

THE BOTSWANA NATIONAL ADVOCACY CONVENING ON REDUCING VIOLENCE AND DISCRIMINATION AGAINST KEY POPULATIONS

Masa Square Hotel, Gaborone, Botswana

26 – 27 October 2017

TRANSFORMING
LAWS,
TRANSFORMING HIV **END**
STOP THE STIGMA
DISCRIMINATION
HUMAN
RIGHTS
FOR ALL
STOP THE
VIOLENCE **HEALTH**
FOR
ALL
REMOVE
LEGAL
BARRIERS

ARASA
AIDS  Rights
Alliance
for Southern Africa




MEN *for* HEALTH
& GENDER JUSTICE ORG.



BONELA

The Botswana
Network on
Gender, Law
and HIV/AIDS

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Abbreviations and Acronyms

ARASA	AIDS and Rights Alliance for Southern Africa
BBSS	Botswana Biological and Behaviour Surveillance Survey
BOFWA	Botswana Family Welfare Association
BONASWA	Botswana National Social Workers' Association
BONELA	Botswana Network on Ethics, Law and HIV/AIDS
CSO	Civil society organisation
ISLA	Initiative for Strategic Litigation in Africa
NACA	National AIDS Coordinating Agency
NSF II	National Strategic Framework 2010-2016
SADC	Southern Africa Development Community
SALC	Southern African Litigation Centre
SRH	Sexual and Reproductive Health
STI	Sexually Transmitted Infection
UNDP	United Nations Development Programme

Executive Summary

Background to the National Advocacy Convening on Reducing Stigma, Discrimination and Violence against Key Populations

The National AIDS Coordinating Agency (NACA) and the Botswana National Key Populations Coalition held a National Convening on Reducing Stigma, Discrimination, and Violence against Key Populations from Thursday 26 to Friday 27 October 2017, at the Masa Square Hotel, Gaborone, Botswana.

The meeting had the technical and the financial support of the AIDS and Rights Alliance for Southern Africa (ARASA) and took place under the Africa Regional Grant on HIV, a Global Fund grant to remove legal barriers to responses to HIV within the Africa region, a partnership between the United Nations Development Programme (UNDP), ARASA and other key regional HIV and human rights organisations. The meeting convened participants from key populations, civil society organisations and government agencies, including service providers.

Aim of the meeting

The aim of the convening was to provide a platform for a range of stakeholders to discuss the issues of stigma, discrimination, and violence towards the Botswana communities of key populations, including information and experiences as well as good practices and lessons learned for rights-based responses, in order to better protect and promote the rights of key populations.

Meeting outcomes

The meeting led to the following outcomes:

- An increased understanding and awareness of key HIV, TB and human rights issues that affect key populations in Botswana. To increase key populations' access to health, educational and psychosocial services.
- The formation of a Technical Working Group on Key Populations in order to support further action planning to remove legal, human rights and gender-related barriers to health care and to protect and promote the health rights of key populations in Botswana.

Introduction and background to the meeting

Botswana currently has around 400 000 people living with HIV and around 10 000 new infections annually, according to NACA's estimates. The trends show that women are more affected than men and that HIV prevalence is highest for women aged 35 to 39 years of age.

The second Botswana National Strategic Framework 2010-2016 (NSF II) recognises the need to increase access to HIV prevention services for key populations. Key populations, defined as “most at risk populations” in the NSF II, include people living with HIV, lesbian, gay, bisexual, transgender and intersex (LGBTI) populations, people who inject drugs, sex workers, women, children, adolescents and hard to reach populations.

Research conducted by NACA in Botswana has shown HIV prevalence of 61.9% in female sex workers and 9.2% HIV prevalence rate amongst gay men and other men who have sex with men. In 2012, the Botswana Biological and Behaviour Surveillance Survey (BBSS) was undertaken to establish the population size, prevalence of HIV and other sexually transmitted infections (STIs), incidence of HIV and the risk profiles of key populations in Botswana. The study included research on sex workers, gay men and other men who have sex with men and people who inject drugs. The survey was an important official acknowledgement of the existence of key populations in Botswana and the need for effective programmes and services that respond to their specific needs in the context of HIV. The BBSS found that key populations in Botswana are at higher risk of HIV exposure.

