

## Survey Response Details

### Response Information

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### Response Details

#### Page 1

**1) Country**

Botswana (0)

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

Mr. R. K. Matlhare

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**7) Date of submission:**

Please enter in DD/MM/YYYY format

31/03/2010

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**8) Describe the process used for NCPI data gathering and validation:**

A Technical Working Group made up of representatives from Civil Society Organisations, the Private Sector, Development Partners, NACA and other Government Ministries was convened to guide the report-writing process, while the Monitoring and Evaluation (M&E) Division at NACA coordinated the overall report-writing process. 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 two weeks. Thereafter the consultant synthesized the data and wrote the different sections of the report.

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

A consensus building workshop is to be held on the 11th March 2010. After the workshop, all comments and additional data were incorporated in the final report.

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

None identified

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**11) NCPI - PART A [to be administered to government officials]**

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 1	National AIDS Coordinating Agency	Mr. Chris Molomo - National Coordinator	A.I, A.II

**12)**

	Organization	Names/Positions	Respondents to Part A [Indicate which parts each respondent was queried on]
Respondent 2	Administration of Justice	C. Hirschfeld	A.III, A.IV
Respondent 3	Ministry of Health	M. Anderson	A. III, A. IV, A. V
Respondent 4	Ministry of Health	Tim Chadborn	A.III, A.IV, A.V
Respondent 5	Ministry Of Health	B. B. John	A. III, A. IV
Respondent 6	Directorate of Public Service Management	M. C. Moncho	A.III, A.IV
Respondent 7	Ministry of Agriculture	M. Mbise	A. III, A. IV
Respondent 8	Ministry of Education and skills development	P. Bareetsi	A.III, A.IV
Respondent 9	Ministry of Education and Skills Development	T. C Zulu	A. III, A. IV, A. V
Respondent 10	Ministry of Infrastrucure Science and Technology	T. Molemogi	A.III, A.IV

Respondent 11	Ministry of Labour and Home Affairs	E. Pule	A.III, A.IV
Respondent 12	Ministry of Labour and Home Affairs	M. Thathana	A.III, A.IV
Respondent 13	Ministry of Local Government	T. Tau	A.III, A.IV
Respondent 14	Ministry of Minerals Energy and water Resources	T. Radifalana	A.III, A.IV
Respondent 15	Ministry of Trade and Industry	T.D. Reetsang	A.III, A.IV
Respondent 16	NAtional AIDS Coordinating Agency	R.K. Mathhare	A.III
Respondent 17	National AIDS Coordinating Agency	M. Mmesi	A.V
Respondent 18	National AIDS Coordinating Agency	B. Fidzani	A.V
Respondent 19	NAtional AIDS Coordinating Agency	L. Moremi	A.III, A.IV
Respondent 20	Office of the Auditor General	C. J Muke	A.III, A.IV
Respondent 21	Office of the President	O. M. Kgabo	A.III, A.IV
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

13)

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

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 1 African Comprehensive HIV/AIDS Partnership	I. Chingombe	B.III, B.IV

14)

Organization	Names/Positions	Respondents to Part B [Indicate which parts each respondent was queried on]
Respondent 2 Botswana Network of AIDS Service Organisation	B. Mothuba	B.II, B.III, B.IV
Respondent 3 Botswana Network of Ethics Law and AIDS	U. Ndadi	B. I
Respondent 4 ITECH	J. Ledikwe	B.III
Respondent 5 Tebelopele	M. Boima	B. II, B. III
Respondent		

Respondent 6	Tebelopele	M.R. Sokwe	B.II, B.III
Respondent 7	UNFPA	J. Shongwe	B. II, B. III
Respondent 8	WHO	B. Ncube	B.II, B.III, B.IV
Respondent 9			
Respondent 10			
Respondent 11			
Respondent 12			
Respondent 13			
Respondent 14			
Respondent 15			
Respondent 16			
Respondent 17			
Respondent 18			
Respondent 19			
Respondent 20			
Respondent 21			
Respondent 22			
Respondent 23			
Respondent 24			
Respondent 25			

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15)

**Part A, Section 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 (0)**

**Page 7****16) Part A, Section I: STRATEGIC PLAN****Question 1 (continued)****Period covered:**

2003 to 2009 (NSF I) and NSF II (2010-2016)

17)

**1.1 How long has the country had a multisectoral strategy?****Number of Years**

8

18)

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

	Included in strategy	Earmarked budget
Health	Yes	Yes
Education	Yes	Yes
Labour	Yes	Yes
Transportation	Yes	Yes
Military/Police	Yes	Yes
Women	Yes	Yes
Young people	Yes	Yes
Other*		

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19)

**Part A, Section I: STRATEGIC PLAN****1.3 Does the multisectoral strategy address the following target populations, settings and crosscutting issues?**

<b>Target populations</b>	
a. Women and girls	Yes
b. Young women/young men	Yes
c. Injecting drug users	No
d. Men who have sex with men	No
e. Sex workers	No
f. Orphans and other vulnerable children	Yes
g. Other specific vulnerable subpopulations*	
<b>Settings</b>	
h. Workplace	Yes
i. Schools	Yes
j. Prisons	Yes

