



# High-level meeting report on advancing sexual and reproductive health and rights (SRHR) with traditional leaders


31 October to 3 November 2023

Maun, Botswana

Summary report







This meeting was organised by the United Nations Population Fund (UNFPA), the United Nations sexual and reproductive health agency, and the Republic of Botswana's Ministry of Health (MoH), in collaboration with Ntlo Ya Dikgosi or House of Chiefs (an advisory body to the country's parliament). It convened members of Ntlo Ya Dikgosi on advancing the sexual and reproductive health and rights (SRHR) of young people in their communities and beyond.

The purpose of the meeting was to build capacities of traditional leaders (also known as Marara, Magosi or Dikgosi in Setswana) to:

- advocate for the SRHR of adolescents and young people.
- mobilize their communities to address SRHR and champion efforts to tackle the negative gender and social norms which hinder access to SRHR information and services.



Kgosikgolo ya Batawana, Kgosi Tawana II welcoming participants to the high-level meeting

Kgosikgolo Tawana II appreciated the collaboration between the Ministry of Health, UNFPA and Ntlo Ya Dikgosi since it will enhance Botswana's response to the SRHR needs of communities.

***“We will be trusting you as leaders to ensure that girls remain in school, remain protected and those who dropped out of school return back to school and successfully complete their studies.”***

**Dr Edwin Dikoloti, Minister of Health**



There are high levels of new HIV (human immunodeficiency virus) infections among adolescent girls and young women. This problem is exacerbated by the gender-based violence (GBV) often found in communities because of negative gender norms and cultural beliefs. Therefore, traditional leaders must intervene and influence behaviour change in their communities.

As community leaders with knowledge of the cultural practices of their people, members of Ntlo Ya Dikgosi are the right stakeholders to champion change in their communities.

Following this high-level meeting, we must ensure that traditional leaders have the correct and necessary information on SRHR. This will be a crucial step in improving young people’s SRHR because these leaders play an essential role in sharing accurate information with their communities.

***“I encourage you [Marara] to be SRHR champions; speak openly about SRHR issues with your communities; and advocate for SRHR issues in the various platforms of which you are members. I hope that the Chairperson of Ntlo Ya Dikgosi will also include SRHR in the business of the house to ensure continuity of this meeting.”***

**Innocent Modisaotsile, UNFPA Acting Representative (South Africa) and Country Director (Botswana & Eswatini)**



# Deep dive into sexual and reproductive health and rights (SRHR)

The Government of Botswana has committed to achieving the Sustainable Development Goals (SDGs) and ensuring that there is equality, prosperity and development of sustainable programmes. At the centre of each goal is the principle of Leaving No One Behind (LNOB) regardless of their gender, geographic location, level of education, socioeconomic status or any form of identity.

Furthermore, the government has committed to the International Conference on Population and Development (ICPD) Programme of Action which underscores the need for all countries to attain SRHR.

Specific commitments focusing on advancing SRHR for adolescents and young people have been made at the regional level. For example, the East and Southern Africa (ESA) ministerial commitment to improve the education, health and overall well-being of adolescents and young people.

The Government of Botswana has also launched the National Commitment for Adolescent Well-being which entails education and skills development, health and nutrition, GBV, employment and road safety. Currently, the Ministry of Health is finalizing the Family Planning 2030 (FP2030) commitments which incorporated views from members of the Ntlo Ya Dikgosi.

## Status of sexual and reproductive health (SRH) in Botswana

Figure 1. A comprehensive definition of sexual and reproductive health and rights



The SRH Programme has several components which include family planning, maternal and newborn health, adolescent SRH, the National Cervical Cancer Prevention Programme and male involvement, and GBV.

Available data indicates that even though SRH services are delivered in most health facilities there is still a high unmet need for family planning. Other issues that must be considered are:

- an increase in the adolescent birth rate
- high levels of cases of GBV and limited skilled personnel to support survivors of GBV
- limited access to Long-acting Reversible Contraceptives (LARCs)
- frequent stockouts of reproductive health commodities.

The Ministry of Health has put several measures in place to close the above gaps. These include strengthening supply chain management and building the capacity of health-care workers to deliver quality services under the reinvigoration of primary health care. The Ministry of Health also works with traditional leaders at the community level to establish a dialogue with community members about SRHR issues.

