

BOTSWANA GENDER BASED VIOLENCE PREVENTION AND SUPPORT CENTRE

2024

ANNUAL REPORT



Vision

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

Mission

The Mission of Botswana GBV Prevention & Support Centre is 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

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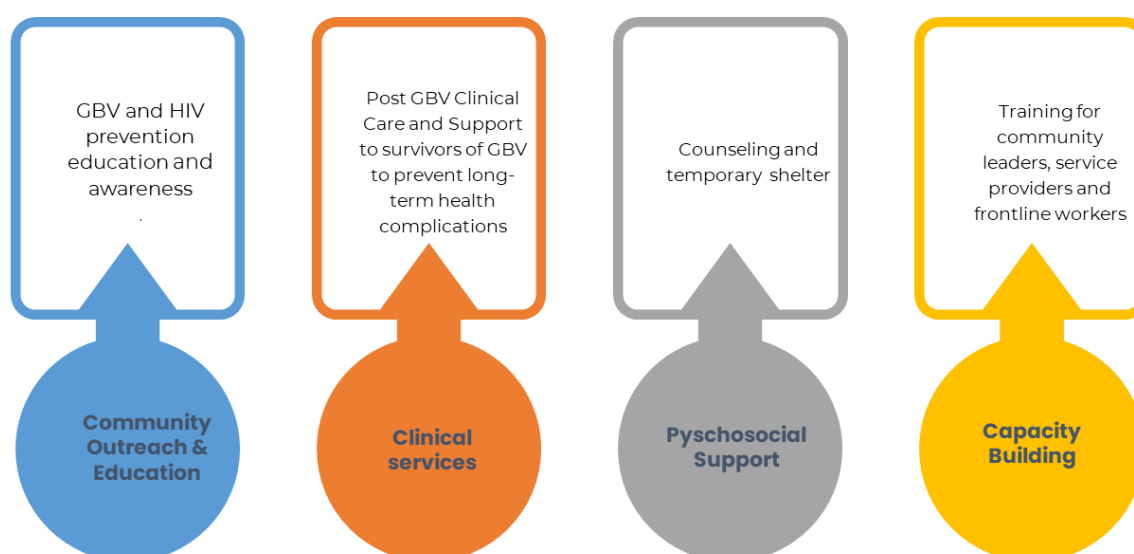
Acronyms

AGYW	Adolescent Girls and Young Women
ABYM	Adolescent Boys and Young Men
ART	Antiretroviral therapy
BGBVC	Botswana Gender Based Violence Prevention and Support Centre
BOMRA	Botswana Medicines Regulatory Authority
DHMT	District Health Management Team
EpiC	Meeting Targets and Maintaining Epidemic Control
FAM	Finance and Administration Manager
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
PEP	Post-Exposure Prophylaxis
PrEP	Pre-Exposure Prophylaxis
MOHW	Ministry of Health and Wellness
NAHPA	National AIDS and Health Promotion Agency
SBCC	Social and Behavior Change Communication
SPO	Senior Programmes Officer
SM&E	Senior Monitoring and Evaluation Officer
SSI	Stepping Stones International
STI	Sexual Transmitted Infection
TO	Technical Officer
TWC	Tebelopele Wellness Centre

1.Introduction

The 2024 Annual Report provides details of activities implemented by Botswana Gender Based Violence Prevention and Support Centre (BGBVC) from 1st January to 31st December 2024.

The Botswana Gender-Based Violence Prevention and Support Centre (BGBVC) is a non-profit organisation which aims to raise awareness about gender-based violence; and provides care and support to survivors of gender-based violence in Botswana. The organization currently operates three (3) drop-in centers located in Gaborone, Francistown and Ghanzi where clients are able access a wide range of life saving post-GBV care services which include psychosocial support counseling, post GBV care clinical services, shelter, and legal support services.



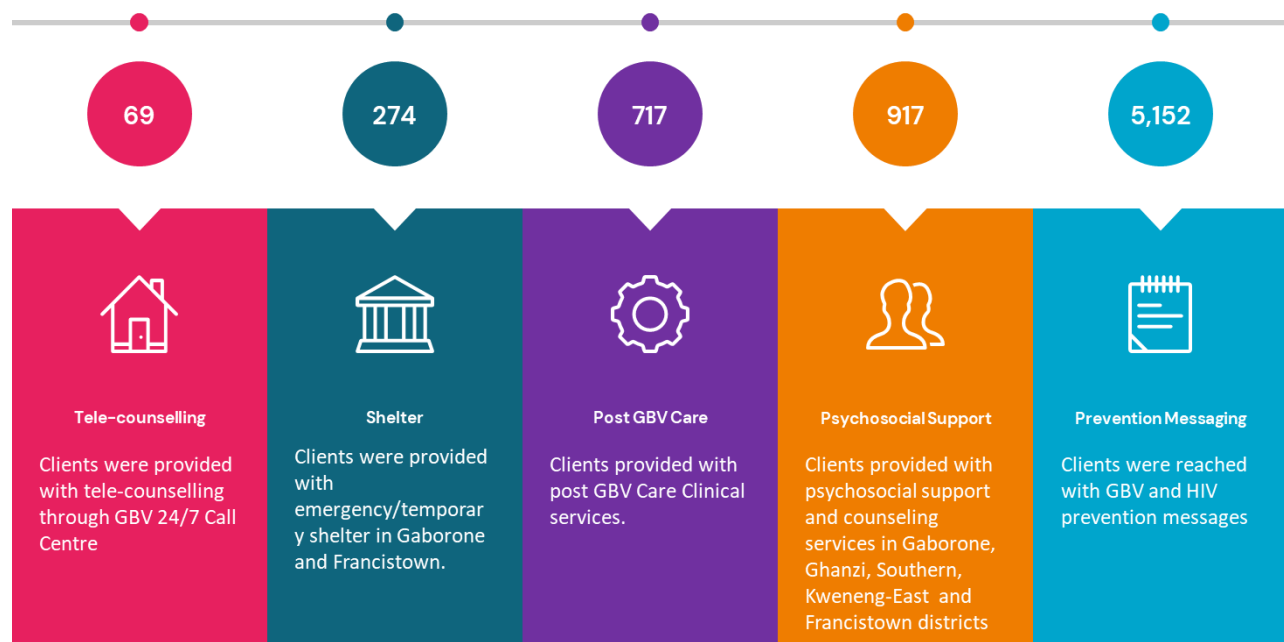
The organisation is supported by Government of Botswana, international and local donors including corporates, individuals, volunteers, and its staff. In 2024, BGBVC work was funded by the Gender Affairs Department under the Ministry of Youth and Gender Affairs (MYGA), Ministry of Health, Family Health International (FHI 360), Stepping Stones International, Tebelopele Wellness Centres, Allan Gray and Tache Foundation. The organization also received some donations from corporates and individuals to support the program.

BGBVC work is implemented under the following key program areas:

- ❖ Community Engagement and Demand Creation Program
- ❖ Post GBV/HIV clinical care and Psychosocial support services
- ❖ Governance and Management
- ❖ Administration and Operations
- ❖ Resources Development and Communication
- ❖ Monitoring and Evaluation

2. Program Highlights

This section provides a summary of key highlights for the year:



- 🏆 Successful set-up and launch of the GBV Teletherapy service line (14655) through the support of USAID Botswana under the Kgatelopele Mo Botsogong 2.0 project.
- 🏆 Enhanced safety and security management protocols to protect clients and staff in all sites. BGBVC, through private partners, conducted in-house security training for all its staff.
- 🏆 Training of District Gender Committees (DGCs), District Child Protection Committees (DCPCs), and frontline service providers on GBV response and survivor centered approaches in 5 districts (Molepolole, Mahalapye, Serowe, Kgatleng and Tlokweng).
- 🏆 Additional funding secured from USAID Botswana through proposals submitted with other local partners led by Tebelopele Wellness Centre and Stepping Stones International to expand provision of psychosocial support services in Kweneng and Southern Districts. Additionally, funding was secured from French Embassy to start a Survivor Economic Empowerment program in Gantsi.
- 🏆 Two international volunteers mobilized to provide self-care program and care of carers session with counsellors and shelter staff to mitigate vicarious trauma, compassion fatigue that comes with their work. The volunteers will support BGBVC to develop its own self care program for all staff.
- 🏆 Renovation of the children's play area at the shelters to provide a therapeutic and child - friendly atmosphere. This was done through the support of South African High Commission.

- 🏆 BGBVC revamped and launched organizational website. This website is essential to enhance a robust online presence, engage with stakeholders, enhance credibility, and drive organizational growth.
- 🏆 Increased visibility of BGBVC on social media (Facebook, LinkedIn, Instagram, and video reels). This is as a result of a volunteer from the Japanese International Cooperation Agency (JICA).
- 🏆 The partnership with Gabz FM radio led to wider dissemination of GBV prevention and awareness messages. Gabz FM generously provided a slot valued at P63,000 at no cost to BGBVC.
- 🏆 An MOU was signed between BGBVC and YTV for the broadcast of the Pelokgale series, which addresses GBV through real stories depicted in a television series. The broadcast commenced in March 2024.
- 🏆 Signing of Memorandum of Understanding (MOU) with Abigail & Partners which is meant to assist and provide GBV survivors with legal support and advice as well as undertaking some strategic litigations to influence policy reform on GBV in Botswana.

3. Program Performance by strategic area

3.1 Community Engagement and Demand Creation Program

The Community Engagement and Demand Creation program aims to address the social factors contributing to increased GBV and HIV incidence in Botswana. The program is implemented in Gaborone, Ghanzi, and Francistown. BGBVC uses diverse interpersonal and media strategies to engage communities and raise awareness as shown below.



3.1.1 Individual, Group and Campaign Activities

BGBVC uses the Connect with Respect (CWR) school-based violence prevention curriculum to facilitate group-level engagements with students. At household level, BGBVC conducted one-on-one sessions with individuals to assess their opinions and perception on GBV. To complement the individual and group level interventions, BGBVC participated in events such as 16 days of activism against GBV to raise awareness on GBV and promote its services.

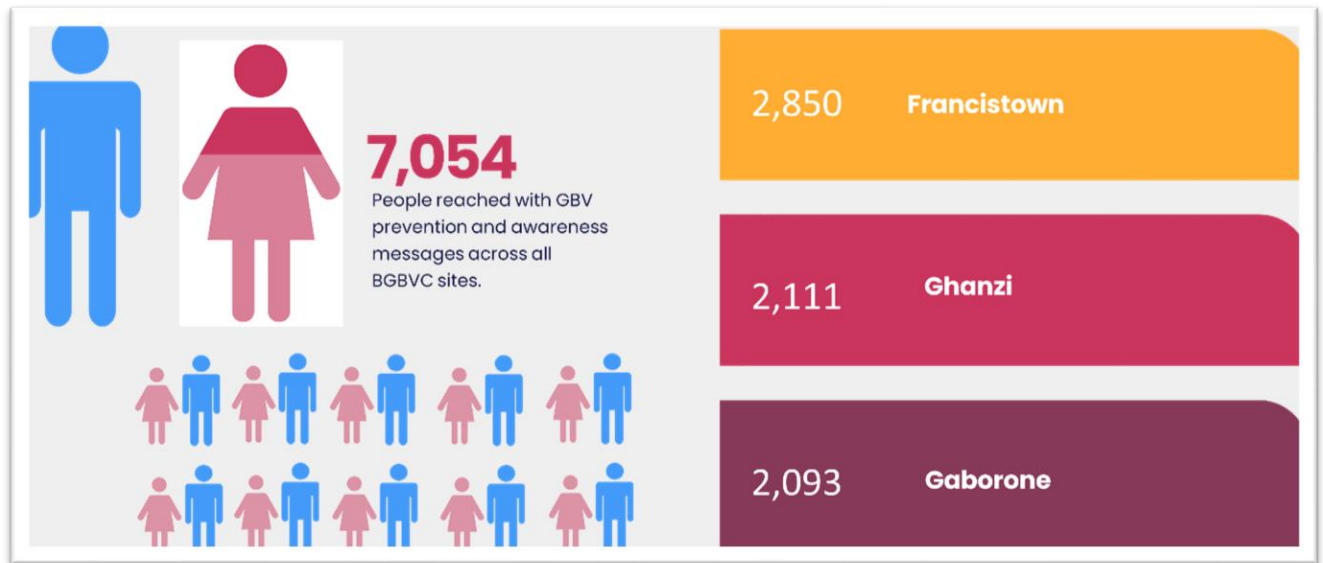


Figure 1: Number of people reached with GBV and HIV prevention messages from individual, group and campaign activities across all BGBVC sites

Figure-1 shows that the highest number of people reached with GBV prevention or awareness messages were in Francistown (2,608) followed by Gaborone (1,642) and Gaborone (902). Francistown and Ghanzi are implementing a school-based GBV prevention program that allows for a higher reach. Gaborone focused on using social and mainstream media to complement activities implemented in other districts as explained in other sections of the report.

