

BONELA



**The Botswana
Network on
Ethics, Law
and HIV/AIDS**



**THE BOTSWANA NETWORK ON
ETHICS, LAW AND HIV/AIDS**
2017 ANNUAL REPORT

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ABBREVIATIONS

ACSM	Advocacy, Communication, Social Mobilisation
AIDS:	Acquired Immune Deficiency Syndrome
ARASA	AIDS & Rights for Southern Africa
ARV	Anti-retroviral drugs
BOFWA	Botswana Family Welfare Association
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
CBO	Community Based Organisation
CCM	Country-Coordinating Mechanism
CSS	Community Systems Strengthening
CSO	Civil Society Organisation
COP	Country Operational Plan
CMS	Central Medical Stores
CRNSA	Child Rights Network for Southern Africa
DAC	District AIDS Coordinator
DC	District Commissioner
DHMT	District Health Management Team
DMSAC	District Multi-sectoral AIDS Committee
FDG	Focus Discussion Group
GBV	Gender Based Violence
HTC	HIV Testing and Counselling
HIV	Human Immune deficiency Virus
JOC	Joint Oversight Committee
NAC:	National AIDS Council
NACA:	National AIDS Coordinating
NGO	Non-Governmental Organisation
MoHw	Ministry of Health and Wellness
MFH&GJ	Men for Health and Gender Justice
MSM	Men who have Sex with Men
MP	Members of Parliament
PE	Peer Educator
PEPFAR	Presidential Emergency Plan for AIDS Relief
PLHIV	People Living with HIV
PwD	People with Disability
PMCFMH	Pilot Mathambo Centre for Men's Health
STI	Sexually Transmitted Infections
TB	Tuberculosis
TIMS	TB in the Mining Sector
VDC	Village Development Committee
VHC	Village Health Committee

EXECUTIVE SUMMARY

The Botswana Network on Ethics, Law and HIV and AIDS (BONELA), is a human rights and health advocacy organisation in Botswana established in 2002. It is a network of individuals and organizations that promote the protection and fulfilment of health rights in-country, to facilitate access to quality health services and prevent infection of diseases (such as TB, STI/HIV and NCDs) in the bid to improve the quality of lives of inhabitants of Botswana.

While BONELA has a sterling record spanning over 14 years' of documented experience in advocacy, capacity building and awareness raising on health rights in Botswana; 2017 was a special year because the BONELA new 2017-2021 Strategic Plan dubbed 'A New Era in Health Rights; Fighting Marginalisation' was operationalised. The Strategy afforded us an opportunity to earnestly focus on the seven (7) principles of the right to health – that is, availability, accessibility, acceptability, affordability, quality care, participation and other determining factors of health in facilitating access to and utility of health services by our constituents. In order to live the 7 principles of health, the organisation worked at community level, service provision level and at policy level. As a result, in 2017 BONELA implemented 17 Projects focused on various constituencies and at the three level aforementioned. These Projects afforded BONELA to engage with policy and lawmakers (both technocrats and legislators) through various advocacy efforts on the promotion, protection and fulfilment of health rights for vulnerable and marginalized populations and the need to align national laws and policies to these realities. The Projects primary cohorts are prisoners, women, adolescence, young people, rural dwellers, sex workers, and people living with HIV, people with disabilities, LGBTI, MSM, children, Ex- miners, Miners and refugees.

Furthermore, BONELA engaged the constituents, the general public and service providers alike through various methodologies that included focused group discussions/sessions, training, mentoring, community dialogues, IEC material development and dissemination as well as monitoring of rights violations and provision of legal services and prevention commodities like condoms and lubricants.

These interventions meant that BONELA retains its long-term donors such as COC, Save the Children International, AidsFonds, the International AIDS Alliance, ARASA, MSMGF and Global Fund. We also attracted relatively new donors in 2017, including the Regional Global Fund (Witz Consortium) through ACHAP, to focus on TB in the mining sector. The TB Project brought with it an extension of primary and secondary constituents we needed to work in the district, that is, Village Health Committees, Village Development Committees, Miners and Ex-Miners in ensuring that there is access to TB services and that those with Silicosis as a result of working in the mines are compensated. We also received funding from the Botswana Government through NACA in 2017 to focus on capacitating MPs on human rights and key populations.

Furthermore, BONELA is one of the five sub-recipients of the Global Fund Grant managed by ACHAP continued to allow BONELA to advance human rights in rural districts. BONELA is focusing on two modules, the first, 'Removing Legal Barriers' (RLB) which is focusing on human rights and peoples' legal barriers to accessing health services, running in ten (10) districts; Tutume, Okavango, Ngamiland, Francistown, Phikwe, Boteti, Serowe, Palapye, Kweneng West and Kgalagadi North. The second module is 'Prevention with Men who have Sex with Men' (MSM) and 'Transgendered Individuals (TG)'. This year, there was also an additional project to the Global Fund portfolio where we started a project on Documenting and Producing an Anthology of Personal Perspective on Growing up with Gender Based Violence and HIV by girls and Young Women in 10 districts of Botswana and this was done in partnership with Women against Rape (WAR).

