REPORT ON THE ASSESSMENT OF HIV / AIDS PROGRAMS IN NGAMILAND

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List of Acronyms

AIDS	Acquired Immuno-deficiency Syndrome
ANC	Antenatal Clinics
ART	Anti-Retroviral Treatment
ARV	Anti-Retroviral
BBCA	Botswana Business Coalition on HIV/AIDS
BHRIMS	Botswana HIV Response Information Management System
BNYC	Botswana National Youth Council
BOFWA	Botswana Family Welfare Association
BOCAIP	Botswana Christian Intervention on HIV/AIDS
BONASO	Botswana Network of HIV/AIDS Service Organisations
BONELA	Botswana Network of Ethics, Law and HIV/AIDS
BONEPWA	Botswana Network of People Living with HIV/AIDS
COCEPWA	Coping Center for People Living with HIV/AIDS
CDC	Centers for Disease Control and Prevention,
DAC	District AIDS Coordinator
DMSAC	District Multi Sectoral AIDS Committee
DHT	District Health Team
HAART	Highly Active Anti-Retroviral Therapy
HIV	Human Immunodeficiency Virus
NACA	National AIDS Coordinating Agency
NGO	Non-Governmental Organization
ODMP	Okavango Development Management Plan
OVC	Orphans and Vulnerable Children
OWS	Okavango Wilderness Safaris
UNDP	United Nations Development Program
UNICEF	United Nations Children's Emergency Fund
PMTCT	Prevention of Mother TO Child Transmission
PEPFAR	President's Emergency Plan for AIDS Relief
PSI	Population Services International
VCT	Voluntary Counseling and Testing
WUSC	World University Services of Canada
YOHO	Youth Health Organisation

1. Executive Summary

A rapid survey of organizations dealing with HIV/AIDS in Botswana was carried for a period of ten days in the month of January 2005 in order to get a general picture of their operations. More emphasis was placed on those which have a direct bearing on the people living within and around the Okavango Delta in the Ngamiland District. The study was commissioned by the Integrated River Basin Management (IRBM) Project funded by United States Aid for International Development – Regional Center for Southern Africa (USAID/RCSA). The aim of the study was to find out if there is potential for collaboration for the IRBM Project with any of the organizations working in the Okavango Delta focusing on mitigating HIV/AIDS impacts in the riparian communities. The ultimate aim is to integrate HIV/AIDS activities in the IRBM project. There are about seventy five HIV/AIDS registered organizations in Botswana. This includes, Community Based Organizations (CBO), Non-Governmental Organisations (NGO) and Development Partners. Since the survey was rapid, ten organizations out of thirty organizations dealing with HIV/AIDS in Gaborone were visited and studied. Five development partners out of seven dealing with HIV/AIDS issues in Gaborone were also visited and eleven Non-Governmental Organizations (NGO) and the Private Sector Organizations dealing with HIVAIDS where interviewed in Maun. A snapshot of the organizations activities and the problems they encountered in the delivery of their services were recorded. Representatives from organizations interviewed in Gaborone are:

- **Government institutions:** National Aids Coordinating Agency (NACA), Women's Affairs Department, Ministry of Local Government, Botswana National Youth Council (BNYC).
- **Development partners/Donors**: American Embassy, USAID, Botswana and United States of America (BOTUSA), African Comprehensive HIV/AIDS Partnerships (ACHAP), United Nations Population Fund (UNFPA).
- **NGOs and Parastatal organizations**: Botswana Network of HIV/AIDS Service Organisations (BONASO), Botswana Family Welfare Association (BOFWA), Coping Center for People Living with HIV/AIDS (COCEPWA), Population Services International (PSI), Youth Health Organisation (YOHO), Botswana Christian Aids Intervention Programme (BOCAIP), Botswana Business Coalition on Aids (BBCA), Holy Cross Hospice, Tebelopele Voluntary Testing and Counseling Center.

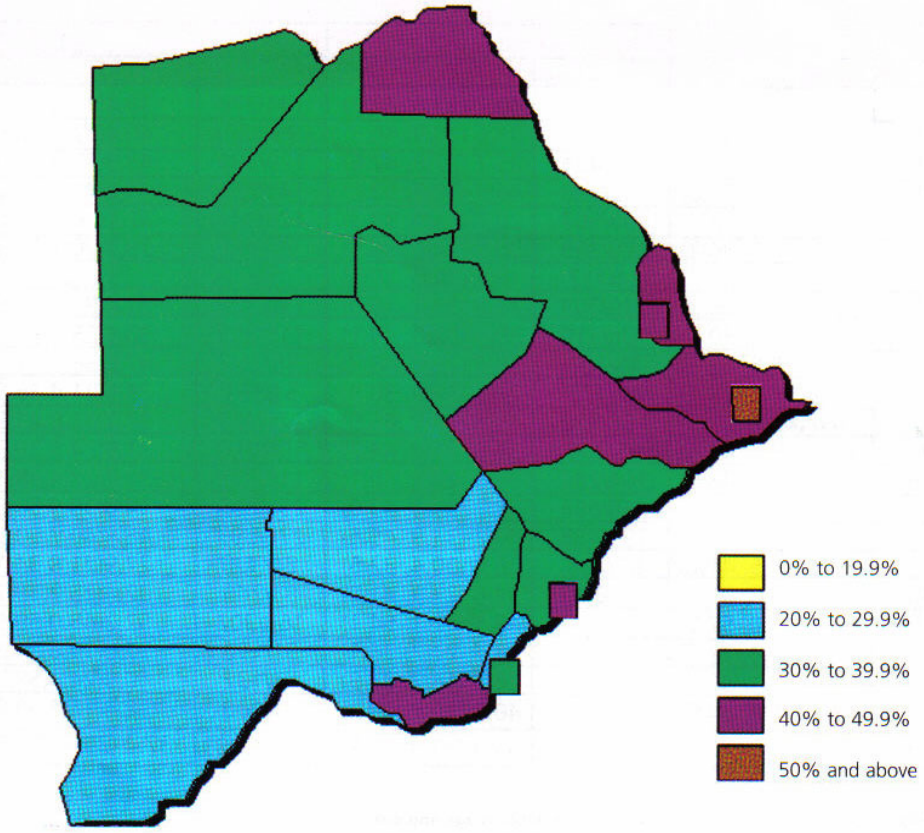
Organizations visited in Maun included BOFWA, Tebelopele, Maun Counseling Center, DMSAC, Love Botswana, HOORC, Women Against Rape, ODMP, District Health Team, Okavango Wilderness Safaris and Maun Hospital.

Some gaps and opportunities in the implementation of the HIV/AIDS programmes were identified and broad recommendations were made. Most of the recommendations need more research and direct interaction with the communities in order to turn them into comprehensive programmes to mitigate the impact of HIV/AIDS in the riparian communities. One major critical finding is the need for the development of a collaborative plan between the private sector, government public institutions, and NGOs in the Ngamiland District. This could go a long way in bridging the identified gaps. Broad recommendations are:

- IRBM to work with the Ngamiland District AIDS Coordinator (DAC) to organize an HIV/AIDS stakeholder workshop in Maun to prepare an HIV/AIDS River Basin Management strategy and action plan.
- IRBM to facilitate the development of a River Basin gender sensitive HIV/AIDS strategy by the stakeholders which will be used to lobby development partners and government departments to assist in funding some of the HIV/AIDS mitigation measures in the delta.
- IRBM should identify lead organizations in Maun and Gaborone that will lead implementation of the prepared HIV/AIDS strategy and action plan for the Delta.
- IRBM should act as a conduit and liaison by connecting Delta-based HIV/AIDS organizations with development partners working with HIV/AIDS programs, like USAID, BOTUSA and the American Embassy/CDC.
- IRBM could assist development partners in the identification of organizations to collaborate with in the fight against HIV/AIDS in the Delta.
- IRBM Project could assist ODMP in the development of HIV/AIDS and gender sensitive programmes.
- There is a need to broaden understanding of the process of mainstreaming cross cutting themes of HIV/AIDS and gender in the IRBM project components.

2. Map of Botswana

Showing the Geographic Distribution of the Prevalence Rate



The prevalence of HIV was higher in northern and north eastern parts of the country than the southern and western districts. Notably, northern border districts were worst affected than all other districts (Figure 4).

Diagram 1

Source: 2003 Second Generation HIV/AIDS Surveillance Report

3. HIV/AIDS Overview in Botswana

The first case of Botswana HIV/AIDS was diagnosed in 1985 and ever since then HIV prevalence has increased dramatically, impacting on every facet of the economy. The Botswana 2003 Second Generation HIV Surveillance shows an estimated 37.4 percent of HIV prevalence amongst pregnant women aged between 15-49 years. However the National HIV prevalence is reported at 17.1 percent and this is evidenced by the preliminary report of the 2004 Botswana AIDS Impact Survey II. This report further shows that HIV prevalence is higher in the Northern and North Eastern parts of the country than it is in the Southern and Western parts of the country. (Refer to map in diagram 1).

Numerous programs have already been implemented by both the public and private sectors to curb the spread of HIV/AIDAS in the country, but the HIV/AIDS epidemic has continued to spread despite the efforts made. In addition, the Government of Botswana, through the Ministry of Health (2003) has recognized HIV testing as a core strategy in HIV prevention and has since the beginning of 2004 introduced routine HIV testing as part of a comprehensive management of HIV/AIDS strategy in the public health care service. This undertaking, though recognized for its potential to accelerate the uptake of voluntary counseling and testing (VCT), raises challenges particularly with respect to support services in the area of pre and post test counseling for people who test positive.

