National Strategic Plan to Reduce Human Rights – Related Barriers to HIV and TB Services :

Botswana
2020 – 2025

REMOVING *HUMAN RIGHTS AND GENDER* RELATED BARRIERS TO HIV/ AIDS AND TB SERVICES IN BOTSWANA

A FIVE YEAR NATIONAL COMPREHENSIVE PLAN

(2020-2025)

National AIDS and Health Promotion Agency
NAHPA
Botswana

The Global Fund

UNAIDS

The International Guidelines on HIV, AIDS and Human Rights- "[p]ublic health interests do not conflict with human rights. On the contrary, it has been recognized that when human rights are protected, fewer people become infected and those living with HIV and their families can better cope with HIV and AIDS." Failure to protect the rights of people living with HIV and vulnerable and key populations may increase the spread of HIV and worsen the harmful impact in communities and countries. When the human rights of people living with HIV and vulnerable and key populations are respected, protected, and fulfilled on paper and in practice, this facilitates universal access to prevention and treatment, reduces stigma and discrimination, and creates an environment which promotes access to health facilities and other HIV-related public services.

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FOREWORD

Government of Botswana, through the National HIV and Health Promotion Agency, is committed to strengthening the coordination and management of Botswana's national HIV and health response, to promote the health and well-being of all people and achieve development goals. Botswana's Third National Multi-Sectoral HIV & AIDS Response Strategic Framework 2019-2023 recognises that there are still important gaps to close with regards to the full implementation of the human rights agenda, particularly for key and vulnerable populations. The country appreciates that HIV-related stigma and discrimination negatively impacts on the health and wellbeing of people living with HIV and other key and vulnerable populations, creating barriers to service uptake. Between 2017 and 2018, Botswana conducted a Legal Environment Assessment for HIV, with the support of the United Nations Development Programme, as well as a Global Fund Baseline Assessment: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services. The NSF III, coupled with these two assessments, forms a critical foundation for national HIV, TB, health and human rights programmes.

The Legal Environment Assessment and Baseline Assessment provided evidence of critical legal and human rights issues limiting access to services and exacerbating vulnerability, which require specific action. While Chapter II of Botswana's Constitution and various laws protect the rights of all people to equality, freedom from discrimination and violence, HIV-related discrimination persists. Laws and policies appear to be insufficiently protective particularly forkey and vulnerable populations and/or are inadequately known, implemented and enforced. The Baseline Assessment found that despite increasing efforts to remove human rights barriers, (e.g. working with lawmakers, the judiciary, the police and traditional leaders; providing legal services, strategic litigation and efforts to reduce gender inequality and harmful gender norms) there remained a need for increased commitment to scale up coordinated efforts and to improve monitoring, evaluation & data collection for a comprehensive response.

This Five Year National Comprehensive Plan is a culmination of a series of consultative meetings with a broad spectrum of stakeholders, including representatives of key and vulnerable populations, civil society organisations, Ministries, agencies and departments of government, development partners, media and academia, with clear guidance and strategic direction from the Legal and Human Rights Technical Task Team and the Human Rights Working Group. This Plan is designed to guide the implementation of the Legal Environment Assessment and Baseline Assessment recommendations. It will also offer critical guidance in the implementation and enforcement of laws, regulations and policies that protect rights and promote access to HIV- and TB-related health services. It builds on a rights-based and community-led approach which demands an environment of tolerance and mutual respect to ensure that even the most vulnerable people in our society feel protected– it is about working together to build strong, healthy and inclusive communities, ensuring that no one is left behind. It aligns to the broader National Human Rights Strategy and Action Plan, recognizing that protecting and promoting the right to health is an integral part of promoting the full development of all persons.

The underlying principle of this plan is that we have a moral and legal responsibility to act, whether in government, civil society or the private sector. We must build on the lessons of the past and support innovative ways to expand protections, promote gender equality, support civil society and community engagement, strengthen accountability, and through these efforts close the inclusion gap of key and vulnerable populations. Therefore, I am confident that the implementation of the plan will strengthen Botswana's HIV, AIDS and TB response and contribute to the realization of the new global Fast Track 95-95–95 targets and broader Sustainable Development Goals, including to reduce new HIV infections, particularly among the populations most affected.

Robert Selato
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ACRONYMS / ABBREVIATIONS

ACHAP	African Comprehensive HIV and AIDS Partnership
AGYW	Adolescent girls and young women
AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral medicine
ASRH	Adolescent sexual and reproductive health
ASRHR	Adolescent sexual and reproductive health and rights
AYP	Adolescents and Young People
BAIS	Botswana AIDS Impact Survey
BOAD	Botswana Association of the Deaf
BCD	Botswana Council for the Disabled
BBSS	Biological and Behavioural Surveillance Survey
BONELA	Botswana Network on Ethics, Law & HIV/AIDS
BONEPWA+	Botswana Network of People Living with HIV & AIDS
CSE	Comprehensive Sexuality Education
COPWD	Coordinating Office for People with Disabilities
CSO	Civil society organisation
CW	Community Worker
DPO	Disabled People's Organizations
DHMT	District Health Management Team
DMSAC	District Multi-Sectoral AIDS Committee
FBO	Faith-based organisation
FSW	Female sex workers
GBV	Gender-Based Violence
GIPA	Greater Involvement of People Living with HIV/AIDS
GoB	Government of Botswana
HCW	Healthcare worker
HIV	Human Immunodeficiency Virus
IEC	Information, education & communication
KP	Key population
LEA	Legal Environment Assessment
LeGaBiBo	Lesbians, Gays and Bisexuals of Botswana
LGBT	Lesbian, gay, bisexual and transgender
M&E	Monitoring and Evaluation
MDAs	Ministries, departments and agencies
MJDS	Ministry of Justice, Defence and Security
MNIG	Ministry of Nationality, Immigration and Gender Affairs
MoBE	Ministry of Basic Education
MoHW	Ministry of Health and Wellness
MoPAGPA	Ministry of Presidential Affairs, Governance and Public Administration
MP	Member of Parliament
MPPI	Minimum Prevention Package Intervention
MSM	Men who have sex with men
NAHPA	National AIDS and Health Promotion Agency
NSF III	Third National Multi-Sectoral HIV & AIDS Strategic Framework 2019-2023
PEPFAR	President's Emergency Fund for AIDS Relief
PLHIV	People living with HIV
PWD	People with disabilities
REAct	Rights – Evidence – Action
RIA	Rainbow Identity Association
S&D	Stigma and Discrimination
SDGs	Sustainable Development Goals
SGBV	Sexual and Gender-Based Violence

SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health Rights
STI	Sexually transmitted infection
TB	Tuberculosis
TGF	The Global Fund
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
VDC	Village Development Committee

GLOSSARY OF TERMS

Adolescents	Individuals between the ages of 10 and 19 years are generally considered adolescents. Adolescents are not a homogenous group; physical and emotional maturation comes with age, but its progress varies among individuals of the same age. Also, different social and cultural factors can affect their health, their ability to make important personal decisions and their ability to access services.
Bisexual	A term referring to people who are capable of having sexual, romantic and intimate feelings for or love relationships with others of the same opposite gender. Such an attraction to different genders is not necessarily simultaneous or equal in intensity.
Disabled People's Organisations	Representative organizations or groups of people with disabilities where the PWDs constitute a majority of the overall staff, board and volunteers in all levels of the organizations
Discrimination	Discrimination is the unjust or prejudicial treatment of different categories of people especially on the grounds of race, tribe, political opinion, creed, age, disability, sex or sexual orientation.
Gay	A term referring to men who have sexual, romantic and intimate feelings for or love relationships with other men.
Gender	Gender refers to the social attributes and opportunities associated with being male and female and the relationships between women and men and girls and boys, as well as the relations between women and those between men. These attributes, opportunities and relationships are socially constructed and are learned through socialisation processes. They are context-/time-specific and changeable. Gender determines what is expected, allowed and valued in a woman or a man in a given context.
Gender inequality	Gender inequality is processes by which people are treated different and disadvantageously, under similar circumstances, on the basis of gender. In most societies, there are differences and inequalities between women and men in responsibilities assigned, activities undertaken, access to and control over resources, as well as decision-making opportunities".
Gender-based violence	Gender-based violence describes violence that establishes, maintains or attempts to reassert unequal power relations based on gender. It encompasses acts that inflict physical, mental or sexual harm or suffering, threat of such acts, coercion and other deprivations of liberty. The term was first defined to describe the gendered nature of men's violence against women. The definition has evolved to include violence perpetrated against some boys, men and transgender persons because they challenge (or do not conform to) prevailing gender norms and expectations or to heterosexual norms.
Gender discrimination	Gender discrimination includes distinctions, exclusions or restrictions based on the biological characteristics and functions that differentiate women from men (e.g. pregnancy). Gender discrimination typically disadvantages women more than men. Discrimination against women has the "effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on the basis of equality, of human rights and fundamental freedoms in the political, economic, social, cultural civil or any other field".
Gender-related barriers	Gender-related barriers to health care services are issues such as gender inequality, harmful gender norms, gender-based violence caused by punitive and discriminatory laws, policies and\or practices, as well as social and economic inequality caused by gender, that place those affected at higher risk of HIV or TB infection and block access to healthcare services.

Harmful gender norms	Harmful gender norms are social and cultural norms of gender that cause direct or indirect harm to people. Some examples are norms that contribute to women's risk and vulnerability to HIV, or those that hinder men from assuming their share of the burden of care or from seeking information, treatment and support.
Health care	Services provided to individuals or communities by health service providers for the purpose of promoting, maintaining, monitoring, restoring health and preventing illness. Health is defined by the Health Organization as the state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. Health has many dimensions (anatomical, physiological and mental) and is largely culturally defined.
Human rights	Rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include civil, political, social and economic rights. For instance, these include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.
Human rights-related barriers	Human rights-related barriers to health services are issues such as stigma, discrimination and violence as a result of punitive and discriminatory laws, policies and practices, that place those affected at higher risk of HIV or TB infection and block access to healthcare services.
Lesbian	A term referring to women who have sexual, romantic and intimate feelings for or love relationships with other women.
Key populations	Key populations are those most at risk for HIV and/or TB. In all countries, key populations include people living with HIV. In most settings they also include gay men and men who have sex with men, sex workers and their clients, transgender people, people who inject drugs, prison inmates as the main key populations. These populations often suffer from punitive laws or stigmatising policies, and they are among the most likely to be exposed to HIV. Their engagement is critical to a successful HIV response everywhere – they are key to the epidemic and key to the response. Key populations for TB are defined, in terms of global guidance, as people who are vulnerable, underserved or at risk of TB infection. These include people with increased exposure to TB due to where they live or work, people with limited access to quality TB services, and people at greater illness or risk due to biological or behavioural factors.
Men who have sex with men	The term 'men who have sex with men' describes males who have sex with males, regardless of whether or not they also have sex with women or have a personal or social gay sexual identity. This concept includes men who self-identify as heterosexual but who have sex with other men.
Migrants	While there is no formal legal definition of an international migrant, most experts agree that an international migrant is someone who changes his or her country of usual residence, irrespective of the reason for migration or legal status. Generally, a distinction is made between short-term or temporary migration, covering movements with a duration between three and 12 months, and long-term or permanent migration, referring to a change of country of residence for a duration of one year or more.
People who inject drugs	Refers to people who inject psychotropic (or psychoactive) substances for nonmedical purposes. Injection may be through intravenous, intramuscular, subcutaneous or other injectable routes.
Prison inmates	Person held in confinement, including prisoners and those detained or awaiting trial.

Sex workers	Female, male and transgender adults (18 years of age and older) who engage in transactional sex – they receive money or goods in exchange for services, either regularly or occasionally. Sex work is consensual sex between adults, can take many forms, and varies between and within countries and communities. Sex work also varies in the degree to which it is more or less 'formal', or organised. In accordance with the Convention on the Rights of the Child, children and adolescents under the age of 18 who exchange sex for money, goods or favours are 'sexually exploited' and are not defined as sex workers.
Social drivers	These are complex and multi-dimensional factors such as poverty, inequality, inadequate access to education, poor nutrition, migration, gender inequality and gender-based violence, and alcohol and substance abuse; that increase vulnerability to HIV, TB and STIs; deter individuals from seeking needed services early; and interfere with the ability of individuals to receive services and to adhere to prescribed regimens.
Stigma	Stigma refers to beliefs and/or attitudes. Stigma can be described as a dynamic process of devaluation that significantly discredits an individual in the eyes of others. Within particular cultures or settings, certain attributes are seized upon and defined by others as discreditable or unworthy. When stigma is acted upon, the result is discrimination. Discrimination refers to any form of arbitrary distinction, exclusion or restriction affecting a person, usually (but not only) because of an inherent personal characteristic or perceived membership of a particular group. It is a human rights violation.
Stigma and Discrimination Reduction Programmes	Programmes addressing the causes of stigma and discrimination within families, communities and sectors – such as the workplace and healthcare, focused on empowering people living with HIV and other key and vulnerable populations and reducing stigma and discrimination.
Training healthcare workers	Programmes to sensitise and train healthcare workers and administrators on HIV, TB and human rights for both healthcare patients – including key and vulnerable populations – and healthcare workers, in order to protect and promote the rights of all affected.
Training lawmakers and law enforcement agents	Training initiatives for lawmakers to sensitise them on the link between HIV, TB and human rights, and the rights of people in the context of HIV and TB; as well as for police officers, to improve law enforcement in relation to HIV, law and human rights, particularly for key populations whose actions are criminalised.
Transgender people	'Transgender' is an umbrella term used to describe people whose gender identity and expression do not conform to norms and expectations traditionally associated with their sex at birth. Transgender people include those who have received gender reassignment surgery, individuals who have received gender-related medical interventions other than surgery (e.g. hormone therapy) and individuals who identify as having no gender, multiple genders or alternative genders. Transgender individuals may self-identify as transgender, female, male, trans-woman or trans-man, transsexual or one of many other transgender identities, and they may express their genders in a variety of masculine, feminine and/or androgynous ways.