**Cross-cutting issues**

k. HIV and poverty	Yes
l. Human rights protection	Yes
m. Involvement of people living with HIV	Yes
n. Addressing stigma and discrimination	Yes
o. Gender empowerment and/or gender equality	Yes

20)

**1.4 Were target populations identified through a needs assessment?**

No (0)

**Page 10**

21)

**IF NO, explain how were target populations identified?**

Through consultation and consensus, and other research initiatives

**Page 11**

22)

**Part A, Section I: STRATEGIC PLAN****1.5 What are the identified target populations for HIV programmes in the country?**

-HIV positive populations -OVC -HIV Negative Populations -Sex Workers -Pregnant women

23)

**1.6 Does the multisectoral strategy include an operational plan?**

No (0)

24)

**1.7 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?	No
d. An indication of funding sources to support programme?	No
e. A monitoring and evaluation framework?	No

25)

**1.8 Has the country ensured “full involvement and participation” of civil society\* in the development of the multisectoral strategy?**

Active involvement (0)

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26)

**Part A, Section I: STRATEGIC PLAN**

**Question 1.8 (continued)**

**IF active involvement, briefly explain how this was organised:**

As part of Technical Working Groups As part of Reference group (steering committee) As part of those being consulted As part of the approval process

27)

**1.9 Has the multisectoral strategy been endorsed by most external development partners (bi-laterals, multi-laterals)?**

Yes (0)

28)

**1.10 Have external development partners aligned and harmonized their HIV-related programmes to the national multisectoral strategy?**

Yes, all partners (0)

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29)

**Part A, Section I: STRATEGIC PLAN**

**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 (0)

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30)

**Part A, Section I: STRATEGIC PLAN**

**2.1 IF YES, in which specific development plan(s) is support for HIV integrated?**

a. National Development Plan	Yes
b. Common Country Assessment / UN Development Assistance Framework	Yes
c. Poverty Reduction Strategy	No
d. Sector-wide approach	N/A
e. Other: Please specify	

31)

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

**HIV-related area included in development plan(s)**

HIV prevention	Yes
Treatment for opportunistic infections	Yes
Antiretroviral treatment	Yes
Care and support (including social security or other schemes)	Yes
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
Women's economic empowerment (e.g. access to credit, access to land, training)	Yes
Other: Please specify	

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32)

**Part A, Section I: STRATEGIC PLAN**

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

Yes (0)

**Page 17**

33)

**Part A, Section I: STRATEGIC PLAN**

**3.1 IF YES, to what extent has it informed resource allocation decisions?**

5 (5)

34)

**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 (0)

**Page 18**

35)

**Part A, Section I: STRATEGIC PLAN**

**4.1 IF YES, which of the following programmes have been implemented beyond the pilot stage to reach a significant proportion of the uniformed services?**

Behavioural change communication	Yes
Condom provision	Yes

HIV testing and counselling	Yes
Sexually transmitted infection services	Yes
Antiretroviral treatment	Yes
Care and support	Yes
Other: Please specify	

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36)

**Part A, Section I: STRATEGIC PLAN****Question 4.1 (continued)**

**If HIV testing and counselling is provided to uniformed services, briefly describe the approach taken to HIV testing and counselling (e.g, indicate if HIV testing is voluntary or mandatory etc):**

Voluntary testing and counselling using public Health facilities as well as their dedicated facilities

37)

**5. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 21**

38)

**Part A, Section I: STRATEGIC PLAN**

**6. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations or other vulnerable subpopulations?**

No (0)

**Page 23**

39)

**Part A, Section I: STRATEGIC PLAN**

**7. Has the country followed up on commitments towards universal access made during the High-Level AIDS Review in June 2006?**

Yes (0)

**Page 24**

40)

**Part A, Section I: STRATEGIC PLAN**

**7.1 Have the national strategy and national HIV budget been revised accordingly?**

Yes (0)

41)

**7.2 Have the estimates of the size of the main target populations been updated?**

Yes (0)

**Page 25**

42)

**Part A, Section I: STRATEGIC PLAN****7.3 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 (0)

43)

**7.4 Is HIV programme coverage being monitored?**

Yes (0)

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44)

**Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(a) IF YES, is coverage monitored by sex (male, female)?**

Yes (0)

45)

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

No (0)

**Page 28****46) Part A, Section I: STRATEGIC PLAN****Question 7.4 (continued)****(c) Is coverage monitored by geographical area?**

Yes (0)

**Page 29**

47)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.4 (c) (continued)**

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

National and District

48)

**Briefly explain how this information is used:**

For program and policy formulation, implementation, monitoring and evaluation

49)

**7.5 Has the country developed a plan to strengthen health systems, including infrastructure, human resources and capacities, and logistical systems to deliver drugs?**

Yes (0)

**Page 30**

50)

**Part A, Section I: STRATEGIC PLAN**

**Question 7.5 (continued)**

**Overall, how would you rate strategy planning efforts in the HIV programmes in 2009?**

8 (8)

51)

