



## Mainstreaming HIV and AIDS in the Vocational Training Sector in Botswana

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The approach described in this publication was developed by the former Deutscher Entwicklungsdienst (DED) and Gesellschaft für Technische Zusammenarbeit (GTZ), which in 2011 merged into the Gesellschaft für Internationale Zusammenarbeit (GIZ). All contacts have been updated throughout this publication, whereas the institutional names of GTZ and DED persist.

## Acknowledgements

GTZ and DED would like to thank everybody involved in this project and its documentation. Overall, we acknowledge the positive collaboration with our project partner, the Botswana Training Authority (BOTA), and with our stakeholders in Botswana who have made this project a success. In addition, we are grateful to Vanessa Kruger for compiling the initial report and to everybody who was involved in the editing of the final version.

# The German HIV Practice Collection

Peer-reviewed

## Objective

In 2004, HIV experts working for German development agencies and their partner institutions worldwide launched the German HIV Practice Collection. From the start, the objective has been to share good practices and lessons learnt from HIV initiatives supported by German Development Cooperation. The actual process of jointly defining good practice, documenting it and learning from its peer review is considered as important as the resulting publications.

## Process

Managers of German-backed initiatives propose promising ones to the Secretariat of the German HIV Practice Collection at [ghpc@giz.de](mailto:ghpc@giz.de). An advisory board of HIV experts representing German development organizations and the Ministry of Economic Cooperation and Development (BMZ) select those they deem most worthy of write-up for publication. Professional writers then visit selected programme or project sites and work closely with the national, local and German partners primarily responsible for developing and implementing the programmes or projects.

Independent, international peer-reviewers with relevant expertise then assess whether the documented approach represents “good or promising practice”, based on eight criteria:

- Effectiveness
- Transferability
- Participatory and empowering approach
- Gender awareness
- Quality of monitoring and evaluation
- Innovation
- Comparative cost-effectiveness
- Sustainability

Only approaches that meet most of the criteria are approved for publication.

## Publications

All publications in the Collection describe approaches in sufficient detail to allow for their replication or adaptation in different contexts. They have a standard structure and are presented in plain language that aims to appeal to a wide range of readers, as well as specialists in the field. The publications also direct readers to useful tools and are issued in full-length and in short versions that can be read online, downloaded or ordered as printed copies.

## Get involved

Do you know of promising practices? If so, we are always keen to hear from colleagues who have developed responses to challenges in the fields of health and social protection. Please also check out our website to comment on, discuss and rate all of our publications. Here you can also learn about proposals and approaches currently under peer review.

Our website can be found at [www.german-practice-collection.org](http://www.german-practice-collection.org). There you can also download the short version of this publication and both long and short versions of other publications. For more information, you can also contact the Managing Editor at [ghpc@giz.de](mailto:ghpc@giz.de).

# Executive summary

The HIV epidemic has a devastating impact on societies in Southern Africa: it destroys livelihoods, poses severe challenges to affected households, and undermines national economies as productivity falls due to an increase in workers' AIDS-related sickness and mortality. In the high-prevalence setting of Botswana, these factors have already led to a shortage of skilled labour and the need to import expatriate workers. Given a national prevalence rate of 37%, this situation is expected to become even more acute in the coming years.

The vocational training (VT) Sector has an important role to play in HIV/AIDS prevention and in impact mitigation. The young adults this sector works with not only represent the human capital that their country's future economic growth depends upon, but also the age group most at risk of HIV/AIDS infection. The approach described in this report has the objective of mainstreaming HIV/AIDS in the VT system in Botswana, in order to help prevent further infections among teachers and learners.

In 2002, the Botswana and German Governments signed an agreement to strengthen the HIV/AIDS response in the country's VT Sector. The Botswana Training Authority (BOTA) was appointed the coordinating agency for this HIV/AIDS mainstreaming process. The Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH (German Technical Cooperation) provides technical assistance to BOTA through the project "Reform of the Vocational Training Sector in Botswana".

BOTA included a response to HIV/AIDS in its strategic plan and established an HIV/AIDS Division, staffed by a local HIV/AIDS field officer and a coordinator seconded by the Deutscher Entwicklungsdienst (DED: German Development Service).

Until March 2004, GTZ fully funded the activities and equipment of BOTA's HIV/AIDS Division. Since then, BOTA has taken over full responsibility for its HIV/AIDS activities, and funds the majority of HIV/AIDS-related activities out of its own budget.

In the course of this project, and with technical support provided by GTZ and DED, the BOTA HIV/AIDS Division has developed a number of promising practices, including the mainstreaming of HIV/AIDS in the organisational structure of BOTA and the accreditation process for VT institutions, the development of unit standards and guidelines for curriculum development, as well as VT-specific approaches to promote behaviour change.

At the level of VT institutions, the effectiveness of the approach is illustrated by the fact that in 2005 BOTA was able to support more than 100 out of the approximately 250 formal VT institutions in the development and implementation of HIV/AIDS programmes. At the level of learners' knowledge and behaviour, a recent Knowledge, Attitudes and Behaviour (KAB) study showed that VT learners who participate in HIV/AIDS-related peer education, counselling and drama lessons report that they are more aware of the risks associated with unprotected sex. In addition they are more able to talk openly with their partners about sexuality, HIV/AIDS and the responsibility regarding prevention.

According to the GTZ HIV/AIDS Peer Review, the BOTA approach to mainstreaming HIV/AIDS in vocational training represents a promising practice for a number of reasons, of which four main ones can be identified:

1. It provides a model for other national VT authorities and for larger companies with formal training units in the region.
2. It is participative and empowering, as learners and staff are actively involved in developing responses to HIV/AIDS.
3. It is effective at the institutional level and at the level of VT learners' knowledge and reported behaviour.
4. It is sustainable as the national authorities have taken over the responsibility for the BOTA HIV/AIDS Division, including all its activities and its budget.

