



Republic of Botswana



**Government of the Republic of Botswana (GoB)**  
**United Nations Development Programme (UNDP)**

## **Extension of the HIV/AIDS PSD 2007-2009**

**Project title:** Strengthening Capacity for a Gender-sensitive Multisectoral Response to HIV and AIDS in Botswana

**Project number:** 00011633

**Goal:** To contribute to the reduction of HIV transmission by 2016 and mitigate the impact of HIV and AIDS through building capacity for leaders, community capacity enhancement, and mainstreaming of gender and appropriate responses to HIV and AIDS into selected sectors.

### **Brief Description:**

UNDP is strategically placed to provide comprehensive support to the Government of Botswana (GoB) in addressing the development impact of HIV and AIDS by developing national capacity to respond to the epidemic effectively. This will enhance the implementation of the 2001 Declaration of Commitment on HIV/AIDS, and will support the achievement of the MDGs. This is also in accordance with the specific and well-defined role of UNDP as expressed in its corporate strategy on HIV and AIDS, which focuses on the following three service areas:

- AIDS and human development;
- Governance of AIDS; and,
- AIDS, human rights and gender.

The GoB has initiated policies and organizational changes to facilitate a multisectoral, human rights-based, gender-sensitive response to HIV and AIDS in the context of increasing epidemic-related capacity erosion. To accelerate the momentum generated in the previous Project, this extension will continue to assist Government to strengthen capacities in the following areas: leadership for results with a focus on communities; mainstreaming of gender and appropriate responses to HIV and AIDS; and applied research on the socio-economic impact of HIV and AIDS. Areas of new strategic focus will include: support to the “Three Ones”, including enhanced strategic management and coordination with a special emphasis on “Making the Money Work”; capacity assessment and enhancement of Government and civil society partners; attention to the special vulnerability of women and girls, including support to selected components of the National Action Plan on Women, Girls and HIV/AIDS; and support to civil society within the context of the Greater Involvement of People Living with HIV and AIDS (GIPA) principles.

**Expected Outcome(s)/Indicator(s):**

- HIV transmission reduced and impact of HIV and AIDS mitigated by 2016

**UNDAF Outcome(s)/ Indicators:**

- Improving national capacity for leadership, coordination, implementation, and monitoring and evaluation of the multisectoral response

**Expected Output(s)/ Indicators(s):**

- Institutional capacity to lead and coordinate the national response enhanced through strengthening of the "Three Ones"
- Enhanced capacity of civil society and communities to effectively respond to HIV and AIDS
- Institutional capacity strengthened in mainstreaming of gender and HIV and AIDS into selected sector mandates, programmes, and activities
- Enhanced understanding of, and more effective responses to: a) violence against women; and, b) violations of property and inheritance rights
- Enhanced evidence for decision-making through application of high-quality research findings related to the socioeconomic impact of HIV and AIDS
- Strengthened civil society capacity to effectively involve People Living with HIV and AIDS

**Implementing partner:** NACA

**Other Partners:** Ministries of: Local Government, Education, Labour and Home Affairs, Finance and Development Planning, Office of the President; selected NGO umbrella organizations and other civil society partners; United Nations Agencies; selected private sector entities.

**Programme Period:** 2007-2009  
**Programme Component:** AIDS  
**Project Title:** Strengthening Capacity for a Gender-Sensitive Multisectoral Response to HIV and AIDS in Botswana  
**Project Code:** 00011633  
**Project Duration:** 2007-2009

Allocated resources:	US\$
• <b>Government:</b>	1,590,446 <sup>1</sup>
• <b>Country Office Admin (3%):</b>	47,713
• <b>Total Government:</b>	1,638,159
• <b>UNDP:</b>	1,060,297 <sup>2</sup>
• <b>Grand Total:</b>	<b>2,698,456</b>

Agreed by (Government):  Date: 31/01/07

Agreed by (UNDP):  Date: 31/01/07

<sup>1</sup> The final contribution will be adjusted with the carryover of US\$793,493 from the PSD 1997-2002 and the portion of payment made by UNDP on vehicles purchased for CCE-CC in December 2006.