BONELA also worked closely with the media this year, both social media (facebook and twitter), print and electronic to elevate public awareness on human rights and health as well as promote accountability at all levels. Furthermore, BONELA continues to utilise information, education and communication materials (IEC) as a strategy to facilitate access to information on human rights and health. This year we developed many materials in English, Setswana, Sekgalagadi and Braille.

BONELA was also accredited an HIV testing and counselling service provider for key populations by the Ministry of Health and Wellness in 2017, making it easier to provide HTC services to MSM and ensure confidentiality for clients while STI screening, psychosocial support services were referred to service providers on retainer (with MoU with BONELA).

In organisational development, BONELA engaged in a change management process to facilitate transition from the 2012/2016 Strategy to the 2017/2021 Strategy and this required the Board, Management and Staff to engage in several change processes to ensure that BONELA is well resourced to deliver on the new Strategy. Furthermore, BONELA increased its community cadre in the districts, creating presence and visibility of our services through this structure.

At regional and global levels, BONELA is an affiliate of the AIDS & Rights Alliance for Southern Africa (ARASA) and a Linking Organisation of the International HIV/AIDS Alliance. As such, in 2017 we participated in regional initiatives as well as contributing to and learning from a global network of organisations aimed at supporting an accountable, sustainable and rights-focused community response to HIV and health broadly.



WHO WE ARE

BONELA's draws its mandate from the following statements:

Our Vision: *Making the right to health a reality in Botswana.*

Our Mission: *We will work to ensure protection, promotion and fulfilment of the right to health in Botswana.*

Our Values: *Passion, Integrity, Commitment, Botho/Humanness*

2017 ACHIEVEMENTS

BONELA's interventions in the 17 Projects of 2017 were both for service delivery (these includes such as trainings, dialogues, legal services, HIV testing, STI screening, TB screening and legal services), distribution and engagement with IEC materials and advocacy, which includes litigation, media and policy makers engagement. The table below illustrate the projects and underneath the table is the achievements thereof.

Table 1: 2017 Projects

Project Name	Donor
Promotion and protection of rural and marginalised communities' rights: civic education	European Union
Children's Rights	Save the Children
Addressing stigma and discrimination on KPs and access to health and social services	FELM
Access to essential medicines- Addressing Intellectual Property Rights	ARASA
TB/HIV Prevention with MSM and TG	Global Fund/ACHAP
Removing Legal Barriers to accessing TB/HIV services	Global Fund/ACHAP
Policy Dialogue: decriminalisation and KPs	ARASA
Access to Justice for LGBTI community	ARASA
HandsOff - Addressing violence against sex workers	AidsFonds
Linkages: linking MSM and SW to HIV services	FHI 360
Advocacy, Communication, Social Mobilisation for KPs to address stigma	BOFWA (USAID)
Bridging the Gaps between supply and demand of health services for the LGBTI community	COC
Accountability: Monitoring of health services for KPs	MSMGF
Capacity building on human rights and KP	NACA
KP Connect- Building organisational systems to coordinate KP programming	International AIDS Alliance
TB in the Mining Sector: Strengthening Community Systems to respond to TB in mines	ACHAP (Regional GF)
AGYW- Addressing Gender Based Violence and HIV among girls and young women through documentation (WAR)	Global Fund/ACHAP

I. SERVICE DELIVERY

These interventions link BONELA directly with service end users at community, both primary and secondary targets of projects. These interventions are catalysts in ensuring human rights and health literacy within the community in order to claim their rights and improve their quality of lives. These include legal services, trainings, participatory and feedback conversations, community dialogues, trainings and provision of HIV services such as HIV testing and STI screening as well as distribution of condoms (female and male) and lubricants to the constituencies.

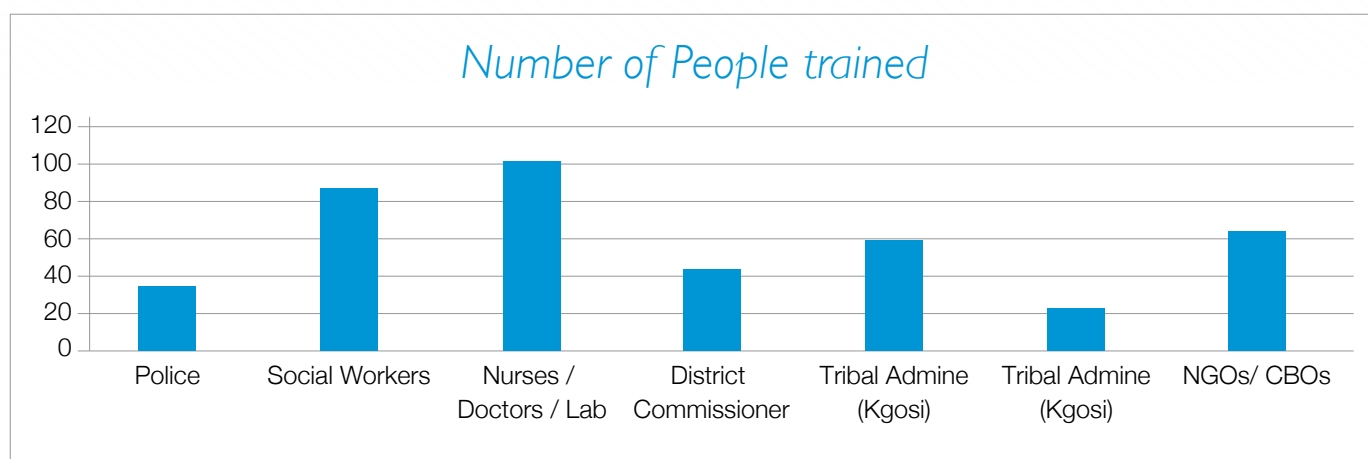
BONELA's service is premised on the minimum service package (MSP) that the organisation developed, focusing on behavioural interventions within a target group and usually provided by a trained community advocate, a peer educator or a paralegal. Then there are the biomedical interventions that are partly provided by us while others such as STI screening involves working with a clinical establishment to link clients to such services. Thirdly, the MSP addresses issues of care and support and BONELA provides psychosocial support as part of these interventions, recognizing the effects of rights violations on the emotional and mental health of an individual and the role played by a strong support system. Lastly, the MSP focuses on addressing structural barriers to accessing health and social services, which include policy and law, cultural practices, religious beliefs and working conditions for service providers that could hinder quality care provision.

