



Inside this issue

	Page
Human rights training manual a first for Botswana	1
Annual General Meeting 2005: Making Human Rights a Reality	2
HIV/AIDS counselors face challenges	3
HIV-positive Zambian barred from studying in Australia	4
Keeping the promise: World AIDS Day 2005	4 - 5
Spotlight continues to shine on HIV testing debate	5
Workshop confronts taboos about sexual identities and sexual health	6
Opinion: The Literature of HIV/AIDS	6
Meeting at the international crossroads on HIV/AIDS	7
Retrospective: More than 700 days after landing in Botswana and at BONELA...	7
From the Director's Desk	8

Counselors talk to Vanisree Ramanathan about the challenges of their profession even while helping individuals live positively with HIV/AIDS (P. 3)



• Letlhakane: Images from World AIDS Day (P. 4 - 5)

Human rights training manual a first for Botswana

By Cynthia Lee

GABORONE — *It began as a heap of handwritten notes scratched out on paper. Two years later, these ideas were transformed into a colourful 14-volume manual used to train people on HIV and human rights—the only one of its kind in the country.*

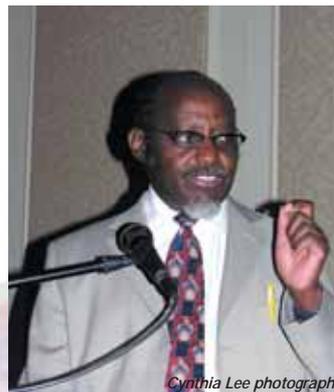
Launched by BONELA at the end of last year, *Human Rights and HIV: A Manual for Action* has caught the attention of a diversity of people. From the highest levels of government to grassroots community groups to the general public, many are becoming increasingly aware of the importance of human rights in the context of HIV and AIDS.

"HIV has a complicated interaction with human rights, both exacerbating existing disparities and creating new challenges. As a virus, HIV itself challenges the right to life and to health," Hon. Phandu Skelemani, the Minister for Presidential Affairs and Public Administration, said in his keynote address at the 24 November unveiling.

"The reaction of people around us often cause an additional list of human rights violations resulting from stigma and discrimination associated with the virus. These include job loss, difficulties in accessing scholarships and educational opportunities, and funny enough, stigma in accessing health care. As the virus frequently affects family breadwinners, the loss of income that accompanies the loss of life impacts profoundly on families and particularly on the orphaned children," he added.

With the challenges affecting so many, it seemed surprising that no training materials in the country dealt with the human rights aspects of the epidemic.

"Every week the number of faxes and letters we received requesting information,



Cynthia Lee photograph
Hon. P. Skelemani delivers the keynote address at the launch of *Human Rights and HIV: A Manual for Action*.



Cynthia Lee photograph
Barwa Kgodumo Ya Leselesele traditional dance troupe perform at the event.

presentations and training was increasing. We could see that there was a strong need for local information on human rights and HIV, and that we, as an NGO in this niche, were best placed to provide it," said Kristi Kenyon, who until recently was BONELA's Human Rights Research Officer.

Made in Botswana for Botswana's unique context, it is written in English and Setswana. Because no local information had previously been comprehensively collected about this issue, BONELA chose to cover the broadest possible range of topics and involved the participation of a variety of key local groups.

The manual is intended for use by anyone who wants more information about human rights and HIV but particularly those who hold a leadership role in their workplace, place of worship, school, family or community, says Ms. Kenyon.

"Most of all it is a resource intended to go beyond raising awareness and to stimulate action," she adds.

Currently, the training manual is being used in BONELA's actual training activities, including awareness-raising workshops and seminars to train focal people around the country.

"We hope to be able to give people the information and the tools to make the best decisions in their lives with respect to their rights and those of others when it comes to HIV," explains Ms. Kenyon.

"We hope to inspire action and advocacy and, through awareness raising and training, to help to increase the awareness and protection of human rights in Botswana."



