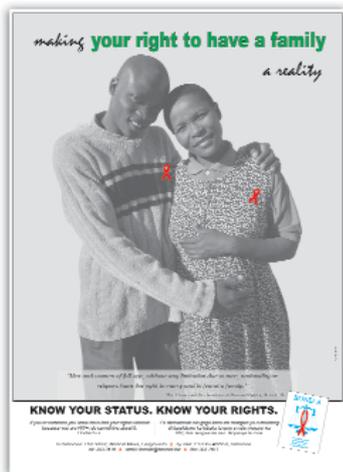




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*HIV-positive women speak up about their rights, writes Katharina Tangri (p.3)*



*What happened at UNGASS? Christine Stegling finds out (p.6)*

## In the dark about HIV and AIDS

By Nthabiseng Nkwe

**MOCHUDI-Education and awareness-raising about HIV prevention is desperately lacking among the blind community in Botswana, say advocates for visually impaired individuals.**

Most messages about HIV are written in such a way that it cannot be accessed by this segment of the population—which is estimated at 20,000 in the country—often reaching them too late if they reach them at all.

“HIV information in pamphlets and billboards and posters is not written in Braille, and a blind person will never know what is written there unless they are with someone who can read out for them,” said Obakeng Busang, Assistant Training Coordinator at the Pudologong Rehabilitation Centre, which primarily serves people between age 16 and 35 who are visually impaired.

It is not common, he said, that people with visual impairment are accompanied by such a person. More often, they are led by children who do not yet have the skills to properly interpret and disseminate the information. Even if they can read, they will not likely offer a message about HIV unless explicitly requested.

Like most people living with disabilities, people who are visually impaired do not have access to the same amount or type of information as sighted individuals.

But state and NGO responses to these challenges have been inadequate. No national HIV/AIDS programmes currently target these groups, for example.

This community of people is also rarely included in the formulation of HIV/AIDS strategies, says M.G. Pheko, coordinator of Pudologong, which is situated in Mochudi.

Part of the insufficient attention being paid to these issues is related to the misconception that people living with disabilities, including the blind, are not sexually active. This is simply not true.

“People tend to assume that people living with visual impairment cannot fall pregnant,” said Portia Matlapeng, an active member of an HIV/AIDS committee set up at Pudologong.

“If one falls pregnant, people always ask how that happened because they do not expect us to engage in relationships,” she explained.

Even with this realisation, visually impaired people still have limited access to effective HIV prevention methods.

Take condoms, for example. Regardless of how many are distributed free around the country, none come with instructions in Braille. Some individuals may end up using expired or damaged condoms or simply do not know how to use them properly. The visually impaired are left out of gaining knowledge from condom use demonstrations, which largely depends on the ability to see.

And, it is not only that visually impaired persons require access to information and HIV prevention tools. Their relationship with the virus may also be the inverse: many HIV-positive people eventually become blind or are visually impaired as a result of compromised immunity, including some students at Pudologong.

Stigma associated with blindness becomes a double burden when individuals are also HIV positive.

“This means the approach to addressing HIV education must take into account various sensitivities,” said Coordinator of the HIV/AIDS Committee Chris Manzwia.

“They tend to feel that you are imposing on them because they are stigmatised already for being disadvantaged,” he explained. “Therefore trying to encourage them to access services and information makes them feel like their ability is being doubted and information is being imposed on them.”

Instead, he says, the centre promotes peer-to-peer information sharing “as this instills a sense of responsibility.”

*Continued on page 2*

*Continued from page 1*

The Pudologong HIV/AIDS committee attempts to address such issues, but its activities are restricted because of the lack of funding to produce resources accessible to people living with visual impairment.

The committee provides education, special demonstrations on how to use condoms, and sensitisation on HIV testing and reproductive health issues by engaging with such organisations specialising on these issues.

As a result, many people from the centre have gone for HIV testing. Some of the

centre's clients are now on anti-retrovirals, which even involves the assistance of a social worker to administer the HIV treatment. The process, which has been adapted to serve their specific needs, includes arranging for check-ups and consultations. Patients learn to administer treatment on their own by having the tablet bottles and shapes of tablets described to them.

Advocates overwhelmingly agree that people living with visual impairment should be mainstream in HIV education. The first steps may begin with the translation of materials related to HIV/AIDS into user-friendly formats, they say, including audio and Braille.

Pudologong houses a Braille production machine, which is "underutilised," says Centre Coordinator Pheko.

Such machines would be useful in making available information to people living with visual impairment so they could be "brought on board in drawing up strategies and policies," he said.

*Pudologong Rehabilitation Centre's large-scale Braille production machine is available for use by organisations to publish materials. For more information, please contact Chris Manzwia at 5739856.*

## BONELA hits the airwaves with radio campaign on rights

By BONELA Staff

**GABORONE - Obviously upset, Tummie pours her heart out to her best friend.**

"And all they could say was, the company has to let me go, and, heh weh heh weh, it's going nothing to do with the fact that I'm HIV positive," she says in disbelief. Just two months ago, her boss told her how indispensable she is to the company.

