



Botswana Gender Based Violence
Prevention and Support Centre

BGBVC 2022 Annual Performance Report

Vision

A peaceful, safe, and just society free from
Gender-Based Violence.

Mission

To support women, men, girls and boys
experiencing and affected by GBV in
Botswana by conducting research and
providing temporary shelter, clinical
services, counselling, community outreach
and education, and staff and volunteer
development



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Acronyms

AGYW	Adolescent Girls and Young Women
ABYM	Adolescent Boys and Young Men
ART	Antiretroviral therapy
BGBVC	Botswana Gender Based Violence Prevention and Support Centre
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEO	Captive Eye Organization
COVID-19	Coronavirus Disease
DHMT	District Health Management Team
DREAMS	Determined, Resilient, Empowered, AIDS Free, Mentored and Safe
EpiC	Meeting Targets and Maintaining Epidemic Control
FHI360	Family Health International 360
FSW	Female Sex Workers
GEAD	Gender Affairs Department
GBV	Gender-Based Violence
GGDHMT	Greater Gaborone District Health Management Team
HIV	Human Immunodeficiency Virus
HPP	Humana People to People
HWWB	Hope Worldwide Botswana
ICHBS	Integrated Community Based Health Services
KP	Key Populations
MYGSC	Ministry of Youth, Gender, Sports and Culture
PEPFAR	President's Emergency Plan for AIDS Relief
PEP	Post-Exposure Prophylaxis
PP	Priority Populations
PrEP	Pre-Exposure Prophylaxis
PWID	People Who Inject Drugs
PWUD	People Who Use Drugs
MOHW	Ministry of Health and Wellness
NAHPA	National AIDS and Health Promotion Agency
NYG	Nkaikela Youth Group
SSI	Stepping Stones International
STI	Sexual Transmitted Infection
TWC	Tebelopele Wellness Centre
TWG	Technical Working Group
USAID	U.S. Agency for International Development

1. Introduction

This Annual Program Report provides details of activities implemented by Botswana Gender Based Violence Prevention and Support Centre (BGBVC) from 1st January to 31st December 2022. The BGBVC program was supported by Ministry of Youth, Gender, Sports and Culture (MYGSC), Ministry of Health, and other international partners such as Family Health International (FHI 360), Allan Gray and Tache Foundation.

2. BGBVC Program Background

BGBVC is a Non-Governmental Organization (NGO) registered as an independent organization in 2017 to provide integrated GBV and HIV prevention, care and support services to all populations. Previously the organization operated as Kagisano Society Women's Shelter (KSWs) focusing on supporting women, girls and boys experiencing and affected by Gender Based Violence (GBV) in Botswana.

2.1 Vision and Mission

Vision : The vision of Botswana Gender Based Violence Prevention & Support Centre is a peaceful, safe and just society free from Gender-Based Violence and HIV.

Mission : To support women, men, girls and boys experiencing and affected by GBV & HIV in Botswana by providing temporary shelter, counselling, clinical services, community outreach and education, and staff and volunteer development as well as conducting research

2.2 Strategic Objectives

1. To provide integrated and comprehensive GBV/HIV care and support services to survivors of GBV and their families.
2. To offer community education for the prevention and management of GBV and HIV through awareness raising, advocacy and employment of campaign strategies challenging gender norms, roles and behaviors.
3. To provide information for Gender Based Violence response and management through research, surveillance and best practices.

2.3 Program Strategy and Approach

The Botswana Gender Based Violence and Prevention program activities are guided by the BGBVC strategic plan which is aligned to the National Gender-Based Violence Strategy 2015-2020 aimed at preventing and eliminating gender-based violence and other regional and international development and human rights instruments such as the Sustainable Development Goals (SDGs), Southern Africa Development Committee (SADC) Gender

Protocol, the UN Joint Gender Program on Gender-Based Violence (2018-2020) and the UN-Botswana Partnership framework (UNBPF 2017- 2021).

The BGBVC program focuses on primary prevention of GBV by addressing harmful practices and behaviors that fuel GBV and expose individuals to HIV; equipping communities and individuals with knowledge and skills to identify and support GBV survivors to access available services. In addition, BGBVC works in the community to provide care and support to survivors of GBV through its drop in centers located in Gaborone, Kweneng East, Francistown and Ghanzi districts. Mobile services are conducted to provide services to hard to reach areas or population in the same districts. BGBVC services are also accessible online (emergency line, Facebook and WhatsApp) which makes it easier to reach more people across the country. The drop in centers provide psychosocial support and clinical care services to prevent long-term health and mental complications. The drop in centers are open during the week and these are supported by a 24-hour emergency line which makes the services to be available at any time of the day.

BGBVC's aims at ensuring that all its drop in centers are equipped to provide one-stop-shop integrated GBV/HIV prevention, care and support services. This will improve GBV care response system and reduce loss of clients within the referral system.

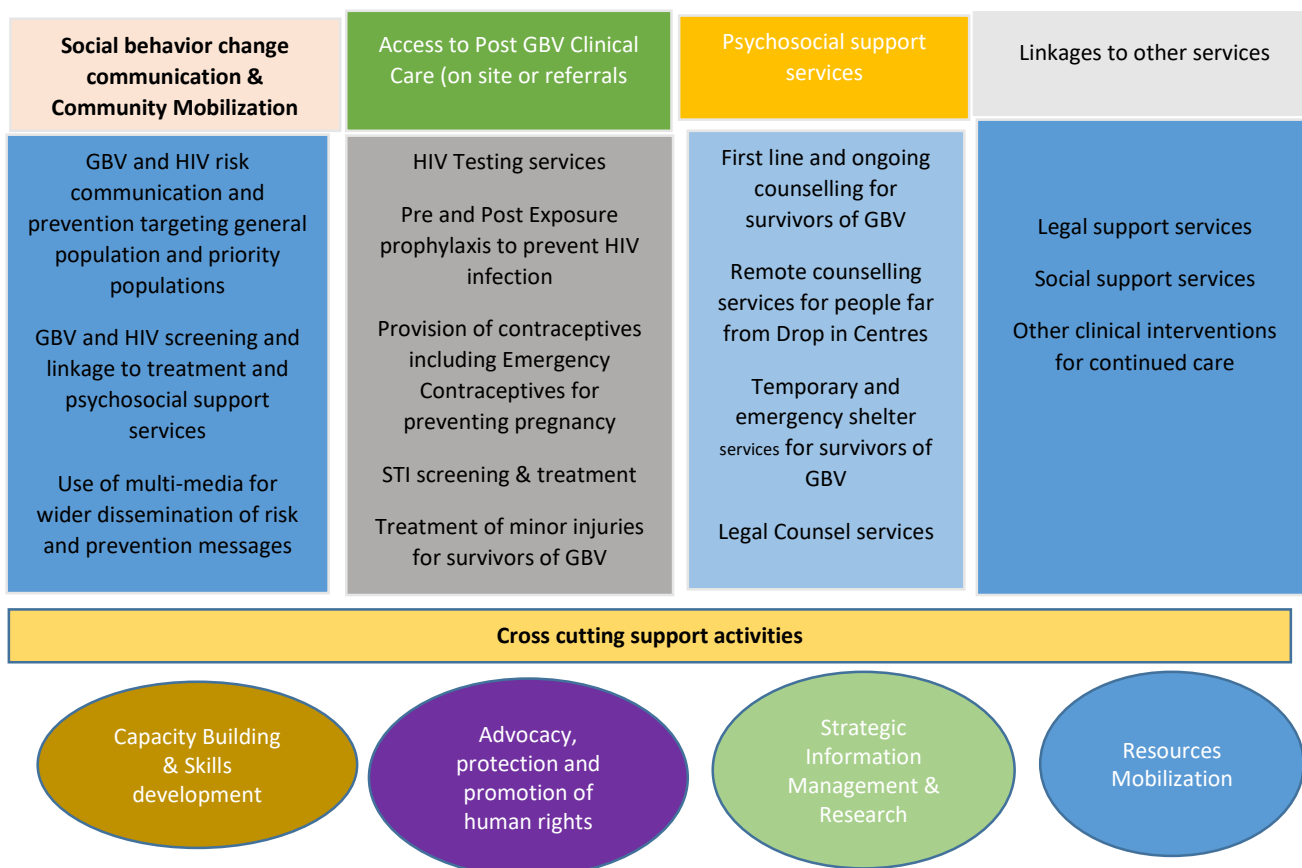
Services	Gaborone	Molepolole	Ghanzi	Francistown
Psychosocial Support Services	√	√	√	√
Provision of emergency and temporary shelter	√	Referred to Gaborone	Referred to Maun Women's Rape or Gaborone	√
Legal Counsel services for survivors of GBV	√	Supported remotely from Gaborone	Supported remotely from Gaborone	Supported remotely from Gaborone
Provision of clinical care services to prevent long-term health and mental complications for survivors of GBV	√	Referrals to local clinics	Referrals to local clinics	Referrals to local clinics
Community education to raise awareness and address harmful practices that fuel GBV	√	√	√	√
Identify and support GBV survivors with available care and support services provided outside BGBVC for continued care	√	√	√	√
Community capacity building to provide communities with skills and resources to actively participate in the GBV response	√	√	√	√

Sensitization and training of all frontline workers or service providers on provision of stigma free and friendly post GBV care services to survivors of GBV	√	√	√	√
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Table 1: Available services by site

Table-1 shows that Gaborone is the only centre that is able to provide integrated comprehensive GBV and HIV prevention, care and support services. This was made possible by the support from FHI 360, Allan Gray and MOH. Clients are able to access all prevention, counseling, shelter, clinical care and legal counsel services in one site. In other districts, BGBVC work closely with other local NGOs such as Tebelopele and Government facilities to provide clinical services.

BGBVC Program Framework



The Botswana Gender Based Violence Prevention and Support Centre Program Framework

3. Program Management and Governance

BGBVC is led by a dedicated Board of Directors, composed of individuals with experience in development projects, who meet on a quarterly basis to review its operations and provide strategic guidance. The Management team is also composed of qualified and experienced individuals, with extensive knowledge in project management and the local context of implementation. The team is led by a Chief Executive Officer, supported by the Programmes Director and Finance and Administration Manager. BGBVC Management is guided by systems that are in place, including: human resource policies, procurement and financial policies, as well as communications policies; the internal controls are in place and adequate to manage internal financial and operational risks and are enhanced by segregation of duties in authorization of funds. External Audits are performed annually by an accredited and regulated audit firm, appointed by the Board of Directors, to gauge internal controls and advise management accordingly. The operational documents and systems are subjected to periodic review and approval by the Board of Directors for compliance with local laws.

4. 2022 Program Performance

This section provides program performance for the year 2022 by highlighting key achievements, challenges and lessons learnt under each of the key programs.

4.1 Program Highlights

Policies and Strategic Activities

- Review and update of the BGBVC Strategic Plan, Resources Mobilization Strategy and Communication strategy. This was done through the support of Peace Corp Volunteer Program and funding from Allan Gray.
- Participated in the compilation of the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) draft report. BGBVC is a member of the technical working group that oversees the compilation of the report.
- BGBVC also participated in the finalization of the National GBV service delivery protocols.
- Participated in various national and district level technical working groups and meetings such as District Multi-Sectoral AIDS Committee Meeting (DMSAC) and Technical Advisory Groups; DREAMS Technical Working Groups and DREAMS High level meetings.

Service Delivery

- **8,282** people reached with GBV/HIV prevention messages through one to one and group level sessions conducted by community mobilizers and outreach teams in Gaborone, Francistown, Molepolole and Ghanzi districts.

- **1,860** people provided with psychosocial support services. Of these, **1,584** were provided with post GBV care and support services of which, **91%** were emotional/physical violence cases and **9%** sexual violence cases.
- **250** were provided with emergency/temporary shelter.
- **21,149** people vaccinated for COVID-19 through BGBVC teams in Gaborone and Francistown, Masunga and Tutume districts. Of these, 34% were for the first dose, 20% second dose and 47% booster doses.

Capacity Building and Systems Strengthening

- Training of 20 people comprised of NGO leaders, Pastors and Botswana Police Service through a 10 session/week programme/training that looks into self-care for people doing work in the area of Gender Based Violence (GBV). This training has led to establishment of GBV movement that will engage and coordinate GBV advocacy and awareness activities.
- Enhanced BGBVC capacity in establishing a one-stop GBV service centre in Gaborone with the engagement of a medical doctor, psychologist and legal and policy advisor. These were instrumental in ensuring that clients are able to receive all services they need at one site. In addition, they provided on-house training and mentorship to BGBVC clinical and psychosocial support teams to improve service delivery and compliance to international and national standards.
- Improved understanding on provision of GBV/HIV services tailor made for KPs. This was done through a series of workshops organized by FHI 360 EpiC technical team.
- BGBVC has procured the services of local organization capacity building partner Koko Consulting, a local Botswana firm specializing in preparing local organizations for USAID donor funding requirements, including compliance, organization management, and strategic communications. This support has improved BGBVC's capacity to implement USAID funding and increases its fitness as a local partner.
- Development of an electronic database system that will improve quality of data and facilitate real time reporting.
- The Programmes Director attended the Non Profit Organizations (NPO) management course sponsored by Allan and Gill Gray Philanthropies Group as part of their capacity building strategy for their partners.

Partnerships and Collaborations

- Strengthened partnerships with Key Population organizations and other partners implementing the Determined Resilient, Empowered, Aids-Free Mentored And Safe (DREAMS) program. This partnerships have led to improved access to GBV/HIV prevention, care and support services for KPs, Adolescent Girls and Young Women (AGYWs) and survivors of GBV.
- Enhanced visibility of BGBVC as a key partner in the GBV /HIV response at National and District levels. BGBVC participated in various technical working group meetings

and activities organized by MOH, Gender Affairs Department (GEAD), National AIDS and Health Promotion Agency (NAHPA) and District Aids Coordinator offices.

- Partnering with private companies for joint implementation of behavior change and communication activities. Gantsi site received sponsorship for signboards and office furniture (couch for counselling room, printer) from Sandfire Mine. The office was also donated four (4) BGBVC sign boards by One Track Engineering. In Gaborone, BGBVC received a donation of BWP250,000 from Diacore Marathon for communication and marketing activities.

4.2 Program Performance by strategic area

4.2.1 Social behaviour change communication & community mobilization

The BGBVC social behaviour change communication and community mobilization program is aimed at addressing the social determinants of GBV and HIV. These include factors such as knowledge, attitudes, norms and cultural practices that fuel GBV and expose individuals to HIV acquisition. In 2022, BGBVC continued to the social behaviour change communication and community mobilization program activities in Gaborone, Francistown, Molepolole and Ghanzi.

In addition, BGBVC continued to support the Government of Botswana COVID-19 response efforts by; implementing community engagement and demand creation activities to support the COVID-19 vaccine roll-out program; and disseminating COVID-19 risk communication messages to prevent new COVID-19 cases. COVID-19 activities were implemented in Gaborone and Greater Francistown (Francistown, Masunga and Tutume).

a) GBV and HIV Prevention Education and Mobilization

The BGBVC implemented various activities to engage with communities and disseminate messages aimed at addressing harmful practices and change behaviors that fuel GBV and expose individuals to HIV. Interpersonal and mass media communication strategies were used to engage with audiences. Interpersonal communication included one to one and group level discussions that allowed mobilizers to have direct interactions/conversations with the individual clients or groups.

One to one sessions allowed mobilizers to conduct the following:

- Screening for GBV, HIV and STIs:** Clients were screened using the GBV screening tool and clients identified as survivors of GBV were screened for HIV/STIs and linked to a counsellor to access psychosocial support services.
- Screen AGYW for DREAMS and PrEP:** Screening for adolescent girls and young women (24 years and below) was conducted to assess if they were eligible for the DREAMS enrolment. AGYW who were eligible were offered PrEP, HIV testing, contraceptive method mix, STI screening and treatment before being referred for primary services

provided by other DREAMS partners (Hope Worldwide and stepping stone international).

