. Monametsi	Yes	Yes	No	Yes	Yes
Botswana Network of People Living with HIV/AIDS	D. Ngele	Yes	Yes	Yes	Yes	Yes
Botswana Network of People Living with HIV/AIDS	K. Kelebemang	Yes	Yes	Yes	Yes	Yes
Botswana Network of AIDS Service Organizations	O. Motsumi	Yes	Yes	No	Yes	Yes
Botswana Family Welfare Association	K. Poloko	Yes	Yes	No	Yes	Yes
Botswana Network on Ethics, Law and AIDS	U. Ndadi	Yes	Yes	Yes	Yes	Yes
Botswana Network on Ethics, Law and AIDS	L. Scheffers	Yes	Yes	Yes	Yes	Yes
I-TECH	B.W. Sento	Yes	Yes	Yes	Yes	Yes
UNICEF	J.A. Emmanuel	Yes	Yes	Yes	Yes	Yes
I-TECH	J. Grignon	Yes	Yes	Yes	Yes	Yes
RTI	B. Maposa	Yes	Yes	Yes	Yes	Yes
UNFPA	K. Tautona	Yes	Yes	Yes	Yes	Yes

A - I. STRATEGIC PLAN

1. Has the country developed a national multisectoral strategy to respond to HIV?

(Multisectoral strategies should include, but are not limited to, those developed by Ministries such as the ones listed under 1.2):

Yes

IF YES, what was the period covered:

Second National Strategic Framework for 2010 -2016

IF YES, briefly describe key developments/modifications between the current national strategy and the prior one.

IF NO or NOT APPLICABLE, briefly explain why.:

The NSF II is prioritized (4 priority areas) The second National Strategic Framework for 2010 – 2016 is being accompanied by a costed National Operational Plan and a Monitoring and Evaluation Plan. This is the first time Botswana has developed a costed National Operation Plan that is aligned to National Strategic Framework. The National Operation Plan articulates the activities to be implemented in a Results Based Management Approach.

1.1 Which government ministries or agencies

Name of government ministries or agencies [write in]:

National AIDS Coordinating Agency

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

SECTORS

Included in Strategy Earmarked Budget

Yes	Yes

Other [write in]:

Other Government Ministries, Non Governmental Organisations

IF NO earmarked budget for some or all of the above sectors, explain what funding is used to ensure implementation of their HIV-specific activities?:

-

1.3. Does the multisectoral strategy address the following key populations, settings and cross-cutting issues?

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations:

Yes

Prisons:

Yes

Schools:

Yes

Workplace:

Yes

Addressing stigma and discrimination:

Yes

Gender empowerment and/or gender equality:

Yes

HIV and poverty:

Yes

Human rights protection:

Yes

Involvement of people living with HIV:

Yes

IF NO, explain how key populations were identified?:

-

1.4. What are the identified key populations and vulnerable groups for HIV programmes in the country [write in]?:

Men who have sex with men Migrants/mobile populations Orphans and other vulnerable children People with disabilities Sex workers Women and girls Young women/young men Adolescents

1.5. Does the multisectoral strategy include an operational plan?: Yes

1.6. Does the multisectoral strategy or operational plan include

a) Formal programme goals?:

Yes

b) Clear targets or milestones?:

Yes

c) Detailed costs for each programmatic area?:

Yes

d) An indication of funding sources to support programme implementation?:

No

e) A monitoring and evaluation framework?:

Yes

1.7

1.7. Has the country ensured “full involvement and participation” of civil society in the development of the multisectoral strategy?:

Active involvement

IF ACTIVE INVOLVEMENT, briefly explain how this was organised:

Consultations were held with all groups of civil society (National and International NGOs, CBOs, Labor, Private sector, FBOs and People Living with HIV) during the development of both Strategic Plan and Operation Plan. They are also members of the Technical Working Groups, National AIDS Council and Joint Oversight Committee monitoring the implementation.

1.8. Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?:

Yes

1.9

1.9. Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?:

Yes, all partners

2. Has the country integrated HIV into its general development plans such as in: (a) National Development Plan; (b) Common Country Assessment / UN Development Assistance Framework; (c) Poverty Reduction Strategy; and (d) sector-wide approach?:

Yes

2.1. IF YES, is support for HIV integrated in the following specific development plans?

Common Country Assessment/UN Development Assistance Framework:

Yes

National Development Plan:

Yes

Poverty Reduction Strategy:

Yes

Sector-wide approach:

N/A

Other [write in]:

-

2.2. IF YES, are the following specific HIV-related areas included in one or more of the development plans?

HIV impact alleviation:

Yes

Reduction of gender inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of income inequalities as they relate to HIV prevention/treatment, care and/or support:

Yes

Reduction of stigma and discrimination:

Yes

Treatment, care, and support (including social security or other schemes):

Yes

Women's economic empowerment (e.g. access to credit, access to land, training):

Yes

Other[write in below]:

