



'IN-2020 BONELA SIGNED A GRANT AGREEMENT WITH JAPANESE EMBASSY TO BUILD A COMMUNITY LEGAL SERVICE CENTRE. THE CENTRE WILL PROVIDE PWD, WOMEN AND CHILDREN LBGTI WITH ACCESS TO LEGAL SERVICES'

BONELA 2020 ANNUAL REPORT

THE CONTENT

ACRONYMS	1
FOREWORD	2
EXECUTIVE DIRECTOR REMARKS	3
WHO ARE WE?	4-5
ACCOMPLISHMENTS	6
STRATEGIC FORUMS	7
HUMAN RIGHTS APPROACH	8
HIV PREVENTION WITH MSM	9
ADOLESCENT GIRLS & YOUNG WOMEN	10
LEGAL AID	11
THEORY OF CHANGE	12
SEXUAL REPRODUCTIVE HEALTH	13
DOCUMENTARY FINDINGS	14-15
STIGMA & DISCRIMINATION	16
PEOPLE WITH DISABILITY	17-18

ACRONYMS

ACHAP	African Comprehensive HIV/AIDS Partnerships
AGYW	Adolescents Young Girls and Women
AIDS	Acquired Immune Deficiency Syndrome
ARASA	AIDS and Rights Alliance for Southern Africa
ART	Anti-Retroviral Therapy
BAI	Bodily Autonomy and Integrity
BONELA	Botswana Network on Ethics Law and HIV/AIDS
DICEs	Drop In Centres
DHMT	District Health Management Team
DMSAC	District Multi Sectoral AIDS Committee
FELM	Finnish Evangelical Lutheran Mission
FSW	Female Sex Worker
HRAs	Human Rights Advocates
HTS	HIV Testing Services
KP	Key Population
LEA	Legal Environment Assessment
LBQT	Lesbians Bisexual Queer and Transgender
LGBTI	Lesbians Gays Bisexual Transgender and Intersex
MSM	Men who have Sex with Men
MVP	Marginalised and Vulnerable Populations
NAHPA	National AIDS and Health Promotion Agency
PrEP	Pre-Exposure Prophylaxis
PEP	Post Exposure Prophylaxis
PWD	People With Disability
SRHR	Sexual Reproductive Health Rights
SSRs	Sub-Sub Recipients
STIs	Sexually Transmitted Infections
TAC	Technical Advisory Committee
TG	Trans Gender
TIMS	Tuberculosis In the Mining Sector
UNFPA	United Nations Family Planning Agency



FOREWORD

CHAIRPERSON'S MESSAGE



I am pleased to present to you the BONELA 2020 Annual report. BONELA continued with implementation while observing the COVID-19 regulations. The organisational performance might have been affected by COVID-19, but the programmes implemented by BONELA's resilient staff with their visionary and strategic management, with the support from the BONELA board, managed to meet the targets. BONELA has entered into a strategic partnership with Ministry of Health Wellness through which BONELA provides training to health care service providers on TB, Human Rights and Gender. BONELA developed a Human Rights manual for training service providers on a human rights based approach to HIV/AIDS services. Government through NAHPA has since undertaken the task to support the adaptation of the manual into a national training resource.



Board members from left to right: Ms Olerato Keegope- Additional Member, Ms Boitumelo Rabantheng-Board Treasurer, Mr Stanley Monageng- Additional Member, Mr Frank Phathwane- Board Vice Chairperson and Dr Lillian Moremi- Board Chairperson.

As the year comes to an end, BONELA looks back and reflects on what has been achieved by the different projects, we ponder the challenges faced, we embrace opportunities identified, and readjust our strategic approach based on lessons learnt in an effort to improve on our programme as a whole. BONELA recognises the importance of community engagement and participation in all its undertakings and interventions. For this reason, therefore, stakeholder engagements and consultations remain high on its agenda as they provide BONELA with current concerns and pressing issues faced by communities as well as the opportunity for BONELA to provide feedback and updates to the communities.

BONELA Board pledges support to the management and staff members in ensuring that the organisation meets its set targets, and BONELA maintains the legacy that it has built over the years, of advocating for the rights of the marginalised and key vulnerable populations.



EXECUTIVE DIRECTOR'S REMARKS

I write these remarks in the midst of a new reality, the reality of COVID-19, a pandemic causing global pain and suffering not seen by many before. In addition to the illness and deaths caused by this pandemic, economies and livelihoods are being thrown into unprecedented challenges. The COVID-19 pandemic has had negative impact on HIV services, curtailing access to much needed commodities and services required by the communities that we serve. The effect of lockdowns and related movement restrictions has hampered access to medication, commodities and food supply, all of which are essential to our target communities for their basic survival.

I am extremely proud of the BONELA team supported by the Board, and our SSRs who continued to provide lifesaving health care services while observing COVID-19 protocols. Part of our innovative approaches during this time included disseminating prevention messages through social media platforms, the use of radio, and via podcasts.