a. Trainings

In 2017, they were 411 service providers trained on human rights to facilitate access to health and social services, as illustrated below. As part of this endeavour to get service providers to use a rights based approach to service provision, our trainings are also a means to forging partnerships with stakeholders and cement the referral system within a locality. It is of utter importance for us as an organisation that while working in the districts, we create a liaison with the existing district structures.

The work that BONELA does is not in silos; instead, we align our work with Botswana's health system to ensure that our constituents receive quality care services. Thus, all our district-based officers become part of the district structures (DMSAC, TAC) and report through these structures as well as liaise DHMT to ensure that the services promoted by BONELA within the communities are aligned to the public health system services. For example, officers during a one-on-one consultation with a client where they are determining biodata to understand what kind of services they should be referred to, will ensure that all variables for referring a client are filled out properly, to make it easy for a client linked to a service to receive such at the referral site. These are also part of the monitoring and evaluation processes for the projects and organization requirements.

Graph 1: Human Rights trainings conducted in 2017

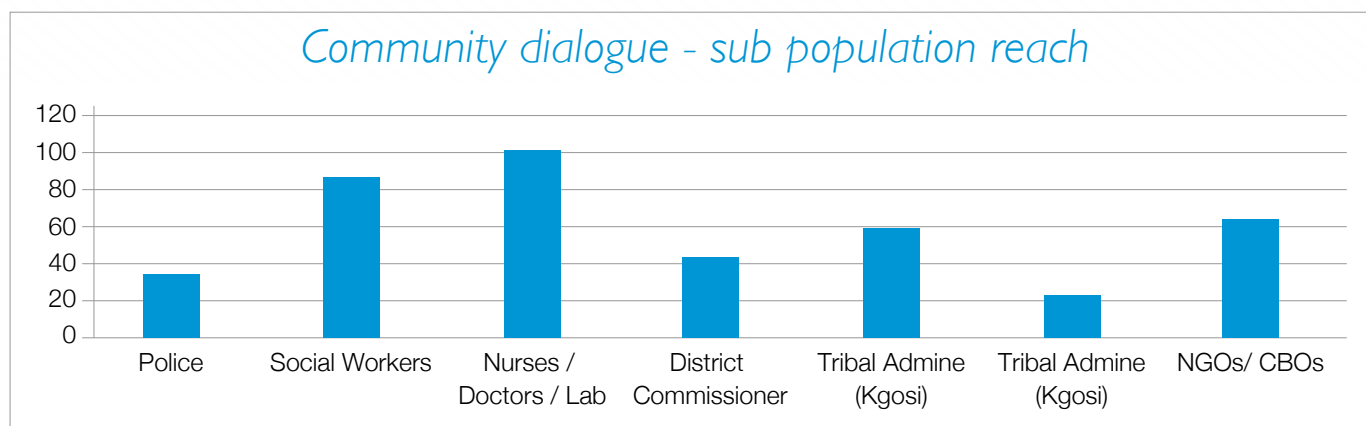


Trainings

b. Community engagements

BONELA also engages the community as part of service provision whereat focus group discussions, community dialogues and participatory or feedback meetings are held on human rights and the 7 principles of health as affecting different sub- populations within the broader society. These engagements reached out to 20,433 people in 2017 as shown in the table below.

Graph 2: Community dialogues



During community dialogues or participatory conversations, the end users give us a glimpse of their understanding of the issues and their lived experiences in relation to these concepts. Below are some of the examples;

One of the participant said during these dialogues;

"It is not easy to walk around with people feeling sorry for you saying you have evil spirits. It is like as the LGBTI community, we are influenced by modern culture and that in being gay or lesbian is something you can quickly put away and return whenever you want" said one self identifying LGBTI person

During one of the sex workers dialogues on the human rights and access to health and social care, some of the comments made by Sex workers were;

"Sex workers need designated stations and officers trained for their cases to be the focal point to report cases as finding an untrained person is frustrating and leaves room for more violence. We continue to experience ridicule in the hands of clients who know that our job is not legal and hence suffer physical abuse and therefore also need safety"

While a PLWHIV says:

"Chinese people argue when we ask to go for check-ups, they tend to not be understanding and make deductions from our salaries. The truth is discrimination occurs due to ignorance, people we work with who are ignorant that HIV affects everyone"

During a training, a service provider said:

"We take for granted issues of policies, right now we sensitize health care workers and other service providers on a rights based approach to service provision but thereafter they do not integrate any of the discussed issues and suggestions in their work. So it is high time we target policy makers and ministers, people who are the decision makers in issues of workplace policies, and the like. That way they get to make informed decisions and change focused decisions that will improve access to services by KPs for good"

While other beneficiaries said;

Re leboga fa re le latetse bokgakala jo bo kana go re tlišetsa dikgang tse.