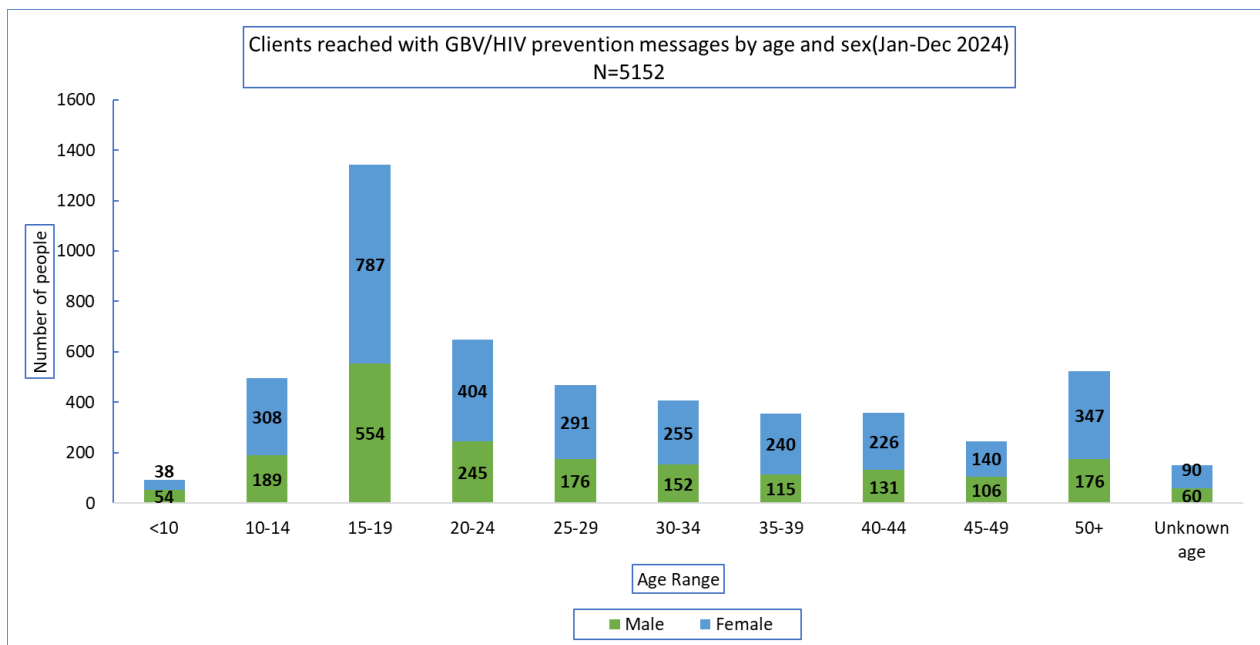


Figure 2: Overall number of people reached with GBV and HIV prevention messages across all BGBVC sites by Age and Sex.

Figure-2 shows that the highest engagement was among the 15–19 age group cohorts for both males and females. This is a result of the school based GBV prevention program (connect with respect) implemented in Ghanzi and Francistown. In 2023, BGBVC with support from the Australian High Commission in South Africa, partnered with Ministry of Education and Child Welfare to implement a school based GBV prevention program in primary, Junior and secondary schools in Francistown and Ghanzi districts. *(Refer to the section on CWR for more details)*

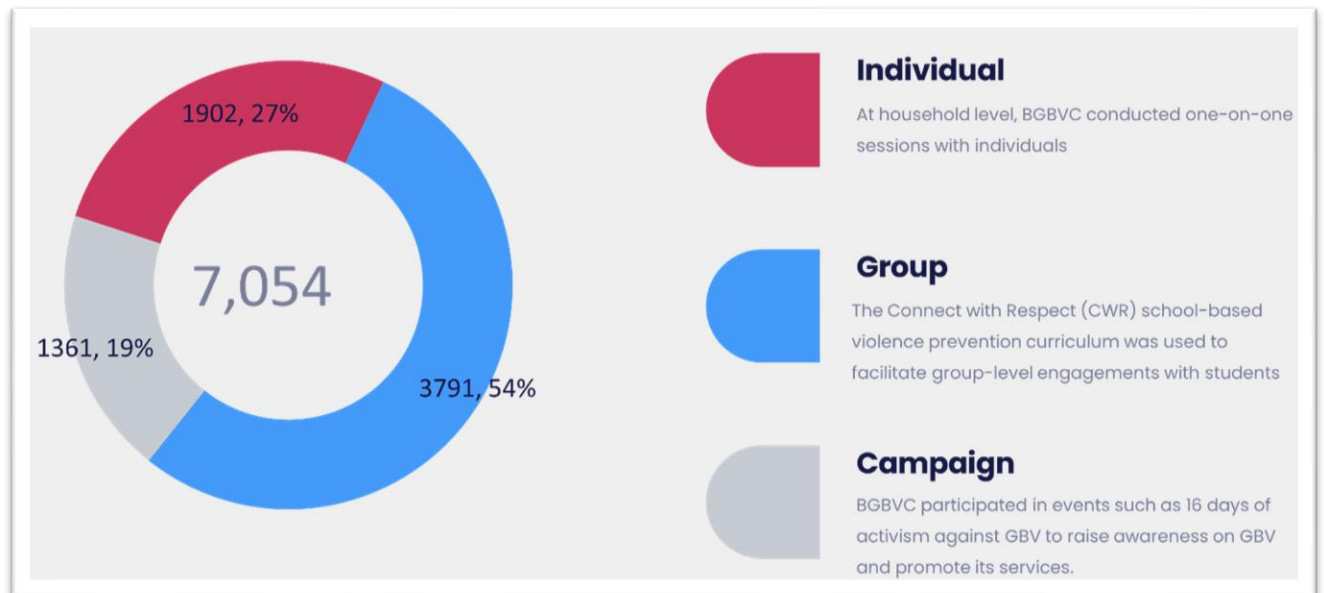


Figure 3: Strategies used to disseminate GBV and HIV messages across sites

Figure-3 shows that there were more people (54%) reached through group level activities when compared with other strategies. This is linked to the school-based intervention sessions implemented in Ghanzi and Francistown.

In addition to one and individual group level activities, BGBVC organized and participated in various events and campaigns organized by other stakeholders to raise awareness on GBV as shown below:



16 Days of activism walk against GBV in Gaborone. In the picture: BGBVC CEO leading the walk with other stakeholders including other CSOs and USAID Staff.



Mr Obonye Masuga, BGBVC Community Mobiliser, giving information about BGBVC and issues of GBV during a stall pitching activity in Ramotswa through the Peace Corp invitation



Picture a Candlelight event that was hosted by BGBVC on the 6th of December 2024 in Gaborone



BGBVC staff holding placards that bear messages against GBV during the Orange Day campaign

In efforts to complement in-person events, BGBVC continues to commemorate the Orange Day campaign to raise awareness about GBV. On the 25th of each month, staff across all implementation sites carry out activities under the Orange World theme. Employees dress in orange-themed attire and participate in GBV awareness initiatives within their workplaces and communities. These activities are further amplified through social media platforms like Facebook and Instagram to extend the reach of GBV awareness online.

3.1.2 School Based GBV Prevention Program (Connect With Respect)

This program was launched in July 2023 following funding from the Australian High Commission to support the implementation of a school-based GBV prevention project using UNESCO's Connect with Respect curriculum. It is being carried out in the Ghanzi and Francistown districts to strengthen existing GBV prevention efforts.

The primary goal of the project is to contribute to the reduction of school-related gender-based violence (SRGBV) in Botswana by:

- Increasing awareness of SRGBV among teachers and students in Ghanzi and Francistown.
- Enhancing students' knowledge, attitudes, and skills to promote respectful, violence-free relationships.

Key Strategies/Approaches

- **Classroom-based sessions** led by trained BGBVC community mobilizers, integrated into ongoing guidance and counselling activities. Each student is expected to complete seven modules.
- **Supportive counselling services** provided by BGBVC counsellors in collaboration with school guidance and counselling teachers for students in need of assistance.
- **Capacity building and training** for teachers and BGBVC community mobilizers to enhance their ability to deliver sessions effectively. Teacher training is particularly important in understanding GBV and its impact on student performance.
- **Monitoring and Evaluation (M&E)** to track progress, measure impact, and guide future interventions.

In 2024, BGBVC continued to implement the connect with respect program in Ghanzi and Francistown targeting 7 schools:

Ghanzi	Francistown
1. Ghanzi Primary School	1. Montsamaisa Community Junior Secondary School
2. Kabakae Primary School	2. Gold Mine Community Junior Secondary School
3. Itekeng Community Junior Secondary School	3. Satelite Primary School
	4. Phatsimo Primary School

In total there are 1,161 students enrolled in the program from the two districts. Of these, 570 are from Ghanzi and 591 from Francistown.

Classroom-based sessions: BGBVC community mobilizers integrated connect with respect classroom-based sessions into the ongoing guidance and counselling activities. It is expected that each student should complete 7 modules to graduate from the program. By December 2024, a total of 636 students (461 Francistown and 175 Ghanzi) had successfully completed the program as shown on figure-4.



Figure 4: Connect with Respect Classroom Based Program session completion rate

BGBVC will continue to work with school authorities to ensure that all students enrolled in the program complete all modules by June 2025.

3.1.3 Using social and mainstream media for wider dissemination of GBV/HIV prevention and awareness messages

a) Social Media

To complement in-person activities, BGBVC utilized social media platforms to create awareness and demand for GBV service uptake as well as dissemination of messages centered around GBV and related issues. Platforms used were Facebook page <https://www.facebook.com/botswanagbvpreventionandsupportcentre/>, Instagram, LinkedIn and YouTube. Posts, videos and opinion polls were used to engage the followers on GBV. Currently the BGBVC facebook page has a total 25k followers.

b) Radio

BGBVC made media appearances on Gabz FM, Radio Botswana, RB2 FM, Duma FM, Yarona FM and BTV to provide expert opinion on GBV and responding to matters that arose regarding GBV trends (such as murders of women and children-femicide). The partnership between Gabz FM radio and BGBVC continued for another year where the show presents different topics addressing GBV. The name of the show is **Phage-The GBV Talk**, and it airs every Tuesday from 0930HRS to 1000HRS produced by BGBVC SBCC team. The program was first broadcast in March 2023 and hosts a variety of guests including BGBVC teams and other implementing partners, including community leaders such as Dikgosi. For this reporting period, BGBVC produced and presented over 20 topics: GBV and its concepts, sexual violence, the legalities of GBV and intimate partner violence.



BGBVC Counsellor Ms Masedi Gajekgomo discussing GBV issues on RB2 during 16 Days of Activism Against GBV

Objective 1: To increase by 10% the number of people reached with messages that change/transform harmful gender norms, practices and behaviors that fuel GBV in the communities of Gaborone, Francistown and Ghanzi districts by December 2024.					
Activity No/Code	Activity Description	Annual Target	Achievements by Dec 30 th	Explanation of Variance	Improvement Plan for next year
1.1	Implement School Based GBV prevention program using connect with respect approach	850	636 students reached	The enrolment and implementation of the program is disrupted with changes in school calendar	Continue to engage the school authorities and identify slots to complete the session in 2025.
1.2	On Site training of BGBVC staff on using In Her Shoes curriculum/guide	5	8 staff trained	None	Conduct refresher trainings in 2025
1.3	Conduct targeted behavior change interventions using in-her shoes curriculum/guides – targeting men	200	169 men reached	None – started late due to delays in trainings	Continue in 2025 and expand this to service providers who interact with survivors, targeting the police, nurses and social workers in each district
1.4	Conduct demand creation and community mobilization activities targeting households, workplaces, community centres and during national events	6, 884	5, 152 people reached	None	Continue with the activities in 2025
1.5	Run Opinion Polls and Live sessions of Facebook and other social media platforms and document feedback to inform interventions	8 (2 per quarter)	2 Facebook videos shared as part of GBV prevention Weekly posts and video reels posted on the facebook page	None	Continue with live sessions and opinion polls on the BGBVC social media platforms in 2025

			Launch of the BGBVC Instagram and TikTok platforms		
Objective 2: To increase by 10% the number of people accessing GBV care and support services provided at BGBVC drop-in Centres in Gaborone, Francistown and Ghanzi by Dec 2023					
Activity No/Code	Activity Description	Annual Target	Achievements by Dec 30th	Explanation of Variance	Improvement Plan for next year
2.1	Intensive promotion of BGBVC services and toll-free and tele counseling services using media (social media, TV and Radio) – drop	633 people utilizing the teletherapy line	69 people provided teletherapy services	The teletherapy line was introduced towards the end of the year.	Extensive promotion of the teletherapy line using social media and other platforms
2.2	Conduct a social media campaign for wider dissemination of messages and promotion of BGBVC services	24 375 Followers	25 500 Followers	We used post and page boosting as well as posting catchy/engaging GBV and health messages	The unit plans to post more engaging content and grow the YouTube channel with more content material
2.3	Participate in events to identify and link survivors of GBV to services	100%	100%	We participated in stakeholder activities,	To assign individual staff members to various activities based on the significance of each meeting
Objective 3: To enhance the capacity of community leaders and frontline workers to effectively manage GBV cases in Gaborone, Francistown and Ghanzi districts by Dec 2024					
Activity No/Code	Activity Description	Annual Target	Achievements by Dec 30th	Explanation of Variance	Improvement Plan for next year
3.1	Organize capacity building sessions for community and religious leaders	98	This activity was covered by the capacity building	These have been implemented in all sites	To conduct capacity building for religious leaders

3.2	Establish community led GBV prevention response teams in all the 3 Districts and equip them with necessary resources to implement their activities	3	5 districts (Molepolole, Mahalapye, Serowe, Kgatleng and Tlokweng, trained by BGBVC on GBV response and providing survivor centered approaches	None	Continue with the training to other districts in 2025. Follow up with trained districts to assess the implementation of plans developed during the trainings
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3.1.4 Lessons Learnt

Challenges

- Slow implementation of the connect with respect school-based program due to disruption in school calendar and other conflicting activities

Strategies for Improvement in the next reporting period

- Work closely with school authorities to ensure that the program is completed by June 2025. BGBVC will work with the schools to evaluate and scale up the program to other schools.