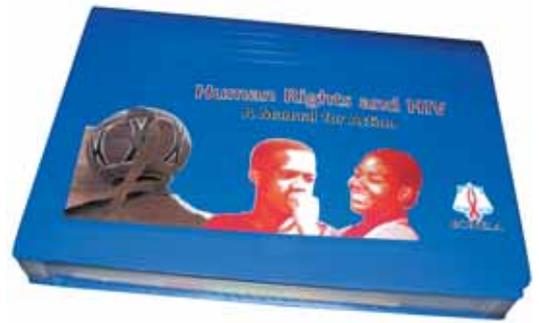
Human Rights and HIV: A Manual for Action

The 14-book training kit deals with the following topics:

- Understanding HIV and AIDS
- Human Rights and Our Common Humanity
- Human Rights, HIV and AIDS
- HIV/AIDS and the Law in Botswana
- Right to Health
- Confidentiality
- Testing for HIV
- Your Rights at Work
- Sexuality and Human Rights

- Women, HIV/AIDS and Human Rights
- Men, HIV/AIDS and Human Rights
- Youth, Children, HIV/AIDS and Human Rights
- Wills and Inheritance
- Research

To purchase a copy of the manual, available for 300 BWP each (includes all 14 modules and carrying case), please contact the BONELA Secretariat at (+267) 393-2516 or bonela@botsnet.bw.



Annual General Meeting 2005

Making Human Rights a Reality: Beyond the Rhetoric

GABORONE — *These days, many are heard talking about human rights but not as often seen putting them into action. But "making human rights a reality—beyond the rhetoric," the theme of BONELA's recent AGM, is a crucial part of the way forward.*



Nthabiseng Nkwe photograph
Botswana's Attorney-General, Dr. Athaliah Molokomme, gives the keynote speech at BONELA's AGM.

"We must do more than speak and write these words, and look, in all of our walks of life and areas of work, at how to implement this idea, how to make this happen. Ethics, law and human rights are not luxuries or extras," said Dr. Athaliah Molokomme, the Attorney General of Botswana, in her keynote address at the 11 November event.

Rather, she added, they are the "fundamentals"

and "building blocks" through which society can improve access to health care, increase the number of those comfortable and ready to decide to test for HIV, and have informed and enthusiastic participants volunteer for clinical trials for new drugs and vaccines.

A victory against the epidemic cannot be sustainable if those recruited for research trials are being used only as a means to an end, she said. Likewise, if HIV testing programmes are only in place as a means to collect statistics or if people living with the virus are not meaningfully involved in developing policies and initiatives.

In 2005, with a growing number of staff and spearheading of new initiatives, BONELA has become a larger and stronger organisation. But some things remain the same as they did when the NGO was a one-

woman, one-room office.

Always at the heart of BONELA's work is a profound respect for human rights, *both* and the dignity of people. Against this background, BONELA has been launching its own efforts to combat discrimination and stigmatisation through five main areas: capacity building; education and training; a media campaign; outreach and legal assistance; and research and advocacy.

In the coming year, BONELA will be as committed as ever to transforming human rights into reality in the context of HIV and AIDS.

Elected at the 2005 AGM, the new BONELA Board is:

- Chairperson: Rra Duma Boko
- Vice Chairperson: Mma Masego Justin
- Secretary: Mma Johannah Tlhomelang
- Vice Secretary: Mma Kido Mazwiduma
- Additional Member: Rra Martin Mosima
- Additional Member: Dr. Godisang Mookodi

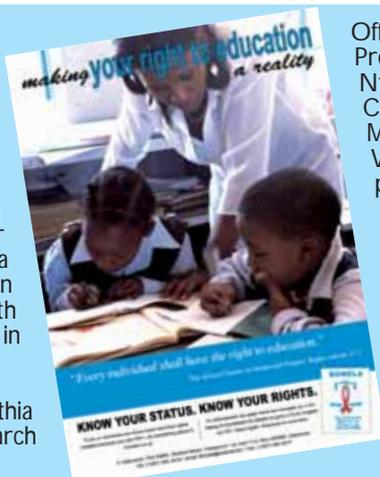


Cynthia Lee photograph
BONELA Director Christine Stegling and outgoing Board Chair Martin Mosima at the event.

BONELA is delighted to introduce the fourth in the *Know Your Status, Know Your Rights* series of six posters: "Making your right to education a reality."

Director Christine Stegling and then-Sector Coordinator Minkie Bokole held a consultative meeting on condom distribution with Botswana Prisons Service in early October.