-

3. Has the country evaluated the impact of HIV on its socioeconomic development for planning purposes?:

Yes

3.1. IF YES, on a scale of 0 to 5 (where 0 is "Low" and 5 is "High"), to what extent has the evaluation informed resource allocation decisions?:

5

4. Does the country have a strategy for addressing HIV issues among its national uniformed services (such as military, police, peacekeepers, prison staff, etc)?:

Yes

5. Has the country followed up on commitments made in the 2011 Political Declaration on HIV/AIDS?:

Yes

5.1. Have the national strategy and national HIV budget been revised accordingly?:

Yes

5.2. Are there reliable estimates of current needs and of future needs of the number of adults and children requiring antiretroviral therapy?:

Estimates of Current and Future Needs

5.3. Is HIV programme coverage being monitored?:

Yes

5.3

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

Yes

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

Yes

IF YES, for which population groups?:

Orphans and other vulnerable children People with disabilities Women and girls Children Adolescents Young women/young men Men Pregnant women

Briefly explain how this information is used:

The information is used for program planning, policy formulation, resource allocation

(c) Is coverage monitored by geographical area:

Yes

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

District and sub-district level

Briefly explain how this information is used:

The districts (through District Multisectoral AIDS Coordinating Committees) use evidence based information for writing proposals on a yearly basis (Annual Work Plans). The funding is then given to districts on the basis of their submissions.

Targeted program planning

5.4. Has the country developed a plan to strengthen health systems?:

Yes

Please include information as to how this has impacted HIV-related infrastructure, human resources and capacities, and logistical systems to deliver medications:

The country has a Health Sector Strategic Plan that is aligned to the National Strategic Plan for HIV and AIDS; with focus on the priority areas concerned. The health system has been impacted as a result of the approach of integrating health issues, including HIV. The government has also adopted the new CD4 count of 350 for pregnant women. . This has impacted on the laboratory issues, training of staff and mobilization of communities.

6. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate strategy planning efforts in the HIV programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

Effective Joint planning, budgeting and monitoring of the implementation of interventions Adoption of the High Level Meeting resolutions made in 2011 Development of the strategy to eliminate Mother to Child Transmission Development of the SMC National Operational Plan Development of the National HIV and AIDS Research Agenda Adoption and implementation of MOVE strategy for Safe Male Circumcision Costed National Operation Plan and Monitoring and Evaluation Plan developed Adoption of the new CD4 count of 350 and provision of Triple ARV Prophylaxis for HIV infected pregnant women Integration of HIV and sexual reproductive health services Adoption of Country Ownership Initiative

Identification of options for sustainable financing Collaborative costing and forecasting of ARVs Implementation of TB/HIV collaborative activities (3Is) TB/HIV operational guidelines developed

What challenges remain in this area:

Domestic revenue decline resulting in a reduced budget for HIV Donor funding is scaling down resulting in increased financial burden for government Mobilization of sufficient resources to achieve national targets Skilled human resource and infrastructure Legal environment barriers for effective program planning and implementation

A - II. POLITICAL SUPPORT AND LEADERSHIP

1. Do the following high officials speak publicly and favourably about HIV efforts in major domestic forums at least twice a year

A. Government ministers:

Yes

B. Other high officials at sub-national level:

Yes

1.1

(For example, promised more resources to rectify identified weaknesses in the HIV response, spoke of HIV as a human rights issue in a major domestic/international forum, and such activities as visiting an HIV clinic, etc.):

Yes

Briefly describe actions/examples of instances where the head of government or other high officials have demonstrated leadership:

Chairman of National AIDS Council (former Head of State) has supported the revision of the National HIV and AIDS Policy to incorporate issues that affect MARPS The Head of State, Vice President and other high ranking government officials officiated at World AIDS Day commemorations

2. Does the country have an officially recognized national multisectoral HIV coordination body (i.e., a National HIV Council or equivalent)?:

Yes

2.1. IF YES, does the national multisectoral HIV coordination body

Have terms of reference?:

Yes

Have active government leadership and participation?:

Yes

Have an official chair person?:

Yes

IF YES, what is his/her name and position title?:

F. G. Mogae Former Head of State

Have a defined membership?:

Yes

IF YES, how many members?:

36

Include civil society representatives?:

Yes

IF YES, how many?:

10

Include people living with HIV?:

Yes

IF YES, how many?:

1 - BONEPWA+ is a member which represents people living with HIV

Include the private sector?:

Yes

Strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?:

Yes

3. Does the country have a mechanism to promote interaction between government, civil society organizations, and the private sector for implementing HIV strategies/programmes?:

Yes

IF YES, briefly describe the main achievements:

The Joint Oversight Committee and Partnership Forum, that comprises of all stake holders and manages the national response, have agreed on priority areas described in the National Strategic Framework. Duplication of effort has been minimized. The districts (through District Multisectoral AIDS Coordinating Committees) enable interaction between government, civil society organizations and the private sector in implementing HIV strategies/programmes

What challenges remain in this area:

Donors are scaling down, and hence the need to identify sustainable solutions Inadequate private sector involvement

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

3.3%

5.

