



BONELA 2021 ANNUAL REPORT

BOTSWANA NETWORK ON ETHICS, LAW AND HIV-AIDS

BONELA



The Botswana
Network on
Ethics, Law
and HIV/AIDS

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
IPV	Intimate Partner Violence
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

FOREWORD BOARD CHAIRPERSON



Figure 1:
Board Chairperson Dr. Lillian Moremi

I am delighted to present to you the BONELA 2021 Annual Report. The report highlights activities and achievements made throughout the year.

The year has not been without challenges. The knock on effect of COVID-19, with continued movement and socializing restrictions dictated a need for changes in several implementation approaches. In some cases, this meant bringing activities to a halt. Notwithstanding momentary interruptions once assured all safety precautions were in place, BONELA shouldered on by adjusting plans and activities to the ever-changing environment.

BONELA has been making strides in ensuring that communities throughout Botswana are aware of their rights for almost two decades. This is done through systematic sensitisation of individuals on their rights. One such strategy that remains highly effective is in person community awareness and legal literacy sessions. These sessions build trust between outreach workers and the communities they serve.

Communities see, touch and interact with BONELA staff members, and realise that they are people just like them with similar backgrounds who simply have their interests at heart. This work has resulted in communities being empowered to stand up for themselves where they feel their rights are violated, and speaking up for the less fortunate.

BONELA remains committed to ensuring that all communities are aware of their rights and are empowered to seek redress if they are violated. BONELA programmes have built the necessary capacity in people across the country, giving them an array of skills. One such skill to be proud of is that of enabling people to self-represent, particularly in cases of child maintenance and access.

A key strength nurtured by BONELA over the years is that of partnership building. BONELA is a firm believer in the expression that says, “no man is an island”, to this end Stakeholder Engagement is revered. Partnership building and continued engagement with stakeholders has yielded great results. Through this, BONELA has been able to effectively cross refer clients and draw on partner help for the provision of timely and quality services to communities.

I am aware that the challenges presented throughout the year by COVID-19 have been unprecedented, many of us expected a short interruption to our lives that would have come and gone in less than a year. To our surprise this entire annual period has been consumed by adjustments and responses to COVID-19.

I sincerely applaud BONELA for a job well done in working tirelessly to ensure that services are provided to key and vulnerable populations in the midst of these operating and implementation challenges. You ensured continued service delivery to those who needed it and in so doing ensured that the organisation’s vision is accomplished.

FOREWORD BOARD CHAIRPERSON



Figure 2:
Message for the Executive Director - Cindy Kelemi-Baeletsi

BONELA continued to fully implement amid COVID-19 challenges. Innovative approaches were explored such as the intensified use of social media in reaching out to clients, mobilising them and linkage to care services. As a result of the great collaborative relationship that has been established with district stakeholders, BONELA was able to provide services to communities while observing COVID-19 protocols, and adjusting to any changes that needed to be made as implementation progressed. Changes to implementation had to be made as the need arose and BONELA was flexible to adjust the implementation plans accordingly.

Community engagements and awareness sessions were continued while observing COVID-19 regulations. This year, BONELA introduced a community-based human rights monitoring

documentation and response programme whereby data on human rights violations experienced by communities in accessing services were documented and responded to within a short period. Through a partnership established with Frontline AIDS, BONELA paralegals and REActors were trained on the Rights Evidence Action system. A case management system has also been developed as a way of ensuring tracking progress of cases which have been linked with lawyers for litigation.

During the year 2021, BONELA strengthened its collaboration with like-minded stakeholders. This approach ensured that other cohorts are comprehensively reached and provided with relevant services. Our partnering with Tebelopele Centre for KP friendly service provision and initiation on PrEP is one collaborative approach undertaken. BONELA further partnered with Childline to ensure that COVID-19 rights violation cases were documented through a toll-free number. This ensured no cost to clients as well as giving them the flexibility of being able to lodge rights violation cases immediately from the comfort of their homes. We are excited to let the public and our key stakeholders know that BONELA has set up a call centre.

Referral networks were strengthened during the year, as reflected in the high rates of referral completion. This was evidenced during the year as a result of accompanied referrals and strong linkages made by service providers. We established a client booking system as a way of reducing congestion at health facilities and providing clients with timely service delivery.