Media Relations Officer Cynthia Lee, Human Rights Research



Officer Kristi Kenyon, Programme Officer Nthabiseng Nkwe, Training Coordinator Oratile Kidd-Moseki and volunteer Vanisree Ramanathan participated in 2005 NGO Week events held 17-20 October.

Nthabiseng Nkwe gave a presentation on HIV and the workplace to teachers and industrial workers at Tlokweng C.J.S.S. on 20 October.

Vanisree Ramanathan and Cynthia Lee participated in a BONASO Health Fair on 28 October.

Nthabiseng Nkwe presented on sexual minorities at a stigma-reduction workshop organised by BONASO at the end of October.

The Review of Laws and Policies Relating to HIV/AIDS was finalised in late October, which was followed by an initial discussion between the Sector and NACA in early November.

The Lawyers' Taskforce held a breakfast meeting at the end of October.

HIV/AIDS counselors face challenges

By Vanisree Ramanathan

GABORONE—Although overworked and facing hectic schedules, counselors keep up a crucial role in supporting people living with HIV/AIDS. But with the particular challenges of the job, it may be just as crucial for these dedicated professionals to receive their own forms of support.

Treating those with HIV and AIDS equates to more than taking anti-retroviral drugs. It is also necessary to help them deal with living with the disease, which includes psychological stress and emotions such as regret, sorrow and self-blame. This is the arena of counselors.



Ornette Mahkhumalo of Women and Law in Southern Africa is one of the numerous individuals who provide counseling services to assist people affected by HIV and AIDS.

Even though they worked in different settings (Tebelopele voluntary testing and counseling centre, a public clinic, Gaborone Private Hospital, Lifeline crisis and support centre, and the non-governmental organisation, Women and Law in Southern Africa), five counselors interviewed by the *BONELA Guardian* revealed several experiences in common. Among these is the opinion that, as Botswana encourages people to test and gain access to treatment, preventative and care services, there has been less concern about the emotional and the psychological trauma of those diagnosed as HIV positive.

With more emphasis on testing, it makes sense that this should be accompanied by a qualified counselor for pre- and post-test support. But HIV/AIDS counseling requires a specific set of skills and there are “very few people” trained in this area, according to a University of Botswana professor in the Department of Counseling.

For instance, it is the obligation of the counselor to be familiar with local policies and laws and how they affect the relationship between counselor and client. But four of the five professionals interviewed said they were concerned that some counselors in Botswana may not be familiar with the content of the national HIV/AIDS policy.

Many agree that there are not enough qualified individuals to meet the demand for

counseling services in the country and it appears the work load is taking a toll on existing counselors.

“Every day is challenging as the clients are from different backgrounds, with different mindsets, with varied cultural values and beliefs,” said a counselor working at a public clinic.

Another counselor working at Tebelopele added, “In a day, we are meeting with more than 20 clients and have no time even to think of ourselves.”

The longer-term commitment of the work itself is another factor that adds to the stress of the job.

“Counseling—to make an impact—must be available to those who need it on a regular basis in all settings,” said a counselor at Lifeline. “[It’s] not a one-day process.”

In Botswana, most counseling and support programmes are largely based in the capital city, Gaborone. This often means the client will have to carry the cost of traveling to places where services are provided. In many cases for individuals earning low or little income, this acts as a barrier to access.

“Wherever it is available, such as in health organisations, NGOs, schools and local community settings, the lack of a private room and uneven client-counselor ratio is a challenge to providing quality counseling services,” summed up one counselor working at a private hospital clinic.

No doubt the experience for someone learning about their HIV status for the first time is stressful. This situation may be made worse when clients have unrealistic expectations of the role of counselling.

“Some of my clients want me to provide final answers for their problems,” she said, explaining that counseling is more about assessing different options rather than

supplying the individual with a solution.

“The counselor must work towards enhancing the client’s ability to make their own informed decisions,” agreed another counselor from an NGO.

Some of the counselors interviewed also agreed that failure to show sensitivity to various cultural practices in current counseling techniques has led to tension in problem-solving approaches and client dissatisfaction. Another challenge, too, is the lack of adequate incentives for recruiting and retaining these professionals, many of whom are volunteers. The nature of the job itself is emotionally taxing but the professionals must ensure that confidentiality is maintained.