Vulnerability	'Vulnerability' refers to unequal opportunities, social exclusion, unemployment or precarious employment (and other social, cultural, political, legal and economic factors) that make a person more susceptible to HIV or TB infection. The factors underlying vulnerability may reduce the ability of individuals and communities to avoid HIV or TB, and they may be beyond their control. These factors may include: lack of the knowledge and skills required to protect oneself and others; limited accessibility, quality and coverage of services; and restrictive societal factors, such as human rights violations, punitive laws or harmful social and cultural norms (including practices, beliefs and laws that stigmatise and disempower certain populations).
Vulnerable and key populations	Vulnerable and key populations in the context of HIV, TB and Malaria are defined as those who experience high epidemiological impact from one of the diseases combined with the reduced access to services and/ or being criminalised or otherwise marginalised. The Botswana NSF III includes adolescent girls and young women and migrants and undocumented foreigners and remote area dwellers as vulnerable populations, while the Legal Environment Assessment includes people with disabilities.
Young people	This term refers to those between the ages of 10 and 24 years.

INTRODUCTION

The Third National Multi-Sectoral HIV & AIDS Response Strategic Framework 2019-2023 (NSF III) recognises that HIV-related stigma and discrimination persists, negatively impacting on the health and wellbeing of people living with HIV and other key and vulnerable populations and creating barriers to service uptake. The National Strategy accepts the critical role of law, human rights and gender equality in the national response to HIV, and commits to a rights-based response to HIV and AIDS that protects and promotes the rights of all people, recognising the need for creating protective law and policies, strengthening access to justice and law enforcement and monitoring human rights in the country. This Five-year Plan aims to detail a comprehensive response to human rights-related barriers to HIV and tuberculosis (TB) services and gender inequality in Botswana for people living with HIV, people with TB, and for various subpopulations of key and vulnerable populations.

The Five-year Comprehensive National Plan is also based on findings from several recent assessments and studies, such as the Ministry of Health and Wellness (MOHW) and United Nations Development Programme (UNDP)'s Assessment of Legal and Regulatory Framework for HIV, AIDS and Tuberculosis, 2017, the Global Fund to Fight AIDS, TB and Malaria (the Global Fund), Baseline Assessment: Botswana, 2018 which assessed human rights-related barriers to HIV & TB in Botswana and made recommendations for scaling up programmes to reduce these barriers, as well as the findings of the Botswana Network of People Living with HIV & AIDS (BONEPWA+) Stigma Index Survey Report: Botswana, 2014[2] and other research conducted by various sectors, civil society organisations (CSOs) and other partners. Furthermore, it aligns to the broader, recognising that protecting and promoting the right to health is an integral part of promoting the full development of all persons.

PROCESS OF DEVELOPING THE FIVE YEAR NATIONAL COMPREHENSIVE PLAN

The Five-year Plan is a result of a series of participatory and interactive processes lead by the National AIDS and Health Promotion Agency, which involved members of key and vulnerable populations, governments departments, civil society and development partners. The main activities that informed the development of the Plan are provided below:

1. The Global Fund, Baseline Assessment: Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services was completed in May-June 2018; finalized in November 2018 followed by a multi-stakeholder meeting (November 2018) in Gaborone to provide input and consensus building on the draft report.

2. Following the approval of the Baseline Assessment in 2018, the UNAIDS provided technical support towards developing the Zero Draft of the outputs, strategies and indicators matrix for interventions to remove human rights and gender related barriers to services. The Technical Working Group which has previously convened for the Legal Environment Assessment of 2017 was re-established and operationalised as the National Human rights Technical Working Group (TWG) under NAHPA to provide oversight to the processes to develop a multi-year comprehensive national plan to remove human rights and gender related barriers to HIV and TB Services.

3. With further support from the Global Fund in 2019, NAHPA established a Health and Human Rights Unit coordinated by the Legal and Human Rights Officer and also engaged a law and human rights expert to support the Human Rights TWG in developing the Plan. A desk review was undertaken in the drafting of the Plan. Documents consulted in the desk review included global, continental and sub-regional legal and political commitments, strategies, and guidelines, academic studies, published papers, and reports from international and continental agencies, the UNDP Legal Environment Assessment-Botswana (2017), The Global Fund, Baseline Assessment: Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services, the Third National Strategic Framework on HIV and AIDS for Botswana and relevant HIV related programme policies.

NAHPA convened a Human Rights Technical Working Group in June 2019 to further provide inputs into the draft Plan. A small Writing Team led by the Legal and Human Rights Officer was also convened to lead the drafting and finalization of the plan.

[2]BONEPWA+, et al., Stigma Index Survey Report: Botswana, Gaborone, BONEPWA+, 2014.

4. A Costing Expert was engaged in April –May 2020 to cost the Plan.

5. In July 2020, NAHPHA organised a virtual extended stakeholder meeting including members of the National Human Rights Technical Working Group and other pertinent stakeholders such as key and vulnerable populations organisations, human rights and gender CSOs, Government departments, and development partners for their inputs and comments on the costed draft Plan. Stakeholders in this meeting agreed that transgender persons should be included in the definition of key populations for the purpose of this Plan and that people with disabilities should be included as a vulnerable and prioritized population, and that the Plan should include disability related interventions. With those suggested changes, the meeting approved the Plan and gave the go-ahead-for implementation to proceed.

6. A follow up meeting was held with the disability sector on July 2020 to discuss the inputs from the disability sector and final written inputs were received and incorporated to finalise the Plan in August 2020.

ESSENTIAL ELEMENTS FOR THE PLAN

The Plan is evidence-informed, aligned with priority government strategies, policies, plans, initiatives and actions and reflects a rights-based response to HIV, TB and health, anchored on the guiding principles of equality and non-discrimination, transparency and accountability, empowerment of key and vulnerable populations and equal access to healthcare services.

Evidence-informed

The Plan is informed by the outcome of the LEA and Baseline Assessment in Botswana conducted in 2017-2018 and additional national research and reports on human rights, HIV, TB and health issues.

Alignment with government strategies, policies, plans, initiatives and actions

The Plan aligns with Botswana's Third National Multi-sectoral HIV and AIDS Strategic Framework 2019-2023, which commits Botswana to a rights-based response to HIV and TB and is also aligned with other current and related strategies, policies, guidelines and plans of action for HIV, TB, health, human rights and development.

Participatory

The Plan draws on the collective wisdom and experiences of key stakeholders who participated in a series of meetings and consultations, including various meetings of the representative Human Rights TWG, presentation and discussion of the plan at various multi-stakeholder forums as well as a multi-stakeholder consultation on the final draft plan. The planning process brought together representatives, networks, organisations and institutions of key and vulnerable populations, such as gay and bisexual men and other men who have sex with men, transgender persons, other LGBT persons and sex workers; government ministries, such as MOHW, Ministry of Basic Education, Ministry of Defence, Justice and Security, Ministry of Presidential Affairs, Governance and Public Administration and Ministry of Employment, Labour Productivity and Skills Development; academia such as the University of Botswana, the media and development partners such as UNAIDS, UNDP, United Nations Population Fund (UNPFA), UN Women, Presidents Emergency Plan for AIDS Relief (PEPFAR) and the United States Agency for International Development (USAID). Disability representation was brought in as part of the consultations at a later stage to ensure inclusivity of all vulnerable groups.

RATIONALE FOR THE PLAN

The overall goal of the Plan is to reduce stigma, discrimination and violence and to protect and promote human rights and gender equality in Botswana, so as to increase access to healthcare services for HIV and TB, prevent new infections and promote treatment, care and support for all, including key and vulnerable populations leaving no one behind.

BACKGROUND TO THE IMPLEMENTATION PLAN

The National Strategic Framework for HIV and AIDS 2019-2023

By the end of 2018, Botswana had one of the highest HIV prevalence rates amongst adults globally, at 20.29%,[3] and disproportionately high HIV prevalence rates amongst specific populations. [4]While antiretroviral therapy (ART) coverage in Botswana has increased to 83% [5]and programmes for key populations have increased since 2015, the NSF III recognises that, in order to achieve its targets for over 90% HIV prevention, treatment care and support service coverage by 2023, it is now critical to reach all key and vulnerable populations with HIV prevention, treatment care and support services.[6]As a result, Botswana's NSF III sets forth a strategic shift in the response to HIV and TB in Botswana, prioritising specific geographic locations and populations, based on available evidence, and committing Botswana to removing legal, human rights and gender-related barriers to services for key and vulnerable populations.This approach is also in line with international commitments to prioritise hard to reach populations in attaining the Sustainable Development Goals (SDGs). In particular, the NSF III is linked to and aligned with the following SDGs:

- Goal 3 on reducing maternal and child mortality, preventing early and unwanted pregnancies, ending the epidemics of HIV and TB, combating hepatitis and non-communicable diseases, improving access to health services and promoting mental health and wellbeing;
- Goal 5 on the elimination of violence including sexual violence against girls and women in all settings, elimination of harmful practices such as early and forced marriages, and increasing access to sexual and reproductive health and rights; and
- Goal 10 on promoting inclusion, reducing inequality and addressing stigma and discrimination.[7]

The NSF III is also aligned with the 2016 United Nations (UN) Political Declaration on HIV and AIDS, which provides an outline to end the AIDS epidemic as a public health threat, with ambitious targets to eliminate discrimination, include key and vulnerable populations, address gender inequality and gender based violence, reduce TB-related deaths among persons living with HIV by 75% by 2020 and reach 90% of people who need TB treatment. [8]It also aligns with the UN Political Declaration on the Fight Against Tuberculosis 2018 which recognises the impact of TB on vulnerable populations as a human rights concern. The Declaration commits Member States to ensuring the strong and meaningful engagement of civil society and affected communities in the response, and protecting and promoting equity, ethics, gender equality and human rights, reducing stigma and discrimination in healthcare services, removing discriminatory laws, policies and programmes that create barriers to access to prevention, diagnosis, treatment and care for TB and promoting human rights and dignity.

Assessment of Legal and Regulatory Framework for HIV, AIDS and Tuberculosis (LEA) 2017

UNDP supports countries to undertake participatory, country-led Legal Environment Assessments (LEAs) to identify and document a country's laws, regulations and policies relating to HIV, TB and malaria and related health issues, affecting vulnerable and key populations. These LEAs also examine access to justice and law enforcement issues, to determine how laws, regulations and policies are enforced and whether populations, including vulnerable and key populations, are able to access remedies for rights violations. LEAs are generally initiated by key government ministries, led and overseen by a multi-stakeholder committee that includes civil society and supported by development partners such as UNDP. The LEAs focus on key legal, human rights as well as gender-related issues identified by country stakeholders.

The 2017 LEA Report for Botswana found that Chapter II of Botswana's Constitution and various laws protected the rights of all people to equality, freedom from discrimination and violence. Yet HIV-related discrimination persists. It appears that laws and policies are non-specific, offer insufficient protection particularly to vulnerable and key populations and/or are inadequately known, implemented and enforced. Also, Botswana's health and criminal laws contain punitive and discriminatory provisions negatively impacting on affected populations:

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[3]NAPHA, MoHW and UNAIDS, *Making Treat All real and saving additional 23,000 Botswana from HIV infection by 2030: a policy brief on providing universal ART access to non-citizens, Gaborone, Government of Botswana, 2019.*
Such as female sex workers.
[4]NAHPA, *Third National Multi-Sectoral HIV & AIDS Response Strategic Framework 2019-2023 (NSF III), Gaborone, Government of Botswana, 2019, p.23.*
[5]NAPHA, MoHW and UNAIDS, *Making Treat All real and saving additional 23,000 Botswana from HIV infection by 2030: a policy brief on providing universal ART access to non-citizens, Gaborone, Government of Botswana, 2019.*
[6]NAHPA, *Third National Multi-Sectoral HIV & AIDS Response Strategic Framework 2019-2023 (NSF III), Gaborone, Government of Botswana, 2019, p.23.*
[7]*NSF III,p.10.*
[8]*Ibid.*

- Criminal laws against sex work and drug use remain in place, hindering efforts to improve access and uptake of HIV programmes and to reduce HIV risk. Criminal laws, along with problematic socio-cultural beliefs and practices, fuel high levels of stigma, discrimination, violence and abuse against key populations. The recent overturning of laws criminalising [9]same-sex sex removes a significant human rights barrier for gay men, men who have sex with men and other LGBT persons; however, programmes to reduce socio-cultural stigma and discrimination will still be required.
- The Public Health Act contains highly problematic provisions which criminalise wilfully exposing the public to any communicable disease,[10] authorises forced and mandatory HIV testing, non-consensual disclosure of HIV status, and isolation and detention of persons with communicable diseases.