A situation experienced by many others, Tummie has been fired because of her HIV status. And, it's one scenario highlighted in a series of jingles that make up BONELA's radio campaign, launched on 12 May.

Aimed at advocating for the rights of people affected and infected by the epidemic, the commercials primarily portray a series of people who have suffered from HIV-related discrimination.



*Gabz FM morning show presenter Warona Setshwaelo*

"As a person living with HIV/AIDS, you too have rights. Know your status, know your rights," they announce.

Because discrimination and stigma due to HIV/AIDS is still widespread, BONELA is "taking an opportunity to fight back," said Cynthia Lee, the organisation's Media and Advocacy Officer, in an address at the occasion.

"Through the radio, a medium that reaches thousands and thousands in Botswana daily, we are broadcasting a message aimed at empowering people about their rights."

The NGO hopes the campaign will also call attention to how BONELA, through its established legal aid clinic, may assist individuals who have had their rights violated because of their HIV status.

In her keynote speech at the launch event, BONELA's efforts were praised by GABZ-FM radio presenter Warona Setshwaelo.

"We in the media try to encourage every citizen and resident to take responsibility for the country they live in, stand up and say something," she said.

"The fact that BONELA is engaging in this media campaign, that they have seen the value of the radio and instead of criticising stations for not spreading their message, they have taken responsibility, they have stood up and shown they are determined to be heard."

The radio campaign is the latest initiative of BONELA's media programme, which began about two years ago.

Reaching out to people infected and affected by HIV/AIDS means the media is an absolutely critical partner in the fight against HIV, said Duma Boko, chair of the BONELA Board, at the event.

The radio jingles may be heard on GABZ-FM, Yarona-FM and RB2.

Congratulations to P.P. Motau who has accepted the position of BONELA Board Treasurer. Rre Motau is a member of the Department of Finance and Accounting, Faculty of Business at the University of Botswana.

Training Coordinator Oratile Kidd-Moseki and Programme Officer Nthabiseng Nkwe ran three workshops in Gaborone in February and March, intensively training participants selected from workshops held last year. These individuals will return to their communities as Resource Focal Persons.

After interviews with numerous candidates were held on 10 Feb., Nana Gleeson was appointed the position of Finance Manager.

A national stakeholders' meeting was held to discuss a draft report on confidentiality in health care facilities based on a research project BONELA undertook with the Policy Project (Washington, DC). Minister of Health Hon. Prof. Sheila Tlou and US Ambassador Katherine Canavan graced the 16 Feb. occasion.

BONELA organised a mid-February meeting on behalf of the Open Society Initiative for Southern Africa to introduce their HIV and the law programme to interested NGOs.

Oratile Kidd-Moseki and Nthabiseng Nkwe coordinated the first Network Forum for Resource Focal Persons (10

March) aimed at creating dialogue between health care workers and PLWHAs.

BONELA in collaboration with the AIDS Rights Alliance Southern Africa (ARASA), held on 13 March a regional workshop on HIV testing, including representatives of the Ministries of Health of Botswana and Zambia and activists from SADC countries.

LeGaBiBo representatives presented at the Zero Transmission Lifestyle seminar organised by YOHO on 14 March.

In April and May, BONELA released the final posters of the "Making Human Rights a Reality" campaign, highlighting the



# HIV-positive women speak up for their rights

By Katharina Tangri

GABORONE- "We are normal. We are like everybody else. Why should I stop living because I tested HIV positive? Why should I stop doing the things I have been doing before?" says Onie, an HIV-positive woman and mother to two healthy HIV-negative children.

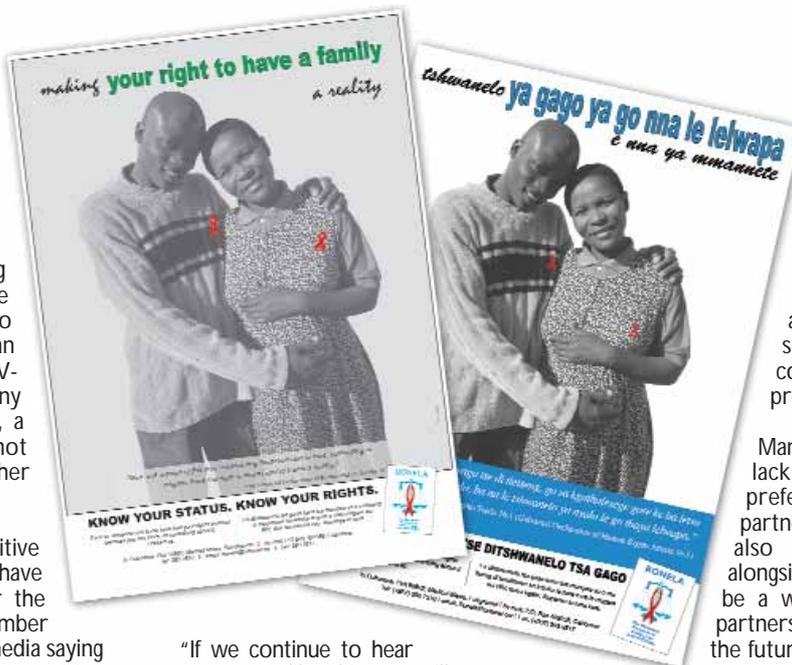
But outcry was the overwhelming response from her family after she and her husband-to-be began to discuss having children, not an uncommon scenario faced by HIV-positive women in Botswana. Many of them want to found a family, a common desire that would not generate opposition under other circumstances.