Translated:

"We are grateful that you came all this Way to make us aware of these issues"

dikgang tse le tlang ka tsone ke tse di botlhokwa. Ke ntse ke sa itse gore ke gataka ditshwanalo tsa batho, le gore ditshwanelo tsame di a gatakiwa.

Translated:

"These are very important issues. I had no idea that I have been violating other people's rights or that my rights are being violated."

*Re lebogela gore le bo le tlile go re thusa dikgang tsa kgokgontsho
- Assistant District Commissioner Mahalapye*

Translated:

"We are grateful that you have come to assist us with human cases of abuse"

"Knowledge of rights is very important, sometimes our rights are violated and we don't even realise it. This has been a real eye-opener"

"Ke a bona jaanong. Dikgang tse ha go na ko re ka di tshabelang teng. Di teng, e bile di a tshela."

These citations are an indication that we have a long way to go if we are to build a human rights culture in Botswana where every human being is respected and accorded dignity, to be who they are and free from stigma in order to facilitate access to health and social services.

Community dialogues



c. Information, Education and Communication (IEC) Materials

BONELA values IEC as one strategy that facilitates access to information as it can be utilised by people who do not have a 'physical' interaction with the organisation while providing more information to those who engaged physically with the organisation. IEC materials also provides an opportunity for people to engage in a dialogue on the health rights issues once they have read the materials, creating a critical mass of human rights defenders who are human rights and health literate. In 2017, more materials were developed and distributed and these are:

Table 3: IEC Materials

Type of IEC material	Number distributed
Human rights and health fliers focused on: <ul style="list-style-type: none"> - Children - Sexual and reproductive health - Disability rights - MSM health - Patient Charter - TB 	44,827
Posters	2,000
T-shirts	800
Total of materials distributed were 47,627	

IEC Materials



d. Legal Services

BONELA prides itself as an entity that affords people access to justice, an expensive commodity in Botswana if one does not have the financial means. BONELA utilises mediation, coaching clients for self-acting, legal representation and impact strategic litigation methods in providing legal services, which are provided free of charge.

Type of Case	Gender affected	Total number of cases
Unlawful Disclosure of health status or sexual orientation/ Defamation of Character	10 Females	22
	12 males	
Wilful Infection	4 females	5
	1 male	
Physical violence and emotional Abuse	8 females	11
	3 male	
Child custody	5 females	8
	3 male	
Medical Malpractice	14 females	25
	11 males	
Sexual abuse/ rape	11 females	16
	5 males	

Discrimination (on health status/disability basis)	5 females	8
	3 males	
Other determining factors of health (food/shelter etc)	6 females	13
	7 males	
Total number of cases		108

The above cases illustrates the need to engage the public more on human rights and legal literacy as well as challenging structural barriers such as policy and law, culture and its stigmatising norms and religious values that exacerbate rights violations and hinder access to quality health care and social services for our constituents.

In addition, there are other challenges hindering access to services are on 'other determining factors for health' such as issues of transportation to health facilities among rural dwellers. At the national level, the Botswana government has the initiative to reach out to the community that is 'hard to reach' and 'low-resourced.' Moreover, the government has a policy that every district should have a health facility within a radius of 5km. However, to one of the community dialogues we facilitated, the nearest health facility is located 16km away, and the transportation system within and between villages is practically non-existent except for those who personally own a car. In other districts, there are mobile clinics that come to the hard to reach villages almost weekly and provide the health services that are so desperately needed. However, in this particular village, the service providers are not accountable because the last time they paid the village a visit was four months ago. These individuals have been without necessary health provisions for four months, making access to health services non-existent.

Court case



BONELA in Court representing a young male transgender who was refused entry into school to write examinations for wearing a school trouser against school policy which dictates that girls should wear skirts. The Court ruled in our favour and the client has since completed school, although the grades were not great partly because of the trauma caused by this incident.

e) HIV Testing and Condom distribution

In 2017, BONELA provided HIV test and counselling services directly through the Global Fund MSM/TG Project. The Project aimed at facilitating access to information through educational initiatives of the project and link MSM to HIV prevention, care, and support services. This project advances the sexual reproductive health and rights of men who have sex with men, and men who have transactional sex with other men including male sex workers. We create linkages and referrals to MSM to STI screenings, to HIV counselling and testing, providing condoms and lubricants to MSM. Lastly, we provide psychosocial support to MSM. The target population are men who have sex with men (MSM), and transgendered people (TG) between the ages of 15-60.