3.2 Post GBV Clinical care and psychosocial support services program

BGBVC provides post GBV clinical care and psychosocial support services to survivors of GBV at its drop-in centres located in Gaborone, Francistown and Ghanzi districts. In 2024, BGBVC expanded its services to Kweneng East and Southern Districts to support the USAID Kgatelopele Mo Botsogong 2.0 Project implemented by Tebelopele Wellness Centre and local partners. BGBVC's role in this project was to provide long-term psychosocial support services to survivors of GBV and other vulnerable groups such as Adolescent Girls and Young Women (AGYW) and OVCs.

3.2.1 Post GBV Clinical Care Services

The BGBVC Gaborone drop-in centre provides a full package of GBV and HIV prevention clinical and psychosocial support services to GBV survivors, AGYW enrolled under the DREAMS program, and other key population groups. The Centre is fully supported by Government of Botswana and United States Government through Family Health International (FHI 360) and Steppingstones International.

The table below provides a summary of GBV/HIV clinical services available at the BGBVC Gaborone Centre for each target audience

AGYW	Key Populations	Survivors of GBV
✓ HIV testing	✓ HIV Testing	✓ HIV Testing
✓ Pre Exposure Prophylaxis	✓ Pre Exposure Prophylaxis	✓ Pre Exposure Prophylaxis
✓ Family Planning contraceptives including condoms	✓ Family Planning contraceptives including condoms	✓ Post Exposure Prophylaxis for sexual violence
✓ STI management	✓ STI management	✓ Emergency Contraception
✓ ART Initiation	✓ ART initiation	✓ STI management
		✓ ART initiation
		✓ Treatment of minor injuries

All the above services are provided according to the Ministry of Health guidelines and protocols.

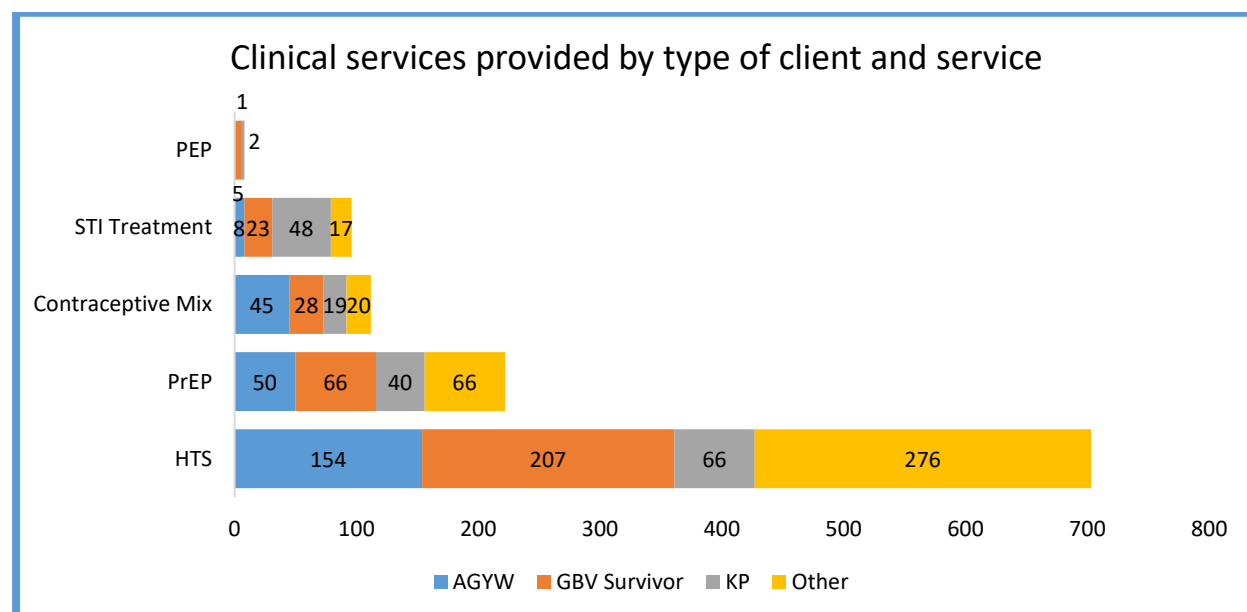


Figure 5: Clients provided with clinical services at BGBVC centre in 2024

Figure-5 and 6 shows that HTS was the most accessed services provided to both survivors of GBV, AGYW, key population groups and other clients who visited the Gaborone centre in 2024. BGBVC

integrates HIV screening and testing across all service points. A total of 7 people tested HIV positive, and these were initiated on HIV treatment and transferred to local facilities. PrEP was also provided to target populations including survivors of GBV to prevent new HIV infections. Majority of these were females. There was a high number of STIs treatment provided to both survivors of GBV and Key population groups. Most of these were females as shown on figure below.

CLINICAL SERVICES		
HTS	703	7 HIV+ and 696 HIV-
PrEP	222	159 Females, 63 Males
Contraceptive Mix	112	All Females aged 15-49 Years
STI Tx	96	86 Females, 10 Males
PEP	08	All Females aged 15-44 Years

Figure 6: Clinical services provided to clients by sex

3.2.2 Psychosocial support services program

Psychosocial support services include counselling, temporary and emergency shelter, legal support, and referral for other social services. All these services are provided in all the BGBVC drop –in centers located in Gaborone, Francistown and Ghanzi. In 2024, BGBVC expanded its services to Kweneng East and Southern Districts to support the USAID Kgatelopele Mo Botsogong 2.0 Project implemented by Tebelopele Wellness Centre and local partners.

The following key strategies were used to provide psychosocial support services

In-person individual or Family counseling	Teletherapy	Support services
•BGBVC Drop in centres •Mobile/Outreach	•24 hour Call Centre	•Temporary shelter •legal support and access to justice

In addition to counseling services provided, BGBVC counsellors provided support to clients to access legal support services and other social support services. This enabled the clients to understand their rights and options in accessing justice services. Social support services such as shelter aim to restore safety and independence. These integrated services are crucial for the holistic recovery of GBV survivors, promoting their long-term wellbeing.

Mobile outreaches were mainly conducted in Gaborone targeting hard to reach communities such as AGYW, key population groups. Virtual and tele-counseling platforms were used to provide clients

with alternative avenues to access counseling services from the comfort of their homes and workplaces

a) Provision of Counseling Services

Counselling 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 counselling. 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. Counsellors work closely with other service providers available internally and externally for referrals and continuum of care. GBV and HIV screenings are 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.

In 2024, a total of 917 people were provided with psychosocial support and counselling. Of the total, 717 reported violence while only 200 were non-GBV related cases.

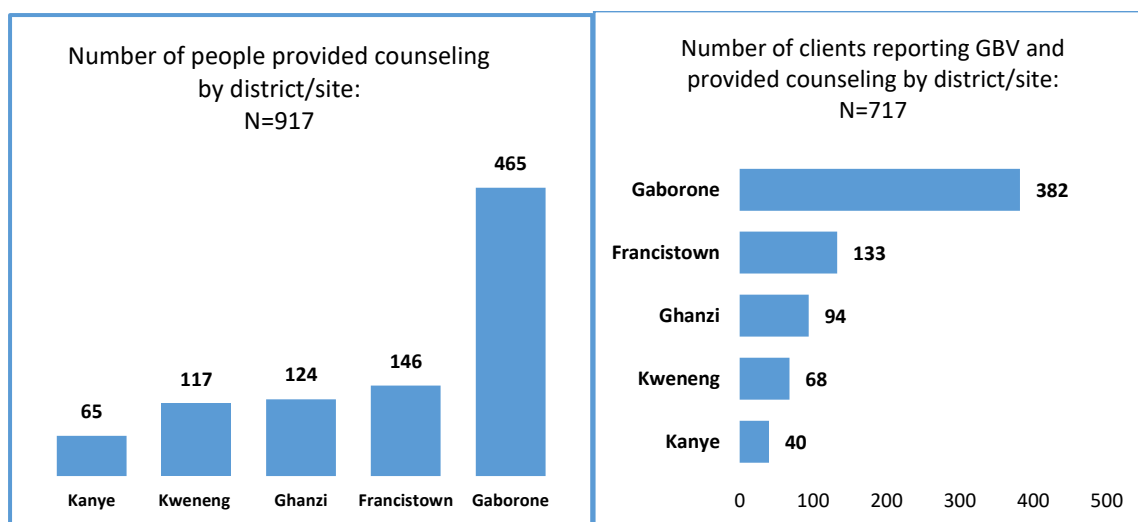


Figure 7 Total number of people receiving counselling by district/site

Figure 7 shows that Gaborone provided the highest (465) number of people with counseling services, followed by Francistown (146), Ghanzi (124) and Kweneng (117). Kanye provided the least clients (65) when compared to other districts. Kanye and Kweneng districts were new sites and implementation started late. It is expected that the number of clients will increase due as result of demand creation activities implemented by other partners working in the same districts.

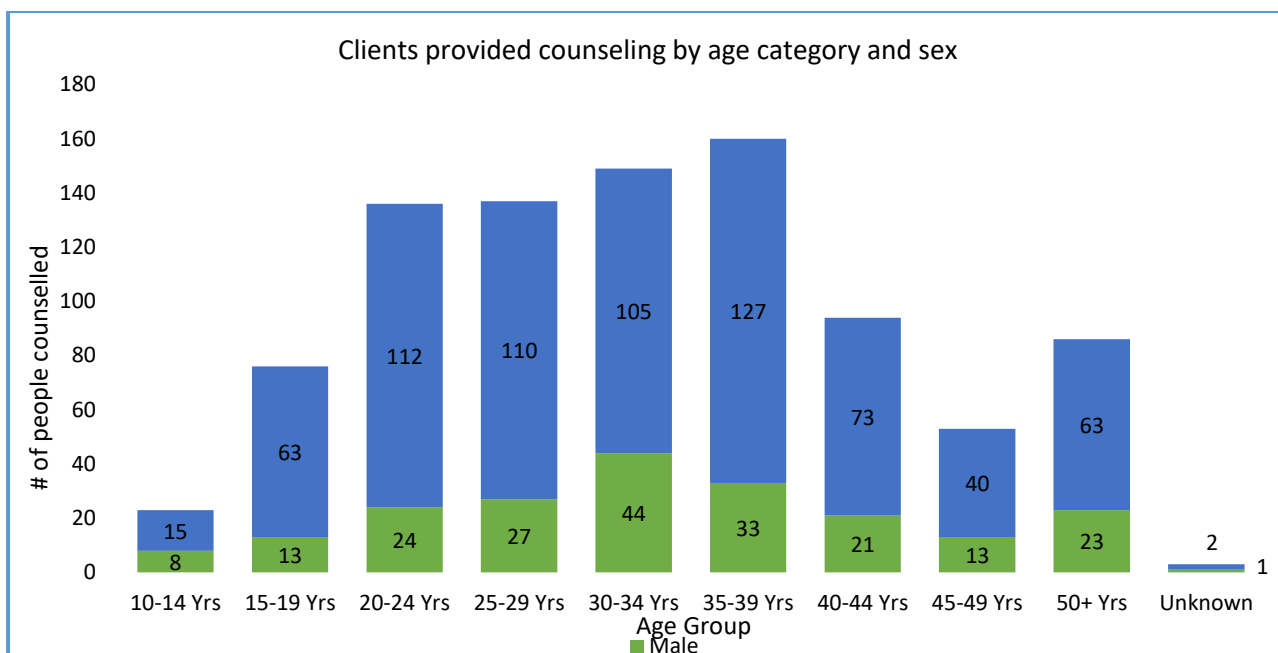


Figure 8: Total number of people provided with counselling by age and sex from Jan-Dec 2024.

