

Southern Africa Capacity Initiative (SACI)

Botswana, Lesotho, Malawi, Mozambique, Namibia, South Africa, Swaziland, Zambia, Zimbabwe

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Assessment Report:

SACI National UNVs And Community Capacity Enhancement for HIV and AIDS Response - CCEP Roll Out in Botswana

November, 2005

1. Background

1.1 Introduction

The current roll-out of the Southern Africa Capacity Initiative (SACI) in Botswana evolves around 4 key areas namely:

- Process Mapping and re-engineering service delivery in the public sector
- Transformation of the Botswana Institute of Administration and Commerce (BIAC) with the view of repositioning it to be responsive and relevant to the public sector transformation process
- Enhancing capacity at both national and district levels through international and national UNVs (under component Capacity Stabilization, Maintenance and Utilization)
- Developing National Human Resource Plan for Health sector.
- Succession Planning for an Executive Leadership cadre

Most of these activities commenced in 2004 with financial and technical support from UNDP Regional SACI, UNDP country office, Government, and PEPFAR. Office of the President, Department of Public Service Management (DPSM), Ministry of Health, WHO, National AIDS Coordinating Agency (NACA) and Ministry of Local Government are the key partners involved in the above interventions. UNDP country office in Botswana is one of the few countries that have deployed an international UNV on a full time basis to coordinate, facilitate and manage SACI activities comprehensively.

This report is more about the capacity enhancement at the district level through the national UNVs. Nevertheless, mention is made of the support given through the international UNVs and also the progress made on the remaining 3 focus areas.

1.2 Capacity Enhancement

The overall capacity stabilization strategy within the SACI context, in Botswana, involved the placement of United Nations Volunteers in positions of human resource advisors, SACI coordinator and community capacity enhancement facilitators. Fifty percent of the 20 UNVs (15 nationals; 5 international) planned for this strategy are currently on board as follows:

- 7 national UNVs placed at the offices of the District Commissioners in 5 districts to facilitate community conversations using the Community Capacity Enhancement Programme (CCEP) with a view to building community capacity in responding to HIV and AIDS challenges. This is in line with UNDP support and collaboration with the Government of Botswana;
- 1 international UNV placed at DPSM to support BIAC transformation with the view of strengthening capacity of civil servants in the process of building effective service.
- 1 international UNV at the Ministry of Health supporting human resources development and management related activities in the health sector; and
- 1 international UNV located at the UNDP country office co-ordinating and facilitating the SACI roll-out in Botswana.

Given that the contracts of the 7 national UNVs would expire 31 December 2005, after 14 months assignment, a joint performance assessment was conducted from 1-3 November 2005. The assessment was carried out by five-person team from UNDP country office and the Regional Service Centre in Johannesburg. The team comprised Akua Dua-Agyeman, SACI UNV Programme Manager; Andreas Sieren, UNVPO; Anne Githuku-Shongwe, SACI Policy Advisor

and Country Facilitator for Botswana; Catherine Moat, HIV and AIDS Communication Specialist and Claude Jensen, SACI Co-ordinator in Botswana.

1.3 Purpose of Assessment

The assessment aimed at establishing the performance of the national UNVs and the continuous relevance of the assignments, value added contributions made to strengthen the community capacity through the CCEP, exploring opportunities for strengthening the NUNV scheme and also establishing a regular joint monitoring process between the stakeholders, UNDP and the Regional Service Centre.

1.4 Assessment Methodology

The team adopted a participatory and interactive process to gather information for the assessment. These included stakeholders' discussions and meetings, field/on-site visits (2 districts), briefings and de-briefings, meetings with UNVs under HIV and AID programmes in Gaborone and review of UNVs' progress reports, terms of reference and the CCEP project document. The Mission Programme and list of institutions and persons met during the assessment mission is attached to Annex A.

