POLICY RESPONSES TO THE EFFECTS OF HIV/AIDS
ON HUMAN RESOURCE DEVELOPMENT
IN BOTSWANA

1. INTRODUCTION

As probably the most affected country in the world, Botswana has to develop strategic plans as well as interventions in each area of life to combat HIV/AIDS. Youth are generally having the highest infection rate, and this is the same age category as the majority of those involved in vocational education and training (VET).

The major challenges for the VET sector, as for other sectors, are the increasing labour costs due to HIV/AIDS prevalence characterized by absenteeism, high staff turnover, loss of skilled and experienced human resources, and reduced performance and productivity. In addition the projected positive effects of training for the economy are undone as a large number of those trained never even join the workforce or only temporarily do so.

This paper describes the background, strategic context and planned interventions to manage the impact of HIV/AIDS in the VET sector in Botswana and thus mainstream HIV/AIDS in the sector. It is based on various resources in Botswana, in particular on the Report for BOTA on Mainstreaming HIV/AIDS in the VET Sector by Simon Muchiru and Antje Becker from 2001.

2. SITUATION SKETCH

2.1 Botswana

Botswana is among the countries with the highest HIV/AIDS rates in the world. The Ministry’s 2000 sentinel survey estimates that 28% (1 in 4) of Botswana’s sexually active population (15-49) are infected, while UNAIDS declares 36% for the same age group. Although these estimates obviously vary the above data clearly show that the epidemic has reached crisis proportions. About 85 Batswana are being infected with HIV every day and one in eight infants are infected at birth. The prevalence rate among men is estimated to be only 80% of that of women. Rural areas are nearly as affected as urban areas (80%). Life expectancy dropped from 65.3 in 1991 to 46.2 in 2000.

**HIV/AIDS Prevalence in Botswana**

<table>
<thead>
<tr>
<th>Year</th>
<th>15-49 years (national)</th>
<th>15-49 years (Gaborone)</th>
<th>15-19 years (national)</th>
<th>15-24 years (females)</th>
<th>15-24 years (males)</th>
<th>Life expectancy</th>
</tr>
</thead>
<tbody>
<tr>
<td>1992</td>
<td>18%</td>
<td>16.4%</td>
<td>16.4%</td>
<td>17%</td>
<td>35%</td>
<td>65.3 years</td>
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<tr>
<td>2000</td>
<td>36%</td>
<td>44%</td>
<td>26.7%</td>
<td>35%</td>
<td>17%</td>
<td>46.2 years</td>
</tr>
</tbody>
</table>
Factors increasing the speed of infection among the population are that:

- the virulent HIV type C prevailing in Botswana might be more infectious;
- (bacterial) STDs and other infections often go untreated;
- poverty often goes along with a poor nutrition status, which also weakens the immune system early on.
- large population of mobile workers
- suggestions of intergenerational transmission

Young people are particularly vulnerable to contracting the virus. HIV prevalence rates peak among women between the ages of 20–29 years, and in men in the age groups 30-39 years. In Botswana, the mortality rate for the age group 24–29 in 1998 was, with 11.7%, the highest in the entire population below 65 years. These figures indicate that people dying of AIDS in this age group were infected when they were teenagers or in their early twenties. HIV/AIDS obviously affects people in their most productive and reproductive years, which is also the age range of learners attending vocational institutions in Botswana.

Apart from hardships at the household levels, and macroeconomic decline in growth rates, the overall increased mortality due to AIDS is affecting the labour market directly. There will for example be an overall younger age structure of the labour force and therefore less experienced labour. The Botswana economy is significantly more capital intensive than most other African countries, which potentially offers a shield against the predicted labour impact of HIV/AIDS. Botswana is however already facing skilled labour shortages. Not only will this shortage be exacerbated, they may also be causing a 12%-17% rise in skilled wages, and pressure to import even more expatriate skills. It is thus imperative to lay a strong emphasis on training the workforce and keeping that same workforce alive.