## Key SRHR Statistics

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**Maternal Mortality:** 240 per 100,000 live births (2021)

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**Unmet need for family planning:** 14 per cent

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**Adolescent Birth Rate:** 39 live births per 1,000 girls

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### Gender-based Violence:

- **37 per cent** of women experienced GBV at least once in their lifetime
  - **9.3 per cent** (Females) and 5.5 per cent (Males) experience sexual violence, with a high incidence of rape (11) among adolescents aged between 13 and 17 years of age
  - Women with any type of disability were two to three times more likely to experience GBV than men with disabilities.
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4 NTLO YA DIKGOSI KGOSI LEDIMO





# Reflections from Marara on SRHR issues

*“It is essential to conduct research and measure the extent to which traditional norms and values are contributing to harmful actions associated with culture. This will be helpful in identifying the positive norms and enable sharing of accurate information.”*

Kgosi Oscar Mosielele, Moshupa Region



*“It is important to ensure that enforcement of laws and regulations is coupled with raising awareness for the public to be well informed on what is expected of them to reduce harmful practices. It is crucial to engage Dikgosi to equip them with information to better engage and educate their communities during Kgotla meetings [a public meeting, community council or traditional law court of a Botswana village].”*

Kgosi Sibangani Mosojane, North East



*“Issues of sexual reproductive health are sensitive topics that are rarely discussed during community gatherings. Every so often tradition prohibits open discussion of SRH issues, but this meeting will encourage open discussions between community leaders and their communities and prevent early and unintended pregnancies and forced child marriage among adolescent girls.”*

Kgosi Rebagamang Rancholo, Tutume Region





## Insights from the high-level meeting

A lively panel discussion provided a platform for debate between representatives from civil society organizations (CSOs), the District Health Management Team (DHMT) and members of Ntlo Ya Dikgosi. Together, they discussed practical steps that can be taken to advance SRHR at the community level.

They spoke about SRHR issues affecting communities and the different factors contributing to the increase in these problems. The dialogue unearthed tactical solutions to respond to the various SRHR needs identified, acknowledging the heterogeneity of communities and their beliefs and practices.

The DHMT Coordinator Dr Sandra Maripe shared the SRHR issues that are prevalent in the Ngami District. These include a high prevalence of cervical cancer, a high number of cases of teenage pregnancy and unsafe abortions, low uptake of family planning commodities and a high number of cases of defilement.

Ms Peggy Ramaphane, Executive Director of WoMen Against Rape, shared her insights regarding the deep-rooted cultural beliefs that increase the prevalence of SRHR issues in the community. These include the challenges facing children and their parents around having an open discussion on SRHR issues, pockets of child marriages, and incest and defilement perpetuated by religious and traditional beliefs.

Part of her recommended approach is to foster strong collaboration with members of Ntlo Ya Dikgosi to advance SRHR at the community level. This includes:

- supporting members of Ntlo Ya Dikgosi to advocate for equitable distribution of SRHR services at the community level
- strengthening community structures to actively engage in discussions about SRHRn issues in their communities.

## Practical steps for traditional leaders

- Partner with local health facilities and utilize available platforms to address the community on key SRHR issues.
- Advocate for resuscitating village Multi-sectoral AIDS (acquired immunodeficiency syndrome) committees to enhance information dissemination and ensure monitoring and evaluation of community-based SRHR and HIV programmes.
- Advocate for delivery of life skills education at the community level
- Advocate for policy reforms on different platforms.

## Reflections from Marara on SRHR issues

*“It is important to empower families as a starting point – and ensure that boys and girls are empowered equally in order to tackle GBV.”*

**Kgosi Tshipe Tshipe**, Mahalapye Region



*“We should take advantage of indigenous knowledge and practices, like Bogwera, to complement formal education.”*

**Kgosi Oscar Mosielele**, Moshupa Region



*"It is very important for us to ensure that we share information on key issues like preventing unplanned pregnancy and GBV. Members of our communities must also gain adequate skills to encourage behaviour change."*

Kgosi Oatleng Setlhodi, Specially Elected



*"The solutions for SRH issues are found in the communities we are representing. Relevant CSOs and DHMTs should share the numbers they collect during their interactions with community members with us [magosi]. This could improve our understanding of the challenges faced by our people and enable us to come up with meaningful interventions to address issues more proactively."*

Kgosi Puso Gaborone, Batlokwa



*"We should be empowered with knowledge and with funds to fully engage with our communities at different levels, including families, to ensure we respond appropriately to the various issues that seriously worry us, such as teenage pregnancy and alcohol abuse among young people."*

Kgosi Kebonyetsala Fish, Specially Elected





Least 27 pregnancies per 100 women per year

Withdrawal (coitus interruptus)

For the best protection against pregnancy, HIV and other STIs, use your method of choice AND condoms!

