

Republic of Botswana

Comprehensive Sexual and Reproductive Health and Rights (SRHR) Resource



Package for Traditional Leaders/Dikgosi

November 2025



Ntlo Ya Dikgosi



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Abbreviations

SDG-Sustainable Development Goals

GBV- Gender-Based Violence ():

CBOs- Community Based Organizations

STIs- Sexually Transmitted Infections

CSE- Comprehensive Sexuality Education

EC- Emergency Contraception

ECPs- Emergency contraceptive pills

IUDs Copper-Bearing Intrauterine Devices

COCs- Combined Oral Contraceptives

PrEP- Pre-Exposure Prophylaxis

PEP- Post-Exposure Prophylaxis

LGBTQ+- Lesbian, Gay, Bisexual, Transgender, and Queer

SBCC- Social and Behavior Change Communication

AIDS- Acquired Immune Deficiency Syndrome

GBV- Gender-based violence

HIV- Human Immunodeficiency Virus

HPV- Human Papillomavirus

ICPD- International Conference on Population and Development

SGBV- Sexual and gender-based violence

SRH- Sexual and reproductive health

SRHR- Sexual and reproductive health and rights

STI- Sexually transmitted infection

UN- United Nations

UNFPA- United Nations Population Fund

WHO- World Health Organization

UN-United Nations

UNFPA - United Nations Population Fund

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This forward-looking resource package represents our collective vision as a nation where all people are able to exercise and fulfil their sexual and reproductive health and rights. It outlines four approaches to drive progress and impact, these include: bold leadership, aligning policy and legal frameworks to international human rights standards, strengthening health systems as well as ensuring universal health coverage that incorporates the full package of SRHR services, and strengthening monitoring and evaluation to inform evidence-based policy, programming and service delivery.

Foreword

The Comprehensive Sexual Reproductive Health and Rights Resource Package for Traditional Leaders/ Dikgosi has been developed to ensure that traditional leaders have the requisite information and knowledge to speak about and challenge harmful cultural and gender norms at the community level. The resource package is a tool which will enable Traditional Leaders/Dikgosi to fulfil their vision of achieving meaningful impact in their communities. This resource package will ensure that Traditional Leaders/Dikgosi play a significant role in supporting the implementation of Botswana's National SRHR (Sexual and Reproductive Health and Rights) Strategy. The National SRHR aims to ensure that all individuals, particularly adolescents and young people, have access to comprehensive and high-quality SRHR services and information. This strategy aligns with global commitments like the Sustainable Development Goals (SDGs), and focuses on reducing inequalities, preventing gender based violence, promoting gender equality, and addressing the specific needs of vulnerable populations.

The Republic of Botswana is committed to the implementation of the Sustainable Development Goals (SDGs), which include specific targets for advancing SRHR. The 2030 agenda put greater emphasis on leaving no one behind, including vulnerable and key populations while closing the inequalities that some populations continue to face. The Government has also committed to implementing continental and regional frameworks to advance Sexual and Reproductive Health and Rights (SRHR) under the umbrella of SDG 3 which aims to ensure healthy lives and promote well-being for all across all age groups. SRHR incorporates a wide range of issues including access to family planning, Comprehensive Sexuality Education, prevention and treatment of Sexually Transmitted Infections including HIV, and gender equality. These rights are fundamental to individual well-being, gender equality, and sustainable development. However, there are still gaps in realizing such rights for all.

This resource package has been developed to achieve the goals of the National SHRH strategy and well as the National SRHR programme policy framework. It is an initiative that reaffirms the government's commitment to regional, continental and international declarations towards successful implementation of SRHR programme, including addressing gender-based violence.

Ntlo Ya Dikgosi, through the Ministry of Health -SRH division presents this document as a guiding resource in its continuing efforts to advance Sexual and Reproductive Health rights in Botswana. This resource package shall be useful for Traditional Leaders/Dikgosi and Programme Managers at the national, district and local levels for improved outreach efforts and service delivery.

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Section 1:

Overview

1.1 INTRODUCTION

The Comprehensive Sexual and Reproductive Health and Rights (SRHR) Resource Package for Traditional Leaders/Dikgosi has been developed for Traditional Leaders/Dikgosi to support them with key messages to address SRHR and gender matters in their communities and support health care providers to increase the range and quality of services to meet the specific and diverse needs of communities. This package focuses specifically on the provision of such services integrated within clinical and non-clinical contexts and follows a gender-transformative approach. It covers all population segments in all their diversity with tailor made messages and takes a positive approach to SRHR, seeing this not just as the absence of disease, but the positive expression of one's gender, sex and sexuality. In doing so, this service package contributes to efforts to ensure universal access to sexual and reproductive health and rights (SRHR) as prioritized in the Sustainable Development Goals. This package is intended to empower Traditional Leaders/Dikgosi as agent of change in their communities to promote sexual and reproductive health and rights of communities, especially for hard to reach and underserved population groups.

1.2 OVERVIEW OF KEY SRHR CONCEPTS

a) Adolescent: Persons aged 10 – 19 years.

b) Adolescent and youth-friendly health services: Health services that are both responsive and acceptable to the needs of adolescents and youth and are provided in a non-judgmental, confidential and private environment, in times and locations that are convenient for adolescents and youth.

c) Comprehensive Sexuality Education: The provision of age-appropriate, culturally relevant, scientifically accurate, realistic, non-judgmental information about sex and relationships. Sexuality education provides opportunities to explore one's own values and attitudes and to build decision-making, communication and risk reduction skills about many aspects of sexuality.

d) Gender-Based Violence (GBV): All acts perpetrated against women, men, girls, and boys on the basis of their sex that cause or could cause them physical, sexual, psychological, emotional or economic harm, including the threat to carry out such acts. GBV includes the imposition of arbitrary restrictions on or deprivation of fundamental freedoms in private or public life in peacetime and during situations of armed or other forms of conflict.

e) Human Rights: Rights inherent to all human beings, regardless of race, sex, nationality, ethnicity, language, religion, or any other status. Human rights include civil, political, social and economic rights. For instance, these include the right to life and liberty, freedom from slavery and torture, freedom of opinion and expression, the right to work and education, and many more. Everyone is entitled to these rights, without discrimination.

f) Sexual and reproductive health: A state of complete physical, mental and social well-being in all matters relating to the reproductive system and sexuality; it is not merely the absence of disease, dysfunction or infirmity. For sexual and reproductive health to be attained and maintained, the sexual and reproductive health rights of all persons must be respected, protected and fulfilled.

g) Sexual gender-based violence: Any sexual act or unwanted sexual comments or advances using coercion, threats of harm or physical force, by any person regardless of their relationship to the survivor, in any setting. Sexual gender-based violence is usually driven by power differences and perceived gender norms. It includes forced sex, sexual coercion and rape of adult and adolescent men and women, and child sexual abuse and rape.

h) Reproductive rights: Reproductive rights relate to the basic rights of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so. These rights include the right to the highest attainable standard of sexual and reproductive health and the right of all people to make decisions concerning reproduction free from discrimination, coercion and violence.