The DREAMS (Determined, Resilient, Empowered, AIDS-free, Mentored and Safe) partnership is an ambitious public-private partnership aimed at reducing rates of HIV among adolescent girls and young women (AGYW) in the highest HIV burden countries. DREAMS was announced on World AIDS Day 2014, and in 2015 USAID began activities in ten countries in sub-Saharan Africa: eSwatini, Kenya, Lesotho, Malawi, Mozambique, South Africa, Tanzania, Uganda, Zambia and Zimbabwe. These countries accounted for nearly half of all the new HIV infections that occurred among AGYW globally. In 2017, DREAMS expanded to five new countries: Botswana, Côte d'Ivoire, Haiti, Rwanda, and Namibia. The DREAMS core package aims to:

- Empower adolescent girls and young women and reduce risk through youth-friendly reproductive health care and social asset building;
- Mobilize communities for change with school- and community-based HIV and violence prevention;
- Reduce risk of sex partners through PEPFAR programming, including HIV testing, treatment, and voluntary medical male circumcision; and
- Strengthen families with social protection (education subsidies, combination socio-economic approaches) and parent/caregiver programs.

In Botswana, DREAMS is implemented by multiple partners who work together to ensure full implementation of the DREAMS package. The primary role of BGBVC in the DREAMS program is to provide secondary clinical services which include; PrEP, HIV testing, contraceptive method mix, STI screening and treatment. In addition, BGBVC also provides post GBV care and psychosocial support services to AGYW enrolled on DREAMS program.

Key strategies implemented

- **Door to door mobilisations and workplace presentations:** BGBVC outreach team intensified visibility in the community; at homes and different establishments where demand creation culminated in clients accessing services like PSS and other clinical services.

Outreach team members undertaking community mobilisation/dialogues in Gantsi and health talks with students in Francistown.



- **Group Discussions, School health talks and Community Dialogues:** With an already strengthened relationship with the community, it was an easy exercise to engage a manageable group of people in conversations regarding cultural perspectives about gender issues and GBV. Topics such as STI education and bullying were covered during primary and secondary school health talks.



- **Stall activations:** These were carried out in popular malls, village shopping centres and some were done through invitations by BGBVC key stakeholders.

- **Tertiary outreach stalls:** This was done in order to reach school going youth with GBV and HIV/AIDS preventative messages. This targeted audience is the most active part of the population with notable rates of GBV and its related issues.

- **Radio/TV interviews and social media posts:** Media was also used for wider dissemination of messages and to reinforce behavior change and demand creation activities. Facebook was used to post messages, flyers and to engage communities on various issues through opinion polls. Free TV and radio slots were useful to disseminate GBV prevention messages.

- **In Her Shoes:** A selected part of community was accorded a chance to walk in the shoes of the abused person/survivor and understand how GBV manifests for women and children on a daily basis. It was done in Gantsi through the financial assistance of gender Affairs and DHMT offices.

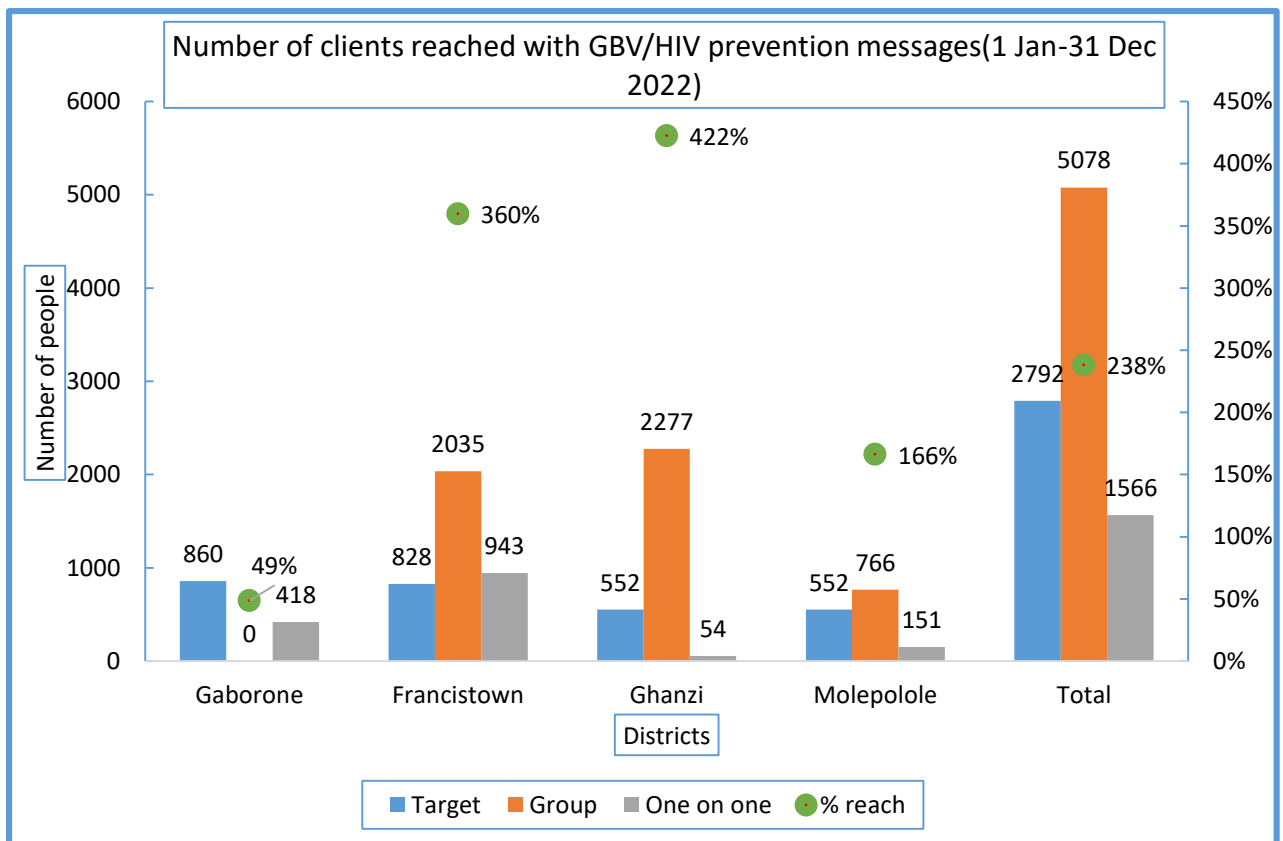


Figure 1: Number of people reached with GBV/HIV prevention messages, from January to December 2022

Figure-1 shows that Francistown, Ghanzi and Molepolole exceeded their annual targets. These districts focused on group level education activities which provided an opportunity for reaching more people when compared to one to one sessions. In Gaborone, the team focused on one to one strategy which allowed mobilizers to conduct GBV screening for individuals as per EpiC project requirements/protocols. Overall, the social behaviour change communication and community mobilization program exceeded its annual target (238% achievement).

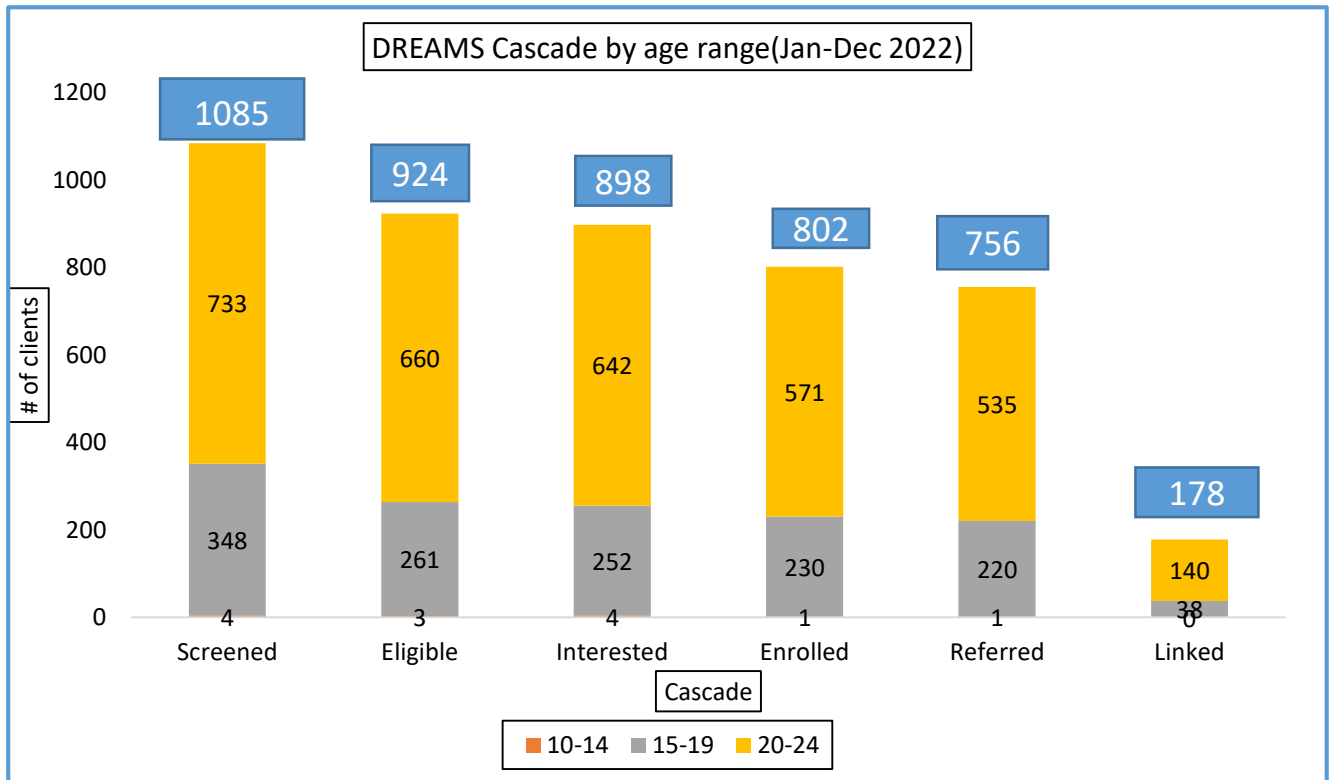


Figure 2: DREAMS Cascade by age group from January to December 2022

Figure-2 shows that most (68%) of the AGYW screened for enrolment into the DREAM programs were those aged 20 – 24 years old. BGBVC targeted AGYW who were out of school or at tertiary institutions as per its scope of work under the DREAMS program. Furthermore, figure-2 shows there was low completion rates (24%) of referrals made for primary services by BGBVC mobilizers. There was a slow feedback from the latter and it was ultimately decided to engage Stepping Stone International (SSI) where uptake improved but it came by the time when SSI was relocating from Gaborone to other districts.

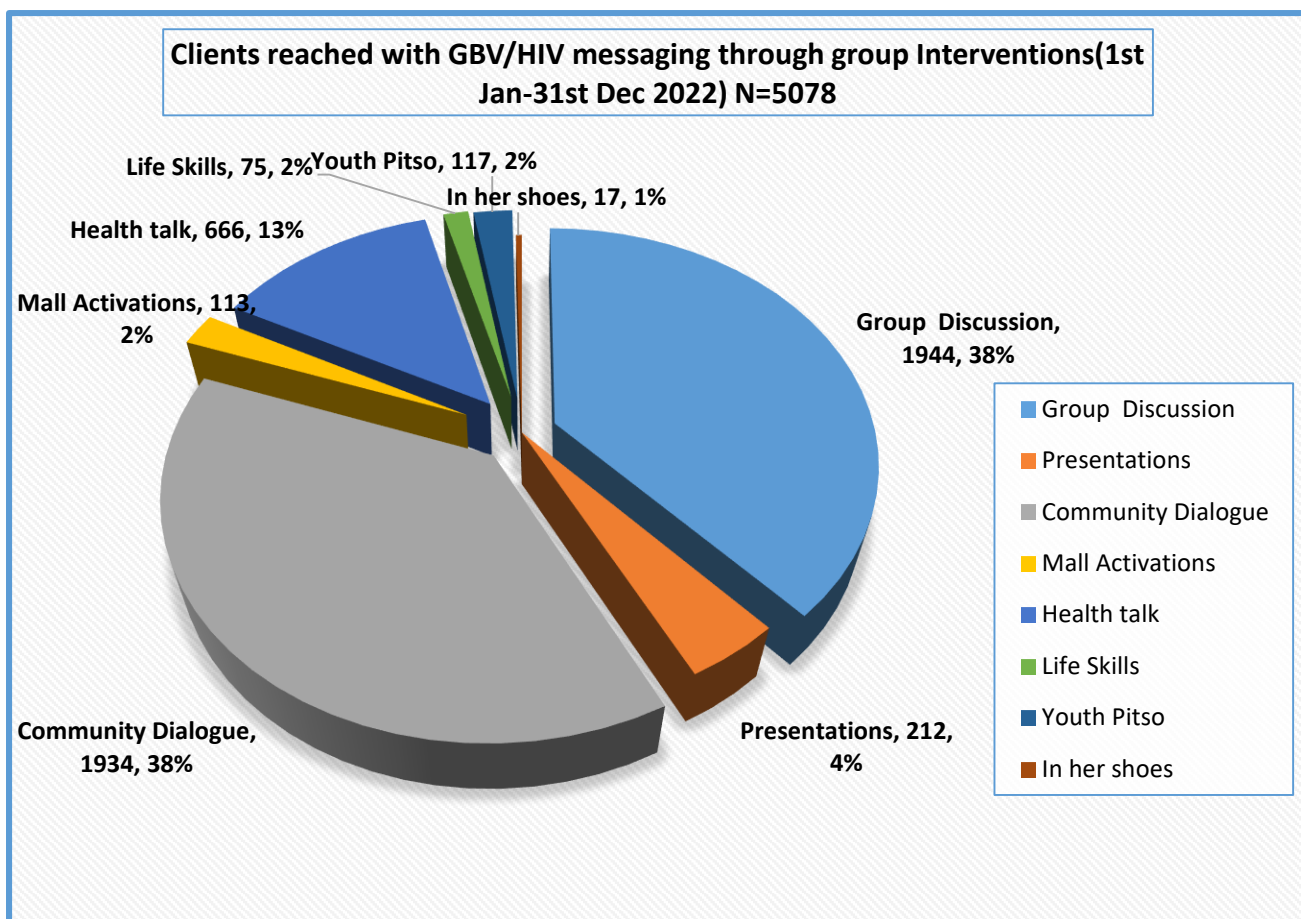


Figure 3: Clients reached with GBV/HIV messaging through group interventions from January to December 2022

Figure-3 shows that most of the people who were reached through group level interventions were from community dialogues and group discussions at 38% respectively.