“Counselors themselves don’t have any mechanisms to rejuvenate themselves to be able to work everyday tirelessly,” said a counselor from a public clinic.

Traditionally, counseling for individuals was an inherent part of the relationships with extended family through which elders used to provide advice and support on matters related to social relations, sex, and difficult personal situations.

But today, counseling has emerged with new significance as a separate institution since, for some, the role of extended family has become less important than in the past and HIV/AIDS pandemic has necessitated a substitution to this support network. If Botswana’s aim is to control the prevalence of HIV stigma and discrimination, the counselors who play a crucial role in behavioral change must not be left out.

From one counselor’s perspective, additional training could provide professional support and enable them to carry out planned activities and improve the quality of service. Specialised training programmes could include a range of topics such as indigenous cultural studies, psychology, and theories about human behaviour.

By providing adequate support to the existing professionals and encouraging the development of new counselors, the growing demand for these services may be met.

- Christine Stegling and a LeGaBiBo (Lesbians, Gays and Bisexuals of Botswana) representative held a consultative meeting with NACA to discuss the national AIDS policy in late October.
- Oratile Kidd-Moseki facilitated an awareness-raising workshop with Gaborone healthcare providers 14-16 November.
- Then-Sector Coordinator Minkie Bokole facilitated a workshop on HIV and Human Rights with members of civil society in mid-November.

- Christine Stegling and Nthabiseng Nkwe met with Botswana and local police officers to discuss developing a partnership between the police service and NGOs in late November.
- Cynthia Lee served on a committee preparing for the World AIDS Day event for Gaborone District Multi-sectoral AIDS Committee (DMSAC).
- Consultant Nana Gleeson, lawyer Monica Tabawenga and representatives from LeGaBiBo participated at a conference on Minorities held by Ditshwanelo—The Botswana Centre for Human Rights in early December.

- *Botswana’s ARV Treatment Programme: Past Lessons and Future Outlook*, a BONELA report, was published at the end of 2005.
- Oratile Kidd-Moseki facilitated a seminar on HIV and Human Rights at the Ministry of Local Government, Lands and Housing in early January.
- Nthabiseng Nkwe participated in a workshop on children’s rights hosted by UNICEF and Lifeline in mid-January.
- BONELA’s new board, elected at the AGM in November, officially met for the first time at the 21 January handover.

Keeping the Promise: World



BONELA staff on the march



BONELA staff pose in their World AIDS Day t-shirts



Training Coordinator Oratile Kidd-Moseki greets His Excellency President Festus Mogae.



A crowd takes part in a quiz on human rights and HIV at BONELA's stall



Taking a stand against the epidemic

ON THE INTERNATIONAL FRONT

HIV-positive Zambian barred from studying in Australia

By Anil S. Kurup

Borders between countries have long been a way to restrict the movement of people. For a Zambian student, an HIV-positive status has become an additional barrier.

The Federal Court of Australia has denied a student visa to Misheck Kapambwe, a Zambian national who planned to pursue his Ph.D. studies in the country.

In a judgment released on 29 September, the court reasoned that granting a visa was subject to Australia's Migration Regulations of 1994, which stipulate that a successful applicant could not have a disease or condition likely to require "health care or community services" that "would be likely to result in a significant cost to the Australian community."

Outlining its reasons, the court estimated an annual cost of roughly AUS\$1070 (4430 BWP) for quarterly blood tests required for monitoring Kapambwe's condition over five years. In addition, the estimated cost of antiretroviral treatment was set at AUS\$1188 (4920 BWP) per month.

A spokesperson for Australia's Immigration Minister said the government did not believe

taxpayers should foot the bill for foreigners infected with HIV, according to media reports. Human rights organisations around the world, however, have strongly condemned the federal court ruling.

"The decision confirms a situation which is cruel and inhumane," said Rights Australia spokesperson Greg Barns in a statement to the press.

"In Canada, for example, each HIV migration case is considered on its merits. This is impossible in Australia because the regulations are such that the particular circumstances of an applicant are irrelevant—only the hypothetical case is considered."

Rights Australia reported that the doctor who treated Mr. Kapambwe says the patient is "a healthy man on combination treatment for which he pays and will continue to pay while he is the holder of a temporary residence visa."