The Government of Botswana has committed itself to reduce the impact and effects of the epidemic. It has established several structures and instruments to that effect:

- National HIV/AIDS Council, chaired by the President, H.E. Mogae and multi-sectoral in nature, including government, NGO’s, the private sector and people living with HIV/AIDS
- National AIDS Coordinating Agency (NACA), overseeing
- District Multi-Sectoral AIDS Committees
- Political commitment to partnerships

Botswana has an extensive, recently established low-threshold network of Testing and Counselling Centres (Tebelopele), and a similar network of Coping Centres for People Living with AIDS (COCEPWA).
Anti-retro viral therapy provision has been introduced by the Botswana Government on pilot basis, but is expected to expand.

Due to the high vulnerability of the age-group attending VET (15-24) and in response to the call for a multi-sectoral approach in Botswana, the Botswana Training Authority has to play its part.

2.2 Botswana Training Authority

The Botswana Training Authority (BOTA) was established in 2000, by an Act of Parliament. Its mandate is to

- coordinate vocational training activities in order to achieve better integration and harmonisation of the vocational training system being developed;
- monitor and evaluate the performance of the vocational training system being developed in order to ensure the successful performance of all training activities; and
- advise on policy related issues of vocational training.

In order to achieve the above objectives BOTA prepared a four year strategic plan, in which “the capacity of VET institutions to effectively manage the impact of HIV/AIDS is strengthened” is one of the 11 result areas.

2.3 The Vocational Education and Training Sector

The VET sector in Botswana consists of the following players:

Institutionalised formal training institutions, such as Technical Colleges (TCs), Health Training Institutes and various other government colleges. The Ministry of Education manages most of these. Others are managed by respective Ministries (Health, Agriculture etc.)

Community-owned Brigade Centres, based on training with production, subsidised by the government, offering programmes for trade testing.

Privately owned commercial vocational training centres

In-house training centers operated by the private industry (e.g. Debswana Diamond Company, BCL), and some parastatals.

The official statistics on government controlled VET enrolment show a total number of 8 830 students in 1997. By 1999, the six VTCs and 41 Brigades by themselves already serviced about 9500 students per year. (Note: Different ways of obtaining enrolment data could be responsible for the increase.) The total number of trainers in 1997 was 955, of which 56% were women and 26% non-Botswana.
Data on the impact of HIV/AIDS on the vocational training sector in Botswana are yet to be collected. Examples of relevant data are estimations of infection rates, sick and death rates and the human resources impact per region, per type of organisation and per organisation, as well as types of intervention practices at present and a measure of their effectiveness.

3. STRATEGY

In order to respond to the request for multi-sectoral collaboration, the Botswana and the German Governments agreed during the governmental consultation in October 2000 to add an HIV/AIDS prevention component to the project activities in the vocational training sector (i.e. support to the establishment of the Botswana Training Authority). The goal is to support integration or “mainstreaming” of HIV prevention and care strategies into the existing vocational training institutions in order to reduce the spread of HIV and STDs in the sector.

The strategy that will be followed by BOTA to deal with HIV/AIDS in the VET sector has the following components:

*the strategy shall form part of the national AIDS strategy and will be part of and be linked to all regional and relevant sectoral (youth, women, education, NGO etc) initiatives and structures*

*the HIV/AIDS component within BOTA, in partnership with other organizations such as health care providers, NGOs and the private sector is likely to influence all aspects of VET that BOTA deals with, such as:*

- Assisting interventions at local/training institution level
- Distributing best practices from private, government and NGO sector
- Link organisations with similar issues/ within geographical area
- Influencing organizations such as training institutions and small and medium sized enterprises to provide training programmes on HIV/AIDS to their trainees/employees. Training programmes will be made relevant to the needs of the VET institutions and industry organizations covering issues of skills development; of how an organisation could maintain its health status;
- Effective incentives for HIV/AIDS voluntary testing and counselling.

In line with calls for the establishment of public-private partnerships, with an emphasis on the private’s sector, to make the VET system more relevant to industrial training needs, the threat of the HIV/AIDS epidemic for both sectors could be another entry point for intensified discussion and mutual support.

In response to medical, social and economic challenges caused by the epidemic, the Government of in 1993 adopted the National AIDS Policy through a Presidential Directive. The policy is multi-sectoral in nature and aims to mobilize all government departments,
community-based institutions (e.g., Village Development Committees), parastatals, NGOs, and the private sector to collaborate in the national response to HIV and AIDS in Botswana. Informed and guided by the policy the Medium Term Plan II was developed, covering the period from 1997 – 2002. It sets the framework for mainstreaming HIV and AIDS into every sector of society. The implementation of the plan is coordinated by NACA in collaboration with the AIDS/STD Unit with support from additional sectoral HIV/AIDS committees at ministerial level. Most sectors, including the education sector, have also appointed a focal point-person to facilitate coordination. Each of these technical sector committees is responsible for developing its own HIV/AIDS Strategic and operational plans based on a comprehensive situational analysis.