NACA works closely with national partners such as the Botswana Network on Ethics, Law and HIV/AIDS (BONELA), Family Health International, Lesbians, Gays and Bisexuals of Botswana (LEGABIBO) and the Botswana Family Welfare Association (BOFWA) to try to reach out to key populations, and also participates in cross-border initiatives with the Southern African Development Community (SADC) to reach border populations, including sex workers and long-distance truck drivers. There are also key population-friendly clinics set up in urban and semi-urban areas that pay specific attention to the sexual and reproductive health rights.

However, stigma, discrimination and human rights violations against key populations continue to be a concern, acting as a barrier to access to health care services. Key populations in Botswana face high levels of stigma, discrimination, harassment and violence, exacerbated by laws that criminalise aspects of sex work, sex between men and drug use. These human rights violations continue to occur, despite some level of protection in law and policy for the rights of key populations to non-discrimination in access to health care services. As a result, key populations report difficulties accessing HIV prevention, treatment and care services and also being unwilling and unable to access justice for human rights violations.¹

¹ ARASA (2016) HIV, TB and Human Rights in Southern and East Africa

Aim of the meeting

NACA, the National Key Populations Coalition and ARASA held a two-day meeting in order to bring together key stakeholders to discuss causes of stigma, discrimination and human rights violations against key populations in Botswana and the need to establish national mechanisms to respond, in order to improve access to HIV and TB prevention, treatment and care services, and access to justice. The meeting objectives included the following:

- To provide a platform for a range of stakeholders from different sectors, including key populations and people living with HIV, to engage in evidence informed discussions on human rights violations related to HIV and TB that impact on key populations
- To share information and experiences, including the lived realities of members of key populations, on the impact of laws, policies, practices in the context of HIV and TB that create barriers to accessing HIV prevention, treatment and care services
- To consider ways in which to strengthen access to justice and national mechanisms to address human rights violations
- To consider how the international, regional and national human rights framework, laws and policies can be used to address violence and discrimination
- To share international, regional and national good practices, lessons learned and experiences on promoting and protecting the rights of key populations
- To reflect on the role of stakeholders, partnerships and existing structure, including the National Key Populations Coalition, in preventing and addressing HIV and TB related human rights violations against key populations, and
- To enhance legal and human rights literacy on issues affecting people living with HIV, people with TB and key populations in Botswana.

Methodology of the meeting

The meeting was a two-day consultative and facilitated workshop consisting of key stakeholders from across Botswana, including representation from key population groups, civil society organisations, government ministries, academic, the media and the private sector. The meeting created time and space for presentations, facilitated panel and plenary discussions and group work on key HIV, TB and human rights issues that affect key populations and agreement on the “way forward”, including the establishment of a Technical Working Group on Key Populations.

See Annexure A for a copy of the agenda.

Participants to the meeting

The meeting was organised by the NACA and National Key Populations Coalition, with technical and financial support of ARASA. It brought together a range of stakeholders from across Botswana, including Gaborone, Francistown, Palapye, Selebir-Phikwe, Maun and Mochudi.

See Annexure B for a list of the participants to the meeting.

Outcome of the meeting

The meeting resulted in an increased awareness and understanding of stigma, discrimination and violence against key populations in Botswana. Participants determined to establish a Technical Working Group in Botswana, to work towards establishing an action plan to combat stigma and discrimination and to remove legal, human rights and gender-related barriers to access to health care and justice for key populations in Botswana.

Human rights issues facing Key Populations in Botswana

The National Convening identified the following human rights challenges facing key populations in Botswana, through personal inputs and accounts of the experiences and lived realities of key populations:

- High levels of stigma, discrimination and violence against all key populations in Botswana, coupled with inadequate access to justice for human rights violations.
- Reports of various forms of stigma and discrimination against sex workers, including being stigmatised by their communities and in the health care sector, harassment, arrest and violence at the hands of customers, police and the armed forces, and inadequate access to appropriate health care services.
- Stigma, discrimination, verbal and physical assault (including sexual violence) and harassment within schools and communities; as well as police abuse, harassment and violence against gay men and other men who have sex with men.
- Stigma and discrimination in access to health care services for lesbian women, who are denied access to STI screening in the absence of a (male) partner and are treated in a disrespectful manner by health care workers.
- Stigma and discrimination against transgender persons including within families, communities, schools and in the health care sector; inadequate access to appropriate services, and in the legal system's failure to recognise the existence, identity, rights and needs of transgender persons.