**What are remaining challenges in this area:**

Limited Resources and limited implementation capacity

**Page 31**

52)

**Part A, Section II: POLITICAL SUPPORT**

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

President/Head of government	Yes
Other high officials	Yes
Other officials in regions and/or districts	Yes

53)

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

Yes (0)

**Page 32**

54)

**2.1 IF YES, when was it created?**

Please enter the year in yyyy format

1998

55)

**2.2 IF YES, who is the Chair?**

Name Mr. F.G. Mogae

Position/title Former President of the Republic of Botswana

56)

**2.3 IF YES, does the national multisectoral AIDS coordination body:**

have terms of reference?	Yes
have active government leadership and participation?	Yes
have a defined membership?	Yes
include civil society representatives?	Yes
include people living with HIV?	Yes
include the private sector?	Yes
have an action plan?	Yes
have a functional Secretariat?	Yes
meet at least quarterly?	Yes
review actions on policy decisions regularly?	Yes
actively promote policy decisions?	Yes
provide opportunity for civil society to influence decision-making?	Yes
strengthen donor coordination to avoid parallel funding and duplication of effort in programming and reporting?	Yes

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57)

**Part A, Section II: POLITICAL SUPPORT**

**Question 2.3 (continued)**

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body have a defined membership", how many members?**

Please enter an integer greater than or equal to 1

40

58)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include civil society representatives", how many?**

Please enter an integer greater than or equal to 1

10

59)

**If you answer "yes" to the question "does the National multisectoral AIDS coordination body include people living with HIV", how many?**

Please enter an integer greater than or equal to 1

1

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60)

#### **Part A, Section II: POLITICAL SUPPORT**

**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 (0)**

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61)

#### **Part A, Section II: POLITICAL SUPPORT**

##### **Question 3 (continued)**

**IF YES, briefly describe the main achievements:**

Information Sharing Coordination of assistance Consensus building harmonization Alignment

62)

**Briefly describe the main challenges:**

Meaningful partnership where there is less reliance of government.

63)

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

Please enter the rounded percentage (0-100)

15

64)

**5. What kind of support does the National AIDS Commission (or equivalent) provide to**

**civil society organizations for the implementation of HIV-related activities?**

Information on priority needs	Yes
Technical guidance	Yes
Procurement and distribution of drugs or other supplies	No
Coordination with other implementing partners	Yes
Capacity-building	Yes
Other: Operational costs including wages and salaries	Yes

65)

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

Yes (0)

**Page 36**

66)

**Part A, Section II: POLITICAL SUPPORT**

**6.1 IF YES, were policies and laws amended to be consistent with the National AIDS Control policies?**

No (0)

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67)

**Part A, Section II: POLITICAL SUPPORT****Question 6.1 (continued)**

**Overall, how would you rate the political support for the HIV programmes in 2009?**

8 (8)

68)

**Since 2007, what have been key achievements in this area:**

Strengthened political support Increased resource mobilization and allocation

69)

**What are remaining challenges in this area:**

Cascading of the political support

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70)

**Part A, Section III: PREVENTION**

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

Yes (0)

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71)

**Part A, Section III: PREVENTION**

**1.1 IF YES, what key messages are explicitly promoted?**

Check for key message explicitly promoted (multiple options allowed)

- a. Be sexually abstinent (0)
- b. Delay sexual debut (0)
- c. Be faithful (0)
- d. Reduce the number of sexual partners (0)
- e. Use condoms consistently (0)
- f. Engage in safe(r) sex (0)
- g. Avoid commercial sex (0)
- i. Use clean needles and syringes (0)
- j. Fight against violence against women (0)
- k. Greater acceptance and involvement of people living with HIV (0)
- l. Greater involvement of men in reproductive health programmes (0)
- m. Males to get circumcised under medical supervision (0)
- n. Know your HIV status (0)
- o. Prevent mother-to-child transmission of HIV (0)

72)

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

Yes (0)

**Page 41**

73)

**Part A, Section III: PREVENTION**

**2. Does the country have a policy or strategy promoting HIV-related reproductive and sexual health education for young people?**

Yes (0)

74)

**2.1 Is HIV education part of the curriculum in:**

primary schools? Yes  
secondary schools? Yes  
teacher training? Yes

75)

**2.2 Does the strategy/curriculum provide the same reproductive and sexual health education for young men and young women?**

Yes (0)

76)

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

No (0)

77)

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

No (0)

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78)

**Part A, Section III: PREVENTION****Question 3 (continued)****IF NO, briefly explain:**

The Research Triangle Institute (RTI) recently started some work on MARPS. RTI and MOH are in the process of developing a strategy for MARPS.

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79)

**Part A, III. PREVENTION**

**Question 3.1 (continued)**

**Overall, how would you rate the policy efforts in support of HIV prevention in 2009?**

8 (8)

80)

**Since 2007, what have been key achievements in this area:**

Percent of pregnant women who accessed quality PMTCT services was 91% in 2007 Number of condom Procurement and distribution by CMS between July and September 2007 to all Public Health Facilities 1, 893, 900 (Male Condoms). PSI sold and distributed more than 6.8 million condoms.

