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The Project Hope care programme in Brazil benefits greatly from community support. This is expressed in contributions of materials or services. Fundraising or recreational events often receive free food from local businesses. Local people with cars or trucks donate their time to assist in any care giving activity, including driving patients for medical check ups or treatment, and delivering food and clothing to people unable to come to the centres. The Catholic Aids Action field staff in Namibia visits caregivers as a form of encouragement and recognition. This helps to maintain their morale (Huczynski, 1987; Lawler, 1994; UNAIDS, 1999, 2001).

Though the spirit of company and individual support to care giving and HIV/Aids generally is on the increase in Botswana, advocacy by government and all cadres of community leaders needs to be increased a lot so that adequate help may be forthcoming. Otherwise most caregivers and their clients are in dire need of material and financial support.

Research in Kanye indicates that the role of churches in assisting care giving was not evident. However, in other parts of Botswana the role of faith-based organisations has been commendable. The Catholic Church, for instance, has been pivotal in helping HIV/Aids clients and their caregivers. The media have reported on the bishop of Francistown Catholic vicarage, Frank Nubuash, for instance, playing a robust role in advocacy for the sick and the disadvantaged to be assisted, especially with antiretroviral drugs, without any discrimination based on where one comes from. He has emphasised the role that the church needs to play: giving hope to the hopeless, giving love and providing psychosocial support, and making the church a safe place for those who are endangered by the struggles of life. He has ensured that his flock and others in the community can access the antiretroviral drugs (Kang'ethe, 2007). In the outskirts of Gaborone – Mogoditshane, Mmopane, Metsimotlhabe and Tsolamosese villages – the researcher has seen that the Catholic Church has been involved in the community home-based care programme. It has recruited its own volunteers to visit the clients and their caregivers, giving them love, hope, psychosocial support and counselling. The church programme, through its volunteers, organises and brings together the caregivers and their clients for psychosocial meetings at least one day in a week where Bible sharing takes place, physical exercises are done and a nutritious meal served. The clients are collected from their homes and returned afterwards. The programme works hand in hand with the government community home-based care programme. However, the government-recruited volunteers appear unmotivated in their tasks of visiting the homes of the caregivers and their HIV/AID clients (Lawler, 1994). Therefore, the Catholic Church in these areas perfectly fills in the gap of complementing government services and the national response to HIV/Aids (NSF, 2003-2009). But this is a recent and a unique programme and other faith-based organisations need to follow suit and fulfil the country's Vision 2016 of being a just, compassionate and caring nation. Many churches have been accused of folding their arms and watching HIV/Aids attack their "flock and communities in general" left, right and centre (Kang'ethe, 2007; Vision 2016, 1997).

Although in some quarters the government is beginning to recognise the pivotal role and importance of NGOs as complements in the HIV/Aids campaign and other development agendas (BONEPWA, 2003; UNAIDS, 1998, 2005), it does not generally appear to trust the capacity and goodwill of the NGOs as partners of development. In Botswana there is a perception among the NGOs and civil society generally that the government perceives NGOs, alongside the trade unions, as sympathisers with the opposition politics. This has stifled or discouraged assistance. It has also contributed towards making the NGOs skeletal and ineffective (UNAIDS, 1998). In fact, in most countries of Sub-Saharan Africa, state welfare

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provision is extremely limited and declining. This is because of the poverty consequent on the states' corruption and mismanagement, coupled with countries adhering to the imposed World Bank Structural Adjustment Programmes (SAPs) (Mulinge, 2003) to foster development. Lack of adequate government support to the NGOs in Botswana has been a national issue in that even when the government has enough resources from the donor community, NGOs' funding applications to the government take so long to be processed that programmes run by NGOs nearly collapse. Good examples are provided by the Botswana Family Welfare Organisation (BOFWA) and the Botswana Christian Aids Intervention Programme (BOCAIP) in the country that almost collapsed a few years back, and yet the government had had enough donor funds for the HIV/Aids campaign. This has happened even when these organisations exhibit good, transparent and audited accounts (DMSAC Report, 2005). Ironically, most of these donor grants, like the Global Fund, have been withdrawn by donors because of lack of expenditure by the government. The government of Botswana needs to change its position on, and perception of, the NGOs and see them as vehicles of development with a complementary role to play in the national development process.

