

**RAISING SCALE THROUGH EXTENSIVE TRAINING IN THE CHURCH:
THE CASE OF BOCAIP**

**THE BOTSWANA NATIONAL HIV AND AIDS RESPONSE
NATIONAL AIDS COORDINATING AGENCY -MANDATE-**

- Strategic leadership on HIV & AIDS
- Coordination, support and facilitation of programs implementation by various stakeholders
- Policy & programme development Coordination
- Resource mobilisation & management
- Capacity building for stakeholders
- Strategic Info Mgt on HIV and AIDS
- Monitoring and evaluation of the national response

NATIONAL STRATEGIC FRAMEWORK (NSF II)

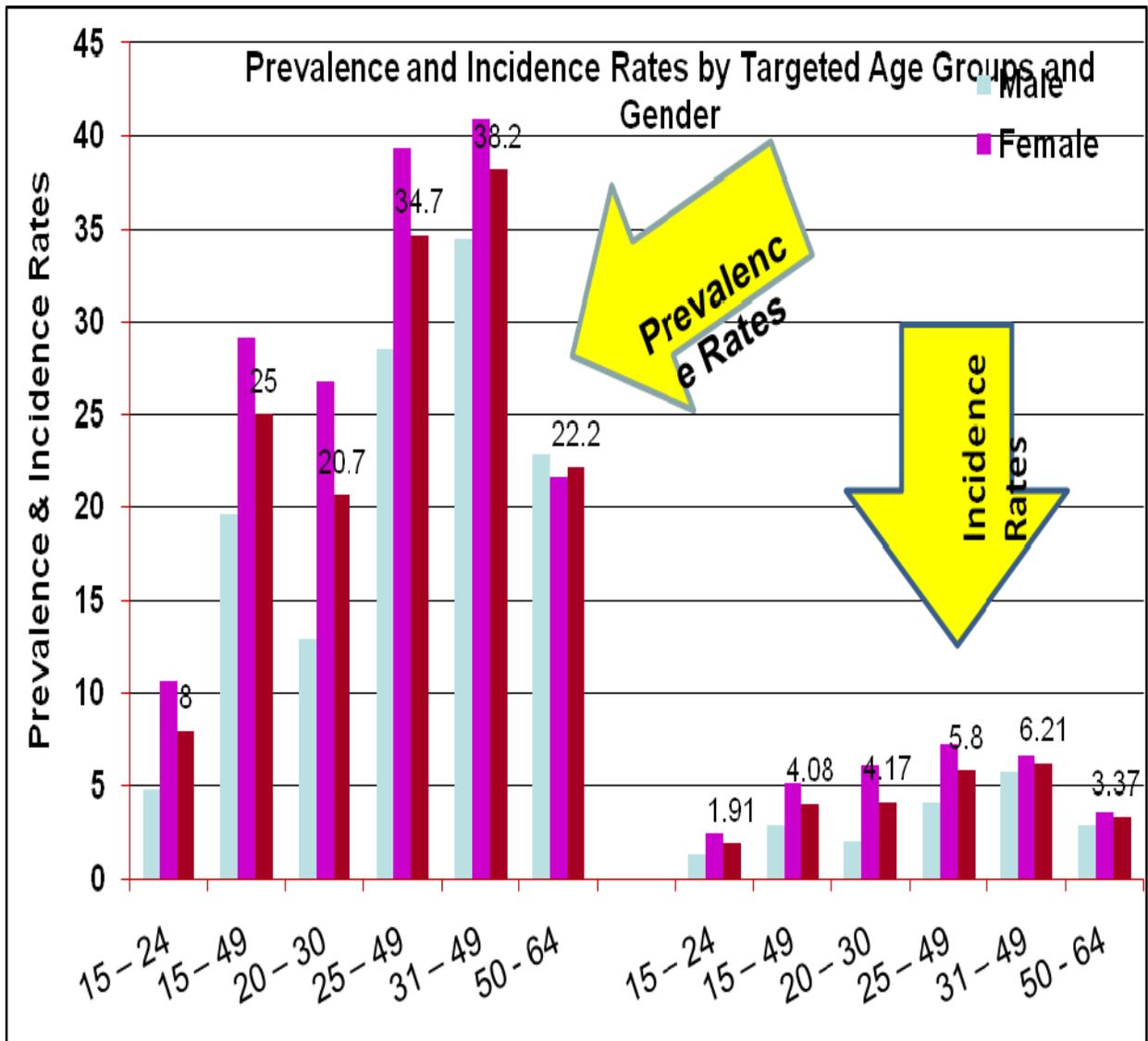
Priority Areas of NSF II

1. Preventing New Infections
2. Systems Strengthening
3. Strategic Information Management
4. Scaling-up Treatment, Care & Support