This year saw a spike in the number of rights violations cases reported, including cases of police brutality. This was a direct result of lockdowns as people still required access to health care and social services. Loss of income for many had dire effects on mental health, causing increased demand of psychosocial services, which were unattainable for many as it required movement permits and or funds to travel to points of care. Clients were trapped in a vicious circle of attempting to access health, psychosocial support or medication at the risk of being apprehended by law enforcement personnel. Our legal department played a critical role throughout the year by responding to these incidences. We intensified our legal literacy outreach, empowering people to stand up for their rights and seek redress within the realm of the law. This education empowered some to self-represent in court on matters of labour disputes.

I am grateful to the BONELA team, our Board, donors and stakeholders for their continued effort in upholding our footprint throughout the country and beyond. I am confident that we shall restore and surpass pre-COVID service delivery in the years to come, as we continue to advocate for positive law and policy change for essential health care services needed by the communities that we serve.

WHO ARE WE...

**OUR
MISSION**

We will work to ensure protection, promotion and fulfilment of the right to health in Botswana

At BONELA, we use the LAW to uphold Human Rights. We identify gaps, and when needed we advocate to fill those gaps, through policy and legal changes. We engage Peer Educators from within the communities we serve – ensuring full representation of community needs.

BONELA is a household name, known for fighting for the rights of marginalised and vulnerable populations. Our recent focus has steered towards making health rights a reality for all, to ensure that every member of society can access much needed health care services.

OUR VALUES

- Passion
- Integrity
- Commitment
- Botho/Humanness

OUR VISION

Making the right to health a reality in Botswana



PROMOTION OF HUMAN RIGHTS

Our purpose is to promote a human rights-based approach to HIV/AIDS and TB in Botswana through awareness raising, capacity building and advocacy. We have been advocating for the rights of the marginalised and vulnerable populations for over 18 years. Since inception, part of BONELA's unique contribution has been a focus on the human rights of vulnerable, marginalised and what are now called Key and Vulnerable Populations (within the HIV discourse).