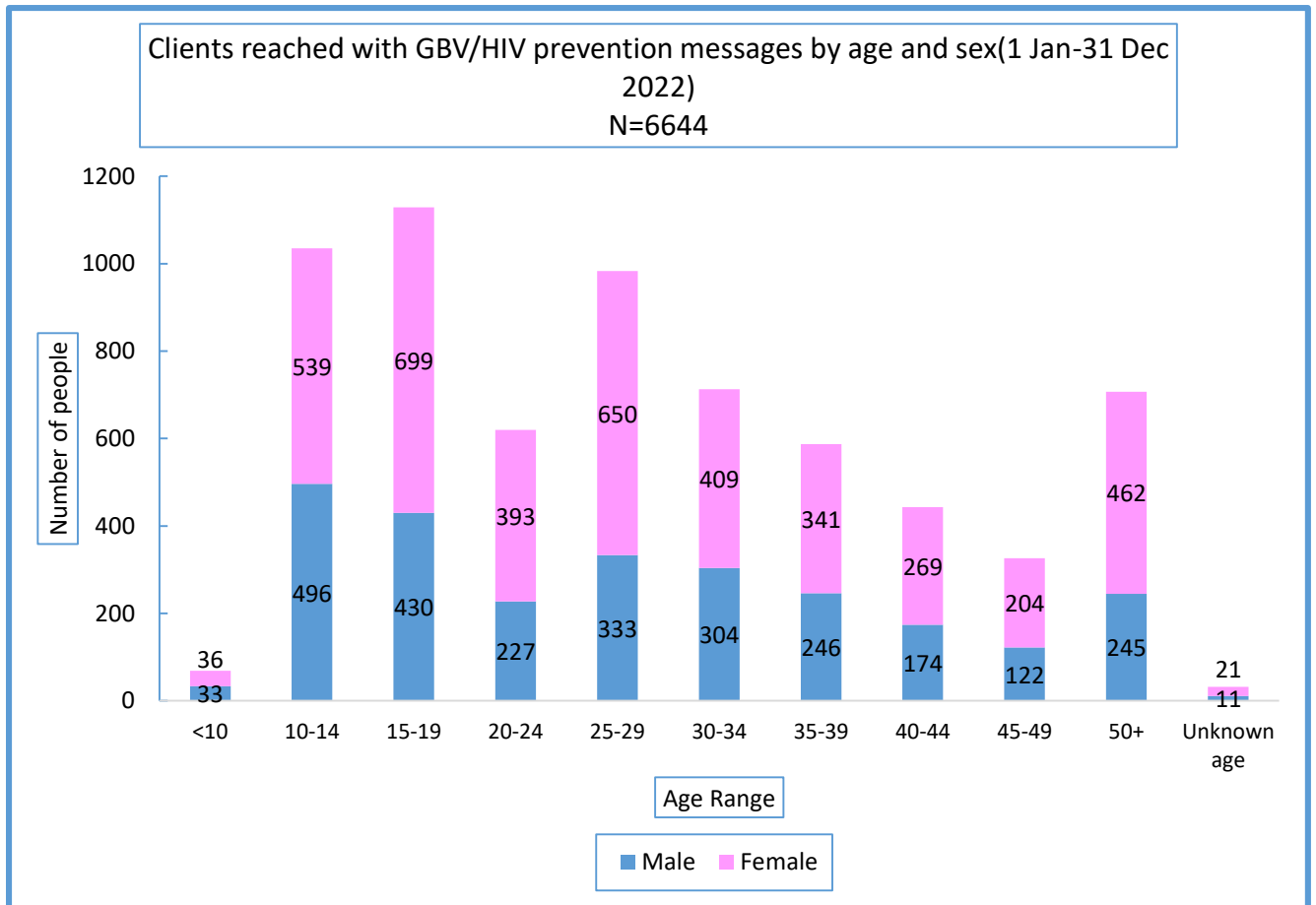


Figure 4: Clients Reached with GBV/HIV prevention messages by age and sex, from January to December 2022

Figure-4 shows there were more females reached with GBV/HIV messages than males across all age groups. Most of the people reached were aged between 10 and 29 years. This is a result of the DREAMS program implemented in Gaborone and activities conducted in schools.

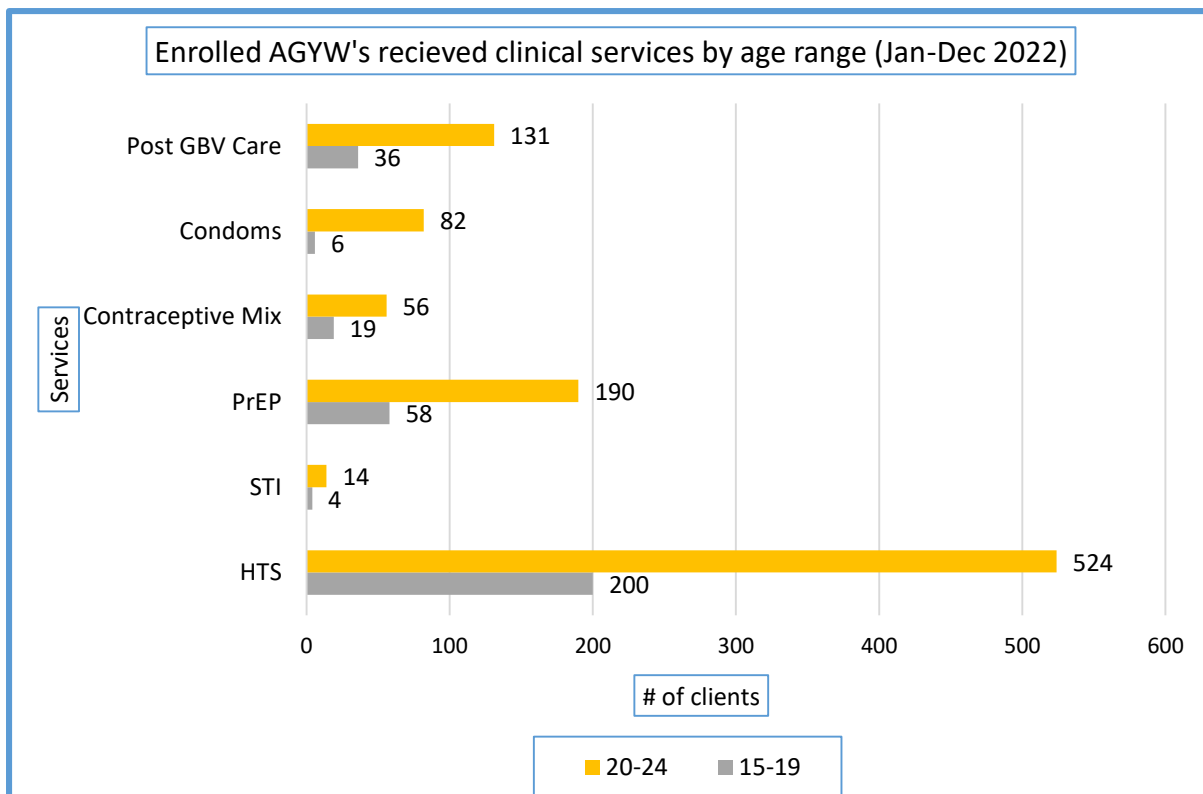


Figure 5: Clinical Services Provided to AGYW Enrolled in DREAMS

Figure-5 shows that HTS was the most accessed service provided to AGYW enrolled in DREAMS. This is followed by PrEP and Post GBV care. This is aligned to the DREAMS objective of ensuring that AGYW know their status and remain HIV negative.

b) COVID-19 Vaccine Demand Creation and Risk Communication



A BGBVC Community Mobilizer (blue hat) during a door to door activity in Gaborone

Community engagement and demand creation was conducted by two community mobilizers engaged in Gaborone. In addition, vaccine messaging and demand creation was integrated within the HIV and GBV program/services. There were no community engagement and demand creation activities implemented in Francistown, Masunga and Tutume.

The Community Mobilizers targeted individuals at household level (door to door) and health facilities to provide COVID-19 vaccine messages; screening for vaccine eligibility and referrals to vaccination sites. Interested clients were referred to BGBVC clinic and other facilities for vaccination. A total of 3,302 people were provided with COVID-19 vaccine messages as shown on figure-15 below.

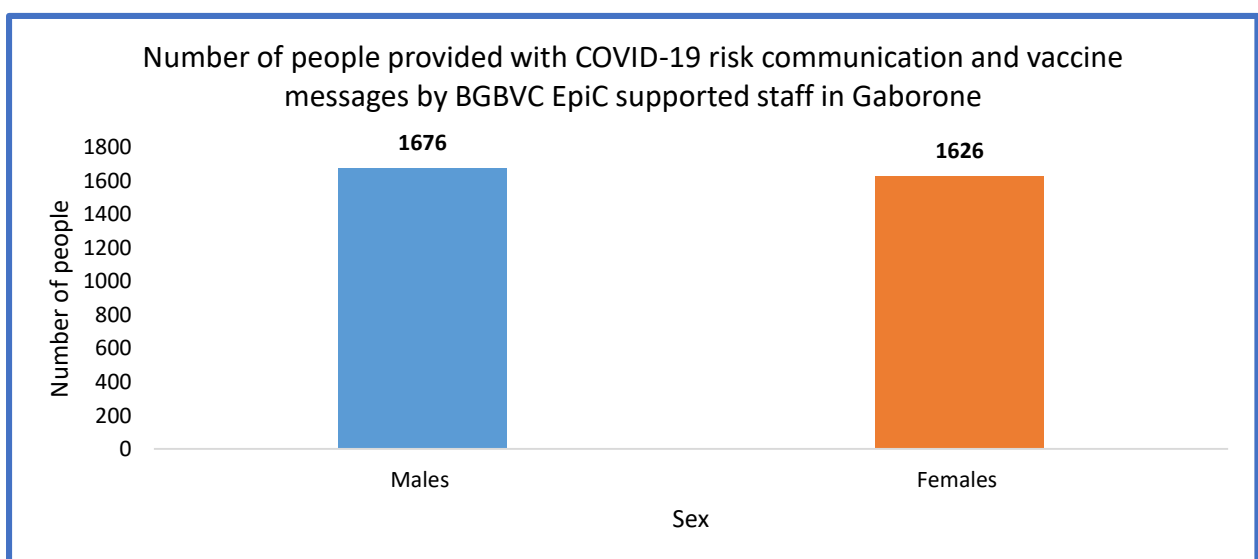


Figure 6: Number of people provided with COVID-19 risk communication and vaccine messages by BGBVC EpiC supported staff in Gaborone

Figure-6 shows that there was no significant difference between males and females reached with COVID-19 vaccination messages in Gaborone.

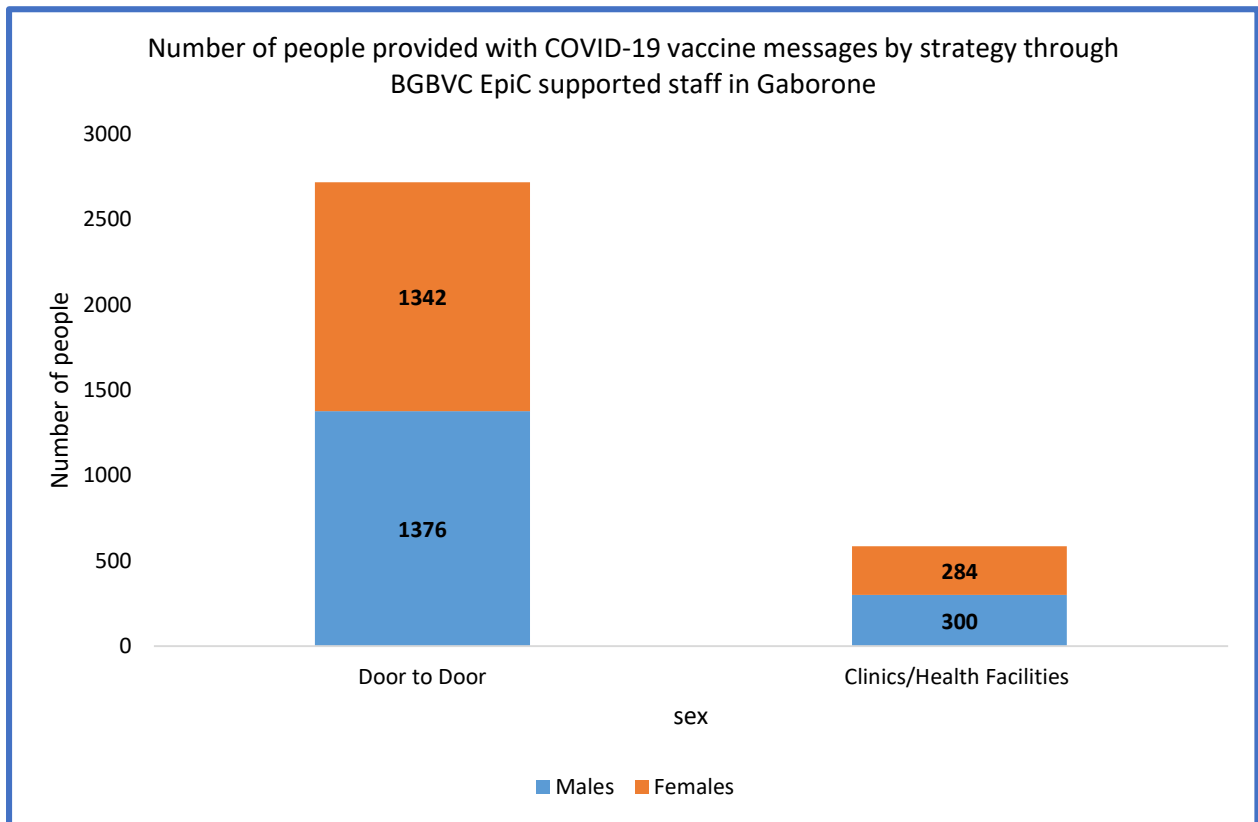


Figure 7: Number of people provided with COVID-19 risk communication and vaccine messages by strategy through BGBVC EpiC supported staff in Gaborone

Figure-7 shows that most of people were reached through door to door strategy for both males and females. The people provided messages at health facilities were mainly those who came for other health services not related to COVID-19. The community mobilizers used this opportunity to sensitize them on COVID-19 vaccine.

Using Facebook to create demand and wider dissemination of COVID-19 vaccine message

BGBVC used Facebook for wider dissemination of COVID-19 vaccine messages. This was done through weekly posts and opinion polls on COVID-19 vaccination. Facebook posts were useful in generating discussions and feedback from the followers regarding COVID-19 vaccine. Information generated from these posts and polls was used to inform messaging. BGBVC used messages shared on MOHW media pages and local media to promote available vaccines. This information was useful for clients to make informed choices on COVID-19 vaccines. To reinforce messages shared by MOHW on different media platforms; health talks were provided by BGBVC staff to all clients visiting health facilities



as well as on BGBVC Facebook page. This was helpful in addressing vaccine hesitancy and build trust on all types of vaccines.

COVID-19 posting boosted the BGBVC page and following. A total of 509,081 people were reached through the Facebook posts while 64, 604 were reached through opinion polls as shown on figure-8 below.

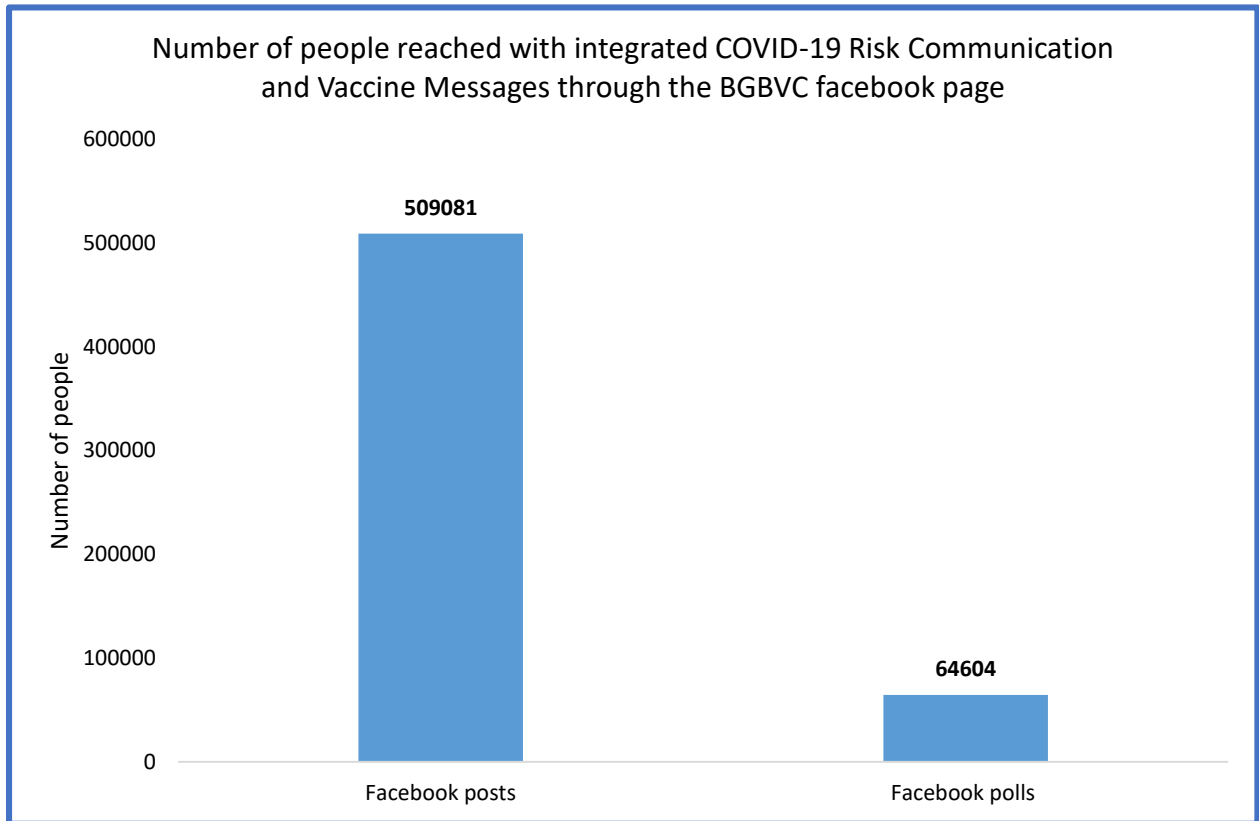


Figure 8: Number of people reached with integrated COVID-19 risk communication and Vaccine Messages through the BGBVC Facebook page