Overall, BONELA was successful in carrying out its mandate. In that regard, the management and staff of BONELA owe a debt of gratitude to the board, strategic development partners and key stakeholders at both national and district level in implementing the 2021 work programme.

ORGANISATION PROFILE

Established in 2002 as a national network, BONELA exists to promote a human rights-based approach to HIV/AIDS and TB programming in Botswana. We do this through an array of advocacy initiatives, raising awareness, and capacity building. Our primary focus centres on working with key and vulnerable populations, marginalised communities, and people living with HIV and AIDS. We remain a strong advocate for human rights, influencing policy and legislation, and ensuring services are available and accessible to everyone who needs it.

MANDATE

To strengthen the social, policy, and legal environment necessary to support a human rights approach to planning and delivery of services targeting key and vulnerable

VISION

Making the Right to Health a reality in Botswana

MISSION

To contribute to the removal of social, policy and legal barriers to health services, including HIV/AIDS for key and vulnerable populations, through advocacy, education, legal assistance, strategic litigation, research, and support to community-based and community led interventions

Passion

Integrity

Commitment

Botho-Humannes

Equity & Justice

Our
Values

FOREWORD BOARD CHAIRPERSON



FOREWORD BOARD CHAIRPERSON

Our programme implementation continued throughout the year. The figure 3 shows our six major programme areas categorised as, (1) Minimum Package for Key Populations; (2) Human Rights Programme; (3) COVID-19 Response; (4) Sexual & Reproductive Health; (5) Advocacy; and (6) Strategic Partnerships.



Figure 3:
BONELA Programme Structure

KEY POPULATIONS MINIMUM PACKAGE (GLOBAL FUND)

MEN WHO HAVE SEX WITH MEN & TRANSGENDER INDIVIDUALS

This minimum package programme area focuses on prevention initiative for Men who have Sex with Men and Transgender individuals. The programme was successfully implemented in the five districts of Boteti, Greater Francistown, Palapye, Tutume and Ngamiland with support from the Global Fund.

The minimum service package provided included: -

- Education on HIV prevention, GBV, Stigma & Discrimination, STIs, VMMC, Legal Rights and Human Rights;
- Provision of HIV Testing services through BONELA's trained Lay Counsellor;
- Referral and linkage to ART for HIV positive individuals; and PrEP for those who are HIV negative but at high risk. The package also provides referrals to other services including NCDs;
- The fourth minimum package component is that of distribution of safe sex commodities such as condoms and lubricants

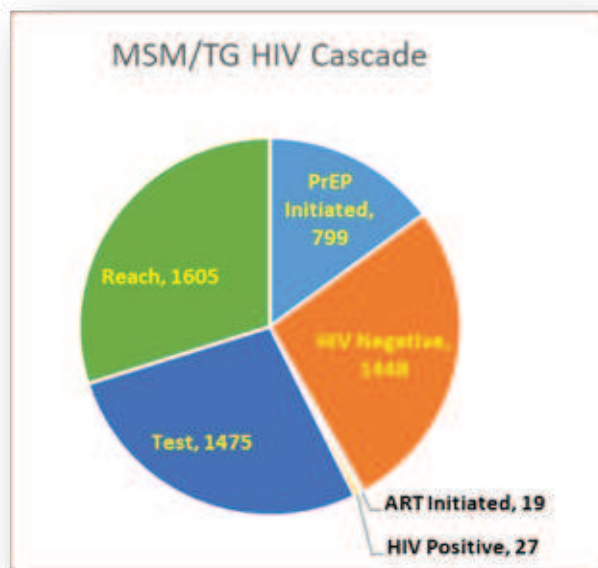


Figure 4: MSM & Transgender HIV Treatment Cascade

We continued to accompany MSM/TGs on referrals, this had the positive outcome of an increased level of completions. Our collaboration with partners on this programme, which included, receiving nursing staff from public health facilities during outreach activities allowed us to provide and meet our TB and STI screening targets.

This Global Fund supported programme component also provided for the distribution of condoms and lubricants. This initiative supported the distribution of 116,033 condoms and 75,550 lubricants during the year. These figures, in comparison to previous years are unfortunately low, not allowing us to meet demand due to supply chain interruptions caused by COVID-19, that resulted in commodity shortages. It goes without saying that this gap in meeting demand has possibly had adverse effects on health outcomes.