Figure 8 shows that 77% (710) of people who were provided counseling services in 2024 were females. Most of the people who came to seek services were aged between 20 to 39 for both females and males. In 2025, BGBVC will work closely with partners to target men and provide counseling as a strategy for prevention of GBV. Teletherapy will be used as an innovation to reach more men.

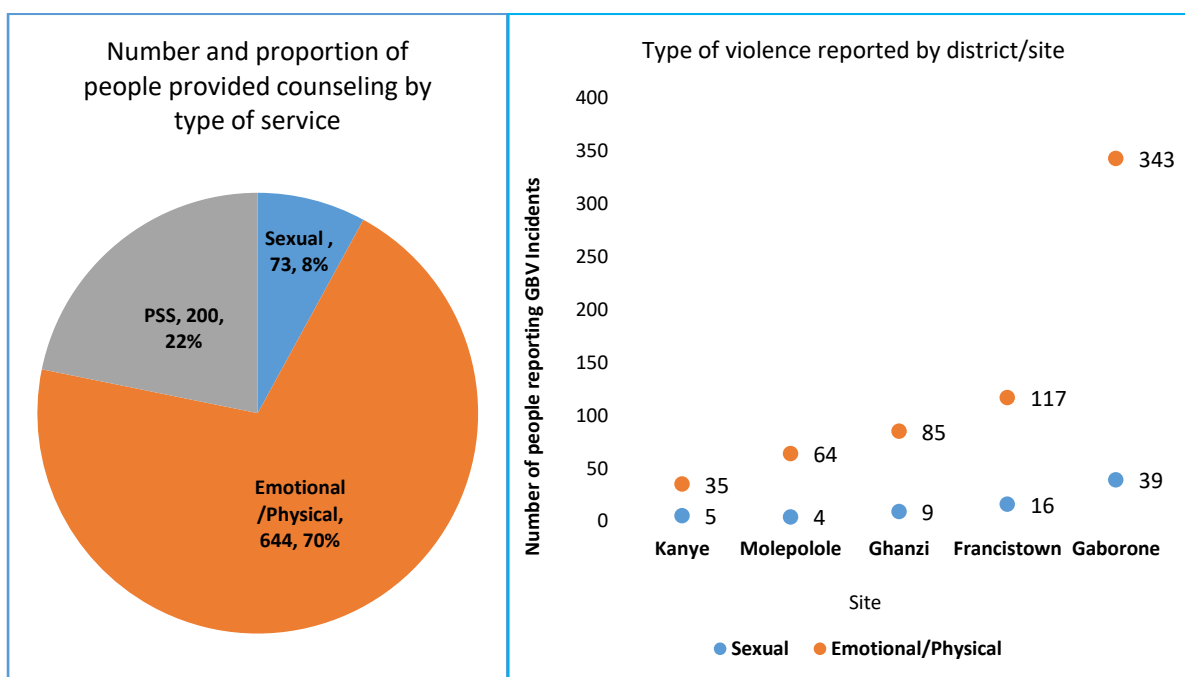


Figure 9 Total of people provided counseling desegregated by type of violence and site from Jan-Dec 2024.

Figure 9 shows that 70% of people who were provided counseling were those who reported emotional/physical violence. Gaborone recorded the highest number of people who reported to have experienced emotional or physical violence (343), followed by Francistown (117). Molepolole and

Kanye reported the least number of clients reporting emotional/physical violence. These were new sites and therefore the uptake of services started very slow. As similar trends are also noted for sexual violence. Gaborone district recorded the highest number of people who reported to have experienced sexual violence (39), followed by Francistown (16 cases).

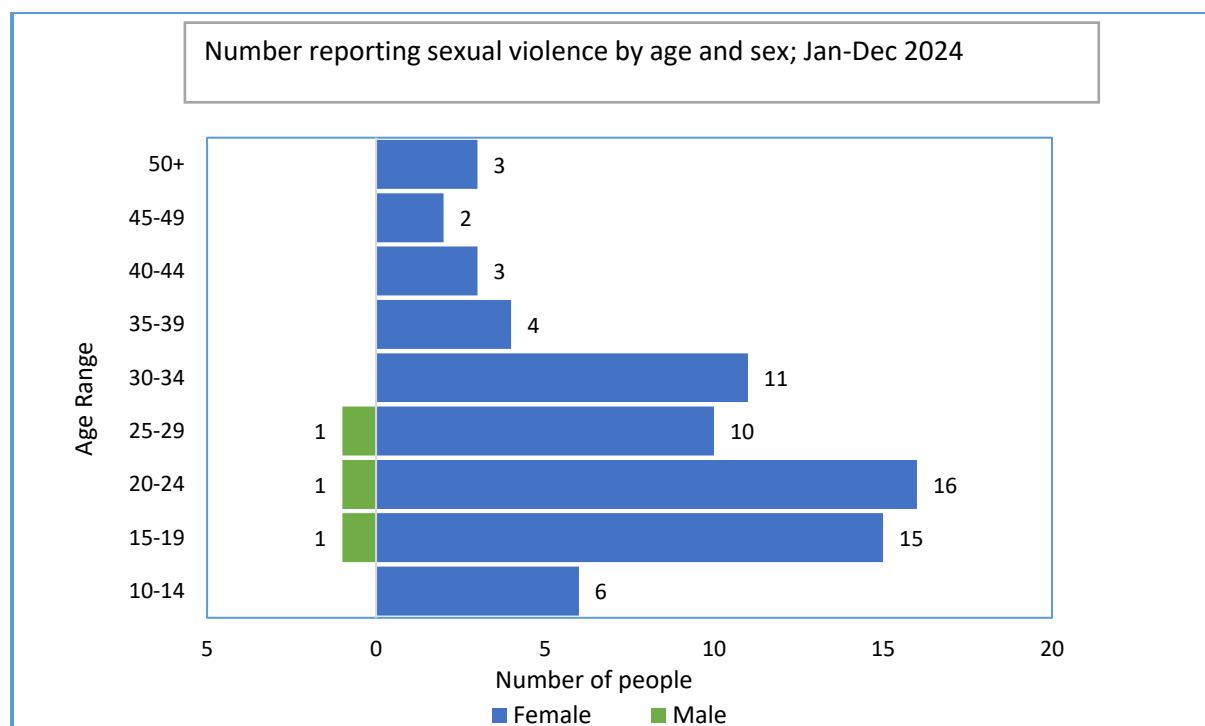


Figure 10 Total number of clients who reported sexual violence and provided with post GBV counselling desegregated by age and sex from Jan-Dec 2024

Figure 10 shows that 96% of people who reported sexual violence were females. There were 17 cases that involved children under 18 years. These cases are under police investigation, while some are already in court. It is also important to note that 80% cases were reported after the 72 hours elapsed for provision of emergency clinical services. These clients were provided with HIV testing services and counseling to deal with post trauma resulting from sexual violence.

In 2025, BGBVC will continue to educate the public on the importance of timely reporting and access of medical services to prevent long term health complications.

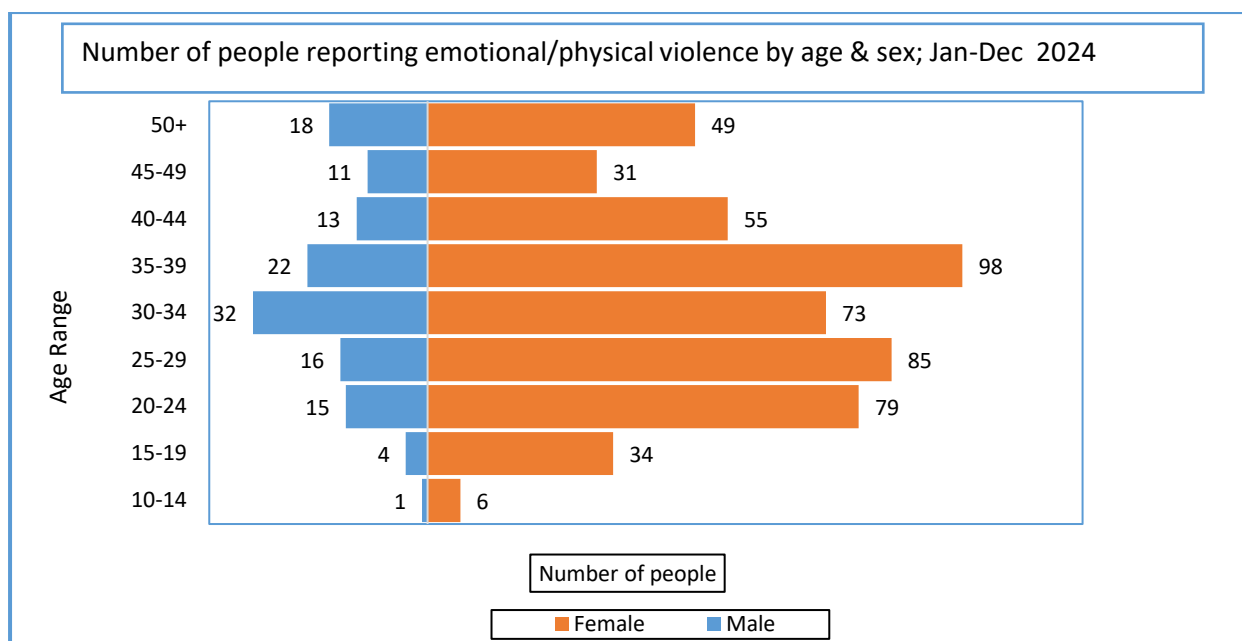


Figure 11 Total number of people who reported emotional/physical violence and provided post GBV counselling desegregated by age and sex from Jan-Dec 2024.

Figure 11 shows that 79% of people who reported to have experienced emotional/physical violence were females. Age cohort between 20 and 39 recorded the highest number of people reporting emotional/physical violence. Targeted outreach and messaging will be strengthened in the next year to reach more men and boys.