Global Fund support for the scale-up of human rights- and gender-related programmes for HIV & TB

The Global Fund for 2017-2022 include supporting countries that apply for grants to develop and scale-up programmes to remove human rights-related barriers to health services. The 'Breaking Down Barriers' initiative has supported baseline assessments and multi-stakeholder consultations and the development of plans for comprehensive responses to human rights-related barriers in 20 countries, including Botswana. Through the BDR initiative, the Global Fund has also provided catalytic funding to these countries to scale up priority human rights and gender equality programmes to support a strengthened national response to HIV and TB. The Baseline Assessment confirmed these legal and policy barriers, and both assessments reiterated the following key law and policy review and reform recommendations:

- Strengthen equality and anti-discrimination law to protect the rights of people living with HIV, people with TB, women and other vulnerable and key populations (e.g. in the Constitution, an equality law, the Public Health Act and other relevant laws).
- Strengthen and improve enforcement of laws to protect women's equality rights within all marriages and to protect from intimate partner violence, including rape.[11]
- Review punitive and/or coercive provisions in the Public Health Act and related laws that may negatively impact on the rights of people living with HIV and TB, including any overly broad provisions allowing for mandatory isolation, detention and criminalisation of disease transmission.
- Amend criminal laws that criminalise aspects of adult consensual sex work. [12]
- Review health and related laws and policies, including age of consent laws, prisons law and intellectual property law, to clearly provide for health rights of women, young people, people with disabilities, non-citizens, migrants, remote area dwellers and key populations and to improve access to medicines.
- Sign and ratify outstanding human rights treaties to safeguard the rights of people living with HIV, TB, vulnerable and key populations.

The Baseline Assessment further found that despite increasing efforts to remove human rights barriers (working with lawmakers, the judiciary, the police and traditional leaders; providing legal services, strategic litigation and efforts to reduce gender inequality and harmful gender norms) there remained a need for increased commitment to scale up coordinated efforts and to improve monitoring, evaluation and data collection for a comprehensive response. Also, despite efforts by the government and other stakeholders to change harmful, gender-related socio-cultural practices and beliefs, GBV and other forms of gender-related discrimination persist widely. These also affect members of key populations who endure stigma, discrimination and violence for being perceived to transgress such norms.

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[9]LM v Attorney General, Gaborone High Court, Case No MAHGB-000591-16.

[10]Section 184 of the Penal Code also criminalises intentional transmission of a disease. The section provides "[a]ny person who unlawfully or negligently does any act which is, and which he knowsor has reason to believe to be, likely to spread the infection of any disease dangerous to life, is guilty of anoffence."

[11]Section 141 of the Penal Code states rape, even in the marital sphere ,is illegal.

[12]Note that the LEA also recommended decriminalisation of same-sex sex; this recommendation is not repeated given the 2019 High Court decision. In addition, it further recommended the provision of ART to non-citizens, which was subsequently approved in September 2019.

Barriers and gaps

Gaps and challenges in current human rights programmes to respond to HIV and TB were reported as:

- Weak leadership and commitment on the part of government stakeholders to address and remove barriers.
- The lack of a central structure for coordinating human rights work in the context of HIV; duplication and fragmentation of existing efforts.
- The lack of meaningful evaluation of programmes, resulting in repetition of programmes regardless of efficacy.
- Gaps in data concerning uptake and retention in HIV services for key populations.
- Limited sensitisation of health care workers in human rights and medical ethics and in relation to the rights, in particular, of key populations, as well as their own rights.
- Limited sensitisation of law makers and the police, particularly in relation to the rights of key populations.

The Global Fund Baseline Assessment found the need to strengthen, scale-up and improve coordination of the seven UNAIDS (2012) key human rights programmes to remove human rights related barriers to services, to improve co-ordination of the national response and to strengthen monitoring and evaluation of human rights programmes. Key programmatic recommendations included:

- Coordinate efforts to remove human rights barriers to HIV and TB, led by NAHPA and overseen by the existing, multi-sectoral TWG.
- Prioritise monitoring and evaluation of an integrated human rights and programmatic response, including through a monitoring and reporting mechanism for HIV-related human rights violations.
- Conduct a follow-up Stigma Index survey that includes key populations and prioritises those 'left behind'.
- Strengthen stigma and discrimination reduction campaigns, including a stronger focus on reducing stigma and discrimination against key populations, including transgender women, across all levels including working at community level and within the workplace.
- Sensitise health care workers on medical ethics, the rights of all affected populations and responding to sexual violence and abuse and implement minimum service packages for key populations.
- Scale up coordinated efforts to sensitise parliamentarians, traditional authorities and the police by building the capacity of relevant CSOs and key population-led networks.
- Undertake "know your rights" campaigns for all, including young people and key and vulnerable populations, to increase awareness of rights and redress for violations, including complaints mechanisms within healthcare.
- Strengthen legal support services: build the paralegal capacity of key and vulnerable populations and support partnerships between key and vulnerable populations, local authorities, CSOs and Legal Aid Botswana to prevent and/or respond to discrimination, gender inequality and other rights violations.
- Improve mechanisms for enforcing human rights and redressing violations, including sexual violence, by the police, within healthcare and within the workplace; and
- Build the capacity of key population-led networks and CSOs to participate in law and policy review and reform.

The Global Fund recommends that a comprehensive response to reduce human rights and gender-related barriers to HIV and TB services should comprise a set of activities that:

- Are internationally recognised as effective in reducing human rights-related barriers to HIV and TB;
- Serve and are accessible to the majority of the estimated numbers of key and vulnerable populations affected by such barriers, aiming towards equitable universal coverage;
- Are compatible with national strategic plans for HIV and TB; and
- Are adequately resourced to move from non-existence or one-off/small-scale activities to a level of implementation likely to significantly reduce barriers to services (a sustained, mutually-reinforcing, broadly protective set of scaled-up programmes).

KEY AND VULNERABLE POPULATIONS

The NSF III, LEA and Baseline Assessment recognise the following key and vulnerable populations set out below:

Key populations	Vulnerable Populations
-People living with HIV (PLHIV) -Sex workers -Gay men and other men who have sex with men (MSM) -Transgender people -Other LGBT persons -People who inject drugs -Prison inmates	Adolescent girls/young women 'Non-citizens'—particularly refugees, asylum seekers, and undocumented foreigners People with disabilities Remote area dwellers

People living with HIV

People living with HIV (PLHIV) are a key population in the national response to HIV and TB in Botswana. In 2018 there were approximately 370,000 adults and children living with HIV in Botswana, of a national population of 2 million.[13] Women accounted for 200 000 of people living with HIV while 14 000 were children under the age of 15 years. In the same year, adult HIV prevalence was approximately 24.6% for women and 16.2% for men. After more than a decade of decline, the number of people newly infected with HIV annually increased by approximately 4% between 2010 and 2017 with adolescents and young people—especially young women and girls—accounting for more than a third of HIV infections, adult men and women in unions for more than a quarter of new infections and single men accounting for 14.1%.[15]

Botswana is a high-burden country, among the 30 countries with the highest burden globally, for TB and HIV co-infection. In 2016, 60% of TB patients were co-infected with HIV and approximately 1,400 deaths among people living with HIV were attributed to TB.[16] While many aspects of Botswana's legal system generally protect people living with HIV from discrimination and stigma, the 2017 LEA found that challenges persist. For example, the Public Health Act and other health legislation do not have provisions that expressly prohibit HIV or TB-related discrimination; also, there is no general non-discrimination or equality law which expressly prohibits HIV, TB or other health status-related discrimination. [17]For instance, neither the Constitution of Botswana nor any other Act expressly states that no one shall be discriminated on the grounds of her/his disability or health status. The 2014 Stigma Index Survey Report found that participants had experienced high rates of external and internal stigma. Thirty-nine percent of participants were aware of gossip about them, while 21% had experienced verbal insults on the basis of HIV Status. In the last year, over 10% of study participants experienced external stigma—including gossip and verbal insults—and 5% experienced exclusion from social gatherings. Thirteen percent had experienced external stigma at least once in the last year. In addition, approximately 25% of participants experienced internal stigma, such as self-blame and guilt.There were also reports of work-related discrimination and in accessing health services, with 8% of participants reporting employment refusal on the basis of HIV status and 3% reporting loss of employment on the basis of poor health. Approximately 10% of participants reported denial of access to reproductive health services.[18]

The NSF III targets include achieving 95% ART coverage among people living with HIV as a priority. [19]An effective legal and policy framework and human rights programmatic interventions are critical to reduce ongoing stigma and discrimination, increase access to justice and promote access and adherence to treatment, care and support for PLHIV.

[13]UNAIDS, Botswana 2018: HIV and AIDS Estimates, [website], 2019, https://www.unaids.org/en/regionscountries/countries/botswana, (accessed 26 October 2019).
[14]Ibid.
[15]NSF III, p.5.
[16]NSF III, p.9.
[17]MOHW and UNDP, *Assessment of Legal and Regulatory Framework for HIV, AIDS and Tuberculosis(LEA), Gaborone*, Government of Botswana, 2017, p.57.
[18]BONEPWA+, et al., *Stigma Index Survey Report: Botswana, Gaborone*, BONEPWA+, 2014, p.1.
[19]NSF III, p.14.

Sex Workers

Sex workers are at higher risk of HIV infection. The 2012 Biological and Behavior Surveillance Survey (BBSS) estimated prevalence among female sex workers (FSW)at 61.9%;[20] BBSS II found that prevalence is approximately 42.8% among FSW.[21] A 2015 study focusing on sex worker-specific risks found that the risk of HIV infection increased with age (being 30-years-of-age or older), having been a sex worker for two or more years; and having sex eleven or more times per week.[22] Aspects of sex work are criminalised in Botswana which results in the marginalisation of sex workers and creates vulnerability to victimisation, including sexual and other violence, harassment, blackmail and discrimination with impunity. Harassment by law enforcers includes threats of arrest in exchange for sex, the confiscation of condoms and the use of condoms as 'evidence' in criminal cases against sex workers, deterring sex workers from carrying condoms and leaving them unable to protect themselves from HIV and sexually transmitted infections (STIs). Sex workers report inadequate access to justice for rape, violence and other human rights violations.[25]

Gay men and men-who-have-sex-with men, and other LGBT persons

HIV prevalence rates amongst men who have sex with men (MSM) have increased. While the 2012 BBSS I found that gay, bisexual and other men-who-have-sex-with men have an estimated HIV prevalence rate of 13.1%, [26]the second BBSS showed an increase with rates of 14.8%.The same study also found that rates of active syphilis have increased among MSM and FSW.[27]

In addition, an earlier study from 2009 which included a higher number of older MSM, found prevalence rates of 19.7%, with rates as high as 46.7% amongst MSM above the age of 30.[28] Until a recent court case,[29] sections 164, 165 and 167 of the Penal Code criminalised consensual sex between persons of the same sex. While these provisions were rarely enforced, the threat of prosecution subjected lesbian, gay, bisexual and transgender (LGBT) persons to stigma and discrimination and impeded access to HIV and other health services by driving them underground.[30] MSM and other LGBT persons have reported other rights violations in the context of accessing health services including breaches in confidentiality, refusals of health care services and other types of degrading treatment and discrimination. [31]The Global Fund Baseline Assessment: Botswana, 2018 confirmed that problematic socio-cultural beliefs and practices fuel high levels of stigma, discrimination and abuse against MSM and transgender persons and other sexual minorities.[32] In addition, MSM and transgender people who are excluded from their families and communities experience high levels of poverty which, for those living with HIV, negatively impacts their ability to access and remain on ART.[33] It will be important to monitor and evaluate the impact of the 2019 High Court decision on the experiences of LGBT persons in Botswana, since socio-cultural stigma and discrimination may still persist.