<sup>2</sup> The final contribution will be adjusted by the portion of payment made by UNDP on vehicles purchased for CCE-CC in December 2006.

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## 1. Situation analysis

Since independence, Botswana has made remarkable progress in the areas of health, education, the rule of law, general welfare of the people, and the macro-economic situation. However, the emergence of HIV in the mid-1980s, and its spread country-wide, is undermining post-independence gains, as evidenced by declining life expectancy at birth, and increasing under-five mortality and crude death rates.

Importantly, the AIDS epidemic presents a major threat to the Government's capacity to enhance socio-economic development in Botswana. In addition to its impact on individuals, in Botswana as in other countries AIDS threatens to reduce state capacity to optimally perform in delivery of services to its citizens. Two issues account for this: first, the pressure on state budgets as Governments attempt to mitigate the impact of the epidemic on society (through efforts such as treatment programmes and initiatives to mitigate the social and other impacts of the epidemic); and second, the epidemic reduces productivity and quality of services provided by Governments, owing to loss of skilled personnel and increased absenteeism.

According to the Botswana AIDS Impact Survey (BAIS 2004), it is estimated that 17.1% of Botswana are now living with HIV and AIDS, making Botswana one of the worst HIV-affected countries in the world. Some of the identified underlying factors for the spread of HIV in Botswana include: biological determinants; social-cultural determinants including gender inequality and alcohol abuse; migration; and, socio-economic determinants such as poverty.

Gender inequality in particular is one of the critical determinants of the continuing spread of HIV in Botswana, given that HIV transmission in the country is predominantly heterosexual. Embedded in heterosexual relationships are the unequal power relations between men and women, which should be taken into account in the design and implementation of responses to the epidemic. The burden of care for the ill and orphans is also disproportionately borne by women. One of the recommendations of the *Evaluation of Gender Mainstreaming in UNDP (2005)* articulated the need to revitalize gender mainstreaming by setting and monitoring specific organization-wide and country-specific targets in all thematic areas of work, and incorporating gender analysis into policy and programme design. In addition, targeted initiatives should promote women's empowerment and gender equality. These recommendations have been taken into account in the development of the present PSD. In keeping with this, the PSD will contribute to the speedy implementation of Botswana's implementation plan associated with the Secretary-General's Task Force on Women, Girls and HIV&AIDS.

The PSD's focus on women's empowerment and issues related to gender equality is based upon evidence which strongly suggests women's relative vulnerability to infection. Recent data on HIV in Botswana indicate that girls are more susceptible to HIV infection than their male counterparts. For every HIV-positive boy in the age group 15-19, there are three HIV-positive girls within the same age group; this may be indicative of a trend of intergenerational sex where young girls have sex with relatively older men. Violence against women and abuse of power and money in sexual relationships are also believed to be placing women at increased risk of HIV infection. Despite this grim reality, there may be reason for optimism: according to the latest Sentinel Surveillance Report (2005 Botswana Second Generation HIV/AIDS Surveillance: Technical Report 2005), 33.4% of pregnant women in the age group 15-49 are HIV-positive, which is a decline from 37.4% in 2003. Most of this reduction has occurred in the younger age groups 15-19 and 20-24 years. One of the primary aims of this PSD is to support the further reduction of infection in this highly vulnerable group.

Since the first case of HIV in Botswana was identified in 1985, a number of organizational and institutional initiatives have been taken to address the challenges related to the epidemic. This includes the creation of the National AIDS Council (NAC) in 1995 chaired by the Honourable Minister of Health. In 1999 AIDS was declared an emergency, and His Excellency the President took over the NAC Chair. He also approved the establishment of the National AIDS Coordinating Agency (NACA) in December 1999, which serves as the NAC Secretariat. At ministerial level, AIDS Coordinators were appointed to facilitate the implementation of AIDS programmes within their respective sectors as called for in the National Strategic Framework<sup>3</sup>. District Multi-Sectoral AIDS Committees (DMSACs) with technical support from the district AIDS Coordinators and the AIDS Coordinating Unit in the Ministry of Local Government, were also created to coordinate district AIDS responses, with clear linkages to both communities and the national response. AIDS and gender management structures have been put in place at national, district and community levels.