Capacity-building:

Yes

Coordination with other implementing partners:

Yes

Information on priority needs:

Yes

Procurement and distribution of medications or other supplies:

No

Technical guidance:

Yes

Other [write in below]:

-

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

Yes

6.1. IF YES, were policies and laws amended to be consistent with the National HIV Control policies?:

Yes

IF YES, name and describe how the policies / laws were amended:

1. wider consultative process with all stakeholders, i.e. government, CSOs and private sector. 2. consultations with National AIDS Council. 3. cabinet approval 4. tabling before parliament for debate and approval

Name and describe any inconsistencies that remain between any policies/laws and the National AIDS Control policies:

The laws are still under review.

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the political support for the HIV programme in 2011?:

8

Since 2009, what have been key achievements in this area:

Government supports 70% of the national HIV response 8% of the State Presidency Development budget is allocated to HIV and AIDS Former Head of state actively involved in the response as the NAC Chairperson There is an active Parliamentary AIDS Committee The Vice President, three ministers and a member of the Parliament are members of NAC. His Excellency the President is the stewardship of the National Response

What challenges remain in this area:

Delays in creating a supportive legal environment Cascading of political support

A - III. HUMAN RIGHTS

1.1

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

No

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

Refugees and foreign prison inmates

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

IF YES to Question 1.1. or 1.2., briefly describe the content of the/laws:

Constitution of Botswana (Bill of Rights) section 3-19 provides for the protection of fundamental rights and freedom of individuals including the right to be free from inhuman and degrading treatment which has been widely interpreted to include the right to be free from stigma and discrimination.

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

There has been no deliberate promulgation of specific laws or specific provisions within existing statutes to address HIV related discrimination.

Briefly comment on the degree to which they are currently implemented:

The courts (of Law) have progressively interpreted the constitution to address (to a limited extent), HIV related stigma and discrimination. However, this depends on the attitude and awareness of the individual judiciary officer. It is not a deliberate Government measure to address discrimination related to HIV and AIDS.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

IF YES, for which subpopulations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs :

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in below]:

Criminalization of homosexuals (same sex-sex and sex work), ARV provision programme policy excludes migrants, foreign prison inmates, refugees.

Briefly describe the content of these laws, regulations or policies:

Sodomy laws (penal code) section 164 and 165 "acts against the order of nature" a criminal offence. Prostitution, in terms of section 155,156,157 and 158 of penal code anyone who knowingly lives wholly or in part from the proceeds of prostitution if guilty of an offence. Prison health policy prohibits availing condoms to inmates National ART guidelines prescribes access of free ART to citizens only

Briefly comment on how they pose barriers:

Difficult for government to develop policing provisions/ programmes targeting or aimed at improving access to needs specific services for most at risk/ vulnerable populations. Criminalization fuels negative public attitudes/ stigma and discrimination which contribute to low uptake of services by MARPS. The ARV program guidelines exclude all foreigners (even those in genuine need) access to free ARV treatment, e.g. prison inmates and refugees.

A - IV. PREVENTION

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

Yes

IF YES, what key messages are explicitly promoted?

Abstain from injecting drugs:

No
Avoid commercial sex:
 No
Avoid inter-generational sex:
 Yes
Be faithful:
 Yes
Be sexually abstinent:
 Yes
Delay sexual debut:
 Yes
Engage in safe(r) sex:
 Yes
Fight against violence against women:
 Yes
Greater acceptance and involvement of people living with HIV:
 Yes
Greater involvement of men in reproductive health programmes:
 Yes
Know your HIV status:
 Yes
Males to get circumcised under medical supervision:
 Yes
Prevent mother-to-child transmission of HIV:
 Yes
Promote greater equality between men and women:
 Yes
Reduce the number of sexual partners:
 -
Use clean needles and syringes:
 Yes
Use condoms consistently:
 Yes
Other [write in below]:
 -

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

Yes

2. Does the country have a policy or strategy to promote life-skills based HIV education for young people?:

Yes

2.1. Is HIV education part of the curriculum in

Primary schools?:
 Yes
Secondary schools?:
 Yes
Teacher training?:
 Yes

2.2. Does the strategy include age-appropriate, gender-sensitive sexual and reproductive health elements?:

Yes

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

Yes

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

Yes

Briefly describe the content of this policy or strategy:

National Operational Plan of the National Strategic Framework II The NOP indicates that NSF II has identified addressing prevention, care and support for most at risk populations' as one of the critical areas for the national prevention response. The NOP has mainstreamed interventions that will promote and strengthen human rights strategies including interventions that address issues of stigma, discrimination, and universal access to HIV and AIDS services by all people, including most at risk populations (MARPS) and other vulnerable groups. Communities will be adequately mobilised and specific interventions will be designed and implemented that target MARPS and other vulnerable groups.