Botswana is also one of the first countries in sub-Saharan Africa to provide anti-retroviral drugs through the public health sector to its citizenry. The program started in January 2002. The roll out of ARV has however not been without any challenges, which include:

- Access and quality of the service
- Lack of adequate trained Human Resources
- A comprehensive Information Management System (IMS) to allow accurate follow up on patients
- Monitoring of the program. All patients on Highly Accelerated Anti Retroviral Treatment (HAART) need continued support and counseling and often times this is not possible because of lack of human resources and need to be tracked down
- Traditional care responses- There is need to strengthen institutional capacity of programs such as home based care (HBC).
- Routine testing- Even after the introduction of the ARV program, many people who are infected with HIV and have advanced to critical stages of illness do not know their HIV status and there is need to encourage people to test so as to enroll early in order to respond to treatment (Synopsis on HIV testing,2003). On a more positive note though, since the introduction of routine testing, the numbers of people undergoing HIV tests have increased markedly and those who test positive are eligible for therapy by being referred to the national ARV programme (MASA programme).
- Too many sick patients – those with low CD4 count, sometimes as low as 50, show up all at once at the treatment centers, which overwhelms the system. The time and resources spent to process such patients is estimated to be more than the time spent on those who meet the eligibility criteria (at CD4 count less than 200).

4. Botswana National Response to HIV/AIDS

Efforts to address the HIV/AIDS epidemic in Botswana has to a large extent been influenced and guided by the national policies and strategies put in place to combat the disease. Botswana has one of the most comprehensive and systematic approaches to manage the disease. The national response to the epidemic adopts an approach that includes all the multi-sectoral stakeholders in a systematic and concerted effort to prevent further infections and provide adequate care and support for those infected and affected by HIV/AIDS.

To ensure a systematic response to the epidemic, Botswana has developed a strategic framework, the National Strategic Framework 2003-2009 through a highly consultative process. The National HIV/AIDS Strategic Framework is guided by the following key principles:

- Joint national leadership involving partnerships between communities, private sector, civil society, development partners, and government.
- A multi-sectoral approach to planning, implementation, monitoring, and evaluation involving all stakeholders
- Creation of an enabling environment for an expanded and scaled-up response for People Living with HIV/AIDS.
- Active involvement of communities and people living with HIV and AIDS in the decision making process and programme implementation.
- Alignment of international partners to the national strategic priorities to avoid duplication of effort and to mainstream efforts.
- Facilitation and development of human capacities to manage the national response.
- Flexibility, equity, and cost-effectiveness at all levels.

To operationalize the principles stated above, there is a network of coordinating mechanisms including the National AIDS Council (NAC), NACA, and the ministerial and permanent secretaries' taskforces of HIV/AIDS that have been established, they also serve as monitoring and review mechanisms. The National AIDS Council (NAC) is chaired by His Excellency the President, Festus G. Mogae. The National AIDS Coordinating Agency (NACA) acts as the secretariat to the NAC and it is responsible for coordination of the national HIV/AIDS response. The District Multi–Sectoral HIV/AIDS Committees (DMSAC) coordinate district-level responses to HIV/AIDS.

Most of the programmes in the country are linked to NACA, and are monitored and evaluated periodically to ensure efficiency, efficacy and effectiveness of programmes in achieving the stated goals. Many sectors are involved including faith-based organisations; the CBO's and AIDS service organizations, the private sector, government ministries, research institutions and health institutions. To ensure effective running of the programmes, Botswana HIV/AIDS Response Information Management system (BHRIMS) has set up monitoring and evaluation programmes to improve the capacity of stakeholders to meet the projected national goals

4.1 Government

The government has developed the National Strategic Framework for HIV/AIDS which is intended to facilitate a multi-sectoral response locally and internationally and provide an aggressive, forward looking frame work with the central aim of ensuring and driving implementation. The strategy also intends to mainstream HIV/AIDS into development planning as advocated in international forums, and serves to ensure that HIV/AIDS is adequately captured within the national planning and budgeting cycle and it is given the necessary endorsement. The government has developed the public service of conduct on HIV/AIDS in the work place 2001 document. The document succinctly stipulates that 'every officer is a change agent, peer educator as well as an HIV/AIDS manager.' (Republic of Botswana, 2001). There is the International Labour Organisation (ILO) HIV/AIDS policy in the work place which is still in draft form.

At the District level there is the District Multi- Sectoral HIV/AIDS Committee (DMSACs) which were established in order to facilitate the development and implementation of effective HIV and AIDS interventions at district and sub-district levels and to work with Village AIDS Committees (VAC). This came after a realization that a national response to HIV and AIDS transcends the jurisdiction of the Ministry of Health and also that factors that facilitate the spread of HIV cut across sectors of society and economy. Each sector is to assess how it contributes to the spread of HIV and how the epidemic impacts on it. DMSACs have successfully acted as go between the service providers and recipients of such services through improved networking and collaborative arrangements at organizational level.

4.2 Non-Governmental Organizations (NGO's)

Civil Society's HIV/AIDS response is led by key umbrella bodies; Botswana Network of HIV/AIDS Organizations (BONASO); Botswana Network of People Living With HIV/AIDS Organizations (BONEPWA); Botswana Network of Law, Ethics and HIV/AIDS (BONELA); and the Botswana Christian AIDS Intervention Programme (BOCAIP). All community-based organizations (CBOs) in the country fall under one of these umbrella bodies.

Civil society organizations are represented in the NAC where they form important elements of the legal and ethical sector, civil society sector and the faith based sector. They provide implementation expertise at all levels, but especially within communities.

4.3 Private Sector

The need to incorporate the private sector in the fight against the epidemic in Botswana has led to the establishment of the Business Coalition on HIV/AIDS (BBCA) in 1994 to work in partnership with Botswana Confederation of Commerce Industry and Manpower (BOCCIM) and other stakeholders to coordinate a private sector response to HIV/AIDS. BBCA was partly funded through a NORAD grant and is currently funded by the African Comprehensive HIV/AIDS Partnership (ACHAP) plus in-kind contributions from other agencies. Another contributor is the BOTUSA Project, a collaborative initiative between the Government of Botswana and the US Center for Disease Control and Prevention (CDC).

The Botswana Business Coalition on HIV/AIDS (BBCA) which is housed at the Botswana Confederation of Commerce Industry and Manpower (BOCCIM) is supposed to coordinate private sector initiatives in mainstreaming HIV/AIDS in their strategic plans. BBCA is also expected to assist private companies with technical expertise in development of HIV/AIDS internal work programmes, create a forum for skills sharing and exchange of best practices including developing bench marking approaches. BBCA represents the private sector at the NAC.

Private sector is also expected to maintain implementation linkages with other service providers. A key feature of the private sector is to implement the Minimum Internal Package (MIP) in their organizations. The MIP requires that the companies undertake intensive promotion campaign and link staff to VCT services by establishing institutional partnerships with VCT service providers; they should ensure condom availability; Ensure staff awareness of all relevant HIV/AIDS programmes; Develop and implement targeted behavior change information communication with all staff to support relevant national programmes; provide access to counseling services to all staff.

4.4 Development Partners

Development partners are key collaborators in Botswana's multi sectoral national response to the epidemic which means that their active participation in supporting HIV/AIDS programmes is crucial**.** They are members of the NAC. Development partners are instrumental in providing the necessary inputs in terms of financial, additional human resources and materials.

The development partners/donor forum is convened by the Ministry of Finance and Development Planning. The forum is constituted to consider the financial aspects of Government relations with its Development partners. The Botswana HIV/AIDS partnerships forum is coordinated by NACA and deals more with technical elements of implementation, while there is an expanded Development Partners forum made up of the UN agencies and other multilateral and bi-lateral development partners, including diplomatic missions, that represents development partners at a more political level. Finally, the UN Theme Group on HIV and AIDS comprises UN agencies to manage and coordinate their HIV/AIDS activities in the country.

5. Challenges faced by organizations dealing with HIV/AIDS organizations in Ngamiland

Despite, Botswana being one of the first countries in Sub-Saharan Africa to provide anti-retroviral drugs through the public health sector to its citizenry, the implementation of the ARV programme has not been without its set backs as noted earlier. Some of the problems in the Ngamiland District are caused by a variety of factors ranging from the geographical location, socio-cultural issues and a whole array of other factors. The dominant factor posing a challenge for implementation of HIV/AIDS programmes in Ngamiland District emanates from its geographical location. The District is located approximately eight hundred kilometers away from Gaborone, which is the hub of economic activity and social development. This has greatly contributed to the slow progress in the devolution of development projects in that part of the country. The Delta and Ngamiland District provides the

base for Botswana's eco-tourism programs and contributes significantly to tourism revenues, which is the third largest contributor to the nation's Gross Domestic Product (GDP). The Okavango Delta forms one of the largest world unique environments and it is the largest designated RAMSAR site- "a wetland of international importance". Most of the challenges encountered in HIV/AIDS programme implementation in the District are particular to the area due to its status as a number one tourism destination spot and should be treated as such. The challenges facing this have been broken down according to the sectors, but this does not mean that they are not interrelated. In most cases problems encountered by one sector have a direct bearing on the other sectors

The district lacks adequate resources to assist in dissemination of correct information into areas difficult to access and the information needs to be similar to that disseminated by hospitals and clinics. This requires more innovative education approaches for communities in remote areas of the delta and moving away from the one size fits all type of messages like the common Abstain, Be faithful, Condoms (ABC). Some cultural practices and religious belief systems could impair understanding of HIV/AIDS prevention messages like the common refusal of men to use condoms saying that it is unnatural and against Tswana culture to 'eat wrapped sweets.' Taking traditional medicine while one is on ARVs has also been known to destroy the efficacy of ART

5.1 Government Institutions in the region

The Okavango delta region is administratively served by two sub-districts offices which are situated in Maun and Gumare for the Ngamiland and Okavango sub-district respectively. The report will only focus on the activities of the DAC in Maun, the Hospital; and District Health Team (DHT). The Okavango sub-district in Gumare was not visited due to time constraints. The Gumare head quarters has one DAC and a Primary hospital which provides Anti-Retroviral Treatment (ART), to the village of Gumare and associated localities.