# The context

## Botswana's response to the HIV/AIDS epidemic

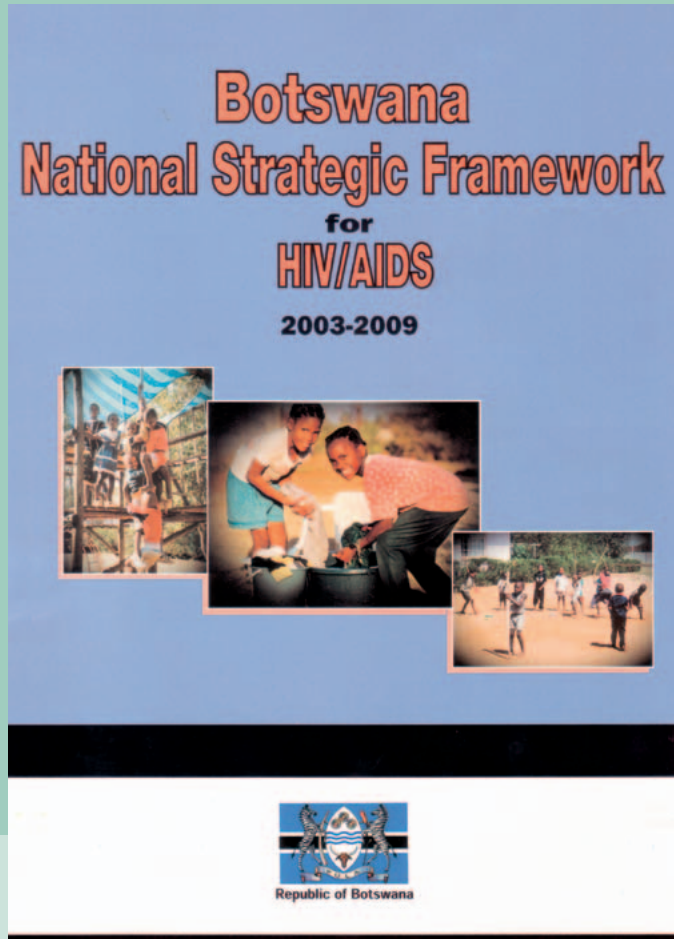
"HIV and AIDS education must be integrated into all curricula of the educational sector, and should be made compulsory at all levels, including the Vocational Education and Training Institutions." (Ministry of Education, Education Sector HIV/AIDS Policy, 1998)

Botswana is one of the countries most affected by HIV/AIDS worldwide. More than 37% of the 15-49-year-old population is infected with HIV<sup>2</sup>. The highest prevalence is recorded in the 25-29-year-old age group, with women having significantly higher prevalence rates than men. The mortality rate for the 24-29 age group in 1998 was, at 11.7%, the highest in the entire population below 65 years.<sup>3</sup>

In response to the medical, social and economic challenges created by the AIDS epidemic, Botswana set up a National AIDS Control Programme, developed emergency short and mid-term plans (MTP I and MTP II), and in 1993 adopted a National AIDS Policy through a presidential directive.

Botswana's national HIV/AIDS strategy is multi-sectoral in nature and aims to mobilise all government departments, community-based institutions, parastatals, non-governmental organisations, and the private sector to collaborate in the national response to HIV/AIDS. Key activities concentrate on preventing transmission, caring for the sick and mitigating the personal and socio-economic impacts of the epidemic. The strategy also outlines guidelines for Voluntary Counselling and Testing (VCT), the right to confidentiality and the protection of the rights of people living with AIDS at the workplace and elsewhere. In 1997/98, the policy was reviewed to incorporate issues of home-based care.

The Ministry of Education (MoE) has established an HIV/AIDS Technical Advisory Committee and coordinates the National AIDS Control Programme's sub-committee for the education sector. In line with an "Education Sector HIV/AIDS Policy" (1998) and a strategic framework (2001-2003), it is responsible for



*The Botswana National Strategic Framework for HIV/AIDS 2003-2009*

mainstreaming a response to HIV/AIDS at all levels of the country's educational system, including vocational training and teacher training. It aims to involve parents in its interventions and to ensure students' access to HIV/AIDS-related health care and social service facilities.

However, all of these mainstreaming activities have focused mainly on primary and secondary schools. Up to 2000, the VT Sector had not really been included in the sectoral response to HIV/AIDS.

2) UNAIDS (Joint United Nations Programme on HIV/AIDS) (2004): *Report on the Global HIV/AIDS Epidemic*.

3) National AIDS Coordination Agency: *2003 Sentinel Surveillance Report; 2004 Botswana Central Statistics AIDS Impact Survey*.

# “AIDS kills – but not me”: Botswana’s Youths and Barriers to Behaviour Change

Most people dying of AIDS in Botswana were infected with HIV when they were teenagers or in their early twenties. This is exactly the age range of learners at vocational training institutions.

Young people in Botswana are only slowly acknowledging the existence of HIV/AIDS in their lives. A generally low risk perception of becoming infected with HIV has persisted since the early 1990s, and there seems to be a widespread attitude that says: “HIV and AIDS are real. AIDS kills. But not me.”

Basic knowledge of HIV/AIDS transmission as well as individualised awareness that sexual activity involves the risk of contracting HIV/AIDS and other Sexually Transmitted Diseases (STDs) are high among Botswana’s youth<sup>4</sup>. However, as a United Nations Development Programme (UNDP) study carried out among the students of the University of Botswana stresses, this awareness is not matched by a reduction in high-risk sexual behaviours, but with rather high levels of STD infection<sup>5</sup>.