Are you expecting or planning to have a baby?



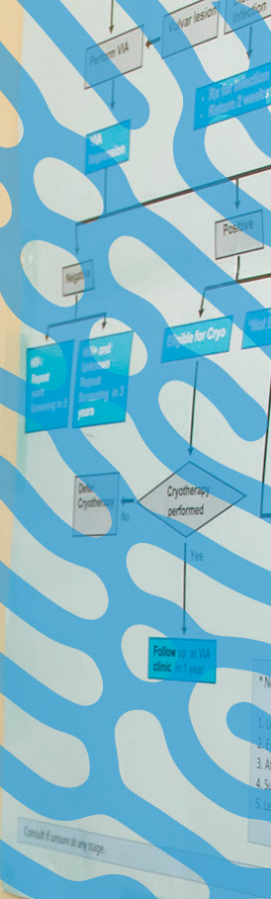
Participate in the programme reducing HIV from mother to child. Visit your nearest health facility for information on reducing HIV transmission to your baby.

MINISTRY OF HEALTH AND WELLNESS

# CERVICAL CANCER IS PREVENTABLE... ACT NOW!!!

BE PRO-ACTIVE ABOUT YOUR HEALTH... GO FOR CERVICAL PRE-CANCER SCREENING...

VISIT YOUR NEAREST HEALTH FACILITY...



## The Role of traditional leaders in advocating for SRHR

Ensuring a favourable legal and policy environment:	Supporting SRHR interventions at community level	Tackling gender and social norms	Knowledge-sharing; Collaborations and Partnerships:
<ul style="list-style-type: none"> <li>• Tabling and debating motions; drafting position papers and regional and global commitments.</li> <li>• Advisory role.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitoring the quality of programmes and ensuring accountability (community-led monitoring).</li> </ul>	<ul style="list-style-type: none"> <li>• Lead community dialogues on gender and social norms.</li> </ul>	<ul style="list-style-type: none"> <li>• Harnessing the richness &amp; positive culture and share in multiple platforms.</li> </ul>

A deep dive through capacity-building sessions unpacked key SRHR issues which included family planning, reproductive cancers, sexually transmitted infections, maternal health, and gender and social norms.

*“I encourage (Marara) to embrace new ways of thinking and recognize the importance of providing these young ones (adolescents) with information on SRHR issues earlier to help them avoid early pregnancies.”*

**Kgosi Mbao Kahiko III**, Ghanzi West Region



*“There are many women who give birth at home with the assistance of traditional birth attendants, especially in the most rural areas. I think it is important to empower these people with the right knowledge and skills to ensure they assist women in safer and more effective ways during childbirth.”*

**Kgosi Disho Ndhowe**, Okavango Region



*“As advisors to the government, we should speak about how unsafe abortion can cause women to lose their lives. [We should] advocate for the decriminalization of abortion which will help in women having access to safe abortion services.”*

**Kgosi Gaborone**, Chairperson, Ntlo ya Dikgosi



## Leaving No One Behind In SRHR

To ensure we leave no one behind when addressing SRHR we must:

- Understand the rights-based model of disability and use it to support the advancement of SRHR for persons with disabilities.
- Promote acceptance for persons with disabilities in the community recognizing that they are equal members of the community.
- Acknowledge that traditional leaders are key in advocating for changes in legislation that protect and promote the SRHR of persons with disabilities. This will ensure that where their rights are violated, there can be redress.
- Engage persons with disabilities in different structures within their communities to shape solutions that fully respond to their unique needs.