Transgender People

HIV and TB prevalence rates for transgender people in Botswana are not available. The Global Fund Baseline Assessment found that stigma, discrimination and violence experienced by transgender people is more severe than for other key populations. [34]In 2014, it was estimated that at least 75% of HIV programmes and services for transgender persons are provided by civil society organisations (CSOs). [35] Transgender persons in Botswana are unable to access identity documents that reflect their gender identity, which is a barrier to health services, including in the context of HIV and TB. There have been documented cases in which identity document barriers have resulted in delays in accessing health care for transgender persons, and other cases impeding access such where health workers have called the police when transgender persons presented their identity documents which did not reflect their gender identity.[36]

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[20]Ministry of Health, *2012 Mapping, Size Estimation and Behavioural and Biological Surveillance Survey of HIV/STI among Select High-Risk Sub-Populations in Botswana (BBSS), Gaborone, Government of Botswana, 2012.*
[21]NSF III, p.8.
[22]Aidsfonds, *Sex work and violence in Botswana: Needs Assessment Report, Amsterdam, Aidsfonds, 2015.*
[23]Including procurement, solicitation, living off the earnings of sex work, brothel keeping, idle or disorly public conduct and 'rogue and vagabond' laws. See LEA, p.109.
[24]The Global Fund, *Baseline Assessment: Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services, Geneva*, The Global Fund, 2018, p.27; LEA,pp.109-111.
[25]LEA, p.109.
[26]The Baseline notes that the mean age for the BBSS was 23 years and included only two participants were over the age of 40. Consequently, the study may not be representative of all men who have sex with men in Botswana.
[27]The BBSS II found active syphilis rates of 9.4% of female sex workers and 3.2% of men who have sex with men whereas the previous study, BBSS I found rates of 3.5% and 2.7%. Cited in NSF III, p.9.
[28]*The Global Fund, Baseline Assessment: Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services*, Geneva, The Global Fund, 2018, p.19.
[29]LM v Attorney General,Gaborone High Court, Case No MAHGB-000591-16.
[30]LEA, p.102.
[31]ARASA, *Identifying Injustice: Law and Policy on Sexual Orientation, Gender Identity and HIV in Southern Africa,Windhoek,* ARASA, 2016, p.99.
[32]The Global Fund, *Baseline Assessment: Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services*, Geneva, The Global Fund, 2018, p.6.
[33]Ibid.
[34]Id, p.9.
[35]Botswana National AIDS Coordinating *Agency*, *Botswana 2013 Global AIDS Response Report,* Gaborone, Government of Botswana, 2014, p.65.
[36]LEA, p.107.

People Who Inject Drugs

The Global Fund Baseline Assessment found that although people who inject drugs are identified as a key population in Botswana, "there is no evidence about this group nor any services or links to this population, something that may in itself be a human rights barrier." [37]Likewise, the 2017 LEA found that there is limited information on the population or relevant health information concerning people who use drugs in Botswana.The Drugs and Related Substances Act prohibits the use, possession and sale of "habit-forming" drugs.[38] Harm Reduction International reports that Botswana does not provide harm reduction services, including needle and syringe exchange programmes and opioid substitution therapy.[39]

Prison Inmates

While confined settings put individuals at high risk of HIV and TB, inmates are not considered key populations for HIV or TB in Botswana. The incidence and prevalence of HIV and TB across prisons remains unknown. In 2012, the National AIDS Coordinating Agency conducted a study on HIV in prisons but it has not yet been released. Factors known to cause the spread of HIV and TB in confined settings include unprotected consensual sex between men, lack of access to condoms, sexual violence in prisons, and overcrowding in some prisons. Other factors that are globally acknowledged to increase the risk and impact of HIV and TB – such as poor ventilation, poor nutrition, delayed detention periods and interruptions in care during migration of inmates out of and between prisons – are also problems in national prisons. Harm Reduction International records that harm reduction is still not available in prisons in Botswana.[40]

While the Botswana Prisons Service (BPS) provides HIV and TB services in its facilities, until 2015, non-citizen inmates were required to pay for antiretroviral medicines (ARVs); [41] in 2015 the Botswana Court of Appeal ruled that the government must provide free HIV testing, assessment and ART to non-citizen prisoners. Following this judgement, non-national inmates have been receiving comprehensive health care including ARVs.

The Prisons Act and the Prison Regulations require the Botswana Prisons Service to provide health services for inmates and to routinely monitor health-related conditions in all facilities. Policies and guidelines for HIV and TB also stipulate which services must be provided. In June 2019, the Botswana High Court ruled sections 164(a), 164(c), 165 and 167 of the Botswana Penal Code violated the constitutional rights of lesbian, gay, bisexual and transgender persons to dignity, liberty, privacy and equality, effectively decriminalising consensual sex between persons of the same sex.[42] While the criminalisation of consensual sex between persons of the same sex has previously been cited by the government as the reason for non-provision of condoms in prisons, this policy should be reviewed in light of the recent court case.[43]

Persons with disabilities

Globally, an estimated 650 million people, or 10% of the world's population, have a disability. According to the Botswana Demographic Survey (BDS) conducted in 2017, out of 2,154,863 of the population surveyed, a total of 90,945 individuals were reported to have disabilities, accounting for a prevalence rate of 4.2%. Females had a higher prevalence rate of disability at 4.7% compared to males at 3.7% at national level. Globally, people with disabilities are at risk of HIV due to lack of societal awareness of their needs, violence and sexual abuse, discrimination in healthcare settings and low awareness and risk perception about HIV. They may also experience challenges accessing healthcare, education and employment, leading to impoverishment and creating further vulnerability to HIV, TB and poor health outcomes. In Botswana, there is limited data on HIV, AIDS and disability. Existing research and surveys, such as the Botswana AIDS Impact survey (BAIS), Botswana Behavioral and Biological Surveillance Survey (BBSS) of HIV/STI Among Select High Risk Sub populations, do not cater for people with disabilities (PWDs). However according to the ALIGHT Botswana study conducted in 2018, people with disabilities (including youth and women) are 50% more likely to experience violence, including gender-based violence (GBV) than people without disabilities, exposing them to HIV and STIs.

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[37]The Global Fund, Baseline Assessment: Botswana: *Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services,* Geneva, The Global Fund, 2018, p.16.

[38]Drugs and Related Substances Act, No. 18 of 1992, Section 16.

[39]Harm Reduction International, *The Global State of Harm Reduction*, London, Harm Reduction International, 2019.

[40]Harm Reduction International, *The Global State of Harm Reduction*, London, Harm Reduction International, 2019

[41]Attorney General and Others v. Tapela and Others, Botswana Court of Appeal, Civil Case No. CACGB-096-14 (2015).

[42]Botswana High Court Judgement, [website], 2019, https://www.southernafricalitigationcentre.org/wp-content/uploads/2019/06/Botswana-decrim-judgment.pdf, (accessed 26 October 2019).

[43]Ibid.

According to the World Health Organization (WHO) Disability and HIV Policy Brief, the relationship between HIV and disability has not received due attention, although PWD are found among all key populations at higher risk of exposure to HIV. The same Policy Brief calls for HIV services to be "inclusive of PWDs". There is need to make deliberate efforts to discuss the actions needed to increase the participation of PWDs in the HIV response and ensure that they have access to HIV services which are both tailored to their diverse needs and equal to the services available to others in the community.[44]

There are existing barriers that prohibit PWDs to access HIV and AIDS health services. The 2018 LEA identified various barriers to their access to health care services, including the lack of specific, protective laws, policies and strategies to address the needs of people with disabilities and the lack of data on their health needs and gaps. [2] A 2016 report further noted that people with disabilities are discriminated against in access to health care in various ways, including that they are denied the right to autonomy in decision-making, treated with indignity and denied comprehensive access to sexual and reproductive health services, have their confidentiality breached (e.g. through the requirement for the presence of personal assistant or a sign language interpreter during access to health care services, irrespective of the PWD's wishes), and are not reasonably accommodated by services that meet their specific needs.[3] The Disability sector further notes the failure to adequately consult and ensure the meaningful participation of people with disabilities in the design, implementation and monitoring and evaluation of health care services as a major challenge for people with disabilities.

HIV and AIDS strategies, plans and programmes need to be inclusive of and target the needs of PWD, incorporating their rights to autonomy and dignity, and fulfilling their health needs. This includes provision of comprehensive HIV testing, treatment, care and support and sexual and reproductive health services of the same range and quality of affordable HIV, sexual and reproductive health services as the rest of the population, based on free and informed consent.

Remote Area Dwellers

There is limited information concerning the HIV and TB burden among remote area dwellers. Yet the TB notification rate is reportedly high among remote area dwellers in some locations. The LEA noted that remote area dwellers in Botswana face logistical, economic and practical challenges accessing HIV and TB health services due to language and cultural barriers, geographic distance from clinics, low literacy and educational levels, as well as additional challenges due to frequent migration, for some. In addition to geographic barriers for those living on private farms, other cited barriers include transportation barriers, inadequate resources to stay overnight, and insufficient leave from work to travel to distant clinics. The UN Special Rapporteur on the Rights of Indigenous Persons has recommended that Botswana take a consultative approach in development initiatives that impact the lives of remote area dwellers, which should include HIV and TB-related programming, policies and initiatives.

Adolescent Girls and Young women

As noted above, adolescents and young people—especially young women and girls—account for more than a third of new HIV infections in Botswana. There is significant disparity in prevalence rates between adolescent girls and young women and their male counterparts. In 2016, HIV prevalence rates for younger females and males (15-24 years), was 10.2% and 5.4%, for males. The Global Fund Baseline Assessment noted that, starting at 15 years, HIV prevalence increased significantly faster in females than in males. The largest gap occurred at 35 years where it was 35% for males and 50% for females. As such, including and addressing the sexual and reproductive healthcare needs of adolescent girls and young women (AGYW) is critical for effective HIV and TB responses in Botswana.

Social and structural factors, including concerning gender inequality, GBV and harmful gender norms drive the significant age and sex disparity in new infections. Other cited barriers include denial of access to HIV tests without parental consent and extremely low HIV knowledge among young people with fewer than 50% of people aged 15-24 able to answer basic questions concerning HIV correctly. The LEA made a number of recommendations to address related barriers including full implementation of the existing protective legal framework, including for sexual and reproductive health and rights and the review and alignment of age of consent laws with international and regional guidelines.

[44]www.who.int/disabilities/media/news/disabilityhivpolicybrief/en/

[45]The Global Fund, Baseline Assessment: *Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services*, Geneva, The Global Fund, 2018, p.19; LEA,p.96.

[46]LEA,p.96.

[47]Ibid.

[48]UN Special Rapporteur on the Situation of Human Rights and Fundamental Freedoms of Indigenous Persons, *The Situation of Indigenous Peoples in Botswana*, UN Doc A/HRC/15/37/Add.2, 2010.

[49]NSF III, p.5.

[50]UNAIDS, Botswana 2018: HIV and AIDS Estimates, [website], 2019, https://www.unaids.org/en/regionscountries/countries/botswana, (accessed 26 October 2019).

[51]LEA,p.73.

Migrants/Non-citizens

While approximately 30,000 non-citizens are living with HIV, only approximately 27% are receiving ART, one-third of the average national coverage rate. [52] A number of risk factors have been cited as increasing vulnerability to HIV and limiting access to services including legal and policy barriers, immigration detention conditions, as well as stigma and discrimination when accessing care. For example, undocumented foreign migrants have reported negative experiences when accessing HIV services, including health care workers (HCWs) who cannot or do not provide assistance, instilling fear amongst those seeking services.[53]

While Botswana citizens are provided with HIV-related health services free of charge, [54] previously non-citizens were required to pay for these services. Those lacking employment and those who do not have legal status in the country may be especially vulnerable to HIV. Migrant sex workers and other migrant populations vulnerable to HIV were previously unable to access free HIV-related health services from the state, though some may have had access to HIV-related health services from non-governmental organisations (NGOs) or other sources. Key population migrants may be at particularly high risk. Research found that HIV prevalence rates among foreign sex workers is notably higher than Batswana female sex workers, at 69.5% and 57.7% respectively. [55] Government of Botswana has recently announcement a policy decision to provide all deserving foreign nationals living in Botswana with ART; [56] as a result monitoring and evaluating the effective implementation of this policy change is critical.

Asylum seekers are held in prisons and prison-like conditions, including at the Francistown Centre for Illegal Immigrants. Poor conditions include lack of adequate healthcare and some asylum seekers have been held for long periods of time, beyond the maximum of 28 days. [57] In addition, non-citizens can be denied entry or stay in Botswana on the basis of HIV and/or TB status. Section 50 of the Immigration Act prohibits entry and presence of persons suffering from prescribed diseases, without permission. [58] The Minister can issue a deportation order against 'undesirable immigrants' and failure to comply can subject persons to involuntary removal. Such provisions are stigmatising and deportations on the basis of health status impede the rights of migrants by, inter alia, breaking continuity of care for migrants living with HIV or TB.