In a similar vein, students at the VT institutions in Botswana are quite aware that HIV tests may be an

**“71% of young females and 79% of young males know about HIV/AIDS transmission and how they can protect themselves against HIV. However, this high level of awareness is not matched with a reduction in high-risk sexual behaviours.”<sup>6</sup>**

important way to ensure their own and their partner’s safety. However, a KAB study carried out by the Botswana Policy Analysis (BIDPA) on behalf of Botswana Training Authority (BOTA) in 2005 showed that 49% of the learners in VT institutions have never tested themselves for HIV/AIDS, citing the fear of being stigmatised and discrimination as the main barriers.<sup>7</sup>

The slow behaviour change among young people in Botswana can be ascribed to a mixture of cultural and socio-economic factors. Due to the rapid industrialisation and modernisation of Botswana society, important aspects of Tswana culture have been eroded. The initiation schools where young members of society used to go for orientation on conduct, morals, responsibilities for marriage and so on are no longer an important part of family and community education. The traditional custom of arranged marriages has been replaced by the concept of sexuality based on romantic love, leading to rising levels of sexual activity and permissiveness.<sup>8</sup>

Urbanisation has also increased the number of youth living away from their families for vocational training purposes and work. While it is culturally tolerated, if not actively encouraged, for young men (and also married men) to have multiple sexual partners, women in Botswana, although less publicly accepted, are increasingly developing similar sexual networks. The current norm seems to be non-marital unions and also non-marital child bearing.<sup>9</sup>

Financial hardships among young women may further motivate them to engage in sexual relationships with older partners who can provide for them, fuelling the so-called “sugar-daddy” or “ATM” syndrome. The KAB study in 2005 showed that the majority of male learners in VT institutions had younger partners at first sex (on average a 17-year-old female), whereas female learners tended to have older partners at first sex (on average a 21-year-old male).<sup>10</sup>

This intergenerational transmission is responsible for more infected girls than boys: for every boy under 14 there are two HIV-infected girls. This ratio even rises to 1:3 in the age group 15-29, which is the age group entering VT. In the meantime, the capacity of Botswana’s girls and women to negotiate safer sex practices is limited. An alarmingly high rate of sexual violence, including rape, adds to the high risk for Botswana women of becoming infected.

4) United Nations Development Programme (UNDP): *Botswana Human Development Report 2000. Towards an AIDS-free Generation*, 24.

5) *Ibid.*

6) Meekers, Dominique and Ghyasuddin Ahmed: *Contemporary Patterns of Adolescent Sexuality in Urban Botswana*. In: *Journal of Biosocial Sciences* (2000) 32: 467-485 (476); UNDP. *ibid.*

7) Botswana Institute of Development Policy Analysis (BIDPA) / Botswana Training Authority (BOTA) 2005: 70.

8) Meekers and Ahmed, *ibid.*

9) Meekers and Ahmed, *ibid.*

10) Botswana Institute of Development Policy Analysis (BIDPA) / Botswana Training Authority (BOTA) 2005: 43.

Finally, learners in the training institutions indicated that much commercial sex is provided by female learners as a way of meeting their financial needs.<sup>11</sup>

Traditionally, communication and education about sex in Botswana took place between peers, siblings and relatives other than with the direct parents. This accounts for elders and parents feeling rather uncomfortable with talking about sexual matters with youth. For some, this feeling has developed into a negative attitude towards public sexual awareness messages, including the recent introduction of Family Life Curricula for youth at primary and secondary level schools. There is also strong opposition among parents regarding condom use, a stance which is supported by the church and other conservative forces.

As the traditional institutions that controlled sexual behaviour in the past have weakened, the responsibility for the sexual socialisation of Tswana youth has shifted to the educational system. Research shows that teachers are a trusted source of information, especially among older teens.<sup>12</sup> However, students tend to turn to their peers for counselling and advice in decisions regarding sexual behaviour. This information is important in understanding why efforts to motivate parents to talk with their children about sex have so not been very effective.



Cluster "A" Peer Educators--Northern Region of Botswana

11) *Ibid.*: 44.

12) Meekers and Ahmed, *ibid.*

# The Effect of HIV/AIDS on the Vocational Training Sector

In the high prevalence setting of Botswana, where 37% of the adult population (15-49) is HIV-positive<sup>13</sup>, the economy is affected at all levels:

- At the household level, many families are faced with the burden of care for chronically sick relatives and the expenses for medical treatment and for funerals. To date, up to 50% of households in Botswana have at least one infected member, and the number of destitute households is on the rise.
- At the macroeconomic level, the impact of HIV/AIDS morbidity and mortality is expected to result in a decline in growth of between 0.8 and 1.5% per annum, owing to reduced total factor productivity. This has led to a decrease in investor confidence and investment, in consumption and in the availability of human capital, especially where skilled labour is concerned.<sup>14</sup>

- AIDS has an immediate impact upon the labour market. Whilst the Botswana economy is significantly more capital-intensive than that of most other African countries, it already faces shortages of skilled labour. This situation is moreover expected to worsen over the coming years, with a projected 12-17% rise in wages for skilled labour, coupled with the need to import even more expatriate skills.<sup>15</sup>

In this situation, the VT Sector has a central role to play. It works with the age group that represents not only the human capital that Botswana's economic growth and development depend upon, but is also the group that is most at risk of HIV infection. Most infections in Botswana occur between the ages of 15 and 19, and the HIV prevalence rate in this age group has been rising. The VT Sector needs to address the fact that about a quarter of the human capital it invests in will be infected with HIV and will eventually need special care. However, it is equally important that the 73% of learners who are not infected maintain their negative sero-status.