5.1.1 Maun District Multi-Sectoral AIDS Committee (DMSAC) and District Aids Coordinator (DAC)

There is only one HIV/AIDS Coordinator for the Ngamiland District, who is responsible for coordinating all HIV/AIDS activities in the sub-district which happens to be one of the largest in the country. The DAC serves as the secretary and coordinator of activities of the DMSAC which is core-chaired by the District Commissioner and the Council Secretary. She acts as the technical advisor to DMSAC by guiding district activities in prevention, care and support activities to mitigate the impact of HIV/AIDS in the District. The DMSAC in Ngamiland was formed in 1998. It consists of about 30 members representing public sectors organizations, NGO/CBOs and the private sector. The day to day operations are managed by its technical committee which is made up of 9 members and it is chaired by the Senior District Medical Officer (SDMO) form the District Health Team (DHT). The DAC is an ex-officio member of the subcommittees of the DMSAC; she is in most cases responsible for coordinating and organizing the meetings. DMSAC scheduled meetings are held quarterly while the technical committee meetings are held monthly. Among other things, the technical committee meets to review HIV/AIDS projects in the region and appraise funding requests from various stakeholders. The general activities of the DMSAC are: Collective planning for HIV/AIDS prevention and care services; collective translation of national response strategies into district responses; collective assessment of district responses; Coordinating district HIV/AIDS activities, reviewing and synchronizing district proposal; conducting awareness out reach activities; developing appropriate responses to mitigate HIV/AIDS effects.

The District Aids Coordinator faces certain problems in achieving her objectives of coordinating HIV/AIDS activities in Ngamiland. The constraints are many and varied, some are not unique or limited to Ngamiland as a sub district but rather are shared by other District in the country, however, more emphasis will be placed on the factors which are most likely to be peculiar to the region because of its geographical location and other associated factors. This problem must be considered with the backdrop that most of the DAC activities are implemented through the DMSAC:

- Political leadership, Private sector and alternative health care practitioners are not represented well in the DMSAC: The member of parliament for the area and all councilors representing different political parties in the region are supposed to be regular participants of all scheduled DMSAC meetings, but, in most cases they are not able to attend which stifles political representation in DMSAC meetings. Private sector

organizations in the region more especially Safari tour companies are not well represented in the DMSAC as well. The only company which does attend once in a while is the Okavango Wilderness Safaris which is a conglomerate of tour operators in the delta. Most doctors and other health practitioners who have clinical expertise about the spread of HIV/AIDS do not often attend DMSAC meetings. There is no commitment in building a working relationship from both sides between the DAC and the Private sector in the region. In most cases, it is possible for one to carry out some activities with the communities without the other party being aware of it. For example, the DAC is not aware of most of the initiatives which had been taken by the Okavango Wilderness Safaris (OWS) in mitigating impacts of most HIV/AIDS in the delta. On the other hand, OWS is not aware of all HIV/AIDS activities and plans by the government and they feel that most of the plans like the National Strategic Framework for HIV/AIDS 2003-2009, were developed without their consultations. In that regard, they do not own it and regard it as another government document which does not have much to do with them.

- Delegation of junior members to attend DMSAC meetings: Most of the time only junior members of various departments attend scheduled DMSAC meetings even though they are supposed to be attended by head of departments or their deputies. The reason advanced for lack of attendance by most departmental heads is attributed to attendance of other official commitments else where. The bottom line of the issue is that HIV/AIDS issues are not given priority as most feel that a lot is being done already and therefore they feel that their attendance will not make much of a difference and they would rather be some where else doing something beside HIV/AIDS activities. The problem with this delegation of duties is that decisions end up being differed because those present cannot make decisions for their departments.
- Irregular attendance of meetings by critical institutions has adverse effects on decision making in areas where such institutions are major stake holders.
- High staff turn over in the District: Frequent transfers from and into the district has a negative impact on continuity of projects. A case in point is the vacant post of the District Commissioner which became vacant when she was transferred to another District during the time of interviewing the DAC. The DAC considered the transfer as a set back to her HIV/AIDS plans.
- Lack of adequate resources to follow up on projects in the region: There is inadequate human resource to follow up on projects in the area. The DAC does not have enough time at her disposal to give appropriate guidance to project implementation to all projects in the area. These leads to irregular monitoring and evaluation of out reach activities ultimately to weak referral and feedback mechanisms.
- DMSAC activities are treated as secondary by most of the departments.
- The nature of the conditions of services of the DAC: The fact that the DAC operations are guided by the broader government conditions of service governing all civil servants makes it difficult for her to achieve certain activities due to the nature and epidemiology of HIV/AIDS in the country. The terms and conditions of service compounded by weak civil society organizations in the region makes it difficult to adequately serve various segments of the society adequately. For example tour operators in the area feel that the DAC does not consult them in most of the decisions taken by government to fight the epidemic in the region, Parallel sectoral programmes for HIV/AIDS is also a problem in that different departments tend to have different budgets for HIV/AIDS activities which in most cases puts others at a disadvantage as the DAC cannot adequately expend her technical expertise in mitigating the impact of HIV/AIDS.
- Inadequate support from Development partners to NGO's in the region: The DAC laments the dearth of financial support for civil society organizations in the region from donor organisation which mostly clustered around the capital city. This makes it difficult for her to implement some of the resolutions from DMSAC planning meetings. In most case the financial assistance she gets from the national budget from NACA is not adequate for everybody in the region.

5.1.2 Maun General Hospital

Maun general hospital serves as a referral center for the administration of the Masa ART for the town of Maun and surrounding areas. The Hospital offers HIV/AIDS, pre and post test counseling and treatment services under the Masa ARV programme which was started in 2002. Maun is one of the first 4 of the 29 centers in the country to roll out the ART programme. By the end of 2004 about 2500 people were enrolled in the ARV programme in the Maun hospital. Up to date statistics of HIV/AIDS prevalence and daily testing results could not be obtained during

the time of visiting the hospital as a special clearance has to be sort from the Permanent secretary in the Ministry of Health in Gaborone before one could be privy to such information.

The excessive demand for treatment (provision of ARV therapy by government) leads to pervasive resource buildup at the two sites in the region and the more marginalized the communities are, the longer the distance communities have to travel for routine check ups. This is the main problem at the Maun Hospital and the Gumare Primary Hospital, which are the two centers providing ART to the riparian communities. Fewer HIV positive people enroll in ART than expected, due to the long distances they have to travel in order to access ARV drugs.[1]

There is an urgent need for other health facilities like the District Health Team (DHT) and clinics to be able to dispense ART as the waiting period for drugs in the hospitals creates extreme long waiting periods, reducing drug efficacy and adherence. Stigma is still a problem, especially within a family, affecting PMTCT and ARV programmes. Adherence to ART is a problem, especially when patients are not properly informed; patients can just stop treatment when they encounter certain side effects which they were not told about. Life long commitment is not well understood; and this will require more time to be spent by the doctor with the patient before starting ARV treatment, which is not currently the case at the hospital. One needs to mention that as compared to other centers like the Princess Marina referral hospital in Gaborone, the Doctor to patient ratio is lower which means that more time is spent with a doctor in Maun than in Gaborone with all factors being equal. Most of the Doctors at the Maun Hospital and the DHT offices are generally pessimistic about the fight against HIV/AIDS in the area, mainly because of the following reasons:

- Lack of any proper evaluation of the first 4 sites in the country to implement the ARV programme and its impact on communities;
- The speed of starting new sites without feedback and evaluation;
- Lack of skilled staff in the new sites and general lack of staff to run programs, limiting follow ups with patients.

There appears to be a perception among some health practitioners in the hospital, whether true or not, that hundreds of patients are started on treatment without proper follow up, leading to high numbers of patients with low adherence, leading to high numbers of resistant virus, leading to the spreading of resistant strains, ultimately leading to widespread resistance all over the region. On that note, there is high wide spread resistance to treatment in most of the cases at the hospital. Most of it is attributed to various cultural practices and social dynamics within the society in the Ngamiland district which is addressed else where in this report. Significant in the treatment and dispersal of ARVs is the present lack of emphasis on areas outside of Maun, leading to key gaps in the provision of services to remote areas.

5.2 HIV/AIDS Non-Governmental Organizations operating in Ngamiland

Challenges facing NGO's operating in the Maun area are unique, many and varied, but the common denominator seems to be lack of funds for them to fulfill their mandates as pertaining to assisting people who are in and around the delta. A better understanding of their problems might require to a great degree, specialized experience and knowledge, gained through research and intensive interactive learning environments like conferences, workshops and then use other mediums like Village Development Committees (VDCs).

Most NGO operations are centered in Maun, and very few visits are made to remote rural areas. In most cases, NGOs rely on the benevolence of Safari companies to give them free rides on their planes once in awhile to visit the delta, resulting in irregular and sporadic visits to the Delta and limited access to remote communities. This adversely affects the motivation and enthusiasm of staff, which is evident when talking to them. There is no single NGO which has a regular schedule for visiting remote areas in the Delta.

[1] Comparing Ngamiland with other areas which have almost the same HIV/AIDS prevalence rates, such as Tutume, indicates lower enrollment rate, other factors being equal.

Even though there is an acknowledgement that poverty and gender are the twin driving factors which undermines efforts to mitigate the impacts of HIV/AIDS, there are no Gender Management Systems (GMS) in place in the communities which NGO's are working with in the delta. Most of them acknowledge that lack of gender training skills was a major handicap in the fulfillment of their objectives. The Women in Development Policy of 1996, implemented by the Womens Affairs Department in the Ministry of Labour and Home Affairs, could guide implementation of the GMS.

5.2.1 Botswana Council of Women (BCW)

AIDS Project**:** The project seeks to empower women with vocational skills, sexual and reproductive health education and training to enable them to participate fully in the process of social and economic development. The branch in Maun is serving the whole of Ngamiland District, the branch offers various Vocational Training courses to young women, courses offered are; Typing, tourism studies and various computer lessons. The organization has no out reach activities into the delta region.