3.1. IF YES, which populations and what elements of HIV prevention does the policy/strategy address?

IDU MSM Sex workers Customers of Sex Workers Prison inmates Other populations

No	No	Yes	Yes	No	-
No	No	No	No	No	-
No	No	Yes	No	No	-
No	No	No	No	No	-
No	No	No	No	No	-
No	Yes	No	No	No	-
No	Yes	Yes	No	No	-
No	No	No	No	No	-

3.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate policy efforts in support of HIV prevention in 2011?:

6

Since 2009, what have been key achievements in this area:

Services for Most at Risk Population; • PMTCT • Availability of counseling and testing for all • Prevention services for long distance truck drivers • Cross border prevention interventions

What challenges remain in this area:

Mapping and size estimation of MARPS and developing targeted interventions for the specific groups.

4. Has the country identified specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

Research surveys/studies Assessments/Evaluations Community consultations (Routine) Program Data

4.1. To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Disagree

HIV prevention for out-of-school young people:

Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Strongly Agree

IEC on stigma and discrimination reduction:

Strongly Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Strongly Agree

Risk reduction for intimate partners of key populations:

Strongly Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Agree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other[write in]:

-

5. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in implementation of HIV prevention programmes in 2011?:

9

A - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV treatment, care and support services?:

Yes

If YES, Briefly identify the elements and what has been prioritized:

Treatment eligibility criteria Nutrition for PLWH Palliative care Psycho social and economic support TB/HIV collaboration CHBC STI management Management and treatment of Opportunistic infections SRH/HIV integration Pediatric Care and Support

Briefly identify how HIV treatment, care and support services are being scaled-up?:

Decentralization of services Financial support Human capacity building Advocacy, community mobilization and advertising Coordination and leadership M&E Research

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Strongly Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Strongly Agree

TB infection control in HIV treatment and care facilities:

Disagree

TB preventive therapy for people living with HIV:

Strongly Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

2. Does the government have a policy or strategy in place to provide social and economic support to people infected/affected by HIV?:

Yes

Please clarify which social and economic support is provided:

Income generation activities Social Safety Security Net (Food baskets, etc) Palliative care services Orphan care services Positive Health Dignity and Prevention

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

Yes

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

Yes

IF YES, for which commodities?:

ARV Condoms

5. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV treatment, care, and support programmes in 2011?:

9

Since 2009, what have been key achievements in this area:

ART coverage 95% PMTCT uptake 93% (women who need treatment/prophylaxis get it) Survival rate Low resistance Continuation on first line therapy Decentralization of services (ARV clinic roll out, lab services, pharmacy services) Low rate of absenteeism at the work place

What challenges remain in this area:

6-7% of women that are not captured for PMTCT (locating them is a challenge) Improved timeliness of Early infant diagnosis and referral to treatment services Adherence issues Late presentation for treatment Sustainability of programs (financial) Shortage of skilled human resource and infrastructure Inadequate SRH/STI/TB/HIV integration

6. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

IF YES, what percentage of orphans and vulnerable children is being reached? :

100%

7. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011?:

8

Since 2009, what have been key achievements in this area:

100% of registered orphans receive basic commodities, e.g food basket, school uniform, school fees, they are also given special privileges for entry to university.

What challenges remain in this area:

• Provision of adequate psychosocial support exit strategy. • Weak linkage between birth registry and the Department of Social Services.

A - VI. MONITORING AND EVALUATION

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

Yes

Briefly describe any challenges in development or implementation:

• Challenges in the development: lack of baselines and nationally agreed upon targets for certain indicators. A Comprehensive Indicator definitions guideline for the M&E plan is currently being developed. Insufficient funds and Technical Assistance delayed the development of the plan Implementation challenge: Annual plans for the 5 year period are yet to be developed to guide implementation.

1.1 IF YES, years covered:

2010 to 2016

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

Yes, some partners

Briefly describe what the issues are:

• Achievements: Development of the national M&E plan was highly consultative plan developed alongside the national Operational plan. Although some partners had already developed their M&E plans some are in the process of developing and are utilizing the national M&E plan. Challenges: Whilst critical activities have been outlined in the plan, what remains is developing annual plan of implementation for the remaining 4 years. For new indicators baselines need to be obtained and systems put in place to enable routine collection of the data.

2. Does the national Monitoring and Evaluation plan include?

A data collection strategy:

Yes

Behavioural surveys:

Yes

Evaluation / research studies:

Yes

HIV Drug resistance surveillance:

Yes

HIV surveillance:

Yes

Routine programme monitoring:

Yes

A data analysis strategy:

No

A data dissemination and use strategy:

No

A well-defined standardised set of indicators that includes sex and age disaggregation (where appropriate):

Yes

Guidelines on tools for data collection:

Yes

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

Yes

3.1. IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities? :

1%

4. Is there a functional national M&E Unit?:

Yes

Briefly describe any obstacles:

• Shortage of staff • Shortage of M&E skilled staff (Most staff members are new) • Retention of staff presents a challenge • Inadequate opportunities for postgraduate training in M&E

4.1. Where is the national M&E Unit based?

In the Ministry of Health?:

No

In the National HIV Commission (or equivalent)?:

Yes

Elsewhere [write in]?:

-

Permanent Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
Manager, Research, Monitoring & Evaluation	√	-	2011
Chief Research Officer I × 2	√	-	2009
Principal Research Officer I	√	-	2009
Research Officer I	√	-	2011
Research Officer II × 2	√	-	2007
Assistant Research Officer	√	-	2003
Data Clerk	√	-	2001

Temporary Staff [Add as many as needed]

POSITION [write in position titles in spaces below] Fulltime Part time Since when?