Below is a poll that was conducted to find out why people were reluctant to take the booster dose

Botswana Gender Based Violence Prevention & Support Centre
 Published by William Lopang · March 10 ·

Share with us your reservations about the COVID-19 booster dose in this poll if you are yet receive it.
<https://poll.app.do/covid-19-vaccine-bgbvc-1810>

BGBVC CLINICAL SERVICES

- Emergency contraceptives (EC) – (Provided within 72 hours after a rape incident to prevent pregnancy)
- Pre- Exposure Prophylaxis (PrEP)
- Post- Exposure Prophylaxis (PEP) – (Provided within 72 hours after a rape incident to prevent HIV infection)
- Sexually Transmitted Infections Screening & Treatment
- HIV Testing & Counselling

Performance for your post

11,444 People Reached

596 Reactions, Comments & Shares

568 Like	568 On Post	0 On Shares
22 Love	22 On Post	0 On Shares
1 Sad	1 On Post	0 On Shares
1 Comments	1 On Post	0 On Shares
4 Shares	4 On Post	0 On Shares

529 Post Clicks

0 Photo views	173 Link clicks	356 Other clicks
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NEGATIVE FEEDBACK

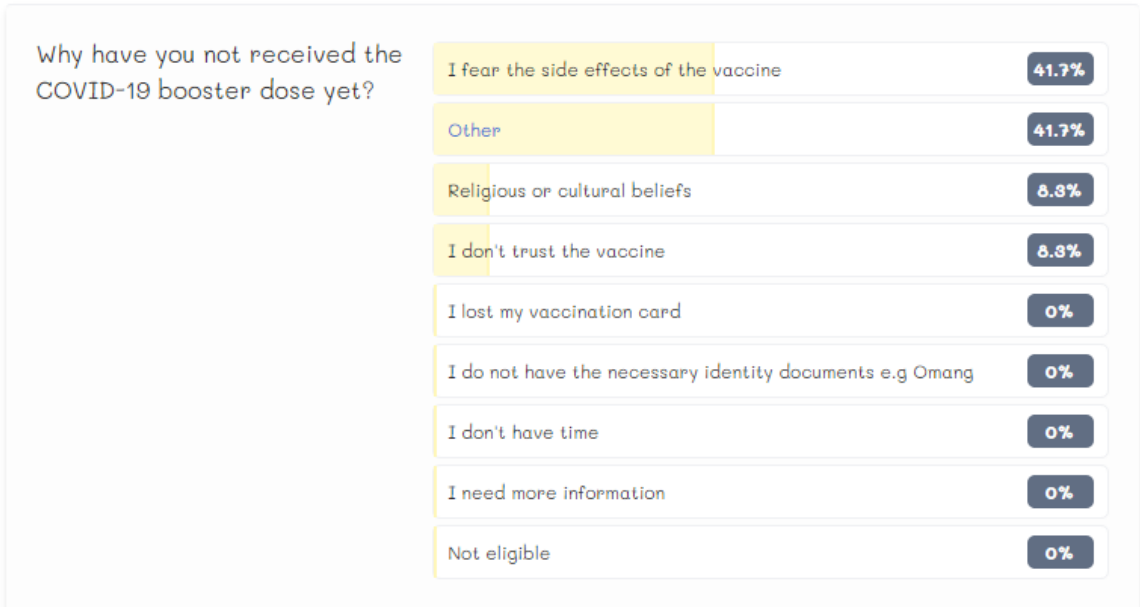
0 Hide post	0 Hide all posts
0 Report as spam	0 Unlike Page

Reported stats may be delayed from what appears on posts

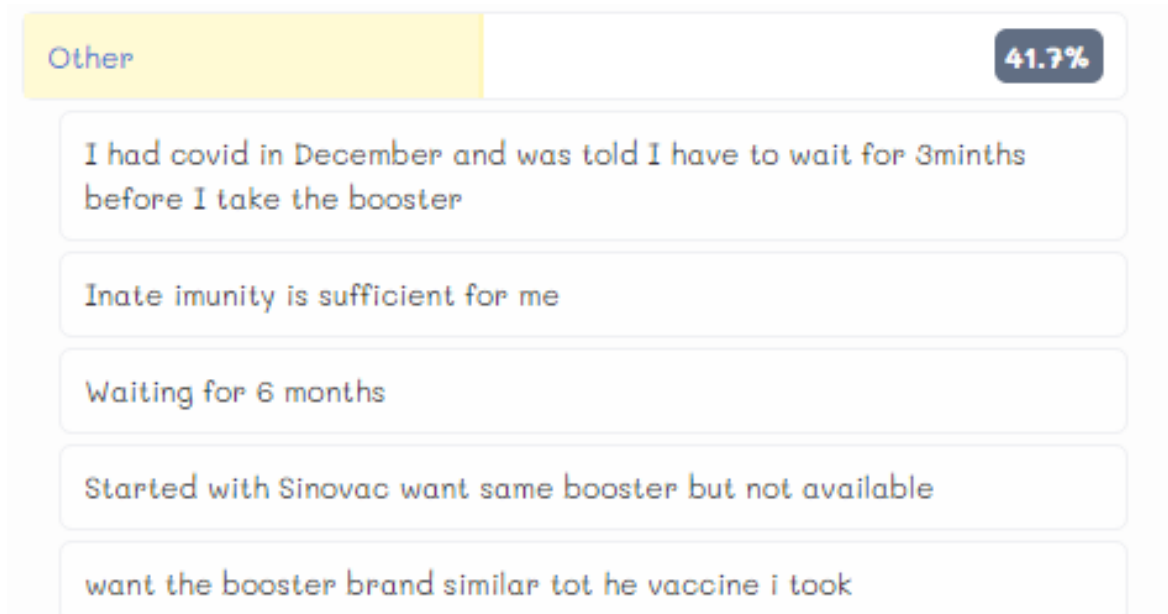
Results of the poll:

COVID-19 Vaccine

The poll is now closed. Thank you for your participation.



Breakdown on other – These is information provided by respondents.



Challenges and Strategies for Improvement

GBV and HIV

- Lack of GBV prevention communication guidelines and standard operating procedures to standardize delivery of messages to targeted audiences – Ghanzi, Francistown and Molepolole. Develop/adapt communication guides for use by field teams.
- Limited teams conducting educational activities which affect coverage. Invest on social media and also work with selected communities for greater impact.
- Lack of materials for distribution in the community and during events. Partnerships with private companies for branding and marketing. Use social media to post flyers and leaflets.
- Low referral completion rates for the AGYW referred for primary services under the DREAMS program. Joint implementation of activities with other partners providing primary services is critical to improve referral completion.

COVID-19

- Lack of GBV prevention communication guidelines and standard operating procedures to standardize delivery of messages to targeted audiences – Ghanzi, Francistown and Molepolole. Develop/adapt communication guides for use by field teams.
- Limited teams conducting educational activities which affect coverage. Invest on social media and also work with selected communities for greater impact.
- Lack of materials for distribution in the community and during events. Partnerships with private companies for branding and marketing. Use social media to post flyers and leaflets.

- Low referral completion rates for the AGYW referred for primary services under the DREAMS program. Joint implementation of activities with other partners providing primary services is critical to improve referral completion.

Lessons Learnt

- Social media proves to be a useful strategy to engage with wider audiences as it enables people to express their opinions on different issues including GBV, HIV and COVID-19. In 2023, BGBVC will intensify use of social media (facebook page) to run opinion polls and posts that can trigger public dialogues and discussions on GBV and HIV.
- Partnering with private companies for joint implementation of behavior change and communication activities is critical. Example; Ghanzi (Mine) and Gaborone – Diacore Marathon, Fearless Fitness Club, abs Club Social Football Club. In 2023, through its communication strategy, BGBVC will continue exploring these partnerships for increased visibility and marketing.
- Joint mobile outreach activities with other service providers (counselors and clinical team) increases uptake of services. Mobilizers are able to immediately link clients to services and save time for the client.

4.2.3 Post GBV care and Psychosocial Support Services

a) Psychosocial support program

BGBVC provides psychosocial support services as part of the comprehensive post GBV care service package. Psychosocial support services includes; counseling, temporary and emergency shelter, legal support and referral for other social services. All these services are provided in all the BGBVC drop –in centres located in Gaborone ,Molepolole, Francistown and Ghanzi. Shelter services are only available in Gaborone & Francistown. Psychosocial support is provided by qualified counselors on a daily basis. Shelters are managed by shelter assistants who work closely with the counselors to support admitted clients. Admission at the shelter is limited to clients whose lives are at risk or imminent danger.

b) Counselling

Counseling focuses on helping the client deal with negative cognitive and behavioral effects of painful/traumatic experiences which affect their daily lives. BGBVC adopts a client-centered approach in providing counseling. Care/intervention plans are developed and implemented by the counselor and the client. The care plans are guided by the SOPs which requires the client to complete the minimum of six sessions to assure quality. Counselors work closely with other service providers available internally and externally for referrals and continuum of care. GBV and HIV screening is conducted to all clients who need counseling and those that need further clinical interventions are referred to the BGBVC clinical

team(Gaborone) or other external facilities. Clients who need legal support services are referred to the Legal officer. Depending on the individual cases, clients are then referred appropriately to access justice services. Clients who meet the shelter admission criteria are also provided with shelter.

To increase access to counseling services, BGBVC utilizes multiple strategies and these include: drop-in centres which targeted walk-in clients and clients referred by other stakeholders; mobile outreaches targeting hard to reach or marginalized communities (such as key population groups) and densely populated areas; Virtual or tele-counseling targeting clients with limited time or resources (transport) to visit the Drop-in centres. Different forms of counseling were used to assist clients based on their needs. This included individual, couple and family counseling. Survivors of GBV were provided with individual counseling and in some instances counseling was also extended to perpetrators and other family members. The main goal of counseling for perpetrators is to provide rehabilitation, cognitive and behavioral restructuring.

District	Counsellors		Number of shelter assistant
	Full time counsellors	counsellor interns	
Gaborone	5	6	6
Francistown	3	1	4
Ghanzi	1	0	0
Molepolole	1	0	0
Total	10	7	10

Table 2 : Total number of staff that were responsible for providing psychosocial support services from January to December 2022. Note that 4 interns joined in January and other 3 November 2022. 1 intern transferred out in August 2022

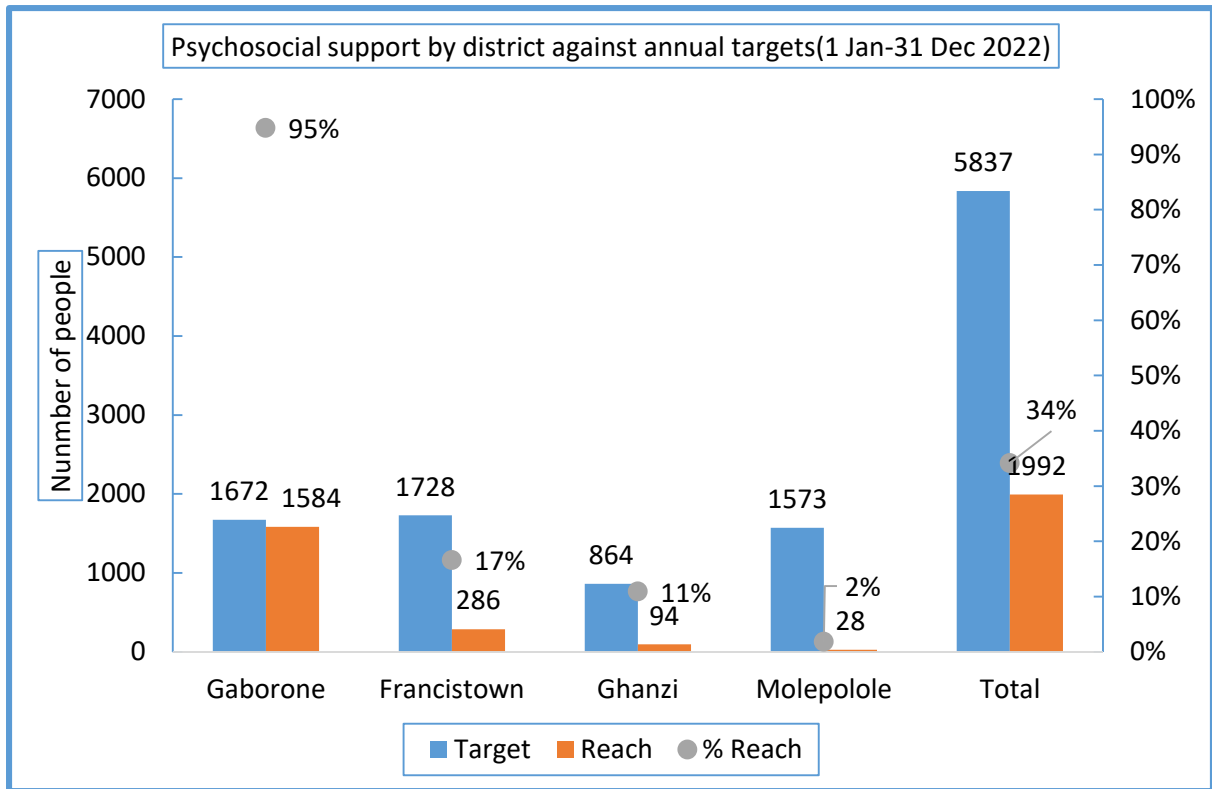


Figure 9: Total number of people who were provided with psychosocial support counseling services by district against 2022 annual targets

Figure-9 shows that overall BGBVC achieved 34% of its annual target in provision of psychosocial support services. Gaborone district performed well, achieving 95% of its target while Francistown, Ghanzi and Molepolole only achieved 17%, 11% and 2 % of their annual targets respectively. The targets for these districts were high as they were based on the projects that closed in December 2021. The Gaborone district is fully supported by EpiC and therefore the high performance is linked to availability of resources (*counselors as shown on table-1 above*) when compared with other districts which relied on limited funding from Government. Initially, the EpiC project supported Gaborone and Molepolole districts but this changed in March 2022 following guidance from the donor to stop implementation in Molepolole.