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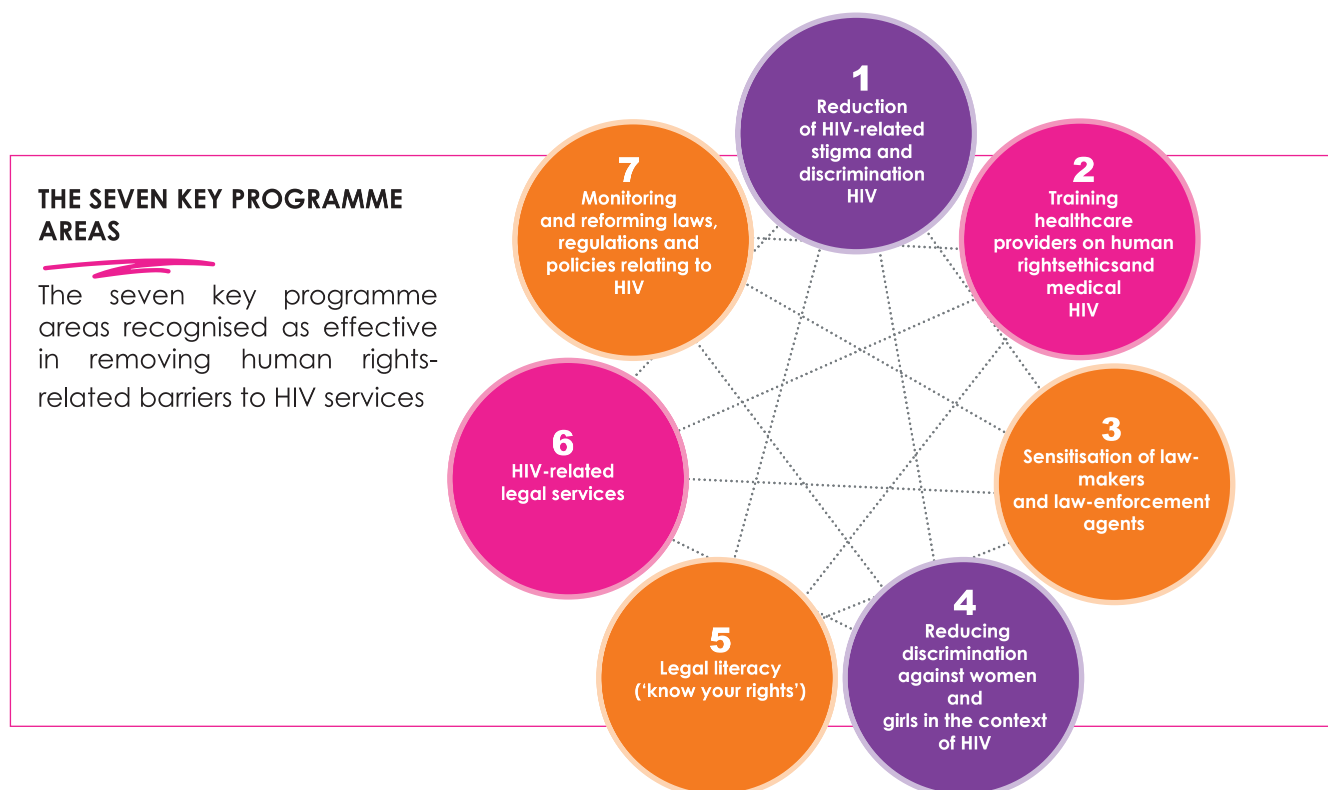
[52]NSF III, p.14.
[53]The Global Fund, Baseline Assessment: Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services, Geneva, The Global Fund, 2018, p.26.
[54]World Health Organisation, Botswana Launches Treat All Strategy, [website], 2015,
http://www.afro.who.int/en/botswana/press-materials/item/8739-botswana-launches-treat-all-strategy.html, (accessed 26 October 2019).
[55]LEA, p.110.
UNAIDS, Botswana extends free HIV treatment to non-citizens, [website], 24 September 2019,
https://www.unaids.org/en/resources/presscentre/featurestories/2019/september/20190924_Botswana_treatment_non-nationals,
(accessed 27 October 2019).
[57]The Global Fund, Baseline Assessment: Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services, Geneva, The Global Fund, 2018, p.28.
[58]Immigration Act, No. 3 of 2011, Section 50.

THE IMPLEMENTATION PLAN: SEVEN KEY PROGRAMMES TO REDUCE HUMAN RIGHTS AND GENDER RELATED BARRIERS TO HIV AND TB SERVICES

THE IMPLEMENTATION PLAN

The NSF III sets ambitious targets at national district and community levels to address HIV and TB over the next five years, aiming to revitalise and expand prevention, accelerate treatment, care and adherence support for all persons and reach all key and vulnerable populations with targeted interventions. The human rights objectives and activities set out in this Plan are thus critical to achieving the NSF III's prevention and treatment goals.

KEY PROGRAMMES TO REDUCE STIGMA AND DISCRIMINATION AND INCREASE ACCESS TO JUSTICE IN NATIONAL HIV RESPONSES (UNAIDS, 2012)



THEORY OF CHANGE

This Plan follows up on evidence that stigma, discrimination, violence, inequality and punitive and discriminatory laws, policies and practices increase vulnerability to HIV and TB and create barriers to accessing healthcare and social services for those most at risk. [59]If key programmes to reduce stigma and discrimination, create protective laws and policies, strengthen knowledge of rights and improve access to justice are implemented, they will help to reduce these human rights barriers. These programmes support key and vulnerable populations to realise their basic human rights to equality, dignity and non-discrimination, encourage protective and non-discriminatory health and related laws and policies and encourage access to services. This allows key and vulnerable populations to prevent infection and to access and adhere to treatment, care and support, towards achieving the NSF III targets.

[59]The Global Fund, Baseline Assessment: Botswana: Scaling up Programmes to Reduce Human Rights-Related Barriers to HIV Services, Geneva, The Global Fund, 2018.

OBJECTIVES AND PROGRAMMATIC INTERVENTIONS

The plan focuses on and aims to address human rights-related barriers faced by all vulnerable and key populations, with a specific focus on people living with HIV, people with TB, adolescent girls and young women, sex workers, people who inject drugs, MSM, transgender persons, other LGBT populations, prison inmates, remote area dwellers, migrants and undocumented foreigners and people with disabilities. The greater and meaningful involvement of people living with HIV, people with TB, key and vulnerable populations is a guiding principle of the strategy, to ensure that people living with HIV, as well as people with TB, key and vulnerable populations are mobilised and fully involved in the design, implementation, monitoring and evaluation of policies and interventions that impact them.

The plan aims to scale up key human rights programmes to remove human rights barriers and gender inequality in the context of HIV and TB for key and vulnerable populations in line with the UNAIDS (2012). These human rights programmes aim to achieve various outcomes. They aim to address and reduce stigma and discrimination against key and vulnerable populations; to improve their ability to know, understand, and get legal support to enforce, their rights; to improve understanding of their rights amongst service providers, law and policymakers and law enforcers; and to monitor, review and reform punitive laws and policies. Successful human rights programmes will result in strengthened laws and policies and decreased stigma and discrimination against key and vulnerable populations. This will encourage populations most in danger of being 'left behind' to access health information and prevention to prevent infection, as well as to access and adhere to treatment and care for HIV and TB, to achieve the goals of the NSF III.

Objectives	Key Strategies
To strengthen the coordination of human rights and gender sensitive responses to HIV and TB in Botswana.	Establish a human rights and health unit under the Ministry of Health and Wellness (MOHW) to support and coordinate the health, HIV, TB and human rights response.
To reduce stigma and discrimination against people living with HIV, TB, key and vulnerable populations.	Develop a national Stigma and Discrimination (S&D) Reduction Action Plan to reduce stigma and discrimination against people living with HIV, TB, key and vulnerable populations.
To sensitise healthcare workers on human rights and medical ethics for HIV, TB, key and vulnerable populations.	Conduct training & sensitisation of healthcare workers on human rights & medical ethics for HIV, TB, key and vulnerable populations.
To sensitise law makers and law enforcement officers on the rights of people living with HIV, TB, key and vulnerable populations.s	Conduct training and sensitising of lawmakers and law enforcement officials on human rights in context of HIV, TB, key and vulnerable populations.
To increase legal & human rights literacy on HIV, TB, key and vulnerable populations.	Conduct Legal & Human Rights Literacy campaigns for HIV, TB, key and vulnerable populations.
To strengthen legal support services for people living WITH HIV, TB, key and vulnerable populations whose rights are violated.	Provide Legal Support Services for HIV, TB, key and vulnerable populations.
To monitor, review & reform law and policy to strengthen legal protection for people living with HIV, TB, vulnerable and key populations	Monitor, review & reform law and policy for HIV, TB, key and vulnerable populations.
To reduce gender inequality, harmful gender norms & sexual and gender-based violence	Address disability HIV myths gender inequality, harmful gender norms and sexual and gender-based violence.

EXPECTED OUTCOMES OF THE PLAN

1.	Improved coordination of the national response to HIV, TB, health and human rights for key and vulnerable populations.
2.	Reduced stigma, discrimination and violence against key and vulnerable populations.
3.	Increased protection of human rights and gender equality in the context of HIV, TB, health and human rights for key and vulnerable populations in law, policy and practice.
4.	Enhanced access to justice and law enforcement for key and vulnerable populations.
5.	Improved access to quality and comprehensive HIV, TB and sexual and reproductive health and rights services for key and vulnerable populations.
6.	Enhanced understanding of legal and human rights barriers to HIV, TB and health services for key and vulnerable populations and the impact of programmatic responses.

1. COORDINATION OF HIV, TB, HEALTH AND HUMAN RIGHTS RESPONSE

National Outcome Indicator: Improved coordination of HIV, TB, health and human rights response between government, CSO, private sector and development partners					
Objective 1: To strengthen the coordination of human rights and gender sensitive response to HIV and TB in Botswana					
Botswana will establish a coordinating Unit under NAHPA/MOHW which employs a Legal and Human Rights Officer, a Monitoring and Evaluation (M&E) Officer and a Disability Officer to coordinate all human rights and gender programmes across sectors to ensure a strengthened response to HIV and TB for all affected populations. This will include leading the development of the 5-year national comprehensive action plan and performance framework to remove human rights related barriers to health (HIV, TB and sexual and reproductive health (SRH)) services and coordinating and supporting the implementation of the Plan, including the Legal Environment Assessment and Baseline Assessment – Botswana-Baseline Assessment recommendations. The Unit will facilitate quarterly coordination meetings with the LEA TWG, implementation partners and other stakeholders to ensure progress on implementation, as well as support capacity development of CSOs and strategic partners to strengthen community mobilisation towards meaningful involvement in, and advocacy for a rights-based response to HIV and TB.					
1.1 Strategy: Establish a Human Rights and Health Unit under MOHW to support and coordinate the health, HIV, TB and human rights response					
Activity	**Coverage**	**Programme Indicators**	**Results**	**Time Line**	**Responsible**
Recruit Legal and Human Rights Officer, Disability Officer and M&E Officers	National	# of Officers employed in the Unit	Functional[60] Human Rights and Health Unit to coordinate human rights and health response under NAHPA/MOHW	Jan to Jun 2019	MoHW / NAHPA
Effectively guide the implementation of a Five-year Comprehensive Plan to remove human rights barriers to HIV & TB services	National	National Plan developed # of key stakeholders to whom disseminated # of planned interventions supported by the coordination Unit	A national plan that addresses all 7 recommended programmes to remove human rights-related barriers to HIV, TB and health services	Year 1	NAHPA/MoHW
Cost and integrate budget for the Five-year Comprehensive Plan and future plans to remove human rights barriers to HIV & TB services under the MoHW/ NAHPA budget	National	% of annual national AIDS and health response budget allocated to the Human Rights and Health Unit	Institutionalised programmes to remove human rights-related barriers to HIV, TB and health services	Years 1-5	NAHPA/MoHW
Coordinate and appropriately link to health services delivery, the The implementation, tracking and documentation of the Five-year Comprehensive Plan to remove human rights barriers to HIV & TB services with	National	# M & E plan developed #accountability scorecards developed # of programme reports produced and disseminated	Improved implementation, monitoring and documentation throughout programme implementation	Year 1-5	MoHW / NAHPA
Compile and showcase best / promising practices	National	# of national, regional and global sharing of Botswana's best practices	Documentation and sharing programme achievements and lessons learned with key national, regional and global partners	Year 1-5	MoHW / NAHPA
Organise and coordinate regular meetings of the national Human Rights and Health TWG to oversee national response	National	# of Human Rights & Health TWG meetings # of TWG meeting resolutions followed up and implemented	Coordinated, multi-sectoral response to human rights, HIV and health to support accountability for and monitor implementation of priority actions	Year 1-5	MoHW / NAHPA