POSITION [write in position titles in spaces below]	Fulltime	Part time	Since when?
-	-	-	-

4.3. Are there mechanisms in place to ensure that all key partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?:

Yes

Briefly describe the data-sharing mechanisms:

• Data flow mechanism: Facility/program level data is compiled and sent to the district M&E officer at the District AIDS Coordinators office or District Health Management Team where it is further aggregated by program and validated before submitting to the relevant Ministry and finally to NACA.

What are the major challenges in this area:

• Reporting forms need to be revised incorporate of new and revised indicators. • Non-affiliation of some NGOs to the umbrella body • Inadequate coordination and adherence to reporting mechanisms • Lack of electronic reporting system and central database • There is multiple and fragmented reporting systems • Weak coordination in updating of national indicators and revisions of tools • Feedback is not optimal • Data quality is a problem at all levels

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

Yes

6. Is there a central national database with HIV- related data?:

No

6.1. IF YES, does it include information about the content, key populations and geographical coverage of HIV services, as well as their implementing organizations?:

-

6.2. Is there a functional Health Information System?

At national level:

Yes

At subnational level:

Yes

IF YES, at what level(s)?:

• National and district levels • The system is mostly paper based but it is being upgraded to electronic system

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

Yes

8. How are M&E data used?

For programme improvement?:

Yes

In developing / revising the national HIV response?:

Yes

For resource allocation?:

Yes

Other [write in]:

-

Briefly provide specific examples of how M&E data are used, and the main challenges, if any:

• To inform policy makers on the financial implications of changing treatment guidelines from eligibility of CD\$ 250 to CD4 350. • Preliminary studies on key populations eg. MSM, Sexworkers sparked of discussions among the policy makers on Challenges: Lack of a data dissemination strategy eg. Targeted dissemination of strategic information to various stakeholders, the public, media, institutions, politicians.

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

At national level?:

Yes

IF YES, what was the number trained:

119

At subnational level?:

Yes

IF YES, what was the number trained:

22

At service delivery level including civil society?:

Yes

IF YES, how many?:

87

9.1. Were other M&E capacity-building activities conducted` other than training?:

Yes

IF YES, describe what types of activities:

• Data quality workshops conducted for district data quality teams • Retention& absorption of seconded M&E staff • Coaching M&E officers & health facility staff on data flows and reporting tools Training district M&E officers on qualitative and quantitative research methods. Development of M&E self learning material, however the material has not yet been disseminated.

10. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the HIV-related monitoring and evaluation (M&E) in 2011?:

7

Since 2009, what have been key achievements in this area:

• M&E Plan was developed & some sector plans aligned with it • Revision of indicators of NOP • Improved availability of data for national planning and policy development (SPECTRUM (AIM & GOALS) MODES OF TRANSMISSION) • Implementation of behavioural surveys e.g. MARPs, HIV in prisons, BAIS-IV, alcohol & HIV, • District-specific research to capacitate districts on how to conduct research • Revision and development of tools for many health sector programmes • Retention& absorption of seconded M&E staff • Research agenda for HIV/AIDS • Evaluation of programmes (ARV, IPT, MCP) • NHARSOC Analysis of HIV Prevention Response and modes of transmission study of 2010

What challenges remain in this area:

• Fragmented reporting system • Inadequate feedback and dissemination • Inadequate data quality • Dependence on international partners for funding & technical assistance & Lack of capacity • Lack of electronic M&E system and database • Inadequate data from private sector & community initiatives • Inadequate funding for evaluation and operational research • M&E Strategy has not been translated into an costed Operational Plan

B - I. CIVIL SOCIETY INVOLVEMENT

1. To what extent (on a scale of 0 to 5 where 0 is “Low” and 5 is “High”) has civil society contributed to

strengthening the political commitment of top leaders and national strategy/policy formulations?:

3

Comments and examples:

Strengths: Civil society organizations continue to play a critical role in strengthening the political commitment of top leaders and national strategy formulation through their involvement/in membership of national task forces or committees. Through these memberships, CSOs are engaged in policy formulations. Involvement in NSF II and NOP. Challenges; • CSOs are also represented at national committee such as NAC however Fragmentation of CSO weakens the CSO's voice, this impacts negatively on Advocacy. • CSOs need to interact with the Parliamentarians Committee on HIV/AIDS • No coordinating body for CSOs.

2. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") have civil society representatives been involved in the planning and budgeting process for the National Strategic Plan on HIV or for the most current activity plan (e.g. attending planning meetings and reviewing drafts)?:

4

Comments and examples:

Strengths: • CSOs are mostly involved in planning meetings and have been involved in the costing of NOP in 2011. CSOs submit their budgets to NACA. • CSOs were heavily involved in the HIV/AIDS Strategic Plan Challenges; • CSOs are not involved in the budgeting process due to the most part shortage of human resources. • There is need for an active umbrella body where CSOs could be contributing inputs for presentation to national fora

3.

a. The national HIV strategy?:

4

b. The national HIV budget?:

4

c. The national HIV reports?:

4

Comments and examples:

Strengths: • The development of National Strategy for Civil Society involved CSOs • CSOs receive bridge funding & free supply of test kits from government Challenges: • While the HIV/AIDS Strategy recognizes the role played by CSOs there is very limited support for the work carried out by CSOs in relation to HIV/AIDS. The funds made available do not help build sustainable CSOs. • CSOs lack capacity to access money through proposals. • Sector reports not shared at NAC. • There is no feedback mechanism for those who do not attend NAC

4.

a. Developing the national M&E plan?:

4

b. Participating in the national M&E committee / working group responsible for coordination of M&E activities?

:

4

c. Participate in using data for decision-making?:

3

Comments and examples:

Strengths: • CSOs participate in work groups and committees in M&E • Data has been used by CSOs such as BONELA to help with some policy issues (eg commercial sexwork and msm in the HIV Policy) • CSOs are involved in the drafting of proposals such as the Global fund Challenges: • Although government receive reports from CSOs there is little feedback to help CSOs to make informed decisions • Advocacy is not funded at all the levels even though it is a step after the evidence provided by the data • Need to improve the bottom up strategy as this is where we are still weak.

5. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. organisations and networks of people living with HIV, of sex workers, and faith-based organizations)?:

4

Comments and examples:

Challenges: • Although almost all CSOs are represented, their level of participation differ e.g. people living with disability are not currently actively participating in the HIV/AIDS discourses

6. To what extent (on a scale of 0 to 5 where 0 is "Low" and 5 is "High") is civil society able to access

a. Adequate financial support to implement its HIV activities?:

2

b. Adequate technical support to implement its HIV activities?:

3

Comments and examples:

Strengths Development partners are providing technical support. Challenges: CSOs would like to do activities such as advocacy, ethics and legal issues.

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

People living with HIV:

51-75%

Men who have sex with men:

<25%

People who inject drugs:

<25%

Sex workers:

<25%

Transgendered people:

<25%

Testing and Counselling:

51-75%

Reduction of Stigma and Discrimination:

51-75%

Clinical services (ART/OI)*:

<25%

Home-based care:

>75%

Programmes for OVC:**

51-75%

8. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to increase civil society participation in 2011?:

7

Since 2009, what have been key achievements in this area:

• The development of Capacity Building Strategy for CSOs 2010-2016 • The Capacity Building Project for CSOs conceived • MARPS Health Sector Operational Framework – Developed in Collaboration with MOH, WHO, CSO.

What challenges remain in this area:

• Capacity-building of CBOs is also a challenge • Civil society in Botswana is still relatively young, inexperienced, and grossly under resourced both financially and in human capital.

B - II. POLITICAL SUPPORT AND LEADERSHIP

1. Has the Government, through political and financial support, involved people living with HIV, key populations and/or other vulnerable sub-populations in governmental HIV-policy design and programme implementation?:

Yes

IF YES, describe some examples of when and how this has happened:

Strengths: PLWA sit in reference committees that are tasked with developing regulations and strategies for supporting PLWAs specific intervention programmes Challenges: Key populations such as sex workers and men who have sex with other men are not covered because they are viewed to operate outside the legal framework.

B - III. HUMAN RIGHTS

1.1.

People living with HIV:

Yes

Men who have sex with men:

No

Migrants/mobile populations:

No

Orphans and other vulnerable children:

Yes

People with disabilities:

Yes

People who inject drugs:

No

Prison inmates:

No

Sex workers:

No

Transgendered people:

No

Women and girls:

Yes

Young women/young men:

Yes

Other specific vulnerable subpopulations [write in]:

-

1.2. Does the country have a general (i.e., not specific to HIV-related discrimination) law on non-discrimination?:

Yes

If YES to Question 1.1 or 1.2, briefly describe the contents of these laws:

The constitution under the Bill of Rights provides for non-discrimination. The Employment Act (Amendment of 2012) provides for non-discrimination on the basis of health status. The country has a hybrid of laws that protect from discrimination, for example the common law.

Briefly explain what mechanisms are in place to ensure that these laws are implemented:

There is access to the courts of justice, but not for all as some courts are inaccessible to indigent people and those in remote areas. There is general access to political redress, the policing services, social services and some free legal aid through partnerships with government and the civil society.