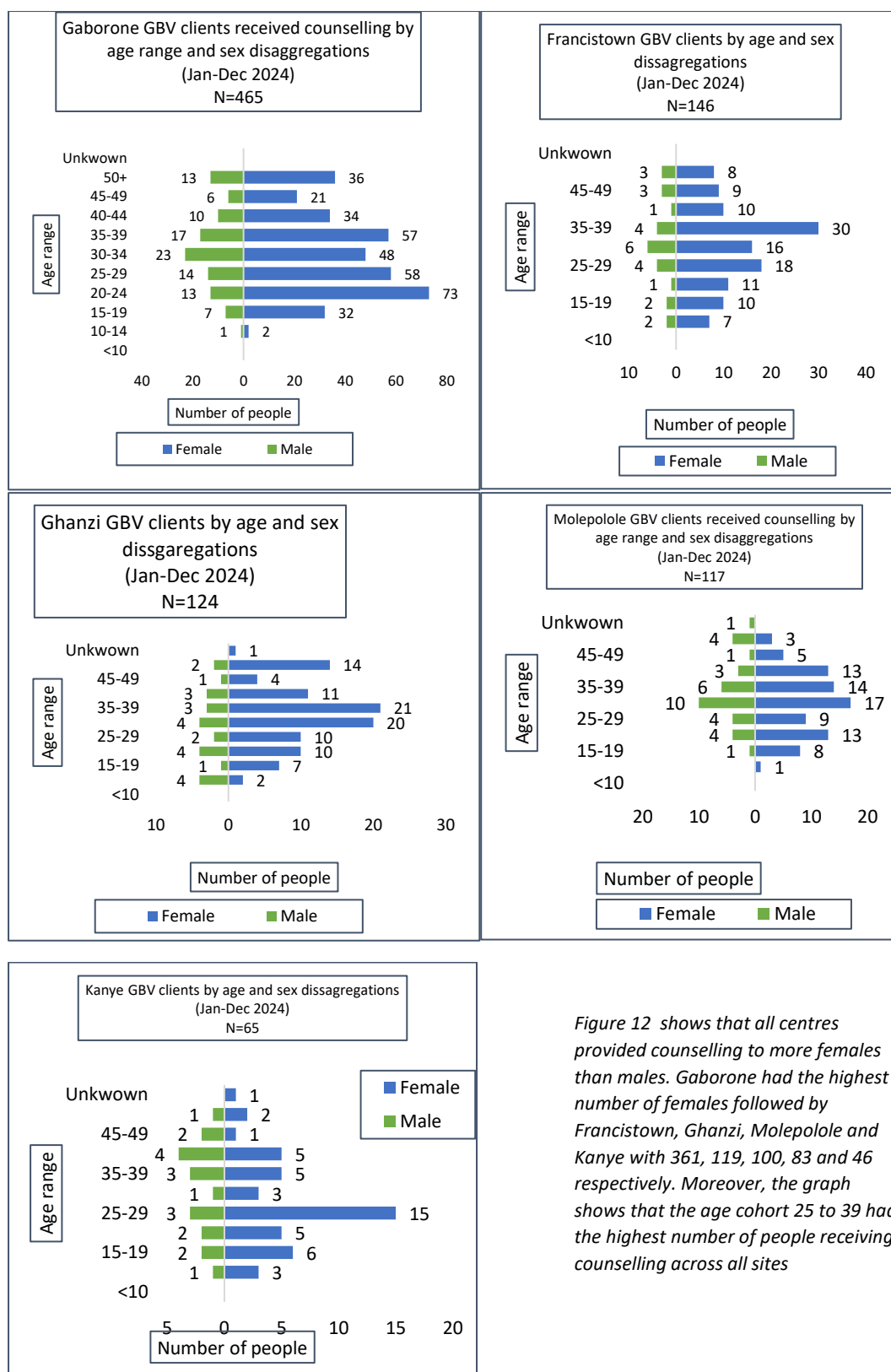


Figure 12 shows that all centres provided counselling to more females than males. Gaborone had the highest number of females followed by Francistown, Ghanzi, Molepolole and Kanye with 361, 119, 100, 83 and 46 respectively. Moreover, the graph shows that the age cohort 25 to 39 had the highest number of people receiving counselling across all sites

Figure 12 Total number of people provided counselling desegregated by age and sex and by site from Jan-Dec 2024

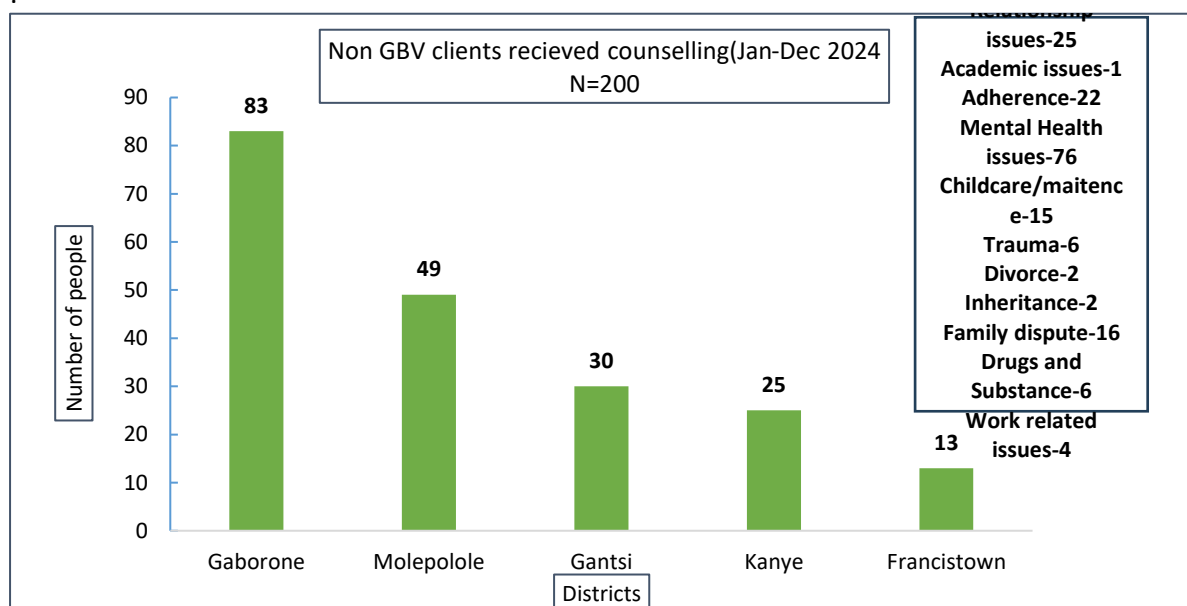


Figure 13 Total number of people reporting non-GBV and provided with counselling by site type of issues from Jan-Dec 2024.

In 2024, BGBVC provided psychosocial support to 200 non-GBV related issues as shown in figure 13. Gaborone received the highest number, followed by Molepolole, Gantsi, Kanye and Francistown with 83, 49, 30, 25 and 13 respectively. Amongst the cases reported, the highest issues were mental health related issues constituting 76, followed by relationship issues (25) and grief and loss issues (24). There were also different issues as shown in the graph relating to child maintenance, divorce, inheritance and substance abuse. BGBVC operates with qualified and experienced counselors, social workers who are not confined to GBV only.

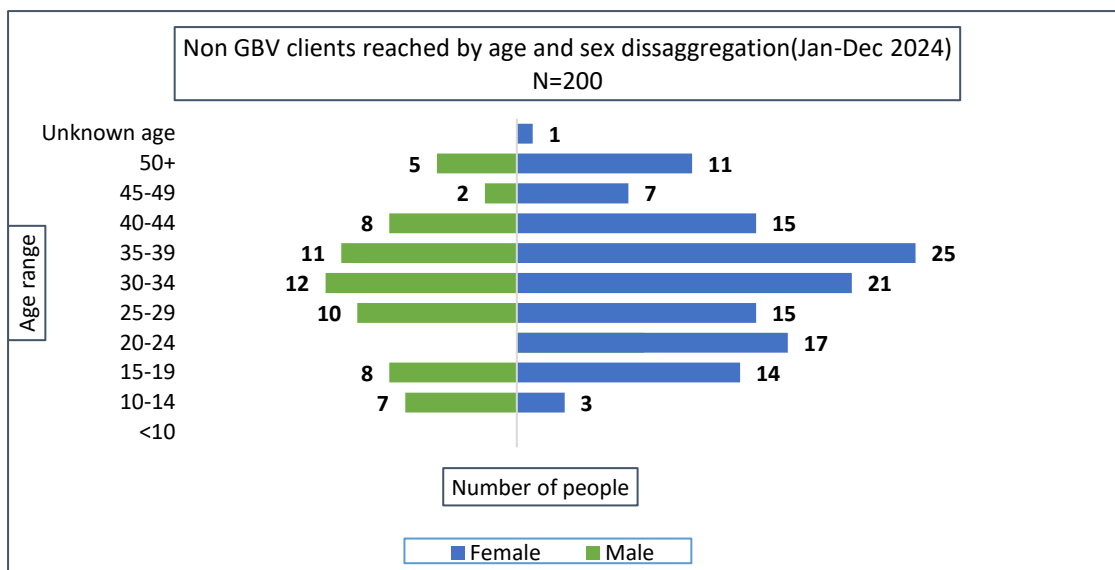


Figure 14 Total number of non-GBV related cases provided with counseling desegregated by age and sex from Jan-Dec 2024

Figure 14 indicates that there were more females (129) than males (71) who reported non-GBV related issues and received counselling. There were high numbers reported between age cohort 15 to 44. The observation continues to illustrate that men and boys still seek psychosocial support in low numbers compared to their female counter parts.



Figure 15: Client Entry Points for clients who received counseling services at BGBVC centres in 2024

Figure 15 shows that most of the clients who came in for counseling services at the BGBVC drop-in centres were self-referrals/drop-in clients (362), followed by referrals from the other CSOs (226) and Botswana Police (125). Mobile outreaches yielded 116 clients while toll-free had a total of 69 clients.

In 2025, BGBVC will continue to broaden its stakeholder engagement with other partners and strengthen the existing ones like police. Community outreach and sensitization will continue to create even more awareness and demand creation. BGBVC will intensify marketing its Call Centre in all its available platforms in the community and media.

b) Shelter Program

Shelter services are only available in Gaborone & Francistown. Shelters are managed by shelter assistants who work closely with the counsellors to support admitted clients. Admission at the shelter is limited to clients whose lives are at risk or eminent danger

In total there were 275 clients who were admitted into shelter in 2024. Gaborone shelters had more admissions than Francistown as shown below.

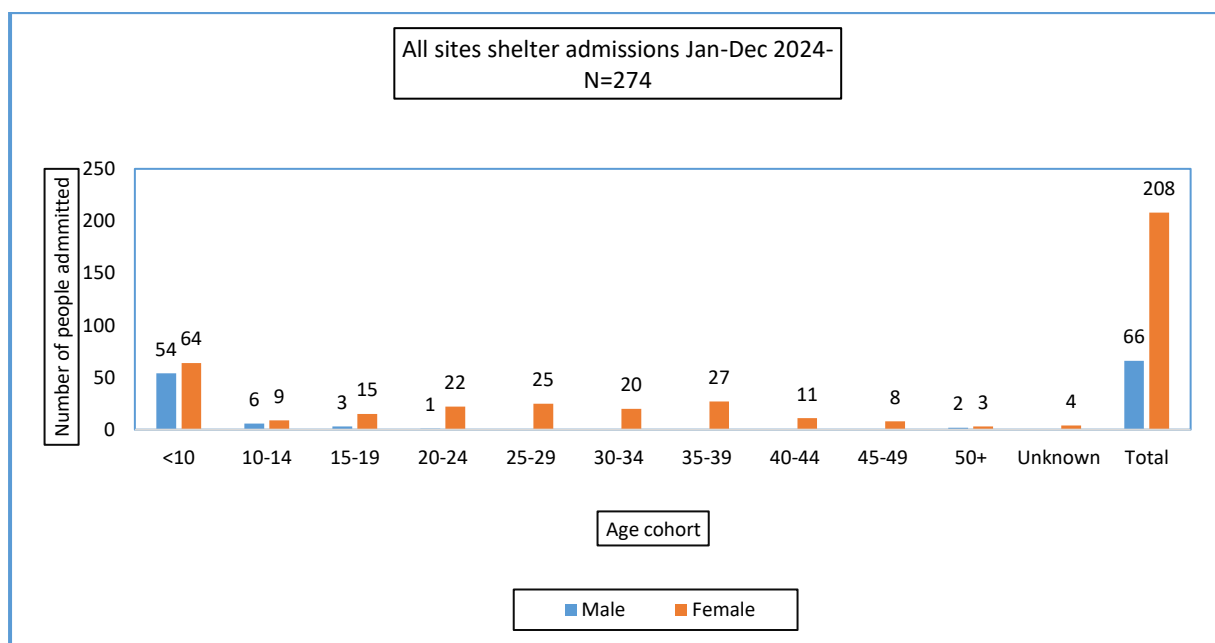
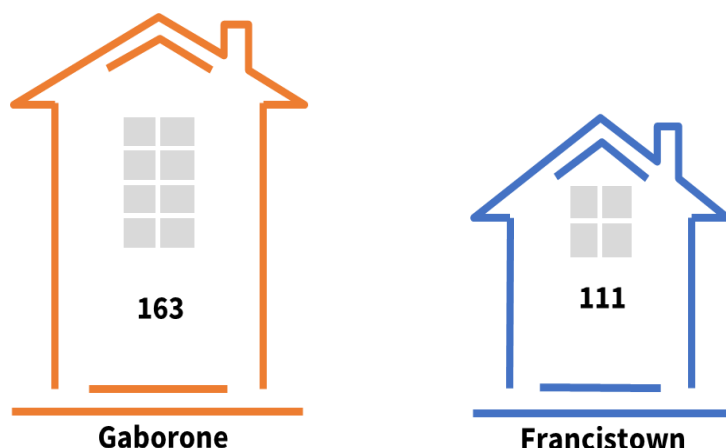


Figure 16 Total number of people provided with emergency shelter desegregated by age and sex from Jan-Dec 2024.

Figure 17 shows that there were more females (208) than males (64) who were provided with emergency shelter in 2024. 56% of the total admissions were children under the age of 18 years. Some of these were referrals from the social welfare office. A high number of children were admitted accompanying their mothers.

In 2025 BGBVC will utilize this data to strategize and devise programs that will service children during their stay in the shelter. Collaboration with other stakeholders including the Ministry of Child Welfare and basic education to explore ways to better serve the affected children. Furthermore, though BGBVC shelters are not designed for adolescent boys, young and adult men, it continued to receive

such population needing emergency shelter. A total of 3 men were admitted for emergency shelter services.