However, it is not only learners that are at risk. Although there is little data on mortality and morbidity among trainers, teachers, and staff of the VT Sector, it is estimated that teachers at the primary and secondary level are disproportionately affected, with an annual rising death rate of 60% over the period 1994-1999.<sup>16</sup> In 1997, 26% of all vocational trainers or teachers were expatriates,

a percentage that is since expected to have increased due to HIV/AIDS-related attrition amongst Botswana's workforce. Yet even if teachers can be replaced by expatriate staff, the increased morbidity and mortality will gradually erode the sector's "institutional memory". There is not enough time for sick or dying teaching staff to pass on the experience and expertise that has been built up over many years, and the quality of training is adversely affected when remaining staff are forced to take on too many extra classes or when less qualified teachers are employed to fill the gaps.



*Computer Training at NIIT in Gaborone*

13) UNAIDS (2004): *Report on the Global HIV/AIDS Epidemic*.

14) BIDPA: *Macroeconomic Impacts of HIV/AIDS Epidemic in Botswana. Final Report. May 2000*.

15) *Ibid.*

16) *The HIV/AIDS Strategic Framework for the MoE admits that accurate statistics on the mortality rates of teachers are not consistently documented, and information is only available for the last couple of years. The Department of Vocational Education and Training (DVET) is currently preparing a similar report for the VT Sector.*

# The Vocational Training Sector in Botswana – Types of Institutions

According to the Vocational Training Act of 1998, a training institution means “a private or public centre, organisation, employer or person, providing vocational training”. In Botswana vocational training is offered by a number of different training institutions, which need to be registered and accredited for their series according to the Botswana National Vocational Qualifications Framework (BNVQF).



*Gaborone Institute of Technical Training*

The training institutions can be broadly classified as follows:

- Training at the workplace: A number of companies operating in Botswana have their own in-house training programmes. The use of the workplace as a learning environment is expected to become increasingly important in the near future.
- Institutional or formal training institutions: These are formal colleges that fall under the various ministries. The Technical Colleges are managed by the MoE and are the administrative responsibility of the Department of Vocational Education and Training (DVET). Other ministries manage their respective colleges (e.g. the Ministry of Health is responsible for nursing colleges).

- Brigades: These are community-based training institutions, which fall under the MoE and obtain administrative support from DVET. They are government-subsidised and are required to undertake their own additional fundraising efforts. The brigades offer vocational training in line with the trade test requirements and curricula; some also offer an “academic” programme, on a part-time basis, to allow adult learners access to school leaving certificates.
- Private training institutions: There are a number of private training institutions that offer different VT programmes. These programmes are often accredited through institutions and organisations outside Botswana and are offered in Botswana on a franchising basis. BOTA is in the process of accrediting them for offering non-BNVQF programmes



*Gaborone Technical College*

# The Structured Work-Based Learning (SWBL) Approach

The Structured Work-Based Learning approach provides a range of learning pathways that are linked to established quality assurance processes. The learning process is underpinned by principles of access and equity, gender and HIV/AIDS considerations, as well as by the promotion of life-long learning.

As stipulated in its Mission Statement, BOTA is responsible for coordinating and integrating vocational training that meets the needs of learners and industry, through the development of standards, quality assurance, policy advice, and monitoring and evaluation. Integral to this definition and its successful implementation is the Structured Work-Based Learning (SWBL) approach. In summary, this approach is based on the following principles:

- Structured learning means that the learning process should be planned, systematic and coherent and based on agreed processes and outcomes that are quality-assured and monitored.
- The term Work-Based means that learning should be adapted to the requirements of the workplace, in relation to both content and, wherever possible, the physical delivery of training. While it can be delivered at either the workplace or at a formal training institution (public or private), it must prepare the learner for the demands posed by the actual workplace or the employer.

With the SWBL approach, BOTA stresses the importance of the learning process and the interactive nature of the learning environment: In order to become an effective actor in the world of work, the learner has to acquire not only technical but also methodological, learning, human and social skills.



*Introduction of BOTA's IEC material at the Botswana Power Cooperation (BPC) Training Center in Gaborone*

# German Support for the Vocational Training Sector

Based on a 2002 agreement between the Governments of Botswana and Germany, the Deutsche Gesellschaft für Technische Zusammenarbeit (GTZ) GmbH project on the "Reform of the Vocational Training Sector in Botswana" provides technical assistance to BOTA as the coordinating agency for vocational training in Botswana. Given the increased impact of HIV/AIDS on the sector and the fact that this had not yet been addressed by the national HIV/AIDS programme, one component of the project supports BOTA in the mainstreaming of HIV/AIDS. Further technical support to this component is provided by the Deutscher Entwicklungsdienst (DED: the German Development Service) through the secondment of an HIV/AIDS coordinator to BOTA.

The Memorandum of Understanding between BOTA, GTZ and DED focuses on HIV/AIDS awareness; the development of strategies, policies and activities; the development of information, education and communication materials; and the coordination and integration of HIV/AIDS interventions within the VT Sector. All these activities are planned in accordance with the national HIV/AIDS policy and objectives and Vision 2016 – the Botswana Government's vision statement.

As a first step, in 2002 the BOTA HIV/AIDS Division was established as part of the Planning and Research Department of BOTA. In addition to the DED coordinator, it is staffed by an HIV/AIDS field officer employed directly by BOTA.