5.2.2 Botswana Family Welfare Association (BOFWA)

BOFWA is committed to promoting and providing quality and cost-effective Sexual Reproductive Health services, including HIV/AIDS prevention to enhance quality of life for young people. Counselling on sexual reproductive health issues including abstinence, AIDS education and recreational activities, Life skills education, condom demonstration and distribution, screening and treatment of STI`s, antennal care and post natal care, Voluntary Counseling and Testing. The Maun center has a staff compliment of four officers, a full-time nurse, a Youth Officer and two Peer Educators. They conduct outreach activities to some areas outside Maun on an irregular basis, they do not have a schedule for out-reach due to lack of funds.

5.2.3 Coping Centre for People Living with HIV/AIDS

The Coping Centre offers information sharing through group and one on one counseling, seminars workshops, public rallies and newsletters. The centre provides technical assistance in such areas as advocacy, human rights, income generating projects, programme development and logistic of positive living, trains People Living With HIV/AIDS on various life skills with emphasis on building awareness of the importance of positive living, prevention of HIV infection and re-infection, care and support for people living with HIV/AIDS. The centre in Maun is not fully operational, it opens two days a week based on the availability of the coordinator who is volunteering his services. The center used to operate on a fulltime basis providing the above services. Infrastructure like offices and other office equipment is in place, what is lacking is the human resources to run the center.

5.2.4 Maun Counseling Center

The Maun Counseling Center (MCC) started off as the Maun Board of Pastors against HIV/AIDS and was officially opened in May 1997. The response was initiated by and supported by the Local Christian Community through their pastoral leadership. Initially, they were only involved in AIDS awareness and prevention campaigns. As a result of experienced phenomenal growth in service provided, manpower responsibility and roles, the boards name changed to Centre Management Board. Gradually the center has grown and has intensified the fight against HIV/AIDS by combining social support, care and prevention strategies. The current committee comprises of ten members of which five are executive and five are additional members. One member out of ten is co-opted from the orphan day care committee. Other Committee are the orphan care and youth committees.

The MCC has a satellite Center in Sehitwa, whose management and administration was handed over to the Roman Catholic Church in 2004. The center now has a new satellite Center in Gumare, which was handed over by ACCORD an NGO which operated in the areas dealing with various community development activities in the Ngamiland. The MCC activities include counseling (pre and post test counseling and on-going supportive counseling); community out-reach activities; support groups; orphan care; youth development programmes targeting in and out of school youth; child trauma and bereavement counseling; health and nutrition programmes; and conducting rapid HIV/AIDS tests.

5.2.5 Tebelopele Voluntary Counselling and Testing

Voluntary Counseling and Testing is at the heart of the Botswana Government's strategy in its fight against HIV/AIDS. From its inception in 2000, it has grown significantly and now offers voluntary HIV/AIDS counseling and testing services at 16 centers throughout Botswana, employs a staff of more than 100 and has assisted more than 100,000 clients nationwide.

"Know Your Status" is the familiar message carried on the Tebelopele Voluntary Counseling and Testing program. A collaboration of the U.S. Centers for Disease Control and Prevention and the Ministry of Health that currently runs the Tebelopele program. The Tebelopele program is funded exclusively by the U.S. Government through the President's Emergency Plan For AIDS Relief (PEPFAR) however, the status of this high profile organization has changed from a donor-funded program to fully-fledged non-governmental organization (NGO).Tebelopele will continue to operate in the same locations with the same staff, who are all being invited to transfer to the new NGO, and with the same distinctive vehicles and mobile units that have now become so familiar nationwide.

Tebelopele's success and growth has been phenomenal, Tebelopele will probably be the largest national NGO in Botswana. To ensure that Tebelopele services are maintained and strengthened, the U.S. Government's Centers for Disease Control and Prevention is funding the services of an international health care organization to work with the new NGO for a period of at least 14 months. This organization will provide some key administrative services, while Tebelopele develops its own financial, marketing, human resource and other administrative capabilities. It will also work with the management and Board of the new NGO to make sure that the highest levels of service delivery are maintained.

The Maun Tebelopele branch is headed by a lead counselor and two assistants. The center operates form eight o'clock in the morning to five o'clock in the afternoon. At the time of visiting the center the Lead counselor was not around to be interviewed and those around could not reveal daily statistics of people who come for testing. From observations, it was evident that a substantial number of people came for testing on a daily basis.

5.2.6 Love Botswana

Love Botswana is an NGO, which operates in Maun and supported by various international donor agencies. The NGO assists in the mitigation of HIV/AIDS through the Christian faith by preaching messages of abstinence to sexual intercourse. The organization runs three programmes which are focusing on Children, the Youth and the Church. The Children's programme offers pre–school in partnership with UNICEF; temporary shelter for abused children; they have plans of expanding to Sehitwa, Gumare and Shakawe in the near future. There is also the programme for care giving to pregnant women under the children's programme. The youth programme is focusing on forming abstinence clubs with youth groups around Maun. They visit secondary schools in Maun and incorporate abstinence teaching in the children life skills training. The Church programme is focusing on teaching the importance of faith in combating the spread of HIV/AIDS. They have formed church communities in Sehitwa, Gumare, Etsha 6, Shakawe and Nxamasera. The organization intends to sponsor a crusade on June 16, 2005 at the Maun stadium and in Gumare focusing on abstinence.

5.3 Private Sector Organization in the Ngamiland

Private sector companies in Maun play an active role in the fight against HIV/AIDS even though most of their activities are limited to their employees as opposed to the general public. Notably, are the two banks in Maun which are Standard Chartered and Barclays Bank, which both have HIV/AIDS policies and work place programmes. Standard Chartered bank has a very active HIV/AIDS committee that carries out community projects from time to time in Maun and surrounding villages. They also attend DMSAC meetings on a regular basis.

The dominant private sector companies in the Delta are safari tour operators who operate about sixty camping sites, ranging from small camping sites to lush and luxurious lodges in the heart of the Delta. Since the increase of HIV/AIDS prevalence rates, the tourism sector faces challenges such as low productivity, high absenteeism, high

employment benefits, recruitment and training costs, and shortage of skills. These organizations and businesses run the risk of reduced profits and loss of employees if they do not pay any serious attention to the HIV/AIDS in the workplace.

Most safari companies do not have HIV/AIDS policies and programmes in place. The tourism sector has a responsibility to act and an opportunity to contribute to the national fight against HIV/AIDS. Businesses and organizations have a corporate social responsibility to provide not only remuneration in the form of salaries, but also comprehensive HIV/AIDS work place programmes that extend access for employees and their families. Such programmes can address issues of strain on the capacity of their employees to cope with psycho-social and economic consequences of HIV/AIDS.

Numerous safari companies are keen to assist in the fight against the epidemic. However, actual implementation needs a lot of organization. For example, most employees may be required to spend up to three months in the Delta, a period too long for someone who is on ART. Also, financial implications for more frequent visits to Maun are prohibitive – one safari company estimates an average of P300.00 per person per trip from the camps in the Delta to Maun General Hospital. This is the cost of transportation alone, before considering other logistics like finding a replacement during the period of absence of the employee, this makes it a daunting task for tour operators in a very competitive industry. Safari tour operators said that they would not be able to carry the burden alone without some kind of agreement on subsidies from the government, which is charged with the responsibility of providing primary health care to all its citizens.

Okavango Wilderness Safaris (OWS) is the only conglomerate of small tour operators in the area which has a draft HIV/AIDS policy document and a fulltime employee who moves around the 25 camps in the Delta providing sexual reproductive health information and counseling to employees. It is difficult to get all other tour operators to do the same as there seem to be some rivalries and competition amongst them leading to territoriality. OWS once conducted anonymous HIV/AIDS saliva based tests amongst 95% of its working force in the Delta and found that the results are more or less on par with current prevalence rates in the region if not a little bit more which was about 39%. OWS has several plans for assisting in the fight against the impacts of HIV/AIDS. They are in the process of developing a nutritional program for their employees based on the available traditional food; the plan is due to start in February 2005. Tour operators also have to contend with high levels of illegal prostitution which is reported to be prevalent in the camps which is believed to be responsible for the high levels of HIV. With funds permitting, they have further plans of administering ART to their employees.

The Botswana Business Coalition on HIV/AIDS (BBCA) convened a breakfast meeting with Private Sector organizations leaders in May 2004 in Maun. The purpose of the breakfast meeting was to introduce BBCA and its activities to the private sector community in Maun. According to the BBCA, attendance was very good. The private sector was informed about how BBCA could assist them in the development of work place programmes for HIV/AIDS. Focal persons were selected to represent the various organizations. Focal persons further formed a committee to represent the private sector community in the region. The BBCA is yet to make a follow up in implementing some of the recommendations from the breakfast meeting.

5.4 Development partners in the Ngamiland District

Various development partner organizations are supporting a lot of activities in the delta. A proper inventory of who does what and where is not covered in this report due to the limited time factor. Only a few were visited and the findings will be presented below. Given the nature and magnitude of the HIV epidemic in Botswana, development partners like the Government of Botswana and NGOs experience some of the challenges of the epidemic (NACA, 2002), such as;

- Inadequate coordination of development partner initiatives in the Delta, there are various institutions like the HOORC and other donors who have funded certain projects in the area who have no knowledge of what others are doing.
- Inadequate clarity among stakeholders on roles and responsibilities
- Duplication of efforts
- Inadequate local capacity to carry out certain specialized programmes such as youth programs.