2. Findings

2.1 National UNVs and CCEP

- The Community Capacity Enhancement Programme is generally accepted by stakeholders including the communities as a powerful tool for mindset change from the strategic point of the framework
- The national UNVs are essential catalytic facilitators and in the short term they are invaluable. They have made significant contribution in mobilising, training, coaching and mentoring volunteer facilitators for the community conversations within the CCEP framework, nurturing community responses to the HIV and AIDS epidemic and linking community demand for services with the district mechanism.
- The Kgotla system in the traditional setup has provided significant opportunity for the community conversations to flourish. Alternatively, the CCEP has reinforced the relevance of the Kgotla system, which if nurtured would provide effective feedback to enhance the service delivery in terms of planning and monitoring as it was evidenced in the community awareness on HIV and AIDS related programmes and demonstration of assertiveness in demand for services.
- The CCEP process is intensive and highly dependant on the volunteer facilitators for roll out.
- At this stage, the volunteer facilitator mechanism being built by the NUNVs is without institutional structure for coordination.
- CCEP activities are not sufficiently integrated at the district level to attract adequate resources to facilitate the roll out.

2.2 International UNVs

- All the 3 international UNVs are strategically placed and involved in the on-going transformation processes in their respective sectors. They provide technical and advisory support in diverse ways ranging from needs assessment, course design, coordination and facilitation to create enabling environment in driving the processes.
- There are issues around UNV attached to the Ministry of Health, who since the start of the assignment in February 2005 has never shared report on his contributions. Attempt for the

mission to meet with him was not successful as he had prior engagements and would not accommodate the mission.

2.3 Process Mapping and Transformation of BIAC

- 10 out of the 29 trained public servants in the process mapping techniques were drawn from the core team of DPSM. This team has become the key facilitators in promoting the process mapping in the rest of the civil service. Currently the team is involved in consultation to begin the process mapping in 5 government ministries.
- Within DPSM itself, the process mapping initiative has progressed and it is about to test/pilot 10 out of the 20 processes identified for re-engineering to improve service delivery
- Following the Singapore and South Africa benchmarking in May 2005, DPSM and BIAC have established Task Team to facilitate and give strategic direction to the transformation process in BIAC. Plans are in place to conduct needs assessment of the civil service to inform the development of short courses to respond to issues of capacity to enhance service delivery. UNV in DPSM is significantly involved in this process.
- Commonwealth, SADC and SACI are engaged independently in the transformation of the Management Development Institute (MDIs) in the sub region.

2.4 Office of the President

- The Succession Planning exercise is planned to begin shortly
- Strategic thinking sessions have been initiated by the Public Sector Reforms Unit of the Office of the President using the Singapore Government as Resource Persons. This is in direct follow-up to the Benchmarking mission facilitated by SACI
- In line with the SACI framework, the Public Sector Reforms office is keen to ensure that UNDP Botswana future Governance PSD covers the following areas: Strategic thinking; Learning from the Reforms process (performance management etc); and Innovation and creativity

3. Key Contributions of National UNVs

UNVs' contributions to the CCEP were derived from the CCEP project objectives, which sought to unleash the capacity of the communities to own the challenges and respond to the HIV and AIDS epidemic. The major objectives of the CCEP strategy were to:

- Help communities to respond to the HIV and AIDS
- Create community awareness on HIV and AIDS; and
- Identify community concerns and how to address them

The functional roles of the UNVs were designed to align and reflect the above objectives. It was part of the overall national strategy to enhance capacity to deliver HIV and AIDS responses at all levels in 10 districts. The national UNVs are located in 5 (Gaborone, North East, Kgalegadi North, Okavango and North West) out of the 10 focused districts where HIV and AIDS prevalence rates are considered high up to about 42%.

The contributions of the NUNVs to the CCEP roll out to date in the above 5 districts have been significant. Through their combined efforts a cadre of about 350 trained volunteer facilitators have been created at the local level in rolling out the CCEP. The Community Conversations have been conducted in over 40 communities. Understanding the culture, the UNVs have made special efforts to target youth groups so that they also become part of the conversations. Where they

cannot facilitate joint conversations with the adults, separate conversations are organised for them.