The doctor also stated that the only costs to the Australian health care system over the course of his stay in the country "solely relate to the costs of monitoring his antiretroviral

therapy, which is a total insignificant cost of \$4279.20 (17,720 BWP)", the group says.

In Zambia, the Human Rights Commission (HRC) and other human rights organisations have protested the ruling.

"We are disappointed by the action, which is contrary to the United Nations 1996 guidelines on how to handle an HIV-positive person in relation to immigration procedures," said HRC Chairman Mumba Malila in an interview with the Times of Zambia newspaper.

Mr. Malila has called for a condemnation of the Australian government's action by all human rights-observing countries around the world, saying that it sets a bad precedent.

The case has been ongoing since Mr. Kapambwe applied for the visa four years ago. The original judgments made by the Immigration Department and Australia's Migration Review Tribunal denied him the visa. A decision later handed down last year by Judge Ray Finkelstein overturned the original rulings. This latest ruling was a successful appeal of Finkelstein's decision.

World AIDS Day 2005 Letlhakane

Photography feature by Cynthia Lee



The media, Botswana Defence Forces, and other participants march to the site of the national commemoration.



People of all ages look on as President Festus Mogae delivers his World AIDS Day address.



Along the march route, participants stop to rally for this year's theme, "Stop AIDS. Keep the Promise."

Spotlight continues to shine on HIV testing debate

By Christine Stegling

MONTRÉAL, CANADA—The debate about routine HIV testing—including Botswana's testing policy—continues to be in the limelight not only locally but in international circles.

The Symposium on HIV Testing and Human Rights, held in Montréal, Canada late last year, brought together clinicians, researchers, development organisations, international agencies, AIDS service organisations, human rights organisations and, most importantly, people living with HIV/AIDS.

Together, they aimed to think through all aspects of HIV testing in light of recent calls to shift away from the voluntary counseling and testing model. BONELA was among those invited to contribute to the conference, which was organised by the Gay Men's Health Crisis Centre, the Centre for Health and Gender Equity, and the Canadian HIV/AIDS Legal Network.

The starting point of the Montréal discussions was the need for clearer definitions of terms being used to describe actual practices. For example, the Botswana government has been labeling the new

policy "routine testing," which may suggest that a person is tested regardless of consent being obtained. Human rights organisations, such as BONELA, have always understood that the policy should suggest a "routine offer of an HIV test," which would much better ensure that clients are enabled to make a choice about their HIV test.

Participants at the meeting agreed that proponents of routine testing need to make their case. So far, supporters, including Ministry of Health officials in Botswana, have been pointing at an increase in the number of people who have been tested. These numbers, however, are not self-explanatory. What do we know about the readiness of those who tested to receive their results? Do we know what happens to those who were not ready and/or not adequately counseled?

More research is required to look into the long-term benefits of routine testing, beyond simply an increase in statistics. There is also a need to understand what contributes to testing readiness. Participants at the meeting emphasised the importance of making widely available pre-test counseling as well as providing information

on HIV testing to groups, individuals, and the community.

While it is important to know what happens to those who agreed to test, it is equally important to research stigma and discrimination against those that refused a test. It is crucial that any policy on routine testing needs to be implemented in an environment where anti-discrimination legislation for people living with HIV is in place and enforced.

BONELA agrees that more research is needed on how HIV testing policies are interpreted and adapted. The organisation hopes that this year the government will shed light on the actual implementation of its policy on the ground. Such information will enable civil society and government agencies to agree on ways of improving health care in Botswana. To that end, BONELA will continue to create public debate on issues of HIV testing, including campaigning for informed consent, and will assist with monitoring the government-led initiative to routinely test Botswana at all points of care.

Workshop confronts taboos about sexual identities and sexual health

By Cynthia Lee



Nurse Tina Bruun talks about sexual health to the group.

MOLEPOLOLE—Mpho is struggling to tell her girlfriend the truth. “Let me first say I’m sorry...,” she begins, her voice trailing off.

“For what?” replies Boitumelo.

“For saying what I’m going to say,” Mpho tries again, looking quite uncomfortable. “I’m HIV-positive.”