- Poor absorptive capacity of resources provided which leads to slow distribution of funds as a result of bureaucratic protocols.
- Inadequate ASRH/ HIV/AIDS interventions which are age specific, mainly for the age group 10-14 year olds.
- Proposals from various NGOs and CBOs without clear establishment of the authenticity of organizations. This leads to disenchantment among NGOs whenever development partners seek to verify their authenticity.
- They should avoid being too bureaucratic but at the same time making sure that the money they dispense is spent meaning fully
- Some of the organizations which have the best management practices in place are heavily supported to the detriment of others.
- Remote rural communities tend to be marginalized due to their geographical location, but development partners have to contend with that fact and find a way of mitigating that.
- They should be weary of imposing imported ideas in the communities as this is not usually sustainable. They should take time to adapt various ways of doing things to the local settings.
- There is need to support the private sector in dealing with riparian communities.

5.4.1 Harry Opeinhemer Research Center (HOORC)

The center has done some research on the impact of HIV/AIDS Home Based Care activities in the socio-economic status of communities in Maun and communities who live along the delta. The report can be provided upon requests by the center. The eco-tourism department of the center has some out reach activities with the communities in the delta including villages like Gudigwa. They do not have HIV/AIDS projects per se, they do focus more assisting the communities to develop eco-tourism projects for poverty alleviation which will ultimately have a bearing in mitigating the impacts of HIV/AIDS.

6. Gaps in Implementation of HIV/AIDS Programmes in the Ngamiland District

Government	Development Partners	Private Sector	NGOs
One HIV/AIDS Coordinator in the district Lack of transport to cover the district No adequate human resources No buy in from other government departments Too much red tape Long distances to access therapy Entrenched stigma Adherence problems emanating from cultural and spiritual practices No comprehensive IEC messages tailor made for these communities No evaluation of the government programme Lack of decentralization of the ARV programme	Inadequate coordination of development partner initiatives Inadequate clarity among stakeholders on roles and responsibilities pertaining to the ORB Duplication of efforts Red tape in accessing funds for projects Different understanding of the scope of development work which leads to territoriality Little efforts made to understand communities needs	Lack of funds to coordinate activities Activities only centered in Maun Inadequate transport to access the various areas No lead body to coordinate activities No gender management system No HIV/AIDS policies and strategies Complex implementation and access of the ARV therapy programme for the Safari employees High incidences of prostitution in the camps HIV/AIDS considered as aside issue perceived as the mandate of government	Inadequacy of ASRH/ HIV/AIDS interventions which are age specific, mainly for the age group 10-14 year olds. Preferential treatment of funding of NGOs to the detriment of others Dearth of vibrant of youthful organizations No coordination of activities Replication of activities There is no monitoring and evaluation of various activities carried in the region. There is no forum for stake holders to discuss issues of concern regarding HIV/AIDS and share best practices in mitigating its effects.

7. Opportunities available to the IRBM project in mitigating the impacts of HIV/AIDS Programmes in the Ngamiland District

Government	Development Partners	Private Sector	NGOs
Existence of a comprehensive National Strategic Framework 2003-2009 to guide implementation Existence of implementation structures DAC is very receptive to new ideas	There is an opportunity for Sectoral collaboration Potential funding to draw from Ability to coordinate and mobilize resources i.e staff exchanges programmes	Technical assistance available from BBCA and ILO to guide policies and strategies Leadership support and will available Potential for collaboration Less bureaucracy	HIV/AIDS mitigation already core business Less bureaucracy There is the will and the Drive to collaborate Gaps Identifiable (lack of technical expertise and resources)

8. Recommendations

It is recommended that the IRBM project adopt a mainstreaming approach to HIV\AIDS. **Mainstreaming in this context means integrating HIV\AIDS related activities such as awareness creation, referral to available services and dissemination of available information into the planned IRBM activities. The project will ensure mainstreaming of HIV/AIDS by addressing the direct and indirect aspects of the pandemic within the context of the core objectives, mandate, activities and outputs of the project. This could be achieved by integrating HIV\AIDS on selected activities of the project in a cost effective manner but with considerable impact.**

Two kinds of interventions had been identified: those that can be incorporated by IRBM initially and achieve results rapidly, and longer term interventions which will take a while to implement, as they will require more lobbying and collaboration at a high level with the government.

Possible Short-term Interventions

1. IRBM organizes and facilitates a HIV/AIDS stakeholders workshop in Maun

Outputs:

- A thorough understanding of the extent of each organization activities in the delta;
- Gaps in tackling HIV/AIDS issues in the delta identified and areas of cooperation amongst the stakeholders developed;
- Familiarity amongst the stake holders about each others activities established, thus avoiding duplication of efforts;
- A participatory approach towards the management of HIV/AIDS in the delta developed with all the stake holders, with the private sector playing a more dominant role;
- A Strategy and Plan of Action to guide implementation developed;
- An enhanced knowledge of available donor funding to various organizations in the Delta; and
- Collaborative niches identified.

2. IRBM should lobby organizations such as HATAB, BBCA, Department of Water Affairs, ODMP, Okavango Research Center (ORC) and Department of Tourism to realize the importance of mainstreaming HIV/AIDS interventions in their various activities.

Outputs:

- An Ngamiland District HIV/AIDS collaborative plan developed to assist in lobbying government to speed up implementation of various programmes as outlined the NSF 2003-09.

3. IRBM should mobilize HIV/AIDS stake holders working in the delta for the development of an HIV/AIDS policy and programme for the Integrated River Basin Management project.

Outputs:

- An approach for reducing the impact of HIV/AIDS on water resource management activities developed;
- Guidelines for integrating HIV/AIDS issue into the IRBM developed;
- Proper care and management strategies for mitigating the impacts of HIV/AIDS developed;
- Best practices document produced and shared amongst all the sectors in the Delta;.
- Links forged with government departments i.e. NACA

4. IRBM should link HIV/AIDS organizations in the Ngamiland District with possible funding sources.

Outputs:

- A complete inventory of available donor funds for HIV/AIDS activities in the country. Information of eligibility criteria to qualify for funding under the available funding sources availed to organizations and communities in the delta.

- A complete inventory of available donor funds for HIV/AIDS activities in the country, Information of eligibility criteria to qualify for funding under the available funding sources availed to organizations and communities in the delta.

5. There is a need to broaden understanding of the process of mainstreaming the two cross cutting themes of HIV/AIDS and gender in the IRBM project.

Outputs:

- IRBM HIV/AIDS work place policy in place;
- Private sector HIV/AIDS Minimum Internal Package (MIP) in place in ARD offices;
- HIV/AIDS mainstreamed in all the 3 components of the IRBM project;
- Common understanding HIV/AIDS and gender mainstreaming.

6. From some discussions with some development partners in Gaborone, there is an indication that there are various sources of funds available for HIV/AIDS activities from various sources which most organizations in the Ngamiland are not aware of. A follow up needs to be made in finding out more information about the following funding sources;

- Global fund for NGO initiatives – NACA/BONASO
- Presidential Emergency Funds for HIV/AIDS Relief (PEPFAR) –CDC
- Ambassadors HIV/AIDS initiative, REPSY project –US Embassy
- Non- presence funding countries, RCSA – US Embassy
- Okavango Collaboration, Conservation International (CI),Environmental Heritage Fund (EHF), RCSA –US Embassy
- Ministry of Environment Trans boundary Impact – US Embassy
- PACT – US Embassy
- ACHAP small grants to community projects - ACHAP

Possible Long-term Interventions

1. Through donor funding the government should hasten to implement most of the programmes indicated in the National Strategic Framework (NSF) for HIV/AIDS 2003-2009 with more bias towards rural and remote areas of the country like the Okavango Basin. The fact that the Delta has been declared a RAMSAR site that gives it a great potential for contributing largely to the nations economy through eco-tourism more especially in the demise of Diamonds and beef exports.

2. HATAB, The Department of Tourism and the Department of Water Affairs could play leading roles in advocacy and lobbying for more attention to be focused on the Delta by the government. IRBM could play a leading role in lobbying the above mentioned departments.

3. The District AIDS Coordinator (DAC) should build networks and partnerships with other groups in the Private Sector and NGOs operating in the delta. IRBM project could catalyze the process by teaming up with the DAC to facilitate the frequent visits by most of the Youth organizations in Gaborone to engage in out reach activities. These are organizations like Population Services International (PSI), Youth Health Organization (YOHO) and Junior Achievement Botswana (JAB) and many others which are clustered in and around Gaborone.

4. IRBM should identify key focus areas upon a through needs assessment inconsonance with Component three of the IRBM/RCSA Scope of Work

9. References

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The National Coordinating Agency (2002). Botswana 2002 Sentinel Generation. HIV/AIDS Surveillance- *A technical report, November 2002.*

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Segobye, A.K. (2003) "Dikgato Leadership and HIV/AIDS Development Project Proposal", ACHAP. Working document.

UNDP (2000).Botswana Human Development Report. "Towards an AIDS free Generation". Petadco Printing House. Gaborone, Botswana.

Appendix 1: List of Contacts for organizations dealing with HIV/AIDS and Development Partners

Name	Designation	Organisation	Telephone
Peter Kilmax	Director	BOTUSA, CDC	3901696
Theodore Pierce	Regional Environment and Health Officer/Southern Africa	American Embassy	3953982
Dorothy Tlagae	Health Officer	American Embassy	3953982
Ikwo A Ekpo	Regional HIV/AIDS Advisor	USAID	3924449
Alice Morris	Researcher, HIV/AIDS networks in the Okavango		71559114
Bellah Mosime	District Aids Coordinator	Ngamiland District, Maun	6860431
Dr Arua	Senior Medical Officer	District Health Team, Maun	6860325
Ani Longo	Nurse	BOFWA, Maun	6864718
Mariam Kegotsitse	Lead Counselor	Tebelopele, Maun	6865043
Jeffery Makgolo	Coordinator	BBCA	3164927
Dereck Flat	HATAB Representative	HATAB	6860086
Dr B Ngwenya	Researcher, Gender	HOORC	6861833
Nicholas Hait	Paramedic	OWS	6860086
Joe Luck	Training Officer	OWS	6860086
Dr Modiyaye	Chief Medical Officer	Maun General Hospital	6861759
Bagaise Phaphe-Mabilo	Programme Officer	BONASO	3170852
Dephny Kentse/ Mr Mokgadi	Coordinator	Maun Counseling Center	3861962
Mariayane Selelo	Coordinator	ILO, Ministry of Local Government	3611505
Monica Tselayakgosi	Programes Manager	NACA	3903188
Limpert Mpotokwane	Senior Programmes Offices	ACHAP	393842
Oscar Motsumi	HIV/AIDS Programmes Coordinator	Debswana, Head Office	3669840

Appendix 2: A Bibliography of materials collected from organizations

1. Botswana National Strategic Framework 2003-2009, Republic of Botswana, Gaborone
2. Women in Development Policy, 1996, The Government Printer, Gaborone Botswana
3. The Public Service Code of Conduct on HIV/AIDS In the Workplace
4. International Labour Organization Policy Document
5. 2003 Botswana HIV/AIDS Sentinel Survey Report

Appendix 3: BONASO Directory of HIV AIDS service organizations

NB: highlighted Organization are the ones which have operations in the Ngamiland District, the list of organizations having activities in the District is not exhaustible some might be having activities in the District without the knowledge of the consultant. The ones which are highlighted are the ones which the consultant interacted with during data collection.