1.3 PURPOSE

The purpose of this SRHR Resource Package is to empower traditional leaders/Dikgosi with knowledge and information for them to advocate and accelerate the attainment of sexual and reproductive health and rights for all people living in Botswana.

1.4 OBJECTIVES

The objectives which the SRHR Resource package to empower traditional leaders/Dikgosi to;

- a) Address cultural barriers/ practices that affect access and utilization of SRHR services in Botswana and communicate key messages to address them.

- b) Address factors contributing to a gap of intergenerational communication on SRHR and communicate key messages to close the gap.

- c) Address policies issues that negatively affect provision and access to SRHR- services and how they affect intergenerational communications and communicate key messages to influence policy shifts.

- d) Conduct and support social and behavior change communication strategies and interventions, such advocacy, behavior change intervention and social mobilization to promote access and utilization of SRHR services by communities.

- e) Apply social-ecological approach at all levels; individuals, interpersonal, community and structural level to address SRHR issues targeting various population groups in their communities.

- f) To support and strengthen SRHR service provision to reach vulnerable populations, hard to reach people, adolescent boys and girls, young people and key populations.

- g) To advocate for a stronger focus on SRHR by government, implementing partners, CSOs and other stakeholders such as law enforcement agencies.

Section 2:

Introduction to the SRHR resource package

This resource package provides an overview of the SRHR services and related key messages which should be provided for various target population groups in the communities utilizing a gender-transformative approach and socio-ecological model. This resource package highlights important aspects of SRHR and provides information on various SRHR services as packages and related key messages to empower them with knowledge and capacity to act.

2.1 How the Resource Package is Structured

The resource package is divided into five (5) major sections, each built upon the previous one.

Section 1: Introduction, Rationale and Overview

This section introduces Sexual and Reproductive Health Rights definitions, concepts and basic information for traditional leaders/Dikgosi to understand basic conceptual issues before delving into details of the resource package.

Section 2: SRHR Resource Package

Section 2 provides some information about how the resource package is structured, the target population of which the resource package is intended for, how the resource package should be used as well and the role of traditional leaders/Dikgosi in promoting SRHR.

Section 3: Comprehensive Sexual and Reproductive Health and Rights and Key Messages for Traditional Leaders

The section outlines a comprehensive SHRH service package which traditional leaders should be aware of and be able to promote. The section provides the rationale for various service packages, with related key messages and the level of intervention based on the socio-ecological model, indicating target population at individual, interpersonal, community and structural level.

Section 5: Operationalizing the SRHR Resource Package

The section provides key steps for operationalizing the framework, including assessing the current situation, building capacity and commitment, programme design, implementation, and monitoring and evaluation.

Section 6: Key steps for Traditional Leaders' engagement at local level

This section takes the reader through the steps which should be taken to engage with Traditional Leaders/Dikgosi in order to achieve long term impact on SRHR issues, including addressing gender-based violence.

Section 6: Resources on SRHR for Traditional Leaders

The section provides a list of information resources, technical guidance and reference materials for each and every SRHR service package which traditional leaders can further research on to know more about various aspects of SRHR.

2.2 Who is this Resource Package prepared for?

The resources package developed for traditional leaders as a tool for them to engage with communities using social behavior change communication strategies such as advocacy, behavior change communication, social and community mobilization. The resource package can also be utilized by health care workers and implementing partners and CBOs as they engage with traditional leaders/Dikgosi on SRHR (Sexual and Reproductive Health and Rights) issues in their respective communities.

2.3 How to use the Resource Package?


The service package may be used in the following ways:




- a) To learn about the importance of addressing SRHR issues in their communities.
- b) To promote scaling up of uptake of SRHR services and programs among their communities.

Section 3:


Comprehensive Sexual and Reproductive Health and Rights Service Package and Key Messages for Traditional Leaders/Dikgosi



The section outlines a comprehensive SHRHR service package which traditional leaders/Dikgosi should be aware of and be able to promote. The section provides the rationale for each service package, with related key messages and the level of intervention based on socio-ecological model, indicating target population at individual, interpersonal, community and structural level. Additional service packages have been included to make the resource package as comprehensive as possible so that it can empower traditional leaders/Dikgosi to assist in advancing the aspirational targets of the health SDG (SDG 3 – Good Health and Well-being) which explicitly recognize sexual and reproductive health as essential to health, development and women’s empowerment.


NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
1	Access to SRHR is a human right 	Sexual and reproductive health and rights depend on people’s access to multiple interrelated human rights, including bodily autonomy and the right to life, the right to be free from torture, the right to health, the right to privacy, the right to education, and the prohibition of discrimination. Lack of enjoyment of these rights by people can prevent them from accessing SRHR services.	<p>Key Messages: Botswana recognizes that access to sexual and reproductive health services is a fundamental human right, as reflected in the Constitution and supported by international commitments such as CEDAW, the Maputo Protocol, and Vision 2036. Ensuring these rights—bodily autonomy, informed choice, access to healthcare, and freedom from discrimination—is essential to achieving gender equality and national health goals.</p> <p>‘Everyone has the right to safe, consensual, and respectful sexual relationships that contribute to wellbeing.’</p> <p>Call to Action: Family planning is a cornerstone of reproductive health. It reduces maternal deaths, improves child survival, and supports women’s empowerment. According to WHO, access to modern contraceptives could prevent up to 30% of maternal deaths. Traditional leaders play a critical role in dispelling myths, promoting informed choice, and ensuring equitable access to family planning services without stigma or discrimination.</p> <p>NB: Botswana Human Right Framework Botswana’s Constitution guarantees rights under Chapter II, and the country is signatory to CEDAW and the African Charter.</p>	Youth of reproductive age group and Partners.

NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
2	Family Planning Services 	According to the World Health Organization (WHO), family planning is defined as “the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births.	<p>Key Messages: Key messages about family planning and modern contraceptive services:</p> <ul style="list-style-type: none"> • Maternal Child Health "Reduced maternal mortality, improved newborn survival, and adolescent health • Spacing pregnancies: "Spacing births at least 24 months apart can improve the health of both mother and child," • Modern family planning methods: "Modern methods like pills, IUDs, and implants are highly effective and can be chosen based on individual needs," • Benefits of condoms: "Condoms are the best protection against sexually transmitted infections (STIs) while also preventing pregnancy," • Empowering women: Family planning empowers women to safeguard their health, pursue education and employment opportunities, participate fully in social and economic life of their families and communities. <p>Call to Action:</p> <ul style="list-style-type: none"> • Traditional leaders/Dikgosi should inform communities and targeted populations that family planning supports both delaying and achieving safe pregnancies. • Traditional leaders/Dikgosi should promote fertility, focus on a healthy lifestyle including a balanced diet, regular exercise, and maintain a healthy weight. Additionally, reduce caffeine and alcohol intake, manage stress, and consider prenatal vitamins. For men, healthy sperm production is also crucial, so focus on similar lifestyle factors and avoid smoking and STIs. • Traditional leaders/Dikgosi should advocate to health providers to rapidly and effectively make family planning services available to all women and men who need them. 	Couples
3	Before, Childbirth and Afterbirth Health Care 	Before, Childbirth and Afterbirth Health Care period is an opportunity to reach pregnant women with interventions that can improve their health and the health of their babies.	<p>Key Messages: Key messages for Before, Childbirth and Afterbirth Health Care include:</p> <ul style="list-style-type: none"> • It is important to attend scheduled appointments and actively participate in your care. • Prioritizing healthy eating and exercise during pregnancy. • Recognizing and reporting potential complications. • Ensuring proper infant care after birth and managing stress and emotional well-being throughout the process. • Emphasizing the importance of seeking immediate medical attention for any concerning symptoms. <p>Call for Action:</p> <ul style="list-style-type: none"> • Traditional leaders/Dikgosi should engage individuals, organizations, and communities in acting to improve women's health before, during, and after pregnancy. 	Pregnant Women Breast Feeding Mothers
4	Safe abortion services and treatment of unsafe abortion 	Safe abortion is essential healthcare, accessible and affordable for all, while unsafe abortion is a leading cause of maternal mortality; access to comprehensive sexual education and contraception is crucial to prevent unwanted pregnancies and unsafe abortions.	<p>Key Messages: Key messages for Safe abortion services and treatment of unsafe abortion;</p> <ul style="list-style-type: none"> • Safe abortion saves lives: Restricting access to safe abortion drives people towards unsafe methods, leading to preventable deaths and complications. • Access to quality care: Safe abortion services should be provided by trained healthcare professionals in a respectful and confidential manner. 	Communities Pregnant women AGYW Health Care Providers

NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
			<ul style="list-style-type: none"> • Early intervention is key: Prompt access to safe abortion services, especially early in pregnancy, minimizes risks. • Post-abortion care is essential: Healthcare providers must be equipped to manage potential complications following both safe and unsafe abortions. • Comprehensive sexual education and contraception: Promoting access to accurate information about sexuality and effective contraception methods significantly reduces the need for abortion. • Stigma reduction: Addressing societal stigma around abortion is crucial to ensure women and girls seek timely and appropriate care. • Legal and policy framework: Laws and policies should support access to safe abortion services, not hinder them. <p>Call to Action:</p> <ul style="list-style-type: none"> • Advocate for the elimination of criminal abortion laws. • Support organizations that provide safe abortion access. • Advocate for policies that prioritize marginalized communities. • Stand up against discrimination and stigma. • Advocate for comprehensive sexual education. <p>NB: Abortion Laws in Botswana In Botswana, abortion is legal only under specific circumstances. It is permitted up to 16 weeks of pregnancy if the pregnancy is a result of rape, incest, or defilement; if the woman's physical or mental health is at risk; or if there is a serious fetal impairment. Abortions must be performed by registered medical practitioners in a government hospital or an approved private hospital.</p> <p>Key Points:</p> <ul style="list-style-type: none"> • Legality: Abortion is legal in Botswana under the circumstances mentioned above. • Gestational Limit: Abortions are generally allowed up to 16 weeks of pregnancy. • Specific Circumstances: Abortion is permitted in cases of rape, incest, defilement, risk to the woman's health, or severe fetal impairment. • Procedure: Abortions must be performed by registered medical practitioners in a government or approved private hospital. • No Abortions on Request: Botswana's laws do not allow for abortion on request, and there are restrictions on accessing the procedure. • Two Doctor Approval: In some cases, such as when the woman's health is at risk, two doctors must approve the abortion. <p>Consequences for Illegal Abortion: Attempting to procure an illegal abortion can result in legal penalties.</p>	

NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
5	Prevention and treatment of HIV and other STIs 	Reproductive tract infections and sexually transmitted infections (RTIs & STIs) in most cases have much more severe health consequences. Most HIV infections can lead to serious health problems.	<p>Key Messages: With this key message traditional leaders/Dikgosi can help to reach the hard-to-reach areas, key populations and vulnerable groups;</p> <ul style="list-style-type: none"> • Condoms: Use condoms correctly every time you have sex to reduce the risk of HIV and other STIs by up to 94%. • Pre-exposure prophylaxis (PrEP): Take PrEP to reduce your risk of getting HIV if you are at risk but do not have HIV. • Post-exposure prophylaxis (PEP): Take PEP to prevent HIV after a possible exposure. • Get tested: Get tested for HIV and STIs and insist that your partners get tested and treated as well. • Limit sexual partners: The more partners you have, the more likely you are to have a partner with HIV or an STI. • Avoid risky behaviors: Avoid drinking alcohol or using drugs before and during sex. • Use water- or silicone-based lubricants: These helps prevent condoms from breaking and slipping. • Promote gender equality: Gender norms can promote the acceptance of gender-based violence and put girls and boys at risk for HIV. • Support socio-economic development: Laws and policies that promote socioeconomic development and poverty alleviation can help reduce HIV transmission. <p>Call to Action: Traditional leaders/Dikgosi should encourage individuals, families, partners and couples and communities to take control of their sexual health by getting regularly tested for HIV and other STIs, practice safe sex with consistent condom use, and talk to your healthcare provider about PrEP options if at high risk of HIV infection and Post Exposure Prophylaxis (PEP) if at have been exposed to HIV infection.</p> <p>NB: HIV disclosure laws and challenges in Botswana Botswana faces a significant challenge with high rates of HIV infection and the associated issue of non-disclosure, hindering effective prevention and treatment efforts.</p> <p>Here's an overview of the legal framework and challenges related to HIV disclosure in Botswana:</p> <p>1. Legal framework</p> <ul style="list-style-type: none"> • Mandatory disclosure to sexual partners: Botswana's Public Health Act (2013) mandates individuals aware of their HIV status to inform their sexual partners in advance. • Potential consequences of non-compliance: Failure to disclose can lead to medical and psychological assessment, movement restrictions, or even isolation orders for up to 28 days. • Criminalization of wilful exposure: Section 58 of the Public Health Act criminalizes "wilful exposure of another to a communicable disease without taking proper precautions against spreading the disease". • Penalties for rape involving an HIV-positive individual: The Penal Code was amended in 1998 to introduce stricter penalties for convicted rapists who are HIV-positive, particularly if they were aware of their status at the time of the offense. However, courts have been hesitant to apply this blindly without proof of knowing transmission at the time of the offense. 	Communities Couples Young people (People of Reproductive age) Key Populations Vulnerable Groups


NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
6	<p>Early diagnosis and treatment of breast, prostate and cervical cancer</p> 	<p>Early diagnosis of cancer focuses on detecting symptomatic patients as early as possible, so they have the best chance for successful treatment.</p>	<p>Key Messages: Key messages for breast, prostate and cervical cancer awareness include;</p> <ul style="list-style-type: none"> • Early detection cancers is crucial, regular screening is vital, know your body and report any changes, get vaccinated against HPV to prevent cervical cancer, and seek support if you are diagnosed; • Emphasize the importance of accessible healthcare and empowering women to take charge of their health by getting screened regularly. <p>Specific message points to highlight:</p> <p>Breast Cancer:</p> <ul style="list-style-type: none"> • Perform self-breast exams regularly and schedule mammograms according to your doctor's recommendation. • Be aware of potential symptoms like lumps, changes in breast size or shape, nipple discharge, skin irritation. • Maintain a healthy lifestyle with regular exercise and a balanced diet to reduce risk. <p>Cervical Cancer:</p> <ul style="list-style-type: none"> • Get vaccinated against HPV, which is the primary cause of cervical cancer. • Regularly undergo Pap smears or HPV testing as recommended by your healthcare provider. • Understand that early-stage cervical cancer often has no symptoms, so screening is key. <p>Prostate Cancer:</p> <ul style="list-style-type: none"> • Most prostate cancers are treatable when found early. • Regular screening, especially for those at higher risk, can significantly improve outcomes. • Age is a primary risk factor, with the risk increasing with age, particularly after 50. • Lifestyle factors like obesity and smoking may also play a role in the possibility of having prostate cancer. <p>Call to Action: Traditional leaders/Dikgosi should encourage people to take control of their health by scheduling their routine breast, prostate and cervical cancer screenings as earliest as possible.</p> <p>“Early detection saves lives - don't delay, get checked and empower yourself to fight back against these cancers”.</p>	<p>Couples Men and Women of reproductive Age</p>
7	<p>Promotion, education and support for exclusive breast feeding:</p> 	<p>The World Health Organization (WHO) recommends Initiation of breastfeeding within the first hour of birth and that infants be exclusively breastfed for the first six months of life and continue breastfeeding with complimentary food until at least two years of age.</p>	<p>Key Messages: Key messages for promoting, educating and supporting exclusive breast feeding:</p> <ul style="list-style-type: none"> • Support mothers to room-in with their infants 24 hours a day and encourage them to initiate breastfeeding within one hour after birth • Counsel mothers on the use and risks of feeding bottles, teats, and pacifiers. • Create and maintain a sustainable infrastructure for mother-to-mother support groups and peer counseling programs. • Provide infant and young child feeding counseling during monthly growth monitoring sessions, antenatal care, and postnatal care. • Breastfeeding can also have health benefits for mothers, including increasing bonding and being economical and safe. 	<p>Couples Breastfeeding mothers</p>

NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
8	Gender Equality 	Gender equality is the state of equal access to opportunities and resources for all people, regardless of gender. It also means valuing different aspirations, behaviours, and needs equally.	<p>Call to Action: Encourage breastfeeding mothers to increase early initiation, exclusive breastfeeding for the first six months of children’s life and continued breastfeeding for up to two years or beyond, together with appropriate, adequate and safe complementary foods.</p> <p>Key Messages: Gender equality benefits everyone and it is a fundamental human right. It requires equal access to opportunities and resources for women and men, and can be achieved by challenging gender stereotypes, promoting women's leadership, and addressing violence against women; emphasizing that everyone has a role to play in creating a more equitable society.</p> <p>Call to Action: Traditional leaders/Dikgosi should advocate for;</p> <ul style="list-style-type: none"> • Equal rights and opportunities: It means women and men should have equal access to education, employment, healthcare, political participation, and decision-making positions. • Challenge stereotypes: Societal norms and gender stereotypes need to be challenged to promote equality. • Prevent violence: Addressing violence against women and girls is crucial for achieving gender equality. • Shared responsibility: Men and boys must actively participate in promoting gender equality. • Economic empowerment: Investing in women's economic inclusion is vital for economic development. • Leadership roles: Promoting women's leadership in all sectors is essential. 	
9	Prevention and management of gender-based violence: 	Gender-based violence can include physical, verbal, psychological, sexual, and economic violence. It can also include domestic violence, harassment, and sexual harassment.	<p>Key Messages: A key message for traditional leaders to prevent gender-based violence is to say no to all forms of violence, including physical, emotional, psychological, sexual, or economic violence. No excuse can justify violence against women.</p> <p>Call to Action: Traditional leaders/Dikgosi should take a proactive role during the 16 Days of Activism against Gender-Based Violence, which is an international campaign that takes place from November 25 to December 10.</p> <p>A call to action for traditional leaders/Dikgosi to prevent gender-based violence (GBV) includes:</p> <p>Mobilizing at the community level</p> <ul style="list-style-type: none"> • To change mind-sets and challenge stereotypes, traditional leaders/ Dikgosi should engage with men, boys, and other community members at the grassroots level. <p>Supporting local actors</p> <ul style="list-style-type: none"> • Local actors, especially women's organizations, can be supported in developing policies and capacity to strengthen GBV prevention efforts. <p>Advocating for allocating resources</p> <ul style="list-style-type: none"> • Financial and human resources can be allocated to implement policies and capacity to address GBV. <p>Encouraging men to be good husbands, fathers, brothers, and sons</p> <ul style="list-style-type: none"> • Peer pressure can be a key to engaging men. • Other actions that can be taken to prevent GBV include: <ul style="list-style-type: none"> • Changing legislation 	Communities Traditional Leaders/ Community Leaders Religious Leaders Law Enforcement agencies

NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
			<ul style="list-style-type: none"> • Breaking the culture of silence around GBV. • Improving access to services, such as preventative or post-violence care <p>NB: Botswana Laws on GBV Botswana has laws and policies in place to address gender-based violence (GBV), with the Domestic Violence Act of 2008 providing protection for survivors. The Act defines domestic violence broadly and allows courts to issue protection orders, including restraining, interim, and tenancy orders. Additionally, Botswana has committed to the Sustainable Development Goals, including Goal 5, which focuses on gender equality and empowerment of women and girls.</p> <p>Where Survivors of GBV can get assisted;</p> <p>1. Legal Aid Botswana (LAB) and Botswana Gender-Based Violence Prevention and Support Centre (BGBVC): Legal Aid Botswana (LAB) provides assistance to victims of Gender-Based Violence (GBV). They have partnered with the Botswana Gender-Based Violence Prevention and Support Centre (BGBVC) to strengthen their capacity to offer legal support and resources to survivors. This partnership aims to ensure that survivors receive the necessary legal aid and support services they need.</p> <p>2. Botswana Police Service: Dedicated units and procedures</p> <ul style="list-style-type: none"> • The BPS has established a Gender and Child Protection (GCP) Branch to focus specifically on GBV cases and ensure a victim-friendly environment. • Officers within the GCP Branch are deployed across all police stations to ensure rapid response and effective handling of cases. • Standard Operating Procedures (SOPs) are in place to ensure uniformity and professionalism in how GBV cases are managed across police stations. <p>Victim support and protection</p> <ul style="list-style-type: none"> • Dedicated units and procedures aim to create a supportive environment for victims reporting GBV, including child-friendly centers in Gaborone, Lobatse, Palapye, Lethakane, Francistown, Maun, Shakawe and Gantsi. • GBV victims are interviewed in private spaces to ensure confidentiality and provide a conducive atmosphere for them. • The BPS has introduced a dedicated GBV toll-free number (0800 600 144) to provide prompt assistance and ensure the urgency of responding to reports. • Rapid response mobile teams have also been introduced to facilitate timely police response, especially in densely populated areas 	

NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
10	Addressing Stigma and Discrimination	<p>Stigma is a negative attitude or belief about someone based on a characteristic, while discrimination is the unfair treatment that result from that stigma. For example, someone might be labeled "psychotic" instead of "a person experiencing psychosis".</p> <p>Stigma and discrimination can make it difficult for people to get help, build relationships, and access opportunities. For example, people with mental illnesses may be reluctant to seek help because of fear of stigma.</p>	<p>Key Messages: Key messages about stigma and discrimination highlight that it negatively impacts individuals with mental health conditions by causing shame, isolation, and hindering access to necessary support and treatment. It's crucial to use person-first language, challenge negative stereotypes, and promote understanding and compassion to reduce stigma and discrimination.</p> <p>Call for Action: Traditional leaders/Dikgosi can address stigma and discrimination by doing the following:</p> <p>Discourage Stigma as is harmful:</p> <ul style="list-style-type: none"> It can lead to shame, isolation, and reluctance to seek help, which can worsen mental health conditions and hinder recovery. <p>Language matters:</p> <ul style="list-style-type: none"> Promote use of person-first language (e.g., "person with a mental health condition" instead of "mentally ill person") can help reduce stigma. <p>Challenge stereotypes:</p> <ul style="list-style-type: none"> Replace negative stereotypes about mental illness with accurate information and facts. <p>Promote understanding and compassion:</p> <ul style="list-style-type: none"> Emphasize that mental health conditions are common and treat them with the same understanding and empathy as physical health conditions. <p>Seek and provide support:</p> <ul style="list-style-type: none"> Encourage individuals to seek help when needed and offer support to those affected by mental health conditions. <p>Speak out against discrimination:</p> <ul style="list-style-type: none"> Don't be afraid to challenge discriminatory behavior and promote a culture of acceptance. <p>NB: Botswana Laws on Stigma and Discrimination: Botswana has made strides in addressing stigma and discrimination, particularly in relation to sexual orientation and gender identity, with the decriminalization of same-sex sexual conduct and the prohibition of workplace discrimination based on sexual orientation. However, challenges remain, particularly in the areas of disability rights and addressing HIV-related stigma.</p> <p>Key Legal Points:</p> <p>Decriminalization of Same-Sex Sexual Conduct The High Court of Botswana ruled to decriminalize same-sex sexual conduct in 2019, and this decision was upheld by the Court of Appeal in 2021, making Botswana one of the few African countries to remove such laws through the courts.</p> <p>Workplace Discrimination: The Employment Act in Botswana prohibits discrimination in the workplace based on sexual orientation, providing some legal protection for LGBTQI+ individuals.</p> <p>Discrimination Based on Disability: While Botswana has laws prohibiting discrimination against persons with physical and mental disabilities in areas like education and healthcare, these laws do not extend to private entities or address discrimination against those with sensory or intellectual disabilities.</p> <p>HIV-Related Stigma: Stigma and discrimination related to HIV/AIDS remain a significant issue in Botswana, impacting testing, disclosure, and access to treatment.</p> <p>Constitutional Protections: The Constitution of Botswana prohibits any form of discrimination.</p> <p>Where to get help? Victims of stigma and discrimination can get assistance from Botswana Network of Ethics, Law and AIDS (BONELA)</p>	General public



NO	SERVICE PACKAGE	RATIONALE	MESSAGES	TARGET AUDIENCE
11	Adolescent sexual and reproductive health 	Adolescent and Young sexual and reproductive health forms a cornerstone of a successful young person's life. This is where girls and boys are made to understand themselves. It covers the physical and emotional wellbeing of adolescents and includes their ability to remain free from unwanted pregnancy, unsafe abortion, STIs (including HIV/AIDS), and all forms of sexual violence and coercion.	<p>Key Messages: Key messages for adolescent sexual and reproductive health include:</p> <ul style="list-style-type: none"> • Emphasizing the importance of informed decision-making, • Promoting access to comprehensive sexual education, Highlighting the need for consent in sexual relationships, • Encouraging open communication with trusted adults, providing accurate information about contraception and STI prevention, and • Advocating on respectful relationships free from coercion or violence; • Tailoring information to appropriate age developmental needs and considering diverse cultural contexts. <p>Call to Action:</p> <ul style="list-style-type: none"> • Traditional leaders/Dikgosi should promote the sexual health of adolescents, including a rights-based, gender responsive, positive and respectful approach to sexuality and relationships. • Engage duty bearers in creating an enabling environment for adolescents to realize their SRHR, with access to education, information, services and supplies to prevent pregnancy, sexually transmitted infections (STIs), harmful practices and gender-based violence (GBV). 	Adolescents and Young Health Care Providers Parents/ Care Givers