Kanye caregivers indicated that the study area suffered from weak cross-referral systems, resulting in information not flowing smoothly among the service beneficiaries such as caregivers. This is a big drawback in this era of HIV/Aids, when resources are inadequate, making it urgent for all organisations to pool resources to maximise and optimise productivity (WHO, 2002). Weak referral systems have the danger of community members starting organisations with objectives already addressed by existing organisations. This could lead to duplication of services and therefore inadequate utilisation and management of resources (Jackson, 2002; WHO, 2002). According to this researcher, the referral system, especially from the clinics to clinics and from the clinics to the Kanye Seventh Day Adventist Church (SDA) referral hospital, was weak (Kang'ethe, 2008). Weak cross-referral could lead to duplication and unhealthy competition between organisations instead of each organisation complementing the others. Collaboration between the NGOs and government in service delivery could possibly reinforce service marketability and therefore improve the organisations' referral process.

The country of Botswana needs to emulate other countries with best practices in government-NGO collaboration. In Cambodia, for instance, home-care teams made up of staff from government health centres and community-focused NGOS have created strong links with community resources such as community leaders (phum), traditional healers and the members of the Buddhist temples (pagodas). The referral systems link the teams with health centres, hospitals and the three government-run HIV Voluntary Testing and Counselling (VCT) Centres. In Cote d'Ivoire, the centre for socio-medical assistance (CASM), an international faith-based NGO initiated in 1991 by HOPE Worldwide, also fulfils the UNAIDS best practice criteria. CASM works in close collaboration with the ministry of Health, the National Aids Programme and the University Hospital. Commendably, the involvement of persons living with HIV/Aids plays an important part in the centre's prevention and advocacy activities (UNAIDS, 1998).

Botswana has continued to suffer funding blows since it was upgraded to an upper-middle class country in the world economic classification (BONASO Beat, 2000; Government of Botswana & UNDP, 2000). This implies that Botswana is not a needy country compared to other developing countries. However, reality on the ground as evidenced by the majority of caregivers indicating they are poor and needy confirms that there is a lot of poverty and many grey areas that need to be addressed through NGO/CBO mobilisation and intervention. This is

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also reinforced by the literature, which indicates that close to 50% of Batswana are poor and live below the poverty line (Botswana Millennium Development Goals, 2004; NACP 38, 1997-2002). It is apparent that the upgrading by the international community looked at the resources from the strong mining sector and concluded that all was well in the country. Even when funding, either from donors or the government, is forthcoming to the NGOs, there are restrictions imposed on many grants and donations, causing a lot of uncertainties over time. This makes it difficult for NGOs to do long-term planning, improve their services or reach their full capacity (UNAIDS, 1998).

CONCLUSION

The role and importance of the NGOs and CBOs, coupled with individual and private organisations as vehicles of development, especially in Botswana and other resource-strained countries, cannot be over-emphasised. These organisations, given a good operational political environment and funding, can fill the development gaps and reach areas that the government cannot. Their presence in especially care giving is especially critical in this era of HIV/Aids, when government health facilities are congested, leaving only the options of NGOs and CBOs, and other private organisations to offer community support in the care field. Unfortunately the NGO environment has not been supported well, with government showing some mistrust and therefore refusing to fund them in good time. However, the government attitude is gradually changing. Policies to support NGOs and CBOs should be strengthened in order to help mobilise and assist care giving and the whole HIV/Aids campaign generally in Botswana. The government needs to change its mindset and accept NGOs as complementary organs of the development process.

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Dr Simon M Kang'ethe is a social worker for Skill Share International and attached to the Botswana Network of People Living with HIV/AIDS (BONEPWA), Botswana.