Current responses

NACA, the National Key Populations Coalition and ARASA held a two-day meeting in order to bring together key stakeholders to discuss causes of stigma, discrimination and human rights violations against key populations in Botswana:

Protective laws, policies and plans

Botswana has a range of broadly protective laws and policies that protect the rights of all people, including key populations. For example, the Employment Act prohibits discrimination and dismissals on various grounds, including sexual orientation. The National Strategic Framework specifically provides for health care programming for key populations.

Legal literacy and legal support services

Training of key populations on their rights has helped key populations, such as sex workers, to challenge human rights violations and unlawful arrests and police harassment. Sisonke, for instance, trains paralegals and peer outreach groups in order to support mobilisation of sex workers to challenge human rights violations from clients, health workers and the police.

Strategic litigation

Organisations such as the Initiative for Strategic Litigation in Africa (ISLA), a regional organisation working on human rights litigation throughout Africa, uses precedent-setting cases to strengthen and enforce the rights of key populations in Botswana. Strategic litigation is also being used to challenge discriminatory actions against organisations, such as LEGABIBO and Sisonke, who have been denied registration as organisations. LEGABIBO was denied registration by the Registrar of Society based on the Penal Code's criminalisation of unnatural sexual acts. LEGABIBO challenged the refusal to register its organisation on the basis that it was discriminatory, limited freedom of expression, freedom of assembly and amounted to inhumane and degrading treatment. In addition, the Penal Code criminalisation of unnatural sexual acts did not amount to the criminalisation of homosexuality, per se. The Court of Appeal held that the organisation should be permitted to register. Sisonke, with the support of the Southern African Litigation Centre (SALC) and a local lawyer, is currently challenging the denial of registration of its organisation. A further case is currently underway challenging the refusal to change the gender identity marker of a transgender person.

Champions

Lesbians, Gays and Bisexuals of Botswana (LEGABIBO) uses champions to advocate for and champion lesbian, gay, bisexual, transgender and intersex (LGBTI) rights. KP REACH also uses regional champions to advocate for the rights of key populations. Champions include health service providers, politicians, parliamentarians, educators, university lecturers, traditional and religious leaders across Botswana. These champions work within their communities or working environments to reduce stigma and discrimination and promote acceptance of the rights of key populations. The value of having persons who are key populations also speaking for key population issues, in their respective spaces, has been recognised as an effective strategy.

Strengthened partnerships across sectors

LEGABIBO has recognised the importance of working in collaboration with various organisations working with key populations, including sex worker organisations and organisations and networks of people living with HIV, to build stronger coalitions for research, advocacy and strategic litigation. Multi-stakeholder engagements by partners have also ensured the existence of “key population-friendly” health care facilities. The state is also participating in key population coalition structures at national as well as regional level. The Pilot Mathambo Centre for Men’s Health works in partnership with other CSOs and stakeholders such as Sisonke and BONELA to provide sexual and reproductive health information and information on health rights to male sex workers.

Advocacy

Organisations such as the Botswana Family Welfare Association (BOFWA) undertaken advocacy for key population programmes. Strategic litigation is also often accompanied by advocacy, as is the case with the transgender case currently before the Botswana courts.

Empowerment

Various CSOs have used support groups and other strategies to empower key populations. Sisonke and other sex worker organisations work to empower sex workers, through training and support groups, to claim their rights including their rights to access sexual and reproductive health care services such as HIV and STI testing and treatment, cervical cancer screening, condoms and pre-exposure prophylaxis. BOFWA has set up support groups for key populations, which includes active support to refer key populations to service providers (including clinics and the police) that are sensitised to key population issues and are “key population-friendly”.