DEVELOPMENT PARTNERS/DONORS WORKING IN HIV/AIDS IN BOTSWANA

Organization	Programmes and Activities Supported
1. African comprehensive HIV/AIDS Partnerships (ACHAP)	▪ Support training and distance education for teachers in primary and secondary schools with the Ministry of Education and Botswana Television. ▪ Condom marketing and distribution ▪ Behavior change communication strategy ▪ Safe blood project ▪ Mobile populations project ▪ Support the provision of HIV care and clinical expertise across intermediate and advanced levels of health care ▪ Support to ensuring access to HIV/AIDS for patients and families ▪ Kitso training and education programme in HIV/AIDS for doctors, nurses, councilors and pharmacists ▪ Health ART infrastructure development ▪ ART implementation project ▪ Grants to Community Home Based projects ▪ Support to the Botswana HIV/AIDS Response Information Management System (BHRIMS) ▪ NACA and Government of Botswana capacity building and technical support ▪ Ministry of Education HIV/AIDS Coordinators ▪ Support to Botswana Christian AIDS Intervention Programme ▪ Support to Coping Center for People Living with HIV/AIDS
2. Center for Disease Control (CDC)/BOTUSA	▪ Establish Tebelopele VCT centers and initiating the "know your status" campaign ▪ Radio Drama series on the AIDS related issues developed with local partners and PSI ▪ Co-sponsor of the Total Community Mobilization education programme in collaboration with Humana people to people and the government ▪ Supporting the Youth Health Organization (YOHO) which offers a comprehensive youth reproductive health education ▪ Microbicides research ▪ School education: Develop Botswana specific HIV/AIDS materials for students at the primary and secondary level with the Ministry of Education ▪ Training of Health care workers and HIV laboratory capacity to monitor patients, in collaboration

	with , ACHAP, Harvard AIDS Institute and Health Resources and Service Administration ▪ Developed, pilot tested, and distribution of a workplace peer counseling ▪ Curriculum and facilitators manual with local businesses. ▪ Capacity building initiatives to improve HIV surveillance and evaluating programme initiative ▪ TB surveillance ▪ TB research ▪ Sexual Transmitted Disease Treatment BOTUSA administration costs and core staff salaries ▪ Isoniazed prevention therapy for TB
3. Department for International Development (DFID)	▪ Support to adolescent reproductive health
4. United Nations Development Programme (UNDP)	▪ Assistance with the national helpline programme through the national AIDS programme Project Support Document (PSD) ▪ Support to NACA on the implementation of the IEC pilot programme- through the national programme PSD ▪ Mainstreaming HIV/AIDS into ministerial /departments through their national programme PSD ▪ Support to DMSAC through the national programme PSD ▪ Evidenced Base targeted projects aimed at reducing stigma and discrimination ▪ Policy development ▪
5. United Nations Children' Funds (UNICEF)	▪ Media and HIV/AIDS ▪ PMTCT plus projects reducing MTCT through interventions aimed at women, children and families ▪ Adolescent mobilization and empowerment project ▪ Care of orphans and vulnerable children increasing access to OVC to care givers and quality service ▪ Policy and legal analysis project supporting review, development and monitoring of project policy and legislation
6. Swedish International Development Agency (SIDA)	▪ Support to adolescent reproductive health ▪ Mainstreaming HIV/AIDS into Local Government planning and delivery system
7. United Nations Population Fund (UNFPA)	▪ Support to programmes enhancing male involvement in Sexual Reproductive Health ▪ Enhancing Youth choices and participation in Sexual Reproductive Health
8. Botswana Harvard Partnership	▪ Genetic analysis of HIV-1C in infants in order to understand how HIV is passed from mother to infant ▪ PMTCT (MASH study) investigating feeding patterns on health infants ▪ Study on infants outcomes ▪ Training of Botswana's health care providers to care for those infected by HIV/AIDS ▪ Adult treatment trials ▪ Development of reference laboratory dedicated to help stem the epidemic ▪ HIV/AIDS vaccine initiative ▪ Research into behavioral components associated with HIV/AIDS
9. World Health Organisation (WHO)	▪ HIV/AIDS and STI prevention, control and management

	▪ Mental health and substance abuse ▪ Tuberculosis ▪ Communicate disease surveillance and response
10. European Commission (EU)	▪ Support to SADC health sector coordinating unit
11. United States of America Embassy	▪ US department of Defence – HIV/AIDS Cooperation with Botswana Defence Force ▪ US Department of Defence- Humanitarian Assistance projects related to HIV/AIDS ▪ Self Help and DHRF small grants- assistance to small projects
12. World University Services of Canada (WUSC)	▪ Support to BONEPWA to conduct a feasibility study on identifying pilot micro-enterprise projects for people living with HIV/AIDS ▪ Support Information Technology Interns assisting BONEPWA ▪ Support to BONELA to host workshops on human rights issues ▪ Support to Development Worker Programme: working with BONELA and BOFWA

HOME BASED CARES IN THE COUNTRY

ORGANISATION	MISSION	ACTIVITIES	CATCHMENT AREA	ANY OTHER COMMENTS
Bobonong Home Based Care	Caring for Home Based Care patients Assisting care givers to provide quality care Prevention of the continued transmission of HIV	Home visits Fund raising –Raffles General and executive meetings Prayers for patients	Mogapi ward, Bobonong	
Kopong Home Based Care	Caring for Home Based Care patients. Assisting caregivers to provide quality care Providing prevention education to the client and family	Home visit, supportive care and prevention education Vegetable gardening Tuck-shop for fund raising. Brick molding for fund raising.	Kopong Clinic	
Metsimotlhabe Community Home Based Care	• To improve home based care of patients	Visit home based care patients to give them moral support Cooking for patients at clinic on daily basis. Gardening in clinic and at patient's home.	Metsimotlhabe Clinic, Metsimotlhabe	
Molepolole Home Based Care	Giving terminal / Chronically ill patients quality care in the home environment	• Care for those at home • Training and support of volunteer carers • Formation of support groups of PLWA. • Counseling • Empowering clients with survival skills. • Empowering on HIV/AIDS issues. • Support of people living with HIV/AIDS	DHT Molepolole	
Otse Home Based Care	To render the best possible care to the terminally ill in their homes in Otse village and the	Day feeding of patients Care of terminally ill patents Care for the Aged	Tswapong Ward, Otse	

	surrounding settlement	Gardening Sawing Fund raising activities		

COMMUNITY BASED ORGANISATIONS IN THE COUNTRY

ORGANISATION	MISSION	ACTIVITIES	CATCHMENT AREA	ANY OTHER COMMENTS
Bakgatla Bolokang Matshelo	To care for and provide quality home-based care to the chronically and terminally ill patients including those infected and affected victims of HIV/AIDS	• Community home based care • Awareness rising on schools, kgotlas and churches • Income generation and skills transfer for volunteers	Mabodisa Ward, Mochudi, Kgatleng District	
Bopaganang Theatre Group	• To have a well-informed, educated, responsible and skilled youth	• Performing arts • HIV/AIDS workshops • Arts workshops • Performing arts. • HIV/AIDS workshops • Arts workshops	Maokaneng, Lobatse	
Botshelo Project	To improve the lives of Basarwa community of Marulamantsi through Education, Income generation, community Development and HIV/AIDS'S Interventions.	• Ithuteng Pre-school-Education • Serowe Wood Carvers Income generation • Community Development-Youth and culture • HIV/AIDS Interventions	Marulamantsi Ward , Serowe	
Family and Children caring Centre	To provide the socio-economic conditions of the orphans by offering compassionate care and support and assist them to move away from destitution to being productive and responsible citizen of our nation	• Provide orphan care. • Day care centre • Productive health education. • Safe house. • Pre and post counselling • On-going supportive counseling. • Education outreach and information for schools, clinics, workplaces and the community at large.	Mokgojwa Ward, Moshupa	

Ghetto Artists	To foster positive behavioral change through research, printing, photography and outreach programmes using cultural artistic forms such as music, story telling and acting skills	• Skills training and play making for schools, youths and industries. • Performances at conferences, civic halls and others • Participating in HIV/AIDS and SRH activities • Annual NGO week performances • Organize annual Dzwalobana Arts festival. • Participate in national and international days	Guru Street, Gaborone	
Hope Worldwide Botswana	To bring health support through education and support to the community, mostly concerning HIV/AIDS and related issues	• Mobilize volunteers to address HIV/AIDS issues. • Provide community based HIV/AIDS programmes • Develop income generating for community support.	Bontleng , Gaborone	

House of Hope Trust	Through participatory partnership with the community, House of Hope provides hope for living through a comprehensive support system to people infected, affected and impacted by HIV/AIDS.	• Preschool orphan programme. • Feeding • PLWA programme: support group, skill training, and income generation. • Street children's programme. • Community outreach. • Medical support.	Boikago Ward, Palapye	