# Reflections from Marara

*"We are very grateful to have learnt about issues that persons with disabilities go through. From here we will take it upon ourselves to include persons with disabilities in different activities in our communities, now that we understand their needs and abilities."*

Kgosi Mbao Kahiko III, Ghanzi West Region



*"After gaining this knowledge I trust we will be in a better position to support persons with disabilities in our communities and advocate for legal reforms to create policies and laws that will remove the existing barriers hindering their access to services."*

Kgosi Gaborone, Chairperson, Ntlo ya Dikgosi



# Closing session

*“There are certain aspects of culture that should be upheld and preserved, and there are some cultural practices that are harmful and contribute to the violation of reproductive health rights - such practices must be addressed. Therefore the collaboration between my ministry, UNFPA and Ntlo Ya Dikgosi is pivotal in advancing SRHR and ultimately contributing to the revitalizing of primary health care.”*

**Prof. Oatlhokwa Nkomazana**, Permanent Secretary, Ministry of Health



*“Improving the SRHR of everyone starts at the community level therefore working with magosi is crucial due to the authority you command in your communities. UNFPA therefore remains committed to partnering with Ntlo Ya Dikgosi and the Ministry of Health on advancing SRHR and beyond.”*

**Ms. Tlangelani Shilubane-Pietersen**, Head of Office, UNFPA Botswana



*“Marara as nation builders will play a critical role in mobilising communities towards the change we desire on advancing SRHR. In addition, Marara as influencers will use their authority to drive our country towards achieving prosperity for all and realising the Sustainable Development Goals.”*

*“A healthy community is a wealthy community.”*

**Kgosi Gaborone**, Chairperson, Ntlo ya Dikgosi



## Annex 1: Action plan

Key Actions	Partners	Resources required	Timeline	Target
<b>High-level advocacy by Ntlo Ya Dikgosi leadership (Chairperson and Deputy Chairperson)</b>				
Facilitate inclusion of SRHR issues in key speeches (for example, Opening of the House and other relevant platforms)	UNFPA MoH	Key messages on SRHR Briefing notes	Jan 2024 June 2024 Oct 2024	Three speeches for the opening of the House to include SRHR issues
Advocate for SRHR using relevant platforms (for example, engaging the Leader of the House - Vice President (VP))	UNFPA MoH	Key messages on SRHR Briefing notes	June 2024	At least one engagement with the VP that focuses on advancing SRHR
Facilitate establishment of portfolio committees/ clusters, such as a Health committee	Parliament Committee unit, State President	Write up proposition on establishing portfolio committees	June 2024	Portfolio committee established (Health)
Mobilize resources to support engagement of members of Ntlo Ya Dikgosi (NYD) in selected SRHR issues	MoH, UNFPA	Briefing notes	Ongoing	Funds mobilized for NYD
<b>Advocacy by the Honourable House (Ntlo Ya Dikgosi)</b>				
Advocacy on SRHR: <ul style="list-style-type: none"> <li>Draft questions and motions on key SRHR issues (for example, harmonizing laws on the age of consent to sex and HIV testing, and disability) to the Minister of Health and other relevant ministries</li> </ul>	MoH, UNFPA	Key messages Briefing notes Position paper on key SRHR issues	June 2024 (ongoing)	At least two questions/ motions tabled/ presented
Undertake monitoring visits to projects and programmes on SRHR (for example, visit to public facilities and CSO delivering SRHR information and services)	MoH, DHMT, CSO/ Non-governmental organizations (NGOs)	Funds	June (Annual)	At least one visit undertaken
Convene annual high-level SRHR platform	MoH, UNFPA	Funds	October (Annual)	At least one high-level platform
Undertake learning visit on SRHR within the Southern Africa Development Community (SADC) region and beyond	MoH, UNFPA	Funds Briefing notes	October	At least one learning visit completed
<b>Advocacy and support at the community level</b>				
Advocate for the implementation of waiting homes (such as Ntlo Ya Botsetsi) to improve maternal health outcomes	DHMT, Clinics	Fund	Ongoing	
Advocate for SRHR issues in the Full Council (Raise motions and questions on SRHR during Full Council sitting)	Council, DHMT, MoH, UNFPA	Briefing notes Key messages Village profiles	Quarterly	At least five Full Councils addressed
Support community sensitizations and mobilization to access SRHR information and services (for example for young people and persons with disabilities) (Key issues to consider: GBV, teenage pregnancy, maternal deaths, access to contraceptives)	DHMT, NGOs, UNFPA	Resource package/ Information, education and communication (IEC) materials	Ongoing	Number of sessions held
Address the community on SRHR during kgotla meetings, facilitate community dialogue on SRHR and include SRHR in key commemorations (for example, World AIDS Day, Day of the African Child)	DHMT, Clinics, NGOs, Social and community development, Child Protection committees, Village Health Committees, Dikgosana, Ministers Fraternal	Resource package on SRHR/ IEC materials	Ongoing	All members reporting at least two kgotla meetings that address SRHR