Government has also introduced the following programmes, which are mutually reinforcing:

- Provision of free ARVs within the public health system
- Routine HIV testing
- Voluntary Counselling and Testing (VCT)
- Prevention of Mother-To-Child Transmission (PMTCT)
- Community Home Based Care (CHBC)
- Orphan and Vulnerable Children (OVC)
- Condom distribution
- Information, Education, Communication
- Surveillance and Research
- Sexually Transmitted Infections (STI) Control
- Isoniazid Preventive Therapy (IPT)

Under the previous GoB-UNDP Project (*Strengthening Capacity for Gender Sensitive Multi-Sector Response to HIV and AIDS in Botswana, 2003-2006*), the Government, with the assistance of UNDP and other United Nations agencies (UNICEF and WHO) and the African Comprehensive HIV and AIDS Partnership (ACHAP), commissioned a series of socio-economic impact studies that have formed the basis for policy dialogue and advocacy<sup>4</sup>. These studies have addressed issues related to the demographic and economic impacts of AIDS in Botswana, and have contributed to policies and initiatives such as the introduction of ARVs and the mainstreaming of gender and AIDS into public sector policies and programmes. The findings of the ongoing AIDS socio-economic impact studies are critical in informing national planning, policies, programmes and interventions in the national response.

UNDP has also supported the Government of Botswana in its efforts to prevent the further spread of infection and to curb the impact of the epidemic through support for capacity building in the areas of policy development, institutional strengthening, and the improvement of service delivery systems. Capacity development efforts have focused on both central and district-level interventions.

<sup>3</sup> National Strategic Framework of Botswana pages 67-68

<sup>4</sup> A series of socio-economic impact studies by Government of Botswana with the support of UNDP; Impact of AIDS on education, Impact of AIDS on Health Sector, Impact of AIDS on macro-economic, Impact on Demographics, Botswana AIDS Impact Survey I & II.

Under the previous Project, gender mainstreaming was initiated to begin to address the specific vulnerabilities of women and girls to HIV, and UNDP supported the development of the National Gender and Development policy which will be presented in parliament next year.

In addition to strengthening institutional capacity through policy development, grassroots-level responses were strengthened using community capacity enhancement approaches such as the Leadership Development Programme (LDP) and the Community Capacity Enhancement-Community Conversations (CCE-CC) methodologies. At the community level, civil society organizations (including community-based organizations, faith-based organizations, and non-governmental organizations) and health workers, assisted by national UNVs recruited under the Project, successfully worked together to mobilize communities. According to the recently completed Mid-term Review (MTR) of the UNDP/Government of Botswana Country Programme (2003-2007), through the effective use of the CCE-CC methodology, communities have begun to articulate their concerns and priorities with regard to development issues in general, and more specifically with regard to HIV and AIDS. This collective identification of problems and challenges is important for informing policy making, particularly at the local level. The CCE-CC was also recognized as a best practice in the 2006 regional evaluation undertaken by the UNDP Evaluation Office (*“Evaluation of UNDP’s Role and Contributions in the HIV/ AIDS Response in Southern Africa and Ethiopia”*). The evaluation made a specific recommendation regarding the value of up-scaling this innovative approach to community mobilization for a multisectoral response.

To accelerate and sustain the momentum generated in the previous Project, this extension will continue to assist Government to strengthen capacities in the following areas: leadership for results with a focus on communities; AIDS and gender mainstreaming; and applied research on the socio-economic impact of AIDS. Areas of new strategic focus will include: support to the “Three Ones”, including enhanced strategic management and coordination with a special emphasis on “Making the Money Work”; capacity assessment and enhancement of both Government and civil society partners; attention to the special vulnerability of women and girls, including support to selected components of the National Action Plan on Women, Girls and HIV and AIDS; and support to civil society within the context of the Greater Involvement of People Living with HIV and AIDS (GIPA) principles.

