|  |  |
| --- | --- |
| **Health, HIV/AIDS, Gender and Human Rights Project Plan- 2016:** | |
| **Results Group: HEALTH and HIV/AIDS** | |
| **National Priorities & Goals** | Vision 2016: A prosperous and innovative nation; a just, compassionate and caring nation |
|  | NDP 10: |
|  | SDGs: 3 Good health; 5 Gender equality; 10 Reduced inequality; 16 peace and justice |
| **UNDAF Outcome 3** | **Country capacity to address health, HIV/AIDS challenges towards achieving universal access to high quality services is strengthened by 2016** |
| **COUNTRY PROGRAMME OUTCOME 3.1: By 2016 institutions at all levels capacitated to effectively respond to HIV and AIDS and deliver preventative and curative health services.** | |
| **Country Programme Output: 3.3.2 Strengthened evidence-informed prevention and treatment services for HIV/AIDS, TB and related opportunistic infections** | |
| **Project Outcome: Increased universal access to health, HIV prevention and treatment services especially by minority and key populations most at risk of HIV infection.** | |
|  | |
| 1. **Program Rationale**   Botswana has developed immensely in health. The novel relationships formed among global business, nongovernmental and governmental aid agencies, the UN, and the government of Botswana offer models of practical, coordinated, and multi-sector assistance that will have benefits far beyond Botswana and, perhaps, beyond the HIV/AIDS issue as well. There is equitable health service provision and the furthest health facility is within 5-8km radius. Health as percentage of total Botswana government expenditure in 2011 was at 8.7%. It has not reached the 15% that was agreed on at Abuja Declaration. Botswana funds more than 70% of its HIV/AIDS services and it is one of the first country to offer free ARVs to its population. Botswana’s success in reducing new HIV infection is through PMTCT where it dropped from 40% to 2%.  Despite all the efforts that are being taken by the government of Botswana towards HIV/AIDS, Botswana still faces a prolonged and severe HIV epidemic and has the third highest HIV prevalence in the world. It is estimated that 390,000 of the 2.1 million population are infected with HIV. The HIV prevalence has increased to 18.5% (BAIS IV: 2013) from 17.6% (BAIS III: 2008). The prevalence increase is from the combination of incidence which has not been controlled outside PMTCT and good ART programme. HIV prevalence in BAIS IV shows that it is higher among females than males. Girls at 15-19 year olds are twice the HIV prevalence than boys (6.2% vs 3.6%), 20-24 years old young women tripled the HIV prevalence of young men (14.6% vs 5%) (BAIS IV: 2013). The HIV prevalence among the Female sex workers 61.9% with incidence of 12.5% and in Men having sex with Men had HIV prevalence of 13.1% and incidence at 3.6 %( Botswana Modes of Transmission Study, 2010).  There are multiple key drivers of HIV in Botswana, which needs to be addressed in order to reach the epidemic control. These are unprotected sex with multiple concurrent partners, low uptake of male circumcision, reduced condom use, stigma and discrimination, adolescent and intergenerational sex, alcohol and high-risk sex, gender-based violence (GBV), laws and policies which prevent access to HIV services on key population, adolescents and youth, women and girls. In 2013, a number of policies and legislative actions were undertaken to improve the rights of the general population to obtain health care without discrimination. However, no individual policies were put in place to safeguard the practice of sex work or the rights of sex workers or for those who choose same sex partnerships. Criminalization of sex workers and those involved in same sex relationships fuels negative public attitudes/ stigma and discrimination, which contributes to the low uptake of services by key populations.( NACA: 2014)  Gender-Based Violence is also a key driver of the HIV epidemic in Botswana and requires immediate attention if we are to meet the epidemic control by 2020. It interferes with the women and girls’ ability to negotiate for safe sex. Institutional and domestic violence against women and girls living with HIV is endemic and largely underreported or acknowledged.  Over two thirds of women in Botswana (67%) have experienced some form of gender violence in their lifetime including partner and non-partner violence. A smaller, but still high, proportion of men (44%) admit to perpetrating violence against women. This data was collected from the reported cases in the Botswana police stations. One can wonder how many more cases of GVB were not reported (Machisa M. and van Dorp R. 2012:11).  Most of the violence reported in Botswana occurs within intimate relationships. About three in every five women (62%) experienced violence in an intimate relationship while about half of the men (48%) admitted to perpetrating intimate partner violence (Machisa M. and van Dorp R. 2012:11). Almost similar proportions of women (83.1%) and men (81.9%) agree that men and women should be treated equally (Machisa M. and van Dorp R. 2012:15).  In August of 2014, the Supreme Court of Botswana ruled that all HIV positive prisoners, regardless of nationality must be provided with public access to ART. There is currently little public information in regard to the HIV status of prisoners in Botswana (National AIDS Coordinating Agency 2015:16).  Botswana aims at achieving UNAIDS long term vision of zero new HIV infections, zero AIDS-related deaths, and zero discrimination by catalyzing and leveraging resources for the AIDS response but also for broader health, development and human rights outcomes. Botswana is now on the fast track to end the HIV epidemic by 2020. The fast track will contribute towards ending the HIV epidemic and the attainment of the sustainability through the agenda 2030 of the SDGs by promoting and encouraging respect for human rights for all, without discrimination.  *Vision 2030 aims at ending the AIDS epidemic as a public health threat by 2030.* | |
|  | |