Section 4:

Operationalizing the SRHR Resource Package

4.1 The Role Traditional Leaders/Dikgosi on SRHR issues

Traditional leaders/Dikgosi play a crucial role in promoting Sexual and Reproductive Health Rights (SRHR) by leveraging their significant influence within communities to challenge harmful cultural norms, advocate for gender equality, and educate people about reproductive health issues, particularly in areas where access to information might be limited, thus facilitating positive behavior change and improving SRHR outcomes.

Traditional Leaders/Dikgosi as Agent of Change

Traditional leaders/Dikgosi have the potential to support scaling up uptake of SRHR service, improving access and utilization of SRHR services and supporting implementation of a range of programs related to SRH that are tailored to their specific contexts and targeted populations.

Key ways traditional leaders/Dikgosi can promote SRHR:

- a) **Addressing harmful practices:** By speaking out against harmful traditional practices like early marriage, female genital mutilation, and widow inheritance, which can negatively impact women's reproductive health and rights.
- b) **Promoting gender equality:** Using their authority to challenge gender stereotypes and advocate for women's decision-making power regarding their reproductive health.
- c) **Raising awareness:** Disseminating accurate information about sexual and reproductive health through community gatherings, meetings, and traditional communication channels to address myths and misconceptions.
- d) **Facilitating access to services:** Encourage community members to utilize available SRHR services like family planning clinics and reproductive health information by addressing barriers to access.
- e) **Supporting youth education:** Engaging with young people to provide culturally appropriate sex education and promote responsible sexual behavior.
- f) **Collaborating with health providers:** Partnering with healthcare professionals to ensure community needs are addressed and to bridge the gap between traditional beliefs and modern medical practices.

4.2 Key Issues Traditional Leaders/Dikgosi should Address:

a) Teenage pregnancy and school dropouts

Traditional Leaders/Dikgosi should understand that teenage pregnancy and school dropouts hinder community development, and they have a key role in promoting education, protecting girls, and challenging harmful cultural norms.

b) Land and property disputes disadvantage women.

Traditional Leaders/Dikgosi should resolve property disputes which result in eviction of widows when the husband dies.

c) Harmful traditional practices limiting equality

Traditional Leaders/Dikgosi should address issues of inheritance, limiting participation of women in kgotla, early or forced marriages.

d) Lack of equal participation in public life.

While there are limitations, women are not barred from speaking at kgotla meetings and Traditional leaders/ Dikgosi are advised to encouraged women 's participation in kgotla meetings".

e) Gender-Based Violence (GBV)

Traditional Leaders/Dikgosi should address GBV as a matter of priority and urgency.

f) Unequal economic opportunities.

Traditional Leaders/Dikgosi should address the issue of limited access to credit, land, and business for women.

g) Lack of male engagement.

Should encourage men to support gender equality efforts.

h) Child protection

Mobilize communities to prevent child abuse, labour, and neglect.

i) Limited SRHR access.

Promote access to reproductive health information and services.

4.3 Advice to Traditional Leaders on Funding Gender Responsive Activities

a) Use Ministry Budgets

Include gender activities in kgotla programs funded through the Ministry of Local Government and Rural Development.

b) Work with District Gender Committees

Align with district plans to access council budgets.

c) Partner with NGOs & Development Partners

Seek support from UN agencies, NGOs, and other stakeholders.

d) Engage Local Businesses & Communities

Tap into Corporate Social Responsibility (CSR) programs and community contributions.

e) Seek Guidance

Consult District Gender Officers for technical support.

4.4 How will the Traditional Leaders use the Resource Package?

Traditional leaders/Dikgosi will use the resource package by applying social and behavior change communication (SBCC) to promote SRHR (Sexual and Reproductive Health Rights) services. SBCC is based on the underlying theory of Socio-ecological model, which emphasizes that when promoting SRHR services, we should take into consideration that an individual is a product of society and society is made up of several levels that shape that individual, namely the individual level, family level, community level, institutional and societal level as well as policies and systems level. These levels are the ones which Traditional leaders/Dikgosi will work with stakeholders to strategically use communication methods to influence knowledge, attitudes, and behaviors related to sexual health, aiming to promote positive practices like safe sex, family planning, and access to reproductive healthcare services, by tailoring messages to specific audiences and utilizing various channels like interpersonal communication, community mobilization, and mass media campaigns, while considering cultural norms and barriers to access.

Figure 1- The Socio-ecological Mode



<p>Advocacy</p>	<p>Advocacy will be used to:</p> <ul style="list-style-type: none"> • Strengthen the enabling social, policy and legal environment to promote access to SRHR services • Influence and galvanize political commitment, leadership and support of SRHR. • Influence demand creation for update of SRHR services <p>Note: Advocacy will be targeted specific audience and focus on strategic issues</p>
<p>SBCC, including Social Media</p>	<p>SBCC, including social media will be used to;</p> <ul style="list-style-type: none"> • Increase awareness of SRHR issues and SRHR services. • Increase awareness and improve comprehensive knowledge of SRHR issues and services among communities and targeted populations. • Support demand creation for SRHR services. • Support dissemination of SRHR information and messages.
<p>Social and community Mobilization</p>	<p>Social and Community Mobilization will be used to mobilise communities for change, especially social and cultural norms.</p> <ul style="list-style-type: none"> • Mobilise and engage with targeted population in the community • Facilitate community efforts to address negative social and cultural norms, beliefs and practices that put communities at risk and reinforce positive ones. • A strategy to identify and deliver community solutions to such issues as teenage pregnancy, GBV/IPV, and intergeneration and exploitation of AGYW.

5.0 KEY STEPS FOR DIKGOSI ENGAGEMENT AT LOCAL LEVEL

This section takes the reader through the steps which should be taken to engage with Dikgosi in order to achieve long term impact on SHRH issues, including addressing gender-based violence. Traditional leaders/Dikgosi engagement needs to be treated as an ongoing process and should involve local stakeholders at every stage of this process.