81)

**What are remaining challenges in this area:**

Behavior Change

**Page 45**

82)

**Part A, III. PREVENTION**

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

Yes (0)

**Page 46**

83)

**Part A, III. PREVENTION****Question 4 (continued)**

**IF YES, how were these specific needs determined?**

They were determined as specific needs of districts and communities as identified in the sentinel surveillance and Botswana AIDS Impact surveys BAIS I and II surveys

84)

**4.1 To what extent has HIV prevention been implemented?**

The majority of people in need  
have access

**HIV prevention component**

Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	Agree

IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	N/A
Risk reduction for men who have sex with men	N/A
Risk reduction for sex workers	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	
HIV prevention in the workplace	Agree
Other: please specify	

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85)

**Part A, III. PREVENTION**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

8 (8)

86)

**Since 2007, what have been key achievements in this area:**

Percent of pregnant women who accessed PMTCT services was 91% in 2007 (UNGASS 2008)  
Number of condom Procurement and distribution by CMS between July and September 2007 to all Public Health Facilities 1, 893, 900 (Male Condoms). PSI sold and distributed more than 6.8 million condoms.

87)

**What are remaining challenges in this area:**

Behaviour Change

**Page 48**

88)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Does the country have a policy or strategy to promote comprehensive HIV treatment, care and support? (Comprehensive care includes, but is not limited to, treatment, HIV testing and counselling, psychosocial care, and home and community-based care).**

Yes (0)

**Page 49**

89)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****1.1 IF YES, does it address barriers for women?**

Yes (0)

90)

**1.2 IF YES, does it address barriers for most-at-risk populations?**

Yes (0)

91)

**2. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

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92)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 2 (continued)****IF YES, how were these determined?**

Statistics from routine program monitoring and evaluation data. Data from HIV surveys were also used to forecast through projections and modeling

93)

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

The majority of people in need  
have access

**HIV treatment, care and support service**

Antiretroviral therapy	Agree
Nutritional care	Agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree
TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree

HIV treatment services in the workplace or treatment referral systems through the workplace	Don't agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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94)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**3. Does the country have a policy for developing/using generic drugs or parallel importing of drugs for HIV?**

Yes (0)

95)

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

Yes (0)

**Page 52**

96)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT****Question 4 (continued)****IF YES, for which commodities?:**

ART Therapy drugs, condoms and substitutional drugs for treatment of opportunistic infections.

**Page 53**

97)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

9 (9)

98)

**Since 2007, what have been key achievements in this area:**

Periodic Review of Clinical guidelines with eligibility (CD4 count of 250) Task shifting scales up ARV Therapy Extending prescribing and dispensing to clinics

99)

**What are remaining challenges in this area:**

Inadequate human resources Issues of Medication Adherence Inadequate Mechanisms to measure quality of care

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100)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

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101)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

102)

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

Yes (0)

103)

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

Yes (0)

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104)

**Part A, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 5.3 (continued)**

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

Please enter the rounded percentage (0-100)

95

105)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

8 (8)

**Page 57**

106)

**Part A, Section V: MONITORING AND EVALUATION****1. Does the country have *one* national Monitoring and Evaluation (M&E) plan?**

Yes (0)

**Page 58**

107)

**1.1 IF YES, years covered:****Please enter the start year in yyyy format below**

2003

108)

**1.1 IF YES, years covered:****Please enter the end year in yyyy format below**

2009

109)

**1.2 IF YES, was the M&E plan endorsed by key partners in M&E?**

Yes (0)

110)

**1.3 IF YES, was the M&E plan developed in consultation with civil society, including people living with HIV?**

Yes (0)

111)

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

Yes, most partners (0)

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112)

**Part A, Section V: MONITORING AND EVALUATION****2. Does the national Monitoring and Evaluation plan include?**

a data collection strategy	Yes
a well-defined standardised set of indicators	Yes
guidelines on tools for data collection	Yes
a strategy for assessing data quality (i.e., validity, reliability)	Yes
a data analysis strategy	Yes
a data dissemination and use strategy	Yes

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113)

**Part A, Section V: MONITORING AND EVALUATION****Question 2 (continued)**

If you check "YES" indicating the national M&E plan include a data collection strategy, then does this data collection strategy address:

routine programme monitoring	Yes
behavioural surveys	Yes
HIV surveillance	Yes
Evaluation / research studies	Yes

114)

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

Yes (0)

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115)

**Part A, Section V: MONITORING AND EVALUATION****3.1 IF YES, what percentage of the total HIV programme funding is budgeted for M&E activities?**

Please enter the rounded percentage (1-100). If the percentage is less than 1, please enter "1".