NAHPA KEY POPULATIONS SUPPORT

In partnership with NAHPA, BONELA worked with 7 Sub Recipients to implement a KP programme in Bobonong, Francistown, Gaborone, Good Hope, Jwaneng, Okavango, Selibe Phikwe and Tonota. This programme had several intervention components across each of these districts that included condom and lubricant distribution; reduction initiatives in stigma & discrimination along with related human rights activities. The outputs of these initiatives included the distribution of 160,737 condoms, distribution of 59,508 lube tubs; as well as stigma & discrimination and human rights trainings and outreach activities.

Our human rights interventions were done in collaboration with partners to scaled up human rights information provided at community level. These took the form of stigma, discrimination and gender based violence reduction campaigns against people living with HIV and TB; and key and vulnerable populations using various mediums to reach all populations.

In addition to small group discussions conducted through existing local level structures such as full council meetings and kgotla meetings, our information sharing approaches included the use of television through guest appearances, radio interviews, jingles, podcasts and social media engagements. These initiatives reached a total of 150,000 people. During the '16 Days Against Gender Based Violence and Human Rights Day', BONELA launched a campaign titled "Hear Me Now, My Rights Matter". The campaign profiled experiences of Human Rights Violation Survivors to raise public awareness about the multifaceted manifestation of Stigma, Violence, GBV and Child Marriage. Following the launch of the campaign, BONELA engaged traditional leaders on Child Marriage. As a result, one child marriage was intercepted in Ngamiland.

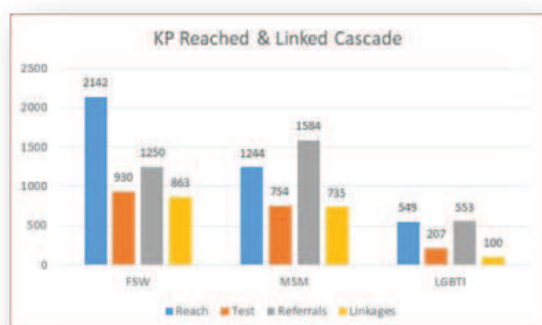


Figure 5:
The number of Key Populations Reached with Stigma Discrimination & GBV reducing interventions

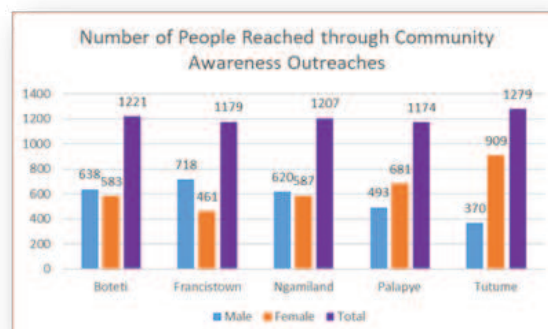


Figure 6:
People Reached through Community Outreach Initiatives

The programme included a training component. CSOs and paralegals were trained to provide legal related information and advice on HIV, TB, the law and human rights. Trainings were held in Boteti and Maun district. A total of 65 (28 in Boteti and 37 in Ngamiland) service providers (Social Workers, Health Care Providers, traditional leaders, CSO Practitioners, Law enforcement) were trained. Following the training there were reports of a revival of critical community based committees such as the GBV response and Child Protection committees. Referral systems between these service providers was also strengthened.

Eight CSOs were capacitated in which 22 participants were trained on project management, advocacy, and human rights programming, as well as on 'MEAL' (Monitoring Evaluation Accountability and Learning). Policy briefings were held with 15 policy makers to advocate for the enactment of disability.

AIDS FONDS FEMALE SEX WORKERS

A third component under the KP Minimum Package focused on a number of elements relating to sex in exchange for financial gain or reward. AIDS FONDS supported Sisonke through BONELA to implement a sex workers project in Francistown, Gaborone, Palapye and Selibe Phikwe. The project made inroads into reaching otherwise 'hard to reach' individuals including those found to be particularly vulnerable.

Additional unanticipated outcome provided the project with lessons learnt pertaining to male sex work as well as with regard to child sex practices. The project found a rise in the number of male sex workers which was directly tied to circumstances around COVID-19. This rise in male sex numbers resulted in 26 MSW being reached with HIV prevention messages and linked to care services.