Even in the public arena, HIV-positive women who become pregnant have been targeted as scapegoats for the epidemic. Earlier this year, a Member of Parliament was quoted in the media saying he was concerned about HIV-positive women who continue to become pregnant and contribute to the spread of HIV/AIDS.

Along with other universally recognized rights such as to life, dignity and privacy, every woman has the right to found a family. Women living with HIV/AIDS, however, are being systematically discouraged from establishing a family, either because they are not considered fit to take care of a baby or because it is believed they will automatically transmit the virus to the infant.

But the blame should not only be placed on women, it is placed at all.

"In this era of HIV, everyone should be responsible. Men who are impregnating these women are not equally being asked about engaging in unprotected sex," says Mary Motse, vice chairperson of Bomme Isago Association, which is aimed at supporting women living with HIV and AIDS.



"If we continue to hear comments like this, we will see our country's efforts against HIV/AIDS regress. In this hostile environment, women may not feel comfortable to seek advice about and enroll in prevention of mother-to-child-transmission (PMTCT) programmes," she adds.

Botswana implemented the first national PMTCT programme in Africa. Access to this programme can allow couples, when HIV transmission is a risk, to have children in the safest possible conditions.

Without effective medical intervention, there is a 25 to 35 per cent risk of a child born to an HIV-positive mother becoming infected during pregnancy, labour or delivery. Breastfeeding the child after birth may also increase the likelihood of infection.

PMTCT programmes may reduce the risk of transmission to as low as 1 per cent. But an HIV-positive woman has to enroll when she is 28 weeks into pregnancy. Advice may then

be offered to her, for example, information on medication, caesarian section, and breastfeeding. It provides the mother an opportunity to look after her own wellbeing, treatment and health and to protect the baby from HIV infection.

From the experiences shared by HIV-positive women at three BONELA workshops held around the country this year, it seems the situation is much more complex than simply the issue of preventing infection.

Many of the women lamented the lack of male involvement. They preferred if their husbands and partners were involved in PMTCT and also were counselled and tested alongside the mothers-to-be. It would be a way to support their wives and partners in decision-making and plans for the future, they contended.

"Women who plan to have children should go for an HIV test," Onie says, similar to the advice of many health care professionals.

"But you must not go alone. Encourage your partner to go test with you. It holds the family together," she adds. Her husband tests every six months and her children have been tested twice.

Women at the workshops also noted their concern about limited access to post-exposure prophylaxis, medication aimed at reducing the risk of becoming infected with HIV soon after unprotected sex occurs. Whether a woman becomes pregnant-through her own decision or pressured to meet the ideals of motherhood imposed on women by peers, family or in-laws, access to a means of conceiving without infecting the partner is important.

*Continued on page 4*

right to health and the right to dignity.

BONELA trained health workers at the Baylor's Centre of Excellence on 8 April.

BONELA co-hosted a treatment literacy meeting with the Treatment Action Campaign (TAC) and ARASA on 10 April, resulting in the formation of a treatment literacy coalition for Botswana.

BONELA hosted a meeting between the Global Fund Southern African Cluster and civil society representatives on 11 April.

BONELA, LeGaBiBo and the Vision 2016 Secretariat met at DITSHWANELO-The Botswana Centre for Human Rights on 11 April.

Media and Advocacy Officer Cynthia Lee and LeGaBiBo representatives attended a BONASO event with Richard Burzynski, Executive Director of the International Council of AIDS Service Organisations on 18 April.

Addressing the issue of homosexuality, Nthabiseng Nkwe and representatives from LeGaBiBo were guests on the *Daily Grind*, radio show on 26 April.

BONELA staff presented to Canadian and Batswana students participating in the 2006 Student Seminar, hosted by the World University Services of Canada in May.

BONELA board met for their quarterly meeting on 11 May.

Intern Shirley Keogile attended *Talk Back's* 100th episode on 16 May.

A tender for a feasibility study for placing PLWHAs with businesses in Botswana was awarded to Business Promoters in May.