THE 2008 BOTSWANA AIDS IMPACT SURVEY III (BAIS III)

Estimated total population of Botswana: 1,802,959 (M - 852,228; F-950,724)

- **PREVALENCE :**
 - a national HIV prevalence rate of:17.6%
 - Females: 20.4%
 - Males: 14.2%
 - Urban Villages least infected: 16.6%



SUCCESS STORIES

- **Over 96% children born HIV free**
- **<4% First Line Failure Rate nationally**
- **92.8% of clients estimated to be in need of treatment receiving it**
- **90% of all patients remain on 1st line**

THE CHURCH RESPONSE

BACKGROUND OF BOACIP

Botswana Christian AIDS Intervention Programme (BOCAIP) is a non-governmental Christian Organisation registered under the Society's Act of the Government of Botswana in 1999. It is a joint inter-denominational Christian response to the HIV and AIDS epidemic. BOCAIP is a national body with community-owned initiatives in 11 centres and six satellites across Botswana being Molepolole (Kumakwane and Thamaga), Kanye (Goodhope), Tsabong, Serowe, Ramotswa (Mogobane and Otse), Lobatse, Gaborone, Francistown, Selibe-Phikwe, Maun (Gumare) and Masunga which are managed by local Management Committees. These committees enable local based participation and ownership. BOCAIP is governed by the National Management Board, which reports to the General Assembly. BOCAIP believes and advocates for abstinence before marriage and fidelity in marriage as prevention strategies to HIV transmission.

VISION: To mobilise and coordinate the Christian community to make an impact by implementing HIV and AIDS related behavioural change interventions, products and services.

MISSION STATEMENT: Demonstrating a Christian response to people affected and infected by HIV and AIDS whilst promoting behaviours of abstinence and faithfulness.

VALUES

Provide service to all those who require it without favour or discrimination.

Use resources at our disposal to deliver services in a manner that is indicative of God's unconditional love.

Work in partnership with our clients and stakeholders.

Be transparent and accountable for our decisions, actions and performance.

Share and seek knowledge and expertise with the multi-service HIV/and AIDS response.

Seek to develop summary the potential of our staff and clients to the glory of God

OBJECTIVES

To prevent new infections of HIV through behaviour change of abstinence and faithfulness

To mitigate the psychosocial impact of HIV and AIDS on the individual, family and community.

To strengthen the organizational capacity of BOCAIP to respond to the HIV & AIDS pandemic.

HOW BOCAIP IMPACTED BOTSWANA THROUGH THE TRAINING DONE OVER THE YEARS

Through the training,BOCAIP has trained over 400 lay counsellors who are currently conducting HIV counselling and testing in the local clinics throughout the country. Almost 300 peer educators have been trained for government, private sector and civil society organisations. From 1998 to date BOCAIP has trained 5,000 counselors,peer educators, volunteers,caec givers and pastors for its different projects All these people in government, private sector, civil society organisations and BOCAIP through the training are equipped with knowledge on HIV and AIDS, have positive attitudes towards PLWHA and OVCs and have skills to avoid risk behaviours that could lead them to HIV infection. All these have reached out to over 200,000 people through community mobilisation and have passed HIV and AIDS messages. They have also referred many people to health facilities and BOCAIP centres for HIV Counselling and Testing and for other health care services.

The trained pastors are currently working with the District Commissioners throughout the districts where BOCAIP is implementing MCP and Be faithful projects to offer pre-marital and marital counselling to couples. They also conduct marriage enrichment seminars, Focus Group discussions on MCP in churches and panel discussion of Chiefs and pastors on MCP.Most of the pastors include HIV and AIDS into their sermons during their Sunday preachings.

During the September Month of Prayer through BOCAIP,Botswana Council of Churches,Evangelical Fellowship of Botswana and Organisation of Independent Churches in Botswana, the pastors throughout the country led by the Ministers Fraternal structures organise prayer meetings where they pray for the HIV and AIDS situation in the country guided by a theme and bible texts that the four leading organisations would have decided upon each year.