In a similar manner, the programme identified an increase in children who sell sex. A number of young girls under the age of 24 acknowledged engaging in sex for reward during the height of COVID-19. As a result, our message reach to this audience nearly quadrupled over that of the previous year; we reached 151 young girls during this annual period as compared to just 39 in the previous year.

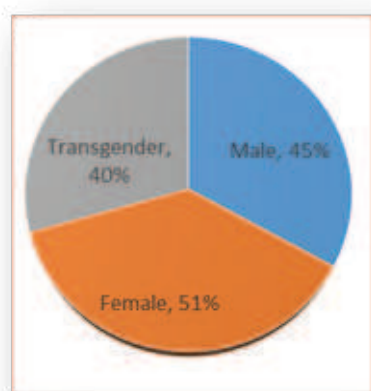


Figure 7:
Human Rights Violations Documented
by Gender

A vital component of this programme is educating and empowering Sex Workers on their rights, and the avenues they can pursue when violated. Low uptake of sex worker case violation reporting was attributed to two specific factors; one, immigrant status of many sex workers revealed that they were undocumented residents and had no valid identity documents. This migrant status presents a barrier to sex worker access to both legal and health services, a second barrier reported was that of law enforcement officers being the perpetrators of violence against sex worker.

Notwithstanding the barriers to case reporting, a total of 45 sexual related gender based cases, including social and financial exclusion were reported. Thirty-six of these cases were gender based violent crimes. While we do not provide direct criminal justice services, BONELA played a contributory role in ensuring that numerous cases were brought to court, this included an Inter-Personal Violent case, for which the perpetrator received a seven-year imprisonment sentence.

HUMAN RIGHTS

KNOW YOUR RIGHTS CAMPAIGNS

Community awareness and sensitisation campaigns are approaches used by BONELA to empower communities on their rights and processes through which they may seek redress for violations. Campaigns and outreach sessions also serve as feedback platforms. Opportunities are provided during these sessions for the public to highlight issues of human rights concern prevalent at the community level. BONELA utilises this information for advocacy purposes at the national level, hence ensuring that community concerns are heard at high level decision making platforms.

BONELA continues to enlighten communities on the principles of right to health. Components of these that we emphasise include accountability, accessibility, affordability, participation and quality care. Our sessions ensure that individuals understand what this means for their daily life and service needs. In this we ensure that communities both know their rights and are empowered to act when their rights are not being met. Our legal literacy sessions are a specific tool that allows communities to act both for themselves and those around them.

PROVISION OF LEGAL SERVICES

BONELA Legal AID continued providing legal services to community members throughout the year. We use mediation techniques to coach clients to self-act and represent in court.

BONELA engages strategic impact litigation to change existing policies and laws through jurisprudence. BONELA shadowed LEGABIBO (Lesbians, Gays and Bisexuals of Botswana), a Botswana home grown organization to operate under its wing as local laws would not grant LEGABIBO full legal incorporation. With time, LEGABIBO acquired their full legal incorporation and have swiftly made some landmark legal achievements.

A major case in point being the Letsweletse Motshidiemang versus Attorney General same sex decriminalization case. The court allowed LEGABIBO to serve as a friend of the court (*amicus curiae*) throughout the process of revisiting the colonial law which until then criminalised homosexual acts between two consenting adults; a crime which carries a jail sentence of up to seven years.



Figure 8:
Human Rights Violation Cases Documented by Type

After numerous years (since November 2017), of challenging this colonial law in court, the High Court finally (June 11th, 2019) unanimously held that Sections 164(a) and Section 167 of the Botswana Penal Code violated the values and customs of the Botswana people, and that it served no public interest at all. Notwithstanding this judgement, the government appealed this iconic High Court ruling seeking decriminalisation of homosexuality. This necessitated a sitting of the Court of Appeal which on November 29th, 2021 where a full bench unanimously upheld the 2019 High Court judgement that struck down penal provisions criminalising same-sex sexual relations. BONELA's work, through partner groups like LEGABIBO is instrumental in legal change such as this landmark judgement both at the High Court and the Court of Appeal.