The national UNVs have been catalytic in building relationships at the community/local levels to enhance the conversations. There has been increased awareness in several communities. They have created “comfort zone” within the communities and facilitated open discussions on socio-cultural issues affecting HIV and AIDS. Issues of stigma, discrimination and secrecy are reducing as communities are able to talk openly on such matter.

The emerging results are demonstrated in the increased number of community members pursuing voluntary counselling and testing to know their HIV status. Also Community knowledge and demand for prevention, care and treatment responses as well as poverty reduction initiatives have enhanced. The presence of the national UNVs at the local level has also improved data gathering and sharing on HIV and AIDS, which in turn has enhanced quality reporting from the district to the national level. The UNVs have inspired interest for the conversations in schools to deal with school programmes on HIV and AIDS. They are slowly but steadily mainstreaming the conversations into the other sectors to make them aware of the issues surfacing from the conversations. Issues if nurtured well would enhance integrated implementation of service delivery for the affected communities.

The following challenges were also noted:

- The initial plan to field 15 national volunteers under this strategy was not accomplished. The UNV programme was successful in recruiting 10. At the time of the mission 3 had resigned and have not been replaced.
- Lack of transport and other logistics (office space and equipment) impinge upon the activities of the NUNVs;
- Access to resources to fund the conversations, particularly those organised by the community volunteer facilitators is inadequate;
- Issue around who owns the CCEP at the district level is not clear. At the moment, NACA, Ministry of Local Government and UNDP country office are supposed to be in partnership in this CCEP initiative. However, challenges facing the NUNVs, which are also challenges for the CCEP roll out are often directed to UNDP.
- The community volunteer facilitator mechanism lacks institutional structure for coordination and resources to fund activities at the community level.

4.0 Conclusions and Recommendations

The general SACI roll out in Botswana is progressively increasing and the Office of the President and DPSM are firmly supportive of the processes. The assignments of both the international and national UNVs are relevant and invaluable. They are attached to the core business of their host organisations.

Without the national UNVs there would be no CCEP roll out. The initial attempt to facilitate the roll out process with the established staff of the district councils was not effective in delivery. The facilitation role has greatly contributed to increase in community awareness on issues of HIV and AIDS preventions, treatment, support and care. The NUNVs have helped to use the CCEP tool beyond the stage of “train the trainer”. The process of nurturing volunteerism to produce capacity for the CCEP roll out is self revealing and would need to be supported in order to sustain.

The issues around ownership and resources at the district level affect the NUNVs ability to reach out to all the communities within their districts. The long distances between communities coupled with lack of transport constraints their work.

The following recommendations are proposed for consideration of all stakeholders:

- The issues on ownership need to be addressed so that the appropriate institutional relationship(s) would be established to take the responsibility to resource the facilitation activities of the NUNVs and the community volunteer facilitators. It would also be necessary to mainstream the volunteer mechanism emerging within the CCEP roll out to ensure better coordination. A quick meeting between NACA, Ministry of Local Government and UNDP is suggested to look into these issues for urgent redress.
- The overall 15 NUNVs initially planned for the strategy still remains relevant as some communities are not reached because of distance and inadequate resources. In the immediate term, the contracts of the 7 serving NUNVs should be extended to consolidate the existing activities. In addition, replacement should be found for the resigned posts while recruitment is undertaken to field the remaining 5 positions. The terms of reference should be reviewed to include operational support to communities to access funding for community projects that would emerge as a result of the conversations.
- The Ministry of Local Government (MLG) should look into the issues of service delivery, which is appearing stronger in the community conversations facilitated by the UNVs. While the communities are increasingly empowered and now view HIV as normal, there is poor response to their requirements for services. The UNDP mainstreaming HIV/AIDS into Local Government/Gender needs to work closely with the Communities carrying out the conversations to ensure appropriate response to their needs. MLG would like to consider the citizen/accountability score/report card to gather information to monitor and evaluate service delivery and also feedback into the district planning process. Need to explore how ICT can be enabler to capture the processes. SACI could be a partner in the ICT.
- Documentation of the on-going SACI processes is necessary to capture the experiences and lessons emerging for sharing and knowledge management.
- The process mapping may include the Ministries of Health and MLG where population coverage of their outreach activities is high so that they can identify appropriate interventions to enhance the service delivery mechanism.
- DPSM and UNDP/UNV country office should work out the details for the **additional technical assistance** envisaged for BIAC in terms of the transformation.
- Regarding the UNV attached to the Ministry of Health, further communication should be established to identify any problems that may be hindering his communication with the UNV Unit and UNDP in general. If the problem persists, the office may wish to separate him at the end of his current contract, which expires in February 2006.