As a role-playing exercise, the characters are fictitious. But the scenario addresses some very real concerns among marginalised sexualities—the gay, lesbian,

bisexual, transgendered and intersexed (LGBTI) community—in Botswana.

Role playing and discussion were some of many activities that took place during a workshop in late October—the first to be held by LeGaBiBo (Lesbians, Gays and Bisexuals of Botswana), the work of which is being supported by BONELA where the group meets regularly.

Led by health and legal professionals, the retreat focused on sexual health issues, including HIV prevention and transmission; safe, safer, and unsafe sex; and, sexual rights such as consensual relations, access to appropriate health care services and education.

Participants also addressed the rights of the LGBTI community and the legal status of homosexuality in the country.

Homosexuality is not illegal in Botswana because it is “a choice about a lifestyle, not an act,” lawyer Maame Awuah told the group. “A crime is something you do, not something you are.”

Currently, Botswana’s penal code forbids “carnal knowledge against the order of nature,” which as a criminal act has not been specifically defined in the courts,

leaving it open to a great deal of slippery interpretation. This runs counter to the myth among the general public who think homosexuality is illegal.

“Our law is saying you are only a criminal if only you have sex,” said Awuah, who adds that it is discriminatory because it does not apply equally to society—only to the non-heterosexual segment.

Even as LGBTI in Botswana are trapped with these ambiguities in the law, many also raised concerns about “self-inflicted stigma” among the community who distance themselves when controversy about homosexuality surfaces.

Many LGBTI “don’t give each other support,” said Edwin, one of the participants. He added he is very open about his own sexuality and encourages others to do the same.

Workshop facilitators applauded the event for creating an open atmosphere for participation and discussion around subjects that have been surrounded by so much taboo.

“It gives people some kind of tool in their lives rather than in a hostile environment,” said Tina Bruun, a Danish nurse who trains medical professionals in Botswana on HIV/AIDS issues.

“It’s a unique opportunity to make people grow and make a responsible choice.”

Opinion

The Literature of HIV/AIDS

By Rodney Glaister Paul

The government of Botswana has taken steps to stop the rapid spread of HIV/AIDS. His Excellency President Festus Mogae has declared HIV/AIDS a national emergency. Most communities have created Multisectoral AIDS Committees at the district (DMSAC) and village (VMSAC) level to engage in efforts directed at reducing the number of Botswana who contract HIV.

There has also been a flow of literature aimed at directing the behavior of Botswana towards conduct less conducive to contracting HIV. Unfortunately, much of this literature is ineffective because it does not encourage Botswana to be proactive. Materials such as pamphlets, books, newsletters, and booklets often depict Botswana as victims of HIV/AIDS. In doing so, the authors relegate Botswana to a life of passivity. In theory, all victims have the tools

to eventually empower themselves but the move from victim to empowered person is a long one. It would involve a two-step process: firstly, the acceptance and realisation by a person that he or she is a victim, then followed by actions directed towards changing one’s status away from victimhood.

I propose that all literature written for the purpose of instructing Botswana about HIV/AIDS begin from the premise that there are no victims of HIV/AIDS. That is, becoming infected with HIV is the sum of actions taken by persons of their free will. To assist in reducing the number of those who contract HIV/AIDS in Botswana, instructional literature must stop telling Botswana that they are victims of the disease. Victimhood implies the inability to act, insinuating a lack of capability to remove

oneself from the category of victim.

It must be made clear to Botswana that only *their* actions will reduce the number of those who contract HIV. Botswana must know that they are not victims of HIV/AIDS but rather persons whose own actions affect their chances of contracting the virus that causes AIDS. The understanding that, through their actions, only they are capable of reducing the rate of HIV/AIDS in Botswana will empower Botswana to taking full responsibility (with exceptions, of course) whether he or she contracts the virus.

Rodney Glaister Paul is a United States Peace Corps volunteer working with the AIDS Coordinator in the Boteti Sub District.

Note: The views expressed in opinion pieces do not necessarily reflect those of the Botswana Network on Ethics, Law and HIV/AIDS.

Staff News

Meeting at the international crossroads on HIV/AIDS

More emphasis is needed on assisting volunteers from abroad in their adjustment to new cultural and social environments, BONELA's Programme Officer Nthabiseng Nkwe told participants at a Canadian conference addressing local and international partnerships related to the HIV epidemic.