The use a controlled approach to reaching out to MSM and TG because of social stigma around the identity and sexual behaviour so we conduct vehicle mobilization, we use a snowballing technique where a friend tells another friend of the work BONELA is doing through our Peer Educators during Outreach sessions. Once one person has accessed the services, it opens up other networks to come forth. Moreover, we do 'hot spot mapping,' which is where MSM are known to be concentrated, such as bars, or a friend's house. In the rural communities, some people host parties and sessions where MSM are invited through their networks, or, we connect with MSM through social media.

This year, a total of 1,650 MSM and TG were reached with education and out those reached 1,198 tested for HIV while 478 were screened for STIs. Furthermore, a total of 91,740 condoms and lubricants were distributed this year.

2. ADVOCACY

These interventions facilitates BONELA to hold duty bearers accountable, influence changes in policy, law and practice to service provision in Botswana. In 2017, therefore BONELA was able to engage with district structures such as District Multi-sectoral AIDS Committee (DMSAC), which has embraced a rights based approach to providing health services at district level and address cases of rights violations or malpractice at that level. Law enforcers (Police) were also engaged to forge partnerships in the bid to ensure access to justice.

a) Strategic Forums

BONELA also uses meetings and being part of strategic structures such as National Technical Working Groups (TWG) on certain agendas, Country Coordinating Mechanism (CCM), Joint Oversight Committee (JOC), National Strategic Framework (NSF) task force as an avenue to advocate for a rights based approach to providing health services. We participated in eighteen (18) meetings through the aforementioned forums in 2017 and BONELA successfully advocated for the inclusion of key populations in the Global Fund grant, National Strategic Plan III as well as PEPFAR COP 17.

b) Campaigns


Furthermore, BONELA continued to use campaigns through a drama group as well as the media to profile human rights and health issues and create public dialogue on the issues for change of mindsets and attitudes on the issues. Ten (10) campaigns on gender-based violence and its link to HIV transmission were staged this year, reaching 5,090 people.



c) Media engagement

As part of media engagement, social media proved to be effective. BONELA frequently used Facebook to engage with the public on human rights issues, and it enabled BONELA to gauge the level of appreciation or tolerance for the issues faced by vulnerable and marginalised populations of the society. Facebook engagements have revealed that although Botswana have a general understanding of human rights, there are mixed reactions and/ or a lack of appreciation of human rights in relation to marginalised groups such as disability, sex workers and LGBTI persons. However, there is a positive shift in knowledge, attitudes and perceptions among young people in the forum.


Picture 1: Sample of Facebook posts and public engagement therein



BONELA added 3 new photos.

Published by Vrydomi Gaolehuha Mompe [?] · August 30 ·

#BONELA is streaming live from #GICC where we are amplifying the voices of #LGBTI persons and #Sex_Workers.
#decriminalization




3,751 People Reached

30 Reactions, Comments & Shares

23 Like	22 On Post	1 On Shares
1 Love	1 On Post	0 On Shares
5 Comments	3 On Post	2 On Shares
1 Shares	1 On Post	0 On Shares

49 Post Clicks

27 Photo Views	0 Link Clicks	22 Other Clicks
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BONELA updated their status.

Published by Vrydomi Gaolehuha Mompe [?] · May 23 ·

BONELA CONDEMNS GENDER BASED VIOLENCE AGAINST WOMEN AND YOUNG GIRLS:

The Botswana Network on Ethics Law and HIV/AIDS (BONELA) condemns all forms of #Gender_Based_Violence against women and young girls. This call follows an incident that took place at #Gaborone_Bus_Rank recently, where a young woman was verbally abused, stripped naked and publicly humiliated and degraded by a mob of men. The perpetrators attempted to justify their actions with the fact that the young woman was wearing a short skirt.

"Such acts of violence against women and young girls should be condemned in the strongest terms possible as they limit women and girl's constitutional rights to freedom of movement, freedom of expression and the right to dignity. Women are rights holders and society should, therefore respect, promote and protect these rights", said Cindy Keleml, Executive Director of BONELA.

The Protocol on Gender and Development (2008), defines Gender Based Violence as all acts perpetrated against women, men, girls, and boys on the basis of their sex which cause or could cause them physical, sexual psychological, emotional or economic harm - including the threat to take such acts or to undertake the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peace times or during situations of armed or other forms of conflicts.

Gender Based Violence Indicators Study, found that over_two-thirds of women in Botswana have experienced some form of gender-based violence in their lifetime, and 67% of women reported being victims of intimate partner violence. "The high incidence of Gender Based Violence is a clear indication that we need to strengthen our gender programmes at community as well as policy levels. The family therefore plays a key role in educating both the boy and girl child about Gender Based Violence in order to build a violence free society", said Felistus Motimedi, Programmes Manager at BONELA.