The Ministry of Education (MoE) has started the mainstreaming process of HIV and AIDS into their divisions with the development of assessments, a strategic framework (2001-2003) including operational plans and an “Education Sector HIV/AIDS Policy” (1998). All of these mainstreaming activities focussed on primary and secondary schools and had left out the VET sector, although explicitly mentioned in the policy, as follows: that HIV and AIDS education must be integrated into all curricula of the educational sector, and should be made compulsory at all levels, including the VET institutions.

The Department of Vocational Education and Training (DVET) was aware and concerned about these omissions. Attempts have been made to re-address the problem through DVET's representation in the MoE’s HIV/AIDS Technical Advisory Committee, the formation of a departmental HIV/AIDS working group, and training of peer educators within DVET. Despite these efforts vocational education and training strategies currently lack strategic orientation on dealing with the impact of HIV and AIDS. The other problem is that the MoE’s responsibility for the VET is restricted to the six Technical Colleges and to a minimal extent to support the Brigades. The rather large group of private VET institutions is not affected by interventions of the MoE.

The German Development Service (GDS/DED) has been involved in vocational training in Botswana for almost thirty years, particularly supporting the Brigades. Currently nine DED development workers are working for Brigades as Unit Managers, Business Managers and Small Enterprise Advisors. These DED workers experience the immediate effects of HIV/AIDS at their workplaces through colleagues who fall ill, the high number of funerals taking place every weekend, and sometimes prevention campaigns. Until now, there has been no co-ordination of activities within DED Botswana or between development workers who would like to get involved in that field. Realising the importance of HIV/AIDS within the VET sector, DED accepted an application of BOTA to second a development worker to BOTA to coordinate HIV/AIDS activities of BOTA.

4. INTERVENTIONS

4.1 Background

The VET sector is training mainly people from 16 to about 26 years old. Most infections as reported by UNAIDS, occur between the ages of 15 and 19. Vocational trainees fall within the most sexually active group of youth. High mortality rates among the age group 20 –29 will result in high drop-out rates among trainees. Thus vocational institutions will not be able
to restrict their concern about the epidemic to prevention activities: expansion to care activities is urgently necessary.

Of importance is also the impact on the currently high percentage of girls and young women in the VET sector (58%). Their enrolment might decrease through the gender based role to attend to increasing care needs for sick parents and siblings at home.

With the traditional means of control of sexual behaviour weakened and the increase of single parent homes, the responsibility for the sexual socialization of Batswana youth has shifted to the educational system. Research shows, that teachers and trainers are trusted sources of information among especially the older teens, which is the age-group entering vocational training. Students tend to turn to their peers, however, for counselling and advice in decision making on sexual behaviours.

Teachers at primary and secondary school level are dis-proportionally affected by HIV/AIDS with an annual rising death rate of 60% over the period 1994-1999, and observational data of trainers in vocational institutions seem to indicate that their situation is similar.

Interview data suggested that the death rate among industrial staff in Brigades and Technical Colleges is very high as well.

The sector is thus facing a loss of productivity due to HIV related illness, absenteeism, and high turnover. High mortality also threatens to erode the institutional memory. Since personnel cannot be immediately replaced, they leave gaps, thus stretching the capacities of the remaining personnel. Where possible they are replaced with less skilled personnel, thus weakening the quality of the training.

4.2 Target Groups

The primary target groups for the proposed interventions are trainees, trainers and staff of the vocational institutions. Female trainees need a special focus, since they are especially vulnerable to HIV/AIDS at an earlier age, and are additionally affected as care givers for other family members living with HIV and AIDS.

The secondary target group or mediators are the institutions sharing administrative, curricular, and advisory responsibility for the vocational educational and training sector, as well as the private sector, the chambers and the trade unions.