Up to March 2004, the activities and equipment of the HIV/AIDS Division were fully funded by GTZ. With the implementation of the Second Strategic Plan (2004-2008), BOTA took over full responsibility for its HIV/AIDS activities and is now funding most HIV/AIDS-related activities out of its own budget.

*Visit of the BOTA HIV/AIDS Division at the Masetse Brigades near Francistown*



# Mainstreaming HIV/AIDS in the VT Sector: Promising Practices

“Mainstreaming AIDS in development is a process through which development actors effectively and sustainably address the causes and consequences of HIV/AIDS as they relate to their area of work through adapting and improving both their usual work and their workplace practices.” (UNAIDS/GTZ, 2004)

## Making HIV/AIDS a key result area in the BOTA strategic plan

It is current practice in many organisations that are grappling with the issue of dealing with HIV/AIDS simply to “add on” HIV/AIDS as a crosscutting theme to a broader key result area. Consequently, HIV/AIDS activities are limited, remain under-resourced, and lack institutional responsibility, which is not allocated. Similarly, for organisations involved in the training and education sector, the mere inclusion of HIV/AIDS in

curricula is often considered to be an adequate indicator of mainstreaming. BOTA, on the other hand, has formalised the mainstreaming of HIV/AIDS by including it as a key result area in its strategic plan. It has extended its concept of mainstreaming beyond that of inclusion into the formal curriculum, and has made its response to HIV/AIDS part of its core business.

Making HIV/AIDS a key result area has had a number of implications for BOTA as an organisation. Responsibility for the implementation of HIV/AIDS-related activities is now spread across the organisation and monitored through the internal quality assurance functions located in the Chief Executive’s Office. Within the Research and Planning Department, an HIV/AIDS Division has been established and staffed, and resources (including budget line items) have been allocated to the mainstreaming process.

### The HIV/AIDS Division’s tasks are:

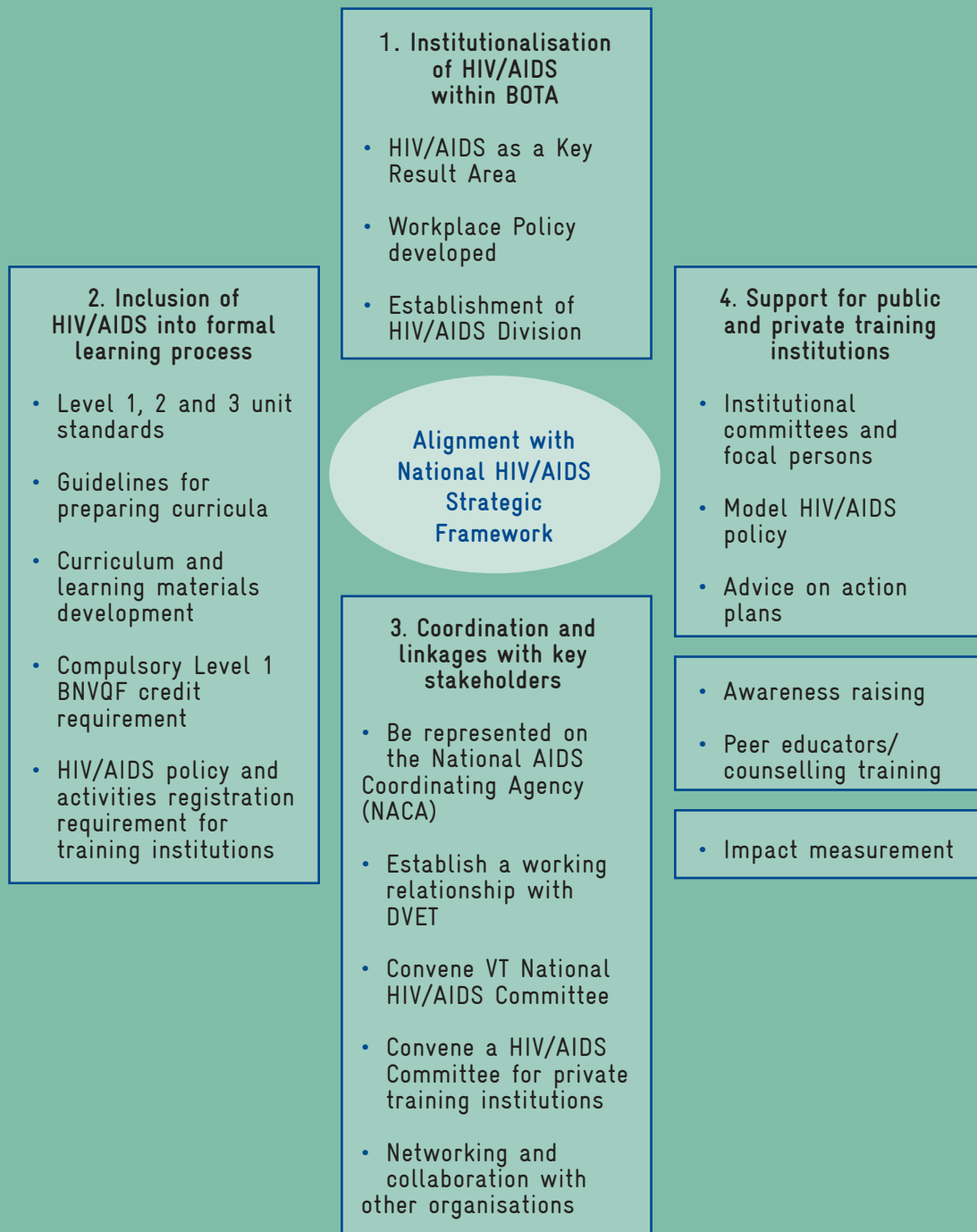
- To drive the coordination of HIV/AIDS interventions among training institutions and key stakeholders;
- To support and augment the efforts of training institutions in HIV/AIDS interventions and programmes;
- To promote the inclusion of HIV/AIDS unit standards in vocational training;
- To mainstream HIV/AIDS within BOTA (including the development and implementation of a workplace strategy).