## **2. Strategy**

### **2.1 Outline of National Strategy**

Botswana is signatory to all of the major regional and global declarations on HIV and AIDS and gender, including the recent Abuja and UNGASS Declarations, Beijing, and SADC conventions. The National AIDS and Women in Development policies are currently being revised. The Botswana Government recognizes that an effective response to HIV and AIDS should be multisectoral, gender-sensitive and use human rights approaches as reflected in “Vision 2016” and National Development Plan (NDP) 9. To supplement the significant national resources which Botswana allocates for the national response, much-needed additional resources have been received from the Global Fund on AIDS, TB and Malaria (GFATM), ACHAP, the United States Government’s President’s Emergency Plan for AIDS Relief (PEPFAR) and other development partners.

UNDP’s areas of support under the previous PSD, and continuing in the PSD extension, were based on the findings and conclusions of an external review and extensive consultations with key Government partners, the private sector, and civil society. In keeping with the United Nations Development

Assistance Framework (UNDAF) for 2003-2006, UNDP will continue to focus on capacity strengthening for community capacity enhancement, leadership development, and addressing the special vulnerability of girls and women through mainstreaming gender and AIDS in sector mandates and selective support to the National Action Plan on Women, Girls and HIV and AIDS.

New activities for the extension period have been identified and aligned to the new UNDP practice areas, as defined in corporate strategic documents and in keeping with the *UNAIDS Division of Labour*:

- AIDS and human development;
- Governance of the AIDS response; and,
- AIDS, human rights and gender.

With regard to strengthening capacity at the community level, the lessons learnt from functional DMSACs<sup>5</sup> will be critical to ensuring a district-based approach to HIV and AIDS that take into account the local problems identified. Under the previous PSD, the combination of international and national UNVs at national and sub-national levels was found to facilitate the implementation of AIDS initiatives at the district and community levels. National UNV support has therefore been built in to the present PSD extension.

### **3. Management Arrangement**

#### **3.1 Execution modality and implementation arrangements**

National Execution (NEX) is the preferred execution modality for UNDP-supported programmes and projects. There is consensus that NEX reflects national ownership and ensures sustainability. It is also recognized that there is a need to continue training of implementing agencies in NEX and to strengthen their capacities to manage and coordinate projects effectively. Under this PSD, the Ministry of Finance and Development Planning (MFDP) is the national coordinating authority within the overall framework of GoB/UNDP collaboration, while the National AIDS Coordinating Agency (NACA) will assure the implementation of the Project in collaboration with other partners. NACA is responsible for attainment of the objectives of the Project, while implementing agents are responsible for transforming inputs into outputs.

In order to ensure integrated implementation of the programme, a Project Executive Board will provide policy direction and implementation oversight. The membership of the Project Executive Board will be drawn from the Government of Botswana, civil society, the UN system and any other relevant partners; representation will be at the policy decision-making level (Chief Executives and agency Representatives). The Project Executive Board will meet quarterly to review progress towards the attainment of the Project outputs. NACA will serve as the Project Executive Board Secretariat.

UNDP will assist the implementing agency in financial reporting as appropriate and necessary and will make direct payments to contractors and suppliers at the request of the executing and implementing agencies. In addition, UNDP may provide the below services, in accordance with the regulations, rules and procedures of UNDP, at the request of the NACA:

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<sup>5</sup> UNDP (2000) Best practices at District level.

- Identification and recruitment of programme personnel;
- Identification of training activities and assistance in carrying them out; and
- Procurement of goods and services.

The context and the details of providing the support services will be outlined in the Letter of Agreement between UNDP and the Government of Botswana.

### **3.2 Monitoring and Evaluation**

UNDP has embraced a culture of performance, which calls for programming instruments for measuring results throughout the implementation period of the project. A results-based methodology (RBM) has been adopted, an approach in which performance at the level of development goals and outcomes is systematically measured and improved, and resources are strategically managed and put to the best possible use to enhance the organization's development effectiveness.

Monitoring and evaluation is therefore an integral part of the design and implementation of this programme. The Project will be subject to evaluation by local and international consultants in accordance with the policies and procedures established for this purpose by UNDP.