[60] Staff employed, action plan in place, annual budget allocation, reporting and oversight mechanism in place

Capacitate identified stakeholders on human rights-based approaches, best practices, M&E to improve their capacity to implement the Five-year Comprehensive Plan to remove human rights barriers to HIV & TB services	National	# of CSOs trained to strengthen their capacity to implement the Five-year Comprehensive Plan to remove ¬¬¬human rights barriers to HIV & TB services # of trainings conducted	CSOs capacitated to meaningfully contribute to the national human rights, HIV and health response	Year 2-5	MoHW/ NAHPA
Jointly conduct efficient annual resource allocation and disbursements (through social contracting) to implement the Five-year Comprehensive Plan to remove human rights barriers to HIV & TB services	National	# of CSOs and disabled people's organizations (DPOs) awarded grants annually # of grants awarded to CSOs and DPOs	Programmes to remove human rights barriers to HIV and TB services successfully implemented through CSOs and DPOs	Year 2-5	MoHW/NAHPA

2. Programmes to reduce HIV and TB related stigma and discrimination

National Outcome Indicator: % of people reporting discrimination in community, healthcare, schools and workplace (Stigma Index Study)					
Objective 2: To reduce stigma and discrimination against people living with HIV, TB, key and vulnerable populations					
Botswana will develop a national S&D Reduction Action Plan to reduce stigma and discrimination against people living with HIV, TB, key and vulnerable populations in various sectors, including in the working environment and in schools. Stigma and discrimination reduction will use innovative strategies, including visual arts, social media, to create positive perceptions of key and vulnerable populations and will address both HIV and TB-related stigma. It will include CSOs and DPOs working in partnership with traditional and religious leaders and using community-level dialogues to address socio-cultural and religious drivers of S&D with a focus on people living with HIV, TB, key and vulnerable populations, including transgender persons and PWDS. It will also focus on empowering key and vulnerable population support networks to provide psycho-social support to address self-stigma. Stigma and discrimination against employees in the workplace, PWDs and against adolescents and young people will receive specific focus. The S&D Reduction intervention will include various efforts at monitoring and evaluation, to improve national understanding of S&D, including TB-related S&D. This includes the development of a standardised national stigma and discrimination community action tool to strengthen community-based monitoring systems for monitoring human rights violations, stigma and discrimination and violence against key and vulnerable populations. It will also include further research to improve the understanding of S&D perpetuated by laws, policies and practices within healthcare and other settings, to inform campaigns, human rights programmes and advocacy for law reform, with a specific focus on underserved populations such as people who use drugs and people with disabilities. An updated Stigma Index study will be undertaken focusing on S&D against people living with HIV, TB, vulnerable populations including PWD, and key populations to determine the impact of S&D on psychosocial wellbeing and access to health services and the impact of the S&D programmes.					
Activity	**Coverage**	**Programme Indicators**	**Results**	**Timeline**	**Responsible**
Develop a harmonised national training manual on human rights, HIV, TB and health to address stigma and discrimination	National	Harmonised national training manual on human rights, HIV, TB and health # of programme reports from sectors	Coordinated national action to reduce S&D implemented nationally Reduced S&D against key and vulnerable populations	Year 2-5	NAHPA/MoHW UNAIDS National CSOs
Conduct trainings for national response to HIV and AIDS implementing partners on rights-based approaches to HIV and TB	National	# of training workshops conducted # of people trained	National response to HIV and AIDS partners' capacity to use human rights approaches for policy and programming for HIV and TB services improved	Year 2	NAHPA National CSOs

Provide ongoing technical support to NAHPA/MoHW, DPOs and CSOs to ensure implementation of S&D interventions to reduce S&D against key and vulnerable populations	National	# of policy briefing conducted # of technical briefs/TA conducted	Strengthened S&D reduction interventions by NAHPA, MoHW, CSOs and DPOs Reduced S & D against key and vulnerable populations	Year 1 & 2 Years 1 to 3	NAHPA/MoHW National NGOs
Conduct community-based S&D Reduction campaigns to reduce stigma, discrimination & GBV against people living with HIV, TB, key and vulnerable populations (using various mediums including TV and documentaries, radio, social media platforms, full council meetings, kgotla meetings, Parliamentary committees, Ntlo ya Dikgosi)	10 districts	# of districts implementing S&D Reduction campaigns # of S&D Reduction campaigns conducted using different communication mediums # of people reached	Reduced stigma, discrimination and violence, including GBV, at community level	Year 1-5	MoHW National NGOs
Support the collaboration between DHMTs, DPOs and CSOs, traditional and religious leaders for increased partnerships and community buy-in to address socio-cultural and religious drivers of S&D against people living with HIV, TB, key and vulnerable populations	- National	# of functional partnerships established (national & district level) # of community leaders sensitised in human rights, HIV and health # of community leaders championing human rights, HIV and health	Increased commitment from traditional and religious leaders to address socio-cultural and religious drivers of S&D against people living with HIV, TB, key and vulnerable populations	Year 1 -5	NAHPA / MoHW , National & Local NGOs
Conduct community dialogues with leaders to address HIV- and TB-related stigma and discrimination against key and vulnerable populations	National	# of dialogues conducted # of community leaders reached # of districts reached	Reduced stigma and discrimination against key and vulnerable populations in communities	Year 1-5	National NGOs (DHMT)
Conduct school-based dialogues to address S&D in access to HIV, TB and adolescent sexual and reproductive health (ASRH) services for adolescents and young people (AYP)	- National	# of service providers reached[61] # of students reached # of schools reached # of districts reached # of school ambassadors for human rights, HIV, TB and ASRH	Dialogues regarding S&D against young people in schools Reduced stigma and discrimination against young people in access to HIV, TB and ASRH services	Year 1-5	MoBE Local NGOs
Conduct community conversations with AYP on HIV, TB and ASRH and rights using community participatory model	- National	# of AYP reached # of community leaders reached[62] # of districts and communities reached # of community ambassadors for human rights, HIV, TB and ASRH	Community conversations regarding ASRH and rights Reduced stigma and discrimination against young people in terms of ASRH and rights	Year 2-5	MoHW / NAHPA Local NGOs
Document and share stories of addressing S&D to promote positive attitudes towards key populations (MSM, transgender people, other LGBT, sex workers) and vulnerable populations including PWD, using various media platforms.	National	# of stories shared by families # of stories shared by key populations	Create positive stories and attitudes towards MSM, transgender people, other LGBT and sex workers and vulnerable populations, including PWD.	Year 1-5	National NGOs

[61]E.g. educators, healthcare workers, social workers, school / healthcare facility auxiliary staff
[62]VDC, DAMSAC, TAC, DHMTs, VMHCs, traditional doctors, midwives. (technical advisory committee)

Design and implement interventions to address internal stigma among PLHIV, people with TB, people with disabilities, MSM, transgender people, other LGBT persons and sex workers	National	# of organisations implementing interventions # of districts reached # of key and vulnerable people reached with self-stigma interventions	Increased support for self-stigma amongst PLHIV, people with disabilities, MSM, transgender people,other LGBT and sex worker	Year 2-5	Local NGOs
Conduct peer-led community sensitisation to reduce S&D against transgender persons and PWD, using traditional structures as entry points	National	# of peer led sensitisation interventions # of districts sensitised	Increased S&D reduction interventions for transgender persons and PWD Reduced S&D at community level against transgender persons	Year 1 Years 2-5	National NGOs
Revise workplace policies & programmes for support of S&D reduction for the protection of human rights of people living with HIV, TB & key and vulnerable populations (incorporating any other new issues driving stigma and discrimination)	National	# of workplace policies and programmes revised # of workplaces supported	Strengthened workplace policies and programmes Reduced S&D against PLHIV, people with TB and key and vulnerable populations in the workplace	Year 2-5	NAHPA MTI National NGOs
Sensitise the labour sector on employment related S&D against PLHIV, people with TB and key and vulnerable populations	National	# of sensitisation meetings # of people reached # of organisations reached	Labour sector sensitised Reduced S&D against PLHIV, people with TB and key and vulnerable populations in the workplace	Year 2-5	NAHPA Trade Unions National NGOs
Conduct trainings for private sector peer educators to implement S&D R National AIDS and Health Promotion Agency eduction campaigns in terms of revised workplace policies and programmes	National	# of peer educators trained # of private sector organisations reached	Private sector organisations reached with S&D Reduction training Reduced S&D against PLHIV, people with TB and key and vulnerable populations in the workplace	Year 2-5	NAHPA National NGOs
Support workplace S&D Reduction campaigns towards PLHIV, people with TB and key and vulnerable populations	National	# of workplaces supported # of people reached	Strengthened S&D Reduction campaigns in workplace Reduced S&D against PLHIV, people with TB and key and vulnerable populations in the workplace	Year 2-5	NAHPA National NGOs
Conduct a national follow-up Stigma Index study	National	# of surveys conducted	Increased information on S&D in Botswana Evaluation of impact of S&D Reduction	Year 5	NAHPA National NGOs
Undertake complementary qualitative research, including within healthcare settings, to further inform S&D Reduction Plan in relation to HIV, TB and key and vulnerable populations with a specific focus on underserved populations such as people who use drugs, people with disabilities.	National	# of complementary qualitative research studies conducted	Increased information on S&D in Botswana, including within healthcare Strengthened evidence base for S&D Reduction	Year 3	NAHPA/MoHW National NGOs
Conduct a TB Stigma Assessment study (Stop TB tool) to identify the impact of TB-related stigma across various settings (e.g. community, health, workplace)	National	# of surveys conducted	Increased information on TB-related S&D in Botswana	Year 2	NAHPA National NGOs

3. Programmes to train health care workers on human rights and medical ethics related to HIV

Objective 3: Sensitise healthcare workers on human rights and medical ethics for HIV, TB, key and vulnerable populations					
Botswana will strengthen pre- and in-service training of healthcare workers, including community HCWs, on human rights and medical ethics for HIV, TB, key and vulnerable populations (including PWDs) in order to reduce stigma and discrimination in the health care sector and improve access to health services for all affected populations. This will involve assessments to further understand TB-related stigma, updating training of trainers in health training institutions on a revised, updated curriculum, that includes sign language and Braille, developing a Code of Conduct for healthcare workers and a Patients' Rights Charter, conducting an evaluation of the training and ensuring supervision on human rights and medical ethics standards. Training will be regularly reviewed based on evaluations and further informed by research (e.g. research on stigma and discrimination against people who use drug, people with disabilities) and follow up Stigma Index studies planned for under Objective 2. CSOs, DPOs and NGOs will also be supported to scale up their HIV, health and human rights training of healthcare worker's based on updated, harmonised training materials that include values clarification, stigma and discrimination reduction and respect for the human rights of people living with HIV, TB, key and vulnerable populations, to ensure patient-centered, non-discriminatory care to all individuals in need (particularly MSM, transgender persons, other LGBT, sex workers, PWDs and adolescents). NGOs, DPOs and CSOs will follow this up with support for monitoring of healthcare violations, based on a monitoring tool to be developed.					
3.1 Strategy: Training & sensitisation of healthcare workers on human rights & medical ethics for HIV, TB, key and vulnerable populations					
Activity	**Coverage**	**Programme Indicators**	**Results**	**Time Line**	**Responsible**
Review and update pre-service training curricula for HCWs to train on rights of PLHIV, people with TB, key and vulnerable populations to address diversity, sexuality, gender and human rights	National	Pre-service training curricula reviewed and updated	HCWs capacitated to support the rights of people living with HIV, TB, key and vulnerable populations Reduced discrimination in access to healthcare for PLHIV, people with TB, key and vulnerable populations	Year 2-5	MoHW National NGOs
Review and update the Patients' Rights Charter to address the rights of PLHIV, people with TB, key and vulnerable populations to address diversity, sexuality, gender and human rights.	National	Patients' Rights Charter reviewed and updated	Reduced discrimination in access to healthcare for PLHIV, people with TB, key and vulnerable populations	Year 2	MoHW National NGOs
Conduct trainings of HCWs, including community and CSOs, NGOs and DPOs HCWs, in facilities on values clarification, S&D reduction and human rights of people living with HIV, TB, key and vulnerable populations	National	# of trainers trained # of healthcare workers trained # of districts where training takes place	HCWs capacitated to support the rights of people living with HIV, TB, key and vulnerable populations Reduced discrimination in access to healthcare	Year 1-5	MoHW National NGOs
Conduct training with District Health Management Teams (DHMTs) to renew commitment to patient-centered, non-discriminatory care for all; particularly key and vulnerable populations	National	# of trainings conducted for DHMT heads # of DHMT heads trained # of districts covered with trainings	Health care facilities provide patient-centred, non-discriminatory care to all individuals in need, particularly key and vulnerable populations	Year 2	MoHW National NGOs
Support partnership building between DHMTs and CSOs to ensure health services delivered in accordance with Patients' Charter	National	# of signed Memoranda of Understanding # of collaborative activities conducted # of inter-referrals for services between DHMTs and CSOs # of referral forms developed by implementers	Strengthened national and district-level collaboration between NAHPA, MoHW, DHMTs and CSOs Delivery of healthcare services that are patient-centered and non-discriminatory	Year 1-5	NAHPA MoHW National NGOs
Review supervisory / performance frameworks of relevant health workers to include supervision of adherence to human rights and medical ethics in relation to PLHIV, people with TB, key and vulnerable populations	National	# of supervisory frameworks / performance frameworks reviewed # of health facilities covered	Improved supervision of and adherence to human rights and medical ethics in relation to PLHIV, people with TB, key and vulnerable populations	Year 2	MoHW/NAHPA