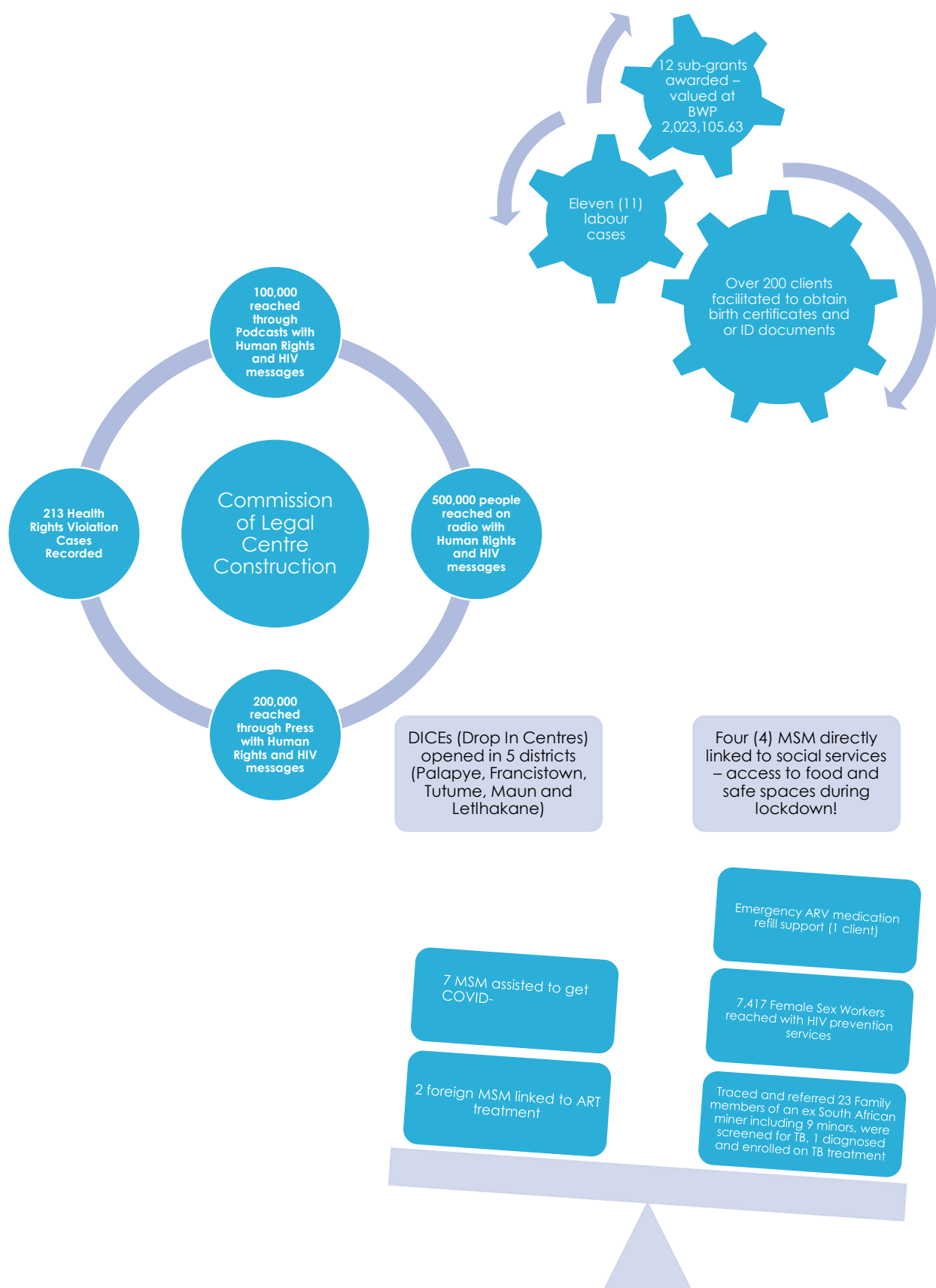
ACCESS TO HEALTH SERVICES

BONELA is a network of individuals and organisations that promote the protection, promotion and fulfilment of health rights in-country, to facilitate access to quality health care services and prevent new infections of diseases in an effort to improve the quality of life of the people of Botswana.

PROVISION OF LEGAL AID

BONELA is a network of individuals and organisations that promote the protection, promotion and fulfilment of health rights in-country, to facilitate access to quality health care services and prevent new infections of diseases in an effort to improve the quality of life of the people of Botswana.

ACCOMPLISHMENTS



STRATEGIC FORUMS

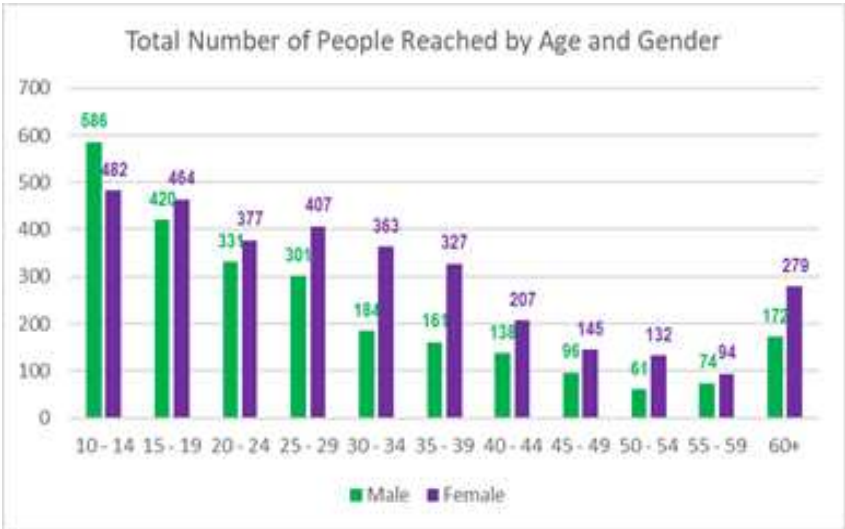
Our approach to advocacy is multifaceted. We achieve this through active participation in numerous strategic forums. These forums allow us to advocate for provision of quality services for clients where and when they need it. Key and Vulnerable Populations are top of our list of marginalised groups in need of our support.

Community Awareness Sessions

During the year, these sessions covered topics on Gender-based Violence, Stigma and Discrimination, Human Rights and Key and Vulnerable populations. Sessions were also conducted on legal literacy where community members were taught the importance of reporting any rights violation they encounter and ensure that relevant measures are put in place to address them. Clients were also empowered on self-representation at courts. BONELA managed to reach 5801 people during these sessions, with the highest number being in the 10 to 14-year age group (586 males; 482 females). These sessions provide an ideal avenue for identifying rights violation cases.

Capacity Building

We continued building capacity of service providers by offering training on Human Rights, and Stigma & Discrimination. Trainings were affected by COVID 19 regulations resulting in fewer than expected being trained. A total of 40 people (males-11 and females-29) were trained on topics that included SRH, Key and Vulnerable Populations Programming, Human Rights, Children's Rights and the Children's Act 2009.



Our participation in National Strategic Forums and Committee

- National Human Rights Committee
- Child Protection Committee
- Botswana Child Rights Network
- Botswana Coalition of NGOs (BOCONGO)
- National AIDS Council (NAC), Country Coordinating Mechanism (CCM)
- Joint Oversight Committee (JOC)
- Condom Programming technical working group
- National Social Contracting Technical Working Group

- Human Rights and KVP Platform
- Botswana CSO platform
- Health Financing Platform
- PEPFAR Partnership Platform

Our participation in Regional Strategic Forums and Committee

- ARASA, linking organisation to Frontline AIDS organisation
- EANNASO
- Anglo-phone African Platform
- Women 4GF
- CSEM (Universal Health Coverage)
- GFN Africa- Global Fund Advocates Network - Africa region
- Stop TB partnership Platform

HUMAN RIGHTS APPROACH

The year saw us partner with the Ministry of Health and Wellness, where BONELA facilitated in three (3) district trainings. The trainings were on Human Rights and TB particularly targeting health care workers in Jwaneng, Maun and Francistown, where a total of 93 health care workers were trained, from the trainings, it was evident that health care workers encounter human rights and ethical dilemmas while on duty. Therefore a resource to support their responses to dilemmas is necessary. The Ministry of Health has since adapted the BONELA human rights manual to upscale Human Rights training for health care workers.