| 1. **Program Priorities and Partnership**   Institutions are strengthened to progressively deliver universal access to quality health services, with a focus on key population and the vulnerable groups.  UNDP is a development partner and has for the last fifty years been working with Botswana Government on the Development projects.  There will be engagement of the CSO especially for the key populations like the LGBTI so that they are strengthened to actively participate in awareness program to reduce the stigma and discrimination  Looking at the fact that Botswana would like to reach 90:90:90 by 2020, and 95:95:95 by 2030 to achieve its HIV epidemic control, this will need a very comprehensive measure whereby no stone should be left unturned. Various coinfections, comorbidities and other health conditions are on the rise and leads to increased morbidity and mortality.  Botswana vision 2036’s main goal is towards enhanced health and well-being for all citizens. The efforts will be towards the below objectives in order to achieve the above goal. Ministry of Health observes these 5 Sustainable Development Goals: Global Health and Well Being (SDG3) - HIV testing, treatment and eMTCT, NCDs; Reduced Inequalities (SDG10) -HIV prevention among key populations; Gender Equality (SDG 5) - Gender inequality and GBV; Just, peaceful and inclusive societies (SDG16) - Human Rights, stigma and discrimination; Global partnerships (SDG17) - Investment and efficiency, HIV and health services integration. Botswana is a middle income country and therefore, there is significant reduction of funding into the country for development projects and programs. In that case Botswana would need to have very comprehensive and efficiently designed policies in place, with innovative policy implementation strategies that will assure sustainability of all the programs that have been invested in. With that regard the UNDP will provide support to the Government of Botswana on the following objectives:   * Enhanced comprehensive policies which address Health, HIV/AIDS, Gender and Human Rights * Promote effective and efficient policy implementation strategies * Have innovative program strategies with increased quality and accountability * Have a strong data base for decision making and effective and efficient monitoring and evaluation for maximized sustainability and outcomes of programs * Promote inclusion, equity and accessibility to services of the key population, women, girls, adolescents, migrants, disability, and prisoners through comprehensive policies which considers human rights aspect of every individual for good health and epidemic control.   Since Botswana has done a lot in the health sector, for it achieve its goal towards enhanced health and well-being for all citizens, there will be need for collaboration and partnership with the non-health sectors for effective mainstreaming of Health, HIV/AIDS, Gender and Human rights in the policies. Health system strengthening in Botswana is critical towards; i) Strengthening Prevention Interventions, ii) Improvement of access to quality health care services, iii) Strengthening rehabilitation services and iv) sustainable health and health care services.  UNDP as the principal recipient of Global Fund grant to Fight HIV/AIDS and ensure HIV/AIDS epidemic control, UNDP will support the GOB institutions and civil society organisations to ensure access to HIV/AIDS prevention, treatment, care and support services for the key population and vulnerable groups, women, youth and People with disability. UNDP will support GOB in HIV and the Law to do assessment of a legal environment( policies, laws, regulations and guidelines) and implementation of the recommendations through revision of either laws, policies, guidelines or legislation that are a barrier to access of the HIV/AIDS preventive, care, support and treatment services.  In order to facilitate and sustain better health outcomes, the sector will embrace innovative and transformative solutions through; support to the Government in improving life expectancy, largely caused by non-communicable diseases and adversely effecting economic growth, UNDP will facilitate the involvement of local authorities and civil society organizations in the promotion of healthy lifestyles, and also to bring awareness to the general population and service providers on the effects of stigma and discrimination of the key population and especially among youth and women. UNDP particularly aims to assist Ministry of health and local authorities, communities and civil society organizations (CSOs) in rural areas in reducing alcohol consumption and gender based violence to promote healthier lifestyles equally among men and women through revision of alcohol policy, awareness raising and innovative strategies on lifestyle change campaigns. UNDP will support the government to ensure mainstreaming of HIIV/AIDS, gender and human rights into the policies and develop programs and strategies with a gender lenses. | |
| ***Institutions are strengthened to progressively deliver universal access to quality health services, with a focus on key population and the vulnerable groups. $77,000*** | |
| **TRIPS -$ 20, 000**  ***Activity output/result-*** Increased access to cheaper drugs and medicines to enhance accessibility to HIV treatment: Harmonization of medicines and intellectual properties legislation with TRIPS( Trade Related Aspect of Intellectual Property Rights | |
| Botswana, have gone to put in place new HIV and AIDS policies, targets, treatment guidelines and have availed near universal access to treatment to those who need such treatment. Our aim is to reach Zero HIV infections by 2016 through a multi-sectoral approach as contained in Botswana’s National Operational Plan for HIV and AIDS (NOP, 2012-2016). Implementing this plan, which includes procuring and distributing critical generic medicines across all districts of Botswana, costs the country hundreds of millions of Pula, and weighs heavily on our national finances. As a developing nation our finances are limited. Although our efforts have been largely preoccupied with tackling communicable diseases, the scourge of non-communicable diseases is also affecting us as a developing nation, these diseases affect all of us, whether or not we are HIV positive.  It is therefore very practical that we should start to look for other means of ensuring that we continue to scale up treatment and prevention within our financial means, and identify strategies which can create meaningful savings for the public purse whilst progressing towards the Zero Infection target. | |