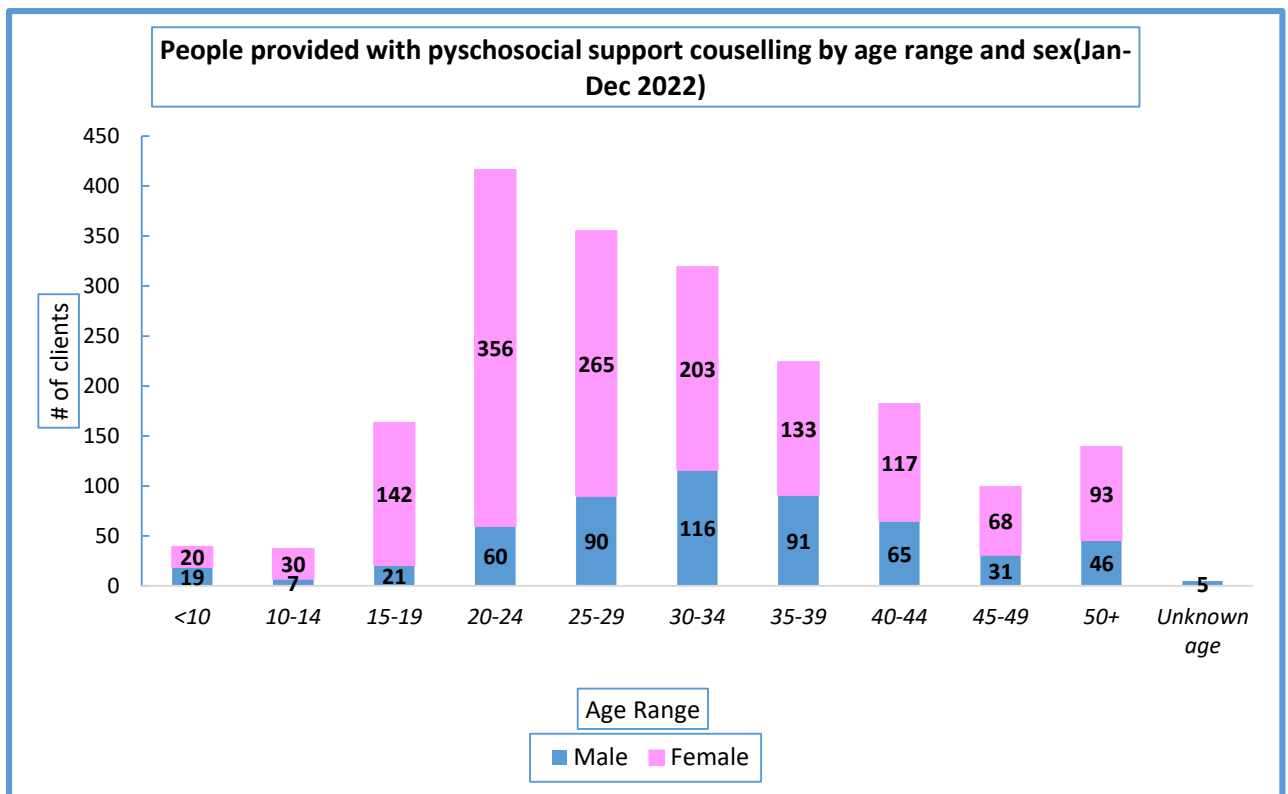


Figure 10: People provided with psychosocial support counselling by age range and sex

Figure-10 shows there were more females (1427) who were provided with psychosocial support counselling services than males (546) . Most of these were aged between 20 to 34 years. This is a result of the DREAMS program which targets AGYW (18-24 years). These were reached through targeted mobile outreaches in the malls, tertiary schools and other hotspots as well as referrals from other IPs are all efforts in reaching out this age group.

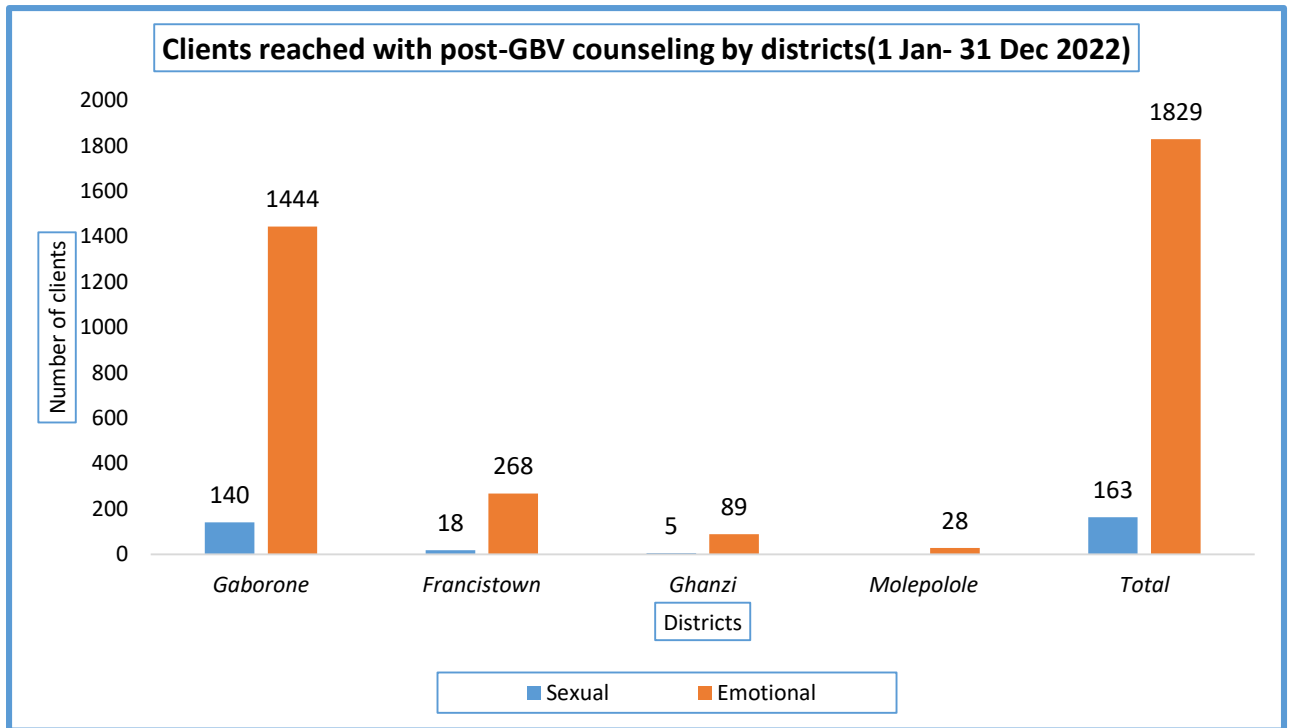


Figure 11: Clients provided with post GBV counseling by district, from January to December 2022

Figure-11 shows that a total of 1,992 people were provided with GBV counseling and 92% were those who reported emotional/physical violence while only 8% reported sexual violence. Furthermore, 80% of those provided with GBV counseling were from Gaborone, 14% from Francistown, 5% from Ghanzi and Molepolole with the least at 1%. In all BGBVC sites, all the 8% sexual violence cases were reported post 72hours.

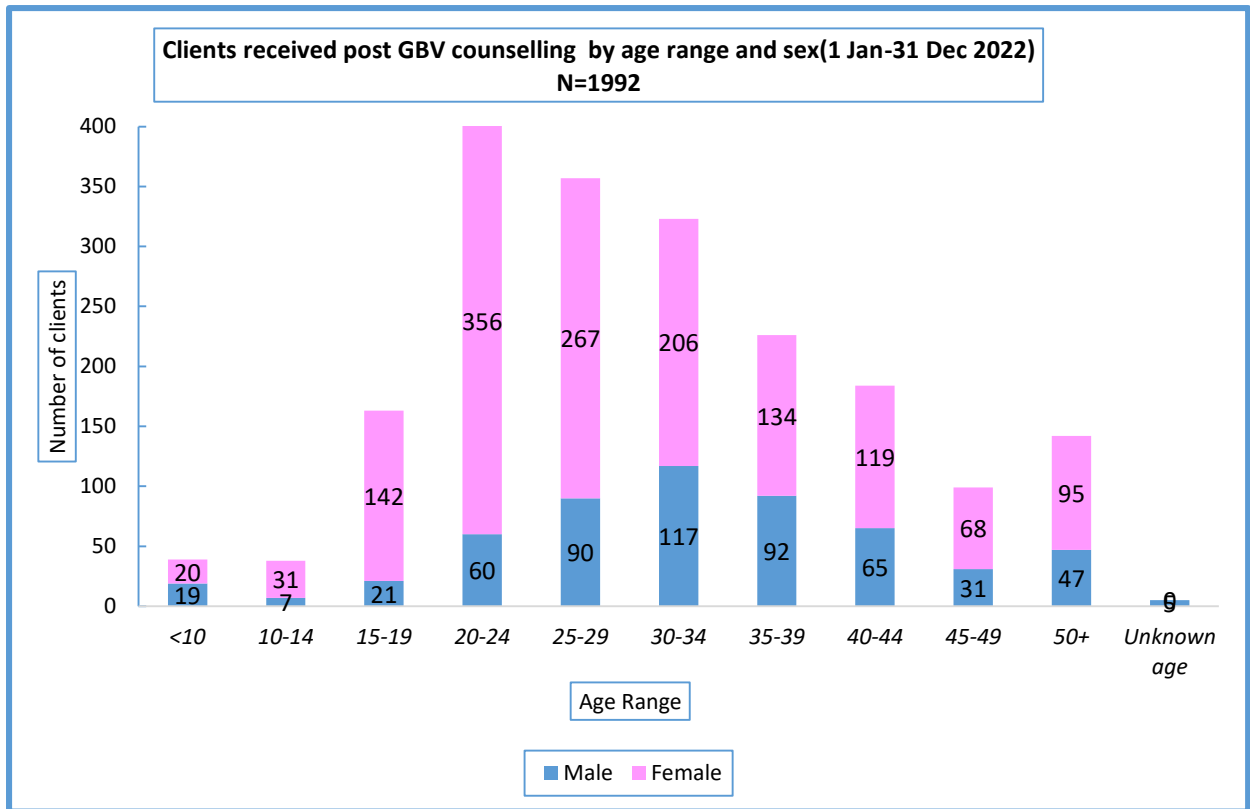


Figure 12: Clients who were provided with post GBV counseling by age group and sex, from January to December 2022

Figure-11 shows that most of the people who accessed GBV counseling services were females aged 20 to 34 years. The same applies for males.

c) Shelter Admissions

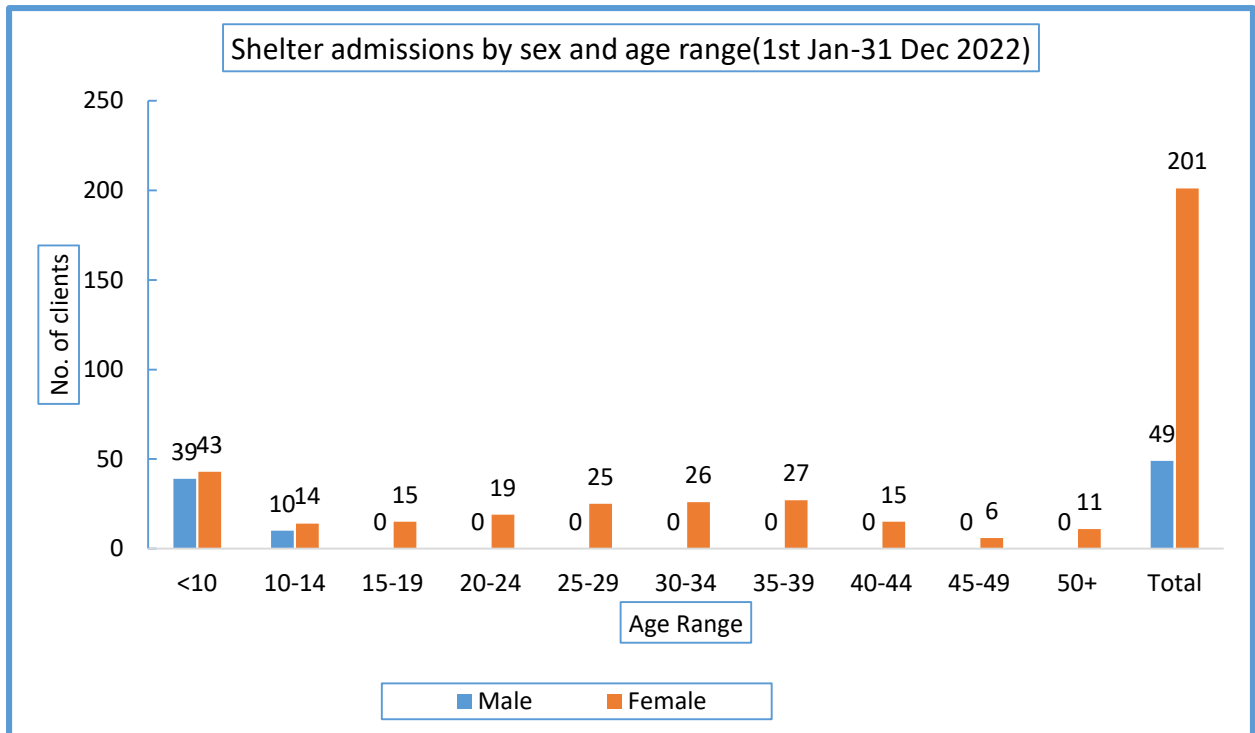


Figure 13: Number of people admitted in the shelter by sex and age, from January to December 2022

Figure-13 shows that 80% of people admitted in the shelter were females and these were evenly distributed across all ages. There were 49 males admitted and these were children who were aged less than 14 years admitted with their mothers.

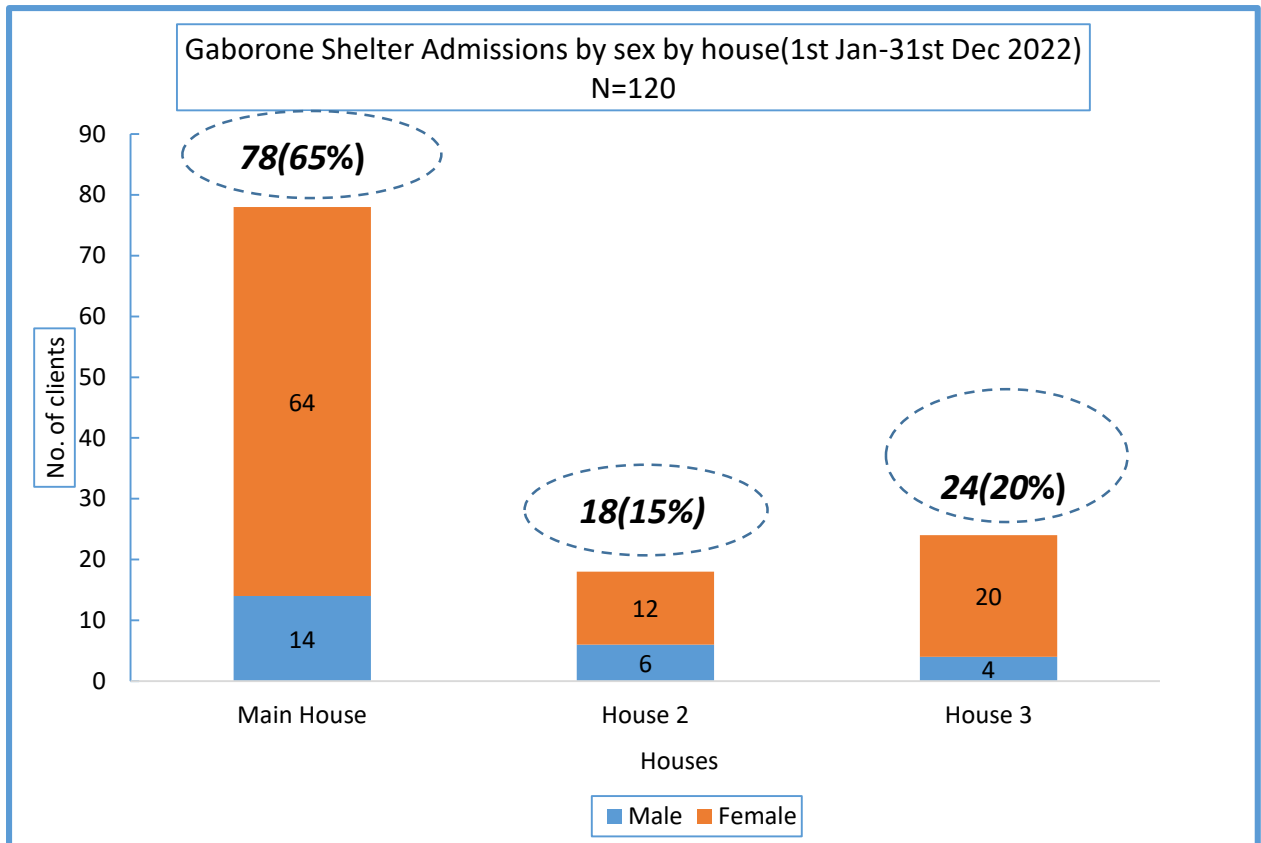


Figure 14: Gaborone Shelter Admissions by sex and house from January to December 2022

Figure-14 shows that the main house admitted more clients (65%), followed by house 3 (20%) and house 2 at 15%.