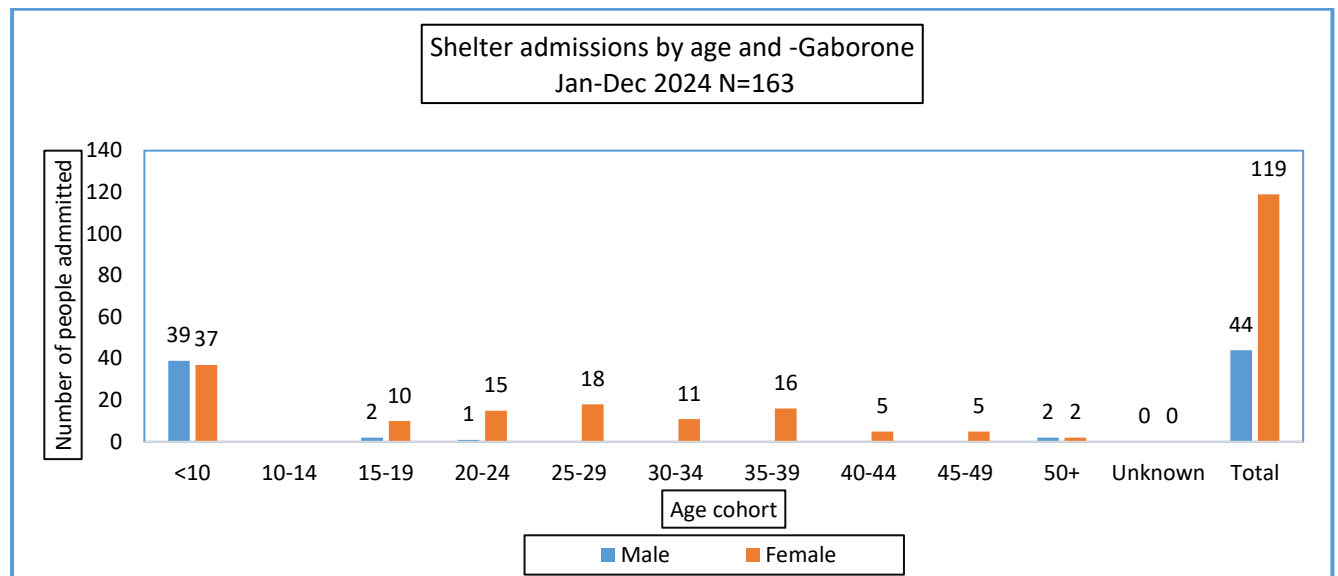


Figure 17 Total shelter admissions in Gaborone desegregated by sex and age from Jan -Dec 2024

Figure 18 shows that 73% of people who were admitted in the shelter in Gaborone were females. As previously explained in the above section, there were a significant number of children admitted into the shelter accompanying their mothers. There were 3 adult men provided with emergency shelter in 2024.

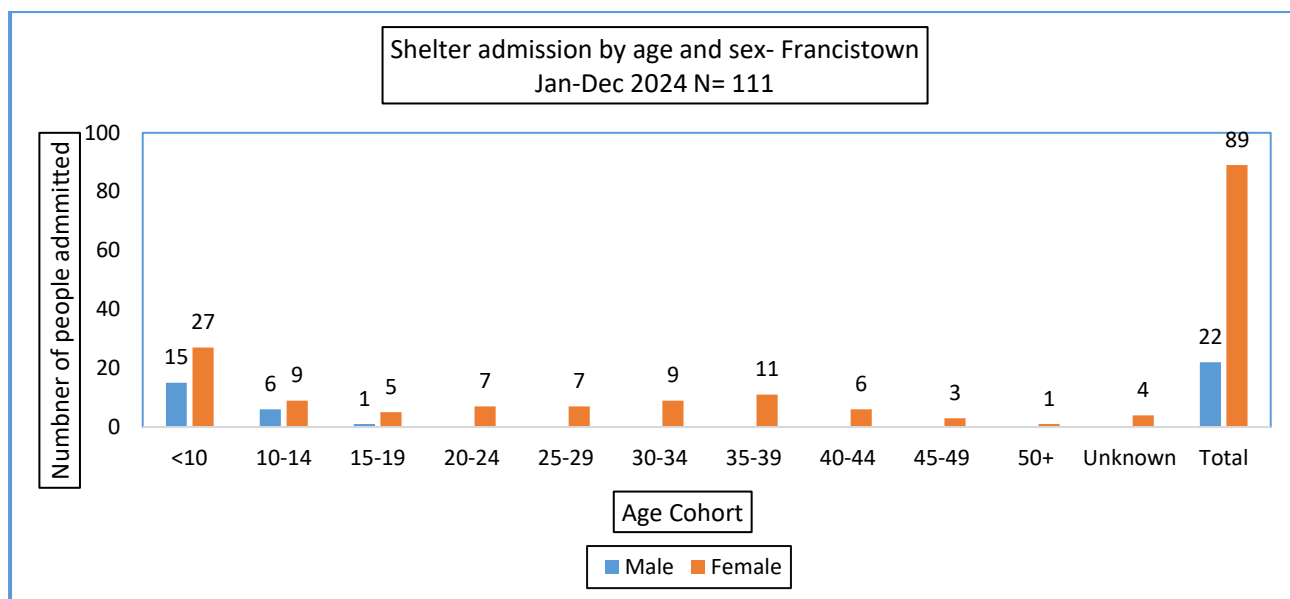


Figure 18 Total shelter admissions in Francistown from Jan-Dec 2024.

Figure 19 shows that 80% of people who were admitted in the shelter in Francistown were females. 20% of people admitted in the shelter were males who were all children under the age of 15 years. Most of the children admitted were unaccompanied children who were referrals from social welfare office on issues of neglect and alleged child trafficking.

Objective 1: To increase by 10% the number of people accessing post GBV, and psychosocial support services provided at BGBVC drop-in Centres in Gaborone, Francistown and Ghanzi by December 2024					
Activity No/Code	Activity Description	Annual Target	Achievements	Explanation of Variance	Plans for Improvement Next Year
1.1	Provide daily counselling services at the Drop-centres and shelter	A total of 1584 people visiting as drop-in clients: - Gaborone: 784 - Francistown: 500 - Ghanzi: 300	A total of 917 clients came into access counselling services were drop-in clients. (58% achievement of annual target)	The under achievement is a result of limited staff especially in Gaborone and Francistown.	Resource mobilisation including volunteer program.
1.2	Set up and provide tele-counselling services to facilitate ongoing counselling and support.	40% of the above	A total of 69 clients were provided with tele-counselling services translating to 10% yield.	-GBV Call centre is relatively new strategy and there is still needed to create demand and market it. -There are no designated personnel/counsellors for the Call centre which affected its performance.	Plans to have designated personnel. -Intensify marketing and demand creation for the Call centre and officially launching it.
Objective 2: To enhance the quality of counselling and shelter services provided in Francistown, Ghanzi and Gaborone shelters by December 2024					
Activity No/Code	Activity Description	Annual Target	Achievements	Explanation of Variance	Plans for Improvement Next Year
2.1.1	Develop/review monthly quality checks tools for counsellors and shelter assistants	None	Reporting and monitoring tools developed	None	There is need to review the existing tools and add other quality checks mechanism next year.

2.1.2	Conduct monthly quality checks for Individual Counsellors and Shelters - File completeness - Case Management and tracking of sessions	36 sessions per year	70% achievement	Inconsistency in monitoring by Senior Counsellors especially in Francistown	Devised monitoring plan and strengthen support visits next year,
2.1.3	Conduct Quarterly counsellor observations and develop mentorship plans	6 counsellors observed	100% achievement	None	Frequency of the observation for each counsellor will be increased to ensure quality improvement.
2.1.4	Organize weekly performance review, feedback and planning meetings	4 meetings held per month with Senior Counsellor attending	50% achievement	Inconsistency in conducting meetings due to competing priorities and limited staff in the ground especially by Technical Officer.	Capacitate and closely monitor senior counsellors.
2.1.5	Conduct supervisory visits to sites	12 support visits	3 supports done	Limited resources to conduct supervisory visits.	Use other avenues to ensure supervision and use of virtual platforms pending availability of funds.
2.2. Training and Skills Development for counsellors and shelter assistants					
2.2.1	Identify opportunities for training of counsellors on providing survivor centred post GBV care and other emerging issues (<i>cyber GBV, same sex relationship, LGBTQI</i>)	8 Qualified counsellors	6 counsellors trained on KP sensitization; webinars shared daily with counsellors	There is still need to train on cyber GBV	Liase with cyber security divisions to train counsellors

2.2.2	Orientation of counsellors on basic skills on identifying GBV among minors/children (this will be target kids accompanying their parents admitted at the shelter)	8 counsellors and interns provided orientation and tools to conduct assessments (contact Child line Botswana)	Not done	Resources to train Child line hasn't being able to do it due to competing priorities	Mobilise other providers to train and utilise free online trainings
2.2.3	Conduct Refresher Training on post GBV care and psychosocial support SOPs and minimum package, case management and data collection tools	8 counsellors and interns at least completing a 1-day refresher training	8 counsellors trained (100%)	None	SOP training and refreshers next year
2.2.4	Training of shelter assistants on life-skills empowerment program for clients at the shelters	Draft Life skills guide Train 8 shelter assistants	Draft completed to be review 50% achievement	Document pending with finalization of the draft	Expedite finalization and review and adopting next year
2.2.5	Establish a BGBVC Quality of Care committee in each district	3 quality of care committee	3 committee established in all sites 100% achievement	None	The committees to start implementing the next year
2.3 Initiate and Implement Quality of Care and service improvement activities					
2.3.1	Complete clients exit interviews and satisfaction surveys for clients receiving services at drop-in centres and shelter (twice a year)	6 surveys conducted	1 done	Delayed in analysing the surveys	work with M & E to conduct surveys and ensure completion

Objective 3: To maintain and enhance the emotional and psychological wellbeing of Counsellors & shelter assistants stemming from vicarious trauma and compassion fatigue.					
3.1	Develop and implement a self-care plan for counsellors and shelter assistants	3 self-care plans	Facilitators mobilised and have started self-care program with counsellors and shelter assistants. (50%) achievement	Self-care plan to be developed at the end of the self-care sessions	Sessions are continuing in 2025 where a self-care plan will be developed at the end
3.2	Care of Carers retreat/seminar for counsellors	3 retreats (1 each district)	Not done	No funding for the activity	Continue with efforts to mobilise resources in 2025

3.2.3 Lessons Learnt

Challenges

- Limited resources continue to affect some of program activities aimed at capacitating and improving care for service providers.
- Security and safety concerns for providers and clients who continue to be threatened by perpetrators.

Strategies for Improvement in the next reporting period

- BGBVC will promote its virtual platforms and its Call Centre to reach more clientele, resource mobilize for designated staff to manage the Call Centre for maximized results.
- Intensify monitoring of counsellors and shelter assistants to improve quality of care
- Consistency in support visits for continuous monitoring throughout the year
- Prioritizing strategic litigation for policy and law reforms to close service provision gaps in supporting GBV victims/survivors.
- Resuscitate Ame APP to increase options of service for survivors

4. Cross Cutting Program Activities

4.1 Capacity Development and Systems Strengthening

In 2024, BGBVC expanded its efforts in capacity-building by introducing a dedicated Training Unit to deliver in-depth training for District Gender Committees (DGCs), District Child Protection Committees (DCPCs), and frontline service providers. This initiative was part of BGBVC's Social and Behavioral Change Program, which has been working to empower community gatekeepers over the years in all BGBVC operational site.

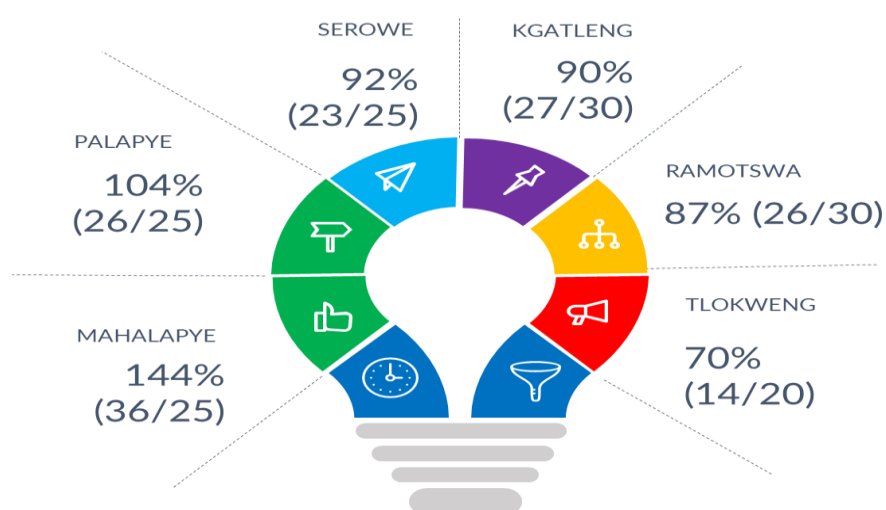
The training program aimed to be conducted in nine districts in 2024, with plans to extend to eight more districts in 2025. However, due to various factors, six districts were successfully trained by the end of 2024 and 2 carried over to the year 2025.