Intern Calvin Matsapa attended a review of the National HIV/AIDS Prevention Strategy For Children and Youth, organized by the Botswana National Youth Council on 18 May.

Calvin Matsapa attended the National NGO, CBO and FBO Child Care Forum on 30 May, which was organised by the Department of Social Services and UNICEF.

Oratile Kidd-Moseki facilitated an awareness raising workshop for civil society groups on 5-7 June.

*Continued from page 3*

The participants also agreed that cultural expectations as well as fear of stigma attached to formula-feeding have prompted some women to feel forced to breastfeed even though, being HIV positive, they would prefer not to.

Against these challenges, the choices of HIV-positive women—like all women—to become pregnant should be reached through open and

free negotiation. Women like Onie and others at the workshops say that a gendered, human rights-based approach to HIV/AIDS and reproductive rights issues would promote access to information and medication concerned with sexual and reproductive health.

They believe it would increase the knowledge and modify the attitudes on sexual and reproductive health issues, enabling HIV-positive women to make informed choices about whether or not to have children.

“If you are tested positive, get enrolled in a ARV programme and PMTCT programme. Then you can still lead a normal life. Don’t make your status a secret and don’t be ashamed of your decision to have children,” she says.

“Even though we are HIV-positive, we have the same rights as everybody else. And if we want to have children, we can have healthy ones.”

## Centre cares for the caregivers

*By Cynthia Lee*

**GABORONE-Exhausted, their legs hurt. Overwhelmed, their backs ache. And, their hearts break from dealing with the countless stories of the patients they care for.**

Health care workers in Botswana seldom seek proper medical care until they are themselves ill, says Dr. Ava Avalos, executive director of the Tshedisa Institute which recently opened to support the physical and psychological needs of these professionals.

The first medical facility in the country designed especially for health care workers, the centre provides comprehensive care and support ranging from HIV testing to support groups to therapy. Among its diverse strategies, the centre offers creative arts therapy, yoga and dance as well as addressing such issues as grief and bereavement, HIV and Christianity, and weight management.

“It’s about the treatment of the body, mind and spirit,” Dr. Avalos says.

Tshedisa, for example, specifically offers HIV testing because in dealing with the pressures at the frontline of the country’s pandemic, many health care providers are reluctant to take the HIV test themselves.



*Tshedisa Institute’s Executive Director Dr. Ava Avalos and Maungo Mooki of Makgabaneng share a moment at the centre’s official opening.*

In many cases, they refrain because, should they test positive, the people who would end up providing care, are also their co-workers.

“They fear that everyone they know will have access to their medical records,” she adds. Often, they wait until the disease is quite advanced before seeking care.

They are in the unique situation of “taking care of people with the disease that they themselves might have,” the doctor explains.

These distinct kinds of considerations along with the stresses of an overloaded health

care system has prompted the Ministry of Health (MoH) to take note of the broader issue to provide support for caregivers.

A collaborating partner, the MoH provided input into the creation of Tshedisa and has plans for its own national programme for caregivers. The institute could become one model to follow in the future.

For the moment, however, Tshedisa recognises its role as the only such centre and also offers training for professionals around Botswana in such topics as care for the caregiver, advanced counseling and stress management.

Its staff—medical doctors, clinical psychologists, senior counselors, and occupational and speech therapists—has witnessed growing interest in the centre’s activities and classes since its 19 May opening. As a non-profit initiative, drop-in sessions are designed to be accessible at 20 pula each or “pay what you can.”

“The word is out. It’s spreading and it’s really encouraging,” says Dr. Avalos.

*The Tshedisa Institute is located at Plot 258/9, Molefi Close, Extension 5, Gaborone. Contact 3905713 or email tshedisa@yahoo.com*

## Athletes to represent Botswana in gay and lesbian games

*By Prisca Mogapi*

**GABORONE-In a country notorious for being dry, Caine has no problem spending two hours in water every day.**

Swimming up to four kilometers a practice, he is training, soon to become the first athlete from Botswana to participate in international sporting events for gays, lesbians, bisexuals, transgendered and intersexed (LGBTI).

The 25-year-old swimmer will compete at the annual Gay Games, to be held in Chicago, USA, from 15 to 22 July, then head to Montréal, for the world’s first Out Reach Games at the end of the month. In Canada, he will be joined by a seven-member women’s basketball team, which will also represent Botswana.



*A member of the LeGaBiBo basketball team practices for the upcoming Out Reach games*

These eight members of the Lesbians, Gays and Bisexuals of Botswana (LeGaBiBo) will be among those from more than 120 organisations from around the world to participate at the Out Reach Games. LeGaBiBo, a group advocating for the rights of LGBTI, receives support from BONELA.

But many LGBTI feel unable to show off their sporting and other talents because they are afraid of discrimination against their sexual orientation. Support from the public for

Botswana’s participation in the two sporting events has been generally lacking.