Step 1: Understand the context and engage with national and local governments.

Step 2: Initiate Community Leader engagement

Step 3: In collaboration with Local Health Authorities (LHAs) develop Community Action Plan

Step 4: Track Progress, Impact and Account

Step 1

Understand the context and engage with national and local government.

1. Understand the Situation
 - Conduct a baseline and/or stakeholder or power mapping of at the community ahead of any intervention.
2. Work with Stakeholders
 - Work with local health authorities to discuss and determine priorities for programme activities.

Step 2

Initiate Community Leader engagement

1. Community Entry
 - Organise a community entry visit with the CHWs as an initial courtesy to relevant chiefs. This lays the foundation for further engagement.
2. Build Leadership Buy-in
 - Once key community leaders accept and endorse the programme's presence, they will identify other leaders and notables to work with and activities can start

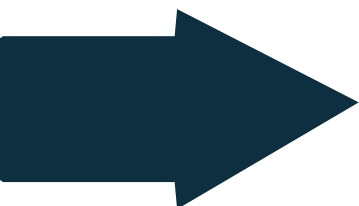
Step 3

In collaboration with Local Health Authorities (LHAs) develop Community Action Plan

1. Organize Community Action Planning with LHAs
2. Set Goals and Objectives
 - The plan outlines specific, measurable, achievable, relevant, and time-bound (SMART) goals and objectives for the community.
3. Action Steps

- The CAP details the specific activities or tasks needed to achieve the goals, including timelines and responsibilities.
4. Resource Allocation
- The plan identifies the resources (funding, personnel, materials) necessary to implement the action steps.

Step 4 Track Progress, Impact and Account



1. Reporting Mechanism and Accountability
 - A clear timeline is established for each action step, with designated individuals or groups responsible for carrying out the work.
2. Monitoring and Evaluation
 - Mechanisms for evaluating the effectiveness of the plan and making adjustments as needed are included

Section 5:

Resources on SRHR for Traditional Leaders

5.1 Policies, Laws, Instruments and Conventions on SRHR

In Botswana, sexual and reproductive health and rights (SRHR) are recognized as fundamental human rights, within a framework of international and national policies, laws, instruments, and conventions aiming to protect and promote these rights. Below is summary of those which are relevant to the work of Traditional leaders/Dikgosi

INTERNATIONAL	INSTRUMENTS	INSTRUMENTS
	Universal Declaration of Human Rights (UDHR) (1948)	Recognizes the right to health and the role of states in defending human rights.
	Universal Declaration of Human Rights (UDHR) (1948)	Recognizes the right to health and the role of states in defending human rights.
	International Covenant on Economic, Social and Cultural Rights (ICESCR) (1966):	Recognizes the right to the highest attainable standard of physical and mental health.

INTERNATIONAL	INSTRUMENTS	INSTRUMENTS
	Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) (1979):	Addresses discrimination against women in areas like healthcare access, family planning, and sexual violence.
	Convention on the Rights of the Child (1989)	Includes provisions relevant to the SRHR of children and adolescents.
	Fourth World Conference on Women (FWCW) Platform for Action (Beijing, 1995)	Reinforced ICPD commitments and articulated women's rights regarding their bodies and reproduction.
	2030 Agenda for Sustainable Development & Sustainable Development Goals (SDGs)	Includes targets related to ensuring universal access to sexual and reproductive healthcare.

CONTINENTAL-AFRICAN UNION

	The African charter on human and peoples' rights (1986)	It includes provisions on the rights to equality, life, liberty, security of the person, and health, all of which are relevant to women's SRHR.
	The protocol to the African charter on human and peoples' rights on the rights of women in Africa (Maputo Protocol) (2005)	It explicitly guarantees the right to health, including sexual and reproductive health, and addresses issues like reproductive and sexual decision-making: including the number and spacing of children, contraceptive choice, and the right to self-protection from HIV.
	The African charter on the rights and welfare of the child	Contains provisions related to children's rights, including the rights to health and protection from cruel, inhuman, and degrading treatment, which are relevant to adolescent SRHR.

SADC REGION

	Strategy for Sexual and Reproductive Health and Rights in the SADC Region- 2019 – 2030	The Southern African Development Community (SADC) Strategy for Sexual and Reproductive Health and Rights (SRHR) (2019-2030) aims to ensure that all people in the SADC region can enjoy a healthy sexual and reproductive life, with access to quality SRHR services, information, and education.
	SADC Declaration on the Rights of Women (1997)	It acknowledges that gender equality is a fundamental human right and a necessary component of development.
	SADC Protocol on Gender and Development (2008)	It outlines specific commitments for member states to eliminate discrimination, achieve gender equality, and integrate gender perspectives into all aspects of development.
	SADC Boys and Young Men Vulnerability Framework	The SADC framework addresses risks faced by boys and young men, using education to promote healthy decisions and gender equality, with five focus areas.
	SADC Model Law on Gender-Based Violence (2021)	A framework developed by the Southern African Development Community (SADC) to guide member states in reforming their domestic laws to better protect individuals from gender-based violence (GBV).

	SADC Model Law on Eliminating Child Marriage	The SADC Model Law on Eliminating Child Marriage is a regional framework developed by the Southern African Development Community Parliamentary Forum (SADC-PF) to guide member states in enacting laws and policies to end child marriage. It sets 18 as the minimum age for marriage for both boys and girls, without exception, and declares child marriages null and void.
NATIONAL (BOTSWANA) Instruments, Laws and Policies		
	The Constitution of Botswana	Ensures Rights to the highest attainable standard of health, for all including vulnerable and marginalized groups in Botswana.
	National Adolescents Sexual Reproductive Health Strategy (2016)	Botswana's National Adolescent Sexual and Reproductive Health (ASRH) Strategy aims to improve the well-being of young people by ensuring access to comprehensive, youth-friendly sexual and reproductive health (SRH) services and information.
	National Health Policy (2020)	The Botswana National Health Policy (2020), also known as "National health policy: Towards a healthier Botswana", outlines the country's strategic vision for improving public health and achieving universal health coverage.
	<ul style="list-style-type: none"> • Abolition of Marital Power Act, (2004) • Domestic Violence Act (2008) • M enders' Registry Act (2021) • Cybercrime and Computer Related Crimes Act (2021) • Sex Offender Registry Act (2020) • Sex offenders Registry Act 2021 • Penal Code Cap 08:01 	Botswana has several legal frameworks and policies in place to combat gender-based violence (GBV), with provisions that implicitly or explicitly address the issues of stigma and discrimination faced by survivors. Here's a summary of relevant laws and initiatives around 2020.