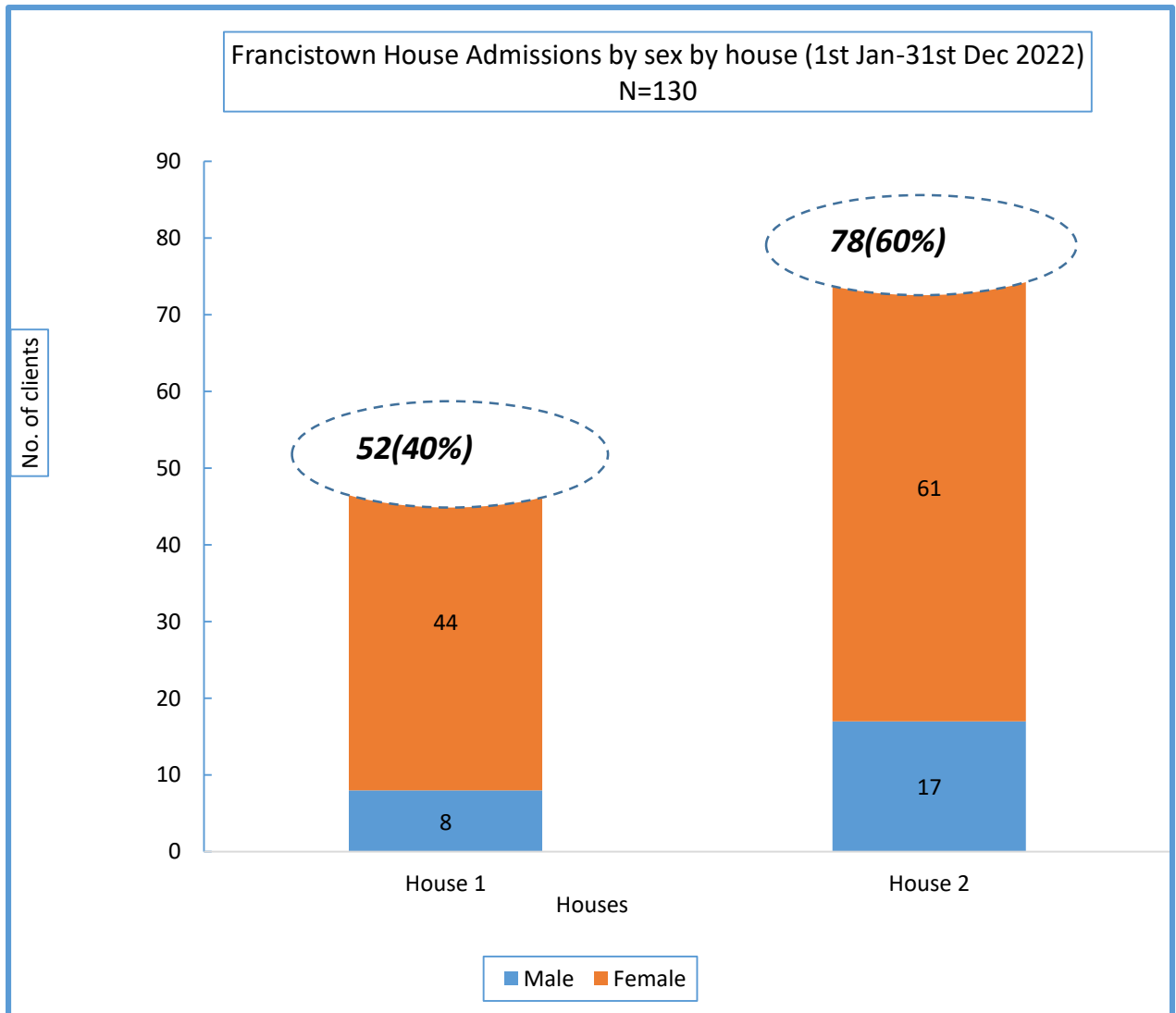


Figure 15 Francistown Shelter Admissions by sex and house from January to December 2022

Figure-15 shows that the house 2 admitted more clients (60%) while house 1 admitted 40% of the 130 clients admitted in Francistown.

d) Post GBV Care Clinical services

BGBVC provided clinical services to survivors of GBV at its clinic in Gaborone. Other districts refer the clients to local clinics/facilities.

BGBVC clinical package for GBV survivors is aimed at preventing HIV infection and unwanted pregnancies as shown below.

Minimum Service Package – Post GBV care services	
Services provided to survivors of physical, emotional & sexual violence	Additional services provided to survivors of sexual violence
<ul style="list-style-type: none"> • Counseling (first – support) • HIV Testing services • STI screening, prophylaxis and treatment • Treatment of minor injuries • Shelter (clients in imminent danger) • Referrals for other services as necessary • Pre-Exposure Prophylaxis 	<ul style="list-style-type: none"> • PEP (within 72 hours) • Emergency contraception

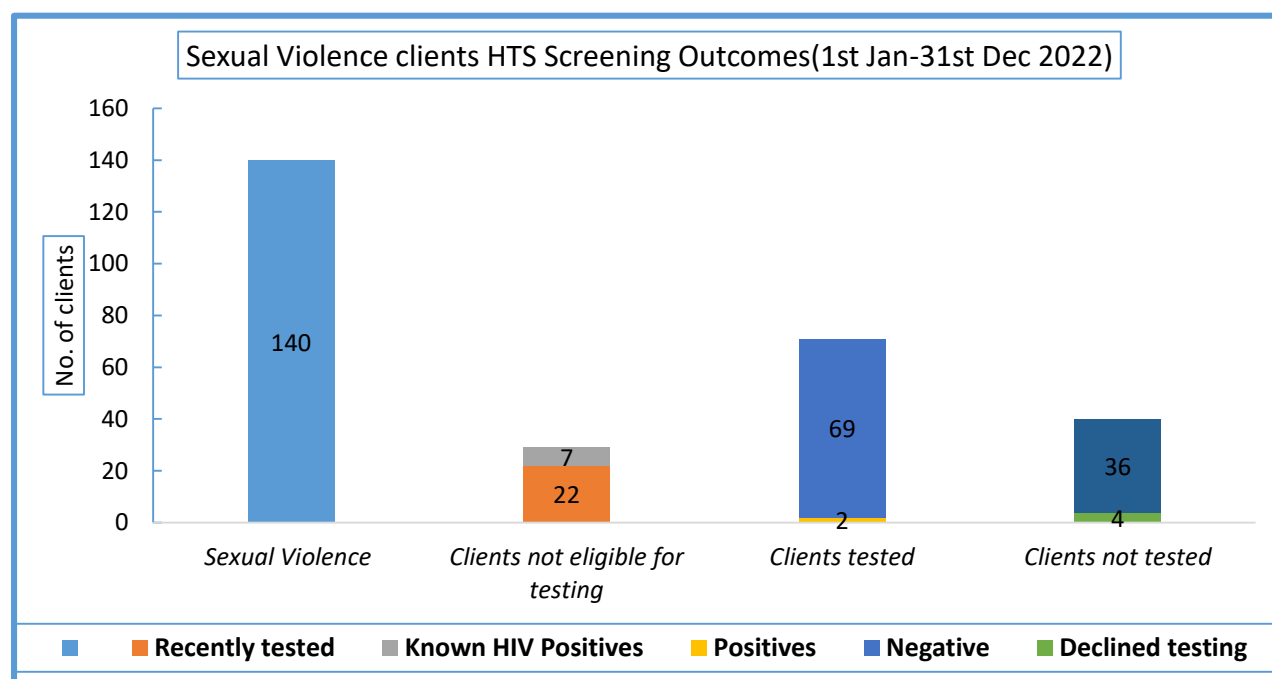


Figure 16: HTS cascade for sexual violence cases in Gaborone

Figure-16 shows that out of the 140 sexual violence cases attended in Gaborone, only 71 were tested for HIV. (69 tested HIV negative and 2 tested HIV positive showing a positivity yield of 3%). A total of 29 clients were not eligible for HIV testing as 7 had a known HIV positive status and 22 had valid HIV negative results. There were 4 clients who declined HIV testing while 36 were lost opportunities for HIV testing. Staff were provided orientation to close these gaps and ensure that all clients were screened and offered HIV testing services.

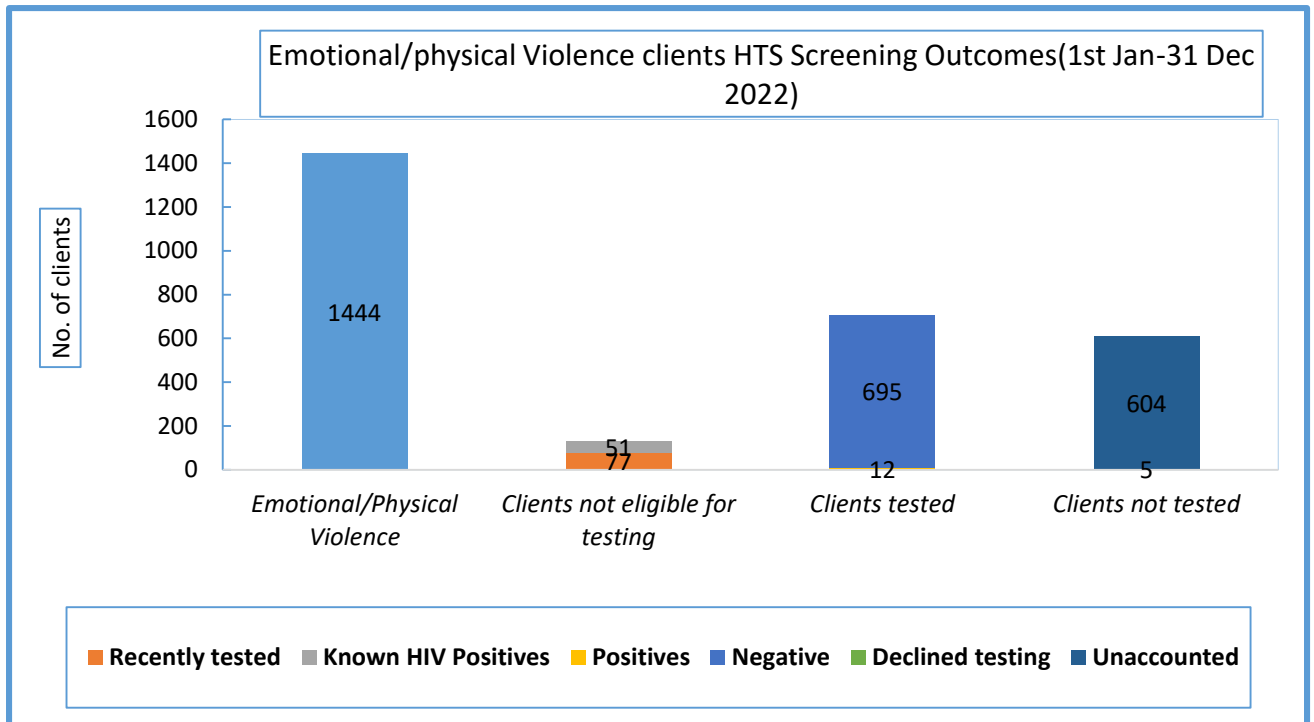


Figure 17: HTS Cascade for Emotional/Physical Violence cases in Gaborone

Figure-17 shows that out of the 1444 emotional/physical violence attended in Gaborone, only 707 were tested for HIV. (695 tested HIV negative and 12 tested HIV positive showing a positivity yield of 2%). A total of 128 clients were not eligible for HIV testing as 51 had a known HIV positive status and 77 had valid HIV negative results. There were 5 clients who declined HIV testing while 604 were lost opportunities for HIV testing. Staff were provided orientation to close these gaps and ensure that all clients were screened and offered HIV testing services.

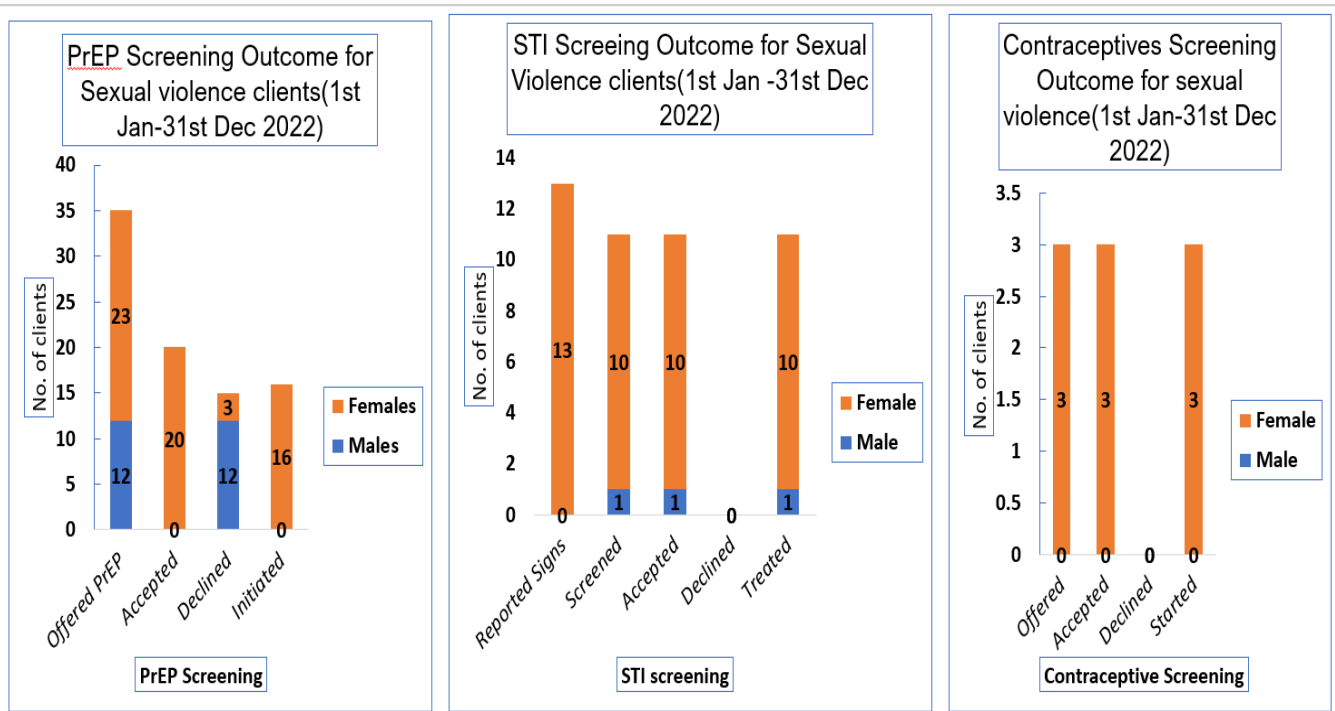


Figure 18: Clinical Cascades for sexual violence cases in Gaborone

Figure-18 shows that survivors of GBV who reported to have experienced sexual violence were also offered clinical services that prevent HIV, STI and unplanned/unwanted pregnancies in Gaborone. Clients were offered services based on their initial assessments conducted by counselors and clinical teams. Out of the 140 clients who reported to have experienced sexual violence in Gaborone (figure-16), 16 survivors were initiated on PrEP, 10 treated for STIs and 3 started on contraceptives.