Briefly comment on the degree to which they are currently implemented:

• There is limited human rights and legal literacy across all levels of society. • Limited access to free legal services by middle income and indigent groups because of exorbitant legal fees charged by private law firms • There is no systematic follow-up and address of cases to their logical conclusion despite the reporting mechanisms such as police of political accessibility • Personnel dealing with cases of human rights violations have insufficient skills of the subject as they have little or no training.

2. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for key populations and other vulnerable subpopulations?:

Yes

2.1. IF YES, for which sub-populations?

People living with HIV:

No

Men who have sex with men:

Yes

Migrants/mobile populations:

Yes

Orphans and other vulnerable children:

No

People with disabilities:

No

People who inject drugs:

Yes

Prison inmates:

Yes

Sex workers:

Yes

Transgendered people:

Yes

Women and girls:

No

Young women/young men:

No

Other specific vulnerable subpopulations [write in]:

-

Briefly describe the content of these laws, regulations or policies:

• Policies preventing distribution of condoms in Prisons • Policies denying free ARVs for foreign prisoners and immigrants • Non-recognition of marital rape • Laws criminalizing LGBTI • Restrictive access to PEP • Poor enforcement of laws protecting children from incest and defilement.

Briefly comment on how they pose barriers:

• Admission of sex work is against the law. As such sex workers cannot disclose their activity to health care providers, implying that they make not get appropriate health care service • Because the nature of sex work is such that one may have sex with multiple partners, experience of repeated STIs is heightened and partner tracing becomes problematic • Homosexuals cannot disclose sex and anal STIs making the provision of preventive measures in place difficult • Prison inmates have no access to condoms because it is illegal to provide them in prisons but inmates receive treatment • Immigrants have no access to free ARV treatment and other diseases

3. Does the country have a policy, law or regulation to reduce violence against women, including for example, victims of sexual assault or women living with HIV?:

Yes

Briefly describe the content of the policy, law or regulation and the populations included:

• Gender Based Violence law • Domestic Violence Act which regulates relationships in families • Marital

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

Yes

IF YES, briefly describe how human rights are mentioned in this HIV policy or strategy:

NSF II and NOP. The pending national HIV/AIDS Policy is still under review

5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, key populations and/or other vulnerable sub-populations?:

Yes

IF YES, briefly describe this mechanism:

• Police • Ombudsman • Documented cases of discrimination through the Legal AID programme

6. Does the country have a policy or strategy of free services for the following?

Provided free-of-charge to all people in the country	Provided free-of-charge to some people in the country	Provided, but only at a cost
-	Yes	-
Yes	-	-
Yes	-	-

If applicable, which populations have been identified as priority, and for which services?:

Only citizens and non-citizen spouses legally married to citizens may access free-of-charge ART

7. Does the country have a policy or strategy to ensure equal access for women and men to HIV prevention, treatment, care and support?:

Yes

7.1. In particular, does the country have a policy or strategy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?:

Yes

8. Does the country have a policy or strategy to ensure equal access for key populations and/or other vulnerable sub-populations to HIV prevention, treatment, care and support?:

No

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

No

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

a. Existence of independent national institutions for the promotion and protection of human rights, including human rights commissions, law reform commissions, watchdogs, and ombudspersons which consider HIV-related issues within their work:
No
b. Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts:
No
IF YES on any of the above questions, describe some examples:
-

11. In the last 2 years, have there been the following training and/or capacity-building activities

a. Programmes to educate, raise awareness among people living with HIV and key populations concerning their rights (in the context of HIV)?:
Yes
b. Programmes for members of the judiciary and law enforcement on HIV and human rights issues that may come up in the context of their work?:
Yes

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

a. Legal aid systems for HIV casework:
Yes
b. Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV:
Yes

13. Are there programmes in place to reduce HIV-related stigma and discrimination?:

Yes

IF YES, what types of programmes?

Programmes for health care workers:
Yes
Programmes for the media:
Yes
Programmes in the work place:

Yes

Other [write in]:

-

14. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2011?:

7

Since 2009, what have been key achievements in this area:

• Ethics & Law on HIV/AIDS Office in NACA • Sensitization of Judiciary & Law Enforcement Officers • Media Forum with CSOs to discuss HIV & human rights issues • CSOs represented in NAC • Advocacy on HIV/AIDS revised to include human rights issues & MARPs • BONELA presentations at NAC raise awareness about human rights issues

What challenges remain in this area:

• Lack of independent human rights commission • Same-sex individuals still not recognized • Lack of advocacy skills among NGOs

15. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the effort to implement human rights related policies, laws and regulations in 2011?:

6

Since 2009, what have been key achievements in this area:

• Addressing legislators about HIV/AIDS matters • NSF II and NOP have human rights issues and indicators • MOH is conducting MARPs Situational Analysis study • MARPs Strategy developed by MOH & presented & approved by NAC • CCM developed LGBTI proposal to World Bank

What challenges remain in this area:

• Cultural barriers/attitudes towards MARPs • Human rights issues not considered a priority (not at par with prevention, treatment & care) • Commercial sex clients are not targeted. Focus is only on sex workers • Policy is not conducive to the provision of services to commercial sex workers • Policies for migrants still a problem

B - IV. PREVENTION

1. Has the country identified the specific needs for HIV prevention programmes?:

Yes

IF YES, how were these specific needs determined?:

• HIV prevention has been identified as the priority number one in the national response. The country has identified the need to treat key populations as a group that needs special attention if the country is to achieve zero new HIV infections by 2016. In view of this, government has taken an initiative to know the size of the key populations, the specific behaviors associated with these groups, the geographical locations, etc • Prison study just approved.