Female Sex Worker

In pursuance of Human Rights for all, we uplifted FSW access to Human Rights literacy; STI – TB and HIV prevention, testing, treatment and care along with psychosocial & legal services. Our work promoted sex worker access to broader health and social referral systems, including access to ART treatment for undocumented sex workers in the midst of lockdown and movement restrictions through our emergency mobile rapid response system. This system expanded FSW access to food, medication and transport to health facilities.

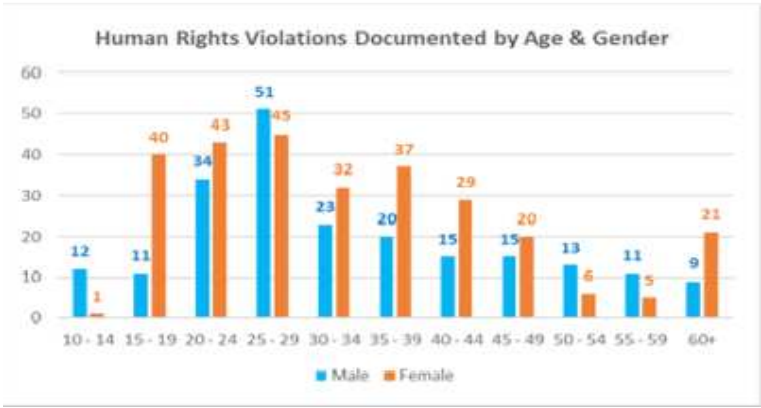


Figure 2 above, displays the number of human rights violation cases documented by age and gender. From a total of 493 documented cases, 279 were reported by females while only 214 by males. It shows that the most reported cases are from age group 25-29 (96 cases) while the least documented cases are from age 10-14 (13 cases).



Figure 3 depicts that the majority (94) of the documented cases were child related matters which included child maintenance and child neglect. The second highest (76) reported violations relates to Access to Health Services which encompasses access to PrEP/ART, and medical malpractice issues. The least reported cases (25), were others such as land disputes, inheritance and couple disputes.

HIV PREVENTION INITIATIVE FOR MSM & TRANS-GENDER PERSONS

Prevention initiative for Men who have Sex with Men and Trans Gender people throughout the year covered a wide age range, from 18-60 years. The programme included delivery of HIV prevention messages through various channels, testing for HIV, and the provision of condoms and lubricants. HIV positive MSM were linked to ART services, while those who were HIV negative, were linked to PrEP services. Commodities such as lubricants and condoms were provided during outreaches and MSM clients could also get refills from BONELA DICEs.

Following outbreak of COVID 19, BONELA continued providing services to KP's at a minimum scale.The following are the achievements of the 6 months project:

- a). 50 MSM issueswith food baskets.
- b). 51 MSM screened for STI's & TB.
- c). 11 re-initiated on ARV.
- d). 49 enrolled on PrEP.
- e). 245 screened for COVID 19.
- f). 48 offered online and social counselling

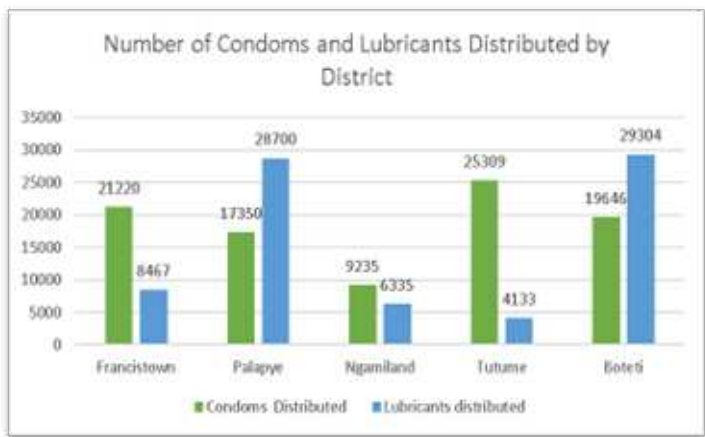


Figure 4: Condoms and lubricants distributed by districts.