10,739 People Reached

282 Reactions, Comments & Shares

183 Like	118 On Post	65 On Shares
6 Love	5 On Post	1 On Shares
1 Haha	0 On Post	1 On Shares
11 Sad	10 On Post	1 On Shares
2 Angry	2 On Post	0 On Shares
31 Comments	22 On Post	9 On Shares
48 Shares	48 On Post	0 On Shares

1,300 Post Clicks

0 Photo Views	0 Link Clicks	1,300 Other Clicks
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NEGATIVE FEEDBACK

0 Hide Post	0 Hide All Posts
0 Report as Spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

The use of television and radio was also prominent in 2017, as we need to be versatile and cater for our audience through various platforms. We appeared three times (3) in the Botswana television shows of Talk Back, Molemo wa Kgang and The Eye, reaching an estimated 90,000 people. We also had 15 radio shows in both GabzFM, RB2 and DumaFM, on various issues of human rights and health like disability, children and key populations, reaching an estimated 150,000 listeners. Furthermore, BONELA held a live public policy debate on decriminalisation of same sex activities and sex work in Botswana. The debate was broadcast live on radio, DumaFm, and it created public dialogue on KP issues, even some days after the event.

Picture 2: Media photos



d) Engagements with legislators

Members of Parliament remain a key focus for BONELA, as these are influencers in policy and law reform. In 2017, BONELA met with members of the parliament (HIV committee), to lobby MPs to table motions and questions on vulnerable and marginalised populations of our society and the discussions then focused on a motion tabled by one of the Members of Parliament (Opposition party) on 'disability'. The said MP proposed that Government should 'review' the disability grant to cater for transportation needs beyond food and shelter as well as facilitate access to caretakers in instances where there are no relatives or parents. On discussing the principles of human rights, BONELA was tasked with engaging more with MPs in 2018 for technical expertise on policy and law reform; particularly develop policy briefs for the legislators.

Picture 3: Engagement with MPs



e) Legislative Review

In 2017, and in conjunction with the United Nations Development Programme and the Ministry of Health and Wellness, BONELA reviewed the legal statutes of to establish whether they facilitated or hindered access to health services and the 'The Legal Environment Assessment' (LEA) Report was developed. The LEA Report had incorporated sub-populations and their experiences in accessing health services under the current legislative framework. Moreover, LEA incorporated the international, national, and regional regulatory human rights framework to see if Botswana is in compliance in international human rights law. By analysing these laws, it became apparent that many of these legal barriers are prevalent in the districts that BONELA works in.

For example, the 'treatment guidelines,' states that foreign nationals cannot be given antiretroviral (ARV) treatment free. However, many people live in Botswana are foreign nationals but cannot afford the treatment. Yet, they live in Botswana and have children with Batswana. If a female Motswana has a child with a foreigner, their child is then entitled to access health services free. However, if the mother of the child is a foreigner but the father is a Motswana, then suddenly, the child is then ineligible. Thus creating gaps in prevention and protection of the future generation of Batswana, making it impossible to reach the 90/90/90 targets by 2030. To achieve these targets, Botswana cannot afford to exclude a portion of the population in accessing their human rights and health services.

3. Case Studies from 2017

There are several lessons we learn in all our engagements with communities, service providers and policy makers on the principles of health: availability, accessibility, acceptability, affordability, quality care, participation and other determining factors of health. Some of these require advocacy to changing laws and some demand that campaigns be held to shift mindsets while others need engagements with the relevant authority (duty bearer) to shift practice. Below are some of the cases documented in some of the districts of implementation:

a) Tutume Sub-district (RLB- Global Fund Project)

Access to health services- lack on national identity documents: While engaging communities on human rights and health literacy in Tutume District, it became apparent that numerous individuals lack proper national identifications. This issue was prevalent in all ages, and it is a severe issue because at all service points in Botswana, whether it be public or private institutions, one needs to produce a national identity document (ID) in order to be serviced, otherwise, one will be denied such a service.

However, many people in rural areas do not appreciate the implications of these and few people have an understanding of what human rights are, and what rights they are entitled to, and what is enshrined in the Constitution. Moreover, they are unaware that they can approach the District Commissioner or the Department of National Registration if they do not have the sufficient documentation. As a result, those without the required documentation would rather stay away from healthcare institutions if they had previously been informed about it. This is highly problematic, for this can deter pregnant women from accessing crucial services such as mother to child transmission treatment if HIV positive, putting children at risk of HIV infection. BONELA discovered that the number of people without this crucial document were many and that they were unable to access health services due to the problems of identification. If one does not have their ID, they will not have the right to access psychosocial support from social workers as well.

Moreover, without proper IDs, some children are unable to obtain an education because at Standard 7, the school requires a birth certificate so that the student sit for the Primary leaving examinations. Some schools require having the birth certificate while registering the kids for school. In certain levels of schooling, some students are unable to write exams because of this. In standard four, the examinations do not come to the school itself; instead, it comes from the Ministry of Education, thus, if someone wants to write them, they must portray their birth certificates. There have been some instances where couples share the ARV medication because one of the individuals does not have adequate documentation or citizenship. This is highly problematic because this will consequently lead to people developing a resistance to the drugs.

To resolve this ID issue, BONELA approached the department of Civil and National Registration, who were surprised that people do not have the most important documents of 'being'. A consensus was built with them to run a registration campaign in the area, which was successful, culminating in eighty-eight (88) people registered and receiving their IDs while ninety-five (95) children were registered and received their birth certificates.