5.2 Information Resources on SRHR

	SRHR SERVICES	INFORMATION RESOURCE
1	Access to SRHR is a human right	<ol style="list-style-type: none"> Report. Sexual and Reproductive Health and Rights: An Essential Element of Universal Health Coverage: United Nations Population Fund 2019. https://www.unfpa.org/featured-publication/sexual-and-reproductive-health-and-rights-essential-element-universal-health. Report. Sexual Health, Human Rights and the Law. World Health Organization 2015. https://apps.who.int/iris/handle/10665/175556.
2	Comprehensive Sexuality Education	<ol style="list-style-type: none"> Report. The Journey Towards Comprehensive Sexuality Education: Global Status Report United Nations Educational, Scientific and Cultural Organization, United Nations Population Fund, United Nations Children's Fund, United Nations Entity for Gender Equality and the Empowerment of Women, World Health Organization, Joint United Nations Programme on HIV/AIDS 2021. https://www.unfpa.org/publications/journey-towards-comprehensive-sexuality-education-global-status-report. Primer. Emerging Evidence, Lessons, and Practice in Comprehensive Sexuality Education Emerging Evidence, Lessons, and Practice in Comprehensive Sexuality Education: A Global Review. United Nations Educational, Scientific and Cultural Organization 2015. https://unesdoc.unesco.org/ark:/48223/pf0000243106.
3	Family Planning/ Modern Contraceptive Services	<ol style="list-style-type: none"> Family Planning and Contraceptive Methods. World Health Organization 2020. https://www.who.int/news-room/fact-sheets/detail/family-planning-contraception. Report. World Fertility and Family Planning 2020. World Fertility and Family Planning 2020. United Nations Department of Economic and Social Affairs 2020.
4	Antenatal, Childbirth and Postnatal Care	<ol style="list-style-type: none"> Report. Healthy Mothers, Healthy Babies: Taking Stock of Maternal Health Healthy Mothers, Healthy Babies: Taking Stock of Maternal Health. United Nations Children's Fund 2019. https://data.unicef.org/resources/healthy-mothers-healthy-babies. Guidance: WHO recommendations on Postnatal care of the mother and newborn. 9789241506649_eng.pdf
5	Safe Abortion Services and Treatment of Unsafe Abortion	<ol style="list-style-type: none"> Brief. Safe Abortion: Technical & Policy Guidance for Health Systems. World Health Organization 2015. https://apps.who.int/iris/handle/10665/173586. Primer. Health Worker Roles in Providing Safe Abortion Care and Post-Abortion Contraception: Executive Summary. World Health Organization 2015. https://apps.who.int/iris/handle/10665/181043.
6	Prevention and Treatment of HIV and other STIs	<ol style="list-style-type: none"> Guidelines: Consolidated Guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach July 2021. Consolidated guidelines on HIV prevention, testing, treatment, service delivery and monitoring: recommendations for a public health approach. WHO. (2007). Global Strategy for The Prevention and Control of Sexually Transmitted Infections 2006 – 2015. Geneva.
7	Early diagnosis and treatment for breast and cervical cancer	<ol style="list-style-type: none"> Guidance: Guide to cancer early diagnosis. Geneva: World Health Organization; 2017. Licence: CC BY-NC-SA 3.0 IGO. NVI Cancer early diagnosis rev Jun 2018.indd. Guidelines: Guidelines for the early detection and screening of breast cancer / Edited by Oussama M.N. Khatib, Atord Modjtabaï p. (EMRO Technical Publications Series ; 30). Early detection of breast cancer final.indd
8	Promotion, education and support for exclusive breast feeding:	<ol style="list-style-type: none"> Report: Breastfeeding in the 21st century: epidemiology, mechanisms, and lifelong effect. http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01024-7/abstract. Victora, Cesar G et al. The Lancet , Volume 387 , Issue 10017 , 475 – 490. Report: Why invest, and what it will take to improve breastfeeding practices? http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(15)01044-2/abstract. Rollins, Nigel Cetal. The Lancet , Volume 387 , Issue 10017 , 491 – 50
9	Gender Equality	<ol style="list-style-type: none"> Article. George A et al. Structural Determinants of Gender Inequality: Why They Matter For Adolescent Girls' Sexual and Reproductive Health. The BMJ 2020; 368: 1-5. DOI: https://doi.org/10.1136/bmj.l6985. Report. Progress of the World's Women: UN Women 2019-2020 Families in a Changing World: Progress of the World's Women 2019-2020. United Nations Entity for Gender Equality and the Empowerment of Women 2019. http://www.unwomen.org/en/digital-library/progress-of-the-worlds-women.

10	Prevention and management of gender-based violence:	<ol style="list-style-type: none"> 1. Report: The Global status report on violence prevention 2014. Global status report on violence prevention 2014.
11	Addressing Stigma and Discrimination	<ol style="list-style-type: none"> 1. Stangl, A.L., Earnshaw, V.A., Logie, C.H. et al. The Health Stigma and Discrimination Framework: a global, crosscutting framework to inform research, intervention development, and policy on health-related stigmas. <i>BMC Med</i> 17, 31 (2019). https://doi.org/10.1186/s12916-019-1271-3. 2. Parker R, Aggleton P. HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action. <i>Soc Sci Med.</i> 2003;57(1):13–24.
12	Adolescent sexual and reproductive health	<ol style="list-style-type: none"> 1. Data Portal. Adolescent and Youth Data. FP2030 2022. https://fp2030.org/adolescent-youth-data. 2. Fact Sheet. Investing in Adolescents’ Sexual and Reproductive Health in Low- and Middle-Income Countries. Guttmacher Institute 2020. https://www.guttmacher.org/fact-sheet/adding-it-up-investing-in-sexual-reproductive-health-adolescents.
13	Service Standards for Sexual and Reproductive Health and Rights	<ol style="list-style-type: none"> 1. Policy Document: Botswana: Policy guidelines and service standards - sexual and reproductive health. Ministry of Health, Gabarone, Botswana; UNFPA (2015).

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14. International Conference on Population and Development (ICPD), Programme of Action. See <http://www.un.org/ecosocdev/geninfo/populatin/icpd.htm> (accessed 15 January 2015). 6 See paragraphs 1, 3, 40, 72, 83b, 107c, 108e, 120 and 179 of the Beijing Platform for Action.

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