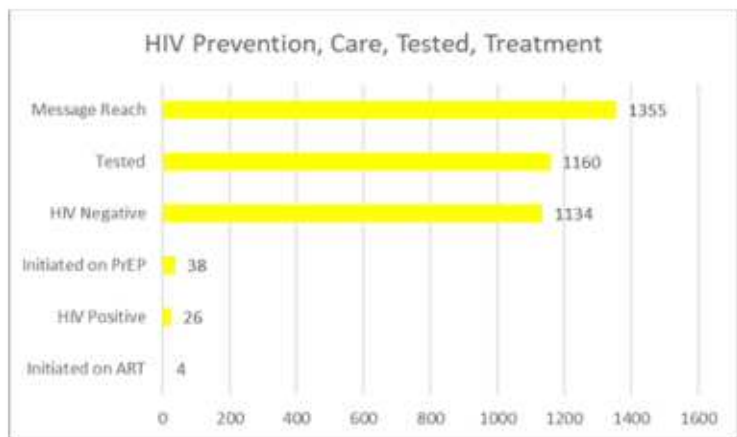


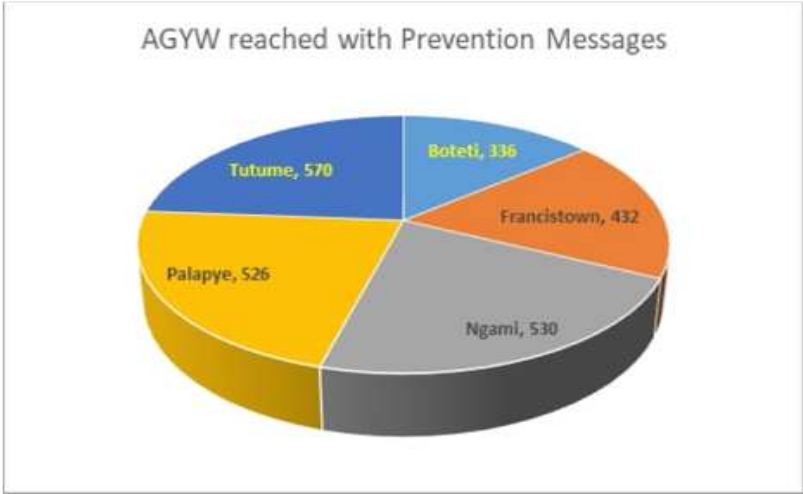
Figure 5: Number of people reached with HIV Prevention, Care, Test and Treatment Cascade

A peer approach for this initiative proved effective, with educators reaching out to peers and linking them to trusted health and social service providers. We engaged Linkage to Care Officers who facilitated access to relevant services by accompanying individuals who expressed fear of stigma. Linkage Officers empowered public health providers on Key and Vulnerable Population issues creating an atmosphere where KVP feel comfortable to continue accessing services on their own.

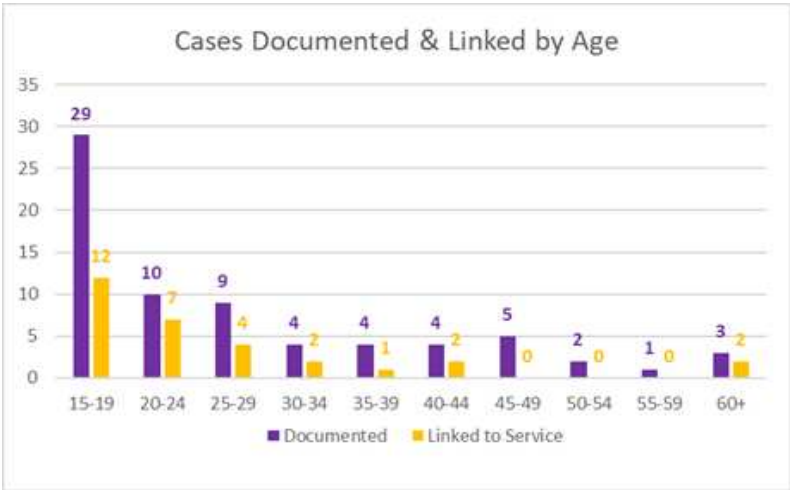
Figure 5 presents a HIV Prevention, Care and Treatment cascade. Our messaging reached 1355 MSM of whom 1160 were tested for HIV. The graph shows that from the number tested, 97.7% tested negative. Some of those who tested positive knew their status prior to testing although they did not disclose this until after the tests when they were referred for ART initiation.

ADOLESCENT GIRLS & YOUNG WOMEN

In keeping with the Peer Education Model, and noting a downturn in AGYW participation in their own welfare activities we deployed 'AGYW-REactors'. These young women were engaged to conduct sessions with peer AGYW on emerging issues that affect them directly. The REactors ensured that they referred AGYW for any services that they needed, or if need be, they accompany AGYW to access those services. The peer sessions had a direct benefit of identifying rights violation cases. Our REactors assisted their peers in resolving the cases either through referring young women to the appropriate service provider in their district (including BONELA), and when requested REactors would accompany peers to service points.



Peer Led-Model Results:
A total of 2,394 AGYW were reached with the highest number reached being in Tutume sub-district (as shown in figure 6), accounting for 23.8% while Francistown accounted for 18%. Seventy-one (71) cases were documented by AGYW and 30 of them were linked to care services (figure 7).



Tutume recorded the highest number of cases documented (and or resolved) and Francistown has the highest number of cases linked to services. Figure 7 shows that the majority of the documented cases and those linked to services was in the 15 to 19-year-old age group. It was also observed that most of the linked cases were those reported by women. Twenty-eight (28) women completed referral while only 2 men did. There were various reasons advanced as to why some people were not linked to services; lack of time and transport being the most stated reasons, particularly by those working on farms and for construction companies.