1

116)

**3.2 IF YES, has full funding been secured?**

Yes (0)

117)

**3.3 IF YES, are M&E expenditures being monitored?**

Yes (0)

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118)

**4. Are M&E priorities determined through a national M&E system assessment?**

Yes (0)

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119)

**Part A, Section V: MONITORING AND EVALUATION****Question 4 (continued)****IF YES, briefly describe how often a national M&E assessment is conducted and what the assessment involves:**

A mid-term review of National Strategic Framework I (2003-2009) was conducted and it covered M&E issues

120)

**5. Is there a functional national M&E Unit?**

Yes (0)

**Page 66**

121)

**5.1 IF YES, is the national M&E Unit based**

in the National AIDS Commission (or equivalent)?	Yes
in the Ministry of Health?	No
Elsewhere? (please specify)	No

122) **Number of permanent staff:**

Please enter an integer greater than or equal to 0

8

123) **Number of temporary staff:**

Please enter an integer greater than or equal to 0

2

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124)

**Part A, Section V: MONITORING AND EVALUATION****Question 5.2 (continued)****Please describe the details of all the permanent staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Permanent staff 1	M&E Advisor	Full time	2003
Permanent staff 2	Chief Research Officer	Full time	2009
Permanent staff 3	Chief Research Officer	Full time	2009
Permanent staff 4	Principal Research Officer	Full time	2009
Permanent staff 5	Senior Research Officer	Full time	2008
Permanent staff 6	Assistant Research Officer	Full time	2008
Permanent staff 7	Assistant Research Officer	Full time	2009
Permanent staff 8	Assistant Research Officer	Full time	2003
Permanent staff 9			
Permanent staff 10			
Permanent staff 11			
Permanent staff 12			
Permanent staff 13			
Permanent staff 14			
Permanent staff 15			

125)

**Please describe the details of all the temporary staff:**

	Position	Full time/Part time?	Since when? (please enter the year in yyyy format)
Temporary staff 1	Intern	Full time	2009
Temporary staff 2	Intern	Full time	2009
Temporary staff 3			
Temporary staff 4			
Temporary staff 5			
Temporary staff 6			
Temporary staff 7			
Temporary staff 8			
Temporary staff 9			
Temporary staff 10			
Temporary staff 11			
Temporary staff 12			
Temporary staff 13			
Temporary staff 14			
Temporary staff 15			

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126)

### Part A, Section V: MONITORING AND EVALUATION

**5.3 IF YES, are there mechanisms in place to ensure that all major implementing partners submit their M&E data/reports to the M&E Unit for inclusion in the national M&E system?**

Yes (0)

**Page 69****127) Part A, Section V: MONITORING AND EVALUATION****Question 5.3 (continued)****IF YES, briefly describe the data-sharing mechanisms:**

Data from facilities is compiled by M&E officers and program officers at district level and sent to the relevant ministry or Headquarters for aggregation into a national report, which is then forwarded to NACA for compilation of into the National AIDS Council Report.

**128)****What are the major challenges?**

-Data quality and completeness of data, timeliness of reporting.

**Page 70****129)****Part A, Section V: MONITORING AND EVALUATION****6. Is there a national M&E Committee or Working Group that meets regularly to coordinate M&E activities?**

Yes, but meets irregularly (0)

**130)****6.1 Does it include representation from civil society?**

Yes (0)

**Page 71****131) Part A, Section V: MONITORING AND EVALUATION****Question 6.1 (continued)****IF YES, briefly describe who the representatives from civil society are and what their role is:**

The BHRIMS TWG is chaired by the coordinating body of Civil Society (BONASO)

**132)****7. Is there a central national database with HIV- related data?**

Yes (0)

**Page 72**

133)

**Part A, Section V: MONITORING AND EVALUATION****7.1 IF YES , briefly describe the national database and who manages it:**

There is a central repository of National data managed by the Monitoring and Evaluation Division at NACA.

134)

**7.2 IF YES, does it include information about the content, target populations and geographical coverage of HIV services, as well as their implementing organizations?**

Yes, all of the above (0)

**Page 73**

135)

**7.3 Is there a functional\* Health Information System?**

At national level	No
At subnational level	Yes

**Page 74****136) Part A, Section V: MONITORING AND EVALUATION**

**For Question 7.2, you have checked "Yes, but only some of the above", please specify what the central database has included.**

**For Question 7.3, you have indicated "Yes" to "subnational level", please specify at what level(s)?**

Data is entered into e-BHRIMS (CRIS) at the district level

137)

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

Yes (0)

138)

**9. To what extent are M&E data used****9.1 in developing / revising the national AIDS strategy?:**

3 (3)

139)

**Provide a specific example:**

Development of NSF II

140)

**What are the main challenges, if any?**

Timeliness of the availability of data for informing policies and strategies

**Page 75**141) **Part A, Section V: MONITORING AND EVALUATION****9.2 To what extent are M&E data used for resource allocation?**

3 (3)

142)

**Provide a specific example:**

Resource allocation in the National AIDS Spending Assessment

143)

**What are the main challenges, if any?**

Competing proprieties such as treatment versus prevention

**Page 76**

144)

**Part A, Section V: MONITORING AND EVALUATION****9.3 To what extent are M&E data used for programme improvement?:**

3 (3)

145)

**Provide a specific example:**

National AIDS Council Report Botswana AIDS Impact Survey Reports

146)