### **4. Legal Context**

This Programme document shall be the instrument referred to as such in Article 1 of the Standard Basic Assistance Agreement between the Government of the Republic of Botswana and the United Nations Development Programme, signed by the parties concerned on 14<sup>th</sup> May 1975.

The following types of revisions may be made to this Program Support Document, in consultation with the Project Executive Board and with the signature of the UNDP Resident Representative only, provided s/he is assured that the proposed changes reflect:

- revisions which do not involve significant changes in the immediate objectives, outputs, or activities of the programme, but are caused by the re-arrangement of inputs already agreed upon or by cost increases due to inflation; and,
- re-phasing the delivery of agreed programme inputs, or reflect increased expert or other costs due to inflation or take into account agency expenditure flexibility will be done on mandatory annual revisions.



5. RESULTS FRAMEWORK

<b>Intended Outcome:</b> Gender sensitive, scaled up, multisectoral response to the AIDS epidemic, driven by strong leadership based on personal commitment and concrete actions at all levels
<b>Outcome indicator:</b> Capacity for leadership, coordination, mainstreaming and community dialogue strengthened across sectors at all levels
<b>Current Status:</b> Coordination structures and monitoring and evaluation framework in place but need to be strengthened
<b>Partnerships:</b> NACA, MFDP, MLG-ACU, MLHA, WAD, MOE, MOA, MTI, UNDP Regional Project on HIV /AIDS, UNDP HIV/AIDS Response Group, UNV, UNIFEM, BOTUSA, BONEPWA+, ACHAP and other UN agencies
<b>Project title and number:</b> Strengthening Capacity for a Gender-sensitive Multisectoral Response to HIV and AIDS in Botswana

**Intended output area 1: HIV & AIDS and human development**

Output Target	Activities	Time Frame in Years	Implementing Partner	Inputs (US\$)
1. Impact assessments conducted and reports produced	1. Support the impact assessments of AIDS on the Agricultural and Works and Transport sectors, and the capacity assessments within Ministries of Agriculture and Works and Transport to respond to the impact of the epidemic	Year 1	NACA, in collaboration with MOA and MWT	69,523
2. Second National Conference on HIV/AIDS Research held	2. In collaboration with other stakeholders support NACA to organize and facilitate the second National Conference on AIDS Research	Year 1	NACA	20,000
3. Stakeholders policy analysis workshop held	3. Facilitate a stakeholders policy analysis workshop to review the policy implications of the recommendations from the 2 socio-economic impact studies ( <i>The Economic Impact of HIV/AIDS in Botswana, 2006, The Demographic Impact of HIV/AIDS in Botswana, 2006</i> )	Year 1	NACA, in collaboration with MFDP	4,875
4. Participation of Botswana delegates to ICASA	4. Support the participation to ICASA of delegates from Botswana	Year 1	NACA	22,625
<b>Sub-Total:</b>				<b>117,023</b>

**Intended output area 2: Governance of HIV & AIDS**

Output Target	Activities	Time Frame in Years	Implementing Partner	Inputs (US\$)
	<b>Support to the "Three Ones"</b>			
1. Coordination needs assessment conducted	1. Support NACA to conduct a Coordination Needs Assessment for civil society in Botswana	Year 1	NACA	20,196
2. NSF developed	2. Support NACA in the development of the next National Strategic Framework 2009-2015	Year 2	NACA	30,000
3. NACA's capacity to "make the money work" enhanced	3. Enhance NACA's capacity to "make the money work" through provision of technical assistance as required	Ongoing	NACA	100,000
4. Biannual consultative review meetings for gender focal point held	4. Support NACA, in collaboration with MLG and MLHA(WAD) to hold biannual consultative review meetings for gender focal points. District AIDS Coordinators and ministerial HIV and AIDS Coordinators, to harmonize efforts in programming and planning	Ongoing	NACA, in collaboration with MLG, MLHA (WAD)	53,550
	<b>Capacity enhancement</b>			
1. Capacity assessment conducted and capacity development plan developed	1. Conduct a capacity assessment and develop a capacity enhancement plan for civil society	Year 1	NACA	27,196
2. Capacity Enhancement Task Force established	2. Support the establishment of a Capacity Enhancement Task Force convened by NACA twice a year for purposes of harmonised capacity enhancement inputs	Year 1	NACA	0