LEGAL AID

Providing Legal Aid to individuals and communities who are at risk of their human right being violated has been the cornerstone of BONELA's work. Specific work during this annual period includes advocating for provision of health care and prevention services for key population implementing partners.

Legal Analysis of Sexual and Reproductive Health Rights:

We remained highly active throughout the period in advocating for the full decriminalization of abortion. Lesbians in particular suffer Human Rights violation in the name of 'Curative, often resulting in the lifelong burden of bearing and raising a child out of an act of trauma. Sex workers have expressed a need for safe abortion services. A mapping exercise on the "Legal Analysis of Sexual and Reproductive Health Rights (SRHR) policy, law and practice in Botswana" revealed several key findings. The gaps identified in SRHR law and policy included the criminalization of abortion which leads to people having unsafe abortions. BONELA remains steadfast in advocating for the overturning of this law that infringes upon the sexual and reproductive health rights of women.

Access to Contraceptives:

Result #: The analysis also found a gap in the availability of contraceptives to adolescents as the law requires parental consent for young women to obtain these. This effectively compromises the health, wellbeing and personal choices of women and adolescent girls.

People with Disabilities (PWD):

Result #: The analysis highlighted a lack of legislation targeting people with disabilities. There is in fact no comprehensive framework which addresses the needs of PWDs.

Prison inmates:

Result #: Notwithstanding previous achievements in gaining access to ART for prisoners and non-citizens specific challenges remain in access to health services for this community. Barriers remain in a host of services within our prisons including lack of access to SRHR, TB and HIV services.

Legal Literacy:

Result #: BONELA has developed and continues to run training sessions on legal literacy. These sessions empower community members as a whole on the importance of reporting any rights violation. This includes self-representation in court. COVID-19 presented a significant challenge in maintaining these sessions and ensuring that violations that were on the rise were reported. Notwithstanding these challenges, we reached 5,801 individuals through these sessions in the midst of the pandemic.

Our impact theory that will bring about the desired change in the lives of those we serve hinges on empowering individuals to know their rights and feeling empowered to take action. We invested considerable effort over the years with this annual period showing encouraging outcomes towards the ultimate impact we intend to achieve.

THEORY OF CHANGE

MEASURABLE IMPACT INDICATOR	INPUT: COMMUNITY ACTION	OUTPUT: INTERMEDIATE ACTION	OUTPUT: TANGIBLE RESULT
TYPE OF RIGHT VIOLATION CASE	DOCUMENTED	LINKED TO CARE	PROCESS RATE
ACCESS TO SOCIAL SERVICES	22	12	55%
GBV	22	10	45%
ACCESS TO BIRTH CERTIFICATE	21	3	14%
CHILD MAINTENANCE	18	9	50%
DISCLOSURE	16	9	56%
LABOUR DISPUTE	14	9	64%
ACCESS TO ID	12	1	8%
ACCESS TO SOCIAL SERVICES	11	2	18%
ACCESS TO CHILD	9	7	78%
DEFILEMENT	6	4	67%
ACCESS TO JUSTICE	6	5	83%
MEDICAL MALPRACTISE	4	3	75%
CHILD NEGLECT	4	4	100%
RAPE	4	4	100%
TOTAL	169	82	49%

Data presented here of the most commonly documented cases which have been linked to care services through BONELA's internal reporting functions.

Nearly half of all cases documented in our records (82 cases out of the 169) have been linked to care & processed through the legal system.

All child Neglect and Rape Cases Processed

83% of clientele attained access to justice

While we strive for zero human rights violation it is comforting to see several single digit figures reflected in the data. Of note, Child Neglect and Rape cases have been fully processed while Access to Justice and Medical Malpractice are at 83% and 75% respectively.

On the other end of the spectrum, access to proof of life documentation, birth certificates and national registration (Omang) as required by law are on the bottom of the process rate spectrum at 14% and 8% respectively. Failure to show proof of nationality not only presents an individual with the challenge of access to general services, it also carries a legal infringement charge to be borne by the individual. This is an area in which we will upscale our efforts in the coming year in an effort to achieve overall national high level impact of our work.

SEXUAL & REPRODUCTIVE HEALTH

BONELA in partnership with other Key Population Organisations collaboratively implemented district and national advocacy interventions through the, 'My body is Not a Democracy' project which supports National Advocacy on Bodily Autonomy and Integrity (BAI) in Botswana. The goal of the project is to strengthen movement building, policy discourse and the elimination of inequalities embedded in governance, social, cultural and health systems that hinder support to bodily autonomy and integrity of Key and Vulnerable Populations in Botswana.

A total of 68 stakeholders were engaged through the District Multi-Sectoral AIDS Committee (DMSAC), Technical Advisory Committee (TAC) meetings and during International Men's Day Commemoration at Boteti on 19th November 2020, under the theme "Better health for men and boys". This engagement introduced stakeholders to the BAI project objectives, and its concept in the context of Human Rights.