**What are the main challenges, if any?**

Data use at facility level and service delivery level is low

**Page 77**147) **Part A, Section V: MONITORING AND EVALUATION**

**10. Is there a plan for increasing human capacity in M&E at national, subnational and service-delivery levels?:**

Yes, at all levels (0)

**Page 78**

148)

**10.1 In the last year, was training in M&E conducted**

At national level?	Yes
At subnational level?	Yes
At service delivery level including civil society?	Yes

**Page 79**

149) **Part A, Section V: MONITORING AND EVALUATION**

**Question 10.1 (continued)**

**Please enter the number of people trained at national level.**

Please enter an integer greater than 0

40

150) **Please enter the number of people trained at subnational level.**

Please enter an integer greater than 0

70

151) **Please enter the number of people trained at service delivery level including civil society.**

Please enter an integer greater than 0

15

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152)

**Part A, Section V: MONITORING AND EVALUATION**

**10.2 Were other M&E capacity-building activities conducted other than training?**

Yes (0)

**Page 81**

153) **Part A, Section V: MONITORING AND EVALUATION**

**Question 10.2 (continued)**

**IF YES, describe what types of activities:**

The National M&E Curriculum was revised District research training and mentoring

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#### 154) Part A, Section V: MONITORING AND EVALUATION

##### Question 10.2 (continued)

**Overall, how would you rate the M&E efforts of the HIV programme in 2009?**

7 (7)

155)

**Since 2007, what have been key achievements in this area:**

Successfully conducted the 2008 BAIS Development and implementation of an M&E training Curriculum Development of a national Evaluation Agenda Placement of M&E officers to improve capacity at the district level. Mid term Review of NSF I NASA

156)

**What are remaining challenges in this area:**

Inadequate Human resources Weak linkages between the m&E system and data generation points Data quality Limited integration of m&E into planning Capacity and resource challenges Slow implementation of the national evaluation agenda

### Page 83

157)

#### Part B, Section I: HUMAN RIGHTS

**1. Does the country have laws and regulations that protect people living with HIV against discrimination? (including both general non-discrimination provisions and provisions that specifically mention HIV, focus on schooling, housing, employment, health care etc.)**

No (0)

### Page 84

158)

**2. Does the country have non-discrimination laws or regulations which specify protections for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

### Page 85

159)

**Part B, Section I. HUMAN RIGHTS****2.1 IF YES, for which subpopulations?**

a. Women	Yes
b. Young people	Yes
c. Injecting drug users	
d. Men who have sex with men	
e. SexWorkers	
f. prison inmates	No
g. Migrants/mobile populations	No
Other: Please specify	

160)

**IF YES, briefly explain what mechanisms are in place to ensure these laws are implemented:**

Use of the court system by aggrieved persons, law enforcement agencies.

161)

**Briefly describe the content of these laws:**

Domestic violence act regulates relationships in families; among people living together; relatives living with couples/ families, etc. Childrens act looks at children's rights in relation to the UN convention on the rights of the child.

162)

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

Domestic violence act was passed in 2008. In 2009 awareness was raised about the act. Childrens act was passed in 2009.

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163)

**Part B, Section I. HUMAN RIGHTS****3. Does the country have laws, regulations or policies that present obstacles to effective HIV prevention, treatment, care and support for most-at-risk populations and other vulnerable subpopulations?**

Yes (0)

**Page 87**

164)

**Part B, Section I. HUMAN RIGHTS**

### 3.1 IF YES, for which subpopulations?

- a. Women
- b. Young people
- c. Injecting drug users
- d. Men who have sex with men Yes
- e. Sex Workers Yes
- f. prison inmates Yes
- g. Migrants/mobile populations Yes
- Other: Please specify

165)

#### IF YES, briefly describe the content of these laws, regulations or policies:

-There are laws that penalize sex work. -There are laws that penalize same sex engagement; referring to "Canal knowledge against the order of nature". The law on homosexual is however silent.

166)

#### Briefly comment on how they pose barriers:

-Admission of sex work is against the law- sex workers cannot disclose this to health workers as such impedes on any programmes that may be targeted towards this group. -Sex workers have 10+ partners per night, experience repeated STIs because of the nature of "sex work" (it is difficult to trace STI partners "partner tracing") -It is difficult to report abuse, sexual violence, rape, etc. - Homosexuals cannot disclose sex and anal STIs, as such no preventative measures have been put in place for them. -Prison mates have no access to condoms but treatment. -Migrants have no access to free ARVs and treatment to all other diseases.

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#### 167) Part B, Section I. HUMAN RIGHTS

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

Yes (0)

### Page 89

168)

#### Part B, Section I. HUMAN RIGHTS

#### Question 4 (continued)

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

There is mention of human rights in the National Strategic Framework looking at ethics, law and human rights.