<p>3. Capacities for enhanced implementation of responses strengthened</p> <p>4. Civil society capacity to deliver on AIDS intervention strengthened</p> <p>5. Implementation of the districts response to HIV and AIDS enhanced</p>	<p>3. Support NACA to scale up the implementation of the national response to AIDS for selected audiences using the LDP methodology</p> <p>a. Undertake an evaluation of the LDP programme in Botswana</p> <p>b. Develop training manual on LDP model in Botswana</p> <p>c. Conduct refresher sessions for trained LDP facilitators</p> <p>d. Facilitate a leadership development and transformation programme for Parliamentary Select Committee on HIV/AIDS members, PSs and members of House of Chiefs</p> <p>4. Strengthen selected civil society networks' capacity by providing focused technical assistance as a function of the capacity needs assessment and plan</p> <p>5. In a joint initiative with UNICEF, support MLG to scale up the implementation of the district response, using a combination of Community Capacity Enhancement through Community Conversation (CCE-CC) and Community Capacity Development-Human Rights Approach (CCD-HRAP) methodologies</p> <p>a. Undertake an evaluation of the CCE-CC programme in Botswana</p> <p>b. Support Community Conversations in the 50 remaining villages that are in the 10 CCE-CC districts through support to the local CCE-CC facilitators</p> <p>c. Support refresher sessions for CCE-CC/CCD-HRAP facilitators and trainers</p> <p>d. Documentation of best practices and lessons learned from CCE-CC/CCD-HRAP</p> <p>e. Review and update the Setswana CCE –CC training manual</p> <p>f. Support 15 National UNV facilitators in selected districts</p>	<p>Year 1</p> <p>Year 1</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Year 1</p> <p>Ongoing</p> <p>Ongoing</p> <p>Year 2</p> <p>Year 1</p> <p>Ongoing</p>	<p>NACA</p> <p>NACA, in collaboration with selected civil society networks</p> <p>NACA, in collaboration with MLG</p>	<p>27,196</p> <p>7,000</p> <p>35,347</p> <p>20,230</p> <p>200,000</p> <p>27,196</p> <p>3,320</p> <p>27,427</p> <p>20,196</p> <p>7,000</p> <p>300,000</p>
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<p>6. School level response coordinated and strengthened</p> <p>7. Exchange visits undertaken</p>	<p>6. Support MOE to effectively coordinate and strengthen the school level response in collaboration with NACA</p> <p>9. Strengthen the School Level Response Task Force convened by MOE on a quarterly basis for purposes of harmonised capacity enhancement inputs</p> <p>h. Support MOE with the documentation of lessons learnt and best practices on Strengthened School Level Response, to be shared nationally, regionally and globally</p> <p>7. Exchange visits</p>	<p>Ongoing</p> <p>Year 2</p> <p>Ongoing</p>	<p>MOE in collaboration with NACA</p>	<p>0</p> <p>27,196</p> <p>11,250</p> <p><b>Sub-Total: 944,299</b></p>
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**Intended output area 3: HIV/AIDS, human rights and gender**