WHERE THE CHURCH IS NOW AS A RESULT OF THE TRAINING

A number of churches and Christian organisations have set up HIV prevention and/or HIV and AIDS care and support interventions as a result of their staff and pastors

having received training from BOCAIP. In Botswana the Church involvement in the fight against HIV and AIDS has grown ten-fold and this has been directly influenced by the massive training that was undertaken by BOCAIP countrywide in the late nineties and from 2000 to date. When BOCAIP started the pastors and the Church deacons and elders were not implementing. Currently the pastors and deacons and elders are implementing the MCP project in six BOCAIP sites. Next year they will be implementing in 11 BOCAIP sites. While BOCAIP staff work full time in MCP project the pastors and other people from the church work only twice a week.

In the national MCP project which is implemented by NGOs, most implementers are the church and Christian organisations. Some of the members of staff in these organisations were trained by BOCAIP.

THE UNIQUENESS OF THE TRAINING ,THAT IS NOT FOUND SOMEWHERE ELSE

This training is unique in that it targeted the people at the grassroots with a view to imparting knowledge on HIV and AIDS basic facts, imparting positive attitudes on HIV counsellors to enable them to care and support clients with compassion in a Christ-like manner. It also equipped counsellors with skills in pre-test counselling, post test counselling and on-going supportive counselling and spiritual counselling. The training resulted in the mushrooming of community initiatives in the form of BOCAIP Counselling Centres where the trained counsellors finally volunteered and served their communities.. Whenever there is funding the counsellors are engaged in the centre projects. This is unique in that the training resulted in the opening counselling centres manned by the pastors and Christians in the area and registered under BOCAIP. The church community in the area has ownership of the centre and they are consulted and informed of all the activities that are implemented in the centre through the local management committee, which oversees the centre. Of all the eleven centres, nine of them have plots which have been secured through the local advisory committee for the land boards. This made it easy for the BOCAIP Head Office to request for funding for port cabins. Some of the committees have requested for funding to construct OVC centres, kitchens, halls and offices. All centres have space for backyard gardens where they grow vegetables for income generation.

Another unique feature of the training was that the qualifications of the trainees varied from Primary level to Masters level. This called for mixed training skills and knowledge of English and Setswana where the trainer caters equally for the participants of varying qualifications

It was very participatory and allowed for individual differences and engaged participants in a lot of role plays and group discussions. As a result the participants were very empowered, knowledgeable and skilled in HIV and AIDS work and showed positive attitudes to their clients.

IINTERVENTIONS YIELDED BY TRAINING OUTSIDE BOCAIP

It is true that the training yielded more interventions outside BOCAIP such as interventions in the Church, Christian based organisations and other civil society organisations who are mainly manned by staff trained by BOCAIP. Most of the HIV and AIDS organisations both international and local have employed officers who were trained by BOCAIP and in some instances officers who left BOCAIP. In this respect the training has impacted greatly on the human resource complement of the workforce. This also has proven the high quality of the HIV and AIDS training offered in BOCAIP. Some of the organisations that benefitted from the training include Kgothatso, Flying Mission, Tutume Baptist Church and Ministry of Health and Ministry of Local Government.

CREDENCE THAT HAD BEEN ACCORDED TO BOCAIP BECAUSE OF THE TRAINING

As a result of the training that BOCAIP has conducted for the Ministries, departments, private sector and civil society organisations the organisation has gained a lot of credence, confidence and trust from government, private sector and civil society organisations in the country. BOCAIP also works with BMS and conducts some trainings outside the country. As the organisation has applied for accreditation it should be accredited because of its past record in training. BOCAIP is also a member of National Standards Committee in BOTA and member of Ministry of Health Technical Working Groups in the development of Training Materials for Palliative Care, Counsellor Supervision, PMTCT, and Children and Adolescent Counselling.

COVERAGE OF THE ENTIRE BOTSWANA FOR TRAINING (WILL EVER THAT DAY COME)

In 2005 the funding from BOTUSA that was used to expand training countrywide ended and the training was then client initiated depending on the invitations from different ministries, departments, private sector and civil society organisations. It will not be enough that the entire of Botswana is covered as more people retire from HIV and AIDS work there is need to train more people coming into the field. This true even for the training of pastors, elders and deacons. The other thing is that HIV and AIDS is dynamic and evolving and there are emerging issues such as HCT, Nutrition, Community Home Base Care and palliative care, OVC Care gives training Multiple and Concurrent Partnerships, PMTCT, ART adherence, Safe Male Circumcision and TB/HIV co-infection which BOCAIP has incorporated into its training. The demand for training for these emerging issues is very great,