Sexual and reproductive health (SRH) care services for key populations

There are examples of important SRH services for key populations. For example, the Botswana National Social Workers’ Association (BONASWA) works with young people, creating youth-friendly programmes to discuss life skills and issues of sexuality which they are unable to discuss with their parents. Pre-exposure prophylaxis has been made available to key populations, foreign prisoners in prisons receive antiretroviral therapy (ART) to treat HIV and there is a national Test and Treat campaign that aims to reach as many people as possible with HIV testing and treatment. HIV testing and counselling services are said to be increasingly more acceptable for key populations, safe medical male circumcision is offered to all persons without discrimination and the state provides reassignment surgery to persons who are born intersex. Sisonke works with BOFWA to provide access to sexual and reproductive health care for key populations. The Pilot Mathambo Centre for Men’s Health, housed within the Botswana Centre for Human Rights, provides sexual and reproductive health information for male sex workers.

Participation in decision-making structures

Some civil society organisations (CSOs) have shifted from an adversarial relationship towards engagement with the State, participating in decision-making structures and working within the system to effect change.

Working with the media

There has been considerable work undertaken to sensitise the media to HIV, TB and key populations in recent years, including through LEGABIBO. There is a visible impact in terms of the media stories and portrayal of key populations, the improved language and the increased willingness of certain media allies to cover stories of key populations and the work of their organisations. Organisations have also used social media to tell their own stories, with success, as well as theatre, music, art and books. LEGABIBO has supported local film makers to engage in telling stories of key populations. The media have also been engaged around advocacy for strategic litigation cases before the Botswana courts.

Challenges

The National Convening identified the following ongoing gaps and challenges that needed to be considered, in identifying recommendations for removing legal, human rights and gender-related barriers for key populations to access HIV and TB services:

Limited support for key population organisations

Various organisations have been denied registration, and have had to be housed within other organisations in order to operate. This creates difficult operating environments for the organisations and limits the availability of organisational support for key populations in Botswana.

Legal barriers to access to health care

Laws criminalising aspects of sex work (living off the proceeds of sex work is unlawful) and unnatural sexual offences are ongoing sources of stigma, discrimination, violence, harassment and abuse against key populations. In addition, while the Constitution protects the rights of all people, social, economic and cultural rights in the Botswana Constitution are not strong. International human rights commitments are also not upheld at domestic level.

Limited implementation of protective laws, policies and programmes

Participants recognised that, while there are various protective laws, policies, plans and programmes that purport to protect the rights of key populations and provide health care services for key populations, many of these are not adequately implemented and enforced.

Limited information and understanding of key populations

The public, and service providers, such as health workers and educators, still have a limited understanding of key populations and their different needs.

Diversity of key populations

Key populations are a diverse group of people and responses should not attempt to deal with all populations as one. They have separate issues and separate needs and there is still a great deal of misinformation about different key populations.

Insufficient engagement across sectors

There is insufficient engagement with various stakeholders across sectors, including political leaders and policy makers and the media. The media, including online and social media, can be a damaging area and source of information for key populations and can jeopardise the safety and security of key populations.

Recommendations

The National Convening on Reducing Violence and Discrimination against Key Populations made several recommendations during the course of the two-day meeting, including the following:

Advocacy

Ongoing engagement with political leaders and policy makers across sectors is required, including through attending rallies and meetings, to ensure that leaders engage with issues around key populations. Participants discussed the need to create pressure groups that span across industries and reach various stakeholders.

Media

Participants recommended increasing work with the media, partnering with the media across various platforms; researching and publishing the lived stories of key populations and using technology, social media and various online platforms to increase sensitive coverage of key populations. This is important to change the narrative around key populations, but also needs to be done carefully to ensure that key populations' safety is not at risk.

Education and Sensitisation of service providers

Participants recognised the importance of engaging with educators and other service providers to provide information and address attitudes towards key populations and to enable service providers to support young key populations e.g. within schools.

Strengthened access to non-discriminatory sexual and reproductive health care information and services

There is a need for improved, inclusive and non-discriminatory sexual and reproductive health care information and services for key populations, to reduce their risk to HIV and other STIs. This requires focussed services as well as improved referral networks within the health care system. It also requires improved life skills and sexuality education for young key populations within schools.

