



STILL WE
STAND

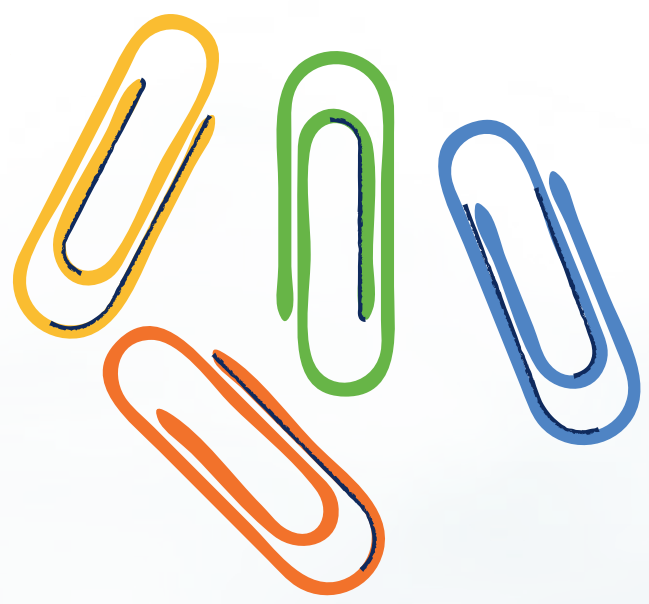


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"OUR VOICES, **OUR STRENGTH**: STORIES OF **RESILIENCE**
FROM BOTSWANA'S LGBTQIA+ COMMUNITY"

FOREWORD

In recent years, the LGBTI movement in Botswana has experienced immense progress—yet it has also faced immense trials. A severe and sudden funding crisis disrupted the critical work of human rights organizations across the country, including LEGABIBO. Programs were paused, livelihoods threatened, and the emotional toll on activists and community members was profound. The funding freeze came not only as a financial blow but as a symbolic one, striking at the very heart of hard-won progress in health and human rights. It disrupted access to life-saving services, impacted job security for queer-led organizations, and left a vacuum of care in spaces that had long held the line on HIV prevention and treatment. This was especially heart wrenching in a country that has worked tirelessly toward achieving the 95-95-95 targets—ensuring that people living with HIV know their status, receive treatment, and achieve viral suppression.

But even in the face of adversity, our communities have never backed down. With generous support from Kaleidoscope Trust, LEGABIBO launched Still We Stand—a bold advocacy initiative rooted in documentation, healing, and resistance. This project travelled to the corners of our country—Kasane, Maun, Letlhakane, Francistown, and Gaborone—collecting the voices, truths, and lived realities of LGBTI and other marginalized persons. What you hold in your hands is more than a booklet—it is a chorus of resilience. It is a reminder that even in the face of erasure, abandonment, and injustice, Still We Stand.

We extend our deepest gratitude to LEGABIBO's partners, staff, and allies, families and friends, who, in a moment of profound uncertainty, stepped in without hesitation. When our movement was met with silence and scarcity, you chose action. You showed up—not just with resources, but with love, solidarity, and unwavering commitment to protecting, promoting, and defending the human rights of LGBTI persons in Botswana, in line with our strategy, 'Beyond the Rainbow.' We see you. We recognise you. And we honour the strength you have poured into this struggle. As we continue to rebuild, we call for even greater collaboration—because it is in collective resistance, in shared purpose, and in solidarity that true reform and healing emanate. Let us continue this journey together, unshaken in our resolve and united in our vision for justice.

**Aluta Continua,
Nozizwe Ntesang
Chief Executive Officer**



REGIONAL INSIGHTS

LETLHAKANE

The Letlhakane interviews reveal a healthcare system under strain, where LGBTQIA+ community members navigate shortages, stigma, and fractured support networks after the funding freeze. These first-hand accounts expose both systemic failures and quiet resilience.