**Annex A: Mission Programme, List of Institutions and
Persons**

Mission to Botswana

UNDP Regional Service Centre (RSC)

30 October-3 November 2005

Final Programme

Mission members, UNDP Regional Service Centre, Johannesburg:

**Ms. Anne Githuku-Shongwe, SACI Policy Advisor
Ms. Akua Dua-Agyeman, SACI UNV Programme Manager
Ms. Catherine Moat, HIV/AIDS Programme Specialist**

Mission participants, UNDP Botswana:

**Mr. Andreas Sieren, UNV Programme Officer
Mr. Claude Jensen, UNDP SACI Coordinator**

DATE / TIME	ACTIVITY	VENUE
30 Oct 2005	Monday	
14:00	Arrival of Mission by car: - Ms. Catherine Moat, HIV/AIDS Programme Specialist	UN Place
01 Nov 2005	Tuesday	
09:00	Arrival of Mission: Flight SA 1781 @ 09:00 - Ms. Anne Githuku, SACI Policy Advisor - Ms. Akua Dua-Agyeman, SACI UNV Programme Manager	Airport
10:00 – 11:30	Mission Briefing with RR a.i. and UNDP SACI and HIV/AIDS Team - Mr. Andreas Sieren, UNV Programme Officer - Mr. Claude Jensen, SACI Coordinator - Mr. Patrick Tema, UNDP HIV/AIDS Unit	UNDP Room 139
11:30 – 13:00	Ministry of Local Government (MLG) - Mr. Kevin Masupe, Deputy Director, Ministry Management - Ms. Dundu Macha, Policy Advisor, AIDS Coordinating Unit	MLG
13:00 – 14:30	Lunch	La Caravella
14:30 – 16:00	Directorate of Public Service Management (DPSM) - Mr. Kahiya, Deputy Director, Productivity and Development - Ms. V.S. Maphangane, Principle , BIAC - Dr. Ravi Shrestha, IUNV SACI Policy Advisor, DPSM - Mr. P. M. Matome, Principal Management Analyst - Ms. Kgomotso Motlotwe, Senior Assistant Director (Training) - Ms. Maipelo Chepete, Assistant Director	DPSM
<i>Parallel Meeting</i> 14:30 – 16:00	Ms. Catherine Moat meeting: Ms. Dundu Macha, Policy Advisor, AIDS Coordinating Unit Ministry of Local Government (MLG)	MLG
16:30 – 17:00	- Dr. Ravi Shrestha, SACI Policy Advisor, DPS	DPSM
17:00 – 18:30	UNAIDS - Dr. Kwame Ampomah, UNAIDS Country Coordinator	UNAIDS