169)

**5. Is there a mechanism to record, document and address cases of discrimination experienced by people living with HIV, most-at-risk populations and/or other vulnerable subpopulations?**

Yes (0)

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170)

**Part B, Section I. HUMAN RIGHTS**

**Question 5 (continued)**

**IF YES, briefly describe this mechanism:**

- Document cases of discrimination through the Legal AID programme. Takes up cases; legal representation on HIV/AIDS cases and social responsibility/ humanitarian basis. - police - Ombudsman

171)

**6. Has the Government, through political and financial support, involved people living with HIV, most-at-risk populations and/or other vulnerable subpopulations in governmental HIV-policy design and programme implementation?**

Yes (0)

Page 91

172)

**Part B, Section I. HUMAN RIGHTS**

**Question 6 (continued)**

**IF YES, describe some examples:**

-There is Botswana Network of People Living with HIV and AIDS (BONEPWA), forums such as the National AIDS Council, CCM. -There is a rehabilitation programme for sex workers. -There is the People Living With HIV/AIDS week before the 1st December every year.

173)

**7. Does the country have a policy of free services for the following:**

a. HIV prevention services	Yes
b. Antiretroviral treatment	Yes
c. HIV-related care and support interventions	Yes

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174)

**8. Does the country have a policy to ensure equal access for women and men to HIV**

**prevention, treatment, care and support?**

Yes (0)

**Page 93**

175)

**Part B, Section I. HUMAN RIGHTS****8.1 In particular, does the country have a policy to ensure access to HIV prevention, treatment, care and support for women outside the context of pregnancy and childbirth?**

Yes (0)

176)

**9. Does the country have a policy to ensure equal access for most-at-risk populations and/or other vulnerable subpopulations to HIV prevention, treatment, care and support?**

No (0)

**Page 95**

177)

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

Yes (0)

178)

**11. Does the country have a policy to ensure that HIV research protocols involving human subjects are reviewed and approved by a national/local ethical review committee?**

Yes (0)

**Page 96**

179)

**Part B, Section I. HUMAN RIGHTS****11.1 IF YES, does the ethical review committee include representatives of civil society including people living with HIV?**

No (0)

**Page 97**

180)

– **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 (0)

181)

– **Focal points within governmental health and other departments to monitor HIV-related human rights abuses and HIV-related discrimination in areas such as housing and employment**

No (0)

182)

– **Performance indicators or benchmarks for compliance with human rights standards in the context of HIV efforts**

No (0)

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183)

**Part B, Section I. HUMAN RIGHTS**

**13. In the last 2 years, have members of the judiciary (including labour courts/ employment tribunals) been trained/sensitized to HIV and human rights issues that may come up in the context of their work?**

Yes (0)

184)

– **Legal aid systems for HIV casework**

Yes (0)

185)

– **Private sector law firms or university-based centres to provide free or reduced-cost legal services to people living with HIV**

Yes (0)

186)

– **Programmes to educate, raise awareness among people living with HIV concerning their rights**

Yes (0)

187)

**15. Are there programmes in place to reduce HIV-related stigma and discrimination?**

Yes (0)

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188)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)****IF YES, what types of programmes?**

Media	Yes
School education	Yes
Personalities regularly speaking out	Yes
Other: please specify	

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189)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)****Overall, how would you rate the policies, laws and regulations in place to promote and protect human rights in relation to HIV in 2009?**

3 (3)

190)

**Since 2007, what have been key achievements in this area:**

The domestic violence act no 10 of 2008 was passed to protect women in domestic relationships. Evidence shows that women are more vulnerable to HIV/AIDS through violence or fear of violence. The public service act of 2008 which protects employees from unfavourable treatment because of HIV positive test. The childrens care act of 2009 provides guidance for the provision of care and support for OVC.

191)

**What are remaining challenges in this area:**

-There are no HIV specific laws regulating the Private Sector employment. There are still dismissals of HIV+ persons in this sector without any reasonable accommodation or empathy for the sick persons. -The law discriminates sex work and men sleeping with other men, this makes it difficult to get services. -People who are HIV+ are criminalized in cases of rape; those who are HIV+ get steeper sentences for rape compared to other people.

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192)

**Part B, Section I. HUMAN RIGHTS****Question 15 (continued)**

**Overall, how would you rate the efforts to enforce the existing policies, laws and regulations in 2009?**

3 (3)

193)

**Since 2007, what have been key achievements in this area:**

People employed in the Public Sector will not be discriminated against.

194)

**What are remaining challenges in this area:**

The same as in 2007.

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195)

**Part B, Section II: CIVIL SOCIETY\* PARTICIPATION**

**1. To what extent has civil society contributed to strengthening the political commitment of top leaders and national strategy/policy formulations?**

4 (4)

196)

**Comments and examples:**

The Prevention, Treatment and Advocacy project, which is aligned to the goal of reduction of new infections had enlisted the support and participation of members of parliament at its formative stages.

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197)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION**

**2. To what extent 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 (4)

198)

**Comments and examples:**

Civil Society participates in the technical review processes of the National Strategic plan. The plan is still to be costed.

**Page 105**

199)

**a. the national AIDS strategy?**

4 (4)

200)

**b. the national AIDS budget?**

2 (2)

201)

**c. national AIDS reports?**

3 (3)

**Page 106**

202)

**a. developing the national M&E plan?**

4 (4)

203)

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

4 (4)

204)

**c. M&E efforts at local level?**

2 (2)

205)

**Comments and examples:**

M&amp;E is still largely under developed at the community level, with little or no systems at all.