4. Programmes to sensitise lawmakers and law enforcement agents

National Outcome Indicator: % of people who sought redress when their rights were violated (Stigma Index Study)					
Objective 4: To sensitise law makers and law enforcement officers on the rights of people living with HIV, TB, key and vulnerable populations including PWDs					
Botswana will take steps to sensitise law and policy makers, including parliamentarians and traditional leaders, on the rights of people living with HIV, TB, vulnerable and key populations, to support law review and reform and changes in community practices towards affected populations. This will include sensitising and support traditional leaders at the House of Chiefs / Kgotla to develop a plan of action for community dialogue to reduce S&D against people living with HIV, TB and key and vulnerable populations (e.g. sex workers, MSM, transgender and other LGBT persons, and based on research findings on people who use drugs and PWDs). It will also include engagement with and technical support to the Parliamentary Committee on Health to review and reform laws to protect and promote rights in the context of HIV and TB, as well as sensitisation of Ministers across various sectors through inter-ministerial meetings on human rights, HIV and TB. Judges and magistrates will also be sensitised, in order to promote protective jurisprudence that responds to the rights of people living with HIV, TB and vulnerable and key populations. Finally, the plan aims to strengthen law enforcement that protects and promotes the rights of people in the context of HIV and TB, including women, adolescents and young people, men who have sex with men, transgender persons, other LGBT populations, sex workers and PWDs. This includes through strengthening Botswana Police Service' commitment to supportive policing practices, including sensitising senior management and supporting commitment to a revised BPS Client Charter that includes support for key and vulnerable populations. It also aims to institutionalise pre-service training through police training colleges and strengthening in-service training for police officers that incorporates the rights of people living with HIV, TB, key and vulnerable populations. In addition, training will be provided to correctional service officials to ensure rights-based management of HIV and TB in correctional facilities.					
trategy 4.1. Sensitising lawmakers and law enforcement officials on human rights in context of HIV, TB, vulnerable and key populations					
Activity	**Coverage**	**Programme Indicators**	**Results**	**Time Line**	**Responsible**
Conduct sensitisation workshops to support law and policy makers, including Members of Parliament (MPs) and Ministers, to promote rights-based laws and policies for HIV, TB, health and human rights of key and vulnerable populations, including PWD.	National	# of law & policy makers sensitised # of MPs acting as champions for HIV, TB, health and human rights of key and vulnerable populations	Sensitised law and policy makers Supportive legal and policy environment for HIV, TB, health and related human rights of key and vulnerable populations	Year 2-5	NAHPA/ MoHW OP AGC National CSOs
Conduct sensitisation workshops for judiciary on the rights/needs of people living with HIV, TB and vulnerable populations (including PWD) and key populations (MSM, transgender persons, other LGBT, sex workers)	National	# of judiciary sensitised # of workshops conducted # of districts covered	Sensitised judiciary Protective judgments for people living with HIV, TB and key populations	Year 3- 5	MoHW/NAHPA MDJS National NGOs
Conduct consensus building meetings with law enforcement agencies to create institutional buy in and accountability for good policing practices, respect for human rights and diversity	National	# of consensus building meetings with law enforcement agencies and other key stakeholders	Strengthened high level commitment to / accountability for protecting human rights of PLHIV, people with TB and key populations Increased access to justice for people living with HIV, TB and key populations	Year 2-5	MDJS/ NAHPA National NGOs
Conduct pre- and in-service training of police on the rights of people living with HIV, TB, AGYW, young people and key populations including MSM, transgender persons, other LGBT persons, sex workers as well as PWDs	National	# of training materials # of trainers trained # of training workshops # of police trained	Police sensitised to protect rights of PLHIV, people with TB, AGYW, young people and key populations Increased access to justice for people living with HIV, TB and key populations	Year 2-5	MDJS MoHW NAHPA National NGOs
Conduct trainings for members of Ntlo ya Dikgosi on human rights and engagement of key populations in the context of HIV and TB	National	# of people trained # of trainings conducted	Sensitised members of Ntlo ya Dikgosi lead community dialogues on human rights and key populations	Years 2-5	MoHW / NAHPA
Conduct training for police to build capacity to collaborate with CSOs, DPOs and HCWs to respond to sexual and gender-based violence (SGBV)	National	# of people trained # of trainings conducted	The police, CSOs and HCWs are sensitised and capacitated to respond to SGBV	Years 1 to 3	NAHPA MDJS National NGOs

Provide technical assistance to Health and HIV and Law Reform Parliamentary Portfolio Committees to strengthen law reform regarding human rights, HIV, health and key and vulnerable populations, including PWD.	National	# of briefs developed # of sensitisation meetings # of Parliamentary Portfolio Committees briefed	Parliamentary Portfolio Committees capacitated and supported to lobby and champion for law reform Protective laws for PLHIV, people with TB, key and vulnerable populations	Year 2-5	MoHW / NAHPA National NGOs
Provide technical assistance to Ministers to strengthen policy reform regarding human rights, HIV, health and key and vulnerable populations	National	# of briefs developed # of sensitisation meetings # of Cabinet Ministers briefed	Cabinet Minister capacitated and supported to lobby and champion for policy reform Protective policies for PLHIV, people with TB, key and vulnerable populations	Year 2-5	MoHW / NAHPA & National NGOs
Provide training and sensitisation to the Botswana Prisons and Rehabilitation Services to promote rights-based management of HIV and TB in correctional facilities.	National	# of training workshops # of persons trained	Improved understanding of the rights of inmates with respect to HIV and TB Improved access to HIV- and TB-related health care for inmates	Years 2-5	MDJS NAHPA National NGOs
Conduct pre- and post-evaluation of attitudes, practices of police and prison officials towards HIV TB, human rights and key and vulnerable populations, including PWD.	National	# of evaluations conducted # of facilities reached	Improved understanding of the attitudes, practices, impact of training amongst prisons, police staff Improved training	Year 2 and 4	NAPHA MDJS National NGOs

5. PROGRAMMES TO PROVIDE LEGAL LITERACY (KNOW YOUR RIGHTS)

National Outcome Indicator: % of people who sought redress when their rights were violated (Stigma Index Study)

Objective 5: Increase legal & human rights literacy on HIV, TB, key and vulnerable populations

Training on legal and human rights supports people living with HIV, TB, key and vulnerable populations to understand their rights, know when rights violations occur and claim redress for stigma, discrimination, violence and other infringements. Standardised, modular legal /and human rights literacy materials will be developed incorporating updated information on the rights of all key and vulnerable populations, and including information on TB-related stigma, discrimination and rights and rights violations against people who use drugs and people with disabilities. Updated training will be provided to CSOs and paralegals to strengthen their capacity to provide information on human rights in the context of HIV, TB, key and vulnerable populations, to provide initial mediation as well as to refer people to appropriate complaints mechanisms (this is detailed further in Objective 6, below). In addition, awareness-raising and information dissemination will be carried out for the general population as well as for the 10 cohorts of key and vulnerable populations to increase understanding of HIV, TB, health, law and human rights.

Strategy 5.1 Legal & Human Rights Literacy campaigns for HIV, TB, key and vulnerable populations

Activity	Coverage	Programme Indicators	Results	Timeline	Responsible
Develop standardised legal literacy materials, including new developments, on HIV, TB, health and human rights of key and vulnerable populations, including PWD.	National	# of materials developed and distributed	Standardised and updated legal & human rights literacy material available for legal literacy Strengthened legal literacy programmes	Year 1-5	MoHW / NAHPA National NGOs
Train CSOs and paralegals to provide legal information and advice regarding HIV, TB law and human rights.	National	National paralegal training programme developed. # of paralegals trained # of institutions, leaderships and general community reached by paralegals	Paralegals able to provide information and legal support on HIV, TB, law and human rights. Increased awareness of rights and ability to claim rights	Year 1-5	NAHPA, National NGOs
Conduct community level rights literacy in the context of HIV & TB, through information, awareness-raising and sensitisation mediums.	National	# of materials disseminated # of people reached # of districts reached	Increased awareness of rights and ability to claim rights	Year 1-5	MoHW NAHPA National NGOs
Conduct rights awareness trainings for key and vulnerable populations, through information and sensitisation	National	# of human rights awareness raising & sensitisation sessions # of cohorts reached # of districts covered	Key and vulnerable populations have increased awareness of rights and ability to claim rights	Year 1-5	MoHW NAHPA National NGOs

6. PROGRAMMES TO PROVIDE HIV RELATED LEGAL SERVICES

National Outcome Indicator: % of people who sought redress when rights violated (Stigma Index Study)					
Objective 6: Strengthen legal support services for people living with HIV, TB, key and vulnerable populations whose rights are violated.					
Botswana will strengthen legal support services to ensure that rights violations are monitored and that people living with HIV, TB, key and vulnerable populations are able to obtain legal advice, support and access to redress mechanisms for violations of their human rights, including for TB-related discrimination, SGBV and discriminatory law enforcement practices. Paralegals will be recruited and trained to work at community level, monitoring violence and human rights violations and providing legal advice and support, including to key populations such as sex workers, MSM, transgender persons, as well as vulnerable populations such as people with disabilities. They will also provide initial mediation, access to redress mechanisms (including healthcare complaints mechanisms) and referrals, where appropriate. Paralegals will be mentored by Legal Aid Botswana and also supported by community liaison officers working for national NGOs. Linked to this, data collection and referral to rapid responses to human rights violations will take place through set up of the REAct Rapid Response System and a helpline / SMS service with Legal Aid Botswana. Awareness raising will be conducted on available legal support services. In addition, initiatives to strengthen the capacity of private legal practitioners to provide *pro bono* / low cost legal services to respond to rights violations in the context of HIV, TB key and vulnerable populations will include training for the Law Society and private lawyers. A roster of trained, expert lawyers will be maintained for support in access to redress.					
Strategy 6.1 Legal Support Services for HIV, TB, key and vulnerable populations					
Activity	**Coverage**	**Programme Indicators**	**Results**	**Time Line**	**Responsible**
Recruit, train and support paralegals to work at community level and with CSOs, DPOs and NGOs to provide legal advice and support services and to monitor human rights violations	National	# of paralegals recruited and trained (disaggregated by key and vulnerable populations, including PWD) # rights violation reported # of cases mediated / referred	Strengthened legal support services for key and vulnerable populations Strengthened access to justice for rights violations Improved monitoring of human rights violations	Year 1-5 Years 1 to 3 Years 1 to 3	Legal Aid Botswana National NGOs
Review and revise community-based rapid response mechanisms (through mobile APP) to address discrimination and human rights violations against people living with HIV, people with TB and key and vulnerable populations	National	# of Rapid Response and SMS systems set up and/ or scaled up # of districts reached # of cases recorded	Community-based monitoring and redress for rights violations Increased access to justice for discrimination and rights violations	Years 2-5	Legal Aid Botswana National NGOs
Recruit and train Reactors (personnel who collect data for reporting) for the community-based monitoring system to document and address instances of S&D and human rights violations against PLHIV, people with TB and key and vulnerable populations, including PWD	National	# of REActors recruited and trained on the utilisation of the APP (disaggregated by population, including PWD)	Efficient data management system processes	Year 1-5	NAHPA National NGOs
Conduct awareness raising on available legal support services through various platforms (media, visual arts and others in all formats)	National	# of awareness activities conducted # of districts reached # of platforms used	Increased awareness of legal support services Increased access to justice for rights violations	Years 1 to 5	Legal Aid Botswana National NGOs
Conduct trainings for private legal practitioners to strengthen their capacity to respond to the rights of people living with HIV, TB and key and vulnerable populations	National	# of trainings conducted # of private human rights lawyers trained	Increased access to legal support services Increased access to justice for rights violations	Years 2 to 5	National NGOs Local CSOs
Establish a complaints mechanism and procedures for people with disabilities to report violations of their rights.	National	# of complaints mechanisms at facilities and national level # SOPs	Increased access to justice for rights violations	Years 2 to 5	MOHW National DPOs, CSOs