All these activities are planned and implemented in alignment with the National Strategic Framework for HIV/AIDS (see diagram).



*BOTA Delegation at the World AIDS Day 2004 in Gaborone*

## Mainstreaming the HIV/AIDS response at BOTA: Concepts, Structures and Strategies



## Including HIV/AIDS in the Botswana National Vocational Qualifications (BNVQ) Framework

Botswana is one of the few countries in the region that has formalised its response to HIV/AIDS by including HIV/AIDS in the formal qualifications framework of the VT system. It is thus ensured that every learner receives training on HIV/AIDS prevention, treatment and care. Through the SWBL approach, learners and staff are actively involved in BOTA's response to HIV/AIDS, be it through peer education training courses<sup>17</sup>, edutainment, or involvement in HIV/AIDS counselling activities.<sup>18</sup>



Work-Based learning at the Construction Industry Trust Fund (CITF) in Gaborone

HIV/AIDS has been included on all three levels of the BNVQF

**Level 1:** Demonstrate awareness of HIV/AIDS. People credited with this unit standard will be able to:

- Demonstrate knowledge of HIV/AIDS
- Demonstrate knowledge of personal precautions to reduce the risk and spread of the infection
- Demonstrate knowledge of dealing with an HIV-infected or AIDS-sick person.

**Level 2:** Demonstrate awareness of HIV/AIDS in the workplace

- Demonstrate knowledge of HIV/AIDS
- Demonstrate knowledge of personal precautions to reduce the risk and spread of the infection
- Demonstrate knowledge of dealing with an HIV-infected or AIDS-sick person
- Demonstrate knowledge of occupational risks associated with HIV/AIDS.

**Level 3:** Develop and implement HIV/AIDS policies for a workplace.

People credited with this unit standard will be able to:

- Analyse organisational and individual needs related to HIV/AIDS
- Develop HIV/AIDS policies for a workplace
- Develop and promote HIV/AIDS prevention strategies for a workplace
- Review the effectiveness of workplace HIV/AIDS policies and strategies.

Unit standards for all three levels of the BNVQF have been developed and registered by BOTA according to current international practice. The HIV/AIDS unit standard has been made compulsory at Level 1 of the BNVQF. This means that every learner who goes through a BNVQF certification process will receive at least 20 notional hours on HIV/AIDS. The unit standards include specifications on quality assurance requirements, elements and performance criteria.

17) The peer education approach means that HIV/AIDS-related education is provided either by members of the same social group or by people who share a similar social background (based on age, gender, education, profession, etc.). The advantage of peer education is that it is often less embarrassing, especially for young people to discuss topics such as sexuality or HIV/AIDS prevention with their peers than in the more formalised and more hierarchical settings of HIV/AIDS campaigns.

18) Counselling on HIV/AIDS is carried out mainly on two levels. Pre-test counselling aims to explain to people who are worried about their HIV status why it could be important to take an HIV test and what it means to be diagnosed as HIV-positive. Post-test counselling gives advice on how one can live with an HIV-positive diagnosis and what support is available for people infected with HIV in a specific context – or, for those who have tested negative, what they should do in the future to remain uninfected.

### Defining guidelines for curriculum development

BOTA went through a participatory consultative process in order to define guidelines on developing curricula linked to unit standards. This comprehensive set of guidelines allows institutions to "develop common but not standardised alignment of their curricula with unit standards". The guidelines provide institutions with examples of:

- Curriculum and alignment models,
- Instruments that can be used to assist the alignment process,
- Training and learning approaches and aids, and
- Delivery and learning models.

While these guidelines are generic and can be used to develop curricula linked to any subject area, they use HIV/AIDS unit standards as an example. This means that with the help of these guidelines, VT institutions can easily align their current HIV/AIDS training programme with the BNVQF HIV/AIDS unit standards.

### Making a response to HIV a requirement for registration

BOTA has included an HIV/AIDS-related requirement in the validation process for the registration and accreditation of training institutions. It is obligatory for training institutions to have an HIV/AIDS policy and activities in place in order to obtain registration and accreditation within the BNVQF.

HIV/AIDS policies should relate to both staff and learners and should clearly indicate the role that the institution will play in seeking to minimise the impact of HIV/AIDS. The HIV/AIDS activity requirement includes the setting up of HIV/AIDS committees as well as the implementation of extramural activities and non-learning site-based HIV/AIDS interventions.

BOTA offers support and technical assistance to institutions that do not meet the HIV/AIDS registration requirements. However, registration will only be awarded when all BOTA requirements are met, including those regarding HIV/AIDS.

### Developing a model policy on HIV/AIDS for VT institutions

The BOTA HIV/AIDS Division has developed a model HIV/AIDS policy for vocational education and training institutions which can be found on this CD-ROM. The policy pursues the following objectives:

- Articulating the institution's position and practice in relation to HIV/AIDS;
- Ensuring that HIV-negative learners and staff remain so;
- Establishing the foundations for an HIV/AIDS education programme that includes prevention and positive behavioural changes.

The policy provides a framework through which individual institutions can integrate ongoing and planned HIV/AIDS activities into formal and extracurricular programmes. It addresses HIV/AIDS in relation to the principles of equity, recruitment (access), confidentiality and rights, and promotes the creation of a non-discriminatory and caring environment. There are guidelines for practical policy interventions in respect of:

- Voluntary HIV/AIDS testing
- Confidentiality and disclosure
- Prevention
- Care and support
- Education and awareness programmes
- Coordination responsibilities and implementation (e.g. the establishment of committees, the appointment of coordinators, and the participation of learners).