“Some would be happy and some won’t be happy,” said Caine.

“It’s a 50/50 thing. The unhappy ones would protest that it’s a waste of money,” added basketball team member Bame, looking sad. “Whoever is willing to help us is welcome.”

Nor has recent local media coverage of LGBTI issues necessarily created a supportive environment. An article published in the Botswana Gazette in May was entitled “Homosexuality is rubbish-Mfa,” highlighting the condemning attitudes of some of those in power, including Assistant Minister of Labour and Home Affairs Olifant Mfa.

Even so, the athletes say they would share their experiences with the nation when they return, especially when thinking about the possibility of winning a medal.

“I am proud of myself, my sexuality, who I am. But it would mean that my sexual orientation would have to be disclosed,” replied Bame

PERSPECTIVE

## Empowered with human rights knowledge

By Joachim Papa Joe Nonong

*Ever since I was trained to be a human rights resource person by BONELA for Mahalapye and the surrounding areas, I have been able to help people understand and know their rights as far as the workplace, health, HIV testing, and confidentiality is concerned.*

I am now a counselor, a mediator, a resource person and, of course, a human rights activist. In their jobs, I have been able to help people whose applications for transfer have been neglected in the past due to their HIV status. Many people also suffer in the workplace because others failed to keep their HIV status a secret, violating their right to privacy.

I have helped in ringing the bell on confidentiality in the workplace. My work has led both the Department of Animal Health and Botswana Railways to agree to train their supervisory staff on issues about confidentiality.

This has been the greatest time of my life. To date, I have facilitated in two workshops—at Animal Health and Husbandry Unit (Department of Agriculture) and the Botswana Railways Management team. It became clearly evident that many people did not know that they have rights at the workplace. In both workshops, everybody was surprised to learn about their rights.

More and more people are coming forward with queries about human rights violations. At the Mahalapye Primary Hospital, I would like to have an environment where every patient will be able to receive all the services they are entitled to without prejudice and oppression. I am now in the process of discussing the situation with the Senior Medical Superintendent.

If only there could be enough resources to train more resource persons countrywide to deal with the problem of human rights violations, then the fight against HIV/AIDS would be more effective. It could be such a giant step if the government of Botswana would realise the changes that human rights awareness campaigns would bring in this era of HIV.

hesitantly while agreeing that she would grant local media interviews for her participation in the games.

Although she has never thought she would take part in such a competition, Bame is excited.

"Being able to interact with the community brings a feeling of belonging," she explained, adding she believes that these events will help promote and gain recognition for LGBTIs.

For the past four years, Caine has been looking forward to participating in the Gay Games after reading about the 2002 event held in Sydney in a magazine aimed at a gay audience.

"I want to be part of what I consider 'awesome games' and gain experience which will be useful in helping LGBTI in Botswana," he said.

## From the Legal Desk



*Greetings. This column has returned with a few new features. Allow me to introduce myself: Ogone Oscar Mokoko Gaboutloeloe, Mokoko to many. I have recently joined BONELA as the Legal Officer and in-house attorney for the legal aid department, which deals with HIV-discrimination related legal cases. This column will continue to provide insight into the latest happenings in our legal department as well as current legal developments pertaining to HIV/AIDS issues.*

Recently, we have witnessed the departure of Mr. Uyapo Ndadi, who has been involved with BONELA's legal programme for the past two years. We would like to wish him a great deal of luck and success as he now pursues his legal career.

At the moment, we are conducting an

audit of all existing and potential cases that were under consideration by the legal department. We will decide on an ongoing basis which cases will be further pursued. If you have previously submitted a legal matter to BONELA and you have not heard from us, kindly drop us a line and inquire about its status.

In the meantime, I would like to extend an invitation to members and potential beneficiaries to visit us should they like to discuss any relevant issues. Please also note that the *BONELA Guardian* will now regularly present a question-and-answer column for legal advice related to issues for those infected and affected by HIV. Please write to *Hee Mmueleli* and we shall respond to those questions relevant to our readership.

*Thanks and legally yours,  
Mokoko*

## Hee Mmueleli



This first-ever edition of this column—the title of which means "Dear Lawyer" introduces questions posed from two real-life situations.

*Hee Mmueleli,*

*Our mother died recently without leaving a will nor did she specify what to do with her properties, including her car. My two brothers and I wish to have the properties in our names. We don't know what to do, Mmueleli. Please help.*

*Thandi, Marapong*

The law relating to a deceased person's estate is found in the Deceased Estates Act. The act specifies that the death of any person with property worth more than P600 must be reported to the Master of the High Court. The Master will issue a notice calling all interested parties (the family and so on) to meet to appoint an Executor of the deceased estate.

The person who is appointed will have the legal power and authority to sign documents that will transfer ownership of properties to heirs, in this case, you and your brothers.