Output Target	Activities	Time Frame in Years	Implementing Partner	Inputs (US\$)
<p>1. a. Feasibility study for possibilities of additional shelters and counselling facilities undertaken and roll-out strategy of special family courts developed</p>	<p>1. Support to the National Plan of Action on Women, Girls and HIV/AIDS</p> <p>a. Reduce violence against women and girls</p> <p>i. Support the Department of Social Services to facilitate a feasibility study for possibilities of additional shelters and counselling facilities countrywide</p> <p>ii. Support the Administration of Justice to develop the roll-out strategy of special family courts countrywide since they specifically deal with family issues</p>	<p>Year 1</p>	<p>MLHA(WAD), Administration of Justice and MLG (DSS), in collaboration with NACA</p>	<p>27,196</p>
<p>b. Review of existing laws related to property and inheritance rights undertaken; national coordinating and monitoring mechanism established; and national baseline study on issues around property and inheritance undertaken</p>	<p>b. Strengthening mechanisms to ensure property and inheritance rights</p> <p>i. Support DSS to facilitate a national baseline study on issues around property and inheritance in Botswana, and the impact on women and children</p> <p>iii. Support DSS to facilitate the review of existing laws related to property and inheritance rights and considering new challenges such as "property grabbing" and new forms of family</p> <p>ii. Support DSS to establish a national coordinating and monitoring mechanism on property and inheritance rights violations and developing a user-friendly centralized database for records managements</p>	<p>Year 1</p>		<p>9,840</p>
<p>2. a. National strategy and guidelines for mainstreaming gender and AIDS developed</p>	<p>2. Support to mainstreaming gender and AIDS in public sector</p> <p>a. Taking into consideration the results of the ongoing evaluation of previous mainstreaming efforts, support development of a national strategy and of guidelines for mainstreaming gender and AIDS in Botswana</p>	<p>Year 1</p>	<p>MLHA (WAD), in collaboration with selected ministries and NACA</p>	<p>34,261</p>
<p>b. Gender and AIDS mainstreamed in 5 ministries</p>	<p>b. Taking into consideration the results of the evaluation and utilizing the new mainstreaming strategy, support MLHA/WAD to mainstream gender and AIDS into 5 ministries</p>	<p>Year 2</p>		<p>179,682</p>

<p>3. Enhanced civil society networks' capacities to mainstream gender and AIDS</p> <p>4. Policy Advisor in place</p> <p>5. Capacity assessment of BONEPWA+ conducted and capacity enhancement plan developed</p> <p>6. Exchange visits undertaken</p>	<p>3. Provide training to selected civil society networks to enhance their capacities to mainstream gender and AIDS</p> <p>4. Capacity Enhancement of WAD, through the recruitment of a policy advisor to coordinate the implementation of the SG's Task Force on Women, Girls and AIDS action plan and to support the implementation and domestication of the CEDAW</p> <p>5. Support to GIPA: conduct capacity assessment and capacity enhancement plan of BONEPWA+</p> <p>6. Exchange visits</p>	<p>Year 2</p> <p>Ongoing</p> <p>Year 1</p> <p>Ongoing</p>	<p>NACA, in collaboration with selected civil society networks</p> <p>MLHA (WAD)</p> <p>NACA, in collaboration with BONEPWA+</p> <p>NACA</p>	<p>19,507</p> <p>117,000</p> <p>16,464</p> <p>11,250</p> <p><b>Sub-Total: 471,396</b></p>
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**Intended output area 4: Monitoring & evaluation of the PSD**

Output Target	Activities	Time Frame in Years	Implementing Partner	Inputs (US\$)
1. a. Monitoring and progress reports produced b. APR and TPR held c. Joint visits conducted d. Annual audits conducted	1. Monitoring a. Prepare quarterly monitoring and progress reports b. Undertake annual APR and TPR c. Conduct regular joint field visits d. Conduct annual audits	Ongoing  Ongoing Ongoing Annually	NACA	0  2,000 20,000 15,000
2. Terminal Evaluation report produced	2. Evaluation: conduct terminal evaluation	Year 3	NACA	25,000
3. Successor PSD developed	3. Design and development of a successor PSD and retreat	Year 3	NACA	25,836
				<b>Sub-Total: 87,836</b>





## 6. Total Budget

Sub-total component 1: HIV & AIDS and human development	117,023
Sub-total component 2: Governance of HIV & AIDS	944,299
Sub-total component 3: HIV/AIDS, human rights and Gender	471,396
Sub-total component 4: Monitoring and evaluation of the PSD	87,836
Sub-total component 5: Operations and staffing	1,030,189
<b>SUB-TOTAL</b>	<b>2,650,743</b>
GOB (60% of SUB-TOTAL)	1,590,446
UNDP Country Office Administration (COA) (3% of GoB portion)	47,713
<b>SUB-TOTAL GoB</b>	<b>1,638,159</b>
<b>SUB-TOTAL UNDP (40% of SUB-TOTAL)</b>	<b>1,060,297</b>
<b>GRAND TOTAL</b>	<b>2,698,456</b>