"WE HAVE NOTHING TO GIVE THEM" - HEALTHCARE GAPS

Public clinics face dire shortages:

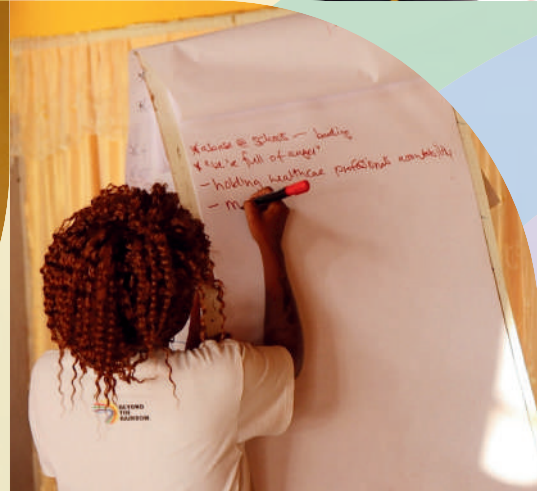
- **Testing kits:** "Right now we are not testing—we have a shortage of kits. So the ones who were meant to come for check-ups aren't able to get tested, and thus we can't even offer PrEP or PEP anymore because I can't test them. It's so painful because you know the services are available, but because of the funding freeze..." —Healthcare Worker
- **Specialized commodities:** "Normally when clients come, we give them commodities, but nowadays we don't have them in our clinic. We don't have dental dams or finger cots right now... All I can say is 'be safe,' but be safe with what?" —Healthcare Worker

Government procurement excludes critical items: "Our authorities and procurement lists do not have lubricants, finger cots, dental dams. They aren't part of the process—we just get them as donations."

"THEY VANISHED" - THE HUMAN COST OF CLOSED DOORS

The abrupt closure of LEGABIBO and Tebelopele severed lifelines:

- **Lost clients:** "We know there are many people seen by Tebelopele who aren't coming here. If these clients go for good, the chances of them infecting others is high... We don't even have phone numbers to convince them to come." —Healthcare Worker
- **PrEP dropouts:** "A lot of people on PrEP have stopped. We lost clients because before, they got the 'red carpet'—no waiting in line like ART patients. Now with the freezes, they face long lines and just... disappear."
"Judged at the Clinic Door" - Stigma as a Barrier
- **Hostile encounters:** "If I ask for PEP as a woman and say it [sexual intercourse] was with another woman, they laugh. I get annoyed and want to leave—but if I leave, it's me who will be sick." —Community Member
- **Gendered barriers:** "With men, I see a major problem. They only come when things are bad. To them, healthcare is weakness... If they find me [a woman healthcare provider], they're even more uncomfortable." —Healthcare Worker



"JUDGED AT THE CLINIC DOOR" - STIGMA AS A BARRIER

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"WE NEED A SIGN" – FRAGILE BRIDGES TO CARE

Small gestures could rebuild trust:

- Perhaps a rainbow flag in the clinic so members of the community feel welcome to speak earlier."
- If LEGABIBO had posters, it would help. I requested to paint our walls to be more inviting—still waiting."

Yet workers strain under unsustainable loads: "We are two healthcare workers seeing 2,000 patients monthly. Everyone needs individualized services... but we will fight and win."

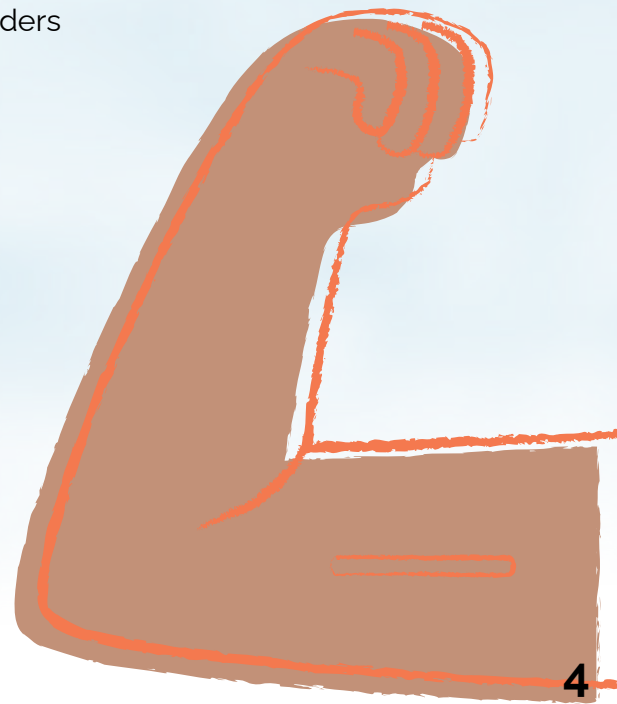
"VIOLENCE IS NORMAL HERE" – INTERSECTING CRISES

Letlhakane's culture of violence disproportionately impacts marginalized groups:

- **GBV normalization:** "Every weekend you hear of stabbings at bars like Zamalek. We say, 'Why go there? You know how it is. —Community Member
- **LGBTQIA+-specific abuse:** "In our community, abuse is high because we're small—you interact with exes, and partners use that to justify violence... But men won't report. They ask, 'What do I say? That I'm beaten by my partner?'"