*Hee Mmueleli,*

*Recently I started developing a cough that could not go away. My employer paid for my medical expenses and*

*advised me to go for an HIV test. The test came out positive and my employer insisted that I tell her the results. If I didn't, she said she would dismiss me. So, I reluctantly told her.*

*She then told her husband, who promptly instructed her to fire me. I lost my job and now don't know what to do. Do I have any rights that were violated in this case? Mmueleli nthusa hoo.*

*Sandy, Phakalane*

Your problem raises many issues:

- 1) Your employer may advise you to go for an HIV test but may not insist that you reveal the results.
- 2) You may not be dismissed from your job because of your status. If you fall ill, the normal procedures relating to incapacitation due to ill health must be followed. You may not be dismissed arbitrarily (on the spot without warning) because there are guidelines for dismissal that must be followed. By dismissing you in the way you described, your employer has contravened Employment Law. If you feel you have been dismissed unfairly, you should report the matter to the nearest labour office within 30 days.

## ON THE INTERNATIONAL FRONT

# What happened at UNGASS 2006?

By Christine Stegling



*A recent much-anticipated high-level UN meeting on HIV/AIDS was marked by disappointment from civil society internationally and controversy locally.*

The 2006 United Nations General Assembly Special Session on HIV/AIDS (UNGASS) was called to see how far countries and the international community had come in addressing HIV/AIDS and delivering the targets of the Declaration of Commitment from the first meeting five years ago.

Around the world, many civil society groups expected this 31 May to 2 June meeting in New York to reflect honestly and with renewed commitment on progress made since the initial UNGASS.

With representatives from over 140 countries attending, world leaders such as UN General Assembly President Jan Eliasson claimed the new resulting Political Declaration to be strengthened, "substantial" and "forward looking."

But civil society organisations working on HIV/AIDS issues do not agree. This document that forms the outcome of the event has been heavily criticised as feeble in terms of the language used and the targets set.

"The resulting Political Declaration is ultimately a weaker document than the original 2001 Declaration in the sense that it does not name vulnerable groups, is weak on the rights of women and particularly of girl children and fails to set any targets at all," said Michaela Clayton, Director of the AIDS and Rights Alliance Southern Africa, who participated at the meeting as part of the Namibian delegation.

According to Clayton, many were also disappointed with the failure of the Africa Group, headed by Gabon, to negotiate on the basis of the Africa Common Position, which had been adopted by African leaders two weeks prior to UNGASS. This stance was extremely strong on human rights, vulnerable groups and the setting of measurable targets and was adopted specifically for the purposes of presenting a common African position at UNGASS, she said.

There is evidently much missing from the Political Declaration, in particular, measurable targets with regard to treatment and prevention efforts. Civil society all over the world now feel they will need to engage in

even stronger advocacy and lobbying at national and global levels to make their concerns heard in order to save people's lives through universal access to treatment and by protecting them from discrimination and social isolation.

For Botswana's participation, BONELA notes with appreciation President Mogae's boldness during an UNGASS panel discussion by referring to the particular vulnerabilities of some socially, politically and legally marginalised groups. But the Political Declaration sadly lacks this boldness addressing specific groups such as sex workers and people with a non-heterosexual sexual orientation.

The actual document does commit to "intensify efforts...to eliminate all forms of discrimination against and to ensure the full enjoyment of all human rights and fundamental freedoms by people living with HIV and members of vulnerable groups," notably to ensure their access to "education, inheritance, employment, health care, social and health services, prevention, support and treatment, information and legal protection, while respecting their privacy and confidentiality."

So many years into the epidemic, it is almost incomprehensible that some countries are still refusing to accept the diverse realities of HIV in their communities, which strongly call for policies and programmes that are non-discriminatory and supportive to sex workers, men having sex with men and injecting drug users, for example.

UNGASS left some small slivers of encouragement, however.

Botswana has also been at the centre of a great deal of discussion concerning the country's introduction of routine HIV testing. BONELA and other civil society actors have supported this policy with the understanding that "routine testing" means a routine offer of an HIV test with the informed consent of the client. Everybody should be in a position to know their HIV status but it should be the result of an informed decision.

It is, therefore, hopeful to see that the Declaration pledges "to promote...voluntary counseling and testing and related services, with full protection of confidentiality and informed consent, and to promote social and legal environment that is supportive of and safe for voluntary disclosure of HIV status."

It is also encouraging that some human rights commitments made in 2001 were reasserted. With the human rights approach to HIV having come under attack in many national and international fora recently, it is good to see that the international community has re-committed itself at the highest level to make the full realisation of all human rights and

fundamental freedoms an essential part of the response to HIV.

This re-affirmation will hopefully translate in Botswana into increased dedication to Goal 5 of the National Strategic Framework on HIV/AIDS, which calls for the creation of an ethical, legal and human rights based environment for the implementation of the national response.