7. PROGRAMMES TO MONITOR AND REFORM LAWS, REGULATIONS AND POLICIES RELATING TO HIV

National Outcome Indicator: # of protective / punitive laws affecting people living with HIV, TB, key and vulnerable populations (NCPI)					
Objective 7: Monitor, review & reform law and policy to strengthen legal protection for people living with HIV, TB, key and vulnerable populations					
Monitoring of laws and policies, and their implementation and enforcement as well as law and policy review and reform are critical to ensure that laws protect and promote the rights of vulnerable and key populations in the context of HIV and TB. Advocacy for law and policy review will include awareness-raising and dissemination of law review priorities. Important law review initiatives include (i) the review of punitive and discriminatory criminal laws that exacerbate stigma, discrimination and violence and create barriers to access to health care for MSM, transgender persons, other LGBT populations and sex workers (ii) the review of punitive public health-related laws criminalising transmission of HIV and communicable diseases as well as those allowing for forced / involuntary testing and confinement (iii) the enactment of a disability law to protect the rights, including equality and health rights, of people with disabilities; (iv) the review of laws and policies affecting adolescents and young people including PWD; and (v) the review of policies and guidelines providing access to TB-related healthcare services. Monitoring of the implementation and enforcement of laws will include (i) a baseline assessment and ongoing monitoring of the implementation of prisons' laws and regulations to identify barriers to access to healthcare for prisoners in relation to HIV, TB and harm reduction and to reduce pre-trial detention; (ii) monitoring of exclusionary practices and the implementation of protective laws and policies in the working environment for affected populations; (iii) monitoring of the implementation of the revised policy to provide access to free ARV for non-citizens; and (iv) monitoring of the implementation of drug laws and law enforcement practices against people who use drugs. International and regional conventions should be ratified to protect the health rights of affected populations, including the Convention on the Rights of Persons with Disabilities, the International Covenant on Economic, Social and Cultural Rights. Support will also be provided for strategic litigation and research to monitor judicial responses to gender equality and disability in the context of customary law.					
Monitor, law review & reform for HIV, TB, key and vulnerable populations					
Activity	**Coverage**	**Programme Indicators**	**Results**	**Time Line**	**Responsible**
Disseminate LEA law & policy review priorities to increase awareness	National	# of dissemination meetings # of key stakeholders addressed	Key stakeholders aware of priority law and policy reform recommendations Protective legal and policy environment	Year 2 & 5	National
Conduct policy briefings with relevant stakeholders on the LEA report recommendation regarding the amendment of Penal Code Sections 149; 155; 158; 179 and 182 to prevent victimisation, societal marginalisation, police harassment and blackmail of sex workers by especially removing the broad offence of living on earnings on the earning of prostitution or persistently soliciting	National	# of policy briefings conducted # of relevant stakeholders reached (disaggregation by population, including PWD)	MPs aware of sex work law reform recommendations Amendment of Penal Code to remove provisions criminalisingadult consensual sex work, in the absence of exploitation.	Years 1 to 5	MJDS National NGOs
Conduct policy briefings with relevant stakeholders on the LEA report recommendation and High Court finding regarding the amendment of Penal Code Sections 164; 165 and 167 which prohibits, respectively, unnatural acts, attempts, and indecent practices in the context of MSM, transgender people and other LGBT persons	National	# of policy briefings conducted # of relevant stakeholders reached	MPs aware of same-sex sex lawreform recommendations Amendment of Penal Code to only prohibit non-consensual sex between men	Year 1 to 3	NAHPA/MOHW
Conduct policy briefings with relevant policy makers to advocate for the enactment of the Disability Bill to ensure that the law (i) prohibits discrimination on the basis of disability, (ii) provides specific measures and programmes that ensure and facilitate access to health facilities for people with disabilities including for HIV and TB information, prevention, treatment, support and management for people with disabilities (iii) provides specific measures and programmes to ensure access to education and information for people with disabilities, including on HIV, TB, SRHR and other health-related information, (iv) includes a complaint mechanism and procedures for people with disabilities to report violations of their rights.	National	# of engagements with MPs # of engagements with Parliament Portfolio Committees # of engagements with disability coordinating structures # of engagements with MJDS	MPs, executive aware of disability law reform recommendations Enactment of disability law	Year 1 to 3	National NGOs
Conduct baseline assessment to monitor use of pre-trial detention and all prisoners' (including those with disability) access to healthcare in terms of the prisons' laws & regulations	National	Baseline assessment conducted	Increased understanding of prisoners' risk of HIV & TB and access to healthcare services Strengthened evidence base for prisoners' rights advocacy	Year 2	National NGOs MJDS

Conduct regular research and analysis to monitor the implementation of employment laws and policies to promote the rights of vulnerable populations	National	# of protective workplace policies & programmes implemented # of employees reached	Reduced stigma and discrimination in the workplace Promote inclusivity	Years 1 to 5	National NGOs
Monitor the implementation of the revised policy to provide access to free ARV for non-citizens	National	Research/evaluation conducted	Increased evidence on non-citizens' access to ART	Year 2	MoHW/NAHPA National NGOs
Conduct policy and technical briefs with relevant sectors on pertinent issues for law and policy reform to ensure protection of the rights of adolescents and young people, including gender equality rights and rights of young people with disabilities, in line with the LEA report recommendations	National	# of engagements with government ministries # of ministries reached	Protective laws and policies to protect human rights and gender equality for AYP		MoHW / NAHPA National NGOs
Train key-population led CSO, DPOs and CSOs networks to advocate for and participate in law and policy development & reform	National	# of trainings # of key populations trained # of CSOs funded to participate in law & policy development & review	Increased participation of key populations in law and policy review Protective laws and policies enacted	Year 1	MoHW / NAHPA National NGOs
Provide grants to CSO and DPO support to strategic litigation on human rights issues in the context of HIV and AIDS and TB to support law & policy review and reform	National	# of CSOs and DPOs receiving grants # of cases supporting strategic litigation # of protective judgements	Protective judgements	Years 1 to 5	National NGOs
Conduct research on enforcement of HIV, TB, human rights and gender equality by courts, including customary courts	National	Research conducted Research recommendations implemented	Strengthened understanding of judicial responses to gender equality	Years 1 to 5	MJDS National NGOs
Monitor the implementation and law enforcement of drug laws and policies against people who use drugs	National	Compliance by law enforcement of drugs and policies Number of cases registered against people who use drugs.	Strengthened understanding of impact of law and law enforcement against people who use drugs	Year 3	MJDS National NGOs
Conduct updated review of laws and policies to prevent stigmatisation, marginalization and victimization of PLHIV, TB, key populations and vulnerable populations, including PWDs	National	Laws and policies reviewed	Integration of issues of PLHIV, TB, key populations and PWDs in to HIV and TB laws and policies		MJDS National NGOs, CSOs and DPOs

8. Programmes to reduce gender inequality, harmful gender norms and sexual and genderbased violence

National Outcome Indicator: % of ever-married or partnered women (15-49 yrs) experiencing physical and/or sexual violence by a current or former intimate partner in last 12 months; % of girls (15-19) who report experiencing forced sexual intercourse, by age at first incident of violence (population-based surveys).
Objective 8: Reduce gender inequality, harmful gender norms & sexual and gender-based violence
This intervention aims to reduce gender inequality, harmful gender norms and gender-based violence and to increase access to healthcare services for women, including AGYW, women with disabilities and LGBT populations. Broad-based S&D Reduction campaigns will integrate activities to create awareness of and reduce gender inequality, gender-based violence and intimate partner violence (IPV). Community-level work will train and support adolescents and young people (AYP) as well faith-based NGOs, to address gender inequality, harmful gender norms, SGBV as well as stigma, discrimination and prejudice AYP experience in access to adolescent sexual and reproductive health and rights. Community mobilisation and dialogues with traditional leaders aim to sensitise communities, including community justice systems, to recognise and respond to gender inequality, harmful norms and GBV, to reduce stigma, discrimination and violence. To strengthen the management of SGBV against women, sex workers and LGBT populations, standard operating procedures (SOPs) will be developed to integrate SGBV services into HIV and SRH services. Service providers and peer educators will be trained to recognise and respond to SGBV, including through the provision of psycho-social support. The rapid response and referral system for monitoring and responding to human rights violations (detailed above) will include responses to SGBV. AGYW will be capacitated to participate, as peer educators, in HIV prevention programmes in and out of schools.
Address gender inequality, harmful gender norms & gender-based violence

Activity	Coverage	Programme Indicators	Results	Time Line	Responsible
Integrate awareness-raising activities to reduce gender inequality and SGBV, including IPV against women living with HIV, sex workers, LGBT populations and PWD, within S&D Reduction campaigns	National	# of people reached (disaggregation by population, including PWD) # of districts reached	Increase awareness of gender equality rights Reduce gender inequality, SGBV and IPV amongst women living with HIV, sex workers and LGBT populations.	Years 1-5	National NGOs
Integrate issues facing women living with HIV, LGBT persons and sex workers, including those with disabilities into "16 days of activism against GBV" programmes	National	# of women living with HIV, LGBT persons, sex workers, including those with disability integrated into 16 days of activism against GBV programmes # of districts reached	Improved national coverage and collaboration of 16 days of activism against GBV programmes	Years 1-5	National NGOs
Mobilise communities, through community dialogues, to address social and cultural norms that perpetuate gender inequality and harmful gender norms, including SGBV against AYP, AGYW and LGBT populations, including those with disabilities.	National	# of dialogues # of community structures reached # of people reached (disaggregated by population, including PWD and type of disability with refs to Washington Group of Statistics Disability classification) # of districts reached	Reduced social and cultural norms that perpetuate gender inequality and harmful gender norms, including SGBV against AYP, AGYW and LGBT populations	Year 1	National NGOs
Conduct school-based dialogues to address S&D against ASRHR and rights[63]	National	# of service providers reached[64] # of students reached, disaggregated by populations, including PWD # of schools reached # of districts reached # of school ambassadors for human rights, HIV, TB and ASRH, disaggregated by population, including PWD.	Increased understanding of ASRHR of AYP in schools Reduced stigma and discrimination against young people in access to HIV, TB and ASRH services	Year 1-5	MoBE National NGOs

[63]See also s2.1.7 above, Stigma and Discrimination Reduction.
[64]E.g. educators, healthcare workers, social workers, school / healthcare facility auxiliary staff

Conduct school-based peer educator training to capacitate AGYW to participate in HIV prevention programmes in and out of schools	National	# of schools reached # of AGYW trained, disaggregated by sub-population, including AGYW with disability	Increased understanding of HIV and ASRHR of AYP in schools Increased access to HIV and ASRH services	Year 1-2	MoBE National NGOs
Conduct community conversations to build capacity of AYP, including AGYW sex workers and PWDs, to address HIV, TB and ASRHR, gender equality and SGBV[65]	National	# of community dialogues # of communities reached # of districts reached	Increased community understanding of ASRHR of AYP Reduced S&D against AYP in access to HIV, TB and ASRH services Improved access to services	Year1-2 Year 1-2	National NGOs
Capacitate faith-based sector to lead community dialogue to support ASRHR of AYP, including AGYW and disability issues	National	# of faith-based NGOs trained # of districts reached	Increased capacity amongst faith-based NGOs Reduced S&D against AYP in access to HIV, TB and ASRH services Improved access to services	Year 1	MoHW BOFWA
Implement National Sexual and Reproductive Health Programme Framework, policy guidelines and service standards on sexual and reproductive health at scale	National	# of imlementers trained # of districts reached	Improved access to quality and equitable sexual reproductive health services for all	Year1-2	MoHW, UNFPA CSOs
Develop SOPs to integrate improved management of SGBV within HIV and SRHR services	National	# of SOPs developed and printed # of implementers trained on SOPs # of districts reached on SOPs	Improved access to quality and equitable services to manage SGBV	Year 1	MoHW, MNIG UN Women National Gender & Human Rights NGOs
Train community-based peer educators, including PWD, to provide psychosocial support to sex workers, LGBT, women living with HIV, AGYW with disabilities (and their care givers) who experience SGBV, including IPV	National	Training manual # of community-based peer educators trained # of districts reached #of sex workers, LGBT, women Living with HIV, AGYW with disabilities and care givers receiving psychosocial support	Improved access to psycho-social support for SGBV	Year 1-5	NAHPA National NGOs
Conduct research on the impact of and response to SGBV for key and vulnerable populations	National	# of research conducted and its findings disseminated # of the research recommendations implemented # of key stakeholders received research findings	Improved evidence-based planning, programming and implementation of GBV related issues.	Year 3 &5	NAHPA MoHW National NGOs
Support provision of shelter for victims of GBV/SGBV for AGYW, MSM, transgender persons, women and girls with disabilities, sex workers and women	National	# of vulnerable persons provided with shelter # of shelters supported	Improved and expanded safe spaces for victims of GBV/SGBV	Year2-5	NAHPA MLGRD National NGOs

[65]See also s2.1.8, above, Stigma and Discrimination Reduction.

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