Held in Toronto, the Global Forum On HIV/AIDS Without Borders brought together partners from across the world to meet on 9 to 11 December.

Ms. Nkwe, along with Human Rights Research Officer Kristi Kenyon, participated in two panel discussions—on Partnerships and Overseas Volunteers as well as on Homosexuality and AIDS.

Organised by Canadian Crossroads International, the purpose of the first forum was to give organisations an opportunity to



Nthabiseng Nkwe

share experiences of hosting international volunteers, especially in resource-constrained countries.

"I felt that the discussion was very insightful as it gave us an opportunity to identify issues of importance in hosting international volunteers and how to assist them to cope with totally different environments," Ms. Nkwe said about the interaction.

Recounting what she reported as a panelist at the event, she added, "Where the public transport system is different and so are attitudes of the general public towards foreigners, I identified this as a weakness that we do not have a system where we conduct societal orientation with volunteers to allow them an opportunity to cope in the community."

Volunteers themselves also spoke about working in environments with limited

resources and organizations that are often short-staffed.

The panel on Homosexuality and AIDS constituted mainly of organisations from the African region. The forum allowed for an exchange with organisations in the North about the situation of homosexuality in African countries, including how discrimination makes it difficult to fully reach the gay and lesbian community in order to address HIV/AIDS.

"This not an issue faced by Botswana only but by the rest of Africa which is also struggling to serve the LGBTI community," Ms. Nkwe remarked about the discussion.

Her participation in the conference followed a three-week exchange to Canada, which was part of a public engagement initiative of World University Services of Canada. There Ms Nkwe met with organisations working on issues of HIV/AIDS, advocacy and human rights.

Retrospective

More than 700 days after landing in Botswana and at BONELA...

Two years ago, as the plane circled before landing, I recall gazing out the window at the unusual shape of Kgale Hill and imagined it had been formed by stones dropping from the sky in an uneven pile. Stepping off the plane, I breathed in the warm January air and remember thinking to myself, "I'm going to like it here." My luggage was lost but I was warmly welcomed and my life, as I know it here, began.



Kristi Kenyon

The BONELA that I came to was very different than the organisation that exists today. In those days, we were only five people, working on three desks and three computers in two offices and a boardroom. The human rights training manual—the main project that would come to occupy my time—was then a pile of ideas summarised in a two-page handwritten outline. Thinking back on how this project went from an idea to a colourful, bilingual 420-page reality, I remember the people who shared their stories and their time in order to make this project a success.

I recall meeting with members of the LGBT community who were courageous enough to share their stories, their dreams of having children and their fears of discrimination.

I have memories of engaging with women's organisations that highlighted links between HIV and domestic violence, compelling me

to write about women as the active, powerful people that we are rather than the passive victims we are sometimes portrayed as.

I think of the writing team and their excitement as they shared their findings with me. While often educational, these new ideas and realisations sometimes leave me with the uncomfortable awareness of how work and life overlap. It has also permeated my experience, as I evaluated my life and choices in a new light. I realised that, while as

feminists say, "the personal is political," the political is also personal.

Policy, law and politics affect our lives, relationships and personal interactions. I saw familiar expressions—"men who have sex with men," "refugees," "OVCs [orphans and vulnerable children]," "undocumented migrants," "PLWHAs" and "female-headed households"—change from terms and acronyms into friends, neighbours and colleagues. Often it was the most vulnerable and on the outskirts who opened up the most and trusted me enough to offer insight into their lives and challenges, who welcomed me into their homes, and who offered me a place by the fire.

With so much talk of "mainstreaming," we sometimes forget those on the periphery, those on the edges who are not always as well addressed by conventional programming and who are not always as well placed to access services. Part of our role as

NGOs is to address these gaps, to do what is not already being done, not because it is popular or unpopular but because it is necessary.

During my time here, I have had the opportunity to travel the length and breadth of Botswana, from Molepolole to Maun, from Masunga to Werda, from Ghanzi to Mochudi to interview health care workers about their knowledge and attitudes towards confidentiality and testing, conducting workshops and presentations, attending meetings and participating in AIDS fairs. I have also had the rewarding opportunity of sitting on the Community Advisory Group for the Gaborone Tenofovir trial. It has been an amazing adventure and one I am certain I will continue to learn from even long after I have left.