DATE / TIME	ACTIVITY	VENUE
02 Nov 2005	Wednesday	
07:30 – 09:00	National AIDS Coordination Agency (NACA) - Ms. Monica Tselayakgosi, NACA Programme Manager - Mr. Bontsi Monare, NACA Programme Associate	NACA
09:30 – 11:00 (meeting did not materialize)	Ministry of Education (MOE) - Ms. Nkoane, HIV/AIDS Coordinator - Mr. Archibald Makgothi, Deputy Permanent Secretary (tbc) - Dr. Kerelelewtse, Head, IC (tbc)	MOE
<i>Parallel Meeting</i> 11:00 – 12:30	Ms. Catherine Moat meeting with Gaborone-based CCEP NUNV Specialists : - Ms. Sefora Leshoai, NUNV CCEP Facilitator - Ms. Lydia Mariri, NUNV CCEP Facilitator - Ms. Dorcas Taukobong, NUNV CCEP Facilitator	Small UN Conference Room
12:30 – 14:00	Lunch	Primi Piatti
14:30 – 16:30	Meeting with CCEP stakeholders and NUNV Facilitators in Gaborone - Ms. Pamela Hluli Nasha, Deputy District Commissioner - Ms. Sefora Leshoai, NUNV CCEP Facilitator - Ms. Lydia Mariri, NUNV CCEP Facilitator - Ms. Dorcas Taukobong, NUNV CCEP Facilitator - Kelapile Manyake, Therisanyo Primary - Botsile Mmotlanyane, Urban Court - Boitumelo Oharma, CCEP Old Naledi - E. Makwana, CCEP Old Naledi - Maina Tshebo, Bokamoso CISS - Neelo Ntau, Regional Education Office - Esther Mongale, CCEP Gaborone West - O. Tshaila, CCEP Old Naledi - J. E. Mooki, CCEP Old Naledi - K. Pithlo, CCEP Old Naledi - R. Nkwe, CCEP Gaborone West - M. Setlhabi, Home Based Care - Maggie Kedikikwe, CCEP Block 9	Gaborone District Commissioner's Office
17:30 – 19:00	Office of the President (OP) - Mr. Mogosi, Coordinator, Reform Unit - Mr. Nyamunga, Deputy Coordinator, Reform Unit	OP

DATE / TIME	ACTIVITY	VENUE
03 Nov 2005	Thursday	
07:30 – 09:30	Travel from Gaborone to Lethlakeng	--
09:30 – 10:30	<p>Meeting with CCEP Stakeholders / Members of the Community</p> <ul style="list-style-type: none"> - Ms. Elisabeth Moshi, IUNV UNV District ADIS Advisor - Ms. J. Gabaate, Acting District Officer - Ms. S. Ooke, District AIDS Coordinator - L. Gilika, IFS - G. Molefi, Tribal Administration - L. Dilkaelo, Land Board - T. Molobe, DA, FRS - M. Ramasesane, Secretariat (Council) - J.K. Masike, RADP - B. Madimbe, VHC - K. Mothshonono, HBC - N. Segwawa, CCEP - T. Tsiane, CCEP volunteer - P. Rantalajwe, YMC - G.M. Bonjo, Library - O. Raphate, HBC - O. Mokwena, CCEP - G. Maiswe, Member of the Community 	District Administration
10:45 – 11:30	Meeting with Kgosi and members of the community of Serinane Settlement, 25 km east of Lethlakeng	Serinane
11:30 – 13:15	Travel from Serinane to Gaborone	--
13:15 – 14:00	<p>Mission Debriefing with UNDP RR a.i. and UNDP SACI and HIV/AIDS Team</p> <ul style="list-style-type: none"> - Ms. Viola Morgan, UNDP RR a.i. - Mr. Andreas Sieren, UNV Programme Officer - Mr. Claude Jensen, SACI Coordinator 	UNDP Room 139
14:30 – 15:30	<p>Meeting with Gaborone-based SACI and HIV/AIDS UNV Specialist</p> <p><u>SACI:</u></p> <ul style="list-style-type: none"> - Dr. Ravi Shrestha, IUNV SACI Policy Advisor, DPSM - Ms. Sefora Leshoai, NUNV CCEP Facilitator, Gaborone - Ms. Dorcas Taukobong, NUNV CCEP Facilitator, Gaborone <p><u>HIV/AIDS:</u></p> <ul style="list-style-type: none"> - Mr. Simon Kangethe, IUNV District AIDS Advisor, Kanye - Mr. Bernard Osindo, IUNV Programme Advisor, MLG - Mr. Prachanda Shrestha, IUNV Programme Advisor, BONEPWA 	UN Conference Room

16:30	Departure of Mission (by car): - Ms. Catherine Moat, HIV/AIDS Programme Specialist	UN Place
17:30	Departure of Mission to the Airport Departure flight: SA ... @ 18:40 - Ms. Anne Githuku, SACI Policy Advisor - Ms. Akua Dua-Agyeman, SACI UNV Programme Manager	UN Place