RIGHTS EVIDENCE ACTION (REACT)

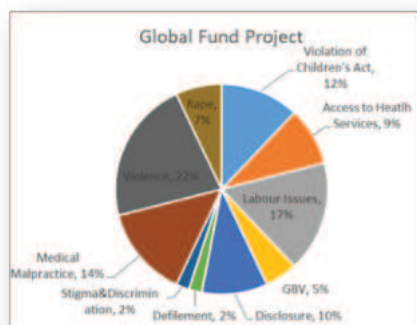


Figure 9: Distribution of Type of Violation Cases Reported (Global Fund)

During this year, through a partnership established with Frontline AIDS, BONELA paralegals and REActors were trained on the Rights Evidence Action system (REAct), a community-based human rights monitoring and response programme. REAct documents, and responds to human rights-related barriers in real time that individuals experience in accessing HIV services at the community level. The system allowed for numerous cases to be documented.

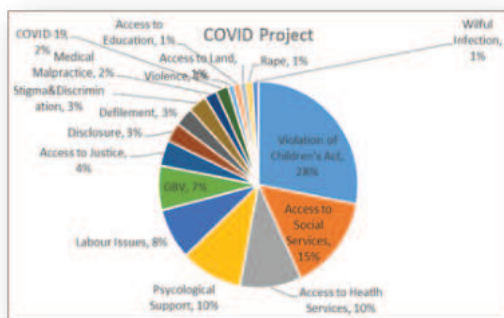
The Pie Charts [Figure 9] shows that cases relating to violence (22%) took the major share of reports documented followed by labour issues (17%) through the Global Fund Project. The figure also shows that

documenting of cases related to Stigma & Discrimination (2%) is on the lower end of the reporting scale, this is a concern as BONELA is well aware of heightened levels of stigma endured by our constituents. The COVID Fund supported project saw Violations of the Children's ACT and Access to Social Services being the most prominent case types reported.

COVID-19

The COVID-19 outbreak exposed our inabilities as the global health community to respond to health crisis's in a timely and coordinated manner. While measures were put in place to deal with emergency needs, these were focused on the general population, leaving key and marginalised individuals in the lurch.

Key Populations were thrown into several high risk situations, prime among these include being locked-down in constrained spaces, often times in violent environments. Loss of income is another major factor with ripples effects on Key Populations, an immediate complication being the inability to buy food. Nutrition, a vital ingredient for



medication to work effectively, was curtailed for many, often due to unfair dismissal from work or direct loss of business.

For our part, BONELA was unable to provide services to MSM/TG and other Key Populations in the manner that we ordinarily would have prior to COVID. As a result of these and a host of related circumstances the needs of Key Populations for safe spaces, psychosocial support, protective gender based violence services spiked to level of demand not seen before and could not be met.

The consequences due to COVID were dire. Ill health, coupled with other pre-existing health challenges, along with the inability to take care of one's self and other family obligations, manifested in many ways, including suicide ideation, drugs and alcohol abuse which perpetuates non-adherence to medications; all with devastating results for many.

As these conditions continued to unfold, BONELA was eventually able to implement mitigation strategies in the six districts of Boteti, Francistown, Gaborone, Ngamiland, Palapye and Tutume. The programme specifically focused on the needs of MSM/TGs with respect to these lived COVID-19 challenges. Beyond this, we instituted a national call centre help-line from which we could link or respond to additional community needs, most of which were COVID related.

383 MSM/TG
screened for
COVID-19

35 MSM - 76
FSW - 71 General
Population
received
Psychosocial
Support

88 MSM
provided with
emergency food
baskets

SEXUAL REPRODUCTIVE HEALTH FOR WOMEN WITH DISABILITIES

Access to services and the needs of all people with disabilities in Botswana remains a challenge. Women with disabilities however face additional needs, barriers and stigma largely as a result of societal expectations and the roles that women are expected to play.

The – Advancing Universal Access to Sexual Reproductive Health Rights Services for Women With Disabilities in Botswana – project seeks to promote the rights of WWDs. As part of the greater civil society collective, this project affords BONELA the opportunity to advocate for these rights. The project has a strong focus on increasing knowledge across society on the SRHR of these women. Our awareness raising initiatives have concerted efforts to dispel stigma and discrimination in this specific domain. Societal stigma has been found to be so deep seated, ranging from the use of inappropriate language and attitudes toward PWDs, infringements on their rights to have children, to lack of physical infrastructure access (transport and building) that continue to exclude PWDs from leading regular lives.