| **LEGABIBO - $ 30,000**  ***Activity output/result***- Increased awareness to combat discrimination based on sexual orientation and gender identity for the LGBTI and enhance access to services | |
| Combating discrimination based on sexual orientation and gender identity for the LGBTI and enhance access to services. The main objective of this focus area is to raise awareness to both the LGBTI and the community at large about all matters affecting the LGBTI community. Gay men and lesbians have higher rates of mental health disorders and HIV infection than the rest of the population. They also have higher rates of obesity, smoking and unsafe alcohol and drug use, and are more likely to self-harm. These conditions develop in response to different scenarios including: Coming out’, only to be rejected by family members and friends; being bullied or taunted by schoolmates on a daily basis; homophobic jokes or harassment in the workplace; being threatened or bashed when out on the street; hiding part of yourself in social situations for fear of being rejected or marginalized; feeling guilt and shame about your sexuality in the face of negative messages being delivered by the society around you.  Research suggests that gay men and lesbians have reduced access to medical care compared to heterosexuals. Many health services claim that they ‘treat everyone the same’, but this usually means that they treat everyone as heterosexual. Gay and lesbian people do not need special medical treatment, but they do need treatment that is fair and appropriate.  The report urges countries to work closely with partners, particularly civil society, communities and people living with HIV, to ensure that they know where their epidemics are concentrated and that they have the right services in the right places. “We need a people-centred response to the AIDS epidemic that removes all obstacles in the path of people’s access to HIV prevention and treatment services,” said Mr Sidibé. “These services must be fully funded and appropriate to people’s needs so that we can end the AIDS epidemic for  everybody.” [<http://www.unaids.org/en/resources/presscentre/pressreleaseandstatementarchive/2016/may/20160531_Global-AIDS-Update-2016>]  ***Partnership with PI –*** LEGABIBO was identified as the Implementing Partner as it is the organization for the LGBTI population and it is run by the LGBTI themselves. This is a strategic granting as it is the key population that are hard hit by HIV, and all being due to stigma and discrimination and not observing their human rights. Access to HIV preventive services is mostly impeded due to the laws, policies and practices that criminalizes their acts. Emphasis on hard-to-reach populations such as LGBTI is integral in the UNDP’s work, which seeks to: identify the systemic and/or individualized barriers to care in which people living with HIV may experience; support the development of systems and interventions to alleviate those barriers and implement innovative approaches such as raising awareness on service providers about stigma and discrimination to ensuring access to and consistent engagement in care. All funded projects by UNDP is to ensure affected LGBTI are collaborating institutions and work together to reduce barriers to care, provide innovative solutions to long-standing access problems, and to change the way that systems operate in their community. Remove stigma and discrimination. To address the systemic change that will last long. | |
| **Environmental Impact Assessment (EIA) - $20, 000**  Activity output/result- Mainstreaming of HIV/AIDs, gender inclusive EIA training at the Tertiary level institutions. | |
| A recent review of Environmental Assessment Policies and Regulations in 10 countries in Eastern and Southern Africa including Zambia has clearly shown that through sustained capacity development and monitoring, HIV and Gender issues can be improved and institutionalized within the EA process as a means of contributing positively to existing HIV and gender responses. In this way, development synergies between the infrastructure and environment sectors and the health and HIV response can be enhanced to achieve broader sustainable development outcomes. It is for this reason that Kazungula Bridge Project is used as an experimental site for Environmental Assessment. This project is going to ensure there is preservice training for institutionalization. It will be institutionalized at the University of Botswana in the environmental department. In-service trainings will continue to ensure that those already on service gain the new skills. Regional meeting for the countries involved with Kazungula Bridge will take place to take stock of their experiences on the Environment Assessment and its implementation of the recommendations concerning mainstreaming of Health, HIV/AIDS, Gender and Human Rights issues in the project. | |
| **SADC Environmental Impact Assessment (EIA) -** $7,000    ***Activity output/result*-** Gender equality ,HIV/AIDS and Human rights mainstreamed into Transport, Infrastructure, Science and Technology national Policies | |
| It is an initiative to support African governments to better integrate health and gender equality issues in infrastructure investments, using environmental assessment as the entry point.  The Botswana initiative focuses on “Strengthening mainstreaming of HIV, gender and human rights in non-health sectors”. The three sectors which have been prioritized for this consultancy are Ministry of Transport and Communications, Ministry of Infrastructure, Science and Technology and the Ministry of Minerals, Energy and Water Resources. These sectors were selected because of their dual importance; firstly they are responsible for putting in place the necessary infrastructure for effective service delivery, and by the nature of their core business characterized by high mobility which is a significant public health issue in terms of epidemiological aspects of diseases. Secondly, they are responsible for the management of large projects that increase vulnerability and the risk of HIV infection. | |