While this issue is under 'other determining factors of health' principle of the right to health, it is clear demonstration that it is a hindrance to whether or not the right to health for this community is realised, and that all stakeholders (duty bearers) need to play their part to fulfil people's rights in Botswana. Indeed this would not have been possible if BONELA was not in the district to implement this project. Apart from BONELA lobbying the Ministry to register these individuals to obtain an identification concerning access to health, their IDs also now assist them in many aspects of their future endeavours. Such accomplishments are a testimony of the impact that BONELA's work in people's lives.

b) Boteti Sub-district (RLB- Global Fund Project)

Children in conflict with the law: In Boteti, an issue that needs to be emphasized is sexual relations between minors. The education policy is that children (i.e., anyone under the age of sixteen), cannot access condoms. However, in the health policy, there are youth-friendly clinics in which minors are able to access condoms without the consent of their parents. This is hugely problematic for those who are enrolled in a boarding school because it is not always possible to physically leave school. Consequently, children are having sex among themselves and they are unable to access the necessary resources they opt for plastic bags. However, BONELA is unable to access these schools because of the impeding policy framework that impedes access to services. Thus, BONELA's advocacy on this issue, and this year the Ministry of Justice and Defence has responded by reviewing the Botswana Penal Code. The previous legislation stated that the boy child was always at fault when two minors were having sex. Now, there is an age where a child is not supposed to have sex, that is why Botswana has defilement, and anyone who has sex under the age of eighteen is thus, breaking the law. This is a positive gain for Botswana because if an older man has sex with someone that is seventeen he too is now committing a crime.

c) Kweneng West (RLB- Global Fund Project)

Access to services – teenage pregnancy: Kweneng West District has one of the highest rates of teenage pregnancy in the country. This has remained consistently high over the last several years. This partly due to parents-children relationship and communication and partly because of poverty. In such cases, when Social workers engage with parents to facilitate 'justice', parents then try to conceal the pregnancy. In most cases parents are aware that an adult is having sex with their child, but the adult would make an arrangement with the family to supply them with food and provide financial aid, and then it becomes normalized and acceptable. In addition to teenage pregnancy in the Kweneng West District, many children drop out of school at an early age. There are numerous reasons for this, such as teenage pregnancy, or the burden of having to stay at home to help raise siblings. When the issues were raised with parents, they claim that their children do not want to attend school, and if they are brought to school, the child decides to return home throughout the day nonetheless. BONELA has engaged all stakeholders affected and the situation seem to be improving, although more needs to be done.

d) Ngamiland Sub district (RLB-Global Fund Project)

Defilement: In this district, it was discovered through community engagement initiatives that there are issues with defilement (i.e., statutory rape) but unfortunately, BONELA is not receiving these cases because it has become culturally accepted in some part of the district as normal. The pattern has prevailed such that parents of the child that was defiled would try to cover up the crime. While our engagement with the Police has ensured that, the few defilement cases reported are not withdrawn, parents have found a new way of tampering with the evidence, and they use the child do that. Given the structure of the society, it is a very tight-knit community, and everyone has their own house. From the moment a young woman gets her period, she is given her own house that is made of reeds, and the house is built in the form of isolation that one cannot see what is happening within her/his house. Therefore, a thirteen-year-old may be living in the same yard as her parents while they are engaging in sexual activities with an older person as long as it is in the confines of her house, and it is considered socially acceptable. BONELA has engaged both the community and service providers on this issue and it needs to be addressed at national level as a structural barrier (culture) that affect education and health among children and young people.

e) Serowe Sub district (RLB- Global Fund Project)

Defilement: In Serowe, there were over twenty-three (23) cases defilement for girls under the age of sixteen, and their cases were not registered with the Police. Some of the reasons for not reporting included; the fact that the perpetrator is a friend of the family or is providing financial support to the family, families would then discourage their daughter not to come forward, and sometimes the Police feel they do not have sufficient evidence. Our field officers were able to go into the houses of these young girls and spoke to their guardians and since then we have seen a significant improvement with such cases as they are brought to the attention of the Police and perpetrators have been arrested or are awaiting trial. However, the referral system remain a challenge in the district. For example, when a young girl is pregnant and seek pre-natal care in clinic, the nurse will provide her with the necessary service and let her go home without referring the expectant child for psychosocial support and 'motherhood' readiness, whereat the Social worker, could also address the defilement issue working with the Police. The dis-connect between the different fields of work and the necessary responsibilities that go into bringing these cases forward creates a vacuum for perpetrators to be held accountable. BONELA has helped improve systematic linkages between different service providers to ensure young girls under the age of sixteen who are going through sexual violence receive the appropriate services. Part of the issue is the interpretation of the Children's Act because no one is clear on what their

f) Mahalapye Sub-district (Human Rights and KPs Project- NACA)

Affordability and Access to health services: In Setsile village, 16 Kms from Mahalapye, there are issues with affording to travel to Mahalapye for services and ability to access these services as the village does not have a health post or clinic. Transportation to health facilities among rural dwellers can be a hindrance to services. At the national level, the Botswana government has the initiative to reach out to the community that is 'hard to reach' and 'low-resourced.' Moreover, the government has a policy that every district should have a health facility within a radius of 5km. However, to one of the community dialogues we facilitated, the nearest health facility is located 16km away, and the transportation system within and between villages is practically non-existent except for those who personally own a car. In other districts, there are mobile clinics that come to the hard to reach villages almost weekly and provide the health services that are so desperately needed. However, in this particular village, the service providers are not accountable because the last time they paid the village a visit was four months ago. These individuals have been without necessary health provisions for four months, making access to health services non-existent.