KEY RECOMMENDATIONS

1. **Emergency supplies:** Fast-track procurement of testing kits, PrEP, and harm-reduction commodities.
2. **Stigma training:** Mandate LGBTQIA+ competency for clinic staff, with monitoring.
3. **Community bridges:** Partner with remaining LGBTQIA+ leaders for outreach and peer referrals.
4. **Safety nets:** Document rights violations and amplify GBV reporting mechanisms.





FRANCISTOWN

“We were really building something... our own organizations, our own advocacy, our own movements. And now? Everything's in the air.”

In Francistown, the funding freeze struck with devastating clarity—undoing years of trust, community-building, and advocacy work almost overnight. For many, the loss was not just logistical—it was personal.

“IT WAS A PLACE WE COULD JUST BE US” – COLLAPSE OF SAFE SPACES

Drop-In Centres (DICs) were more than service hubs—they were sanctuaries. Their abrupt closure unravelled essential networks.

- **“Clients rely on us personally... now they are lost.”** Outreach workers expressed deep concern that former clients—especially non-citizens—are now excluded from healthcare and forced to share medications like PrEP and ARVs just to survive.
- **“We had built a rapport with clients. Now they're starting from scratch, and many just give up.”** Trusted intermediaries are gone, and with them, continuity of care.

“WE’VE LOST ALLIES” – THE BACKLASH IN FAITH SPACES

Faith leaders, once seen as emerging allies, have reversed their support—often citing the funding freeze as justification.

- **“A pastor I thought was an ally said, ‘If what you were saying was true, then Trump wouldn't have cut the funding.’”** Community members described being shunned, misgendered, and silenced from pulpits and congregations where they once found refuge.
- **“Churches use the Bible to stigmatize us. The community just follows.”** The betrayal from spiritual spaces has intensified isolation and shame.

“WE DON’T EVEN KNOW IF THEY’RE ALIVE” – HEALTH AND HUMAN RIGHTS IN CRISIS

The freeze exposed an alarming fragility in public health systems and governance.

- **“If you deny my access to health, you deny my rights—no matter who I am.”** Government stakeholders acknowledged they cannot fill the gap left by CSOs. Former DIC staff now struggle even to check on clients due to lack of transport, airtime, or authority.
- **“Now we can't trace clients... There must be a legal and ethical way to share data when CSOs close.”** Participants emphasized the need for policy to ensure client safety and service continuity in future disruptions.

"WE CAN'T GO BACKWARDS" – BUILDING FROM THE RUBBLE

Despite the pain, the people of Francistown are not giving up—they are regrouping, reimagining, and reclaiming power.

- **"We relied too much on outside funding... Too much dependency kills."** There is a collective call for **sustainable, community-led solutions**—from income-generating projects to grassroots care models.
- **"If the government doesn't adopt us as NGOs, we'll go back to the beginning of the HIV fight."** Resilience here means remembering how far the movement has come—and refusing to be erased.

RECOMMENDATIONS

Reconnect the Lost

Equip trusted outreach workers with basic resources (transport, airtime) to re-establish links with clients.

Reclaim Safe Spaces

Use community structures to create temporary sanctuaries for health support and solidarity.

Rebuild Trust with Faith Leaders

Facilitate dialogues to challenge harmful rhetoric and restore inclusive alliances.

Sustain the Movement

Invest in local ownership and funding strategies to reduce future vulnerabilities.

"WE DON'T LEAVE ANYONE BEHIND."



KASANE

“There’s too much homophobia going on now... People feel big to talk and discriminate against us.”

In Kasane, the funding freeze felt like the loss of a heartbeat. Drop-In Centres (DICs) that once offered dignity, safety, and affirmation disappeared overnight. Left behind was a community navigating a resurgence of violence, stigma, and silence—with few places left to turn.