The BGBVC training and capacity strengthening activities were aimed at the following:

District Child Protection Committees:	To develop their capacity on identifying sexual violence against children, reporting, referral, and post-abuse care services.
District Gender Committees	To build their capacity on GBV response and prevention, integration of HIV and GBV programming, gender norms, and advocacy including training on the WHO's "LIVES" approach.
Frontline service providers	To enhance their skills on provision of survivor centre post GBV care services. These will include guidance and counseling teachers, police, health care workers and social workers.

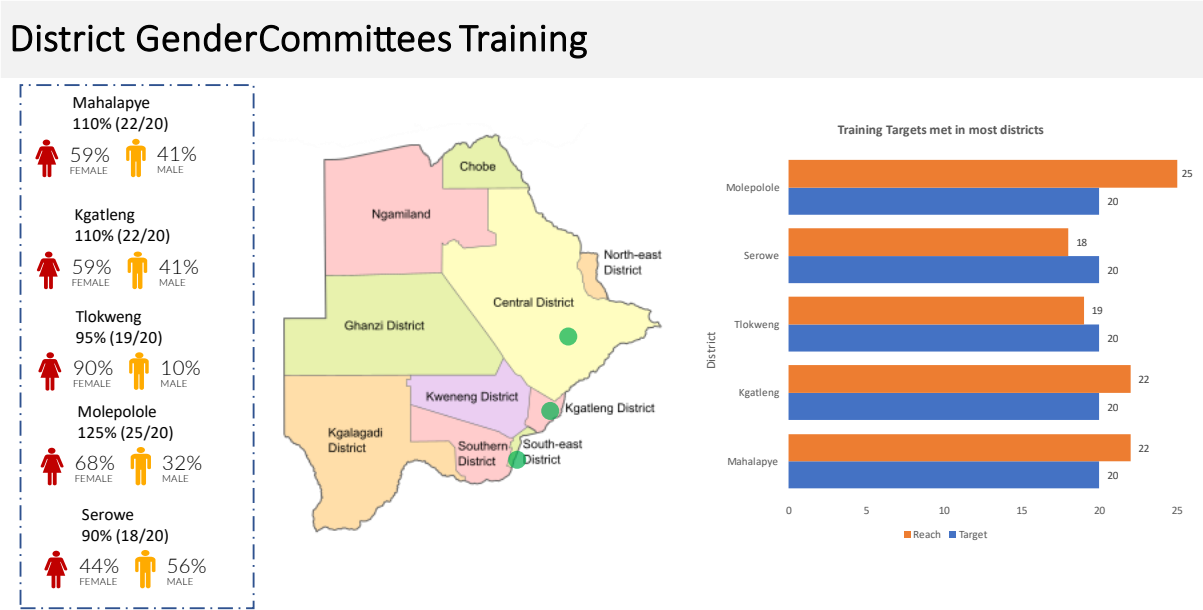
The following trainings were conducted in 2024

4.1.1 Training of Frontline service providers



Training focused on 1st line response to GBV and the development of district directories to improve case referrals and case conferencing, ensuring survivors receive comprehensive services. Attendance rates varied across districts, with Mahalapye recording the highest at 144%, significantly surpassing the target, followed by Palapye at 104%. Serowe had an attendance rate of 92%, slightly below the target, while Kgatleng and Ramotswa had lower participation, and Tlokweng recorded the lowest attendance. Despite these variations, the training successfully equipped service providers with essential skills to respond to GBV effectively and enhanced collaboration through the establishment of district directories, ultimately improving service delivery for survivors.

4.1.2 District Gender Committees



The graph above illustrates attendance versus the targeted number of participants per training per district. According to the data, Molepolole, Mahalapye, and Kgatleng exceeded the 100% attendance target, demonstrating a strong commitment to the training. Tlokweng and Serowe followed closely, with attendance rates above 90%. In terms of gender representation, the data shows that women made up more than 50% of committee members across most districts, except in Serowe, where men comprised 56% of attendees, compared to 44% women. The key outcome of the training in each district was the development of an action plan to strengthen GBV coordination and reporting mechanisms, ensuring a more structured and effective response to GBV cases.





4.1.3 Lessons Learnt

Challenges/Gaps

- ❖ Inactive committees – some districts had committees which were no functional.
- ❖ New committees (at formation/ resuscitation stage)
- ❖ No district referral systems
- ❖ lack of coordination in the district (no clear reporting processes)
- ❖ resistance (when addressing harmful gender norms)
- ❖ lack of political will leading fewer resources to address GBV and violence against children (human resource- Child Psychologists, Social workers turnaround time because of other district commitments)
- ❖ lack of knowledge for legal instruments and policy guidelines.

Strategies for improvement and recommendations

- Regular training and capacity building are essential to revitalize and sustain committee activities.
- Regular joint planning and review meetings can ensure alignment of activities and resource sharing.
- Regular training and dissemination of legal instruments and policy guidelines are critical to enhance the capacity of frontline service providers.
- Establishing clear roles, responsibilities, and accountability mechanisms ensures consistent participation and functionality.

4.2 Management and Operations

The goal of this program is to ensure that BGBVC develops and implements policies and systems to ensure effective use of resources and account to stakeholders. Through this program, the organization continued to comply with statutory obligations such as the audit report. Additionally, the program continued to work within the limited budgets to create a good working environment towards improving staff motivation and retention. The section below provides details of activities that were implemented during the reporting period.

Key highlights

- 🏆 Completion of the audit report with an unqualified opinion
- 🏆 Timely completion and submission of donor financial reports
- 🏆 2023 Staff appraisals conducted, and performance objectives compiled for 2024.
- 🏆 Monitoring and updating of Risk Management Framework

Objective 1: To enhance BGBVC financial management systems and processes to effectively meet organizational needs, comply with donor and statutory requirements by December 2024					
Activity No/Code	Activity Description	Annual Target	Achievements/Outputs	Explanation of Variance	Priorities for 2024
1	Conduct Annual Audit 2023	Unqualified FY 23 Audit Report	Unqualified FY 23 Audit Report	None	Implement recommendations made by the auditors and prepare for the 2023 Audit
2	Conduct month end closure and compile Monthly Financial Management reports	12 management reports reviewed and approved by the CEO	Monthly Financial management reports were submitted for review and approval by the CEO	None	Continue compilation and submission of Financial Management Reports to the CEO
3	Compilation and submission of donor reports	FHI 360, Allan Gray, Tache Foundation Reports compiled and submitted timely	FHI 360, Allan Gray, Tache Foundation Reports compiled and submitted timely	None	Continue with timely submission of donor reports and update submission tracker.
4	Submission of Tax – annual returns	2023/24 Annual Returns submitted	2023/24 Annual Returns submitted	None	Continue with timely submission Annual Returns
5	Review and update of the financial policy handbook and policies	Finance policy handbook reviewed and approved by the Board	Reviewed and approved by the board.	None	Implementation of the financial policy handbook and policies.
6	Develop and implement Risk Management Policy and Strategy	Risk Management Policy and Strategy approved by the Board	Reviewed and approved by the board.	None	Implementation of the risk management strategy.
7	Preparation and monitoring of organizational and donor budget for FY 24 and FY 25	FY 24 budget implemented with no variances and deficit managed using master budget tracker. FY 24 budget developed	FY24 organisational budget developed, and donor budgets are being monitored for FY24	None	Develop budget for 2025 and monitor.

8	Update Fixed Asset Register	Fixed Asset Register up to date	Fixed Asset verification done, register up do date	None	Continue updating the register as defined in the policy
9	Conduct clinical and office supplies stock taking	Stock takes conduct/Inventory databased established	Done	None	Conduct 2024 stock take
Objective 2: To create and maintain a positive, values and performance-based work environment by 2023					
Activity No/Code	Activity Description	Annual Target	Achievements/Outputs	Explanation of Variance	Priorities for 2024
Policies and Systems Strengthening					
1	Review and disseminate the HR policy/handbook	Human Resource Policy developed and approved by the Board	The Human Resource Policy was reviewed and approved by the Board	None	
2	Implement the Performance Management system	2023 Performance Reviews conducted, and 2024 performance agreements developed, signed, and filed	The 2023 Performance Reviews were conducted, and 2024 performance objectives compiled and filed	None	Conduct 2024 Performance Appraisals and Compile 2025 Performance Objectives in Q1 of 2025. Prepare for Annual Performance reviews to be conducted in January 2025.
3	Linkage of time sheet with payroll system for effective allocation/charge of staff time	Monthly Payroll based on timesheets	Timesheet system is used but not yet linked to the payroll system		Consult the donor FHI 360 HR team to provide technical assistance to BGBVC on linking timesheet with payroll in 2025
4	Develop and implement and staff leave monitoring and Tracking tool	Leave tracking form linked to payroll	Leave tracking tool developed and linked to the payroll system	None	Monitor staff leaves and update tracker monthly.
5	Conduct Supervisory Training for supervisors	All supervisors trained	Supervisors not yet trained	Limited funding	Unit heads to be assigned this role in Q1 of 2024. This should

					be included in the weekly or monthly unit meetings
Workplace Culture, Staff Welfare and Development					
6	Conduct Job satisfaction surveys and staff exit interviews	Job Satisfaction Survey conduct once year	Job satisfaction surveys was conducted.	None	Work closely with M&E team to conduct the survey in Q1 of 2025.
7	Set up a BGBVC workplace Culture promotion and Wellness Committee	1 committee set and functional	Wellness committee established and functional.	None	Develop and Implement 2025 Wellness activities.
8	Develop and implement the BGBVC workplace culture promoting and wellness program	1 event held per quarter other activities such as per calendar	These activities were integrated within wellness activities conducted in 2024. In addition, each unit organized activities to celebrate their team members birthdays.	None	Intensify workplace culture and team building activities in 2025
9	Develop a BGBVC staff training/capacity development database to inform staff development plans	1 database developed	None		Work closely with M&E team to assist in developing a tool to conduct staff skills audit and use the information to create a database and staff development plans in 2025
Objective 3: To strengthen the BGBVC procurement systems and processes to effectively procure and engage legitimate suppliers that provide quality and valuable services or products that meet organizational expectations by December 2023					
Activity No/Code	Activity Description	Annual Target	Achievements/Outputs	Explanation of Variance	Priorities for 2024

1	Review and update of the Procurement policy handbook	Procurement policy handbook reviewed and approved by the Board	Procurement policy handbook reviewed and approved by the Board	None	Implementation of the Procurement policy handbook.
2	Develop a supplier Database for FY 24	2024 Supplier's databased developed	None	Lack of time by the finance team to complete this activity due to other assignments	Include this activity in the 2025-year plan.
3	Orientation of project team on procurement processes	All project team leads provided orientation on the procurement processes	All project team leads were provided with orientation on the procurement processes	None	To induct newly recruited employees.
4	Establish a BGBVC procurement committee	1 committee established and functional	A committee is established and functional	No variance	Request for Technical Assistance from donors to provide training to the BGBVC procurement committee.

4.2.1 Lessons Learnt

Challenges

- Inadequacies in the management of petty cash, equipment, and other office administrative logistics at district level. Administration duties at district level are currently assigned to program staff with limited administration skills.

Strategies for Improvement in 2025

- Complete review of policies to align with the current organizational needs and best practices to improve efficiency and working environment.
- Assign the admin officer some of the roles of HR. The admin officer will be supported by the Finance and Administration Manager to ensure that the HR related activities are implemented accordingly.
- Organize in-house training for district officers on management of petty cash and safeguarding of office equipment policy and processes.
- Engage FHI 360 to provide technical assistance in implementing some of the activities such as timesheet management and enhancement of procurement systems and processes.
- Install a master budget tracking module on the accounting system to effectively monitor master budget performance.