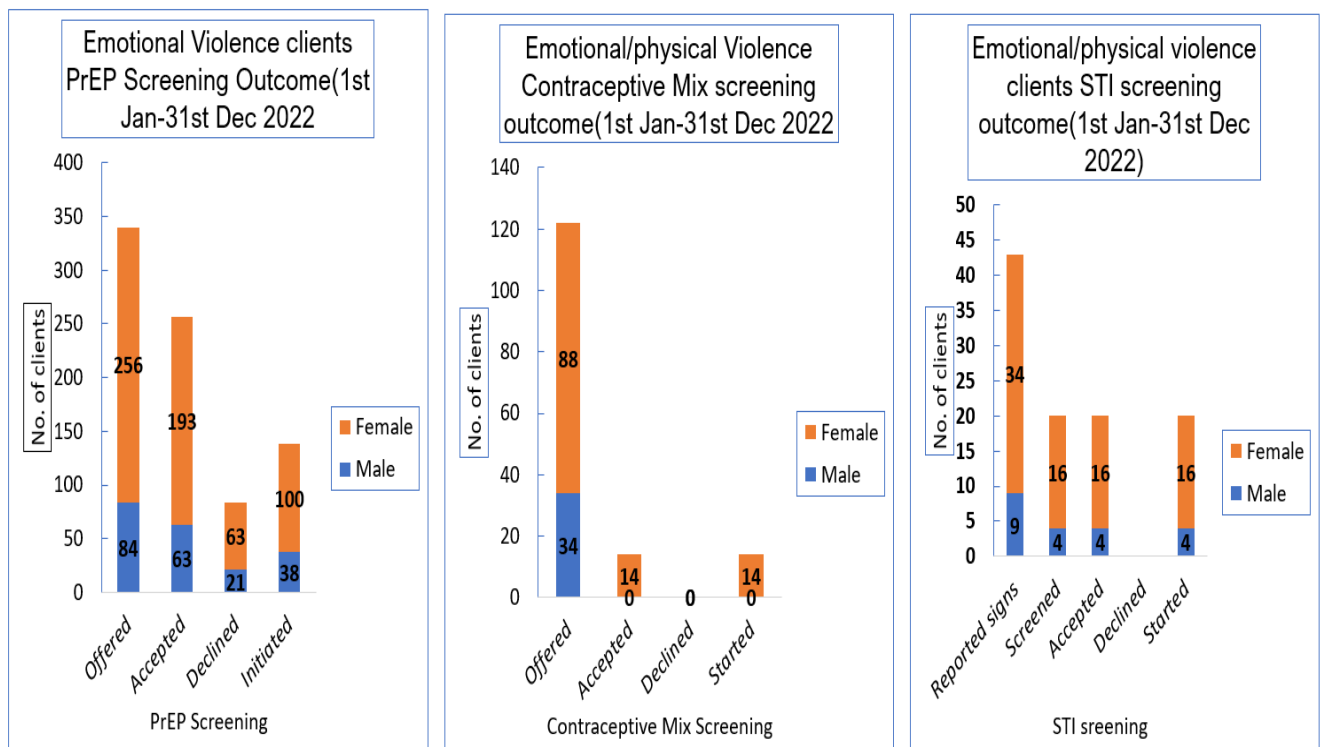


Figure 19: Clinical Cascades for emotional/physical violence cases in Gaborone

Figure-19 shows that survivors of GBV who reported to have experienced emotional/physical violence were also offered clinical services that prevent HIV, STI and unplanned/unwanted pregnancies in Gaborone. Clients were offered services based on their initial assessments conducted by counselors and clinical teams. Out of the 1,444 clients who reported to have experienced emotional/physical violence in Gaborone (figure-17), 138 survivors were initiated on PrEP, 20 treated for STIs and 14 started on contraceptives.

Challenges and strategies for improvement

- Incompletion of the required minimum number of sessions by clients across all the districts due to inadequate case Management and monitoring system. In 2023, The technical team will work closely with counselors to ensure implementation of client care/intervention plans. Counselors will be monitored weekly to ensure that follow ups are conducted and information captured on the data collection tools.
- Low uptake of counseling services in Molepolole despite demand creation efforts. This may be a result of many partners working in the same district providing similar services. In 2023, the counselor in Molepolole will be transferred to Ghanzi where there is an opportunity to make a greater impact. Ghanzi operated with one counselor and this proved to be a challenge in meeting clients demands hence the need to have 2 counselors.
- Under utilization of virtual platforms such as AME APP due to inadequate promotion and internal coordination of the platforms. Virtual platforms provide an opportunity for wider reach and facilitate client centered service delivery especially among the

working class and young people. There is a need to invest resources in coordinating and marketing these platforms.

- Inadequate self-care activities for counselors and shelter assistants. Self care is important and a requirement for counselors to guard against burnouts and vicarious trauma which ultimately compromises service quality. In 2023, the team will be intentional in implementing the self care activities for counselors and shelter assistants across all districts.

Lessons learnt

- Virtual platforms provide an opportunity for wider reach and facilitate client centered service delivery especially among the working class and young people. There is a need to invest resources in coordinating and marketing these platforms.
- Integration of HIV screening with counseling services promises to be an effective strategy to link clients to HIV prevention, care and support services. Counselors were able to identify and link AGYW to enroll in DREAMS and PrEP. Some clients were supported to initiate and adhere to treatment.
- Mobile services allow people to access services at the comfort of their homes or locations. Most of the clients who were provided counseling services during the year were seen during mobile outreaches. There is a need for BGBVC to invest more resources towards mobile outreaches to increase access to services.
- Lack of understanding by clients and stakeholders on the shelter services and standards which often leads to compromisation and inconvenience during admissions. There is a need for continued education and orientation to stakeholders and community on shelter standards and criteria for admission.
- Counselors are not trained to provide child therapy /counseling especially for children admitted at the shelter with their mothers. There is a need for BGBVC to consider child therapy as part of the program or establish collaboration with other organizations providing such services.

4.2.4. COVID -19 Vaccination

BGBVC clinical teams supported COVID-19 vaccination roll-out in Gaborone and Greater Francistown (Francistown, Masunga and Tutume) by administering 1st dose, 2nd dose and booster doses during the year, from January to September 2022.

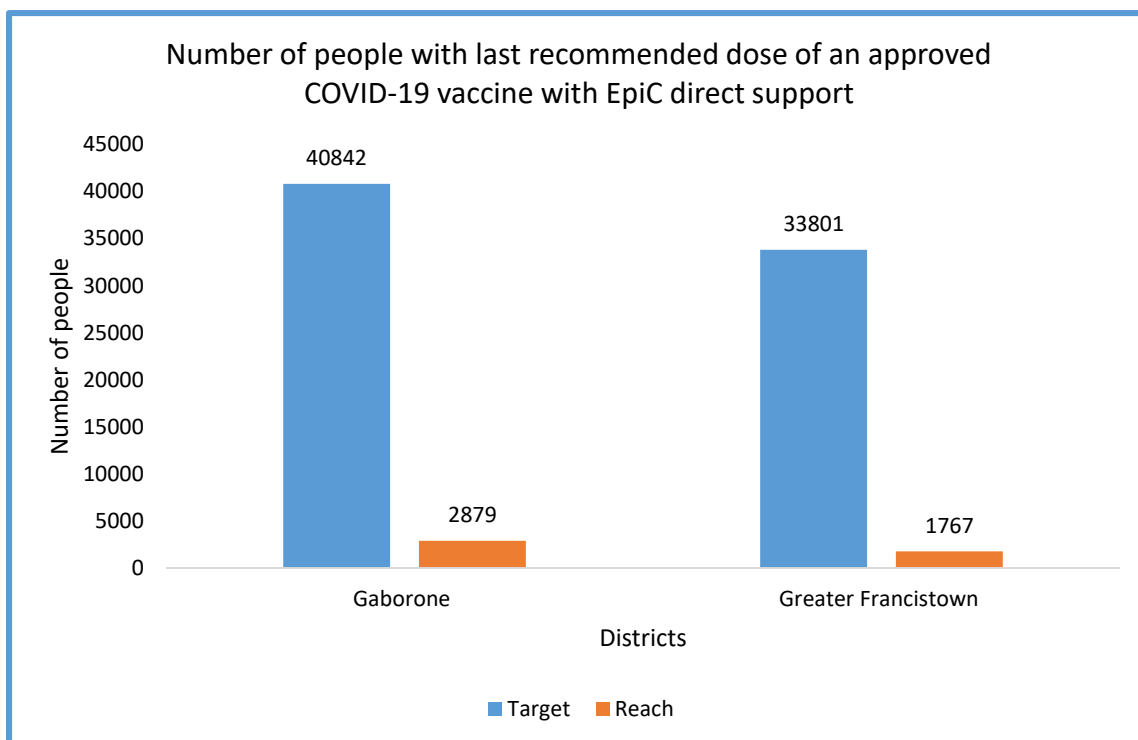


Figure 20: Number of people with last recommended dose of an approved COVID-19 vaccine with EpiC direct support

Figure-20 shows that Gaborone and Greater Francistown achieved 7% and 5% of the annual targets respectively. Vaccination activities were conducted to support the DHMT vaccination roll-out strategies. In Greater Francistown the team focused on supporting the DHMT mobile outreaches in the community while in Gaborone, vaccination was conducted mostly at the BGBVC clinic. The low performance can be attributed to successful campaigns conducted during the festive season (December 2021 to late January 2022 which led to high number of people being fully vaccinated during that period. From February, there was a decline in the number of people seeking 2nd dose vaccination.

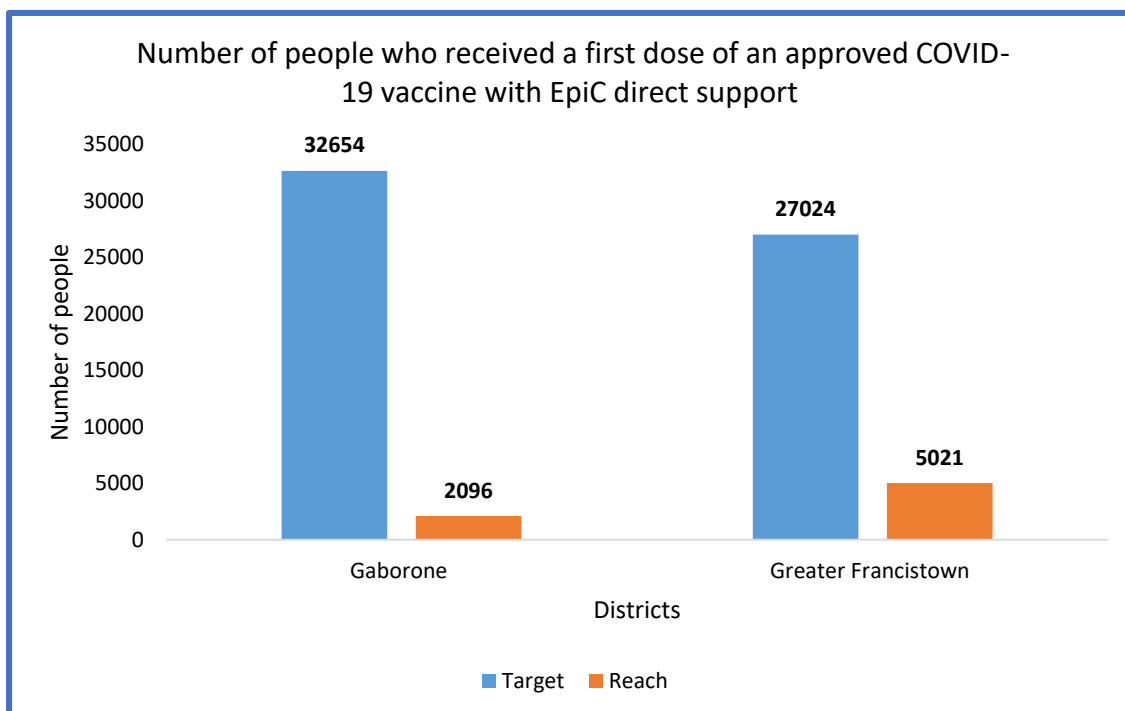


Figure 21: Number of people who received a first dose of an approved COVID-19 vaccine with EpiC direct support

Figure-21 shows that Gaborone and Greater Francistown achieved 6% and 19% of the annual targets respectively. There was a decline in number of people seeking first dose vaccination due to various factors including the one mentioned under figure-1. Furthermore, vaccine hesitancy due to myths and misconceptions on COVID-19 vaccine shared on social media, fear of side effects and other social issues such as religious and cultural beliefs. The decline on COVID-19 mortality and new cases led to people being reluctant to take up COVID-19 vaccine. Work and school commitments was also cited as a challenge for people not coming for vaccine.

a) Booster dose COVID-19 vaccination performance by district

A total of 8,181 people were provided with 1st booster doses and 1,714 with 2nd booster doses by BGBVC teams in Gaborone and Greater Francistown with support from EpiC project.

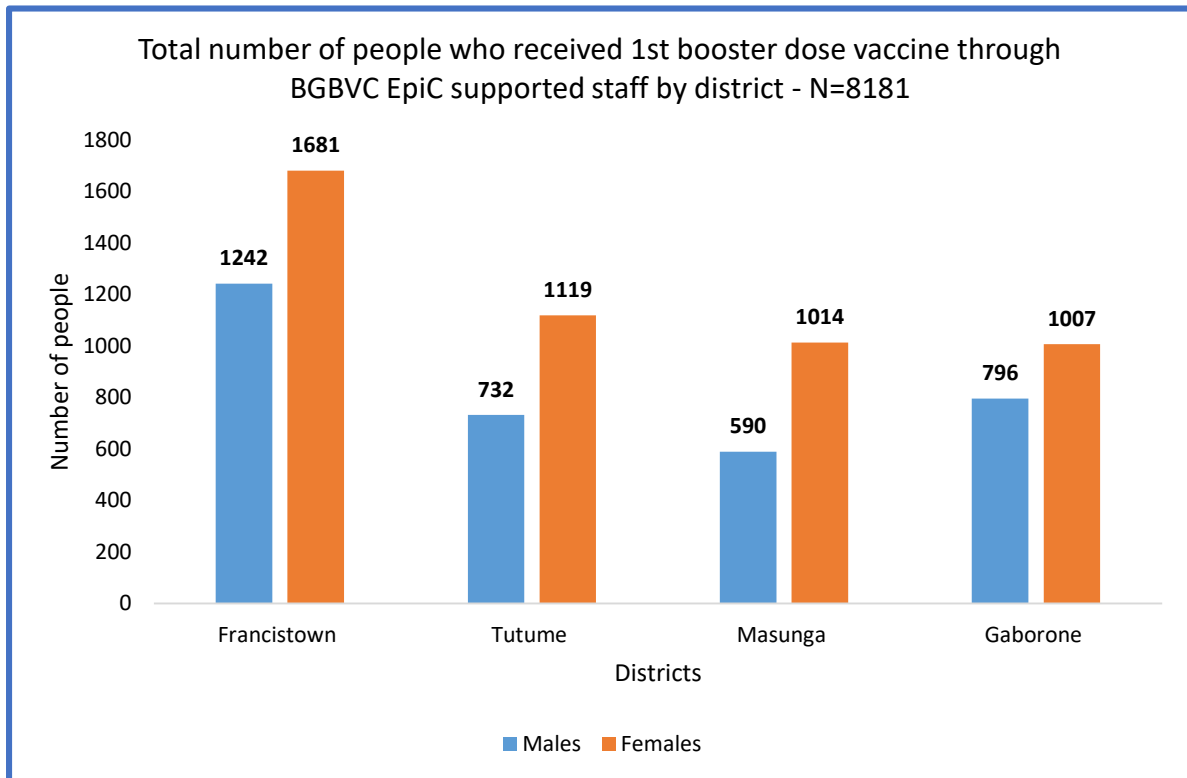


Figure 22: Total number of people who received 1st booster dose vaccine through BGBVC EpiC supported staff by district

Figure-22 shows that Francistown administered more (36%) 1st booster doses than other districts. 59% of people who received 1st booster doses administered by BGBVC EpiC supported staff were females. All districts reached more females with 1st booster doses than males.