Outcome of the National Convening

The meeting resulted in agreement to establish a Technical Working Group in Botswana for key populations in the hopes of creating a National Strategic Plan to remove legal, human rights and gender-related barriers to access to health care for key populations. The Technical Working Group should not duplicate the work of existing structures or coalitions within the country. It should ideally include strong key population voices but also include other stakeholders, in order to ensure its influence across sectors.

Annexures

Annexure A: Agenda

26th October 2017

Time	Topic	Facilitator / Moderator
08.00 - 08.30	Registration	Kagiso
08.30 - 09.30	OFFICIAL OPENING	DRAMA GROUP
09.30 - 10.00	Welcome and Introductions <ul style="list-style-type: none"> • Welcome Remarks by Cindy Kelemi- Executive Director Of BONELA • Opening Remarks – UNDP • Key Note Address- Hon Botlogile Tshireletso/ Prof Tlou/ Judge Dingake 	Nthabiseng Mokoena
10.00 - 11:00	Setting the scene	Anna Chalmers - KP Coalition (also CEO of LEGABIBO)
11:00 - 11:30	Untold Experiences of Discrimination, Stigma and Violence shared by Key Populations <ul style="list-style-type: none"> • Max Mabaka- From a Transgender and Intersex Perspective. • Masula- From Perspective of Sex Workers • Quing Komane- Transgender • Gay Person (to be identified) 	
11:00 - 11:30	Health Break	All
11:30 - 12:15	Status of TB an HIV Epidemic among Key Populations in Botswana	Victor Danke - NAC
12:15 - 13:00	Policy and Legal Environment for Key Populations. <ul style="list-style-type: none"> • Lesego Nchunga – Lessons learnt from the LEGABIBO case and current Case of Tshepo Ricki Kgositau • Keikantse Phele – Botswana Law Society • Kutlwano Magashula 	Ndibapi Matenge - Attorney
13:00 - 14:00	Lunch	All
14:00 - 14:30	Human Rights based Approach to violence, stigma and discrimination among Key Population	Alice Mogwe – Executive Director for Ditshwanelo Center for Human Rights / Tebogo Gareitsanye – Policy Officer for BONELA
14:30 - 15:30	Role of Stakeholders and Policy makers/influencers In tacking Violence, Stigma and Discrimination towards Key Populations. <ul style="list-style-type: none"> • Honourable Yellowman- Politician • BOFWA • BONASO 	Sewelo – CAL
15:30	Working Health Break	All
15:35 - 16:45	Group Work <ul style="list-style-type: none"> • Group 1 and 2- Explore and share National strategies for Reducing Violence and Discrimination against Key Populations • Group 3 and 4- Gaps and Opportunities for Advocacy in the National Human Rights, HIV and TB response 	Nthabiseng Mokoena
16:45 - 17:00	Closing remarks and end of day 1	Junior Molefe- Executive Director for Men For Health and Gender Justice

Agenda

27th October 2017

Time	Activity / Topic	Facilitator / Session Chairperson
08:30 - 09:00	Registration	Kagiso
09:00 - 09:30	Recap	
09:30 - 10:30	Culture, Religion and Key Populations- How to Collectively End Discrimination and Violence <ul style="list-style-type: none"> • Reverend Thabo Mampane- Does the church have seats for Key Population community? • Kgosi/Chief- Gerald • Chantelle- Theology Student based at LEGABIBO 	Reverend Moenga
10:30 - 11:00	Health Break	All
11:00 - 12:00	The Media and Key Population <ul style="list-style-type: none"> • Bradley Fortuin- LEGABIBO Media Officer- Sharing cases from the media • Mosidi- Print Media/Newspaper • Goaba Mojagomo- Radio • Mmabatho Motsamai- Blogger 	
12:00 - 13:00	Academia (to be refined) <ul style="list-style-type: none"> • Dr Mosime • Dr Tshepo (sociology) • Dr Dinokopila 	
13:00 - 14:00	Lunch	All
14:00 - 15:30	National Health Strategies towards reducing Violence, Stigma and Discrimination towards Key Population groups within health settings	Jonathan - Key Population Officer at Ministry of health, STI division
15:30 - 16:30	Closing Session Way Forward- Recommendations- What must be done <ul style="list-style-type: none"> • Lame Olebile- Human Rights Commentator • Kealeboga Shabane/ Tosh Legoreng- SISONKE • Caine-LEGABIBO • Tshepo Moyo- Human Rights Commentator • Skipper- Rainbow Identity Association • Francis- Nkaikela Group Closing Remarks <ul style="list-style-type: none"> • Nthabiseng Mokoena • Key Populations Coalition Botswana 	Pilot Mathambo - Pilot Mathambo Men's center