4.3 Intervention Activities

Out of concern for their trainees and the alarming drop-out of mainly female trainees, some Technical Colleges and Brigades have started to form their own AIDS committees. Activities range from condom distribution, to peer education, drama and other information activities for trainees and trainers. The majority of institutions, nevertheless, have not yet formed a mainstreaming structure or concept and are asking for resources and technical assistance to start up. The training institutions specifically need help to develop workplace policies to regulate management of ill-health and health and safety issues, and to include HIV/AIDS into
their regular curricula. The response of some of the active institutions is however very motivating, and exchange of experiences among institutions has also started.

Only few vocational institutions, mostly Brigades, currently reach out and are represented at community-level organizations. This involvement is often motivated and carried out by individual teachers and staff members. Their attempts could be strengthened by linking their HIV/AIDS interventions to District and Community interventions, with support from the national HIV/AIDS structures and mechanisms.

None of the ‘HIV/AIDS in the workplace’ activities at government and private company level have relationships with the VET sector yet. Similarly, the Botswana Confederation of Commerce, Industry and Manpower (BOCCIM) did not incorporate VET in its HIV/AIDS prevention priority agenda as a potential partner. This in spite of the fact that VET institutions are members of the Chamber and are a potential source of trained labour for the private sector.

The private sector (companies, chamber, trade unions) and NGOs have had good experiences with mainstreaming HIV/AIDS activities and could be of great assistance to the VET sector. More collaboration between both sectors with assistance of BOCCIM and BOTA would be advisable. The following best practices from the private sector and NGOs in the workplace could also apply to VET institutions:

- **Strong commitment by top management**
- **Recruitment of full time HIV/AIDS coordinators**
- **Tri-partite planning committees including staff, unions and management (health)**
- **Collaborative development of AIDS policies.**
- **Linkages with health care services for STD and TB treatment, VCT, (and anti retroviral treatment)**
- **Consistent condom distribution**
- **Peer educators**
- **Sustained IEC strategy and programming, not just one-off activities**

What else needs to be done?

VET institutions have started their own prevention activities and expressed the need for support and capacity building to be able to implement any future mainstreaming plans. They will need resources and technical assistance to form AIDS committees, develop workplace policies, include AIDS into their curricula, and improve their student’s and teachers care-seeking behaviours.

Peer education among trainees, staff and trainers has proven to be effective in other programmes, and training is currently ongoing for teachers and principals of the secondary schools.
Better collaboration with the MoE in training could include VET trainers of at least Technical Colleges and Brigades (with little budget increase).

For many of the institutions it also would make sense to link up with the existing structure and network of District and Community-level AIDS plans and organizations.

An increase of extra-curricular activities combined with AIDS prevention and care messages would be able to help many trainees. Best practices in AIDS prevention activities using IEC in Botswana, of which the VET institutions can learn, have been entertainment-education, which mixes AIDS prevention or care messages with drama, sport, music, and peer education. Very few systematic evaluations, however give clues about the long-term impact.

Trainees also reported that they prefer documentary style videos to dramatized versions, since they would show real situations they could identify with.

This also included live presentations of People Living with HIV and AIDS.

Experiences with activities and messages, which combine care and prevention, seem to work well for prevention purposes, since they appeal to people’s emotions. These could be mural paintings, for example, to remember the people who have died of AIDS or other activities for people who are currently battling diseases.

Another way of involving people, and especially trainees into the current reality of AIDS in Botswana, is “service learning”. Trainees can be encouraged to volunteer their time in AIDS clubs, or while on attachment for training, to work in home-based care activities at community level. This could even be made part of their curriculum as community outreach.

The above are the initiatives to be developed by the stakeholders within the VET sector, for which BOTA has to take a leading role. This is to be done with help of an HIV/AIDS Taskforce, that will guide, monitor and advise BOTA in this task.

5. CONCLUSION

HIV/AIDS is a big challenge in the context of the development of VET.

It needs to be addressed at the level of individual training institutions.

BOTA plays an important role as a mainstreaming body.

BOTA has been given the mandate to act as such, after a conducting a study and consulting the stakeholders.

Summarising the above, a lot more needs to be done to contain the spread of HIV/AIDS in Botswana. The example of Botswana once more underlines what we have come to realise, specially in the context of the challenges in the development of vocational education and training:

*HIV/AIDS has moved beyond its earlier status as a health issue to become a development issue, with social, political and economical dimensions.*