CAREGIVER WELFARE

An added dimension often over looked in the realm of disability are the needs of those who provide care to PWDs. Provision of care is more than a fulltime job, often without remuneration. Caregiver stress and depression will ultimately affect the person they are caring for if left unmanaged. BONELA has developed an advocacy strategy to address this through an initiative called, “Caring for the Caregiver”. The project raises awareness on the needs and support required by those who provide care to PWDs.

The road is lengthy, working from PWDs in general toward the specific needs of WWDs. BONELA is proud to be part of the initial gains made so far in this regard, which includes influencing the Government of Botswana to ratify its disability policy.

“I was forced by my family to undergo an abortion, this because I am wheelchair bound; they believe I don't have the right to a family; this was a painful and most harrowing experience for me” – Woman With Disability

BODILY AUTONOMY & INTEGRITY

In partnership with four other Key Population Organisations, BONELA implemented a national advocacy intervention under: My body is Not a Democracy: Supporting National Advocacy on Bodily Autonomy and Integrity in Botswana, project. 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 hindering support to bodily autonomy and integrity of Key Populations in Botswana.

The project interventions include; Cross Movement Organising and Strengthening Movement Building, Grassroots Mobilisation and Coalition Building for Advocacy. The project strives to maximize participation and engagement with decision makers and strategic influencers, including traditional leaders on policy issues related to Bodily Autonomy and Integrity. It advances the SRHR agenda in Botswana with a specific prioritisation on Women, Adolescent Girls and Young Women (AGYW), Lesbian, Gay, Transgendered and Intersex persons (LGBTI) including MSM and Sex Workers to promote their rights to bodily autonomy and integrity. The project affords participants improved access to Legal Services and Strategic Litigation while strengthening institutional capacity to support policy reform.

ADVOCACY

INFLUENCING POLICY & LAW REFORM

BONELA engaged Members of Parliament who sit on the Parliamentary Caucus on Women to garner support for the disability policy. Our engagement highlighted pertinent issues leaving the legislators convinced of the gap in protection by the law for PWDs. Subsequently, a policy brief was presented to the full caucus who have now highlighted the need for a situational analysis that will provide the evidence needed to improve access to safe abortion services in Botswana.

MEDIA ENGAGEMENT

Media engagements played an alleviated role throughout the year as interpersonal engagements and community outreaches faces varied level of restrictions. One avenue pursued was that of documentaries on topical issues affecting BONELA constituents. Social media served us well as a real-time two-way means of communication with our target audiences. Human rights issues were discussed through this social media platform. It provided a sense of public opinion, their level of appreciation, tolerance and understanding on an array of human rights issues including rights

STRATEGIC PARTNERSHIPS

NAPHA

Government developed a Human Rights Plan from which a human rights vote was established. The establishing of a vote implies allocation of funds from national treasurer becomes accessible. Funding was indeed provided to BONELA from this vote to serve as a conduit for rerouting grants to other local organisations. BONELA views this as the necessary signs for larger improved human rights programme in Botswana.



DISTRICT HEALTH MANAGEMENT TEAMS

Partnerships with DHMTs continued throughout the year and remain as a vital component to our success. Several DHMTs have integrated BONELA activities into their district plans. This integration has shown far reaching benefits to the communities that we serve not only by raising the efficiency with which services have been delivered but also in cost effectiveness. Botswana's diverse terrain is often a cause for non-delivery of services. Our collaboration with DHMTs has notably allowed BONELA to reach several hard to find, and hidden populations throughout the year with both messages and essential services including medical staff (nurses and doctors) availed through DHMTs.



FRONTLINE AIDS

BONELA is undertaking Pandemic Prevention Preparedness Responses (PPPR) in partnership with Frontline AIDS. This engagement response emanates from the global realisation of what was a weak response to the COVID-19 epidemic. A step-by-step Botswana PPPR Stakeholder Engagement Guide has already been developed in an effort to facilitate a meaningful engagement process and lead to a national guide.

BONELA is an active and critical partner to all local stakeholders in this process. BONELA's advocacy track record positions us well in this process as it generate public and political will and collaboration for sustainable response to future pandemics.

CONCLUSION

BONELA remains indebted and grateful to strong partnerships built at national, district, regional and international level that ensured that we achieve these results. Indeed, 2021 was a great year as we had positive yields programmatically despite COVID-19 regulations which at times affected implementation. These are the results we want to harness as we prepare for the coming years.