“WE HAD A LIFELINE” – WHEN SAFE SPACES DISAPPEARED

DICs were irreplaceable. They offered more than services—they offered safety.

- **“At public clinics, they treat my body like a problem. No one knows what name to call me.”** Trans and gender diverse participants shared the trauma of being misgendered and humiliated at clinics that lack both training and empathy.
- **“We teach about these methods, but now we can’t even show them.”** Outreach workers now lack even the most basic prevention tools—dental dams, finger cots, lubricants—once routinely supplied through donor-supported programs.

“THE MOB GOT LOUDER” – A SURGE IN HATE SPEECH AND ISOLATION

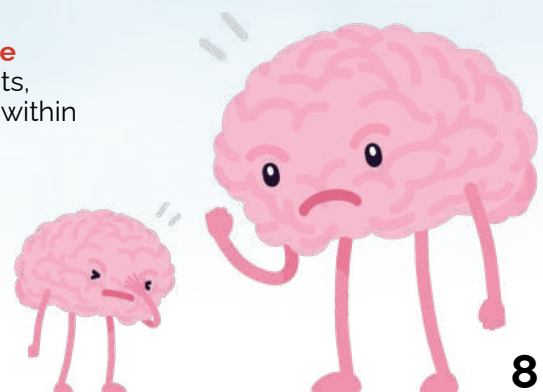
Since the freeze, participants described an alarming rise in hate speech, violence, and harassment.

- **“Trump threw a bomb, and it exploded.”** This symbolic language captured the sense of betrayal and emboldened bigotry now felt in public spaces, churches, and workplaces.
- **“A stranger in a bar told me, ‘Trump’s right to reject you.’ We were just sitting there...”** The once-subtle discrimination is now overt, unchecked, and increasingly dangerous.

“WHERE DO WE CRY NOW?” – MENTAL HEALTH IN CRISIS

With counselling services gone, the mental health toll is escalating fast.

- **“I drink every day now.”** Participants reported self-medicating to cope with anxiety, depression, and grief.
- **“Safe spaces that once offered respite are gone. Trans people are back to explaining their existence.”** Without affirming environments, isolation has deepened—especially for those already marginalized within the community.

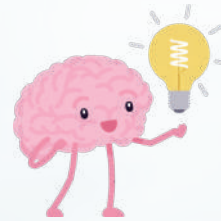


"WE WILL SHINE NO MATTER WHAT" – RESILIENCE BEYOND THE RUBBLE

Despite widespread hardship, a spirit of care and resistance still holds.

- **"I distribute condoms from my house."** Laid-off workers continue to volunteer, providing services with no pay—because the need hasn't disappeared.
- **"Time's up for begging. We must build our own livelihoods."** Participants are calling for economic alternatives that allow the community to survive and organize, without dependence on foreign aid.

RECOMMENDATIONS



Restore Safe Spaces

Reopen Drop-In Centres or repurpose local venues using emergency funds or government collaboration.

Train Healthcare Workers

Ensure LGBTQIA+ competency becomes mandatory, not optional, in public healthcare systems.

Invest in Livelihoods

Support CSO-led income-generating initiatives (e.g., cooperatives) to fund long-term advocacy and resilience.

Mental Health Support

Deploy community counsellors for urgent crisis intervention and long-term psychosocial support.

"WE WILL SHINE NO MATTER WHAT."



MAUN

"I am worried about our health, but more worried about our safety."

In Maun, the loss of LGBTQIA+ services created a storm of fear, invisibility, and betrayal. What was once a slowly strengthening web of care—woven through safe spaces and community trust—now lies in fragments. Yet through the grief, Maun's community continues to call for power, protection, and purpose.

"WE ARE NOT SAFE ANYMORE" – THE FALLOUT OF VANISHING SERVICES

The withdrawal of donor funding didn't just shut down health services—it removed lifelines.

- **"People who were accessing PrEP and ART are just gone now."** Without proper handovers, clients have vanished from care systems, fearing discrimination and ignorance in public facilities.
- **"The stigma in clinics is still there. That's what kept people away before."** Past sensitisation efforts are already slipping. Participants worry that hard-won gains in public health are being erased.

"WE MOVED BACKWARDS" – ECONOMIC AND SOCIAL DISPLACEMENT

Job losses from CSO closures are compounding an already fragile existence.