Evidence based programming is a key approach to our work at BONELA. A curriculum on Understanding Gender: An overview to interrogating Bodily Autonomy and Integrity for young Batswana was developed during this annual period. Evidence of impact was sourced through survey data collection among the LBQT community. This primary data provides an opportunity to gauge how our community respond to issues of bodily autonomy and provides the evidence for targeted programme design. The curriculum integrates concepts of culture and feminism. It provides a foundation on gender expression and related issues.

Media Engagement

COVID-19 put an abrupt stop to in person community engagements, spurring us into an immediate upscale in the use of media (electronic – print – social) and virtual community outreach methods. Approaches used and results attained included the use of national bilingual radio, reaching up to 500,000 listeners. Private radio stations were also engaged for interviews and discussions on disability issues in the context of COVID-19. BONELA also procured a weekly radio show for an hour titled "the Human Rights Talk" and used that platform to disseminate information and allow for listeners to call in and contribute to the discussion.

Infusing this into social media as a communication channels typically used by younger audiences, recordings of broadcasts have been uploaded to BONELA website. As a way of gaining even further mileage our social media pages, podcasts where 100 000 people were reached as well as press statements where around 200 000 people were reached; are all additional channels of communication deployed for this reason.



Bodily Autonomy & Integrity

The BAI project is heartily welcomed by the transgender and intersex community. Members feel that the project addresses meaningful and real needs that matter to them. Many transgender and intersex persons feel that the project will amplify their voices and create massive visibility for Human Rights the community.

"Quote Remark"

DOCUMENTARY FINDINGS

Documentary findings on the lived experiences and perspectives of Batswana on the Bodily Autonomy and Integrity project revealed an array of emotional responses from young women and LGBTI participants. The documentary findings were implemented in partnership with success Capital organisation.

Why do we find it difficult to understand consent?

"It is driven by tradition. It has been made that men have a say, men can have whatever they want whenever they want whenever they want, hence men rape women and that on its own blocks people from understanding that any sexual engagement is all about an agreement. It is not only about one party"- Participant A

"I believe that culture has much influence on this issue. For example, in the Northern part of Botswana, it is okay when a young girl sits on her uncle's lap while not completely dressed hence the child grows up to know that it is normal or acceptable to be naked around their uncle" Participant B

"Culture, we grew up knowing that women have to be submissive, nowadays things have changed, but people are still conservative" Participant C

"We have been made to think that for as long as we are younger than 21 we cannot make any wise decision or any decision that can have an impact on your future without the support of a guardian hence why women are not given a chance to own their bodies as adolescents. Adults believe that whatever choice an adolescent makes regarding their body is not good for their future" Participant A

"Culture has a significant influence; we grew up knowing that a girl must seek attention for doing anything with her body whether it is doing her hair or ear piercings, her mother has to give permission. When a woman has a man, she would have to consult him. The elderly do not ponder that young girls can rationally think" Participant B

Why they think women are not allowed to own their bodies?

Documentary findings on the lived experiences and perspectives of Batswana on the Bodily Autonomy and Integrity project revealed an array of emotional responses from young women and LGBTI participants.

Why they think women are not allowed to own their bodies in their diversity?

Tradition has given men power. For example, if a married woman wants a tattoo on their body, she has to get consent from her husband first which is not fair because most things that women want to do to their bodies, men never allow" Participant A

"It should be allowed for sexual abuse, unwanted pregnancy" Participant A

"For those who have to go to school or other engagements" Participant B

"More than ten women are being raped in Botswana every day. More than 5 lesbians in Botswana are raped all in the name of corrective rape, so if safe abortion is legalized unplanned pregnancies and pregnancies resulting from rape can be rectified" Participant C

Why should abortion be fully legal in Botswana?

Why should GBV be announced as an emergency?

"There should be increased awareness on GBV in Botswana" Participant A

"It is one of the reasons why suicide deaths are going up daily. Kids are being violated daily by their parents, daughters are being raped daily by their uncles, dads and they don't get the help they need and that on its own leads to depression. Depression eventually leads to committing suicide" Participant B

"GBV is increasing, children are dying, women are dying" Participant C

"By empowering women" Participant A

"Get more women in high positions, get more women in parliament" Participant B

How can we get women friendly policies in Botswana?

STIGMA & DISCRIMINATION

Stigma towards sex work remains high in Botswana. These deep seated attitudes highlight the need for continued advancement of Sex Workers' rights and the advocating for the decriminalisation of sex work. The national constitutional review exercise provides a great opportunity for this to be pursued. Most religious groups and some service providers in Botswana have also been found to continue stigmatising and discriminating against Sex Workers.

A manual titled "Religious leaders and Sex Workers in Southern Africa" has been developed to promote the view that religious leaders can contribute to reducing violence and stigma against Sex Workers and the high rates of HIV that they experience. The manual has been developed by INERELA+ (International Network of Religious Leaders Living with or Personally Affected by HIV and AIDS) through support from AIDS FONDS. The Botswana chapter, BONERELA (Botswana Network of Religious Leaders Living With or Personally Affected by HIV/AIDS) has established partnership with Sisonke and BONELA to provide FSW with psychosocial and counselling services, and encourage their congregations to deter from stigma and discrimination against Sex Workers.