At home, the controversy began well before the New York meeting. The national delegation included only one civil society representative who was chosen by the government without any consultation with non-governmental organisations. This lack of civil society representation on the national delegation hinders any meaningful involvement of non-government actors in the negotiations on the political declaration.

BONELA and others made requests to include more civil society players on the national delegation. This would have come at no cost to the Botswana government, but the application was denied.

"The lack of confidence and support for civil society to meaningfully participate at the UNGASS is deeply worrying and undermines the multi-sectoral response to HIV in Botswana," reads a press statement jointly released by the Botswana Network of AIDS Service Organisations, Botswana Network of People Living with HIV/AIDS, BONELA, Botswana Christian AIDS Intervention Programme and Youth Health Organisation.

These organisations say it is high time that the rhetoric about civil society being an equal partner in the fight against HIV and AIDS is followed by action. This must include AIDS activists being part of a delegation that is comprised of a truly national—rather than government—composition. Even the President's briefing in preparation for UNGASS lacked any representation by civil society.

While several Botswana civil society groups were represented at the meeting, they had no formal contact with the national delegation and therefore almost no avenue to influence the discussions. Rather, they were involved in activities that went on largely outside the official meeting.

The organisations have appealed to the Botswana government to "establish open and transparent structures for the selection and preparation of national delegations that are to represent the country at high-level meetings."

Civil society groups are also asking the government to make available to the public an official report to illustrate the proceedings, challenges and outcomes of the New York meeting.

## BONELA staff news

### Legal Officer

#### Ogone Oscar Mokoko Gaboutloeloe



I joined BONELA at the beginning of April 2006, having previously worked as an attorney for Mosweu and Co., a predominantly labour law firm, and Chibanda Makgalemele & Co., a commercial and corporate law outfit. The main motivation behind my move from

the hustle and bustle of private practice was my deep desire to work in the engine room of human rights. Currently, the most pressing related issues are in the context of HIV/AIDS, and so I landed on my legal feet in the frontline, deep in the trenches.

My first exposure to the field was at the University of Botswana Legal Clinic where I represented an employee who had been dismissed from a job because of his HIV status. Since then I have always been keen in using my training and interest in these matters. When the opportunity to work for BONELA came up, I grabbed it with both hands.

I am very excited about the prospects of our team and look forward to contributing to some ground-breaking jurisprudence to advance the war on the legal front. According to my personal philosophy, everyday is a new day for learning things and learning is an every day thing.

### Intern

#### Shirley Keoagile



Shirley joined BONELA in April 2006 as an intern under the Media Programme. Her work will focus on the links between HIV/AIDS, human rights and people living with disabilities.

"I have volunteered to work at BONELA because of its

transparency, fairness and advocacy for equality in a just and friendly acceptable environment where all human rights are given serious thoughts," she says. "Since the beginning of last year I have great compassion and interest in issues relating to people living with disabilities especially the hearing impaired since I am one of them."

Shirley has a passion for the realisation of and protection of human rights of people with disabilities.

"I am looking forward to working with the team as I believe in their goals in advocating for change and for betterment of human rights," she adds.

### Research Associate

#### Femi Odunsi



Concern for the pandemic in Nigeria, his home country, is what led Femi Odunsi to develop research interest in HIV/AIDS and human rights.

"Available statistics indicated that my country is only surpassed by India and South Africa in the number of people

infected with HIV in the world," says Femi, who is in Botswana under a programme sponsored by the University of Pretoria's Centre for Human Rights and Centre for the Study of AIDS.

His project is focused on the barriers to HIV prevention and treatment for certain groups of people who experience discrimination based on moral judgment perceived by some segments of society. In particular, he is looking at these issues in the context of condom distribution in prisons and access to treatment for sex workers.

A barrister, solicitor and formerly a public prosecutor, Femi teaches at the Faculty of Law, Obafemi Awolowo University in Ile-Ife, Nigeria. He completed an LL.M at the University of Toronto, Canada as a MacArthur Fellow focusing on reproductive and sexual health law while his thesis specifically addressed HIV/AIDS in the military.

Femi's academic and research interests also include medical law, health law and policy, human rights, women's rights, and international humanitarian law.

### Intern

#### Calvin Matsapa



I'm currently doing my undergraduate studies at the University of Botswana, majoring in Social Work. My presence at BONELA marks the commencement of my nine-week internship with the organisation.

Why BONELA? I joined BONELA because I have a great passion on issues of human rights. I hope to contribute meaningfully to the organisation's mandate, which is to create a conducive environment free from stigma and discrimination for groups and individuals infected and affected by HIV/AIDS, and for those who are discriminated on the basis of their sexuality.

I would like to be very active in BONELA's capacity-building workshops, to empower, mould and enhance the capacity of those discriminated against on the basis of their HIV/AIDS status. I also have great interest in integrating human rights themes in the care and upbringing of children affected and infected by HIV/AIDS.