**Page 107**206) **Part B, Section II. CIVIL SOCIETY PARTICIPATION****5. To what extent is the civil society sector representation in HIV efforts inclusive of diverse organizations (e.g. networks of people living with HIV, organizations of sex workers, faith-based organizations)?**

3 (3)

207)

**Comments and examples:**

Networks of people living with HIV are included together with faith based communities, but the challenge is with organizations of sex workers as they are perceived to be operating outside the legal framework.

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208)

**a. adequate financial support to implement its HIV activities?**

1 (1)

209)

**b. adequate technical support to implement its HIV activities?**

2 (2)

210)

**Comments and examples:**

The Civil Society is highly constrained both technically and financially to be able to implement its programmes efficiently.

**Page 109****211) Part B, Section II. CIVIL SOCIETY PARTICIPATION****7. What percentage of the following HIV programmes/services is estimated to be provided by civil society?**

Prevention for youth	25-50%
<b>Prevention for most-at-risk-populations</b>	
- Injecting drug users	<25%
- Men who have sex with men	<25%
- Sex workers	<25%
Testing and Counselling	51-75%
Reduction of Stigma and Discrimination	25-50%
Clinical services (ART/OI)*	<25%
Home-based care	51-75%
Programmes for OVC**	51-75%

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212)

**Part B, Section II. CIVIL SOCIETY PARTICIPATION****Question 7 (continued)**

**Overall, how would you rate the efforts to increase civil society participation in 2009?**

5 (5)

213)

**Since 2007, what have been key achievements in this area:**

Participation in strategic fora, Community, National AIDS Council, BHRIMS, CCM, etc

214)

**What are remaining challenges in this area:**

Meaningful and deliberate support to ensure that Civil Society programmes are actually initiated and implemented.

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215)

**Part B, Section III: PREVENTION**

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

Yes (0)

**Page 112**

216)

**Part B, Section III: PREVENTION**

**Question 1 (continued)**

**IF YES, how were these specific needs determined?**

There are areas such as male circumcision, reduction of multiple concurrent relationships, PMTCT, etc that are determined resulting from research outcomes.

217)

**1.1 To what extent has HIV prevention been implemented?**

<b>The majority of people in need have access</b>	
<b>HIV prevention component</b>	
Blood safety	Agree
Universal precautions in health care settings	Agree
Prevention of mother-to-child transmission of HIV	Agree
IEC* on risk reduction	N/A
IEC* on stigma and discrimination reduction	Agree
Condom promotion	Agree
HIV testing and counselling	Agree
Harm reduction for injecting drug users	Don't agree

Risk reduction for men who have sex with men	Don't agree
Risk reduction for sex workers	N/A
Reproductive health services including sexually transmitted infections prevention and treatment	Agree
School-based HIV education for young people	Agree
HIV prevention for out-of-school young people	Agree
HIV prevention in the workplace	Agree
Other: please specify	

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218)

**Part B, Section III: PREVENTION**

**Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV prevention programmes in 2009?**

5 (5)

**Page 114**

219)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**1. Has the country identified the specific needs for HIV treatment, care and support services?**

Yes (0)

**Page 115**

220)

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

	The majority of people in need have access
<b>HIV treatment, care and support service</b>	
Antiretroviral therapy	Agree
Nutritional care	Don't agree
Paediatric AIDS treatment	Agree
Sexually transmitted infection management	Agree
Psychosocial support for people living with HIV and their families	Agree
Home-based care	Agree
Palliative care and treatment of common HIV-related infections	Agree
HIV testing and counselling for TB patients	Agree
TB screening for HIV-infected people	Agree

TB preventive therapy for HIV-infected people	Agree
TB infection control in HIV treatment and care facilities	Agree
Cotrimoxazole prophylaxis in HIV-infected people	Agree
Post-exposure prophylaxis (e.g. occupational exposures to HIV, rape)	Agree
HIV treatment services in the workplace or treatment referral systems through the workplace	Agree
HIV care and support in the workplace (including alternative working arrangements)	Agree
Other: please specify	

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221)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT****Question 1.1 (continued)**

**Overall, how would you rate the efforts in the implementation of HIV treatment, care and support programmes in 2009?**

8 (8)

222)

**Since 2007, what have been key achievements in this area:**

Reduction in waiting lists. Increase in qualifying CD4 count from 200 to 250.

223)

**What are remaining challenges in this area:**

Repeat pregnancies among women on ART

**Page 117**

224)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

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

Yes (0)

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225)

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

Yes (0)

226)

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

Yes (0)

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227)

**Part B, Section IV: TREATMENT, CARE AND SUPPORT**

**Question 2.3 (continued)**

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

Please enter the percentage (0-100)

99

228)

**Overall, how would you rate the efforts to meet the HIV-related needs of orphans and other vulnerable children in 2009?**

9 (9)

229)

**Since 2007, what have been key achievements in this area:**

Access to the food basket and school needs has improved

230)

**What are remaining challenges in this area:**

At 18 years Orphans graduate from the program and they face challenges of poverty, unemployment and other psychosocial needs.