Annexure B: Participants

NAME	LOCATION	DESIGNATION
Tiny M	Maun	Sex work community
Lesly Van nel	Maun	LGBTI community
Reza	Maun	Health care worker (nurse)
Brendon Motlhanka	Maun	LGBTI community
Paul Motshwane	Francistown	Customary court President
Wandy Chabe	Francistown	LGBTI community and activist
Pastor	Francistown	Key population rights activist
Masego Mpetse	Francistown	Sex work community
Lorato Modongo	Francistown	Academia/researcher
Josphine Peit	Kasane	Sex work community
Goabaone Lesole	Kasane	LGBTI community
Nkobi Masunga	Kasane	LGBTI community
Kagiso Phoko	Lerala	Junior school educator/LGBTI Community
Gosiame Gaborone	Palapye	LGBTI community
Jane	Palapye	Sex work community
Gofaone Ontefetse	Palapye	LGBTI community
Bolton M	Palapye	LGBTI community
Olefile Letsholo	Nata	High School Educator/LGBTI community and national sports administrator
Bosele	Nata	Sex work community
Dalton Bontsi	Phikwe	Human Rights Attorney & Director of silent Kills Org
Kefilwe	Phikwe	Sex work community/Paralegal
Phontsho Gower	Phikwe	LGBTI community
Senzani	Mochudi	LGBTI community
Maagwe Senzani	Mochudi	Chairperson of PFLAG
Karabo Motheo	Mochudi	Community leader
Nthabiseng Mokoena	Johannesburg	ARASA
Kagiso Osupeng	Gaborone	LGBTI rights activist
Anna Chalmers Mmolai	Gaborone	Legabibo CEO, LGBTI activist
Thato Semele	Gaborone	LGBTI rights activist
Max Mabaka	Gaborone	LGBTI rights Activist
Quinn Komane	Gaborone	LGBTI rights and activist
Victor Danke	Gaborone	Chief IEC officer-NACA
Ndibapi Matenge	Gaborone	Attorney
Kutlwano Magashula	Gaborone	Human Rights Legal Researcher/LGBTI rights activist
Tshepo Kgositau	Cape Town	Director- Gender Dynamics, Cape town/LGBTI rights activist
Refilwe Mogorosi	Gaborone	LGBTI rights activists
Mpho Tekano	Gaborone	Health Empowerment Rights Director/LGBTI activist
Nonofu Ndwapu	Gaborone	Botswana Network Of social workers
Junior Molefe	Gaborone	Executive Director- Men for Health & Gender Justice Org/LGBTI rights activist
Pilot Mathambo	Gaborone	Director-Pilot Mathambo Center for Men's Health/LGBTI rights activist
Bradley Fortuin	Gaborone	LGBTI Rights activist
Kennedy Letlhogela	Gaborone	LGBTI community
Dr Mosime	Gaborone	Academia
Dr Mookodi	Gaborone	Academia
Jonathan	Gaborone	Key population officer- Ministry of health
Tosh Beka	Gaborone	Director- SISONKE/ Sex worker's rights activist
Tshepo Moyo	Gaborone	Key Population rights commentator and writer
Skipper Mogapi	Gaborone	Director-Rainbow Identity/ LGBTI Rights activist
Kebalepile Francis	Gaborone	Director-Nkaikela youth group/ Sex workers rights activist
Onkokame Mosweu	Gaborone	Human Rights commentator