The model policy is in line with Botswana's National Strategic Framework for HIV/AIDS and with current practice in the field of HIV/AIDS workplace policies.

### Supporting VT-institutions in mainstreaming HIV/AIDS measures

BOTA advises VT institutions on how to develop organisational structures and processes that facilitate the mainstreaming of HIV/AIDS. This includes support in developing an HIV/AIDS policy as well as in establishing HIV/AIDS committees and structures.

Committees can take different forms, and are typically either separate committees or sub-committees of broader committee structures (e.g. counselling and guidance committees).



*HIV/AIDS Drama Performance by the Kgatleng Brigade Development Trust at the IVETA Botswana 2005 Conference in Kasane*

The BOTA HIV/AIDS Division encourages the representation of learners in these HIV/AIDS committees. Their tasks include awareness raising, the development and implementation of HIV/AIDS policies, and networking with HIV/AIDS organisations and structures in the district in which the training institutions are located.

BOTA also supports the participation of staff and learners in peer education and counselling training programmes offered by other service providers.

### Using edutainment to promote behaviour change

The BOTA HIV/AIDS Division supports the use of drama or theatre as a form of “edutainment” – entertainment that is educational in nature and which promotes behaviour change amongst learners and teachers. Through the medium of edutainment, BOTA aims

- to raise awareness and stimulate dialogue between learners, teachers and the interested public in relation to gender issues, sexuality and HIV/AIDS;
- to establish permanent drama groups in VT institutions as a way of involving learners in teachers\* through a “fun” activity as part of ongoing Communication for Behaviour Change (CBC);
- to sustain the momentum of the HIV/AIDS project through the positive spirit created by drama performances and annual drama competitions between VT institutions that are sponsored by the private and the public sector.

The BOTA HIV/AIDS Division also supported the participation of learners from private and public training institutions in drama coaching workshops. External service providers were commissioned to take participants through aspects of drama production and acting.

Meanwhile, HIV/AIDS-related theatre productions have been held at VT institutions and in the surrounding communities. The established drama groups have used the edutainment skills developed in the HIV/AIDS drama coaching workshop and productions in other areas (e.g. environmental education).



*HIV/AIDS Debate 2004 at the Automotive Trades Technical College (ATTC) in Gaborone*

### The “Emang” newsletter – a learner-driven publication

Emang means “stand up” in the Botswana vernacular. The “Emang” newsletter is a learner-driven HIV/AIDS publication which aims to improve communication and networking concerning HIV/AIDS issues between learners from VT institutions in Botswana. The publication is produced on a quarterly basis, and to date three editions have been completed.

Trainee journalists from one of the VT institutions constitute the editorial board. Emang includes articles, poems, letters and other inputs from learners from the different VT institutions. The BOTA HIV/AIDS Division requests and coordinates inputs, and leaves content unchanged except for corrections to grammar, style and spelling.

The production, publication and dissemination of the Emang newsletter allows learners to air their views and questions on HIV/AIDS-related issues and to network in spite of the large distances that separate VT institutions. In addition, Emang gives learners an opportunity to practise the skills they acquired in CBC.



### VT-specific Information, Education and Communication (IEC) materials

A set of Information, Education and Communication (IEC) materials has been developed by the BOTA HIV/AIDS Division for the VT Sector. The IEC materials are generic in nature, and focus on information provision and awareness-raising messages. The materials do, however, clearly display the BOTA logo and show its commitment to mainstreaming the HIV/AIDS responses.

# The Results

## Positive Results

In the course of the cooperation between BOTA, GTZ and DED, important milestones have been reached in the mainstreaming of HIV/AIDS in the Vocational Training System in Botswana. As the coordinating agency, BOTA itself has made HIV/AIDS part of its core work and mandate, and has created the organisational structures and processes that facilitate and sustain this process beyond the current project period.

In addition, as of September 2005, BOTA had supported more than 100 of the approximately 250 formal VT institutions in Botswana in the development and implementation of HIV/AIDS interventions and programmes. This means that 40% of VT institutions are already actively pursuing the mainstreaming of HIV/AIDS and making use of the support provided by the BOTA HIV/AIDS Division.

Moreover, there are also indications that the practices described above have a positive impact upon learners' knowledge and behaviour in relation to HIV/AIDS. More than 250 learners from many different VT institutions participated in the second HIV/AIDS drama competition organised by BOTA. According to a KAB study<sup>19</sup> conducted in 2005, VT learners value the BOTA-initiated HIV/AIDS-related peer education, counselling and drama lessons. According to their own reports, this has made them

- more aware of the risks associated with unprotected sex;
- more able to talk openly with their partners about sexuality, HIV/AIDS and their mutual responsibility regarding prevention.
- more willing to practice safer sex, use condoms, reduce the number of sex partners and negotiate condom use with their partners.

## Lessons Learnt and Remaining Challenges

In addition to the promising practices described above, many important lessons have been learnt in the course of this project. These lessons are discussed one by one below:

### **The contents of learner-driven publications such as Emang should go beyond the "ABC approach"**

In order to make learner-driven publications such as Emang more appealing to young people, the articles and inputs included in them should go beyond the ABC approach ("Abstinence", "Be faithful" or "Condomise"). Emang could be used to stimulate discussions around broader health and life-related issues such as sexuality, gender and power relations, disclosure and stigmatisation. Emang and similar publications could also include interviews with people living with HIV/AIDS or with learners on specific topics ("How to say no", "How to be assertive", etc.). Learners could be invited to exchange views on relevant issues that are not easily discussed, such as "What do you think about disclosure?".