1.1 To what extent has HIV prevention been implemented?

Blood safety:

Strongly Agree

Condom promotion:

Strongly Agree

Harm reduction for people who inject drugs:

Strongly Disagree

HIV prevention for out-of-school young people:

Strongly Agree

HIV prevention in the workplace:

Strongly Agree

HIV testing and counseling:

Strongly Agree

IEC on risk reduction:

Agree

IEC on stigma and discrimination reduction:

Agree

Prevention of mother-to-child transmission of HIV:

Strongly Agree

Prevention for people living with HIV:

Strongly Agree

Reproductive health services including sexually transmitted infections prevention and treatment:

Agree

Risk reduction for intimate partners of key populations:

Disagree

Risk reduction for men who have sex with men:

Disagree

Risk reduction for sex workers:

Disagree

School-based HIV education for young people:

Strongly Agree

Universal precautions in health care settings:

Strongly Agree

Other [write in]:

-

2. Overall, on a scale of 0 to 10 (where 0 is "Very Poor" and 10 is "Excellent"), how would you rate the efforts in the implementation of HIV prevention programmes in 2011?:

7

Since 2009, what have been key achievements in this area:

Systems in place: • Prevention strategy • Condom strategy • MARPS operational plan • SMC/MOVE strategy • MCP strategy • PHDP strategy

What challenges remain in this area:

• MARPS strategy

B - V. TREATMENT, CARE AND SUPPORT

1. Has the country identified the essential elements of a comprehensive package of HIV and AIDS treatment, care and support services?:

Yes

IF YES, Briefly identify the elements and what has been prioritized:

• CD4 count threshold changed from <250 to <350 • PMTCT • OVC food basket increased for patients with low CD4 count • HCT • ART • Adherence counseling • IEC treatment literacy • Treatment monitoring • Nutritional assessment • Psychosocial support

Briefly identify how HIV treatment, care and support services are being scaled-up?:

-

1.1. To what extent have the following HIV treatment, care and support services been implemented?

Antiretroviral therapy:

Strongly Agree

ART for TB patients:

Strongly Agree

Cotrimoxazole prophylaxis in people living with HIV:

Strongly Agree

Early infant diagnosis:

Strongly Agree

HIV care and support in the workplace (including alternative working arrangements):

Disagree

HIV testing and counselling for people with TB:

Agree

HIV treatment services in the workplace or treatment referral systems through the workplace:

Disagree

Nutritional care:

Agree

Paediatric AIDS treatment:

Strongly Agree

Post-delivery ART provision to women:

Strongly Agree

Post-exposure prophylaxis for non-occupational exposure (e.g., sexual assault):

Strongly Agree

Post-exposure prophylaxis for occupational exposures to HIV:

Strongly Agree

Psychosocial support for people living with HIV and their families:

Agree

Sexually transmitted infection management:

Agree

TB infection control in HIV treatment and care facilities:

Disagree

TB preventive therapy for people living with HIV:

Agree

TB screening for people living with HIV:

Agree

Treatment of common HIV-related infections:

Strongly Agree

Other [write in]:

-

1.2. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2011?:

8

Since 2009, what have been key achievements in this area:

-

What challenges remain in this area:

-

2. Does the country have a policy or strategy to address the additional HIV-related needs of orphans and other vulnerable children?:

Yes

2.1. IF YES, is there an operational definition for orphans and vulnerable children in the country?:

Yes

2.2. IF YES, does the country have a national action plan specifically for orphans and vulnerable children?:

Yes

2.3. IF YES, does the country have an estimate of orphans and vulnerable children being reached by existing interventions?:

Yes

2.4. IF YES, what percentage of orphans and vulnerable children is being reached? :

-

3. Overall, on a scale of 0 to 10 (where 0 is “Very Poor” and 10 is “Excellent”), how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2011??:

6

Since 2009, what have been key achievements in this area:

• National Plan on OVC 2010-2016 • Increased political commitment to the plight of orphans

What challenges remain in this area:

• Increased budget even though orphans are weaned at age of 18 • OVCs who are weaned from the programme are not given life skills even after they no longer receive food baskets • Vulnerability of OVC as they grow old

Source URL: <http://aidsreportingtool.unaids.org/40/botswana-report-ncpi>