House of Men Theatre Group	To have a youth community that is informed, understanding, confident and taking part in the development of their country	• To sensitize the youth about the danger of anti-behavior through theatre. • To guide and encourage youth in the participation and development of their country. • To work hand in hand with Kweneng DMSAC in the fight against HIV/AIDS. • Participate in the national and international commemoration days	Molepolole	

"Kgothatso" Diaconal AIDS Care and Prevention Programme	The overall of "KGOTHATSO" is to support and compliment government effort, in particular in the field of care, counseling, mitigation and prevention mainly to people infected and affected by HIV/AIDS living in Gaborone	• Mitigation i.e. provision of material (food, cloths, etc) as integrated programme alongside the CHBC-team of the Gaborone Town Council. • Spiritual and psychological support to clients and their caregivers. • Caregivers and volunteers training on home nursing. • Congressional and prevention programme i.e peer-educators programme and IEC materials	Galaletsang Lutheran Centre, Serotologane Drive, Plot 28570, Gaborone	
Mother's Union Centre	To care and provide compassion to the orphans.	• Day care centre for orphans • Provide care to orphans 3-6 years • counseling and support for the caregivers	Botalaote, opposite Mahalapye Cemetery	
Olorato Orphanage Centre	It has been established to respond to the HIV/AIDS awareness among children and to increase communication gap between parents and children.	• Feeding the orphans • Day care centre • recreational activities for orphans • counselling	Lotlhakane East behind the customary court. Kanye	
Ramotswa Hospice at Home	To provide medical support to meet each personal tragedy with kindness, consideration and compassion.	• Counseling for pre and post HIV testing and for people with AIDS, cancer and relatives of affected patients. • Other nursing services to improve the quality of life. • Home-based care: pain and symptom relief. • Training of volunteers and care provider. • Provision of spiritual and material support.	Bamalete Lutheran Hospital Site, Ramotswa	
Shelter for The Hopeful Community	To provide a comprehensive support for the people living with	• Provide psychosocial support	Kweneng Ward, Ramotswa	

	HIV/AIDS in order to meet their psycho-social, physical, spiritual needs as well as their immediate and care giver	to people living with HIV/AIDS. • Mitigate the impact if HIV/AIDS through livelihoods skills. • Caring for orphans • Counselling • Income generating project(sawing and baking)		
Tirisanyo catholic Community	To foster integral development and formation of communities based on Justice and Love within overall Pastoral care of the children. To raise the standard of living of the vulnerable through awareness, education. The mobilization of available resources and by involving the community at all stages of development	• Quality home based care • Orphans and vulnerable children • Feeding • Psychological support initiative • Pre-schools in Kgalagadi • Communal shops in North Kgalagadi. • Education for life and games for life programs	Plot 162, Queens Road, Gaborone	

NON-GOVERNMENTAL ORGANISATIONS IN THE COUNTRY

ORGANISATION	MISSION	ACTIVITIES	CATCHMENT AREA	ANY OTHER COMMENTS
Botswana Association for Psychosocial Rehabilitation	The BAPR exists to provide psychosocial services to every individual, family and community affected by disabling mental illness and HIV/AIDS in order to enhance their well being. We are committed to lead in the provision of mental health care in the community.	• Organize and conduct a baseline survey. • Implement a community psycho education intervention strategy. • Equip care givers with knowledge on mental health and HIV/AIDS. • Counseling, advocacy. • Run a day care centre for rehabilitation of mental ill, HIV/AIDS client	House 396, Boteti Street, Thema Township,Lobatse	
Botswana Child Minding Association	It exists to provide efficient, effective and friendly service in order to enhance the image and status of children in Botswana by ensuring higher standards of child care and education.	• Education and child health care. • Advocacy of children's rights and support. • Sensitizing and protection of communities. • Information dissemination and outreach.	Block 1, Room 8, Cash Bazaar's Building, Mall, Maunatlala	
Botswana Council Of Women And AIDS Project	Empowerment of women with vocational skills, sexual and reproductive health education and training to enable them to participate fully in the process of social and economic development.	• Training of Trainers on sexual and reproductive health and HIV/AIDS prevention. • Publishing on programmes undertaken. • Community mobilization on HIV/AIDS programmes. • Resource centre for Gender and HIV/AIDS. •	172 Pilane Road, Extension 3. Gaborone	The organization has a branch in Maun which is serving the whole of Ngamiland District. The branch offers various Vocational Training courses to young women, courses offered are; Typing , tourism studies and various computer lessons. The organization has no out reach activities in the delta.
Botswana Family Welfare Association	BOFWA believes in a holistic development of the young person	• Counselling on SRH issues	Plot 23769, Chikwamba Road, G. West (Phase 4)	The organization has a branch in Maun which offers the same

	where his or her involvement and participation is key. BOFWA is committed to promoting and providing quality and cost-effective SRH services, including HIV/AIDS prevention to enhance quality of life for young people.	including abstinence • AIDS education • Recreational and educational video shows • Educational and recreational activities. • Life skills education. • Library services • Male only hour • Condom demonstration and distribution. • Pap smearing and screening of breast cancer. • Screening and treatment of STI`s. • Antennal care and post natal care. • Voluntary counseling and testing. • Provision of family planning counseling and commodities. • Treatment of minor ailments. • Pregnancy tests. • School talks • Street bash/jam sessions • Home visits		services as the ones offered in Gaborone The do engage in out reach activities to some of the remote areas, the visits are not frequent though as they are hampered by lack resource. One of their former employees was recruited by the OWS and he moves around the camps in the delta providing counseling and education on Sexual Reproductive Health.
Botswana Federation of Trade Unions		• Training of peer Educators. • Assisting companies in the development of policies on HIV/AIDS and their employees. • Workplace activities	Plot 871, Merafe Road, Extention 2, Gaborone	
Botswana Retired Nurses Society	Our mission is based on the Principle that mitigation of HIV/AIDS and other debilitating conditions helps create an environment for people infected	• Provide Education Counselling and support to these infected and affected by HIV/AIDS and other chronic conditions like cancer.	Tlokweng, Lenganeng	

	and affected to live their lives to the very fullest	• Provide peer Education and services to the adolescents and you on SRH. • Provide a day care for those infected with HIV/AIDS and Orphans. • Train Home Base care volunteers.		
Centre for Youth of Hope	CEYOHO exists to alleviate the suffering of youth living with HIV/AIDS, through preventative, care, support and counseling.	• Counselling (pre-post counseling) • Peer education. • Child to child education through drama. • Annual Miss HIV stigma free activist. • Community mobilization • Home visits • Promotion of PMTCT and ARV.	Phase 2 Clinic	
Coping Centre for People Living with HIV/AIDS	The Coping Centre offers Hope.	• Information sharing through group and one counseling, seminars workshops, public rallies and Newsletters. • Technical assistance in such areas as advocacy, human rights, income generating projects, programme development and logistic of positive living. • Training PLWHAS in HIV/AIDS basics and ARVs. • Education and advocacy with emphasis on building awareness of the importance of positive living, prevention of HIV infection and re-infection, care and support for people living with HIV/AIDS.	Plot No 22542, Phase 4,Gaborone West	The organization has a branch in Maun which was intended to offer the same services as the one Gaborone, but the branch has since closed down and only opens two days a week when the part time coordinators has time
Ditshwanelo	DITSHWANELO exist to expand	• Conducting workshops,	2732 Hospital Way,	

	the general population's awareness and knowledge of human rights, promote and project human rights paying specific attention to the marginalized, underprivileged and discriminated against to strengthen on-going activities and to facilitate new initiatives in the field of human rights	seminars and conferences. • Publishing on work seminars and conferences. • Research on torture, domestic workers, refugees/asylum seekers, gay and lesbian rights, shared confidentiality, testing for HIV. • Provision of legal advice on marital problems and domestic violence, labour issues, customary law and inheritance. • Providing information on the link between HIV/AIDS and human rights.	Gaborone	
Emmanuel Counselling Centre	To prevent the transmission and spread of HIV/AIDS, and mitigate the psychology impact of HIV/AIDS on the individual and society through the provision of psychological care and support.	• Pre-test counselling • Post-counselling • On going supportive couselling • Bereavement and trauma couselling • Support groups for PLWAs • Orphan care • Youth life skills training • Reproductive health education • Educational outreach in schools, clinic, workplace.	Tswelelopele Brigades, Ramotswa	
Flying Mission	Flying Mission's HIV/AIDS Ministry exists to facilitate HIV/AIDS work in Botswana through partnerships and key relationships.	• Facilitate HIV/AIDS work in Botswana through capacity building, sharing personnel, developing skills, and discipleship and prayer ministry. • Partnership in the implementation of home based care.	Plot 20764, Broad Hurst Industrial	