g) MSM/TG Project (Global Fund)

Access to services: In servicing key populations, particularly MSM we have come to appreciate that it requires flexibility with time and resources (needs more funds) as the community is highly mobile, and it becomes difficult when trying to schedule a follow-up because it is common that the individual has moved to another town or village. Another problem is that some MSM resist sharing their particulars in fear of their identity, or, they provide false information making it difficult to schedule a follow-up. This negatively affects the referral process and the number of people that are successfully linked to services. Moreover, it is difficult to develop a good relationship with people before one can refer MSM to a healthcare facility. Furthermore, men are not very forthcoming especially when it comes to the issues of HIV testing. It occurs that MSM will agree to attend a clinic, and they might not follow through, and it is essential that we provide the motivation for them to access the services. This is the reason BONELA has been using a highly controlled approach to servicing the KP community that respects and dignify them as well as ensuring that they are linked to care.

4. Organisational Systems

Significant changes that occurred this year in our system includes:

- Outsourcing of a new law firm to handle BONELA cases, this has proven to be a great organisational shift to our usual practice where there was walk in consultations in our offices and lawyers in-house. This came after the Law Society of Botswana (LSB) passed a resolution that lawyers in non-governmental organisations (NGOs), private entities cannot practice if they are not under any law firm. BONELA therefore, engaged Dinokopila Lekgowe Attorneys, an independent law firm on a retainer to handle all BONELA cases as received from clients, on behalf of BONELA.
- A shift in implementation strategies whereat in some instances (e.g FELM and EU Projects) BONELA engaged community advocates directly without the organisations from which they are affiliated to as was the case in the previous years. Previously, BONELA would contract an organisation at district level and the organisation then assigned BONELA an officer to work with. While the arrangement solidified a network model, it became problematic on issues of accountability and reporting, hence, a slight shift in 2017. On those basis; BONELA entrusted community advocates with the responsibility of handling the project at district level and reporting directly to the office and supported by an officer at BONELA headquarters. There are 46 of the community cadre across the country. The community advocates' responsibility involved conducting community outreaches with regular clinic visits, document cases or matters within their district, as well as document the success stories amongst the people they reach.
- A functional and dynamic board elected in 2016 continued to service the organisation, particularly giving strategic direction in view of the ever-changing landscape BONELA works in.
- Developing and utilizing a Communications Policy to standardise BONELA's internal and external engagements proved to be worthwhile as it standardised our messaging to ourselves and stakeholders as well as clearly indicated 'who' needed to engage with which stakeholder and the extent of that engagement.

Challenges And Opportunities

While we had an exciting year in 2017, we remain alive to the ever-changing context we work in, posing challenges along the path to making the right to health a reality in Botswana. Botswana's attainment of the 'Upper Middle Income Country' global status has also brought challenges as foreign aid assistance to CSOs in-country has shrunk, limiting their capacity to engage in significant agenda and playing their watch dog role and BONELA is no exception to this despite the good results aforementioned.

However, there are opportunities we can leverage on in building a human rights culture in Botswana such as:

- Strengthening of existing partnerships with district leadership like the District Commissioner, District Health Teams, District AIDS Coordinator and local entities to increase human rights and health literacy and build a human rights culture
- Interest by service providers on the human rights issues provides an opportunity to advocate for its inclusion in the national curriculum at basic and tertiary level of education, and facilitate a right based approach to service delivery.
- NSF III needs to recognise the need for a human rights dispensation to HIV response and BONELA's participation in its development provides a platform to lobby for same.
- BONELA's presence in 18 health districts of the 27 provides access to justice in the event of rights violations and holding duty bearers accountability in service provision.
- Skills transfer on advocacy to regional and international partners through the ARASA and the International AIDS Alliance affiliation.

CONCLUSION

BONELA remain indebted and grateful to strong partnerships built in 2017 at national, district, regional and international level that ensured that we achieve these results. Indeed, 2017 was a great year as we had positive yields programmatically and institutionally. These are the results we want to harness on as we prepare for 2018, particularly because 6 of the 17 projects end in 2017 and Global fund projects will also be coming to an end in 2018 so there is a need for a robust resource mobilisation strategy to keep the organisation afloat and servicing people.

#HumanRightsForAll

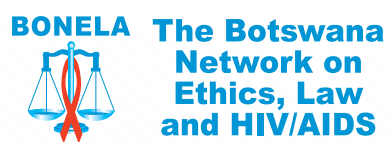
#AccessToHealthServices

#VulnerableandMarginalisedPopulations

#2017/2021BONELAStrategicPlan

#MakingTheRightToHealthARealityInBotswana

#LetsLaptoEndingAIDS



The Botswana Network on Ethics, Law and HIV/AIDS

Postal address: P.O. Box 402958, Gaborone, Botswana

Tel: +267 393 2516 Fax: +267 393 2517

www.bonela.org