FSWs suffer an array of Human Rights violations. These are not limited to abuse from their clients and or security forces. The very families that they work to support are known to abuse and rebuke them; service providers ill-treat them, and perhaps the hardest of all is the Intimate Partner Violence (IPV) that they face and often than not, are not willing to report.

Our collaborative work with partners such as Sisonke and Tebelopele, through training provided by BONELA to service providers has shown positive outcomes. Sisonke has played a vital role in linking BONELA trainers to Sex Workers in an effort to draw them closer to the District Health Management service providers trained by BONELA. As a result, Sex Workers have reported a level of improved access to public health services and treatment by law enforcement officers. Where Sex Workers have remained uncomfortable with accessing services from public health facilities, Tebelopele has played a parallel role in service provision to those workers who prefer the non-governmental route.

Sex workers report a level of discrimination that extends to physical harm and injury, in some instances this has resulted in death. To this end BONELA has created an emergency fund to assist Sex Workers who were violated. The fund helps Sex Workers bridge the gap in income earning during times of injury and hardship. The fund is a temporary support mechanism through which they can gain access to essentials such as medication, transport to access health facilities and food and nutrition parcels during times of injury and hospitalisation. The fund is supported by AIDS funds.

BONELA continued building capacity of service providers by offering training on Human Rights, and Stigma & Discrimination. Trainings were affected by COVID-19 regulations limiting the number of people trained. A total of 40 people (males-11 and females-29) were trained, and the topics covered included SRH, Key and Vulnerable Populations Programming, Human Rights, Children's Rights and Children's Act 2009.

MSM & Trans-Gender Persons

It proved exceptionally hard to reach Male Sex Workers & TG people this year.

Male Sex Work is not talked about much even though their services are used by both men and women



PEOPLE WITH DISABILITY

While a substantial amount of work has been done nationally to sensitise community members on the negative effects of stigma and discrimination against marginalised and vulnerable populations, a broad scope of work remains to be done with People with Disabilities. We have run several stigma free interventions in this regard throughout the year. These interventions aim to deepen civil society organisations engagement on the universal needs of this interest group.

Social Services and Health Rights:

We engaged Human Rights Advocates (HRAs), who themselves are PWDs to implement the Social Services and Health Rights project. This approach takes into account that as a PWD constituent, HRA have an inherent understanding of the challenges faced by PWDs. We trained HRA on the 2006 Convention on the Rights of Persons with Disabilities with a view to tailor their expertise in the delivery of cross cutting messages in the area of Gender Based Violence, stigma & discrimination and Human Rights.

Gender Based Violence: Community engagements were conducted which provided the organisation with programme anecdotal data to the effect that women with disability have increased vulnerability and have fallen victim to GBV, including sexual violence owing to their disability and related barriers to accessing justice. This engagement brought 20 rights violation cases to our attention. The cases were relating to sexual assault or abuse, medical malpractice, barriers to access to social services, education and labour issues. This cast a spotlight on the magnitude and extend of human rights violations against PWDs. This provided a platform for building a record of the extent of GBV perpetrated against PWD to inform advocacy for mitigation strategies and access to justice.

Barrier to Education: Stigma within the education sector against PWDs is a specific area that came to our attention during the year. Notwithstanding, the effects of COVID-19 appeared to exacerbate this reality. Reports revealed that children with disability in lower classes were denied access to school on the bases of observing COVID-19 protocols. This took effect as schools were required to control classroom congestion, where reports revealed that those excluded from attending on a long term basis happened to be those with disabilities.

Access to Justice: Lack of trained personnel in sign language and braille translated documents in police stations across the nation, and other service providers poses a challenge in terms of providing adequate and sufficient service to PWD persons. Police officers have struggled to collect evidence from PWD and so their cases take a very long time to be resolved.

Access to Reproductive Health Services: Similar to access to justice, accessing Sexual and Reproductive Health services for women with disabilities mirrored the issues experienced at police stations. Deaf women need to be accompanied to health facilities by their kin, although done in good faith, this violates their right to privacy. This is compounded by the lack of a conducive regulatory framework in the health care system that will ensure that PWD have agency in making sexual and reproductive decisions.

In order to raise the level of access to a broad range of health, justice, education and human rights for PWDs, one approach spearheaded by BONELA is the promotion of sign language use on state media. As a result, the national television (BTV) has taken this up as a matter for serious consideration. This has had a positive understanding by PWDs and community members on the value add offered by BONELA advocacy efforts; as a result, we continue to receive numerous calls and invitations from PWD persons and organisations to speak on rights and to advocate for their realization as well as build their capacity on advocacy and lobbying on vital matters for special interest groups.

INNOVATIONS DURING COVID 19

Block bookings with supportive online follow-up reminders.

Dissemination of prevention messages through different online social media platforms such as Grindr, Facebook etc.

Call Centre, Mental Health & General Support.

Condoms & Lubes Distributed at Tuckshops and supermarkets.

Provision of HIV self testing in the comfort of ones home.

Use of dating APPs to reach Sex Workers and MSM + APPs for adherence + Dating APPs.

Safe-shelters and Food baskets.