		• Share aviation resources to support HIV/AIDS work in medical assistance and mission outreach		
Health Promotions International	To empower Batswana community to promote holistic health and well being through a community-driven process by implementing audience specific programs which address real needs.	• Education and training • Counselling and social service • Orphans care support • PLWA, care, treatment and support. • Small Business Development • Traditional healing • Complementary and holistic healing • Environment and agriculture • Youth		
Holy Cross Hospice	To provide and deliver quality care and service for the terminally ill and orphans, and offer support for caregivers.	• Home-based care and nursing support for the terminally ill. • Visit the sick/orphans. • Collects clients from home. • Preparing nutritious lunch and breakfast. • Nursing and home based care. • Education and training for families of terminally ill patients and volunteers to provide care. • Purchase of food • Keeping duty register. • Admission of clients . • Monitoring health condition.	Plot 4303, Mboya Close, Newstands (Extension 14), Gaborone	
Humana People to People (TMC)	The project aim at the total mobilization of the community as a front in the fight against HIV/AIDS. It aims at reaching every single individual with the information, education and assistance to make risk reduction plan to ensure that	• House to house mobilization. • Information and educating the community on HIV/AIDS. • Help individuals to make risk reduction plan and to take stand against HIV/AIDS. Mobilising people to form	Kagiso House 2, Plot 2085, Nyamambisi Road, G-west	

	they have control of HIV/AIDS.	clubs and volunteer in the community. • Organize talk shows and Rallies at major shopping centre. • Work with people who are central in the fight against HIV/AIDS in Botswana.		
Kagisano Society (Women's Shelter Project)	The KS-WSP is a voluntary non-profit making organization, which raises awareness amongst communities about domestic violence and its linkage to HIV/AIDS. It seeks to empower those affected by sexual and domestic violence, by providing temporary shelter, counseling and economic empowerment, and survival skills.	• Counseling for survivors and perpetrators of domestic and gender based violence. • Provision of shelter for survivors of domestic and gender-based violence. • Running of economic empowerment activities (eg, sewing, knitting, decoupage, catering, business management skills, etc) for survivors of domestic and gender-based violence. • Running of awareness campaign on domestic and gender-based violence and its linkage to HIV/AIDS.	BroadHurst , Plot 6062/3, Gaborone	
Lifeline Botswana	Lifeline Botswana aims to empower the community through behavior modification by training in life skills and to support the community through offering free anonymous and confidential counseling services.	• Life skills counselling • Training • Offering counseling to the community; face to face and telephone counseling.	Plot 3183, South-Ring Road, Bontleng ,Gaborone	
Light and Courage Centre	Counseling and support on the issues of HIV/AIDS to members of the public. Education and information on living positively with HIV/AIDS. Physical care, including nutritious meals, and spiritual care through the operation of a day	• Day care-provide physical care • Counseling • Moral and spiritual support. • Care givers support Group • Educational visits to other organizations including	C19, Gov.Camp, Francistown	

	centre for those with AIDS defining illness.	schools, government departments, and clinics by invitation.		

Matshelo Community Development Association	To develop community capacity, particularly in under-served geographic areas, in HIV and community health and development.	• Peer education through visits to bars, restaurants and nightclubs. • Small and micro enterprise projects for women. • Community mobilization and action on sanitation, health and HIV/AIDS programme. • Support groups discussions for PLW(H)A. • Demand- driven/competency based training for women. • Planned focus on an integrated and multi-sectoral approach to HIV/AIDS interventions. • Provide professional training and	Boipuso Road- Next to Nyangagwe Hospital, Francistown	
Monana Iteke Resource Educational Centre	To improve a united voice and leadership among the youth infected and affected in combating the HIV/AIDS scourge.	• Road shows. • Community mobilization. • Educational TV shows. • Scout Debate on HIV/AIDS. • Fund raising activities. • Drama	Plot 15571, Coloured, Francistown	
Ngwana Yo o Sa leleng AIDS Counseling	NOSLAC`s mission is to work diligently to encourage the youth of Botswana to explore their potential for engaging in HIV/AIDS issues since it is non-discriminatory. They also work to instill the nation and culture of doing things and by themselves and such activities include starting to educate their peers	• Training of peer in sexual reproductive Health, HIV/AIDS and Community Based Service Provision (outreach) • Counselling other peers and providing them with condoms • Campaign, commemoration of National and International days/youth forum.	Plot No 4790, 2nd Floor, Room 34, Electron House, Old Lobatse Road, Behind Mr. Price, Gaborone	

		• Door to door education.		
Population Services International	PSI provides quality and affordable health products and information to lower income people to enable them to lead healthier lives. PSI does this through social marketing-combining communication to motivate healthier behaviour with the provision of needed health products and services through the private sector, non-profit and governmental structures.	• Education on condom and other health care products and services. • Advertising and marketing of *Lover Plus* condoms, Tebelopele Voluntary counseling and testing centres and *Care* female condoms. • Soul City Project (drama) Organizational and stuff development. • Peer education • Information education and communication on positive health behaviours, including HIV/AIDS prevention and correct condom use, and youth oriented behaviour change campaign such as *Young and Vibrant*	Plot 16500, Gaborone West	
Society for Women Against AIDS Africa/Botswana	To sensitive, educate, mobilize and raise the level of awareness of all women in Botswana especially in rural areas, in matters concerning HIV/AIDS related problems. To undertake AIDS prevention and control activities that are acceptable to all women in Botswana, based on social-cultural background.	• Empowerment of women. • Resource mobilization. • Advocacy and lobbying. • Community and social mobilization. • Consultancy • Research	Block 242A/ 045 UB, Gaborone	
Tshireletso AIDS Awareness Group	Tshireletso AIDS Awareness Group is a voluntary not for profit community based organization that exist to provide multi purpose and culturally relevant responses to orphans and other children in need in the community. It does this in	• Psycho social and spiritual counseling, moral enlistment and education. • Pre-school for children. • Recreational and sporting activities for children. • Skilled training and peer	Plot 31311 Monarch, Francistown	

	partnership with all stakeholders by mobilizing the community around orphan hood.	education • Community outreach programs. • Advocacy and lobbying for child friendly policy environment. • Participation in HIV/AIDS and activities nationally and internationally. • Performance at conferences. • Income generation projects- horticulture, bakery, kiosk.		
Vision Support Group	To educate and sensitize community on HIV/AIDS	• Health Education for the community. • Spiritual support component. • Vegetable garden Fund raising component. • Home Based Care. • Home based care. • Mobilization. • project.	Mahalapye Hospital	
Women and Law in Southern Africa/ Botswana	WLSA works at challenging the legal system and customary law, with the aim of addressing discriminatory and unjust laws. We also work towards improving the social and legal status of women and children in seven Southern African countries, namely: Botswana, Lesotho, Malawi, Mozambique, Swaziland, Zambia and Zimbabwe.	• Action research • Legal advice • Information generation and awareness raising on legal issues • Lobbying and Advocacy • Paralegal training and education	Eltoro House-Unit 11, Gaborone West.	
Young Women's Christian Association	To empower women and youth and work towards the elimination of all obstacles that hinders holistic development e.g. spiritual, emotional, mental and physical of women and youth. To join women and youth in search of genuine	• Advocacy and lobbying for teenager mothers. • Youth rallies. • Counseling School visits. (PACT) • Training workshop on AYA social issues.	Plot 5350, Church Road, Gaborone.	

	peace with Justice, Freedom and Indignity for all people at all times.	• Peer outreach		

CORPORATE MEMBERS

ORGANISATION	MISSION	ACTIVITIES	CATCHMENT AREA	ANY OTHER COMMENTS
Air Botswana	The Airline of first choice.	• Video shows. • HIV/AIDS talks. • Counseling • Condom distribution • Wellness talks • Participation in workshop. •	Sir Seretse Khama Airport	
Barclays Bank of Botswana	To reduce HIV/AIDS impact and levels of stigma attached by promoting positive and implementing behaviour change modalities among Bank employees nation-wide and their immediate family members	• Counseling services. • Condom distribution • Information, education and communication activities. • Employee assistance programme	Barclays House, Khama Crescent, Gaborone	They have an active HIV/AIDS committees which participates in DMSAC activities regularly
Botswana Confederation of Commerce Industry and Manpower (BOCCIM)	Advocacy, representation and the provision of services to members.	• Information dissemination, BOCCIM newsletter and Business Council. • Advocacy spearheading initiation of workplace policy on HIV/AIDS for members.	BOCCIM House, Plot 5193, Old Lobatse Road, Gaborone	
Botswana Development Corporation	Our vision is that within 5 years we will be recognized as a world class institution noted for service excellence, profitability, risk management and contribution to the economy of Botswana	• Equity participation • Loan financing • Provision of commercial, industrial and residential premises.	Moeding , Plot 50380, Gaborone International Showground	
Botswana Power Corporation	Botswana Power Corporation strives, at all times to generate, transmit, distribute and supply	• HIV/AIDS Drama Group • IEC • Peer workshop awareness.	Old Power Station, Macheng Way, Industrial Site,	

	electricity in the most safe, reliable, effective, affordable and environmentally friendly manner to enhance the social and economic well being of the nation.	• HIV/AIDS Impact Studies • Peer education. • Fund raising activities • Make donations	Gaborone	
Botswana Technology Centre	To contribute to the development of Botswana and her people through research, development, adaptation and application of science and technology	• Technical publication and bulletins on a variety of Science & Technology topics. • Professional and experts in engineering architecture, microbiology and food processing. • Library • Small conference room • Research	Plot 50654, Machel Drive, Fairgroups, Gaborone	
Botswana Training Authority	We coordinate on integrated vocational training system that meet the needs of learners and industry through the development of standards, quality assurance, policy advice and monitoring and evaluation	• To accredit, register and monitor all training institution to ensure that advance to the required standards and quality training. • Training. • Technical Assistance Mainstream HIV/AIDS into the VT institution in accordance with the NSF. • Distribution of condoms.	Main Mall, Gaborone	
Debswana Jwaneng Mine	To reduce the impact of HIV/AIDS on our employees, their families, communities and company through prevention of new infections and to provide care and support to those infected and affected through their full participation.	• AIDS education and counselling • Home based care • Capacity building Testing and counselling • Medical management • Technical support and resource mobilization	Unit 3, House C76, Jwaneng	
Debswana Orapa Mine	To reduce the impact of HIV/AIDS on our employees,	• AIDS education and counselling • Home based care	Boitekanelo Centre	

	their families, communities and company through prevention of new infections and to provide care and support to those infected and affected through their full participation.	• Capacity building • Testing and counselling • Medical management • Technical support and resource mobilization.		
First National Bank	To provide quality social security and Health services guidance and counselling to employees and their dependents to ensure work commitment and focus on productivity	• Guidance and counseling • Social and community support • exchange programmes with sister banks • IEC Development • HIV/AIDS Prevention, care and control. • In-service HIV/AIDS Programmes • Peer educators p	Finance House, Plot 8843, Khama Crescent,	