OPPORTUNITIES TO BE EMULATED BY OTHERS

Participation of the Church signifies the greatest step the Church took in the ownership of interventions in the community. In BOCAIP there is a systematic approach in giving stakeholders especially the Church a chance to own interventions at community level and ensure sustainability post donor funding. Training in BOCAIP has built the capacity of the Church and the community for the proper efficient harnessing of skills and resources within the communities to respond to the epidemic. This was done through conducting of training workshops and this resulted in ownership and support of the BOCAIP local centres in the districts. This is evidenced by the support given by churches in the centres' local management committees, centre activities and the activities of the September Month of Prayer.

Currently in our MCP project pastors, counsellors and peer educators have been trained in MCP and related issues. As a result these pastors, counsellors and peer educators will continue to work with the churches and the community post donor funding which is an effective sustainability strategy.

BOCAIP training is offered to the partners at a fee and therefore it is an income generation activity which is a form of resource mobilisation strategy.

LIMITATIONS TO BE AVOIDED

Once the participants (pastors, counsellors and peer educators) are identified for training to be empowered through provision of knowledge and change of attitude to avoid risks of HIV infection and empowerment of the Church and the communities, there are expectations from the participants that they will be given jobs in the local centre. In some cases the local management committee claims the ownership of the centres even though these are legally registered under BOCAIP.

There is need to outsource trainers and have only one in the organisation to help coordinate the training activities as it is expensive to employ many trainers when the training is client-initiated and there is limited funding.

BOCAIP BARGAINING POWER WITH OTHER PUBLIC HEALTH SERVICE PROVIDERS AND ITS POSITION WITH GOVERNMENT AND BOTSWANA

BOCAIP is still recognised as a strategic partner by other health service providers when it comes to training and program implementation. The BOCAIP model of Head Office in Gaborone which coordinates the program activities and conducts resource mobilisation activities for the organisation is a best practice and has won the

confidence and respect of government and other donors. The model has helped the organisation to perform to highest standards as it has oversight and ownership at the grassroots level. The few members of staff at Head office on a quarterly basis visit the field staff in order to supervise and guide them in both programmatic and financial implementation, monitoring and evaluation at centre level.

BOCAIP is a member of National AIDS Council (NAC), member of Country Coordinating Mechanism (CCM) member of the Botswana Faith Based Organisations Network on HIV and AIDS.(BOFABONETHA) member of Health Sector Technical Working Group, member of Joint Oversight Committee (JOC) and member of Partnership Forum on HIV and AIDS,

The BOCAIP Training Facility, initially funded by ACHAP has been funded once more by NACA for renovation in 2011.. It is expected that this facelift will enhance the chance of the facility to be leased by partners more especially Government and thus bring income to the organisation.

In the case of BOTA the accreditation process is nearing completion. Once accredited ,BOCAIP will be able to tender for Training services inside and outside the country. BOTA has appointed BOCAIP into its committee that is responsible for setting standards in HIV and AIDS training.

CONCLUSION

In conclusion through training strategy within community mobilisation among the Church community concrete and practical steps were taken to set up HIV and AIDS centres at the grassroots level which are viable, church community owned and sustainable. In 2011 with the funding from FHI360 which aims to link BOCAIP with private sector to develop business plans that will help the organisation to sustain itself post donor funding ,we see the BOCAIP centres benefiting greatly from such an arrangement of public. private partnership (PPP)..From a small training initiative in BOCAIP started by one pastor from Uganda by the name of Rev,Edward Barelemwa,a Training and Development Unit was created with a staff complement of 6 trainers. a Training and Development Manager and a budget of one million per annum for a period of three years (2001,2002 and 2003) from BOTUSA. During 1998,1999 and 2000 Rev. Barelemwa trained without a budget. He depended on small fees charged each participant from the churches. This extensive training at the church grassroots has scaled up HIV and ADS activities and interventions in the Church, Christian organisations and surrounding communities. The products of the training have been working in HIV and AIDS for the last ten years either in BOCAP or in their churches or organisations.

GROUP WORK

Having listened to the BOCAIP story:

List with justifications the positive points that you would like to see replicated.

List with justifications the negative points that you would like to see avoided

List with justifications the points you would like to see modified and show how they should be modified.

Include comments and general observation on the presentation

THANK YOU!

KEA LEBOGA!

MERCI !