- **"Some people have had to move back home, having lost their incomes."** For LGBTQIA+ individuals, "home" is not always a safe place. Returning often means re-entering environments of rejection or abuse.
- **"The services are gone; the support is gone... so we're just surviving now."** What once offered hope and structure has become a void of uncertainty.

"WHERE ARE OUR LEADERS?" – DISILLUSIONMENT AND BETRAYAL

Participants expressed a painful sense of abandonment—not just by donors, but by national leaders.

- **"It is confusing that the country we saw as a champion for our rights is now attacking us."** Many are grappling with a loss of trust in international allies, especially the United States, following the funding freeze.
- **"No one stood up."** The silence from national authorities has deepened despair, creating a dangerous vacuum of accountability and protection.



"WE WANT TO BE EMPOWERED" – A VISION FOR LOCAL RESILIENCE

Even amidst fear and loss, Maun's LGBTQIA+ community is clear: the path forward must be homegrown and rooted in empowerment.

- **"You LGBTQIA+ orgs, do something—empower us!"** The community is calling for leadership development, peer support, and sustainable systems that won't collapse with every funding shift.
- **"We need to build something that doesn't depend on outsiders."** Sovereignty, not charity, is the future they envision.

RECOMMENDATIONS

Re-engage Lost Clients

Identify and support those who were accessing PrEP, ART, and mental health care before the freeze—prioritize reintegration into public health systems.

Restore Trust

Relaunch sensitisation efforts for public healthcare workers to ensure dignity and continuity of care.

Policy Accountability

Develop contingency plans to prevent future service collapses during funding disruptions.

Invest in Local Leadership

Train and support LGBTQIA+ leaders in Maun to create sustainable, peer-led health and support networks.

Community Healing Spaces

Host open forums and psychosocial workshops to address the grief, anger, and disillusionment left in the wake of the crisis.

"WE WANT HEALTHCARE. WE WANT DEVELOPMENT. WE WANT TO BE SAFE."

GABORONE

"They demand files locked in closed clinics. No file? No pills."

In Botswana's capital, where progress has often felt within reach, the funding freeze hit with brutal irony. It didn't just pause services—it exposed the cracks in a system that was never fully inclusive. In Gaborone, the LGBTQIA+ community now navigates survival through resilience, makeshift solutions, and quiet resistance.

"FROM THREE MONTHS TO FIVE DAYS" – A HEALTHCARE SYSTEM IN FREEFALL



Access to HIV care and essential medication collapsed overnight, forcing thousands into medical limbo.

- **“Government clinics now give only five days of ARVs instead of three months.”** This panic-inducing shift especially impacted elderly people, migrants, and those with limited mobility—many of whom were turned away entirely from shuttered clinics.
- **“Nurses ask for your ‘malatsi’ (visa/permits) like they’re immigration officers.”** Undocumented sex workers and undocumented persons are now effectively excluded from care—denied condoms, denied dignity.

“IF MY JOB NEEDS CONDOMS, WHAT MUST I DO?” – PREVENTION SERVICES DISRUPTED

Where CSOs once ensured access to prevention tools and education, silence now reigns.

- **“There are no condoms now. I just have to have unprotected sex.”** With CSOs defunded and supplies evaporated, community members are being forced into avoidable risk—both for themselves and others.
- **“We were the bridge between clients and the system. Now they’re alone.”** Peer-led support networks were dismantled, leaving many without guidance or resources to navigate public health systems.

“TEN STEPS BACK” – THE POLITICAL CLIMATE TURNS HOSTILE

Alongside service disruptions, a renewed wave of stigma has taken hold.



"WE KEPT EACH OTHER ALIVE" – SOLIDARITY IN CRISIS

Despite abandonment from systems and funders, the LGBTQIA+ community in Gaborone did not break—they reorganized.

- **"We turned our homes into clinics. We shared meds. We helped each other."** These quiet acts of mutual care are testaments to resilience under pressure—survival made possible by community, not systems.
- **"We were left behind—but we never left each other."** This is not just survival—it is a declaration of worth, of dignity, and of refusal to be erased.

RECOMMENDATIONS

Restore Peer-Led Services

Rebuild ARV and hormone distribution networks through trusted community channels.