I don't think that I'll really believe that I am leaving until I make that flight—this time in the other direction. My life in Botswana feels so vivid, stable and solid, in terms of work, hobbies, volunteer projects, friends and routines. The idea that I no longer live here come mid-December is still difficult to fathom.

Keitumetse thata to everyone at BONELA and to everyone who, despite my foreignness, let me feel like I belonged here. Ke ithutile go le gontsi mogo lona lotlhe.

Kristi Kenyon finished her term as BONELA's Human Rights Research Officer (a post funded by World University Services Canada) in December 2005.

From the director's desk

BONELA ended 2005 with a bang: two high profile events—one to launch our training manual and the other to elect a new board.

The launch of the manual, with the assistance of the Honourable Phandu Skelemani, completed a long process that involved everybody at BONELA: staff, volunteers, members and the board. It is at this point that I would like to thank Kristi Kenyon, who has supervised this project from the start, for a job well done. Kristi completed her two-year term as a Development Worker with BONELA at the end of 2005. We wish her all the best for her future endeavours.

While the launch of the manual has to be one of the great highlights of the history of BONELA, the second event was no less important: the election of a new



Christine Stegling

BONELA board. This occasion was graced by the presence of the Attorney General, who entertained the BONELA membership with a thought-provoking keynote address. I would like to take this opportunity to extend my sincere thanks to both the Honourable Skelemani and the Honourable Dr. Athaliah Molokomme for their support.

Also to be thanked is the outgoing board members who have supported the work of the secretariat for many years. They have made a huge contribution in making BONELA what it is today. We are sad to see them go, but we sincerely hope that they will continue to support our work.

The in-coming board has taken up their duties and will look at a strategic framework for BONELA at the beginning of March. We welcome them to the

secretariat and are looking forward to a fruitful and creative working relationship.

2006 will prove to be another exciting year at BONELA. Many advocacy and training events are lined up for the coming months and we hope to see affiliates, friends and members of BONELA participate in these events.

On the road

- Director Christine Stegling traveled to Johannesburg on 20 October to participate in developing an proposal on increasing the participation of PLWHAs, which included ARASA and other organisations.
- Training Coordinator Oratile Kidd-Moseki and Programme Officer Nthabiseng Nkwe conducted an awareness-raising workshop in Jwaneng with health and community groups from 1-3 November.
- Christine Stegling traveled to Johannesburg for an ARASA Advisory Board Meeting on 10 November.
- Oratile Kidd-Moseki and Human Rights Research Officer Kristi Kenyon traveled to Orapa to conduct an awareness-raising workshop with Letlhakane and Orapa communities and healthcare providers from the 28-30 November.
- BONELA staff travelled to Letlhakane to participate in the national commemoration of World AIDS Day.
- Christine Stegling and presented on BONELA's initiative on drafting employment legislation at the 14th ICASA Regional Conference held in Abuja, Nigeria. Oratile Kidd-Moseki also participated in the early December event, the theme of which was HIV/AIDS and the Family.



Participants role-playing at a BONELA awareness-raising workshop in Jwaneng



About BONELA

The Botswana Network on Ethics, Law and HIV/AIDS (BONELA) is a non-governmental organisation committed to integrating an ethical, legal and human rights approach into Botswana's response to the HIV/AIDS epidemic. To learn more, visit us online at www.bonela.botsnet.co.bw.

Interested in becoming a member?

We welcome those from the legal community, academia, community-based organisations, and public and private sectors as well as people living with HIV/AIDS and concerned individuals.

The BONELA Guardian

This quarterly publication is on the lookout for timely, insightful articles on topics related to HIV/AIDS and human rights, ethics, policy development or the law. We also accept first-person accounts, opinion pieces and responses to previously published articles. For further information, please contact Editor Cynthia Lee.

Botswana Network on Ethics, Law and HIV/AIDS

Plot 50662, Medical Mews, Fairground
P.O. Box 402958
Gaborone, Botswana
Tel: +267 393-2516
Fax: +267 393-2517
Email: bonela@botsnet.bw
Web: <http://www.bonela.botsnet.co.bw>