4.3 Leadership and Governance

In 2024 BGBVC continued to make significant strides in enhancing our program management capabilities. BGBVC management team focused on aligning our programs with strategic objectives, optimizing resource allocation, and fostering a culture of continuous improvement. BGBVC staff successfully implemented project management frameworks that enable effective tracking and oversight, ensuring that we deliver on our commitments and create value for our stakeholders. This has been made successful through leadership from BGBVC 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 Manager 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. In 2024, certain policies including Procurement policy, Child Protection and Financial Policies and procedures were reviewed and approved by the board to align with the organization's strategic plan.

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 or Board is tasked with identifying and safeguarding the organization's mission and strategy. The management and staff of the organization, on the other hand, are charged with implementing the Board's vision through the day-to-day work of the organization. Good governance practices contribute to an organization's efficiency, effectiveness and focus, and are therefore relevant to NGOs and their donors alike.

2024 Approved policy and strategic documents

- Governance Manual
- BGBVC Strategic plan (2024-2028)
- Risk Management plan
- Child Protection Policy
- Financial Policy and Manual
- Procurement Policy
- Human Resource Management Handbook
- Employee attraction and retention manual

4.4 Resources Development and Communication

In 2024, BGBVC has made significant strides in resource development and communication, leading to enhanced program capacity and increased awareness of GBV issues within the community. These efforts have been essential in mobilizing support, securing funding, and amplifying the voices of survivors. This has been made possible through the below modalities:

Funding Acquisition

- 🏆 BGBVC Successfully secured new funding through a combination of grants, partnerships, and sponsorships from local businesses.
- 🏆 Developed targeted proposals that highlighted the project's impact, innovative solutions, and alignment with community needs, increasing funding for the organization.

Partnerships

- 🏆 Established strategic partnerships with key stakeholders, including government agencies, NGOs, and community organizations, to enhance resource sharing and broaden the reach of our initiatives.
- 🏆 Collaborated with universities such as Baisago University and developed MOU's for partnerships and collaboration with an ultimate goal to add valuable resources to our projects.

Resource Materials

- 🏆 Created and distributed comprehensive resource materials, including brochures, toolkits, and training manuals aimed at educating community members about GBV prevention and response.

Awareness Campaigns

- 🏆 Implemented a series of awareness campaigns, including social media initiatives, workshops, and community events, to raise awareness about GBV and promote available resources. Our Facebook page reached over 25 000 individuals, and we have expanded reach to other platforms that include Instagram and LinkedIn.
- 🏆 Partnered with local media outlets such as Gabz FM to highlight survivor stories and project milestones, fostering a community dialogue around GBV issues and encouraging local engagement.

The resource development and communication efforts BGBVC have not only strengthened our initiative but have also empowered the community to take an active role in addressing gender-based violence. By securing necessary funding, fostering partnerships, and employing effective communication strategies, we are better positioned to combat GBV, support survivors, and create a safer environment for all. We look forward to building on these efforts in the coming year.

4.5 Monitoring and Evaluation

BGBVC's annual workplan involves monthly data verification exercises, this is in addition to the mandatory bi-annual Routine Data Quality Assessment. The RDQA is conducted by a team comprising of a program's technical person and a MEL representative. Data verifications have been conducted and reports compiled, to ensure that the data meets all data quality requirements. The MEL team has continually engaged with staff, supporting them with DHIS 2 system use, data backlogs and data use. BGBVC holds weekly data review meetings, where performance against key indicator targets is discussed. This has facilitated correction of issues with both implementation and data management.

BGBVC transitioned from using an excel database to a customized DHIS2 system. This move was meant to support real-time reporting as well as manage big datasets. The system was developed and rolled out in the same year. System end-users were trained on the use of the system to ensure a smooth transition. Additionally, electronic data collection gadgets like Computers and Tablets were introduced in data management. This was initiated to move from a paper-based to an electronic data management system.

To ensure confidentiality of clients' details, BGBVC has developed a data protection policy. This serves as a guiding document on issues of confidentiality, privacy and data security. This was done before the publishing of the data Protection Act, and will be revised in alignment with the ACT. Additionally, a Data retention and disposal policy has been developed to address issues around data storage and disposal mechanisms. BGBVC has also strengthened the filing of client data files by developing and operationalizing a filing protocol. To strengthen data confidentiality, BGBVC has developed a non-disclosure tool to regulate access and sharing of data by third parties. This comes handy when third parties request access to data for purposes such as research and development.

The BGBVC MEL team participated in the UNITE Towards 100 MEL Training held on the week of the 9th hosted by Stepping Stones International. The purpose of the training was to ensure integration of the whole spectrum of services across all implementing partners. This afforded all partners an opportunity to understand what other IPs are doing and how to complement one another towards a common goal.

To continue collaborations, the MEL team has joined hands with other Implementing Partners in producing a Bi-weekly UNITE report. This is achieved through weekly updates of the project slide deck as well as taking responsibility for updating performance slides during the period that Gaborone district compiles. Additionally, the BGBVC MEL team participates in project bi-weekly meetings among the UNITE IPs and USAID Meetings.

BGBVC has strengthened its data quality efforts by updating data management guidelines, these summarize all key data management ethics. Additionally, protocols for proper completion of data collection tools have been developed. This has been aligned with tools configurations in DHIS2. Changes in tools have also been made to ensure all data elements are captured.

To leverage on existing wealth of information and experience, BGBVC MEL team has engaged in knowledge exchange exercise with the Mozambique Jhpiego office. This was to learn the best practices that they employ to ensure clients who received services virtually have access to all the services needed seamlessly. This relationship is expected to grow, so that effective and efficient systems may be operated in both organizations.

The BGBVC MEL team participated in the GENDER Custom indicators workshop organized by JHPIEGO, where guidance on reporting on custom indicators to ensure all our work is reported was a key highlight. The workshop introduced new custom indicators that prompted programs to revise data collection tools to ensure all is reported. An additional workshop was organized by JHPIEGO to further discuss custom indicators across all donor projects. The meeting also allowed for a comprehensive review of what's in existence versus what is needed for improved program monitoring.

To improve on issues of data visualization, BGBVC MEL unit has engaged private entities to assist in better case management using the DHIS2 system. This is to be achieved by using either the R software or STATA to combine all data stages and be able to assess all services given to clients and their needs. This is an ongoing process and is expected to transform BGBVC's interaction with data. Additionally, the team has taken the initiative to participate in the Power-Bi challenge, involving completing a foundational Power-Bi course.

There has been a monthly data verification exercise conducted every month and an RDQA at the end of every six months to assess the organizational performance in different domains. These activities were done across different programs. The BGBVC M&E plan has been revised, allowing for all project efforts to be integrated in the plan.

BGBVC has been keen on generating evidence around issues of GBV in Botswana, to achieve part of this, an SVRI study was initiated. Training for different actors for the study was conducted, followed by data collection exercise. Currently, the study is at a data validation stage and will soon move to data analysis. The MEL team is highly involved in the study. Furthermore, an analysis of the Connect with Respect (CWR) pre-assessment survey was done and a report compiled to highlight trends that exist among students in specific locations to be able to compare with the post-assessment survey results.

The M&E team participated in supportive visits to both Francistown and Ghanzi sites. This was an opportunity to reinforce consistent knowledge across all implementers. The visits addressed issues of system use, data collection tools, data analysis and visualization and data quality. Additionally, Routine Data Quality Assessments (RDQA) were conducted.

M&E Challenges and Improvement Plan FY2024

Challenge	Description	Remedial Plan
System Instability	The system has experienced some unexpected down times due to various reasons such as expiration of certificates and change of domain address	Engagement of a systems Administrator in the annual Plan. In the short term, a systems assistant has been engaged, who is attached to NAHPA for capacity building. This will help to reduce incidents of system downtimes

Data Backlog	Data entry was delayed due to system instability and Provider skill in data capturing	To address this issue, measures have been taken to ensure the system is always available for data entry. Additional measures include refresher trainings for providers on data collection. M&E optimal staffing has been proposed.
Data Quality	This has been done albeit not consistently, due to limited resources and data entry backlog	A clear plan of RDQA developed as well as monthly data verification exercises to be done
Data Storage Challenges	Shortage of lockable filing cabinets compromise client data confidentiality	Procurement of lockable data filling cabinets. A filing system has been developed
Shortage of data collection gadgets	For real time reporting, Tablets are to be used for data entry. This reduces reliance on the old paper-based system. With the new developments, procuring these gadgets is a must.	Proposed procurement of gadgets. The process has begun, and more gadgets are to be procured to increase efficiency
Limited M&E capacity on DHIS2	The M&E team was introduced to DHIS2 basics, this limits the ability of the team to conduct other activities, such as creating data collection tools and developing rules in the system.	Planned for a DHIS2 refresher for the M&E Team. Additionally, the M&E Team has been offered an opportunity to enroll in a DHIS2 academy
Slow rollout of the system in other districts	System was not yet rolled out to Ghanzi and Francistown. The teams needed to be introduced to the system to allow for basic use.	Trainings on the system have been carried out during supportive supervision visits. Users accounts were created and activated

Objective 1: To strengthen existing data management systems and processes to improve quality of BGBVC program data by Dec 2024						
Activity No/Code	Activity Description	Baseline	Annual Target/Expected Output	Achievement	Explanation of variance	Plan for improvement
1.1	Develop and disseminate a data protection and sharing policy	None	1 Data protection and sharing policy developed and all project team leads sensitized	Data protection policy developed	Awaiting review approval by board	Roll out following board review
1.2	Migrate/Phased roll-out of an electronic data management system	Paper-Based System	1 system developed and rolled out	DHIS 2 full rolled out in all districts	Shortage of tablets for full utilization	Mobilize resources for procurement of tablets
1.3	Extract and compile Monthly Data sets for all program activities and indicators	Line lists and Monthly Reports	Monthly Data sets compiled for each program and indicator	70% of reports compiled on monthly basis	Other monthly reports for all program activities were not conducted	Ensure all report for all program activities are compiled on monthly basis.
1.4	Conduct Monthly data verifications	EpiC Project weekly Data verification activities Quarterly verification visits	Monthly verifications conducted for all sites. Verification reports compiled shared	Data verification exercises were conducted on routine basis	None	Continue verifying data on monthly basis.
1.5	Conduct Data Quality Audits	None	2 Audits conducted (6 months and 12 months) DQA reports compiled and gaps addressed	Atleast 1 data audits conducted in all districts	For Ghanzi only 1 data audit was conducted during support visit as there is no designated	Ensure atleast 2 data audits are conducted at each district in 2025.

					M&E personnel at the district.	
1.6	Conduct refresher trainings on reporting tools	None	2 refresher trainings annually	Refresher training not conducted for all data tools	Trainings on tools were only done for newly recruited staff members and for certain tools not all reporting forms	Conduct atleast 2 refresher training in 2025.
Activity No/Code	Activity Description	Baseline	Annual Target/Expected Output	Achievement	Explanation of Variance	Plans for Improvement Next Year
2.1	Program Performance Dashboards	Epic Project Monthly Dashboards	Dashboards for all projects shared monthly	Dashboards presented at weekly performance meetings	None	Continue sharing dashboards at weekly meetings with all project team members
2.2	Organize Performance Review and experience sharing meetings	Annual Performance Review Meeting held in 2024	Monthly, Quarterly and Annual Performance review meetings held	Annual performance review done by Senior Management	Performance review not conducted with all staff members	Cascade performance review to all team members
2.3	Compilation and Dissemination of Program Reports	2024 Annual Report compiled	Monthly, Quarterly and Annual Reports compiled and disseminated	Project reports compiled	Dissemination of other	Widely disseminate reports to other stakeholders.

				and submitted to donors.	reports not done	
2.4	Dissemination of progress reports to districts and national level technical committee	Reports submitted at TAC, DMSAC level	Reports submitted to MOH, NAHPA, TAC and DMSAC level	Reports submitted to stakeholders	None	Continue reporting to stakeholders
2.5	Documentation of best practices/success stories to inform abstracts	None	4 success stories 4 abstracts developed and shared	Success stories compiled	4 Abstracts not compiled.	Work with volunteer to capacitate team on abstract writing. Encourage team to compile success stories on monthly basis.
Objective 3: To intensify Learning and Research to promote knowledge and evidence-based decision making						
Activity No/Code	Activity Description	Baseline	Annual Target/Expected Output	Achievements	Explanation of variance	Plan for Improvement
3.1	Appointment/training/orientation of study team / finalize instruments (Gaborone)	Existing BGBVC staff to be involved in the study	3/4 Research Assistants trained	4 Research Assistants engaged	None	Continue engaging research assistants
3.2	Pretesting and Data collection exercise	Data collection instruments procured.	Focus groups discussions and In-depth Interviews conducted with data available for analysis	Focus group discussions conducted, In-depth interviews completed	Analysis of In-depth interviews on going	Finalize coding and analysis of in-depth interviews