### Volunteer

#### Katharina Tangri



BONELA would like to extend its sincere thanks to volunteer Katharina Tangri for her dedication and contribution to a project related to HIV-positive women and their sexual and reproductive rights. Her research has resulted in an article to be published in *ALQ*, the newsletter of the AIDS Legal Network in South Africa.

Holding a law degree from University of Göttingen, Germany, Katharina is currently also pursuing studies for a Diploma in Anthropology. She also has experience from several law-related internships in Germany and England and has provided educational services as a museum assistant at the Institute of Ethnology in Göttingen.

Previously, she has conducted research for a University of Göttingen study on Iranian immigrants related to issues of migration and gender.

## International AIDS Candlelight Memorial: 21 May 2006



Cynthia Lee photograph

A small but dedicated crowd turn out to the National Museum in Gaborone for a candle light commemoration organised by the Botswana Network of People Living with HIV/AIDS.



## From the director's desk

*With the arrival of our first full-time lawyer, Mokoko Gaboutloeloe, BONELA has turned a new page in its history: we now have a fully staffed and up-and-running legal clinic.*

Mokoko's presence, combined with the launch of our radio campaign publicising our services, has resulted in an ever-increasing number of clients coming to BONELA to ask for assistance to fight discrimination due to their HIV status. The provision of legal services will add to our existing programmes and services such as training and advocacy, adding value to the work that BONELA is doing in the diverse communities of Botswana. Mokoko will not only assist within the confines of Gaborone but is also holding educational workshops in communities all over the country, with the aim of creating a critical mass of people who know how to exercise their rights. We very warmly welcome him on the team.

In addition to Oscar, we were also joined by volunteer Katharina Tangri from Germany. Katharina combines the skills and knowledge of a jurist with that of a social anthropologist and has done a great job assisting us with our research work on the right to bear children of people living with HIV/AIDS.

As if two lawyers were not enough, BONELA also saw the arrival of Femi Odunsi from Nigeria, who will be working with us as a



research associate focused on the critical area of HIV and the prisons populations. All of them have provided different perspectives to the work that we do and we are grateful for their contributions.

While the legal profession has obviously grown in numbers, we have also been lucky to welcome two interesting new interns. Shirley Keoagile has given the BONELA team great insight into the life of people who are hearing impaired and has encouraged the entire team to take up signing classes in order to better communicate with those in our community who are often left out of our mainstream conversations.

Calvin Matsapa is doing his University of Botswana social work internship with us and adds great value to our work on children's rights (and helps to improve the gender quotas in the office by being the fourth man on the team!). With all these interesting new people focusing on diverse advocacy and training issues, our advocacy and training work can go another step further.

*—Christine Stegling*

## On the road

- The BONELA Board met at Motse Lodge in Kanye for a strategic planning retreat on 3 and 4 March. The meeting was assisted by Katrin Taylor who guided the board on embarking on a more involved strategic planning process.
- Director Christine Stegling, Training Coordinator Oratile Kidd-Moseki and Grace Sedio, a representative from the International Community of Women Living with HIV/AIDS, facilitated a fact-finding seminar in Francistown on the right to bear children of people living with HIV/AIDS. This 31 March session was one of three, which were also held in Gaborone and Kasane.
- Christine Stegling traveled to Johannesburg for an ARASA board and strategic planning meeting on 5 and 6 April.
- BONELA's awareness raising workshops continued in April in Kasane focused on health care workers, support groups of people living with HIV/AIDS and community service providers.
- Legal Officer Mokoko Gaboutloeloe attended the TAC Prevention and

Microbicides Workshop (Cape Town, SA) followed by his participation in an attachment to the AIDS Law Project from 12 April to 10 May in Johannesburg.

- Christine Stegling served on a committee at the 21 to 25 April Marathon Meeting in Toronto in preparation for the upcoming World AIDS Conference. While in Canada, Christine also visited the Stephen Lewis Foundation and met with the Canadian AIDS Legal Network to discuss model legislation on women and HIV/AIDS.
- Mokoko Gaboutloeloe and Programme Officer Nthabiseng Nkwe conducted Community Legal Workshops in Serowe 12 to 19 June.



*Participants hard at work at BONELA's awareness raising workshop held in Kasane in April*

## Call for submissions

*The BONELA Guardian* is on the lookout for timely, insightful articles on topics related to HIV/AIDS and human rights, ethics, policy development or the law.

The newsletter is published quarterly by the Botswana Network on Ethics, Law and HIV/AIDS. We welcome first-person accounts, opinion pieces and responses to previously published articles. Alternative topics such as the medical or social dimensions of living positively with HIV will also be considered. Submission of relevant photographs or other artwork is encouraged. For further information, please contact:

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## BONELA is...

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 on the web at [www.bonela.botsnet.co.bw](http://www.bonela.botsnet.co.bw).

### *Interested in becoming a member?*

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

### **The Botswana Network on Ethics, Law and HIV/AIDS**

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