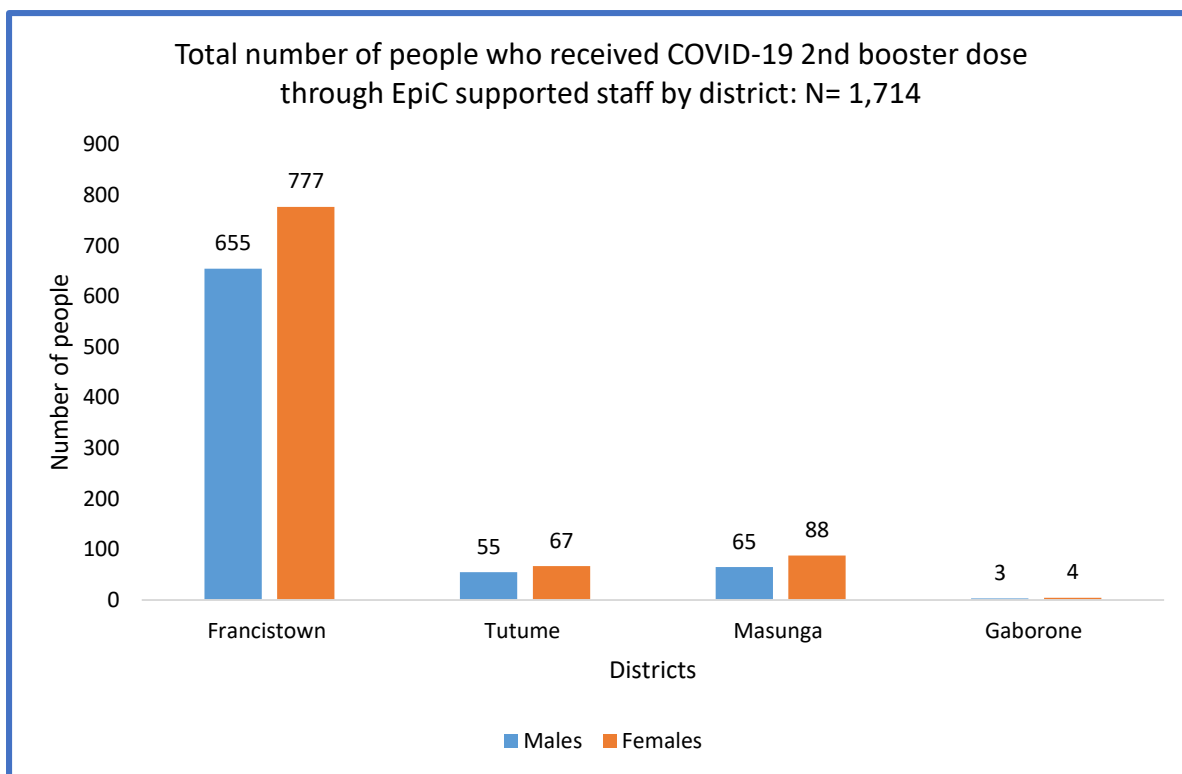


Figure 23: Total number of people who received COVID-19 2nd booster dose through EpiC supported staff by district

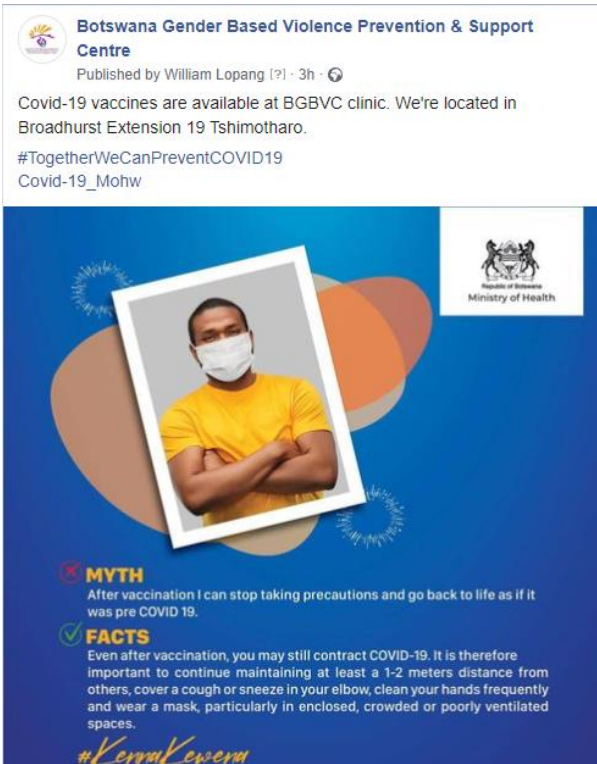
Figure-23 shows that Francistown administered more (84%) 2nd booster doses than other districts. All districts reached more females with 1st booster doses than males.

Challenges and strategies Implemented for improvement

- Vaccine hesitancy due to myths and misconceptions had a great influence in some people accessing COVID-19 vaccine despite communication activities implemented.
- Fear of side effects experienced with previous doses led to low uptake of 2nd dose and booster doses.
- Reluctance to vaccinate as most people following relaxation of COVID-19 restrictions and reduction of new COVID-19 cases and related mortality.
- Work and school commitments was also cited as a challenge for people not coming for vaccine.
- Loss of client vaccination card was identified as a deterring factor for some clients who don't come for their second and booster doses. Clients were encouraged to visit their vaccination site for assistance through the electronic registering system.

To address the above the following interventions were implemented by BGBVC

- **Use of social media (Facebook) to engage with the public:** BGBVC used Facebook posts and polls to address or demystify misconceptions and myths on COVID-19 vaccine.



Social media post addressing some of the myths about COVID-19 vaccine. The post reached 2,980 people and generated 23 reactions, 4 shares and It has 63 post clicks

- **Online booking:** QuickRes was introduced in July to enable people to make reservations online for COVID-19 vaccination at BGBVC clinic. This proved to be convenient for people who had limited time to visit health facilities for COVID-19 vaccination.

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Click on this link and follow easy steps to book for your Covid-19 vaccine at BGBVC Clinic: www.quickRes.org/2670001
 #TogetherWeCanPreventCOVID19

Why wait any longer?
 Getting your COVID-19 vaccine has never been this easy!
 With QuickRes, you can choose a vaccination time that won't inconvenience you.

Follow this link to book now
www.quickRes.org/2670001

#TogetherWeCanPreventCovid19

Botswana Gender Based Violence Prevention & Support Centre WhatsApp

Performance for your post

35,190 People Reached

374 Reactions, Comments & Shares 📈

353 Like	353 On Post	0 On Shares
15 Love	15 On Post	0 On Shares
1 Haha	1 On Post	0 On Shares
1 Wow	1 On Post	0 On Shares
4 Comments	4 On Post	0 On Shares
0 Shares	0 On Post	0 On Shares

548 Post Clicks

184 Photo views	142 Link clicks 📈	222 Other clicks 📈
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NEGATIVE FEEDBACK

0 Hide post	0 Hide all posts
0 Report as spam	0 Unlike Page

A social media post promoting QuickRes. A total of 35,190 people were reached through this post, generating 374 reactions.

- **Bringing vaccination closer to the community.** Community or mobile vaccinations were conducted targeting densely populated areas, malls and schools.



Bringing vaccine services closer to people: A community vaccination site in Old Naledi Gaborone. In August 2022, BGBVC team in Gaborone started conducting mobile vaccination activities in Gaborone

4.3 Cross Cutting Issues

4.3.1 Capacity Development and Systems Strengthening

The following activities were implemented to improve quality of services, efficiency and effectiveness in program management and service delivery

- Through the support of the Allan Gray funding, A psychologist was engaged on consultancy basis. During the period under review, the psychologist was able to provide clients with psychoanalysis and psychotherapy. Counsellors in all sites were also trained on child psychology and child therapy. Moreover, legal advisor was engaged on consultancy basis who also provided legal advice and support to GBV survivors. This greatly improved on the BGBVC approach of one stop shop as it minimized external referrals.
- The counselling program improved on its quality of counselling services by ensuring availability of upto date SOPs, services standards, updating and availing necessary tools to capture relevant data. The counsellors were trained on the SOPs and service standards.

- The Senior Counselor in Gaborone through USAID, was part of the Team that trained TOTs for the roll out of the community program under MOH Kitso Training Unit, training on the GBV/Male involvement module. More than 100 TOTs were trained in 2022 which is continuing in 2023.
- Through Covid 19 program, The Senior Counsellors in Gaborone and Francistown through respective DHMTs, were trained to be TOTs for Covid 19.
- On its effort for resource mobilization, the counselling program also trained members of the Southern African Partnerships for Prevention of Conflict (SAPPC) on Psychosocial Counselling on Emerging and Escalating Conflicts through BOCONGO, at a fee.
- Additionally, through the Ahawa Business Academy, 10 survivors of GBV from Counselling program were identified and mobilised as beneficiaries of training in clothing and textile. The program is set to kickstart in 2023.

4.3.2 Coordination and Networking

At district level BGBVC teams participated in various activities, meetings, and workshops organized by DHMT, DAC, Gender Affairs Office and other CSO's. The Senior Counsellors' active and consistent participation and reporting to district level forums (DMSAC, TAC) significantly improved BGBVC visibility, collaboration and resource identification through fostering networks with other CSOs and government entities.

At national level, BGBVC management participates in various meetings by Ministry of Nationality, Immigration and Gender Affairs, NAHPA, Ministry of Health and Wellness, UN family and other key stakeholders. In addition, BGBVC attends various meetings organized by umbrella CSO's (BONASO and BOCONGO), Ministry of Nationality Immigration and Gender Affairs and United Nations Agencies. Through these meetings BGBVC is able to advocate for its program and additional resources.

4.3.3 Strategic Information Management and Research

The BGBVC M&E team worked closely with the program team implemented various activities to ensure that data is collected, analyzed and reported accordingly. Quarterly support and monitoring visits were conducted by the Program Management team to provide guidance and mentorship for the field teams. These visits were also used to consult with district authorities such as the district Gender Affairs Office, District Commissioner, District AIDS Coordinator and DHMTs. These meetings were useful to strengthen collaborations and lobby for BGBVC support at district level.

BGBVC also continues to receive support from other partners to strengthen its strategic information management system. Through the support of funding from Ministry of Nationality, Immigration and Gender Affairs, BGBVC engaged a consultant to develop an electronic data management system to improve the quality of data and efficiency in reporting. The system will be rolled-out in the year 2022.

4.3.4 Finance and Administration Management

Financial Management

The Finance and Administration team continued implementing activities aimed at strengthening internal controls to prevent financial losses, promote accountability and ensure the integrity of financial data. Donor financial reports were prepared and submitted on time as per the signed grant agreements. The 2021 financial audit was completed according to schedule with a unqualified opinion. There were no financial challenges experienced during the year. Cost management measures were implemented to ensure that expenses were implemented within approved budgets.

Security and Risk Management

BGBVC experienced breakins which led to theft of equipment and damage property leading to disruption in operations. This led to the organization reinforcing security measures to prevent future losses. There is need to develop/review the security policy and strategy to align and respond to current threats and criminal activities.

4.3.5 Human Resources Management

BGBVC recruited a Human Resources and Administration officer to oversee human resources function. The position is expected to strengthen BGBVC human capital management systems and processes. Some activities implemented during the year included; the review of the BGBVC staff performance monitoring tools; introduction of staff wellness events; and integration of team building activities within the annual planning meeting activity.



BGBVC staff: In 2022, BGBVC had a staff capacity of over 40 staff members implementing the GBV and COVID-19 activities. The team started the year with a Senior Management Team Planning Meeting held in Lobatse to review strategies and develop a road map for the year 2022. A Planning and Performance Review Meeting was held in December to review program performance and agree on strategies for the year 2023.

4.3.6 Governance and Leadership

BGBVC's Board of Directors continued to review BGBVC operations and provide strategic guidance despite being challenged by resignations and inability to meet as frequently as planned. The Board of Directors committed to bridge the gaps on governance by recruiting more members into the organisation who would be eligible to be voted into the Board. It is envisaged that an induction and planning workshop will be conducted in the first quarter of 2023 with the aim of ensuring all members are conversant with the Relationship Governance Model and with their roles .

5. Success Story

A GBV One Stop Centre set to brings a joy to survivors of GBV and counsellors at BGBVC



A BGBVC Centre in Gaborone which has been transformed to be a one stop shop to give access to holistic services (health, psychosocial support, legal and police services) to survivors under one roof and free of charge.

Each year, the Botswana Gender Based Violence and Support Centre, through its drop-in centres located in Gaborone, Francistown, Ghanzi and Molepolole provides post GBV care and support to over 200 survivors of GBV. Majority of these are women and children who come with different needs based on their situations. In the past, due to limited capacity and resources, these clients were provided with counseling services and referred to other service providers outside BGBVC to access medical care and legal counseling services. This brought challenges, as some of the clients were not comfortable with referrals and ended up not completing these referrals which may lead to long term health and psychological complications.

To address this gap and respond to needs of GBV survivors; BGBVC started a process of establishing a one stop service centre in Gaborone. A clinic was established in 2020, with support from the American Government and Ministry of Health to provide medical care to survivors of GBV. The introduction of clinical services allowed clients to access integrated comprehensive GBV, HIV and SRH services. Client are able to receive counselling, get tested Botswana Gender Based Violence Prevention and Support Centre
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for HIV, screened for STIs and access contraceptives at the centre. In 2022, a legal counsellor, medical doctor and psychologist were engaged to complement psychosocial support and clinical services. This brought excitement to counsellors and clients as they are now able to access and enjoy counseling, temporary shelter, medical and legal support centre in one place. For counsellors it brought a sigh of relief as they will spend more time providing services than having to move from service provider helping clients navigate other services.

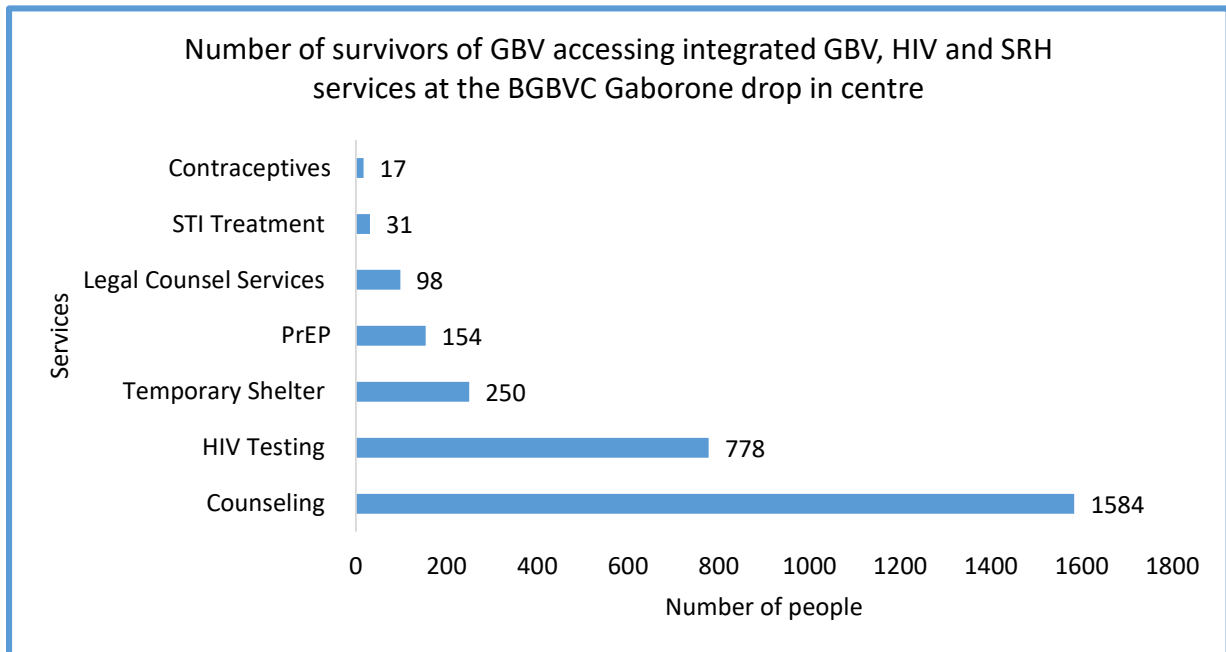


Figure 24: Number of GBV survivors accessing integrated GBV, HIV and SRH services provided at the BGBVC Gaborone Drop in Centre.

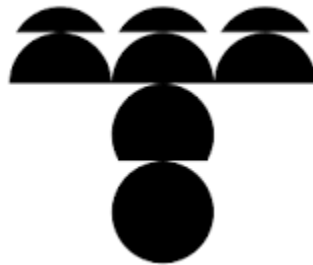
BGBVC would like to thank the following partners, corporates and individuals for the support provided in the year 2022. We remain indebted to your generous support and we look forward to the continued partnership in 2023



REPUBLIC OF BOTSWANA



Allan & Gill Gray
PHILANTHROPIES



Thank You!