### **Quality and access to counselling services must be improved**

Over the last few years, a number of VT institutions have established their own HIV/AIDS counselling centres. However, only about 41% of the respondents in the KAB study cited above said that they were aware of these centres. Of those who were aware of the HIV/AIDS counselling services in their institutions, 33% were not content with the quality of services provided.

These are important study outcomes that will need to be addressed by the BOTA HIV/AIDS Division and the VT institutions it supports.



*World AIDS Day Parade 2004 in Gaborone*

**The content and scope of HIV/AIDS unit standards need to be clearly defined**

In order to increase the acceptance of HIV/AIDS unit standards among VT institutions, it is important that the different training institutions are involved in their development from the start. This may have a positive impact on their quality and on their acceptance and application.

In Botswana, the performance criteria of the HIV/AIDS unit standards, particularly at BNVQF Level 3, are presently very complex. Learners must be able to develop policy and use a range of fairly sophisticated data collection and analysis tools. It is questionable whether the performance criteria are appropriate to a vocational training certificate.

Specific attention should also be given to themes that are not yet covered by the unit standards, but are being offered by different training institutions in Botswana. Almost any organisation can, for example, offer training in peer education, life skills or counselling, as there is no quality assurance process in place. However, BOTA and the Vocational Training Sector have an interest in assuring quality services in these areas, as well as the expertise to establish unit standards and guidelines for these fields.

**BOTA must clarify its role in the process of mainstreaming HIV/AIDS**

At present, VT institutions tend to “add on” HIV/AIDS-related responsibilities to existing full-time jobs so that they can only be addressed when other job

requirements have been fulfilled. In the case of the BOTA HIV/AIDS Division, there is only one coordinator and one field officer, both of whom are responsible for a wide range of integration and coordination tasks. In this light, BOTA’s expertise may be more effectively utilised in closing capacity gaps as opposed to the implementation of activities that could be carried out by other organisations with support from BOTA. Such gaps exist for instance in relation to the development of unit standards for other HIV/AIDS-related qualifications, and the development of IEC materials targeting VT staff and learners.

**Different types of training institutions need different approaches**

National VT authorities often serve a range of different training institutions, and the different types of institutions will need different strategies to mainstream HIV/AIDS effectively. Here, too, it is important to identify the gaps in the existing HIV/AIDS responses and to decide how these gaps can be addressed by the BOTA HIV/AIDS Division in coordination with other organisations working in this field.

Not all of the practices described above will be suitable for all the different types of institutions. However, they constitute a set of tools from which VT institutions can choose in order to begin mainstreaming HIV/AIDS in their specific contexts.

# Peer Review

According to the two external peer reviewers, there are a number of reasons why the BOTA approach to mainstreaming HIV/AIDS in vocational training represents a promising practice as contribution to a national AIDS response. The four main ones are as follows:

1. The approach is innovative and provides a model for other national VT authorities and for companies with formal training units in the region. The HIV/AIDS unit standards and the guidelines on preparing curricula linked to them represent a means by which VT institutions can integrate extracurricular activities related to HIV/AIDS into the formal curriculum.
2. The described practices are participative and empowering, as learners and staff are actively involved in developing responses to HIV/AIDS on the personal and the institutional level.
3. The approach appears to be effective as 40% of VT institutions have begun to mainstream HIV/AIDS; learners in VT institutions moreover report that the approach has led them to reduce the number of partners, to practice safe sex and to talk openly to their partners, peers and families about HIV/AIDS-related issues.
4. The approach is sustainable since the national authorities have taken over the responsibility for the BOTA HIV/AIDS Division, including all its activities and its budget.

Overall, BOTA appears to be well-positioned to become a centre of excellence for the mainstreaming of HIV/AIDS in the vocational training sector in the Southern African region.



# Tools

The following tools and materials were developed in the course of this project and can be downloaded at [www.german-practice-collection.org/en/toolboxes/](http://www.german-practice-collection.org/en/toolboxes/)

- Sample HIV/AIDS policy for training institutions
- HIV/AIDS training unit standards
- Guidelines for preparing curricula on the basis of the unit standards
- Sample HIV/AIDS curricula and learning material



*Work-based learning*

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# Abbreviations

<b>BIDPA</b>	Botswana Institute of Development Policy Analysis	<b>IEC</b>	Information, Education and Communication
<b>BNVQF</b>	Botswana National Vocational Qualifications Framework	<b>KAB</b>	Knowledge, Attitudes and Behaviour
<b>BOTA</b>	Botswana Training Authority	<b>MLHA</b>	Ministry of Labour and Home Affairs
<b>BPC</b>	Botswana Power Cooperation	<b>MoE</b>	Ministry of Education
<b>CBC</b>	Communication for Behaviour Change	<b>NACA</b>	National AIDS Coordinating Agency
<b>CBC</b>	Communication for Behaviour Change	<b>STD</b>	Sexually transmitted disease
<b>DED</b>	Deutscher Entwicklungsdienst (now GIZ)	<b>SWBL</b>	Structured Work-Based Learning
<b>DVET</b>	Department of Vocational Education and Training	<b>UNAIDS</b>	Joint United Nations Programme on HIV-AIDS
<b>GIZ</b>	Gesellschaft für Internationale Zusammenarbeit	<b>UNDP</b>	United Nations Development Programme
<b>GTZ</b>	Gesellschaft für Technische Zusammenarbeit (now GIZ)	<b>VCT</b>	Voluntary Counselling and Testing
		<b>VT</b>	Vocational training

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