Train Public Health Workers

Make LGBTQIA+ healthcare competency mandatory, with built-in accountability and ongoing support.

Ensure Transparency

Demand clear government communication around service disruptions, waivers, and public contingency planning.

Fund Mental Health Access

Scale up mental health support for LGBTQIA+ individuals navigating stigma and systemic neglect.

Document Violations

Build legal cases where rights to healthcare, safety, and dignity have been denied—leverage evidence for national and international advocacy.

"EVEN WHEN THE DOORS CLOSED, WE OPENED OUR OWN—AND THAT'S HOW WE KEPT EACH OTHER ALIVE."



NATIONAL SURVEY SNAPSHOT

UNDERSTANDING THE IMPACT OF THE FUNDING FREEZE ON BOTSWANA'S LGBTQIA+ COMMUNITY

To capture the human cost of the funding crisis, LEGABIBO conducted a national survey engaging 55 LGBTQIA+ individuals across Botswana. The findings offer a vital evidence base for advocacy, underscoring the urgent need for sustainable, inclusive support systems.

KEY FINDINGS

Loss of Safe Spaces and Support

- **100%** of respondents experienced a change in service access.
- **44.7%** reported increased anxiety and stress.
- **26.3%** noted rising depression and hopelessness.
- **35.5%** feared seeking care in public health facilities due to stigma.
- **18.4%** experienced heightened loneliness and isolation.

Healthcare Disruptions

- Many reported sudden loss of access to HIV treatment, PrEP, and gender-affirming care.
- Respondents felt unsafe or unwelcome at public clinics after DIC closures.

Financial and Livelihood Impact

- **39.5%** lost stable income due to job or stipend loss.
- **28.9%** struggled to afford food, rent, and transport.
- **17.1%** were actively seeking employment after CSO shutdowns.

Community Demands

Survey participants called for:

- Reopening of safe spaces and affirming service centres.
- Emergency access to mental health and psychosocial support.
- Government co-funding and policy ownership of LGBTQIA+ services.
- National anti-discrimination policies in health, education, and employment.
- Integration of LGBTQIA+ services into public systems.

CALL TO ACTION:

1. Sustain LGBTQIA+ Services Through Domestic Funding

Ensure the government allocates 1% of the national budget to civil society to reduce reliance on foreign donors and secure long-term access to critical LGBTQIA+ programs.

2. Reopen Safe and Affirming Spaces

Prioritize the reopening or repurposing of Drop-In Centres to restore access to healthcare, psychosocial support, and community belonging—especially for trans individuals and undocumented populations.

3. Integrate Inclusive Health Services into Public Systems

Mandate LGBTQIA+ healthcare training for public clinic staff, provide gender-affirming care, and ensure availability of prevention tools like PrEP, PEP, condoms, and lubricants.

4. Establish Crisis-Resilient Systems

Develop contingency policies and data-sharing frameworks to protect continuity of care and community safety during service disruptions or funding shocks.

5. Affirm Government and Faith-Based Commitment to Human Rights

Encourage public leaders and institutions to speak out against hate speech, restore trust with affected communities, and actively support LGBTQIA+ inclusion and safety.

6. Scale Up Mental Health Support

Invest in mental health services, trauma counselling, and community-led healing spaces to address the psychological toll of funding loss, stigma, and isolation.

7. Empower Community-Led Solutions

Support grassroots initiatives that deliver peer-led healthcare, economic cooperatives, and movement building to strengthen local resilience and reduce dependency.

8. Strengthen Advocacy Through Evidence

Fund data collection, legal advocacy, and public awareness campaigns to document the impact of the crisis and inform rights-based, policy-driven solutions.



THANK YOU

This booklet is a tribute to the strength, courage, and unwavering spirit of Botswana's LGBTQIA+ community.

To every person who bravely shared their story, stood in solidarity, and showed up when it mattered most—thank you. Your voices are the heartbeat of this movement. Your truth is the foundation of this advocacy.

We extend our deepest gratitude to our partners, supporters, and allies—especially Kaleidoscope Trust—for standing with us through this critical moment. Your belief in community-led change fuels our collective resilience.

To the activists, community leaders, healthcare workers, and volunteers who continue to fight for dignity, safety, and justice in every corner of this country—this is your story, your power, your legacy.

Still we stand.

— The LEGABIBO Team

LEGABIBO

